

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
May 2, 2017**

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

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**BOARD MEETING MINUTES**

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the April 4, 2017, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The May consent agenda included the following contracts:

- 1516 Amendment 1 (1685), *Washington State Department of Ecology, Clean Water Septic Loan Program*
- 1673, *Washington State Department of Social and Health Services, General Terms and Conditions*
- 1684, *Hood Canal Coordinating Council, Hood Canal Regional PIC*

Mayor Patty Lent moved and Mayor Erickson 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**

Ms. Maria Mason, Bainbridge Island resident, provided public comment regarding notification of the West Point Treatment Plant spill in February. Ms. Mason expressed concerns about the availability of information pertaining to water sampling and sewage spill-related information for the shores of Bainbridge Island. She requested that advisory changes be highlighted in red, and water sampling information be found under the Public Notice link on the Health District website. She also expressed concerns about the number of signs posted on the shoreline and their relation to water sampling sites. Lastly, Ms. Mason asked for better collaboration between the Health District and the City of Bainbridge Island prior to future emergencies.

Commissioner Wolfe thanked Ms. Mason for making public comment and informed her that her written and verbal testimony would be entered into public record.

There was no further public comment.

**HEALTH OFFICER/ADMINISTRATOR'S REPORT**

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with a presentation on the Homes for All Leadership Group. She noted that some of the Board members have expressed interest in her playing a role in housing policy and leadership issues. She also mentioned that homelessness was selected as a community priority for intervention as part of Kitsap Community Health Priorities (KCHP). Dr. Turner has participated in the Homes for All Leadership Group, which is facilitated by Commissioner Garrido.

Dr. Turner reminded the Board that there is a relationship between homelessness and poor health outcomes and noted that homeless individuals have high rates of acute and chronic illness. Prenatal homelessness is associated with the delivery of low birthweight babies, presenting a higher risk of poor outcomes and even death. One study of life expectancy in some cities in the US and Europe indicated that the average life expectancy for homeless individuals was between 42 and 52 years, while the average life expectancy in the US is almost 80 years.

She noted that several Board members have attended this workgroup, which has met monthly for the last several months. It is co-sponsored by the Cities of Bremerton, Poulsbo, Bainbridge Island and Port Orchard, with the Suquamish Tribe and Kitsap County. The group has two goals: Housing First project for two to 10 people; and alternative housing modules for 20 people. There are four subcommittees working between meetings: affordable housing, data, regulation, and funding. There have been multiple presentations of alternative housing used in other areas including boarding houses, tiny house villages, and multi-module building projects.

Dr. Turner highlighted a few interim accomplishments of the group: the passage of the Transitory Accommodation Code; the completion of a matrix of homeless housing assets and gaps; and two public forums on homelessness hosted by the League of Women Voters. She noted that the Kitsap Veteran Homelessness Symposium would be held on May 25, 2017.

Commissioner Garrido added that the four subcommittees have grown to create a building group because there is so much interest in building tiny houses. There is also a new outreach group that focuses on fundraising and providing information. Additionally, Commissioner Garrido plans to recommend the formation of a case management subcommittee at the May 9<sup>th</sup> meeting. She explained that every village of tiny houses needs case management on site. She noted that Project Share plans to build 3 tiny houses on May 13<sup>th</sup> in Port Orchard, United Way Kitsap has committed to the Day of Caring at the fairgrounds, South Kitsap Career and Technical Education (STE) class will build one in May, and the West Sound Technical Skill Center will build at least one house this spring. Commissioner Garrido noted that several other organizations are interested in building tiny houses. Dr. Turner thanked Commissioner Garrido for her leadership, and thanked the County for the resources they have put toward this project.

Dr. Turner gave an update on communicable diseases. She notified the Board members earlier about the Kitsap mumps cases associated with the statewide outbreak. There were limited exposures to others in both Kitsap cases, and there were no schools involved. She noted that there are a few people on symptom watch, and if those people develop symptoms, the situation could change. As doctors become more aware of the situation, there has been increased interest

in testing. Currently, there are four specimens pending. The individuals being tested have no known association with the two cases in Kitsap or the state outbreak. Dr. Turner will inform the Board as more information becomes available.

Dr. Turner informed the Board that although flu season is not over, influenza-like illness visits and testing are trending downward. However, they have not yet reached baseline.

