

## KITSAP PUBLIC HEALTH BOARD

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

### MEETING AGENDA

January 3, 2023

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

In Person: Chambers Room, Bremerton Government Center  
345 6<sup>th</sup> Street, Bremerton WA 98337

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

- |   |    |  |                                   |
|---|----|--|-----------------------------------|
| 10:30 a.m.  | 1. | Call to Order<br><i>Mayor Greg Wheeler, Chair</i>  |                                   |
| 10:31 a.m.  | 2. | Welcome and Introduction of New Board Member Jolene Sullivan,<br>Port Gamble S'Klallam Tribe<br><i>Mayor Greg Wheeler, Chair</i> |                                   |
| 10:33 a.m.  | 3. | 2023 Officer Elections and Committee Assignments<br><i>Mayor Greg Wheeler, Chair</i>   | Page 5                            |
| 10:43 a.m.  | 4. | Approval of November 1, 2022, Meeting Minutes<br><i>TBD, Chair</i>   | Page 7                            |
| 10:44 a.m.  | 5. | Approval of December 6, 2022, Meeting Minutes<br><i>Commissioner Robert Gelder, Chair</i>  | Page 23                           |
| 10:45 a.m.  | 6. | Approval of Consent Items and Contract Updates<br><i>TBD, Chair</i>  | <a href="#">External Document</a> |
| 10:46 a.m.  | 7. | Public Comment* – <b><u>Please See Notes at End of Agenda for Remote Attendees</u></b><br><i>TBD, Chair</i>                      |                                   |
| <p><b><u>*Note: Public comment for Action Item #8 (Cyber Security Audit) will be taken during that time slot.</u></b></p> |    |  |                                   |
| 10:53 a.m.  | 8. | Administrator Report<br><i>Keith Grellner, Administrator</i>   |                                   |

## ACTION ITEM

- 10:55 a.m. 9. Public Presentation and Public Hearing: Results of 2022 Cyber Security Audit for Kitsap Public Health District  
*Keith Grellner, Administrator*  
*Ed North, Information Technology Program Manager*  
*Michael Hjemstad, State Auditor’s Office*  
*TBD, Chair* *Page 36*
- 11:20 a.m. 10. Closed Executive Session Pursuant to [RCW 42.30.110 \(1\)\(a\)\(ii\)](#)  
To Discuss Cyber Security Audit Results  
*TBD, Chair*  
*Michael Hjemstad, State Auditor’s Office*  
*Ed North, Information Technology Program Manager*  
*Jacquelyn Aufderheide, Office of the Kitsap County Prosecuting Attorney*
- 11:45 a.m. 11. Adjourn

*All times are approximate. Board meeting materials are available online at*  
[www.kitsappublichealth.org/about/board-meetings.php](http://www.kitsappublichealth.org/about/board-meetings.php)

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

## Health Board Meetings Via Zoom

The Kitsap Public Health Board will also be broadcast via Zoom webinar, broadcast live on Comcast channel 12, WAVE channel 3, the [BKAT website](#) and Facebook (please note: there is no physical location for this meeting. Board members and staff will all participate remotely). The Health Board and presenters are **panelists**, members of the public are **attendees**.

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.

## How to Join the Zoom Meeting

To join the meeting online, please click the link below from your smartphone, tablet, or computer:

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVVHgyWERXRFluTWloQT09>

**Password:** 109118

**Or join by telephone:**

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 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337

Email:

[healthboard@kitsappublichealth.org](mailto:healthboard@kitsappublichealth.org)

All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

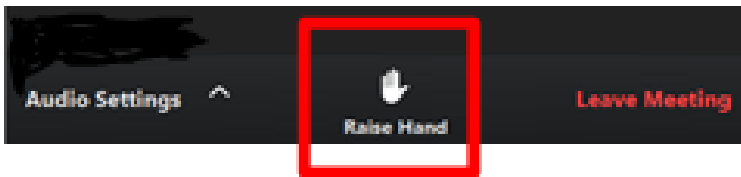
## **Public Participation Guidelines**

Below are recommendations for use by members of the public in meetings conducted via Zoom Webinar.

**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.

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

**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.




**Public Comment Period:** Use “Raise Hand” to be called upon by the host. The host will announce your name when it is your turn.

**Mute/Unmute:** Attendees will be muted and not audible to the Board except during times they are designated to speak. When you are announced, you will be able to unmute yourself. NOTE: If you have used your telephone to access the Zoom meeting, **you may press \*6** to mute/unmute yourself.

**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.

**Closed Captions/Live Transcripts** are available. On the bottom of your zoom window, click the  button to turn on/off captions. You can adjust the way captions appear on your screen in settings. Please be aware, captions are auto-generated by Zoom and may contain errors.

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.

# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Administrator  
**Date:** January 3, 2023  
**Re:** Election of 2023 Health Board Officers and Committee Assignments

In accordance with [RCW 70.05.040](#) and Article VI of the Kitsap Public Health Board [Bylaws](#), the members of the Health Board shall elect a Chair from their membership at the first meeting of the new year. Article VI of the Bylaws also requires the election of a Vice Chair. The election shall occur by a majority vote of the members present at the first meeting of the year. The term of office for the Chair and Vice Chair is one year, and no member of the Health Board shall serve as Chair or Vice Chair for more than two (2) consecutive terms unless the Health Board votes to extend their terms due to special circumstances.

Attached for reference are the Health Board's 2022 Officers and Committee Assignments. The Health Board has a long history of electing the previous year's Vice Chair to the post of Chair. The Vice Chair serves as the Chair's replacement if for any reason the Chair can not participate in a meeting or continue their assignment as Chair. Recent past Chairs (2018 – 2022) were:

- 2018 – Mayor Becky Erickson
- 2019 – Commissioner Robert Gelder
- 2020 – Mayor Robert Putaansuu
- 2021 – Commissioner Charlotte Garrido
- 2022 – Mayor Greg Wheeler

Article X of the Bylaws, Committees, requires the Health Board to make committee assignments by calling for volunteers from the membership during the first meeting of the new year, too. The Bylaws establish three standing committees: Finance and Operations, Policy, and Personnel. Each committee shall contain at least two, but no more than five, board members.

Committees meet as needed, and meetings are typically initiated at the request of the Chair, Health Officer, or Administrator. Committees usually meet from one to three times per year.

