

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
October 1, 2019**

The meeting was called to order by Board Chair, Commissioner Robert Gelder at 12:30 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved and Commissioner Ed Wolfe seconded the motion to approve the minutes for the September 3, 2019, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The October consent agenda included the following contract:

- 2021, Washington State Department of Social and Health Services, *Interlocal Datashare Agreement eJAS Access for Home Visiting Services*

Mayor Rob Putaansuu moved and Mayor Kol Medina seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

Monte Levine, Bremerton resident representing people who inject drugs, provided public comment to the Board regarding potential changes to the Health District's syringe exchange program.

Mr. Levine said he has spent the last 34 years working with public health advocating for prevention. He said there is much that is unfunded under public health, including behavioral health. He provided the Board with copies of his written public statement.

Mr. Levine said he did not previously see the flow chart from the packet on the website before this meeting and noted that it addresses some of his questions.

There was no further comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with a few updates.

Dr. Turner reminded the Board that KCHP (Kitsap County Health Priorities) brings partners together to review data and improve community health overall. She explained that health data is reviewed by a large group of participants spanning a variety of agencies and communities. The group uses the data to determine county-wide priorities to guide partners in their work. This is a collective impact method to address health in the county.

The four priorities chosen during the 2014 data review are: reducing adverse childhood experiences (ACEs), decreasing homelessness, increasing access to behavioral health services and increasing healthy eating active living (HEAL).

She noted upcoming KCHP meetings:

- Public data review: November 7th from 8:30 a.m. – Noon
- Prioritization discussion: November 14th from 8:30 a.m. – Noon
(the group will use a small set of ranking criteria)
- Community wide meeting: December 11th from 9:00 a.m. to 11:00 a.m.
(to announce chosen priorities and invite participation on work groups)

Dr. Turner noted the steering committee for KCHP is large with all members contributing to the shared effort. Kitsap Public Health District is facilitating the process and will oversee one of the workgroups that most closely aligns with our work. The Health District will not be staffing all of the work groups this year. Other sponsors will be overseeing the other priority work groups, should the group desire work groups for the other priorities.

Next, Dr. Turner provided the Board with an update on Vaping Associated Severe Lung Illness.

She noted that there have been no cases reported in Kitsap County yet.

Nationally:

Dr. Turner explained that the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) are heading up the national investigation into the illnesses:

- While the investigation is ongoing, and has not identified a definitive cause, all reported cases have a history of using vaping devices
- As of October 1, 2019, there were 805 cases of lung injury reported from 46 states and one US territory. Twelve deaths have been confirmed in ten states.
 - 69% male
 - Median age 23 (range 13-72)
 - 91% hospitalized
 - Median time between symptoms onset and hospitalization is 6 days (range 0-158 days)
 - Some illnesses occurred April to June 2019, but number of cases began increasing in July 2019
 - Among the 12 deaths reported to CDC, 58% occurred in men, and the median age was 50 years (range = 27–71 years).

- These are fluid numbers because states are in the process of classifying and identifying additional cases, including looking back to April 2019 for additional cases.

Based on information from 771 of the current cases:

- 62% of cases are 18-34 years old
- 16% of cases are under 18 years and 22% are older than 35 years of age
- All reported cases have a history of e-cigarette product use/vaping
- Based on initial data from certain states, CDC confirms that 76% of cases have reported a history of using e-cigarette products containing THC.
 - Many have used both THC and nicotine.
 - 36% reported using THC alone. 16% report the use of e-cigarette products containing only nicotine. The specific cause of these lung injuries is not known.
- The investigation has not identified any specific e-cigarette or vaping product or substance that is linked to all cases.
- There are clinical similarities in the cases (symptoms and clinical findings) and all report vaping, resulting in the CDC's description of this illness as part of a nationwide outbreak

Washington State:

From the Washington State Department of Health (DOH)

