

KITSAP PUBLIC HEALTH BOARD

*The Kitsap Peninsula is home of sovereign Indian nations, namely the
Suquamish and Port Gamble S'Klallam Tribes*

MEETING AGENDA

October 3, 2023

10:30 a.m. to 11:45 a.m.

In Person: Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337

Remote: Via Zoom (See Information at End of Agenda)

- 10:30 a.m. 1. Call to Order
Mayor Becky Erickson, Chair
- 10:31 a.m. 2. Approval of September 5, 2023, Meeting Minutes
Mayor Becky Erickson, Chair *Page 5*
- 10:33 a.m. 3. Approval of Consent Items and Contract Updates
Mayor Becky Erickson, Chair [External Document](#)
- 10:35 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**
Mayor Becky Erickson, Chair
- 10:50 a.m. 5. Health Officer and Administrator Reports *Page 17*
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

DISCUSSION ITEMS

- 11:00 a.m. 6. Immunization Campaign *Page 62*
Yolanda Fong, Community Health Director
Tad Sooter, Public Information Officer
- 11:20 a.m. 7. Executive Session to Evaluate the Qualifications of an
Applicant for Public Employment per RCW 42.30.110(g)
Mayor Becky Erickson, Chair

****Please note that the Board will adjourn the meeting immediately following the executive session.****

11:45 a.m. 8. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

Instructions for virtual attendance at Kitsap Public Health Board meetings**

Health Board Meetings Via Zoom

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Webinar **attendees** do not interact with one another; they join in listen-only mode, and the host will unmute one or more attendees as needed.

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Password: 109118

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Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

Information & Directions for Public Comment

We apologize, but verbal public comment *during* the meeting may only be made in-person at the Norm Dicks Government Center or through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting in-person or via Zoom.

As this meeting is a regular business meeting of the Health Board, verbal public comment to the board will have a time limit so that all agenda items will have the opportunity to occur during the meeting. Each public commenter will receive a specific amount of time to speak to the board as determined by the Chair based on the number of public commenters for the meeting.

Written comments may be submitted via regular mail or email to:

Regular Mail:

Kitsap Public Health Board
Attention: Executive Secretary
345 6th Street, Suite 300
Bremerton, WA 98337

Email:

healthboard@kitsappublichealth.org

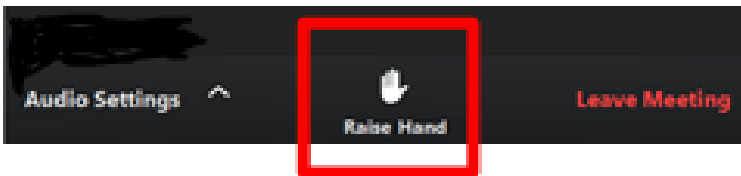
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Identification: Upon entering the webinar, please enter your name, number or other chosen identifier, so that the host can call upon you during the public comment period.

Raise Hand (pictured below): You have the ability to virtually raise your hand for the duration of the meeting but you will not be acknowledged until you are called on during the public comment period. NOTE: If you have used your telephone to access the Zoom meeting, **you may press *9** to “raise your hand”. The host will unmute you when it is your turn to speak.




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Time Limit: Each speaker testifying or providing public comment will be limited to a time period specified by the Chair.

Use Headphones/Mic for better sound quality and less background noise, if possible.

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This is a public meeting of the Health Board. It is expected that people speaking to the board will be civil and respectful. Thank you for your cooperation.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
September 5, 2023**

The meeting was called to order by Board Chair Mayor Becky Erickson at 10:30 a.m.

Chair Erickson said that although there was no Board meeting in August, it has still been a busy summer with the site visit by Johns Hopkins University consultants and the numerous health initiatives.

WELCOME NEW BOARD MEMBER COMMISSIONER ROLFES

Chair Erickson welcomed Commissioner Christine Rolfes to the Board. Commissioner Rolfes was recently appointed as the District 1 commissioner for the north end of the county. Prior to her appointment, she served as a Washington State Senator for the 23rd District. Chair Erickson noted Commissioner Rolfes did a remarkable job during her time in the Senate and said the Board is honored to have her as a member.

APPROVAL OF MINUTES

Mayor Rob Putaansuu moved and Member Drayton Jackson seconded the motion to approve the minutes for the July 11, 2023, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The September consent agenda included the following contracts:

- 2203 Amendment 14, *WA State Department of Health, Consolidated Contract*
- 2210 Amendment 2, *Jefferson County, Nurse Family Partnership (NFP), Department of Children Youth & Families (DCYF)*
- 2358, *WA State Department of Ecology, Solid Waste Management, Local Solid Waste Financial Assistance Agreement*
- 2360, *Olympic Educational Service District, Head Start*

Member Dr. Michael Watson moved and Mayor Putaansuu seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, started the report by welcoming Commissioner Rolfes to the Board, noting it is truly wonderful to have her as a Board member.

Next, Dr. Morrow provided the Board with an update on the Kitsap Maternal Infant Health Forum held in July. He thanked the team that organized the event and said there is a tremendous amount of work that goes into planning the event, as well as work that comes after. During the forum, the Health District received several recommended activities to help improve the state of maternal and infant health in Kitsap and they are now working on turning those suggestions into action items. Dr. Morrow said he was seated next to Katie Eilers at the event. Ms. Eilers was the Division Director of Community Health at the Health District, and she is now the Director of Community Health Improvement at the State Department of Health. He said he has also worked with a Washington State epidemiologist that also previously worked in Kitsap, noting this illustrates that Kitsap produces and benefits from very talented public health professionals. Dr. Morrow discussed Kevin Nguyen, a second generation American who graduated from the University of Washington during the beginning of the pandemic. Upon graduating, Mr. Nguyen worked as a COVID-19 Disease Intervention Specialist at the Health District for three years. Dr. Morrow said he recently wrote a letter of recommendation for Mr. Nguyen's application to medical school at the University of Cincinnati. Mr. Nguyen was accepted into medical school and, upon completion of his training, hopes to practice medicine in Kitsap County.

Dr. Morrow continued his report by thanking Ally Power, an epidemiologist at the Health District. Ms. Power worked on the Health District's COVID-19 data dashboards, wrote a significant portion of the Health District's Community Health Assessment, and was a prolific author for Kitsap Community Resources' Community Needs Assessment. To further her education and career, Ms. Power will be leaving the Health District to participate in an epidemiology fellowship at the Centers for Disease Control. The fields of applied and legal epidemiology, which analyze policies and their impacts on health, are currently experiencing important growth. Dr. Morrow said Ms. Power will always have a place at the Health District and thanked her for her work.

Next, Dr. Morrow explained that the Health District is recruiting a new Public Health Emergency Preparedness and Response Program Manager. Gabby Hadly, the current manager, has been recruited to Snohomish County's preparedness program. Dr. Morrow highlighted some of Ms. Hadly's accomplishments at the Health District and wished her all the best.

Dr. Morrow went on to say the Health District's Immunization program will be working on an immunization campaign. He said next week, new COVID-19 vaccines will likely be approved by the Advisory Committee on Immunization Practices. The vaccines will become available around the same time as RSV and influenza vaccines, so it will be an important time for the public to get immunized for respiratory diseases.

Next, Dr. Morrow summarized a study conducted by the University of Washington School of Public Health's Department of Environmental and Occupational Health Sciences. The study

investigated public transit vehicles in King County and found fentanyl and methamphetamine residues present on all of the buses. Dr. Morrow expressed gratitude for the essential workers who travel using public transit and those who drive for public transit as they were severely affected during the COVID-19 pandemic. He went on to say that current laboratory and testing technology have the ability to detect infinitesimal levels of compounds. Though there was fentanyl and methamphetamine residue detected on the buses, the amount present was minimal and would not cause harm to bus riders and drivers who come into contact with it.

Dr. Morrow continued by noting the challenge of determining how to prioritize the existential threat of climate change and healthcare systems.

To conclude his report, Dr. Morrow thanked Erica Whares, Healthy Communities Specialist at the Health District, who leads the Child Death Review (CDR) panel. The CDR panel meeting on Friday, September 1, addressed the issue of pediatric overdose deaths. Dr. Morrow said there were zero deaths attributed to this cause in 2020, there was one death in 2021, and in 2022 there were three deaths. He said the pediatric overdose deaths are just the tip of the iceberg for substance use in young children. There are several strategies that can be used to address this issue. These strategies include educating the community, ensuring healthcare providers are prescribing medically assisted treatment for substance use disorders, testing of sexually transmitted infections, and educating the community in reproductive health. Kitsap Mental Health Services is currently trying to obtain funding from Kitsap County to help fund services that address pediatric substance use.

When given the opportunity to ask questions, Mayor Greg Wheeler thanked Dr. Morrow for a great report and asked about the risks associated with skin-to-skin contact with the foil that is used to smoke fentanyl. Dr. Morrow said there is no risk of transdermal absorption with fentanyl unless it is pharmacologically configured for that method of intake, such as fentanyl patches. He went on to say that inadvertent ingestion of a fentanyl pill can be lethal but there is little risk from casual skin contact.

Commissioner Rolfes said there will be opioid settlement money being distributed to Kitsap and asked Dr. Morrow if the Health District is coordinating with Salish Behavioral Health Organization (BHO) to ensure the funds are utilized effectively. Dr. Morrow said the Health District met with Salish BHO some months ago to discuss their proposal on how the funds will be utilized and that the Health District is fully supportive of the proposal. Additionally, to expand work surrounding substance use, the Health District is in the process of hiring a Chronic Disease and Injury Prevention program coordinator that will focus on substance use prevention. The agency will also be increasing surveillance, partnerships, communication, and community outreach. Dr. Morrow noted that there is a substance abuse treatment facility opening in Poulsbo where community members can be referred for treatment, behavioral health, and social services. Commissioner Rolfes asked Dr. Morrow if the Board could be briefed on updates surrounding the plans for opioid settlement money. Dr. Morrow said they could request that Salish BHO come to a future Board meeting to provide updates. He added that they were looking into various options such as Narcan vending machines, but that it is challenging to determine the most effective way to utilize the funds.