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

## **2022 KITSAP PUBLIC HEALTH BOARD OFFICERS**

Chair: Mayor Greg Wheeler  
Vice Chair: Commissioner Rob Gelder

## **2022 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS**

**Finance &  
Operations**

Mayor Becky Erickson  
Commissioner Charlotte Garrido  
Mayor Greg Wheeler

**Policy**

Mayor Becky Erickson  
Commissioner Rob Gelder  
Mayor Rob Putaansuu

**Personnel**

Councilperson Kirsten Hytopoulos  
Mayor Greg Wheeler  
Commissioner Ed Wolfe

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
November 1, 2022**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 12:33 p.m.

Chair Wheeler acknowledged that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S'Klallam Tribes.

**BOARD MEETING MINUTES**

Mayor Rob Putaansuu moved and Commissioner Rob Gelder seconded the motion to approve the minutes for the October 4, 2022, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The November consent agenda included the following contracts:

- 2221 Amendment 1 (2298), *Kitsap County Prosecuting Attorney, Legal Services*
- 2233 Amendment 1 (2295), *Kitsap County, GIS Services*
- 2289, *Tetra Tech, COVID-19 After Action Review (AAR) and Improvement Plan (IP)*
- 2296, *Olympic Educational Service District, Head Start*

Mayor Putaansuu moved and Member Drayton Jackson 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**

Susan Young, a resident of Bremerton, approached the board regarding her concerns about St. Michael Medical Center (SMMC). Ms. Young stated SMMC temporarily lost accreditation and said the Joint Commission posted to their website a list of 39 areas that need correction before SMMC receives accreditation again. She said the list includes infection control, staffing, and safety and maintenance of equipment, among others. She said she hopes these issues are resolved in a timely manner. Ms. Young stated that we have one hospital in our county and said it has to succeed. Under the current circumstances, she said she doesn't feel comfortable or safe going to SMMC.

Kelsey Irby said she is the emergency department charge nurse that made a phone call to CENCOM on October 8<sup>th</sup> that got a lot of publicity for requesting help from the fire department for an overwhelmed emergency department. She said, "We are not okay at the hospital. Nurses are not okay. Staffing is not okay. Patients are not okay." She said the current situation is a source of never-ending frustration for staff, patients and doctors. She said the situation at SMMC is currently incredibly unsafe. Ms. Irby said the Washington State Department of Health (DOH) have been onsite and thoroughly investigating downtime procedures. She offered to provide additional information to the board for boots on the ground information and said she is working

toward making the hospital better. Lastly, she added that she was asked to speak on behalf of the staff.

Robert Jennings said he would like to address health options on the Kitsap Peninsula. He said some concerns were brought to his attention by the Kitsap Sun article that quoted the Central Kitsap Fire Chief about emergency room delays and the excessive amount of time it is taking at the hospital for fire and EMS to turn over patients to the hospital for care. Since then, he said he has come across information anecdotally. He said SMMC, being catholic oriented, is not able to manage end of life care wishes or certain maternity care. He said an acquaintance shared that their spouse was in the hospital with do-not-resuscitate (DNR) paperwork in place and the spouse was asked to leave the room. When they returned there was obvious evidence of lifesaving care being provided in direct contradiction to the DNR. Mr. Jennings said he is concerned and would like to hear the Health District's options on what other care might be available to Kitsap County that is secular in nature.

There were no public comments.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Administrator Update:

Mr. Keith Grellner, Administrator, informed the board that Kitsap Public Health District is preparing for strategic planning. He said the Health District's previous strategic plan was developed in 2011, updated in 2016 and ended in 2021. Mr. Grellner said that, as the agency moves out of pandemic work, it is looking to start the strategic planning process again. He said board members will receive an email from Siri Kushner around November 14 with a survey to solicit input and provide an opportunity to volunteer to participate in the strategic planning process. He reminded the board that the strategic plan will go to the full board for approval.

There were no further comments.

### Health Officer Update:

Dr. Gib Morrow, Health Officer, thanked the public commenters for their input and said he knows it was difficult to work as a charge nurse, especially over the last 3 years. He said he will add more to that topic during that item on the agenda.

Dr. Morrow gave a presentation that covered Ebola awareness and plans, respiratory viral illness and pediatric service strain, COVID-19, monkeypox and some recent developments in the Health District.

First, Dr. Morrow gave an overview of the current Ebola situation in Uganda. There have been at least 4 travelers from that region who have traveled to Washington State and are being monitored by public health, though none are located in Kitsap County. He said the Centers for Disease Control and Prevention (CDC) has been hosting information calls and preparing providers for a potential Ebola outbreak. Kitsap public Health has attended CDC, DOH and Northwest Health Response Network updates and is meeting internally to review current plans.



Next, Dr. Morrow provided an update on respiratory illness. He said respiratory syncytial virus (RSV) activity is extremely elevated compared to 2016-2017, which was a bad flu season. He said high levels of RSV are impacting hospitals across the country and in Washington State. He encouraged everyone to get their family's vaccinations, especially flu shots, up to date as soon as possible. He said immunizations in Kitsap have taken a hit since the COVID-19 pandemic.

Next, Dr. Morrow said COVID-19 is transitioning from pandemic levels to epidemic levels. He said endemic levels are flat and steady with some bumps or spikes in levels. The Governor's state of emergency declaration expired at midnight on October 31, which has resulted in a few changes. DOH has worked to ensure that current guidance communicated to schools and healthcare is in alignment with the CDC guidelines. He said if people have questions or issues, please contact the Health District for subject matter expertise and guidance.

Next, Dr. Morrow said monkeypox is also on the decline. He said public health getting information and vaccines out has been beneficial to this decline. He said monkeypox is not gone, but it is decreasing enough to end the endemic in the US.