- As of October 1, 2019, the Washington State DOH has announced 7 cases (2 in King, one in Snohomish, 2 in Spokane and one in Mason)
- The DOH has requested that all WA healthcare providers report potential hospitalized cases meeting a specific case definition
- The DOH has instituted ICS to manage the investigation and response
 - Includes monitoring and look-back within ESSENCE system
 - Identifying possible cases and referring to county of residence—this is how most of cases in WA were identified
 - Review medical records and performing interviews as needed
 - Consult with LHJs for occurrent cases, including reporting, medical record reviews, interviews, and shipping of vape products for FDA testing.
- The DOH is looking at options to require vape shops to post warning signs
- They are working with LCB (permitting agency) to obtain lists of ingredients in products at permitted marijuana shops and vape shops.
- On Friday the Governor issued an executive order
- Directs DOH to ask State Board of Health (SBOH) to adopt emergency rules to ban all flavored vapor products including flavored THC products
- Directs DOH and Washington State Liquor and Cannabis Board (WSLCB) to immediately ban any ingredients/sources found to be a cause of this acute lung illness,
 - And to work together to draft Governor-request legislation for 2020 that will
 - ban all flavored vapor products;
 - require disclosure of ingredients in vapor products
 - increase regulatory oversight
 - limit bulk sales

- expand educational campaign
- clarify DOH's authority in situations like this where harm or risk to public but specific cause of harm unknown.
- Immediately take whatever steps they can to warn consumers of the risks, encourage health care providers to report all suspected cases and expand educational campaign to increase awareness around the dangers of vaping.

Kitsap Public Health District:

- Has asked local healthcare providers and hospitals to be on alert for potential cases and report suspect cases to the Health District—WA case definition:
 - Severe lung illness requiring hospitalization
 - Vaping or dobbing in prior 90 dd
 - Imaging studies showing lung injury
 - Absence infection, or infection not sole cause injury
 - Absence of alternate plausible diagnoses
- The Health District is assisting DOH with the outbreak investigation and DOH is working with CDC
 - Kitsap has been partnering with the DOH and assisting them in this investigation with any look-back cases they send us
- The investigation is evolving rapidly. Information on products and risk factors linked to cases is still being gathered. The DOH and CDC websites are the most up to date.
- The healthiest option is not to smoke or vape; nicotine and marijuana can be harmful in any form. We want people to talk to family and friends about vaping risks.
- CDC, DOH, and our recommendations include:
 - Youth, young adults and women who are pregnant should not smoke or use vaping products
 - Adults who do not currently use tobacco or vapor products should not start using e-cigarettes;
 - Remember that vaping products are not regulated—there is no oversight, no inspection, no testing at the federal or state level of any of the products.
 - Want all adults to stop using e-cigarette and tobacco products until the products are proven safe, but if they choose to vape and develop symptoms, especially severe cough, shortness of breath and/or chest pain, seek evaluation by healthcare provider.
 - Those using vaping products to quit should use evidence-based treatments including counseling and FDA-approved medications

Lastly, she emphasized that, if individuals show any symptoms, they should seek health care immediately.

Mayor Medina asked if there are any theories about the cause of this disease, such as a new chemical that several vaping manufacturers have begun to use.

Dr. Turner said that there have been many informal hypotheses, but as of yet, there has been no indication of a single chemical or product among all cases that could have caused this.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the Board with a brief summary of all three Board Committees that met in September:

- Finance Committee met September 6th to discuss the 2020 budget, which remains status quo as the Health District is not proposing any new programs or new staffing. Expenditures are expected to be \$13.5 million, a two percent increase from 2019. Most of this increase is related to annual salary and benefit increases. Revenues are currently projected at \$13.2 million, leaving a deficit of \$300 thousand, but Mr. Grellner said he is confident the Health District will close that gap and have a balanced budget by the end of 2020 through increased revenues and cost savings. The Health District is prepared to bring the draft budget to the full Board at the December Board meeting for approval. There is a tentative Finance Committee meeting in Nov if needed, based on board feedback.
- Policy Committee met September 17th to discuss the syringe exchange program. Further details will be provided during the syringe exchange presentation later in this meeting.
- Personnel Committee met September 30th to discuss the recruitment of a new Health Officer to fill Dr. Turner's position when she retires in July 2020. The Committee made the following recommendations:
 - Health District's human resources department will start recruiting process immediately.
 - Health District will check in with the Personnel committee in early 2020 to provide a summary of applicants and determine next steps and design the interview process.