Dr. Turner gave the Board an update on the Legionella case at Harrison Medical Center. Harrison has submitted their draft water management plan, is routinely sampling their water to ensure safety, and has undergone a second hyperchlorination event. The Washington State Department of Health and Centers for Disease Control are helping the Health District assess Harrison's water management plan.

Dr. Turner also gave an update on the Tri-County Coordinated Opioid Response Plan, which is organized by the Olympic Community of Health along with the Salish Behavioral Health Organization (SBHO). Dr. Turner attends monthly steering committee meetings. There are now three goal-oriented work groups that have wide community representation. Dr. Turner co-chairs the Prevent Opioid Misuse and Abuse committee, and is a member of the Treat Opioid Dependence committee. Some Health District staff will attend the subcommittee for Prevention of Overdose Deaths.

Lastly, Dr. Turner noted that the SBHO issued a request for proposals for an outpatient opiate treatment program clinic. Applications are due May 11<sup>th</sup>, and Dr. Turner has been asked to sit on the review panel for applications.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, informed the Board that, per Mayor Lent's request, a map of Group B water systems in Kitsap County was included in this month's Board packet. He also reminded the Board that the Health District has temporarily suspended work on the updated drinking water ordinance until after the Policy Committee convenes in June. The Policy Committee will discuss the background behind proposed draft drinking water regulation revision, including the public comments received, the current regulatory framework, and options to consider going forward.

Commissioner Wolfe noted that the Policy Committee will meet to discuss how to further the proposed drinking water regulations, if at all. Mr. Grellner confirmed that the Health District will not bring a draft back to the full Board until there is a recommendation to do so from the policy committee.

Mr. Grellner also provided the Board with some legislative updates. He noted that HB 1432, regarding Foundational Public Health Services (FPHS), got hung up on the senate floor in early April and did not make it through. The State Public Health System is now working to get the funding for FPHS included in the House and Governor's budgets deemed as necessary to

implement the budget. The Health District will continue to communicate with our state legislators to try and gain their support of this approach so that some level of modest funding becomes available in the next budget. Mr. Grellner noted that the Governor included \$25 million in his budget proposal as a down-payment for FPHS. The Senate budget contained no funding, and the House budget included \$40 million.

There was no further comment.

## **HIV/AIDS PROGRAM AND MEDICAL CASE MANAGEMENT IN KITSAP COUNTY.**

Ms. Katie Eilers, Community Health Director, approached the Board regarding the HIV/AIDS program and medical case management in Kitsap County. She explained that the Board might find interest in the team's evidence based work using a national continuum model to reduce HIV in our community.

Ms. Eilers introduced Ms. Betti Ridge, HIV/AIDS Medical Case Manager and Program Supervisor, to present the history of HIV Case Management in Kitsap County and how case management is working to meet the goals set forth by World Health Organization (WHO), U.S. National HIV/AIDS Strategy (NHAS), and the Health District's Strategic Plan including the following:

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

Ms. Ridge explained that HIV case management had 20 clients when it began in 1988 in Kitsap County. She noted that 593 clients were served between 1988 and 2017. During those years, 86 of the clients died. Nine clients that were served in the 1990s are still being served by the Health District today. Mason County Health Department discontinued HIV case management in 2015. The DOH awarded Kitsap County the case management contract to continue serving mason county clients through the Madison Clinic. This year, Kitsap County was awarded the contract to serve clients in Clallam and Jefferson counties as well. The Health District has four full time employees (FTE) in this program. HIV/AIDS prevention is a strategic priority under Initiative 1 in the Health District's Amended 2011-2021 Strategic Plan.

Ms. Ridge noted that the number of new HIV cases in Kitsap County rose in 2012, which was possibly due to an increase in testing. She also noted that the number of people living with diagnosed HIV in Kitsap County is on the rise, while the number of HIV occurrence and HIV mortality has declined. Most experts agree the decrease is due to more testing in combination with better behaviors and HIV treatment adherence, resulting in more persons living with HIV achieving viral suppression.