Lastly, Dr. Morrow shared some updates of new and ongoing work at the Health District:

- Public Health Accreditation Board (PHAB) Accreditation ongoing
- Strategic Planning
  - Starting soon
- Immunization and Vaccine Preventable Disease Program Development
  - Health District team's experience during COVID-19 pandemic is informing the way the Health District collaborates with community partners to get the community vaccinated. Additionally, the Health District is using surveillance data to understand the gaps that need to be addressed.
- Injury Prevention and Child Death Reviews
  - Looks at years of lost life prior to age 65 by preventable deaths and accidents
  - And resuming child death reviews to analyze preventable deaths and determine quality improvements
- Healthcare system assessments

Member Jackson said the youth respiratory illness rates are like nothing we've seen before in Kitsap. He asked what can be done, from a parent's perspective, to protect kids from getting sick. Dr. Morrow said RSV is a common childhood illness that is not vaccine preventable, and most kids typically get it before age two. RSV rates are higher this year because nobody had it for the last three years due to non-pharmaceutical interventions taken for the COVID-19 pandemic, like wearing a mask, staying home when sick, and personal hygiene, also prevented other respiratory illnesses from spreading. He said RSV will still circulate but we want to minimize it.

Member Tara Kirk Sell asked if the hospital, SMMC, is able to manage Ebola case in normal circumstances, and noted the board just received some public comments saying our hospital can't

handle routine efforts at the moment. Dr. Morrow said, in normal circumstance, if a traveler returning from Uganda, who was under monitoring in Kitsap County, got sick, public health would send them to SMMC where they would be in an isolation room and undergo testing through the public health lab. He said these plans and systems are defined. If someone at SMMC tested positive for Ebola, they would be transported to Providence Sacred Heart Hospital in Spokane, which is one of very few hospitals in the country that are fully set up and ready to treat confirmed Ebola cases. He added that most people who have been tested for Ebola in Washington State have been negative.

Member Steve Kutz noted it also takes special protective equipment to deal with Ebola cases. He asked if SMMC has appropriate personal protective equipment (PPE) for this. Dr. Morrow said Ebola is transmitted through physical contact and said the PPE required is gloves and gowns, which need to be impermeable to liquids. He said it is easier to contain than airborne infectious diseases, like COVID-19.

There were no further comments.

## **APPROVAL OF 2023 LEGISLATIVE & RULEMAKING PRIORITIES**

Mr. Grellner presented the Health District's revised 2023 Legislative and Rulemaking Priorities. The original version was presented at last month's meeting and only minor edits have been made since then. He said the Health District will continue to provide legislative updates to the board and will seek board approval before advocating for or against any new items not covered by this document.

2023 Legislative Policy Priorities include:

### **Public Health Funding**

- Support maintaining existing levels of funding for FPHS
- Support exploring a dedicated revenue source for FPHS
- Support ongoing and additional funds for communicable disease investigation, such as COVID-19, monkeypox virus (MPV) or sexually transmitted infections
- Support ongoing funds for commercial tobacco and vaping prevention

### **Public Health Authority**

- Oppose efforts to reduce or eliminate local public health authority
- Oppose bills that include unfunded mandates to local public health authority

### **Environmental Health**

- Oppose bills that reduce commercial kitchen facility requirements or that allow food intended to be sold to the public to be prepared in a non-commercial kitchen
- Support efforts to restrict the use of pool-sharing apps in Washington State

Member Kutz moved and Commissioner Gelder seconded the motion to approve the 2023 Legislative and Rulemaking Priorities.

Commissioner Gelder asked what a pool sharing app is. Mr. Grellner said it is similar to AirBnb where a company created a platform for individuals to list private pools that others can rent. However, Mr. Grellner noted that public pools are held to different standards than private pools. Public pools are required, before construction, to have engineering plans approved by DOH and annual inspections by the local public health jurisdiction. With this new app, private pools are being rented out to the public with none of the normal oversight required of public pools. He said state attorneys are currently communicating with the creators of this app. Kitsap Public Health is waiting to see what happens there before taking next steps. Mr. Grellner noted that two Kitsap County residential pools are currently listed on the site.

Drayton asked if this has one more meeting for approval. Keith said he is asking board to approve today but noted the document can be brought back to the board and amended at any time.

Mayor Becky Erickson said she would like the board to be informed on legislative updates with a standing agenda item for each board meeting.

The motion approved unanimously.

There was no further comment.

#### **RESOLUTION 2022-09, APPROVING 2023 ENVIRONMENTAL HEALTH DIVISION SERVICE FEES**

Mr. John Kiess, Environmental Health Director, approached the board regarding proposed environmental health fee schedule adjustments for 2023. He reminded the board that it approved a new fee structure in 2017 that would increase the environmental health hourly rate over the next two years and include Consumer Price Index (CPI) escalators for the following years. In 2019, the board approved a resolution amending that the Health District would not need to automatically incorporate CPI increases and could increase or decrease or hold specific fees as needed. In 2020, the board approved a resolution to reduce the fees for Food and Living Environment program due to the impact of the COVID-19 pandemic on food establishments.

Mr. Kiess presented Attachment 5 of the board packet, to highlight the historical Hourly Rate / CPI in 2018, 2019, 2020, 2021 and 2022.

An analysis of fees found that the Solid and Hazardous Waste (SHW) and Drinking Water and Onsite Sewage (DWOS) programs were generally in excellent financial condition. However, the Food and Living Environment (FLE) is at a \$300k deficit in the 2023 budget. The agency discussed a need to increase fees for the FLE program to address this gap in funding with the board's Finance Committee. Additional administrative changes are also proposed to simplify the fee structure. Mr. Kiess also noted some specific fee changes for food plan reviews, which he

said are significantly out of alignment from the cost of providing that service. The agency would also like to reduce fees in the SHW and DWOS programs. Mr. Kiess noted some efficiencies that have been realized in those two programs and the agency wants to pass those savings on to the community. The board's Finance Committee supports these changes.

Mr. Kiess said, though the CPI this year is at 9.1%, the Finance Committee recommends a 6% increase in FLE fees, which would address \$54,000 of increased revenue to offset some of the \$300K deficit. Additionally, the Finance Committee recommends that a CPI collar system be applied for all future fee schedules 2024 through 2026 with a range of 3-6%. He said this would better address the food program deficit going forward.

The Health District and Finance Committee recommend adoption of Resolution 2022-09, Approving 2023 Environmental Health Division Service Fees.

Mr. Grellner reminded the board that only elected board members can vote on fee changes. Additionally, he noted, even with collar system, if the Health District has fees that don't need to be raised or could be decreased, the Health District can adjust as needed as part of this resolution.

Mayor Putaansuu asked for confirmation that these fees were halted in 2020 due to the pandemic and the agency is now looking at operations beyond the pandemic. Mr. Kiess confirmed and said the Health District didn't increase fees in 2020 and 2021 but noted it has impacted the agency's cost revenue and service model.