Commissioner Wolfe, a Personnel Committee member, explained that a nationwide search for a new Health Officer will begin internally within the Health District, before any decisions are made to seek outside consultation. Dr. Turner said she would be available to help cover the position if there is a gap in services between her anticipated retirement date and the onboarding of a new Health Officer.

Commissioner Gelder noted that there has been some conversation between the Health District and the Board regarding overlap during the transition to a new Health Officer and asked the Board to keep in mind that it would have budgetary implications.

Mr. Grellner said the current draft budget accounts for this overlap time.

There was no further comment.

**EXECUTIVE SESSION PURSUANT TO RCW 42.30.110 (1)(I): DISCUSSION
RELATED TO POTENTIAL LITIGATION**

At 12:56 p.m., Commissioner Gelder said the Board would break for executive session for approximately 20 minutes.

At 1:18, Commissioner Gelder returned and closed the executive session. No action was taken.

There was no further comment.

SYRINGE EXCHANGE UPDATE

Commissioner Gelder, as a Policy Committee member, thanked Health District staff for their work on the syringe exchange service changes.

Dr. Turner informed the Board of the related documents in their Board packets and said she would like the Board's input and discussion on the following syringe exchange program (SEP) presentation. She said her presentation would provide a review of common concerns from related to the program, give a status update, review proposed network model, and then look at anticipated timeline for development of the network.

The following list of common concerns was shared during the Policy Committee meeting and the Committee encouraged Dr. Turner to share the list with the full board.

Concerns about the current syringe exchange model include:

- Negative impacts to law enforcement, parks, and citizens (crime, used syringes/needle sticks, litter)
- Used syringes illegally discarded in the environment
- Connections between drug addiction/drug use and crime
- Cost of SEP and who is paying for it
- Too many syringes exchanged
- Too few safe disposal options available
- Lack of comprehensive data gathering for SEP (e.g. number of SEP users is unknown)
- Exchanges should be done by medical professionals to compel and provide treatment
- Need to treat addiction as a medical condition
- SEP is too easy and enables crime because people who inject drugs (PWID) do not have to access SEP in a medical environment
- Mobile services contractor conducts exchanges in residential areas/private homes
- Exchanges may occur with "proxies", so people who inject drugs (PWID) are not getting referrals
- Exchanges may be enabling PWID
- Mobile services may be facilitating de-facto "safe injections sites"

Concerns about making changes to the syringe exchange program include:

- Number of encounters may be drastically reduced
- Transmission of communicable disease may increase
- Number of syringes distributed and collected/properly disposed may be significantly reduced
- Numbers of referrals, naloxone kits, and condoms may be significantly reduced
- There do not appear to be any local service providers (existing or new) who will be able to address the apparent SEP service needs of PWID, or the volume of need
- Transitioning/changing too fast
- Willingness to accept treatment cannot be forced
- Cost to the Health District

The Policy Committee recommended a “Syringe Exchange Network” in which behavioral health and healthcare providers provide syringe exchange services and risk reduction counseling. Major goals of this type of service delivery are to better engage clients in substance use disorder (SUD) and other treatments, and to reduce risk behaviors, disease transmission risk, and improper syringe disposal.

The highest priority of the work plan is securing partnerships with Peninsula Community Health Services (PCHS) and Genoa Pharmacy at Kitsap Mental Health Services (KMHS), as well as other willing partners toward creation of a network of syringe exchange services providers. PCHS has launched syringe exchange services in their four integrated medical/behavioral health facilities with pharmacies, followed soon by syringe exchange utilizing their mobile behavioral health services van. Dr. Turner said the pharmacy manager at Genoa Pharmacy has been out on parental leave and so syringe exchange discussion will continue when he returns.

Dr. Turner said staff have experienced some barriers with substance use treatment providers due to their philosophy of syringe exchange. One of the substance use treatment providers contracts with all participants to abstain from drug use during treatment and clients are discharged from treatment if drug use occurs.