Member Jackson commented that school districts are having a difficult time ensuring that parents get their children vaccinated with basic vaccines. He asked Dr. Morrow if there was any plan to provide the school districts with support on addressing mandatory vaccines and misinformation. Member Jackson added that immunization rates are low and that disease rates are rising, so he would like to ensure school districts are supported. Dr. Morrow responded by saying childhood vaccine rates significantly decreased during the COVID-19 pandemic and that misinformation is one of the biggest causes of that decrease. He said measles vaccine rates are higher in 2023, but it is important to continue the messaging for vaccine promotion. The Health District's Immunization team has been working with schools and conducting data reconciliation to move school vaccine data into the Washington Immunization Information System (WAIS). This will allow the Health District to target their efforts on populations and sub-populations that have low vaccine rates. Dr. Morrow said a measles outbreak is a disaster waiting to happen, particularly because the disease has a 30% hospitalization rate for children. The measles vaccine is extremely effective and adults who received the vaccine in the 1960s and 1970s still have large titers for measles. This is also true of the hepatitis B vaccine. Dr. Morrow said the human papillomavirus (HPV) vaccine is one effective way to prevent cancer and urged the Board and the public to get vaccinated.

Member Jackson asked Dr. Morrow if there is a plan in place to inform the community on the increased pediatric opioid use and overdose rates and to convey the urgency of the issue. He added that it can be challenging to ensure the community is informed. Dr. Morrow responded by saying though the pediatric opioid overdose rates are small, when a child overdoses on opioids, it is extremely tragic and complex emotionally for those affected. The Health District must be sensitive to the parents involved, but if the parents would like to be vocal and raise awareness, the agency would be supportive of that. Dr. Morrow said during the pandemic, the death of the 40-year-old uncle of former Health District nurse Lindsey Camarena was discussed at length to bring awareness to the importance of getting vaccinated. He added that personal stories are hugely impactful. It is an important tool, but it should be utilized very delicately.

Chair Erickson said when the first fentanyl death occurred in Kitsap, various public agencies were aggressive in cleaning environments to ensure no further harm came to the community. She asked Dr. Morrow if this specific compound of fentanyl is not tactile, leading to less risk of harm to those exposed to it. Dr. Morrow said it is best to keep the environment free of drug residue as it can be anywhere. Chair Erickson asked if the presence of fentanyl residue on Kitsap's public transit vehicles would increase the risk of harm and Dr. Morrow answered by saying the amount of residue will not make people sick. He added that the Health District does not know that fentanyl or methamphetamine residue is present on Kitsap buses, but that regardless the buses are safe. He said if any procedures need to be altered, he trusts that Kitsap Transit will act accordingly to ensure the health and safety of the public, as they did during the COVID-19 pandemic.

Lastly, Chair Erickson said that the Poulsbo treatment facility, North Kitsap Recovery Center, has received a \$250,000 grant from Olympic Community of Health and is scheduled to open in six weeks. The facility will have medically assisted treatment and a series of mental health

counseling services available. Currently, patients are received by referrals through the court system or police department. Additional information will be given to the Board as it becomes available.

There was no further comment.

Administrator Update:

Keith Grellner, Administrator, began his report by welcoming Commissioner Rolfe back to the Board. He said she served on the Board from 2004 to 2005 and that a significant amount of the Health District's current expansion in work is due in part to Commissioner Rolfe's advocacy for Foundational Public Health Services funding while she was part of the Legislature.

Mr. Grellner referred Board members to the updated list of contacts for Health District directors and managers, noting that the Board is welcome to contact anyone on the list with any issues or questions.

Next, Mr. Grellner provided a brief update on the recruitment of a new Administrator on behalf of Karen Holt, Human Resources Manager. He said the recruitment is going very well and, at this time, there are over 1,500 hits on the job posting and 21 applicants total. Interviews are scheduled for September 29, 2023. Mr. Grellner referred Board members to the memo on this matter, noting that there is a list of questions for the Board. He said they do not need to be answered immediately but asked that they contact Karen Holt or himself directly at their earliest convenience.

Mr. Grellner concluded his report by saying that the Board's Finance Committee will be meeting on October 4, 2023, to conduct the first read-through of the draft 2024 budget. He said a full presentation will be brought to the Board during the November meeting and said the outlook is positive for the Health District's 2024 budget.

There was no further comment.

RESOLUTION 2023-05, APPROVING UPDATES TO HEALTH BOARD BYLAWS

Mr. Grellner referred the Board to an introduction memo, red-lined updates to the Board bylaws, and a clean updated document incorporating the proposed changes to the bylaws in the Board packet. Mr. Grellner reported that the Personnel Committee recommended some minor changes to the bylaws in addition to correcting some minor typos in the proposed draft. Mr. Grellner concluded that Resolution 2023-05, to approve the updates and corrections to the Board bylaws, was included in the meeting packet should the Board want to take action to approve the updates to the Board Bylaws.

Member Stephen Kutz moved and Commissioner Rolfe seconded the motion to approve Resolution 2023-05. The motion was approved unanimously.

There was no further comment.

REPORT FROM NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) CONFERENCE

Member Jackson began his report by thanking Mr. Grellner and Chair Erickson for the opportunity to attend the National Association of Local Boards of Health (NALBOH) conference. He said the conference took place in Tacoma, Washington from July 30 to August 2, 2023. Member Jackson said he found the conference to be very informative and that it was a pleasure to understand the role of local health boards in protecting the community.

Member Jackson said the keynote speaker, Laurie Jinkins of Tacoma Pierce County Health Department, provided a well-balanced perspective on strategies local health boards can use to bring items to the legislators successfully. He said there was a breakout session in which attendees were told of the recent history of health boards being under attack, noting that this is still occurring. The speakers emphasized the challenge and importance of communicating information to the community and addressing misinformation. It is important for health boards to be proactive, instead of reactive, and that they have the power to help their community or hurt it. Member Jackson said they also emphasized the importance of policies and laws in public health, noting that the various health boards, municipalities, and agencies must work together to successfully protect and strengthen the community. Additionally, school districts and other partners within the jurisdiction should be supported.

Lastly, Member Jackson said there is a significant amount of information regarding local health boards and that the Board should consider rejoining NALBOH.

When given the opportunity for questions and comments, Dr. Morrow said there is another educational opportunity for Board members through the Washington State Association of Local Public Health Officials (WSALPHO). Earlier this year, Dr. Morrow attended a WSALPHO training for local boards of health in Semiahmoo, Washington. He said it was highly educational and encourages Board members to participate in the training next year. Member Kutz added that he went to the training last year and thought that the training is for new health board members, rather than something that should be attended routinely. Dr. Morrow said he learned a lot from the training, despite working in public health for a long time, and said all costs would be covered. Chair Erickson asked that the information be sent to Board members so the event can be added to their calendars. She said the majority of Board meetings are calm, but there are certain issues people are very passionate about and that can lead to more lively discussions.

Member Jackson concluded his report by saying information is always changing, so the NALBOH conference and WSALPHO meeting would be valuable training for seasoned Board members. Chair Erickson thanked him for attending the conference.

There was no further comment.

RECOGNITION OF LOCAL VACCINE PROVIDERS WHO RECEIVED 2023 IMMUNIZE WASHINGTON AWARDS

Brian Nielson, the Health District's Regional Vaccines for Children (VFC) Coordinator, said it is a pleasure to have the opportunity to recognize recipients of the 2023 Immunize Washington award.

Mr. Nielson provided the Board with a full list of Kitsap clinics that received an Immunize Washington award. He pointed out that several clinics were recognized for multiple years and read the name of each of those clinics.

Chair Erickson thanked Mr. Nielson and asked if the Health District was going to send something to the recognized clinics as a thank you. Mr. Grellner said that is a great idea and they will work on sending a letter on behalf of the Board. Chair Erickson agreed and added that the Health District may also want to publish a press release to further recognize the clinics. Mr. Grellner said they will work on that as well.

There was no further comment.

REPORT FROM MATERNAL INFANT HEALTH FORUM

The Health District's Policy, Planning, and Innovation Analyst, Adrienne Hampton, began her report by saying how excited she is to share updates from the Kitsap Maternal Infant Health Forum. She said the event, held on July 20, 2023, was developed in partnership with Virginia Mason Franciscan Health and Kitsap County. Ms. Hampton thanked the Board members who attended and thanked the full Board for their continued support. A summary report of the forum and a video recording of the forum's panel discussion will be shared this week with those who registered to attend the event.

Ms. Hampton first discussed general acknowledgements to keep in mind throughout her presentation:

- Gender identities are diverse and not everyone who gives birth may identify as a mother.
- Acknowledge those who passed away during or after pregnancy, the ones they cared for, and those who were close to them.
- Maternal mortality and morbidity are significant equity concerns as these issues do not impact all communities equally. No one person or group should bear a greater risk of death because of their socially determined circumstances.

Next, Ms. Hampton explained that the focus on maternal and infant health is very important. She went on to say that past testimony has shown there are challenges around access to care, as recognized by the Board and Resolution 2023-04. Two graphics were shown, highlighting that the two critical factors in maternal infant health are access to care and access to prenatal care. Kitsap County performs better than other parts of Washington on multiple maternal and child health indicators, however, indicators for premature birth, low birth weight, and infant mortality have shown little to no improvement since the year 2000. Ms. Hampton explained that the data

shows there are a declining number of OB/GYNs and OB/GYN facilities in Kitsap and that only 52% of Kitsap residents who gave birth in 2021 received adequate prenatal care. Other indicators are getting worse, such as the rate of births in which gestational diabetes or gestational hypertension were diagnosed.

Ms. Hampton said that from studies to community stories, it is known that leading factors of poor outcomes and risks include bias, discrimination, lack of screening, continuity of care, and access to quality healthcare and behavioral health treatment. Significant progress must be made to ensure maternal and infant health outcomes are improved for Black and Indigenous communities who bear the greatest risk factors. Ms. Hampton noted that the health and well-being of parents and infants is foundational to the health of the community. The mental, physical, emotional, and socioeconomic wellbeing of people who give birth can affect pregnancy and birth outcomes, as well as the health of children into adulthood and subsequent generations.

Next, Ms. Hampton displayed data from the Washington State Maternal Mortality Panel's report. She said that this important conversation is a priority topic across the state, the nation, and the world. The Kitsap Maternal Infant Health Forum joined a series of community discussions taking place across Washington, stemming from the Washington State Maternal Mortality Panel report released in February of 2023. The report contains recommendations that will help prevent maternal death, reduce maternal morbidity, and improve outcomes. Ms. Hampton explained that although maternal mortality is rare, the causes that contribute to maternal mortality also contribute to maternal morbidity. The report found that in Washington, 97 pregnancy-related deaths occurred that were directly caused by or linked to pregnancy complications. Of the 97 pregnancy-related deaths, 80% were found to be preventable. Ms. Hampton said in the United States, around 60,000 people each year have severe pregnancy and birth complications, so it is critical that various agencies and partners work together to address maternal and infant health.