Mayor Erickson moved and Mayor Putaansuu seconded the motion to approve Resolution 2022-09, Approving 2023 Environmental Health Division Service Fees.

Mayor Erickson provided additional information about the collar recommendation. She said this gives some flexibility, but also keeps the fees in a manageable place. She said public government should not be making a profit from fees but does need to collect fees to meet the service needs.

Councilmember Kirsten Hytopoulos thanked the committee for their work and said this resolution resolves her concerns.

The motion was approved unanimously by elected members.

There were no further comments.

## **DRAFT 2023 BUDGET PRESENTATION**

Mr. Keith Grellner, Administrator, reminded the board that the Health District budgets on an annual basis. He presented the Draft 2023 Budget to the board and noted it includes a comparison with the current year's budget for reference. He said the Finance Committee has had two opportunities to review this budget draft and are in favor of it. He said the full board can

provide input to the Health District over next week before they finalize the document to bring to the full board in December for approval.

In summary:

- The budget is balanced at \$18.9M with the use of \$2M of Unrestricted/Undesignated Reserve Funds and about \$900K of Restricted/Designated Reserve Funds (Tuberculosis, Drinking Water/Onsite Sewage, and Solid/Hazardous Waste) *if needed*.
- No increase in rates/contributions are being requested from Health Board member jurisdictions.
- The Health District's fund balance is healthy at about \$8.7M and meets/exceeds the Board Budget Policy requirement of a minimum of two months of operating expenses, or about \$3.1M.
- The budget includes the use of \$2.4M of Foundational Public Health Services (FPHS) funding from the state, and additional FPHS funding is expected in the second half of 2023.
- Staffing is currently projected at about 139 Full-Time Equivalents (FTE). Personnel costs comprise 81% of proposed expenditures.
- The budget contains Environmental Health fee increases for the Food Program and decreases for the Drinking Water/Onsite Sewage Program.
- Two major community investments are included in the draft budget: capital and operational funding of \$200K for the Peninsula Community Health Services Respite Care Facility, and placeholder funding for a local healthcare system assessment study as recommended by the Finance Committee on September 21, 2022.

The Health District is seeking comment and/or direction from the Health Board on the draft budget so that it may prepare and present a final 2023 Budget to the board for approval during the regular December 6, 2022, meeting. Input can also be emailed to Mr. Grellner after this meeting. Mr. Grellner said, per state law, all board members can vote on the Health District budget.

Member Jackson asked about staffing changes in budget. He asked specifically about clarification of moving COVID staff to other programs and whether this will use COVID funding or other funding. Mr. Grellner confirmed both counts. Mr. Grellner said additional federal funds available through 2024 in the budget will allow the Health District to move COVID staff to other programs. Mr. Grellner said the Health District hired a lot of high quality COVID employees that can now do work in other programs.

Member Sell asked what the child death review process is. Mr. Grellner said state law authorizes the local health jurisdiction and the local health officer to convene a panel to review child death certificates to identify issues in the community that may need to be addressed to prevent unnecessary child injury and deaths. The Health District used to do this for several years, but due to lack of resources, and that this was not a mandated program, it was cut in 2016 because the Health District couldn't fund it. This line item in the 2023 budget will restart the work.

Member Kutz said there are some opioid settlement dollars coming to our county soon and asked if there are plans to have a community conversation and if information could be shared with the Tribes. He said the Suquamish tribe is trying to look at a way to use these dollars system-wide to create change rather than parse the dollars out and each agency have less to work with. Mr. Grellner said Kitsap County was one of the litigants in the lawsuit and is receiving those dollars. He believes the county and the cities are discussing this process now.

Mayor Putaansuu said the City of Port Chard participated in the settlements but noted funds will flow through the county. Mayor Wheeler said there are several pages of specific funds eligible for these funds. He said there has been some conversations about how to use the funds to create the most impact.

There were no further comments.

## **LOCAL HOSPITAL EMERGENCY DEPARTMENT CONCERNS**

Chair Wheeler said the Board has set aside 45 minutes for discussion today with St. Michael Medical Center (SMMC) and the county's fire chiefs. He offered 15 minutes to each SMMC and the fire chiefs to give a presentation and allowed for 15 minutes of board discussion after.

Dr. Morrow thanked everyone from the fire district and SMMC for joining the board today. He reminded everyone that local public health has no regulatory authority over medical providers or systems. However, he also said one function of local public health is to provide accurate, timely, statewide, and locally relevant information to community in the healthcare system and participate in local, regional, and state level planning efforts to improve quality and effectiveness, reduce health care costs, and improve population health.

Dr. Morrow encouraged board members to review the PowerPoint in the board packet titled "Overview on Access to Healthcare in Kitsap." This data shows that Kitsap, like many other communities in the state, has sectors in the healthcare delivery system that are underserved and struggling to provide safe and high-quality care. He said these vulnerabilities existed before COVID, but the pandemic has severely strained and challenged our healthcare and public health workforce.

Dr. Morrow said Kitsap is underserved in areas like primary care, obstetrics, and hospital beds by 30-50% below state numbers. He said we know that when primary care is difficult to access, people use EMS and the emergency departments (ED) for care they can't access elsewhere. He encouraged board members to visit the Health District website and read the [Kitsap Public Health Core Indicators and Disparities Report](#) for additional information on changing demographics and health impacts in Kitsap.

Dr. Morrow noted that a draft Request for Proposals (RFP) was included in the board packet. At the board's request, this work will focus on better understanding the healthcare system in Kitsap. He said there is a lot of work happening right now to fully understand the strengths and

weaknesses of health and human services in Kitsap County. Kitsap Public Health District, Kitsap Community Resources, Virginia Mason Franciscan Health Systems and others are all working on assessments and reports to gather and analyze this information. The RFP will find a way to bring all these efforts together to create one detailed analysis of health systems in Kitsap.

Dr. Morrow welcomed fire chiefs Dan Smith (North Kitsap), Hank Teran (Bainbridge Island), Jay Christian (Central Kitsap), Pat McGanney (Bremerton), Jeff Faucett (South Kitsap), Jim Gillard (Poulsbo) and Dr. Joe Hoffman, Medical Director for Kitsap County EMS. He also welcomed Chad Melton, President of SMMC.