Dr. Turner said the second element of the plan is supporting mobile syringe exchange services, including naloxone distribution until the network can meet SEP needs within urban areas —this ensures no one is left without services and avoids unintended consequences related to increased disease transmission and overdose events/deaths. Once the exchange is more complete, the Health District would consider reducing mobile syringe exchange services, prioritizing areas where the services are most needed, likely in more rural areas.

Dr. Turner said the contract extension with People’s Harm Reduction Alliance (PHRA) for July through December 2019 was completed, as approved by the Board. The Health District anticipates a Request for Proposals (RFP) would need to be announced soon to be implemented by January 1, 2020.

The third element of the plan is to address budget issues and balance with SEP network partner needs to reduce barriers to participation. As the District works on the transformation of the SEP, the District, with support from the Policy Committee, has decided to maintain total SEP costs for 2019 and 2020 at 2018 levels (status quo budget).

The fourth element of the plan is to talk to pharmacies and other healthcare and behavioral healthcare services providers about syringe collection and/or exchange toward further extending the initial network. Capacity has limited outreach at this time, but recently the Health District was informed that we will receive a small grant from DOH to cover the cost of a portion of a staff member to act as a coordinator of the syringe exchange network, and work with community partners to improve the network. This will include outreach to potential network partners, including pharmacies.

The fifth element of the plan is talking to Kitsap County Solid Waste about additional syringe disposal options. Commissioner Gelder spoke with Kitsap County Solid Waste and they recommended use of the existing county transfer station collection system and the syringe exchange program. Health District staff plan to do additional outreach to Kitsap County Solid Waste about the possibility of adding disposal collection kiosks in addition to transfer stations.

The sixth element of the plan is researching potential ordinance structures. The Health District will see how changes to the SEP manifest before a change in regulation. Dr. Turner explained that the data will be discussed in more detail during review of the model diagram included in the packet.

The last element is to consider changes to the syringe exchange model that limits the number of syringes distributed in one visit, such as calculating the number of syringes needed by the client for a one week period, and such as only providing sterile syringes “one for one”.

Next, Dr. Turner reviewed the SEP concept model included in the packet. The model shows current partners and anticipated future partners grouped into three categories: integrated healthcare, behavioral healthcare and pharmacies. Also included in the model are agencies that could contribute to the network in other ways than providing services, such as providing data and information. Additionally, she listed the potential data to be collected through this network model.

Dr. Turner asked the Board if this network model seemed reasonable and should be pursued in alignment with the Policy Committee recommendations.

Commissioner Gelder explained the need for getting concurrence from the Board due to all the moving parts and work required by staff. He encouraged Board members to review the draft program procedures, which he said is a robust document and directs both the Health District and any partners in standard guidelines for operation.

Mayor Becky Erickson said she read Dr. Turner’s memo about changing the SEP model and she thought it was brilliant. She said she is pleased with this network concept and explained that this

provides a compromise by morphing the exchange to move users to physical and mental health treatment. She is hopeful that this new program model will help more people. She noted that the county has unused Medication Assisted Treatment (MAT) slots in county and we need to help people get into that program. She said this model won't work for everybody but it is a step in the right direction.

Commissioner Gelder noted a phrase that was used in Policy Committee meetings: "meet clients where they are." He said the model has a robust approach that tries to meet as many people where they are to connect them to services.

Commissioner Garrido commented that this model is a whole person care approach.

Mayor Erickson said she hopes this model helps to remove the stigma from asking for help from healthcare providers. She also noted that there are users who may be your next-door neighbor or coworker, and you would never know they needed help. She thinks this methodology is a shift in the right direction.

Mayor Greg Wheeler said it's nice to see the program won't be starting from scratch. He said he appreciates the staff's research into other models to find something that would work for our county. He said the model presented today is outstanding.

Dr. Turner also directed the Board toward the timeline included in the packet.

Commissioner Gelder said the timeline shows that some elements will take longer than others until we can get to full implementation.

Mayor Wheeler said he would be interested in seeing a structure transition plan. He said he has heard concerns from the Board and staff about moving through the transition too quickly, so he would like to see what the plan is.