The first step in the continuum is to diagnose and link to care. The second step is to provide antiretroviral treatment. The third step is viral suppression, which reduces transmission. The WHO has established a goal of ensuring that 90 percent of all persons infected with HIV know of their infection, that 90 percent of diagnosed persons are on antiretroviral therapy (ART), and that 90 percent of those on ART are virally suppressed (90/90/90). If each of these objectives is met, 73 percent of all HIV-infected persons – 81 percent of all HIV diagnosed persons - will be suppressed. Closely related to this international objective, the NHAS has established the following goals: reduce new HIV infections; improve health care access and HIV-related health outcomes; and reduce HIV-related disparities.

Ms. Ridge stated that, with the support of the Board and the community, the tenacity of Health District clients, and its professional and caring staff, we can help the state of Washington reach the goal of 90/90/90 by 2020.

Ms. Ridge presented a brief history of Clallam and Jefferson Counties case management program on behalf of Barbara Ward, Social Worker 1. Case management began in Clallam County in 2001, and expanded to Jefferson County in 2007. Case management began in Kitsap County in 2017. Currently, Jefferson and Clallam Counties both have 116 reported cases of HIV.

Commissioner Wolfe noted that the number of HIV cases continues to rise, and asked Ms. Ridge to clarify if testing is a major reason for this. She confirmed this. He also asked if the Health District could compare Kitsap's HIV rates to similarly sized counties. Ms. Ridge confirmed that she would get this information, but noted that Kitsap is not comparable in size to other counties in the state.

Mayor Lent asked if Kitsap was one of the first counties to begin testing (Kitsap started testing in 1988). Dr. Turner noted that HIV was identified and testing was becoming more available around 1985 and after. Mayor Lent said Kitsap does a lot of outreach and seems to be ahead of the game and noted it's hard to compare how we are doing to other counties, because of Kitsap's extensive outreach and testing. In response to Commissioner Wolfe's previous question, Dr. Turner commented that the number of individuals living with HIV continues to rise, which means people are living longer, while the number of new cases continues to decrease. Dr. Turner noted the Health District staff will put together a clearer infographic for this.

Ms. Kaela Moontree, Social Worker 1, continued the presentation with additional details about case management. Ms. Moontree shared a quote with the Board about case management: "Case managers assist clients in addressing barriers while providing services that are flexible to the client's current medical and social needs. Medical case management reflects a philosophy that affirms a client's right to privacy, confidentiality, respect, nondiscrimination, dignity and self-determination." Ms. Moontree explained that the goal of case management is to help clients gain and maintain access to primary medical care and treatment, in addition to other services such as housing or substance use or abuse treatment. She also noted that case managers are knowledgeable about the services specific to people living with HIV within the communities that they live in.

Ms. Moontree informed the Board that DOH provides a statewide set of standards for case management. Every agency that provides HIV medical case management must meet the minimum requirements set by these standards. Seven areas are covered by this set of standards including: policies and procedures; personnel; client intake and eligibility; comprehensive assessment; individual service plan (ISP); service plan implementation; and transition and discharge. The overall objectives of medical case management are to provide linkage to high quality of care through case managers, gather information to assess and determine each client's needs, and to develop and implement a service plan. She also noted that there are 16 domains of the ISP.

Commissioner Wolfe commented that the presentations and program are very impressive and asked what percentage of Health District time is devoted to the HIV program in terms of monitoring, reporting, testing, outreach, and case management within the county. Mr. Grellner explained that currently four Health District FTE are devoted to the HIV program, which is roughly four percent of the Health District's total time. He also noted that they cover the entire Olympic Peninsula, not just Kitsap County.

Ms. Lisa Linden, Social Worker 2, finished the presentation with an overview of the Madison Clinic satellite program. Ms. Linden explained that when she began working with the HIV program, the county had only had one provider, who worked within the Health District, and there was often a long wait to get appointments with this provider. After the provider left to open a private practice, Health District staff would need to travel with clients to the Madison Clinic in Seattle. Ms. Linden explained that this took an entire day and was not an optimal use of time. By 2004, she explained a small number of clients could be seen by a medical provider through Group Health, though not enough to meet the needs of the community. In 2006, a Health District program manager began discussing the option of a satellite clinic with DOH. By 2007, the Madison Clinic satellite clinic was running at the Health District. The satellite clinic is open every Friday from 9:00 a.m. to 3:00 p.m. Client medical visits and viral suppression are on the rise, and continue to do so. The Madison Clinic has increased communication between medical case managers and providers, making services more accessible for clients. The Health District continues to provide quality case management services to Clallam, Jefferson, Kitsap and Mason counties. Over the last four annual DOH audits, the Health District has achieved 100 percent.