Member Jackson asked if Board members can email questions after this meeting, if time runs out for discussion, and get answers that way. Mayor Wheeler confirmed and said this conversation does not need to be limited to this meeting.

Chief Gillard started by recognizing SMMC for playing a huge role in the safety of our community. He also wanted to recognize the incredible work being done by the staff in the ED and said they continue to provide a high level of care to our community. He said the fire chiefs are asking for the Health Board's help in resolving this issue with the ED. The fire chiefs are aware that they alone cannot force change at a private company that may be necessary to find solutions to issues occurring in the ED. He said the fire chiefs continue to meet with SMMC, are actively engaged, and want to work collaboratively. However, he said, over the past several months of working together, the fire chiefs and SMMC have not been able to resolve the issues.

Chief Gillard said that, in June of 2022, the fire chiefs started to receive information from staff about a marked increase in SMMC ED staff being unable to provide care to patients arriving with the EMS units. In July, EMS began measuring these delays. These are called "Walls" or "ED Wait Times". At this time, the fire chiefs began engaging with SMMC leadership to try to resolve EMS' concerns. While EMS vehicles are at an ED waiting for a patient to be seen, the EMS staff and vehicle cannot go on other emergency calls. Additionally, this means that while patients are still in EMS care awaiting intake to the ED, they are not receiving the prompt care and medical evaluations they need.

Chief Gillard said that, in the last three months since EMS started tracking the data, they have found that over 10% of transports results in care wait times over 30 minutes, multiple instances of over 2 hours, and recorded times of up to 6-hour delays of EMS stuck monitoring patients waiting for ED staff to take over care. He said this doesn't just affect EMS and knows this affects anyone trying to get care at the ED during that time. He said SMMC is not alone in experiencing this problem in the state. However, he said some other medical facilities, like St. Anthony's are not encountering this issue. EMS has found the issue locally with SMMC is intermittent and due to low staffing. Recently the Kitsap County EMS Council authorized Dr. Hoffman to file a formal complaint with Washington State Department of Health (DOH) to get them engaged in finding a solution.

Dr. Hoffman said this issue is not exclusive to us in Kitsap County and said it is a common issue for many rural counties. His first concern is the patients receiving delayed transition of care at

SMMC. He said sometimes care is being administered inside the medical center, in hallways, etc., by EMTs and paramedics rather than ED staff. He said this creates an operational and preparatory issue of not being ready for the next call. He said it becomes an even bigger issue when you have 2-4 units being stacked up outside the ED waiting to get patients seen and being taken off calls. He said the issue has become extreme and now he is looking for some solutions and thinking outside the box to address this issue.

Mr. Melton, SMMC CEO, said he appreciated everyone for their input. Mr. Melton agreed with Chief Gillard that sometimes there is a delay in 10% of transport patients. He also SMMC receives about 21,000 EMS visits per year, which includes Kitsap and Mason Counties and said SMMC's ED. He said, for ED visits, SMMC is one of the top seven busiest hospitals in Washington State. Mr. Melton said SMMC built the new hospital with 52 ED bays, and noted that, as he left for this meeting today, 35 of those rooms were currently boarding patients.

Mr. Melton said some of the issues seen in the ED are a symptom of problems that need to be addressed in the county. He agrees that there have been days with delays and days with significant staffing challenges. In response to staffing issues, he said SMMC recently negotiated a new agreement with the hospital's labor union, UFCW, and had some of the highest nursing rates in the state. He said over the next few years, there will be a 30% increase to staffing salaries. He said he also knows staff burnout is a big issue right now. He said staff who pick up extra weekday shifts right now make an additional \$40/hour and an additional \$80/hour on picked-up weekend shifts. He said SMMC is spending as much money as it can without putting the healthcare system of the county in financial jeopardy long term.

Mr. Melton said that only about 40% of ED staff live in Kitsap, and the rest live across the water. He said, in order for the hospital and workforce to improve, SMMC needs to come up with a workforce development plan. He said another important factor is patients being discharged from the facility. He said, when compared to the national average, patients at SMMC are staying two days longer than what Medicare says is the benchmark for patients within the hospital. Leadership is doing a listening session with the 3<sup>rd</sup> floor of the hospital (long stay patients whose family can no longer care for them, or those who do not have family to care for them.) He said it is the hospital's responsibility to care for these individuals whether they have an acute or non-acute condition.

Lastly, Mr. Melton said he understands where Chief Gillard and Dr. Hoffman are coming from and respects their opinions. He said he knows they're working with SMMC to collaborate and make a difference.

Chair Wheeler invited the fire chiefs and SMMC staff to stay for the rest of the board discussion. He said he would like to hear a clear path for how the board can be involved going forward.

Member Jackson said the fire chiefs said they don't have authority to tell the hospital to do anything. He asked what position or authority the board has to provide guidance on this issue. Mr. Grellner said one potential option is for the Board to draft a resolution of support for the fire chiefs and SMMC to go forward with resolving this issue. He said the board would need help



from both parties to craft that resolution and said the Health District is happy to craft it and bring back to the board at Chair's request.

Mayor Erickson asked the fire chiefs and Mr. Melton why, during the times of surge, patients aren't being diverted to other hospitals, like St. Anthony's, for example. Mr. Melton says the hospital has been diverting more in recent months than ever before. He said SMMC tracks the diversion numbers and noted there is an escalation process to divert that factors in the number of patients in the waiting room and the percentage of open beds in the ED. He said this past week, St. Anthony's experienced a surge and diverted patients for 12 hours. He said between Tacoma General and St. Josephs, SMMC sees as many patients as both hospitals combined and said that when a large hospital like SMMC diverts, it creates downstream issues. He said one of the main things the EMS taskforce is working on right now is looking at the process and ways to divert sooner and move through the process faster.

Chief Gillard said improvement to diversion is one of the fire chiefs' major asks of SMMC. He said they understand SMMC has a lot of challenges that they are trying to overcome. Chief Gillard said that EMS would like to get clear and honest information from SMMC about their capacity to care for a patient. Previously, he said SMMC was not telling EMS this information and hasn't shared when the ED goes to divert mode or is over capacity. He said there were several instances in which the ED charge nurse told EMS that they had requested to go on divert but it was denied by administration. EMS has offered to share data on EMS calls with SMMC to help inform them of incoming patients and start balancing the load for diversion. There are many things that can be done better with increased communication. Chief Gillard said that when patients need care, EMS needs to divert to closest available hospital to provide care. He said EMS has started diverting to other hospitals when EMS share within their network that there are long wait times at SMMC.