Dr. Turner explained that the priority partner has begun providing services so additional access points have already been added in places where people are already accessing services. She said staff hope to augment that with additional services in the behavioral health setting before the end of the year. She said, as the program builds out additional access points, discussion can begin around less effort and expenses and avoiding duplication of services. She estimates this could happen mid to late 2020. Lastly, down the road, staff and the Board can re-evaluate mobile services to see if there is any duplication.

Mayor Wheeler was satisfied with this explanation and asked if Dr. Turner would be the coordinator between the Board, the Health District and community partners.

Dr. Turner said the current plan is for the DOH funded Coordinator to bring network partners together, perhaps quarterly, and will invite stakeholders from community to give/receive referrals and provide data reporting, and before any substantial changes are made, other than growth, will bring discussion to the Policy Committee or full Board.

Mr. Grellner said staff can use boards assistance with talking to law enforcement and the jails. He explained that the law enforcement community has struggled with the concept of syringe exchange, understandably due to their experiences in the field. He said staff acknowledge that while our goal is to prevent the spread of communicable disease, there is still a crime element. He said this program can use the Board's help to get law enforcement confidence in these network partnerships. He suggested law enforcement could potentially carry resources and treatment information to help refer people to these services.

Mayor Putaansuu said this would be a good time to work with navigators. He also noted that the police chiefs and sheriff meet quarterly and suggested Mr. Grellner attend one of their meetings and present this information to them.

Mayor Wheeler said this should be a community-wide discussion, including law enforcement and the district prosecuting attorney. He said resources could be provided during sentencing or through referrals.

Mayor Erickson agreed with Mayor Putaansuu and said this would be a perfect thing for navigators to do and we should bring them into the loop.

Commissioner Garrido added that judges need this information as well.

Commissioner Gelder asked the Board if there is concurrence for Health District staff to move forward regarding the SEP network changes, model and timeline.

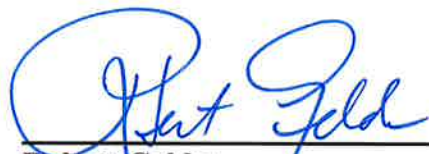
There was concurrence from the Board.

Mayor Erickson requested a quarterly agenda item for Board meetings with updates on this process.

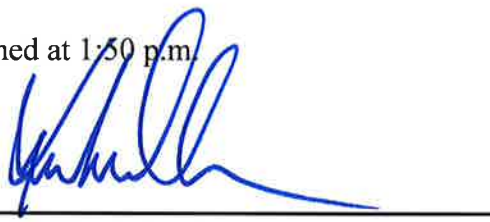
There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:50 p.m.



Robert Gelder
Kitsap Public Health Board



Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Robert Gelder; *Mayor* Kol Medina; *Mayor* Robert Putaansuu; *Mayor* Greg Wheeler; *Commissioner* Ed Wolfe.

Board Members Absent: *None.*

Community Members Present: Lauren Funk, *Peoples Harm Reduction Alliance*; Monte Levine, *Self*; Austen Macalus, *Kitsap Sun*.

Staff Present: Angie Berger, *Administrative Assistant, Administration*; Karen Boysen-Knapp, *Community Liaison, Chronic Disease Prevention*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator*; Jessica Guidry, *Program Manager, Public Health Emergency Preparedness and Response*; Karen Holt, *Program Manager, Human Resources*; Dayna Katula, *Manager, Food and Living Environment*; Lyndsey Kellum, *Community Liaison, Chronic Disease Prevention*; John Kiess, *Director, Environmental Health Division*; Melissa Laird, *Program Manager, Accounting and Finance*; Julie McElroy-Brown, *Intern, Community Health Division*; Nicole McNamara, *Community Liaison, Chronic Disease Prevention*; Megan Moore, *Community Liaison, Chronic Disease Prevention*; Tad Sooter, *Communications Coordinator and Public Information Officer*; Dr. Susan Turner, *Health Officer, Administration*; Nick Ulacia, *Environmental Health Specialist, Food and Living Environment*.