Ms. Hampton explained that the Maternal Mortality Review Panel put forward recommendations for healthcare professionals, policymakers, and institutions to consider and build off of. These recommendations were brought into the early planning stages of the Kitsap Maternal Infant Health Forum and framed the perinatal and postnatal periods. High-level recommendations included the need to strengthen clinical care, meet basic human needs, address and prevent violence, undo racism and bias, address mental health and substance use disorder, and enhance healthcare quality and access.

Ms. Hampton said recommendations from the Maternal Mortality Panel report were explored and discussed at the forum, which took place at the Marvin Williams Center in Bremerton. Of the 190 community members invited, there were 44 affiliations represented by 90 attendees. Attendees included local healthcare providers, mental health professionals, and policymakers. Ms. Hampton explained that the goal of the forum was to foster collaboration, inspire knowledge exchange, and share innovative solutions for protecting and improving the health of people who give birth and their infants. The forum activities included community gathering time, video storytelling, a multidisciplinary panel discussion, focused tabletop discussions, and opportunities to review data trends in Kitsap. Forum participants generated an abundance of place-based solutions to be acted on by a diverse set of partners to improve maternal and infant health trends.

Next, Ms. Hampton summarized the most common recommendations put forward by forum participants. The recommendations revolved around creating a workgroup for providers to collaborate, utilizing different levels of healthcare to address maternal health gaps, embedding additional services in prenatal and postnatal care, conducting staff trainings to address bias and racism, creating a group therapy program for those planning to or have recently given birth, and training providers on and implementing the use of plain language.

Ms. Hampton discussed the feedback received after the forum, saying participants expressed positive statements about the multidisciplinary nature of the forum, the organization of the event, and the solutions-oriented discussion. She then displayed a list of all the affiliations represented at the forum and thanked all those who participated.

To conclude her report, Ms. Hampton provided the Board with an overview of the Parent Child Health and Nurse Family Partnership programs. The programs provide services to children and youth with special healthcare needs, lactation resources, childcare consultation, nurse family partnership services, community health worker support, support for families with elevated blood lead levels, work first assessments, and Mama Moves Kitsap. Ms. Hampton explained that Mama Moves Kitsap is a nurse-led postpartum group incorporating mindfulness, movement outdoors, and support. The group's facilitators are certified by Perinatal Support of Washington. The walking trails for each event are considered carefully to ensure they are suitable for the use of strollers, the participants safety, and the accessibility of the trails. Mama Moves Kitsap will be meeting this year on September 8th at McCormick Village Park, and September 15th and September 22nd at Evergreen Park.

When given the opportunity to ask questions, Member Dr. Tara Kirk Sell asked if there is a formal or written implementation plan to outline the actions the Health District and its partners will take. Ms. Hampton said the summary report is in the process of being finalized. She noted that this is an interesting opportunity to co-create a plan with the community and determine how to come together to act on the recommendations from the Maternal Mortality and Morbidity report. She hopes that process will begin soon.

Member Kutz asked if Ms. Hampton had an explanation for the decreased birth rate in Kitsap, whether retirees are moving in or if people are going outside of the county to give birth. Dr. Morrow responded to say 25% of Kitsap parents have deliveries outside of the county, but that birth rates have been gradually decreasing all over the world for around a decade. He said this may be due to the rising costs of housing and the costs associated with raising children. Dr. Morrow noted that the decrease in birth rates is not alarming as the population is still growing.

Commissioner Rolfes commented on the data that showed one out of four pregnant people in Kitsap go outside of the county for healthcare and asked if that skews statistics by overestimating the ratio of providers to residents. She emphasized that she is not questioning the need for more providers, rather is asking about that statistic in particular. Dr. Morrow said this statistic predates the closures of the Bremerton Naval Hospital's maternal care department and Peninsula Community Health Services maternal care program. He said, if anything, this statistic is

underestimating the severity of the issue. He added that it is likely that 25% of Kitsap residents are giving birth elsewhere because they are unable to be seen by a local obstetrician. Dr. Morrow went on to say that it would be very helpful if the Bremerton Naval Hospital reopened their maternal care department, and that Congressman Derek Kilmer has been putting a lot of effort into this. Commissioner Rolfes reiterated that she does not disagree with the need for more providers. She added that the Maternal Mortality and Morbidity report was given to the legislature during a legislative session. At that time, they were unable to discuss implementation and policy questions, but Commissioner Rolfes encouraged the Health District to follow Dr. Kirk Sell's thought process on developing an implementation plan. She said it is the right time to submit focused legislative requests and that she can help develop strategies if needed.

Member Kutz commented that recently one of the two main obstetric groups came to the Board with public comments to say only two OB/GYN groups serve Medicaid patients, but that it is not financially sustainable. Efforts to bring more OB/GYNs to Kitsap is going to be difficult if they are unable to make ends meet, so he agrees with the idea that reimbursement rates should be increased.

Councilperson Kirsten Hytopoulos observed that this report was presented with a significant amount of joy, but that throughout the presentation, she considered the underlying need that cannot be met due to the lack of providers and resources. She added that at the end of the day, the lack of maternal and infant health providers will persevere and keep us in a healthcare access gap. Councilperson Hytopoulos said she is excited to hear that, in the interim, partners will be working together to address the healthcare gap. Ms. Hampton thanked Councilperson Hytopoulos for expressing her thoughts, noting that in this instance, there are multiple truths occurring in the same space. In many movements throughout history, there's an overcoming through joy and resilience. She said it was important that this tone be set for the forum. Ms. Hampton noted that she heard from several people that it is clear what the solutions are, but that the infrastructure to implement solutions is lacking, so the Health District is hoping to close that gap.

In response to Member Kutz's comment about increasing Medicaid reimbursement rates, Commissioner Rolfes said the rate for obstetrician Medicaid was doubled for providers in 2024. She added that it still does not match rates for private insurance but does not think the Health District needs to lobby for an increase again this year.

Member Kutz said the Suquamish Tribe now has a family practice that is doing prenatal care up to a certain period in the pregnancy, then referring patients to obstetricians. He said the goal of the clinic is to encourage good care and to free up space to allow family practice doctors and OB/GYNs to treat other patients who need care. He hopes to encourage family practice doctors to be a part of the solution.

Chair Erickson thanked Board members for their comments and Ms. Hampton for her presentation.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 11:44 a.m.

Becky Erickson
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Councilperson Kirsten Hytopoulos; Member Drayton Jackson; Member Dr. Tara Kirk Sell; Member Stephen Kutz; Mayor Robert Putaansuu; Commissioner Christine Rolfes; Member Dr. Michael Watson; Mayor Greg Wheeler.*

Board Members Absent: *Member Jolene Sullivan.*

Community Members Present: *None.*

Staff Present: *Nancy Acosta, Program Manager, Parent Child Health/Nurse Family Partnership; Angie Berger, Management Analyst, Administration; Margo Chang, Administrative Assistant, Administration; Jessica Chen, Epidemiologist 1, Assessment and Epidemiology; Keith Grellner, Administrator, Administration; Adrienne Hampton, Policy, Planning, and Innovation Analyst, Administration; John Kiess, Director, Environmental Health Division; Martitha May, Bilingual Community Health Worker, Parent Child Health; Dr. Gib Morrow, Health Officer, Administration; Brian Nielson, Provider and Community Public Health Liaison, Communicable Disease; Ally Power, Epidemiologist 1, Assessment and Epidemiology; Tad Sooter, Communications Coordinator and Public Information Officer, Communications; Amanda Tjemsland, Epidemiologist 2, Assessment and Epidemiology; Erica Whares, Community Liaison, Chronic Disease and Injury Prevention; Janet Wyatt, Public Health Nurse, Parent Child Health.*

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	9/5/2023 10:30	29

NAME	NAME	JOINED BY PHONE
Jami Armstrong	Melissa Laird	None
Kandice Atisme-Bevins	Anne Moen	
Eric Baker	Kevin Nguyen	
Dana Bierman	Woodi Nickerson	
Susan Brooks-Young	Carin Onarheim	
Liz Davis	Kayla Petersen	
April Fisk	Suzanne Plemmons	
Yolanda Fong	Steve Powell	
Josh Harmon	Justin Shoriz	
Fredric Hoffer	Kelsey Stedman	
Grant Holdcroft	D M Sullivan	
Wendy Inouye	Laura Westervelt	
Kevin Nguyen	Dave	
Dayna Katula	KIRO Radio	
Sarah Kinnear		

From: [Welty, Danae \(SAO\)](#)
To: [Mayor Becky Erickson](#); drayton.djackson@outlook.com; greg.wheeler@ci.bremerton.wa.us; michael.watson@commonspirit.org; rputaansuu@cityofportorchard.us; [Kutz, Stephen2 \(DOHi\)](#); [Dr. Tara Sell](#); khytopoulos@bainbridgewa.gov; Sullivan, Jolene; crolfes@kitsap.gov
Cc: [Keith Grellner](#)
Subject: Audit Exit Conference Held
Date: Tuesday, September 12, 2023 2:22:46 PM
Attachments: [image001.png](#)
[KPHD Exit Packet.pdf](#)

[WARNING]: Were you expecting this email? It originated from outside the Health District and contains a link or attachment. **Do not click links or open attachments** unless you have been waiting to receive this email. If you are unsure please contact IT.

Dear Board of Health,

We are pleased to notify you regarding the conclusion of our audit of Kitsap Public Health District for fiscal years 2021 and 2022.

An exit conference was held on September 12, 2023 to discuss the results of our audit. The attached items were discussed in detail with those in attendance, which included Mayor Becky Erickson, Board Member Drayton Jackson, Keith Grellner, Melissa Laird and the accounting staff. We also took the opportunity to extend our appreciation to your staff for their cooperation and assistance during the course of the audit.

Thank you,



Danae Welty
Assistant State Auditor, [Office of the Washington State Auditor](#)
(360) 845-1489
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Office of the Washington State Auditor
Pat McCarthy

Accountability Audit Report

Kitsap Public Health District

For the period January 1, 2021 through December 31, 2022

Published September 18, 2023

Report No. 1033249



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**Office of the Washington State Auditor
Pat McCarthy**

September 18, 2023

Board of Health
Kitsap Public Health District
Bremerton, Washington

Report on Accountability

Thank you for the opportunity to work with you to promote accountability, integrity and openness in government. The Office of the Washington State Auditor takes seriously our role of providing state and local governments with assurance and accountability as the independent auditor of public accounts. In this way, we strive to help government work better, cost less, deliver higher value and earn greater public trust.