Dr. Hoffman said hospitals used to divert for smaller issues than they do now. He said he appreciates the hospital members who have been part of the discussion. He said EMS could use real time information to make informed decisions each day, especially as it pertains to capacity issues.

Mayor Erickson said she hopes that through this meeting we can find a way to reach a solution.

Mayor Putaansuu said he had a family member recently needing emergency medical services, and knowing of current SMMC issues, went to St. Anthony's instead, but still encountered a several hour wait. He said his family member stayed in the ED for 3 days because there wasn't a bed in the hospital. He said this is a systemic problem and the fundamental problem is a lack of sufficient number of professionals in this community. He said we have a community college with a good nursing program and asked if this is enough capacity to staff our local hospital. He said we need to work together and communicate better.

Member Sell said there's been a lot of great discussion today and some recommended solutions. She says this is a systemic problem that requires policy changes. She asked if there are legislative changes the board could ask for.

Member Jackson asked if there is a retention problem for nurses. Mr. Melton said turnover rates of nurses went up significantly during the COVID pandemic. He said a lot of nurses took travel contracts to serve higher need areas, but this has recently lowered. He noted a 21% overall turnover rate for all of SMMC compared to 30% nationally. But because we are in a rural environment, there is a smaller professional pool to hire from., and every person that leaves the local medical network to go work in the bigger cities, causes greater concern for our small community. He said Olympic College (OC) has 70 current seats today and have asked for 90-100, and a significantly higher number of applicants. He said it's not just nursing, there are vacancies throughout all the different positions of SMMC. He said a primary question that should be asked is how Virginia Mason Franciscan Health (SMMC's parent company) can invest in OC and pull dollars from the state to create a stronger workforce development program in Kitsap.

Mayor Putaansuu asked how this can happen. Mr. Melton said SMMC has been meeting with OC monthly and looking at what programs and funding needs are required to improve education of certified medical professionals and working on developing a business plan.

Member Jackson said the state has altered some licensing requirements and asked if SMMC has seen the benefits of that. Mr. Melton said they have not yet but are working with local elected officials to make a plan for drawing on that funding.

Member Kutz asked if ED physicians are employed by SMMC or contracted. Mr. Melton confirmed emergency physicians are contracted not employed by SMMC.

Additionally, Member Kutz asked if members in the south end of the county and neighboring Mason County could be regularly diverted south rather than go to SMMC. He said he is currently trying to hire nurses and knows how difficult it is. He added that a lot of nurses have left because of issues that arose during the pandemic.

Mayor Wheeler said he read the letter Dr. Hoffman sent to DOH. He noted this issue poses an immediate threat to the safety of the community. He said he ended his emergency proclamation for COVID last night, so Bremerton can no longer convert parking lots to vaccination clinics. However, he said we are on notice that we are on the verge of a crisis, and if something else happens again that stretches our capacity thin, we need to have a plan and be able to meet the needs of our community. He said this isn't taken lightly and noted the regionalization of healthcare services.

Chair Wheeler asked if the board supports the creation of a resolution supporting the needs of EMS and SMMC to find a solution.

Mr. Grellner said the Health District is ready to draft a resolution. He noted a resolution doesn't hold any legal authority, but it makes a public statement on behalf of the board. He said the Health Board and the Health District have no legal authority to act on this.

Mayor Erickson asked what the goal of this resolution is. She asked for clarification on the position of the Board.

Dr. Hoffman said the purpose of the EMS letter to DOH is to voice concern that the EMS patient who arrives by EMS transportation is treated differently than the patient who arrives by private transportation. Because that patient is currently under the EMT care on the gurney, their care in the ED is delayed. He said the primary issue is that this is not in the interest of the patient. The secondary issue is that the EMS crew taking care of a patient at the ED is out of service to continue serving the public.

Chair Wheeler said the letter to DOH notified them of a serious concern in the community.

Member Jackson said there is nothing that can be done until SMMC completes an assessment and shares this information with the Health Board and EMS. He said we need to know what we're working with find a solution. Mr. Melton said SMMC needs the Health Board, as a collaborative party, to help SMMC and EMS discuss issues, share information and make progress. Mr. Melton said he can commit to this board that SMMC will share information and work with EMS to make progress. He said 90% of individuals in the hospital are discharged. He said over 80% of the patients at ED do not need to be in ED but noted the ED does not turn anyone away as part of a fundamental belief in the mission of the organization. Lastly, he said SMMC was told they would receive a copy of the letter before it was submitted, but he has not yet seen it.

Chief Gillard asked the board to keep this taskforce accountable and have information submitted to the board every one to two months. He agreed with Mr. Melton that there is too much reliance on ED, but it is due to lack of urgent cares and other clinics that can provide earlier care before entering ED.

Mr. Melton said SMMC fully supports the Health District's proposal to do a full assessment of the county's health care and needs. He said this assessment should be fully transparent. Additionally, he said SMMC is currently doing a physician needs analysis. The last time one was completed was 2019. Every 3 years, the agency does a community health needs assessment as a not-for-profit organization. He said SMMC plans to collaborate with Dr. Morrow and the Health District team to bring all this information to the table.

Councilmember Hytopoulos expressed support for a resolution but said it doesn't sound like the board is ready to take that step.

Chair Wheeler agreed that he doesn't see a direct next step yet, but he encouraged continued collaboration.

Member Kutz said the board has an RFP to do a deeper dive and assessment. He heard from Mr. Melton that many of the people who show up at ED don't need to be there. He said we have inadequate urgent care in the community and the solution is broader than just focusing on the ED.

Chair wheeler noted the budget includes a comprehensive look at community healthcare.

Member Kutz recommended asking Navy hospital to keep longer hours.

Mayor Erickson requested an invitation to the next meeting between the fire chiefs and SMMC. She said all of our citizens need to know we are trying to solve this problem.

Councilmember Hytopoulos asked for clarification about board support for or against resolution.

Chair Wheeler asked the board to indicate support for or against resolution.

Mayor Putaansuu said the resolution would need to be created with the context that there needs to be improved communication between EMS and SMMC.

