

KITSAP COUNTY BOARD OF HEALTH
Regular Meeting
April 6, 2010

Board Chair Mayor Patty Lent called the meeting to order at 11:21 a.m.

MINUTES

Council Member Roy Runyon moved and Commissioner Charlotte Garrido seconded a motion to approve the minutes of the March 2, 2010, regular board meeting. The motion passed unanimously.

CONSENT AGENDA

The following contract was included on the consent agenda:

Contract 781, Olympic Regional Tribal Public Health Mutual Aid Agreement (Clallam County).

After a brief discussion, Council Member Runyon moved and Mayor Becky Erickson seconded to approve the consent agenda. The motion passed unanimously.

DIRECTOR'S REPORT

Dr. Scott Lindquist, Director of Health, directed the Board's attention to the Enduris binder included in the Board packet, explaining that it provides liability insurance for the Health District and for Board members as they carry out their duties as members of the Board of Health. The policy provides \$10 million liability coverage as a group per year with a \$1,000 per person deductible.

PERSONNEL COMMITTEE REPORT

A) BOH Compensation Policy Review

Speaking on behalf of the Personnel Committee, Mayor Erickson reported on the Committee's review of the District's draft Compensation Policy at their March 9 meeting. She explained that the goal of the policy is to set compensation levels that attract and retain employees. She noted that the Policy applies to all non-union District positions, and provides guidelines for decision-making with regard to labor negotiations and staff hiring. In the Board discussion that followed, Erickson commented that Committee Members felt it was an excellent draft and suggested no changes. Following a brief discussion, Mayor Lary Coppola moved and Commissioner Garrido seconded to adopt the Board of Health Compensation Policy. The motion passed unanimously.

B) Resolution 2010-02: Approving Kitsap County Board of Health Bylaws

Mayor Erickson also reported on the Committee's discussion of the two draft options of the Board of Health Bylaws. Mr. Scott Daniels, Deputy Director, explained that the differences between the two options centered on the establishment of an Administrator position and the supervision of the position in option 1, while option 2 omits these references. Following a discussion by the Board regarding the two options, Mayor Erickson moved and Council Member Runyon seconded to adopt Resolution 2010-02 option 1, Approving Kitsap County Board of Health Bylaws. The motion passed unanimously. Mayor Lent then asked for a second motion to approve the revised Board of Health Officers and Committees as an attachment to

the Bylaws. Mayor Coppola so moved, seconded by Commissioner Garrido. The motion passed unanimously.

RESOLUTION 2010-04: PROCLAIMING PUBLIC SERVICE RECOGNITION WEEK

Dr. Lindquist explained that this resolution recognizes public health employees' service and noted that the guest editorial in today's Kitsap Sun featured an article on the importance of public health to the community. Lindquist noted that Public Service Recognition Week is May 3-9 this year and offered Resolution 2010-04 as a template that other jurisdictions might choose to adopt. After a brief discussion, Commissioner Steve Bauer moved and Commissioner Garrido seconded to adopt Resolution 2010-04, Proclaiming Public Service Recognition Week. The motion passed unanimously.

DISCUSSION OF OPIATES AND TREATMENT OF OPIATE ADDICTION: RON JACKSON, MSW, EXECUTIVE DIRECTOR, EVERGREEN TREATMENT SERVICES

Dr. Lindquist introduced Mr. Ron Jackson, Executive Director of Evergreen Treatment Services and an Affiliate Professor in the School of Social Work at the University of Washington, and explained that he would speak to the Board about the growing problem of opiate addiction. Thanking the Board for giving him the opportunity to speak to them, Mr. Jackson explained that his presentation today would provide an overview of addiction in general; opioid addiction specifically, particularly the growing problem of prescription opioid drug abuse; and the role of medication in treatment of opioid addiction. He commented that the problem of prescription opioid drug addiction to drugs such as Vicodin® and Oxycontin®, is becoming an increasing problem in rural areas.

Jackson's began his presentation recapping recent research that identifies opiate addiction, as well as addiction to alcohol, tobacco, and other drugs, as a chronic medical illness, similar to hypertension, diabetes, or asthma. Jackson explained that in the past, drug dependence treatment followed a model that assumed the dependence could be "cured". Newer research reveals that as in other chronic diseases, a cure is not likely; now the goal of treatment is to manage the illness so that the patient can live a healthy and productive life. The implications of this research in an addiction treatment setting means that patients learn to manage their condition as one of the goals of treatment.

Jackson commented that the use of Methadone as a treatment for opioid addiction dates back to the 1970s. At that time, it was seen as a strategy to reduce criminal activity associated with drug addiction and was found to be effective. However, Methadone treatment remained controversial until the National Institutes of Health convened a Consensus Panel in 1992 to review and summarize the body of research to determine what treatments were effective for opioid addiction. The Panel released their findings which showed that Methadone maintenance treatment combined with attention to medical, socioeconomic, and psychiatric issues along with drug counseling has the highest probability of being effective over time.

Jackson commented that because Methadone-maintenance treatment for opioid addiction tends to keep patients in therapy longer than other outpatient-based therapies, this improved retention over other therapies resulted in more successful outcomes and a decrease in the frequency of drug use over time. This is one of the factors that makes medication-assisted

treatment for opioid dependence the most cost-effective form of treatment and most effective in reducing criminal behavior.