Mayor Lent asked Ms. Linden to tell the Board about World AIDS Day on December 1<sup>st</sup>. Ms. Linden explained that every year, the HIV community gathers at the Norm Dicks Government Center. Anyone who has ever been infected or affected by HIV/AIDS can join and share stories. Ms. Linden noted that there is a lot of camaraderie amongst clients, providers and case managers which makes for a great support system.

There was no further comment.

## **SECURE MEDICINE RETURN PROGRAM – IMPLEMENTATION UPDATE**

Mr. John Kiess, Environmental Health Director, provided the Board with a brief update on the implementation of the new Secure Medicine Return Regulations, Kitsap Public Health Board Ordinance 2016-02, passed by the Health Board in December 2016. Mr. Kiess also showed the Board where to find this information on the Health District website.

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

- Pharmaceutical “producer” notice of intent to participate notification – Letters were sent to 389 producers in January, 2017. The producers on the mailing list were generated from those currently affiliated with the Pharmaceutical Product Stewardship Work Group’s (PPSWG).
- Producer notification of intent to participate – In February, 2017, KPHD was notified that PPSWG would be representing a list of 307 producers and was identified as Project Stewardship Plan administrator.
- Pharmaceutical “wholesaler” notification and outreach to non-PPSWG affiliated producers – In March, 2017, letters were sent to 1179 “wholesalers” using a list provided to the KPHD from the Washington Department of Health (DOH).
- Identification of stewardship plan operator and notification of all authorized collectors – In April, 2017, the PPSWG identified MED-Project as the stewardship plan operator and provided the required contact information.
- MED-Project notified pharmacies and other potential authorized collectors within Kitsap County of the opportunity to participate as a drop-off site. MED-Project also provided an updated list of producers to KPHD that will fall under its stewardship plan, raising the number to 367.
- Meeting with local law enforcement – In April, 2017, Health District staff will be meeting with local law enforcement agencies to discuss the Ordinance and continued involvement by local law enforcement agencies.
- Med-Project Stewardship Plan is expected to be submitted by June 6, 2017

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

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

Lastly, Mr. Kiess noted that Legislative efforts to pass a state-wide medicine return bill that would not preempt existing local regulations, HB 1047, did not make through during the regular session, but was reintroduced and could be heard again during the special session. The language

and intent of HB 1047 was supported by the Health Board and Health District through our 2017 Legislative Priorities.

There was no further comment.

**EXECUTIVE SESSION: PURSUANT TO RCW 42.20.110(1)(F), TO RECEIVE AND EVALUATE COMPLAINTS OR CHARGES BROUGHT AGAINST A PUBLIC OFFICER OR EMPLOYEE**

At 2:39 p.m., Commissioner Wolfe announced that the Board would adjourn for approximately 10 minutes for an Executive Session for discussion related to the receipt and evaluation of complaints or charges brought against a public employee. At 2:49 p.m., Commissioner Wolfe announced that the Executive Session has ended and opened the meeting to regular session.

**ADJOURN**

There was no further business; the meeting adjourned at 2:49 p.m.



**Ed Wolfe**  
**Kitsap Public Health Board**



**Keith Grellner**  
**Administrator**

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

**Community Members Present:** *Lisa Al-Hakim, Peoples Harm Reduction Alliance; Maria Mason, Self.*

**Staff Present:** *Karen Bevers, Public Information Officer; Katie Eilers, Director, Community Health; April Fisk, Program Coordinator 2, Communicable Disease; Yolanda Fong, Assistant Director, Community Health; Keith Grellner, Administrator; Karen Holt, Program Manager, Human Resources; Angie Larrabee, Confidential Secretary, Administration; Lisa Linden, Social Worker 2, Communicable Disease; Natalie Logue, Intern, Kitsap Community Health Priorities; Kaela Moontree, Social Worker 1, Communicable Disease; Beth Phipps, Public Health Nurse Supervisor, Communicable Disease; Lacey Rhoades, Management Analyst, Administration; Betti Ridge, Social Worker 3, Communicable Disease; Shelley Rose, Community Liaison, Communicable Disease; Susan Turner, MD, Health Officer; Jim Zimny, Program Manager, Food and Living Environment.*