Independent audits provide essential accountability and transparency for District operations. This information is valuable to management, the governing body and public stakeholders when assessing the government's stewardship of public resources.

Attached is our independent audit report on the District's compliance with applicable requirements and safeguarding of public resources for the areas we examined. We appreciate the opportunity to work with your staff and value your cooperation during the audit.

Sincerely,

Pat McCarthy, State Auditor
Olympia, WA

Americans with Disabilities

In accordance with the Americans with Disabilities Act, we will make this document available in alternative formats. For more information, please contact our Office at (564) 999-0950, TDD Relay at (800) 833-6388, or email our webmaster at webmaster@sao.wa.gov.

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AUDIT RESULTS

Results in brief

This report describes the overall results and conclusions for the areas we examined. In those selected areas, District operations complied, in all material respects, with applicable state laws, regulations, and its own policies, and provided adequate controls over the safeguarding of public resources.

In keeping with general auditing practices, we do not examine every transaction, activity, policy, internal control, or area. As a result, no information is provided on the areas that were not examined.

About the audit

This report contains the results of our independent accountability audit of the Kitsap Public Health District from January 1, 2021 through December 31, 2022.

Management is responsible for ensuring compliance and adequate safeguarding of public resources from fraud, loss or abuse. This includes the design, implementation and maintenance of internal controls relevant to these objectives.

This audit was conducted under the authority of RCW 43.09.260, which requires the Office of the Washington State Auditor to examine the financial affairs of all local governments. Our audit involved obtaining evidence about the District's use of public resources, compliance with state laws and regulations and its own policies and procedures, and internal controls over such matters. The procedures performed were based on our assessment of risks in the areas we examined.

Based on our risk assessment for the years ended December 31, 2022 and 2021, the areas examined were those representing the highest risk of fraud, loss, abuse, or noncompliance. We examined the following areas during this audit period:

- Contract compliance – cash receipting and deposit timeliness
- Accounts payable – credit cards
- Compliance with state grants
- Self-insurance for unemployment
- Open public meetings – compliance with minutes, meetings and executive session requirements
- Financial condition – reviewing for indications of financial distress

RELATED REPORTS

Financial

Our opinion on the District's financial statements and compliance with federal grant program requirements is provided in a separate report, which includes the District's financial statements. That report is available on our website, <http://portal.sao.wa.gov/ReportSearch>.

Federal grant programs

We evaluated internal controls and tested compliance with the federal program requirements, as applicable, for the District's major federal programs, which are listed in the Schedule of Findings and Questioned Costs section of the separate financial statement and single audit report. That report is available on our website, <http://portal.sao.wa.gov/ReportSearch>.

INFORMATION ABOUT THE DISTRICT

The Kitsap Public Health District was organized in 1947 to protect and promote the health of Kitsap County residents by monitoring, preventing, and controlling disease, injury, disability and premature death. The District has three major divisions: Community Health, Environmental Health, and Administrative Services. According to the U.S. Census Bureau, in 2020, the Health District provided services to approximately 275,611 county residents. The District provides essential services to individuals, families and the population at large.

A 10-member Board of Health governs the District. The Board is composed of one elected County Commissioners, four elected city officials, two tribal representatives, and three nonelected community representatives. The District had approximately 131 employees at the end of 2022. For fiscal year 2022, the District’s revenues and expenditures were approximately \$21 million and \$17.6 million, respectively.

Contact information related to this report	
Address:	Kitsap Public Health District 345 6th Street, Suite 300 Bremerton, WA 98337
Contact:	Melissa Laird, Finance Manager
Telephone:	360-728-2283
Website:	kitsappublichealth.org

Information current as of report publish date.

Audit history

You can find current and past audit reports for the Kitsap Public Health District at <http://portal.sao.wa.gov/ReportSearch>.

ABOUT THE STATE AUDITOR'S OFFICE

The State Auditor's Office is established in the Washington State Constitution and is part of the executive branch of state government. The State Auditor is elected by the people of Washington and serves four-year terms.

We work with state agencies, local governments and the public to achieve our vision of increasing trust in government by helping governments work better and deliver higher value.

In fulfilling our mission to provide citizens with independent and transparent examinations of how state and local governments use public funds, we hold ourselves to those same standards by continually improving our audit quality and operational efficiency, and by developing highly engaged and committed employees.

As an agency, the State Auditor's Office has the independence necessary to objectively perform audits, attestation engagements and investigations. Our work is designed to comply with professional standards as well as to satisfy the requirements of federal, state and local laws. The Office also has an extensive quality control program and undergoes regular external peer review to ensure our work meets the highest possible standards of accuracy, objectivity and clarity.

Our audits look at financial information and compliance with federal, state and local laws for all local governments, including schools, and all state agencies, including institutions of higher education. In addition, we conduct performance audits and cybersecurity audits of state agencies and local governments, as well as state whistleblower, fraud and citizen hotline investigations.

The results of our work are available to everyone through the more than 2,000 reports we publish each year on our website, www.sao.wa.gov. Additionally, we share regular news and other information via an email subscription service and social media channels.

We take our role as partners in accountability seriously. The Office provides training and technical assistance to governments both directly and through partnerships with other governmental support organizations.

Stay connected at sao.wa.gov

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- [Request public records](#)
- Search BARS Manuals ([GAAP](#) and [cash](#)), and find [reporting templates](#)
- Learn about our [training workshops](#) and [on-demand videos](#)
- Discover [which governments serve you](#) — enter an address on our map
- Explore public financial data with the [Financial Intelligence Tool](#)

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- Main telephone:
(564) 999-0950
- Toll-free Citizen Hotline:
(866) 902-3900
- Email:
webmaster@sao.wa.gov



Office of the Washington State Auditor
Pat McCarthy

Financial Statements and Federal Single Audit Report

Kitsap Public Health District

For the period January 1, 2022 through December 31, 2022

Published September 18, 2023

Report No. 1033247



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**Office of the Washington State Auditor
Pat McCarthy**

September 18, 2023

Board of Health
Kitsap Public Health District
Bremerton, Washington

Report on Financial Statements and Federal Single Audit

Please find attached our report on the Kitsap Public Health District's financial statements and compliance with federal laws and regulations.

We are issuing this report in order to provide information on the District's financial condition.

Sincerely,

Pat McCarthy, State Auditor
Olympia, WA

Americans with Disabilities

In accordance with the Americans with Disabilities Act, we will make this document available in alternative formats. For more information, please contact our Office at (564) 999-0950, TDD Relay at (800) 833-6388, or email our webmaster at webmaster@sao.wa.gov.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Kitsap Public Health District January 1, 2022 through December 31, 2022

SECTION I – SUMMARY OF AUDITOR’S RESULTS

The results of our audit of the Kitsap Public Health District are summarized below in accordance with Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Financial Statements

We issued an unmodified opinion on the fair presentation of the District’s financial statements in accordance with its regulatory basis of accounting. Separately, we issued an adverse opinion on the fair presentation with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared using a basis of accounting other than GAAP.

Internal Control over Financial Reporting:

- *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over financial reporting that we consider to be significant deficiencies.
- *Material Weaknesses:* We identified no deficiencies that we consider to be material weaknesses.

We noted no instances of noncompliance that were material to the financial statements of the District.

Federal Awards

Internal Control over Major Programs:

- *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over major federal programs that we consider to be significant deficiencies.
- *Material Weaknesses:* We identified no deficiencies that we consider to be material weaknesses.

We issued an unmodified opinion on the District’s compliance with requirements applicable to each of its major federal programs.

We reported no findings that are required to be disclosed in accordance with 2 CFR 200.516(a).

Identification of Major Federal Programs

The following programs were selected as major programs in our audit of compliance in accordance with the Uniform Guidance.

<u>ALN</u>	<u>Program or Cluster Title</u>
21.019	COVID-19 – Coronavirus Relief Fund
93.268	COVID-19 – Immunization Cooperative Agreements
93.268	Immunization Cooperative Agreements

The dollar threshold used to distinguish between Type A and Type B programs, as prescribed by the Uniform Guidance, was \$750,000.

The District did not qualify as a low-risk auditee under the Uniform Guidance.

SECTION II – FINANCIAL STATEMENT FINDINGS

None reported.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None reported.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

Kitsap Public Health District January 1, 2022 through December 31, 2022

This schedule presents the status of findings reported in prior audit periods.

Audit Period: January 1, 2021 through December 31, 2021	Report Ref. No.: 1031241	Finding Ref. No.: 2021-001	Assistance Listing Number(s): 93.268 and 93.323
Federal Program Name and Granting Agency: COVID-19 – Immunization Cooperative Agreements COVID-19 – Epidemiology and Laboratory Capacity for Infectious Disease (ELC) U.S. Department of Health and Human Services		Pass-Through Agency Name: Washington State Department of Health	
Finding Caption: The District improperly charged payroll expenditures that did not comply with federal cost principles.			
Background: The District’s internal controls were adequate for ensuring it materially complied with these programs’ allowable activities and allowable costs requirements. However, our audit found the District included the payroll costs for two employees in the indirect cost rate and also directly charged a portion of these payroll costs to the programs. Additionally, staff entered one employee’s hours into the incorrect line in the spreadsheet used to calculate costs charged to the program. This resulted in the time being charged at a higher pay rate than the employee’s actual pay rate.			
Status of Corrective Action: (check one) <input checked="" type="checkbox"/> Fully Corrected <input type="checkbox"/> Partially Corrected <input type="checkbox"/> Not Corrected <input type="checkbox"/> Finding is considered no longer valid			
Corrective Action Taken: <i>The District submitted revised invoices to the State for the unallowable costs to pay back any questioned costs. The repayment occurred in February 2023. In addition, the District completed a review of invoices in 2022 to ensure that no other employees were included as direct and indirect costs and incorporated this review as a function of accounts receivable. The District is in the process of updating the Cost Allocation and Timekeeping policy to include the review of indirect and direct costs allocated to each funding source, which will be adopted in 2023.</i>			

INDEPENDENT AUDITOR'S REPORT

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Kitsap Public Health District January 1, 2022 through December 31, 2022

Board of Health
Kitsap Public Health District
Bremerton, Washington

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the Kitsap Public Health District, as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated September 12, 2023.