Mayor Erickson said the letter needs to be emailed to the full board for review.

Chair Wheeler said he sees no indication that a resolution shouldn't be created. He said comments on the letter should be sent to Health District.

There was no further comment.

## ADJOURN

There was no further business; the meeting adjourned at 2:40 pm.

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**Greg Wheeler**  
**Kitsap Public Health Board**

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**Keith Grellner**  
**Administrator**

**Board Members Present:** *Mayor* Becky Erickson; *Councilperson* Kirsten Hytopoulos; *Member* Drayton Jackson, *Member* Stephen Kutz, *Mayor* Robert Putaansuu; *Member* Tara Kirk Sell; *Mayor* Greg Wheeler.

**Board Members Absent:** *Member* Michael Watson.

**Community Members Present:** Allen Howe, *Self*; Kelsey Irby, *Self*; Katherine Mahoney, *Virginia Mason Franciscan Health*; Chad Melton, *St. Michael Medical Center*; Susan Young, *Self*.

**Staff Present:** James Archer, *Accounting Assistant, Finance and Accounting*; Angie Berger, *Administrative Assistant, Administration*; Maria Furgus, *Community Engagement Specialist, Equity Program*; Keith Grellner, *Administrator, Administration*; Karen Holt, *Program Manager*,

*Human Resources; John Kiess, Director, Environmental Health Division; Sarah Kinnear, Community Liaison, Chronic Disease Prevention; Melissa Laird, Manager, Accounting and Finance; Dr. Gib Morrow, Health Officer, Administration; Laura Westervelt, Environmental Health Specialist 1, Water Pollution Identification and Correction; Erica Whares, Community Liaison, Chronic Disease Prevention.*

**Zoom Attendees:** *See attached.*

DRAFT

**Kitsap Public Health Board Meeting (Virtual Attendance)**

<b>Webinar ID</b>	<b>Actual Start Time</b>	<b>Attendee Count</b>
861 8605 2497	11/01/2022 12:10	67

<b>NAME</b>	<b>NAME</b>	<b>JOINED BY PHONE</b>
Alex M	Jennifer	13605090966
Alison Christman	Jessica Guidry (she/her)	13609812669
Ally Power (she/her)	Jim Gillard	
Amy Anderson	Joe Hoffman	
Anna Gonzalez	John Gustafson	
Anne	Kandice Atisme-Bevins	
Anne Moen - KPHD	Kandice Atismé-Bevins# KPHD	
Anne Presson	Kari Hunter	
April	Kim Heiser	
Becky Erickson MYR (Becky Erickson)	Kimberly Jones	
Bella lusk	Kirsten Hytopoulos	
Betti Ridge	Angie Berger (she / her)	
BKAT	Krista Johanson	
Brandon Kindschy - KPHD	Kristen Hordyk	
Breanne Chadwick	Liz Davis	
Brian	marci burkel (she/her)	
Brittany	Marsha Cutting (she/her/tsi)	
cassandra	Marty Bishop and Bill Budd	
D M Sullivan	Megan Moore (she/her)	
Dan Smith	Meghan Tran	
Dana Bierman	Melissa Hartman	
David Bonnett	Nancy RN Kitsap A&LTC	
David Weiss	Natalie Logue	
Debbie Scaringella-Elkins	Norm Williams	
Doug	Observer	
Doug Baier	Pam Keeley	
Earl Smith	Pat McGanney	
Edub	Rebecca Pirtle	
Eric Baker# Kitsap County (he/him)	Robert Jennings# Silverdale	
Fran Miller	Rosemary Bour	
Gabby Hadly	Sarah Godley	
Gus Bell (Bremerton# WA)	Siri Kushner	
Guy Earle	Stacey Smith# Kitsap Aging	
Hank Teran	Steve Powell	
Hannah Vinyard	Suzanne Plemmons	
Heidi Lund	Victoria Lehto	
Jay Christian	Wendy Inouye	
Jeanell Rasmussen	Yolanda Fong	
Jeff Faucett		

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
Dec 6, 2022**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 12:32 p.m.

Chair Wheeler acknowledged that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S'Klallam Tribes.

**CONSENT AGENDA**

The December consent agenda included the following contracts:

- 2218 Amendment 1 (2301), *Washington State Health Care Authority, Medicaid Administrative Claiming (MAC)*
- 2203 Amendment 9 (2299), *Washington State Department of Health, Consolidated Contract*
- 2300, *Kitsap County, Clean Water Kitsap*
- 2306, *Jefferson County Public Health, Nurse Family partnership Supervisor*

Mayor Rob Putaansuu moved and Mayor Becky 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.

**BOARD MEMBER COMMENTS**

Commissioner Rob Gelder said the board has recently undergone a change in membership due to state legislation. Through this, and for other reasons, two long-standing board members are phasing off this board. Commissioner Gelder recognized Commissioner Charlotte Garrido for her many years of service to the residents of Kitsap County as a member of the Health Board. He also recognized Commissioner Ed Wolfe for his years of service and wished him well on his retirement. Due to ongoing composition of the board.

**PUBLIC COMMENT**

Allen Howe, resident of Bremerton and former Director of Planning for the University of Washington Medical Center, approached the board regarding the draft request for proposals (RFP) in the board packet this month. Mr. Howe said the RFP to conduct a needs assessment and development of healthcare system capacity improvement for Kitsap County is the right thing to do. He said the information gathered from those assessments and recommendations is needed to ensure the current and long term health and wellbeing of all residents of Kitsap County. He said this is also timely, as the Health District, the City of Bremerton and other agencies in the county are updating their strategic plans or comprehensive plans to address future needs. He said that as more people move into the county and new businesses develop, the county needs the critical infrastructure to support this growth. One of the major pieces of infrastructure is the ability to provide adequate healthcare for a growing population. He said we are currently woefully short of

primary care clinics, urgent care centers and mental health facilities and only have one emergency room, which is already overcrowded and overstaffed. He said a healthcare assessment is critical and now is the time to do it.

Tony Ives, Executive Director for Kitsap Community Resources (KCR), said KCR is currently doing their own needs assessment and is working closely with the City of Bremerton and Kitsap Public Health District in addition to a variety of other community partners. The KCR assessment has had over 4,500 respondents from demographics across the county. He said KCR and the Health District are working closely together to build a data dashboard based on the information from this assessment and hopes this information will be ready to share publicly by the end of January.