Jackson explained that in addition to treatment in Methadone clinics, a newer treatment drug – Buprenorphine -- may be prescribed by specially qualified physicians from their office practices. Methadone clinics are strictly controlled by state and federal laws and must include “wrap-around” treatment services including counseling and social case management while physician-based Buprenorphine treatment’s only requirement is dispensing of the drug. He commented that physicians often find this treatment difficult to manage in their practices and not as likely to result in successful outcomes.

PUBLIC COMMENT

David Beck, MD, Medical Director at Kitsap Mental Health Services and Medical Director of the South Sound Methadone Clinic in Olympia, addressed the Board explaining that he is a general internist and certified addiction specialist and has also worked at Group Health and at the Port Gamble S’Klallam Tribe. He expressed his conviction that the problem of opiate addiction in Kitsap County is a far bigger problem in the County than is generally recognized. In talking to his medical colleagues in the community, he stated there is broad support for a treatment facility in the County to address the need in the community.

Mr. Dennis G. Jones testified about the impact opiate addiction has had on his family and the need for local treatment options in Kitsap County. He also commented as a member of the Port Gamble S’Klallam Tribe, saying that the problem of opiate addiction is so great in this community that the Tribe recently declared a State of Emergency.

Mr. Monte Levine spoke about his experience facilitating a syringe exchange program in Kitsap County over the past 13 years and the opiate addiction he has observed over the years. Levine has surveyed the people using his exchange over the past few weeks -- about 40 people a week -- to see if they would go to a Methadone clinic if there were one in Kitsap County. Of the people he surveyed, all said they would go to such a clinic; none said they would not. He commented that the distance to similar treatment options in Seattle or Tacoma is a significant barrier to receiving treatment

Mr. Dennis Meury who works for DSHS, Division of Behavioral Health and Recovery explained that his agency is one of the regulatory entities that handle the permitting for Opioid Treatment Programs (OTP) such as the Evergreen Clinic. He offered to work with Ms. Deb Cummins in his office to develop numbers for the Board that could be used to determine the need for an OTP center in Kitsap County. A previous survey that Ms. Cummins completed in January 2010, indicated an estimated need for 500 treatment slots in a Kitsap County OTP center.

Ms. Jolene Sullivan, Deputy Director of the Children and Family Services Department at the Port Gamble S’Klallam Tribe, presented her perspective on the scope of the problem of opiate addiction at the Tribe. She estimated that about 50 of 750 members are addicted to opiates with a “skyrocketing” rate of increase in child welfare cases and foster placements as a result. With limited treatment options and no Methadone treatment nearby, Sullivan stated that the cost of treatment is very high and not very effective. She further stated that the Tribe has entered into a conversation with Evergreen Treatment Center about opening a center on the Reservation.

However, Sullivan shared with the Board the S'Klallam Tribe's preference for the County to take the lead in this area and site a treatment center in a more central part of the County.

Dr. Regina Bonnevie-Rogers, Medical Director of Peninsula Community Health Services, spoke about the amount of opiate addiction she sees that is masked by patients being treated for chronic pain. She spoke in support of siting a facility in the County.

Dr. Ann Bruce, Medical Director for the Suquamish Tribe Wellness Program, is currently treating patients using an office-based Buprenorphine treatment supported by mental health counselors. She stated that this model is not working well for her patients. Bruce spoke in support of a treatment center in the County which she thinks will provide more effective treatment options for her patients.

Having heard the comments from the Board, Mayor Lent spoke on behalf of the Board to ask the Health District to move forward with investigating the need for an opiate treatment center in the County and to identify potential sites for a clinic to be located.

ADJOURN

There was no further business; the meeting was adjourned at 12:47 p.m.

Mayor Patty Lent, Chair
Kitsap County Board of Health

Scott W. Lindquist, MD, MPH
Director of Health

Board Members Present: *Commissioner Steve Bauer; Mayor Lary Coppola; Commissioner Charlotte Garrido; Mayor Becky Erickson; Mayor Patty Lent; Council Member Roy Runyon*

Board Members Absent: *Commissioner Josh Brown; Council Member Kirstin Hytopoulos*

Staff Present: *Karen Boysen-Knapp, Public Health Educator; Cris Craig, Program Manager, Health Information Resources; Scott Daniels, Deputy Director; Keith Grellner, Director, Environmental Health Division; Judy Holt, Program Manager, Support Services; Karen Holt, Personnel Assistant; Leslie Hopkins, Special Projects Program Coordinator, Administration; Scott Lindquist, MD, MPH, Director and Health Officer; Akiko Miller, Intern; Maureen Murphy, Program Manager, Human Resources; Suzanne Plemmons, Director, Community Health Division; Shelley Rose, Public Health Educator; Liz Wilhelm, KTASC Program Coordinator*

Public Present: *David Beck, MD, Director of the Methadone Clinic in Olympia; Regina Bonnevie Reyes, MD, Peninsula Community Health Services; Deb Cummins, Department of Social and Health Services, Division of Behavioral Health and Recovery; Dennis G. Jones, Port Gamble S'Klallam Tribe; Monte Levine, self; Dennis Paul Meury, Department of Social and Health Services; Joe Roszak, Kitsap Mental Health Services; Sally Santana, self; Jolene Sullivan, Port Gamble S'Klallam Tribe; C. Weldon, BDRC; Teresa Williams, Kitsap Paratransit*