We issued an unmodified opinion on the fair presentation of the District's financial statements in accordance with its regulatory basis of accounting. We issued an adverse opinion on the fair presentation with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared by the District using accounting practices prescribed by state law and the State Auditor's *Budgeting, Accounting and Reporting System* (BARS) Manual described in Note 1, which is a basis of accounting other than GAAP. The effects on the financial statements of the variances between the basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material.

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described above and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified.

Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses.

REPORT ON COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

PURPOSE OF THIS REPORT

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. However,

this report is a matter of public record and its distribution is not limited. It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

A handwritten signature in black ink that reads "Pat McCarthy". The signature is written in a cursive, flowing style.

Pat McCarthy, State Auditor

Olympia, WA

September 12, 2023

INDEPENDENT AUDITOR'S REPORT

Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance in Accordance with the Uniform Guidance

Kitsap Public Health District January 1, 2022 through December 31, 2022

Board of Health
Kitsap Public Health District
Bremerton, Washington

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM

Opinion on Each Major Federal Program

We have audited the compliance of the Kitsap Public Health District, with the types of compliance requirements identified as subject to audit in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended December 31, 2022. The District's major federal programs are identified in the auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the District complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on

compliance for each major federal program. Our audit does not provide a legal determination on the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards* and the Uniform Guidance will always detect a material noncompliance when it exists. The risk of not detecting a material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgement made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

Performing an audit in accordance with GAAS, *Government Auditing Standards* and the Uniform Guidance includes the following responsibilities:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances;
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed; and

- We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

REPORT ON INTERNAL CONTROL OVER COMPLIANCE

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed. Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified.

Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other

purpose. However, this report is a matter of public record and its distribution is not limited. It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

A handwritten signature in black ink that reads "Pat McCarthy". The signature is written in a cursive, flowing style.

Pat McCarthy, State Auditor

Olympia, WA

September 12, 2023

INDEPENDENT AUDITOR'S REPORT

Report on the Audit of the Financial Statements

Kitsap Public Health District January 1, 2022 through December 31, 2022

Board of Health
Kitsap Public Health District
Bremerton, Washington

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Unmodified and Adverse Opinions

We have audited the financial statements of the Kitsap Public Health District, as of and for the year ended December 31, 2022, and the related notes to the financial statements, as listed in the financial section of our report.

Unmodified Opinion on the Regulatory Basis of Accounting (BARS Manual)

As described in Note 1, the District has prepared these financial statements to meet the financial reporting requirements of state law and accounting practices prescribed by the State Auditor's *Budgeting, Accounting and Reporting System (BARS) Manual*. Those accounting practices differ from accounting principles generally accepted in the United States of America (GAAP). The differences in these accounting practices are also described in Note 1.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the cash and investments of the Kitsap Public Health District, and its changes in cash and investments, for the year ended December 31, 2022 on the basis of accounting described in Note 1.

Adverse Opinion on U.S. GAAP

The financial statements referred to above were not intended to, and in our opinion, they do not, present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Kitsap Public Health District, as of December 31, 2022, or the changes in financial position or cash flows thereof for the year then ended, because of the significance of the matter discussed below.

Basis for Unmodified and Adverse Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and *Government Auditing Standards*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit unmodified and adverse opinions.

Matter Giving Rise to Adverse Opinion on U.S. GAAP

Auditing standards issued by the American Institute of Certified Public Accountants (AICPA) require auditors to formally acknowledge when governments do not prepare their financial statements, intended for general use, in accordance with GAAP. As described in Note 1 of the financial statements, the financial statements are prepared by the District in accordance with state law using accounting practices prescribed by the BARS Manual, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The effects on the financial statements of the variances between the regulatory basis of accounting and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material and pervasive.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of state law and the BARS Manual described in Note 1. This includes determining that the basis of accounting is acceptable for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and

Government Auditing Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Performing an audit in accordance with GAAS and *Government Auditing Standards* includes the following responsibilities:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements;
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time; and
- We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The Schedule of Liabilities is also presented for purposes of additional analysis, as required by the prescribed BARS Manual. These schedules are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and

certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

OTHER REPORTING REQUIRED BY GOVERNMENT AUDITING STANDARDS

In accordance with *Government Auditing Standards*, we have also issued our report dated September 12, 2023, on our consideration of the District's internal control over financial reporting and on the tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Pat McCarthy". The signature is written in a cursive style with a large, sweeping initial "P".

Pat McCarthy, State Auditor

Olympia, WA

September 12, 2023

FINANCIAL SECTION

Kitsap Public Health District January 1, 2022 through December 31, 2022

FINANCIAL STATEMENTS

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**Kitsap Public Health District
Fund Resources and Uses Arising from Cash Transactions
For the Year Ended December 31, 2022**

Beginning Cash and Investments

308	Beginning Cash and Investments	6,935,664
388 / 588	Net Adjustments	-

Revenues

310	Taxes	-
320	Licenses and Permits	1,664,356
330	Intergovernmental Revenues	12,893,146
340	Charges for Goods and Services	5,825,539
350	Fines and Penalties	-
360	Miscellaneous Revenues	127,005
Total Revenues:		20,510,046

Expenditures

510	General Government	-
520	Public Safety	-
530	Utilities	-
540	Transportation	-
550	Natural/Economic Environment	-
560	Social Services	16,999,052
570	Culture and Recreation	-
Total Expenditures:		16,999,052
Excess (Deficiency) Revenues over Expenditures:		3,510,994

Other Increases in Fund Resources

391-393, 596	Debt Proceeds	-
397	Transfers-In	-
385	Special or Extraordinary Items	-
381, 382, 389, 395, 398	Other Resources	494,772
Total Other Increases in Fund Resources:		494,772

Other Decreases in Fund Resources

594-595	Capital Expenditures	-
591-593, 599	Debt Service	118,358
597	Transfers-Out	-
585	Special or Extraordinary Items	-
581, 582, 589	Other Uses	487,529
Total Other Decreases in Fund Resources:		605,887

Increase (Decrease) in Cash and Investments: 3,399,879

Ending Cash and Investments

50821	Nonspendable	-
50831	Restricted	85,277
50841	Committed	3,537,449
50851	Assigned	-
50891	Unassigned	6,712,816
Total Ending Cash and Investments		10,335,542

The accompanying notes are an integral part of this statement.

KITSAP PUBLIC HEALTH DISTRICT

Notes to the Financial Statements for the year ended December 31, 2022

Note 1 – Summary of Significant Accounting Policies

The Kitsap Public Health District was incorporated on November 19, 1947 and operates under the laws of the state of Washington applicable to a local public health agency. The District is a special purpose local government and provides public health services to support its mission. The Health District's mission is to prevent disease and protect and promote the health of all persons in Kitsap County. To accomplish this mission, the Health District, in partnership with the community, assesses community health needs, develops health policies, and programs, and assures that necessary health services are available. The Health District operates under various legal mandates for communicable diseases, vital statistics, sewage disposal, food service sanitation, public water supplies, swimming pool operations, solid waste management, general sanitation, schools, camps and parks, and several other public health mandates.

The District reports financial activity in accordance with the *Cash Basis Budgeting, Accounting and Reporting System* (BARS) Manual prescribed by the State Auditor's Office under the authority of Washington State law, Chapter 43.09 RCW. This manual prescribes a financial reporting framework that differs from generally accepted accounting principles (GAAP) in the following manner:

- Financial transactions are recognized on a cash basis of accounting as described below.
- Government-wide statements, as defined in GAAP, are not presented.
- All funds are presented, rather than a focus on major funds.
- The Schedule of Liabilities is required to be presented with the financial statements as supplementary information.
- Supplementary information required by GAAP is not presented.
- Ending balances for proprietary funds are presented using classifications that are different from the ending net position classifications in GAAP.

A. Fund Accounting

Financial transactions of the government are reported in individual funds. Each fund uses a separate set of self-balancing accounts that comprises its cash and investments, revenues, and expenditures. The government's resources are allocated to and accounted for in individual funds depending on their intended purpose. Each fund is reported as a separate column in the financial statements, except for fiduciary funds, which are presented by fund types. The total column is presented as "memo only" because any interfund activities are not eliminated. The following fund types are used:

GOVERNMENTAL FUND TYPES:

General Fund

This fund is the primary operating fund of the government. It accounts for all financial resources except those required or elected to be accounted for in another fund.

B. Basis of Accounting and Measurement Focus

Financial statements are prepared using the cash basis of accounting and measurement focus. Revenues are recognized when cash is received, and expenditures are recognized when paid.

C. Cash and Investments

See Note 4 – Deposits and Investments.

D. Capital Assets

Capital assets are assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of three years. Capital assets and inventory are recorded as capital expenditures when purchased.

E. Compensated Absences

Eligible employees earn 18 to 31 days per year of general leave depending upon the employee's length of service and FTE but may not exceed the maximum accrual of 360 hours of general leave as of December 31st of each year without approval of the Division Director. General leave is payable upon separation or retirement up to a maximum of 240 hours. The liability for general leave as of December 31, 2022 is \$653,267.

Non-exempt employees may opt to receive compensatory time at a rate of time and a half for time worked in excess of 40 hours in lieu of overtime pay. Part-time non-exempt employees working more than their regular workweek, but less than 40 hours per week, earn compensatory time on an hour-for-hour basis. The maximum compensatory time accrual is 40 hours; any additional overtime hours must be paid. The liability for compensatory time as of December 31, 2022 is \$495.

Exempt employees receive administrative time off on an hour-for-hour basis for hours worked in excess of their regular workweek, subject to approval. The maximum accrual of administrative time is 40 hours at any time, except during the emergency proclamation by the Governor for COVID-19, as provided by Board of Health Resolution 2020-02. Unused administrative time off is not paid upon separation or retirement.

Eligible full-time employees earn 6 days of extended leave per year and a prorated percentage thereof for part-time employees for use for qualifying absences such as extended illness. Unused extended leave is not paid upon separation or retirement.

F. Long-Term Debt

See Note 7 – Long-term Debt (Formerly Debt Service Requirements).

G. Restricted and Committed Portion of Ending Cash and Investments

Beginning and Ending Cash and Investments are reported as restricted or committed when it is subject to restrictions on use imposed by external parties or due to internal commitments established by the Kitsap Public Health Board. When expenditures that meet restrictions are incurred, the District intends to use the most restricted resources first.

Restrictions and commitments of Ending Cash and Investments consist of:

- \$78 is restricted for payment of Use Taxes payable to the Washington State Department of Revenue due in January 2023.
- \$85,200 is restricted for Foundational Public Health Services between January 1 – June 30, 2023.

- \$3,113,756 committed by Board Policy for Operating Reserve.
- \$166,605 committed by Board Policy for General Leave Payout.
- \$50,000 committed by Board Policy for Insurance Deductibles and Co-Pays.
- \$107,088 committed by Board Policy for Unemployment Insurance Payments.
- \$100,000 committed by Board Policy for Tuberculosis Services.

Note 2 - Budget Compliance

The District adopts an annual appropriated budget for the General Fund. This budget is appropriated at the fund level. The budget constitutes the legal authority for expenditures at that level. Annual appropriations for these funds lapse at the fiscal year end.

The annual appropriated budget is adopted on the same basis of accounting as used for financial reporting.

The appropriated and actual expenditures for the legally adopted budget was as follows:

Fund/Department	Final Appropriated Amounts	Actual Expenditures	Variance
General Fund:	\$ 18,682,535	\$ 17,604,939	\$ 1,077,596
Total General Fund	\$ 18,682,535	\$ 17,604,939	\$ 1,077,596

Budgeted amounts are authorized to be transferred between departments within any fund/object classes within departments; however, any revisions that alter the total expenditures of a fund, or that affect the number of authorized employee positions, salary ranges, hours, or other conditions of employment must be approved by the District’s legislative body.

Actual expenditures for 2022 were less than budgeted. The level of COVID work decreased throughout the year. Non-labor costs for the District were also less than budgeted due to difficulty in hiring needed staff.

Note 3 – COVID-19 Pandemic

In February 2020, the Governor of the state of Washington declared a state of emergency in response to the spread of COVID-19. Precautionary measures to slow the spread of the virus continued throughout 2021. These measures included limitations on business operations, public events, gatherings, travel, and in-person interactions.

The District’s Emergency Coordination Center (ECC) was activated on February 3, 2020 to coordinate planning and response activities. On March 4, 2020, the District elevated the response activities and expanded the response team. The size of the response has expanded and contracted through the various phases of the response. The 2022 budget was approved in which the COVID Program was separated out from the Communicable Disease Program. It included additional staffing for both contact tracing and vaccine administration. The District received funding to cover the bulk of these expenses for the 2022-2023 fiscal years, with some vaccine funding continuing into 2024.

The length of time these measures will continue to be in place, and the full extent of the direct or indirect financial impact on the District is unknown at this time.

Note 4 – Deposits and Investments

Investments are reported at fair value. Deposits and investments by type at December 31, 2022 are as follows:

Type of deposit or investment	District's own deposits and investments	Deposits and investments held by the District as custodian for other local governments, individuals, or private organizations	Total
Bank deposits	\$ 628,268	\$	\$ 628,268
Kitsap County Investment Pool	9,707,274		9,707,274
Total	\$ 10,335,542	\$	\$ 10,335,542

It is the District's policy to invest all temporary cash surpluses. The interest on these investments is maintained in the General Fund.

Investments in Kitsap County Investment Pool

The District is a voluntary participant in the Kitsap County Investment Pool, an external investment pool operated by the County Treasurer. The pool is not rated or registered with the SEC. Rather; oversight is provided by the County Finance Committee in accordance with RCW 36.48.070. The District reports its investment in the pool at fair value, which is the same as the value of the pool per share.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in event of a failure of a depository financial institution, the District would not be able to recover deposits or would not be able to recover collateral securities that are in possession of an outside party. The District's deposits are mostly covered by federal depository insurance (FDIC) or by collateral held in a multiple financial institution collateral pool administered by the Washington Public Deposit Protection Commission (PDPC).

All investments are insured, registered or held by the District or its agent in the government's name.

Note 5 – Related Parties

Kitsap County Commissioners served as members of the Board of Health through May 31, 2022, and had significant influence in the management of the District.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, requiring local boards of health in counties with populations fewer than 800,000 to expand their membership to include nonelected members and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. E2SHB 1152 amends RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031 and is codified as chapter 246-90 WAC. Kitsap County passed Ordinance No. 614-2022, Amending Portions of Kitsap County Code Chapter 9.52, Kitsap Public Health District, on May 23, 2022, to establish and affirm the new state requirements for local board of health membership.

In May of 2022, the Bylaws of the Kitsap Public Health Board were amended to update the membership of the Board to include one Kitsap County Commissioner, the mayor from each of Kitsap’s four cities, and five nonelected members.

In 2022, the District provided the following funding to Kitsap County:

Department of Admin Services	\$ 1,602,641
Human Services	28,984
Information Services	42,418
Prosecuting Attorney's Office	35,747
Total	\$ 1,709,790

In 2022, Kitsap County provided the following funding to the District:

General Public Health	\$ 1,338,644
Clean Water Kitsap	1,164,291
SW Tipping Fees	975,114
Maternal Support Services	213,667
Septage Tipping Fees	152,414
Tuberculosis Control	100,000
NDGC Debt Payment	40,333
Epidemiology	31,723
Aging and LTC Program	4,131
Total	\$ 4,020,317

Note 6 – Leases

During the year ended 2022, the District adopted guidance for the presentation and disclosure of leases, as required by the BARS manual. This requirement resulted in the addition of a lease liability reported on the Schedule of Liabilities.

The District leases a vehicle from Toyota Financial for \$421 per month under a lease agreement that began in May of 2022 and will end in May of 2025. This lease can be cancelled at any time with full payment of the lease along with severe penalties.

The District leases a postage machine from Quadient for \$439 per month under a lease agreement that began in June of 2022 and will end in June of 2025. This lease may be cancelled only if a new lease is entered into up to six months prior to the end of the term of the lease.

The District leases copiers from Canon Financial for \$955 per month under a lease agreement that began in August of 2018 and will end in August of 2023.

The total amount paid for leases in 2022 was \$16,506. As of December 31, 2022, the future lease payments are as follows:

Year	Total
2023	\$ 19,866
2024	10,314
2025	4,316
Total	\$ 34,496

Note 7 - Long-Term Debt

The accompanying Schedule of Liabilities provides more details of the outstanding debt and liabilities of the District and summarizes the District's debt transactions for year ended December 31, 2022.

The District's long-term debt consists of general obligation debt for a loan from Kitsap County per Real Estate Contract and Security Agreement # KC-304-04 to purchase 2 units in the condominium property of the Norm Dicks Government Center, \$1 million payable upon execution of the agreement, and the balance payable in monthly installments per Schedule, maturing July 2034.

The debt service payment for the fiscal year being reported and future payment requirements, including interest, are as follows:

Year	Principal	Interest	Total
2023	\$ 321,664	\$ 184,992	\$ 506,656
2024	200,000	100,152	300,152
2025	210,000	92,148	302,148
2026	225,000	83,748	308,748
2027	230,000	74,748	304,748
2028-2032	1,280,000	238,824	1,518,824
2033-2034	575,000	30,996	605,996
Total	\$ 3,041,664	\$ 805,608	\$ 3,847,272

Note 8 – OPEB Plans

The District is a participating employer in the state's Public Employees Benefits Board (PEBB) program, a defined benefit plan administered by the Washington State Health Care Authority. The plan provides medical, dental, and life insurance benefits for public employees and retirees and their dependents on a pay-as-you-go basis. The plan provides OPEB benefits through both explicit and implicit subsidies. The explicit subsidy is a set dollar amount that lowers the monthly premium paid by members over the age of 65 enrolled in Medicare Parts A and B. PEBB determines the amount of the explicit subsidy annually. The implicit subsidy results from the inclusion of active and non-Medicare eligible retirees in the same pool when determining premiums. There is an implicit subsidy from active employees since the premiums paid by retirees are lower than they would have been if the retirees were insured separately.

The District had 102 active plan members and 3 retired plan members as of December 31, 2022. As of December 31, 2022, the District's total OPEB liability was \$2,570,952 as calculated using the alternative measurement method. The District contributed \$1,345,829 to the plan for the year ended December 31, 2022.

Note 9 – Pension Plans

A. State Sponsored Pension Plans

Substantially all District’s full-time and qualifying part-time employees participate in the following statewide retirement systems administered by the Washington State Department of Retirement Systems (DRS), under cost-sharing, multiple-employer public employee defined benefit and defined contribution retirement plans PERS 1, PERS 2, and PERS 3.

The State Legislature establishes, and amends, laws pertaining to the creation and administration of all public retirement systems.

The Department of Retirement Systems, a department within the primary government of the State of Washington, issues a publicly available Annual Comprehensive Financial Report (ACFR) that includes financial statements and required supplementary information for each plan.

The DRS ACFR may be downloaded from the DRS website at www.drs.wa.gov

At June 30, 2022 (the measurement date of the plans), the District’s proportionate share of the collective net pension liabilities, as reported on the Schedule of Liabilities, was as follows:

Plan	Employer Contributions	Allocation %	Liability (Asset)
PERS 1	\$ 343,998	0.056130%	\$ 1,562,865
PERS 2/3	\$ 586,592	0.073016%	(\$ 2,708,004)

Note 10 – Risk Management

Kitsap Public Health District is a member of the Enduris Washington (Pool). Chapter 48.62 RCW provides the exclusive source of local government entity authority to individually or jointly self-insure risks, jointly purchase insurance or reinsurance, and to contract for risk management, claims, and administrative services. The Pool was formed July 10, 1987 pursuant to the provisions of Chapter 48.62 RCW, Chapter 200-100 WAC, and Chapter 39.34 RCW when two counties and two cities in the State of Washington joined together by signing an interlocal governmental agreement to fund their self-insured losses and jointly purchase insurance and administrative services. For the Pool’s fiscal year ending August 31, 2022, there were 527 Enduris members representing a broad array of special purpose districts throughout the state.

The Enduris program provides for various forms of joint self-insurance and reinsurance coverage for its members: Liability coverage, which includes: General Liability, Automobile Liability, Public Officials’ Errors and Omissions liability, Terrorism liability and Employment Practices liability; Property coverage, which includes: Building and Contents, Mobile Equipment, Boiler and Machinery, and Business Interruption/Extra Expense; Automobile Physical Damage coverage; Cyber coverage; Crime blanket coverage; Named Position coverage; and an Identity Fraud reimbursement policy. Pollution and Cyber coverage are provided on a claims made coverage form. Crime coverage is provided on a discovery form. All other coverage is provided on an occurrence coverage form.

Members are responsible for a coverage deductible or co-pay on each covered loss. Each policy year members receive a Memorandum of Coverage (MOC) outlining the specific coverage, limits, and deductibles/co-pays that are applicable to them. In certain cases the Pool may allow members to elect to participate in the programs at limits, coverage, deductibles, and co-pays that are specific to their needs. Enduris is responsible for payment of all covered losses above the member retention, up to the Pool self-insured retention (SIR). Enduris acquires excess/reinsurance from unrelated insurance companies to cover losses above the Pool's SIR up to the coverage maximum limit of liability. The tables below reflect the Pool's SIR, reinsurance limits and member deductibles/co-pays by coverage type.

Coverage	Coverage Type	Pool Self-Insured Retention	Excess/ Reinsurance Limits	Member Deductibles/ Co-Pays ⁽¹⁾
Liability:				
Comprehensive General Liability	Per Occurrence	\$1 million	\$20 million	\$1,000 - \$100,000
Automobile Liability	Per Occurrence	\$1 million	\$20 million	\$1,000 - \$100,000
Public Officials Errors and Omissions Liability	Each Wrongful Act Member Aggregate	\$1 million	\$20 million \$20 million	\$1,000 - \$100,000
Terrorism Liability ⁽²⁾	Per Occurrence Pool Aggregate	\$500,000 \$1 million	\$0 Fully funded by Pool	\$1,000 - \$100,000
Employment Practices Liability	Per Occurrence Member Aggregate	\$1 million	\$20 million \$20 million	20% Copay ⁽³⁾

- (1) Members may request or be required to pay a higher deductible than the minimum for certain coverage and certain types of losses require a specific co-pay or deductible
(2) Terrorism liability is fully funded by the Pool i.e. no excess/reinsurance is procured.
(3) Members pay a 20% co-pay of costs. By meeting established guidelines, the co-pay may be waived.

Property ⁽²⁾:				
Buildings and Contents	Per Occurrence	\$250,000	\$1 billion	\$1,000 - \$250,000
Mobile Equipment	Per Occurrence	\$250,000	\$1 billion	\$1,000 - \$250,000
Boiler and Machinery ⁽³⁾	Per Occurrence	Varies	\$100 million	Varies
Business Interruption (BI)/ Extra Expense(EE) ⁽⁴⁾	Per Occurrence	\$250,000	\$100 million (BI)/ \$50 million (EE)	\$1,000 - \$250,000
Sublimit ⁽⁵⁾:				
Flood	Per Occurrence	\$250,000	\$50 million (shared by Pool members)	\$1,000 - \$250,000
Earthquake	Per Occurrence	5% of indemnity, subject to \$250,000 minimum	\$10 million (shared by Pool members)	\$1,000 - \$250,000
Terrorism Primary	Per Occurrence Pool Aggregate	\$250,000	\$100 million per occurrence	\$1,000 - \$250,000

Coverage	Coverage Type	Pool Self-Insured Retention	Excess/ Reinsurance Limits	Member Deductibles/ Co-Pays ⁽¹⁾
Terrorism Excess	Per Occurrence APIP Per Occurrence APIP Aggregate	\$500,000	\$200 million aggregate \$600 million/ Pool aggregate \$1.1 billion/ per occurrence APIP program \$1.4 billion/ APIP program aggregate	\$0
Automobile Physical Damage⁽⁶⁾	Per Occurrence	\$25,000; \$100,000 for Emergency Vehicles; \$250,000 for Emergency Vehicles valued >\$750,000	\$1 billion	\$250 - \$1,000
Crime Blanket⁽⁷⁾	Per Occurrence	\$50,000	\$1 million	\$1,000
Named Position⁽⁸⁾	Per Occurrence	\$50,000	\$1 million	\$1,000
Cyber⁽⁹⁾	Each Claim APIP Aggregate	\$100,000	\$2 million \$40 million	20% Copay
Identity Fraud Expense Reimbursement⁽¹⁰⁾	Member Aggregate	\$0	\$25,000	\$0

- (1) Members may request or be required to pay a higher deductible than the minimum for certain coverage and certain types of losses require a specific co-pay or deductible.
- (2) Property coverage for each member is based on detailed property schedule. Scheduled items are covered to the extent of the cost of repair or replacement pursuant to the excess/reinsurance policy terms. Under the Alliant Property Insurance Program (APIP) Reinsurance carriers cover insured losses over \$250,000 to the limit of \$1 billion except for certain types of sub-limited property losses such as flood, earthquake, and terrorism.
- (3) Boiler and Machinery self-insured retention for the Pool varies depending on motor horsepower.
- (4) Business Interruption/ Extra expense coverage is based on scheduled revenue generating locations/operations. A limited number of members schedule and the rest are limited to \$500,000 of coverage with a \$2.5 million Pool maximum for undeclared exposure. The waiting period (deductible) is typically 24 hours but there are exceptions specific to the type of exposure covered.
- (5) This sublimit list is simplified and is not all-inclusive. In addition, sub-limits are often shared or aggregated by all pool members and, in a few cases, are shared by all APIP members. Deductibles often vary by coverage sub-limit.
- (6) Auto Physical Damage coverage includes comprehensive, named perils and collision. Coverage for each member is based on a detail vehicle schedule.
- (7) Crime Blanket coverage (also referred to as "Employee Dishonesty Coverage with Faithful Performance" of \$2,500 is provided to each member. Member's may elect to "buy-up" the level of coverage from \$5,000 to \$2 million.
- (8) Named Position coverage is optional. Members may elect to schedule various employees, directors, and commissioners, with individual limits of between \$5,000 and \$1 million.
- (9) Cyber coverage is included under the Pool's Property program. Members are subject to a 20% co-pay per loss and the Pool's SIR is tiered between \$50,000 and \$100,000 depending on the insured/members property TIV with

Coverage	Coverage Type	Pool Self-Insured Retention	Excess/ Reinsurance Limits	Member Deductibles/ Co-Pays ⁽¹⁾
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an 8 hour waiting period. By meeting established guidelines, the co-pay may be waived. The reinsurance maximum limit of liability is \$2 million, with various declared sub-limits.

- (10) Identity Fraud Expense Reimbursement coverage is purchased by Enduris. Member claims do not have a deductible. There is a \$25,000 limit per member.

Members make an annual contribution to fund the Pool. Since Enduris is a cooperative program, there is joint liability among the participating members. There were no claim settlements in excess of the insurance coverage in any of the last three policy years.

Upon joining the Pool, members are contractually obligated to remain in the Pool for a minimum of one year and must give notice 60 days before renewal in order to terminate participation. The Interlocal Governmental Agreement (formerly known as the Master Agreement) is automatically renewed each year unless provisions for withdrawal or termination are applied. Even after termination, a member is still responsible for contribution to Enduris for any unresolved, unreported and in process claims for the period they were a signatory to the Interlocal Governmental Agreement.

Enduris is fully funded by its member participants. Claims are filed by members with the Pool who determines coverage and administers the claims.

The Pool is governed by a Board of Directors which is comprised of seven board members. The Pool's members elect the Board, and the positions are filled on a rotating basis. The Board meets quarterly and is responsible for overseeing the business affairs of Enduris and providing policy direction to the Pool's Executive Director.

**Kitsap Public Health District
Schedule of Liabilities
For the Year Ended December 31, 2022**

ID. No.	Description	Due Date	Beginning Balance	Additions	Reductions	Ending Balance
General Obligation Debt/Liabilities						
263.83	KITSAP COUNTY REAL ESTATE CONTRACT KC-304-04	12/1/2034	3,105,000	-	63,332	3,041,668
263.83	CAPITALIZATION GRANTS FOR CLEAN WATER STATE REVOLVING FUNDS; CRAFT3 SEPTIC	6/30/2022	115,357	-	115,357	-
Total General Obligation Debt/Liabilities:			3,220,357	-	178,689	3,041,668
Revenue and Other (non G.O.) Debt/Liabilities						
259.12	GENERAL LEAVE LIABILITY (1)		666,419	-	12,656	653,763
264.30	NET PENSION LIABILITY		634,114	928,752	-	1,562,866
264.40	OPEB LIABILITIES		3,375,165	-	804,213	2,570,952
263.57	POSTAGE MACHINE	6/18/2025	-	15,796	2,633	13,163
263.57	VEHICLE	5/26/2025	-	15,147	3,366	11,781
263.57	COPIERS	8/26/2023	20,059	-	10,507	9,552
Total Revenue and Other (non G.O.) Debt/Liabilities:			4,695,757	959,695	833,375	4,822,077
Total Liabilities:			7,916,114	959,695	1,012,064	7,863,745

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Agency (Pass-Through Agency)	Federal Program	ALN Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
Child Nutrition Cluster								
FOOD AND NUTRITION SERVICE, AGRICULTURE, DEPARTMENT OF (via Office of Superintendent of Public Instruction)	Summer Food Service Program for Children	10.559	20220706 (2246)	4,800	-	4,800	-	1,4
Total Child Nutrition Cluster:				4,800	-	4,800	-	
SNAP Cluster								
FOOD AND NUTRITION SERVICE, AGRICULTURE, DEPARTMENT OF (via Washington Department of Health)	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	CLH31014	129,037	-	129,037	-	1,2,4
Total SNAP Cluster:				129,037	-	129,037	-	
ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, HOUSING AND URBAN DEVELOPMENT, DEPARTMENT OF (via Washington Department of Health)	Housing Opportunities for Persons with AIDS	14.241	CLH31014	101,510	-	101,510	-	1,2,4
DEPARTMENTAL OFFICES, TREASURY, DEPARTMENT OF THE (via Washington Department of Health)	COVID 19 - Coronavirus Relief Fund	21.019	CLH31014	1,500,789	-	1,500,789	1,500,789	1,4
ENVIRONMENTAL PROTECTION AGENCY, ENVIRONMENTAL PROTECTION AGENCY (via Hood Canal Coordinating Council)	Geographic Programs - Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	66.123	2292	19,043	-	19,043	-	1,2,4

The accompanying notes are an integral part of this schedule.

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Agency (Pass-Through Agency)	Federal Program	ALN Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
ENVIRONMENTAL PROTECTION AGENCY, ENVIRONMENTAL PROTECTION AGENCY (via Washington Department of Health)	Beach Monitoring and Notification Program Implementation Grants	66.472	CLH31014	25,000	-	25,000	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Public Health Emergency Preparedness	93.069	CLH31014	396,120	-	396,120	-	1,2,4
FOOD AND DRUG ADMINISTRATION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Association of Food & Drug Officials)	Food and Drug Administration Research	93.103	FDA09013	23,731	-	23,731	-	1,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Injury Prevention and Control Research and State and Community Based Programs	93.136	CLH31014	52,566	-	52,566	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	CLH31014	19,010	-	19,010	-	1,2,4

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Agency (Pass-Through Agency)	Federal Program	ALN Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	CLH31014	3,277	-	3,277	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	CLH31014	15,729	-	15,729	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Immunization Cooperative Agreements	93.268	CLH31014	545,691	-	545,691	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	0069-41987	536	-	536	-	3
Total ALN 93.268:				584,243	-	584,243	-	
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH31014	22,640	-	22,640	-	1,2,4

The accompanying notes are an integral part of this schedule.

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Agency (Pass-Through Agency)	Federal Program	ALN Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH31014	155,419	-	155,419	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH31014	834,851	-	834,851	-	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH31014	119,470	-	119,470	-	1,2,4
				Total ALN 93.323:	1,132,380	1,132,380	-	
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	National and State Tobacco Control Program	93.387	CLH31014	14,738	-	14,738	440	1,2,4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	State Physical Activity and Nutrition (SPAN)	93.439	CLH31014	82,705	-	82,705	-	1,2,4

The accompanying notes are an integral part of this schedule.

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Agency (Pass-Through Agency)	Federal Program	ALN Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
HEALTH RESOURCES AND SERVICES ADMINISTRATION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Maternal and Child Health Services Block Grant to the States	93.994	CLH31014	180,516	-	180,516	-	1,2,4
Total Federal Awards Expended:				4,247,178	-	4,247,178	1,501,229	

Kitsap Public Health District

Notes to the Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2022

Note 1 – Basis of Accounting

This schedule is prepared on the same basis of accounting as the District's financial statements. The District uses a cash basis of accounting where revenues are recognized when cash is received, and expenditures are recognized when paid.

Note 2 – Federal Indirect Cost Rate(s)

The District has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. The amount expended includes \$700,623 claimed as an indirect cost recovery using an approved indirect cost rate of 37.96 percent for Administration, 37.96 percent for Community Health, and 39.47 percent for Environmental Health.

Note 3 – Noncash Awards

The amount of vaccine reported on the Schedule is the value of vaccine received by the district during the current year and priced as prescribed by the Washington State Department of Health.

Note 4 – Program Costs

The amounts shown as current year expenditures represent only the federal award portion of the program costs. Entire program costs, including the District's portion, are more than shown. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

ABOUT THE STATE AUDITOR'S OFFICE

The State Auditor's Office is established in the Washington State Constitution and is part of the executive branch of state government. The State Auditor is elected by the people of Washington and serves four-year terms.

We work with state agencies, local governments and the public to achieve our vision of increasing trust in government by helping governments work better and deliver higher value.

In fulfilling our mission to provide citizens with independent and transparent examinations of how state and local governments use public funds, we hold ourselves to those same standards by continually improving our audit quality and operational efficiency, and by developing highly engaged and committed employees.

As an agency, the State Auditor's Office has the independence necessary to objectively perform audits, attestation engagements and investigations. Our work is designed to comply with professional standards as well as to satisfy the requirements of federal, state and local laws. The Office also has an extensive quality control program and undergoes regular external peer review to ensure our work meets the highest possible standards of accuracy, objectivity and clarity.

Our audits look at financial information and compliance with federal, state and local laws for all local governments, including schools, and all state agencies, including institutions of higher education. In addition, we conduct performance audits and cybersecurity audits of state agencies and local governments, as well as state whistleblower, fraud and citizen hotline investigations.

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(564) 999-0950
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- Email:
webmaster@sao.wa.gov

MEMO

To: Kitsap Public Health Board

From: Yolanda Fong, Community Health Director
Tad Sooter, Public Information Officer

Date: October 3, 2023

Re: Immunization Campaign

In light of the COVID-19 pandemic, vaccines have taken center stage across the globe. Immunization coverage for routine vaccines has decreased making us vulnerable to future outbreaks of communicable disease and exacerbating ongoing health disparities. Kitsap Public Health District (KPHD) will be launching a countywide immunization campaign to increase awareness and access to accurate and reliable immunization information.

At the October 3rd Kitsap Public Health Board meeting, Yolanda Fong and Tad Sooter will present on the current plans for the immunization campaign covering the following topics:

- Background including school immunization requirements and COVID-19 impacts
- Campaign objectives and strategies including results from community outreach activities
- Estimated timeline

This presentation will provide the Board an overview of one current strategy that KPHD is implementing to improve immunizations rates and support the health of Kitsap residents.

Recommended Action

None at this time, this presentation is for information and discussion only.

Please contact me at yolanda.fong@kitsappublichealth.org with any questions or comments.

Immunization Media Campaign

October 3, 2023

Yolanda Fong, RN, MN, PHNA-BC
Director, Community Health Division

Tad Sooter
Public Information Officer

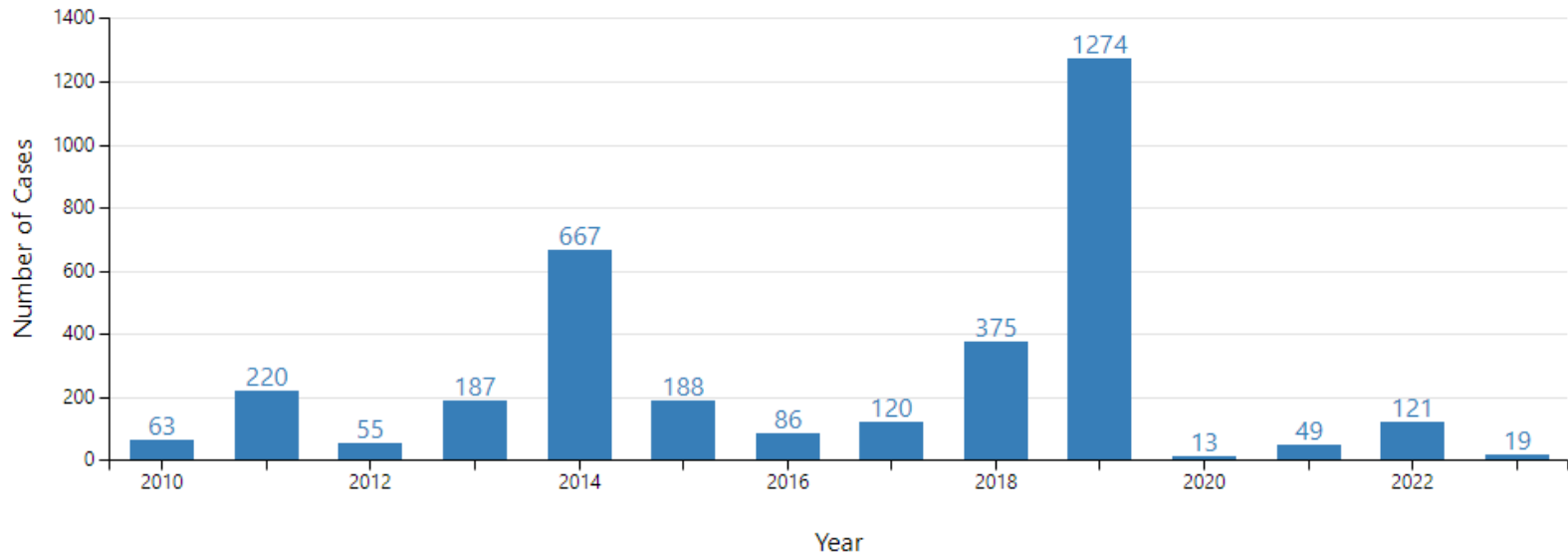


KITSAP PUBLIC HEALTH DISTRICT

Importance of Immunizations

- CDC graph representing number of measles cases reported by year in the United States

2010-2023* (as of June 8, 2023)



<https://www.cdc.gov/measles/cases-outbreaks.html>



School Immunization Requirements

- WAC 246-105-030 and WAC 246-105-040
 - School Administrators have final responsibility when it comes to immunization compliance in their facility.
- RCW 28A. 210.120
 - Duty of the school administrators to exclude children who do not meet immunization requirements.



Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2023-2024



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 10th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**



Impacts of COVID

WA Department of Health Report: Effects of the COVID 19 Pandemic on Vaccine Doses Administered and Routine Childhood Vaccination Coverage (June 2019-December 2021)

- Vaccine administration across the state in 0-18 year-old were below pre-pandemic levels
- Vaccination coverage declined in all age groups across the state
- Between June 2019-Dec 2021 fully vaccinated children 19-35 months decreased by 28% in Kitsap

Updated December 2022 vaccination coverage data

- December 2021-December 2022, vaccination coverage slightly increased in the 19-35 month olds across the state
- Between December 2021-December 2022, fully vaccinated children 19-35 months increased by 5.3% in Kitsap

Campaign Objectives

- Increase awareness of and foster positive perceptions around routine immunization across all age levels in Kitsap County
- Encourage people to learn about recommended vaccines and know their vaccination status
- Increase access to immunization information
- Create a framework for healthcare providers, community organizations, and individuals to promote immunization in Kitsap County
- Create a flexible framework that KPHD can build on in the future to promote immunization among specific populations

Lessons learned from COVID-19

- Healthcare providers are a widely trusted source of vaccine information.
- People want information and inspiration, not directives.
- Representation and inclusion matter.

Campaign strategies



Mockups of campaign materials.

Paid media featuring Kitsap healthcare providers and other trusted community leaders sharing affirming statements about immunization



Your guide to immunization in Kitsap County.

Staying up to date on routine immunizations is a safe and effective way to protect yourself, your family, and our community. Let's get caught up!



What immunizations are recommended for me?

Find Out!



How do I know what immunizations I've already had?

Find Out!



How do I get immunized?

Find Out!

Need more help?

Learn about free immunization programs, how to get health insurance, and other assistance available.

Start Here

Website mockup.

Campaign strategies

A straightforward landing page for immunization information and campaign materials.

Community engagement



We are gathering community input on key messages and trusted messengers.

Next steps

- Community engagement
- Spokesperson outreach
- Content finalization
- Campaign launch
- Potential for additional phases



The background is a vibrant teal color filled with numerous speech bubbles of various colors (red, yellow, pink, white) scattered across the page. Each speech bubble contains a large, dark blue question mark. In the center, a dark blue horizontal banner with a white border contains the word "QUESTIONS?" in white, bold, uppercase letters.

QUESTIONS?