Mr. Ives said the main thing he wants to talk about today is the focus groups from the assessment. He said they have had eight focus groups with a variety of languages and demographics. He said every single focus group mentioned inability to access healthcare in Kitsap, including the focus group with Suquamish Tribal members. The tribal members said prescription costs off reservation are very high. Additionally, he said the data showed a lack of translation services and the difficulty of getting timely medical appointments. Members of the focus groups said if you can even get an appointment, individuals have to wait four to five months for their appointments. It is also difficult to get to appointments due to the lack of adequate public transit in Kitsap. Lastly, many Kitsap providers are ceasing accepting state insurance, which leaves even more residents without healthcare. He said Peninsula Community Health Services (PCHS) provides many of the services community members need, but PCHS can't do it all.

Member Drayton Jackson thanked KCR for doing the assessment and focus groups. He said this is a great opportunity for communities of color. He said he attended one of the focus group sessions and felt that they give a voice to the data and hopes this information can be taken seriously and acted on.

Member Steve Kutz would like to hear more information about this. Mr. Ives said the Suquamish Tribe reached out and Mr. Ives went to talk to them the next day. He said they discussed weatherization, elders, and lack of services. After this, he said they gathered a focus group with elders and tribal members and this data will be available through the dashboards.

Susan Brooks Young, resident of Bremerton, thanked the members of the board for moving forward with the healthcare assessment so quickly. She said it is meaningful to residents throughout the county to see that board members, including elected officials are saying this is important. Something

Robert said he is thrilled to see that local healthcare access is on the agenda today. He thanked the board for moving forward with this assessment and looks forward to participating. On an unrelated note, he said the next working group needs to be on infrastructure.



There were no further public comments.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Administrator Update:

Mr. Keith Grellner, Administrator, said he is pleased to announce the Port Gamble S'Klallam Tribe has appointed Jolene Sullivan to the Kitsap Public Health Board. She will join starting in January. With her addition, the board membership is now full 10 members.

Next, Mr. Grellner announced that the Health District is hosting a small celebration for the agency's 75<sup>th</sup> anniversary on Thursday December 8<sup>th</sup> from 3:30-4:30 p.m. in the chambers. He invited board members to attend and said several members of past leadership will also be in attendance.

Next, Mr. Grellner told the board that at their January meeting, they will be electing new board officers: Board Chair and Vice Chair. At this time the board will assign members to its committees: Finance and Operations, Personnel and Policy.

Next, Mr. Grellner said the board will receive a presentation at the January meeting relating to the Health District's voluntary cybersecurity audit from February through October 2022. As part of the audit, the Health District is required to hold a public hearing and public presentation from the State Auditors Office with results from the cybersecurity audit.

Lastly, Mr. Grellner said the Health District has posted its 2021 Program Annual Reports to the website. He said no annual reports were completed during the pandemic.

There were no further comments.

### Health Officer Update:

Dr. Gib Morrow, Health Officer, thanked the individuals for their public comments and support of the Health District looking into a healthcare assessment.

Dr. Morrow also thanked Chair Wheeler for participating in the World AIDS Day event last week. He said December 1<sup>st</sup> has been annual World AIDS Day for over 40 years. He said Kitsap continues to see new cases each year and commented that this is an equity issue because we continue to see disproportionate impacts on people of color.

Dr. Morrow provided the board with a presentation on the respiratory illness surge occurring in Kitsap. He said we are in full flu season now and rates of RSV and influenza are currently very high, although RSV rates may have peaked. He said COVID-19 is currently low and rising. Flu vaccination rates nationwide are the lowest in three years. And impacts of flu on the state – pediatric. This flu season, as of November 30<sup>th</sup>, less than 20% of Kitsap residents under 18, and only 30% of residents 18 and over, have received their flu shots. He said large volumes of

pediatric emergency visits are putting even more strain on our healthcare system. There was a tragic pediatric flu death recorded in King County this year. Lastly, he reminded everyone to get vaccinated.

Member Michael Watson said the numbers presented here correlate with what he's seeing clinically. He also noted many of his patients, including young children, who have the flu can't get access to antiviral agents due to the shortage which could be contributing to the hospitalization rate. He asked if there is any indication for when this shortage may be resolved. Dr. Morrow said he doesn't know.

Commissioner Gelder said it would be interesting to see the same vaccination data for years 2019-20 to see flu vaccination rates prior to the COVID-19 pandemic and better understand why rates are going down. He suspect rates are declining due to vaccine fatigue from the pandemic.

Commissioner Wolfe asked which strains the current flu vaccine covers. Dr. Morrow said the flu vaccine covers influenza A and B strains.

Member Sell asked to hear more about GoodMatch. Dr. Morrow said the 2022-23 flu vaccine covers several strains including:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021-like virus (B/Victoria lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).

He said the Centers for Disease Control and Prevention (CDC) says this vaccine is a good match for this season's influenza strains.

Member Jackson asked if data is gathered geographically to see where the highest rates of flu are occurring in Kitsap. Dr. Morrow said flu is not a notifiable condition, so we are not able to track it geographically. He said the data shows when it is happening and to what extent, as opposed to where it is happening in the county.

Member Kutz commented that people won't go much out of their way to get flu shots, so they need to be made convenient. He suspects fewer vaccines are being provided by physicians and moving to box store and pharmacies but noted hours can be inconsistent. Additionally, he said more outreach needs to occur to let people know where they can get vaccines. Dr. Morrow said, for adults, majority of flu shots are given at pharmacies and box stores. He hopes this is convenient enough for adults who need to go to these stores from time to time for other reasons.

There were no further comments.

## **APPROVAL OF 2023 MEETING SCHEDULE**

Mr. Grellner said the draft 2023 meeting schedule is including in the board packet and reminded the board that the Super Tuesday staff work together to create this schedule. He thanked Angie Berger, Administrative Assistant, for her work coordinating this schedule with the other Super

Tuesday groups. He noted that this schedule puts the Health Board at a consistent meeting time each month.

Ms. Berger noted that this schedule moved the Health Board to earlier in the day and so that groups who meet less frequently meet at the end of the day, which allows more flexibility for those groups to add or remove meetings without disrupting the rest of the day for the board members.

Mayor Erickson explained that Super Tuesday is the first Tuesday of the month. All of the public boards with elected officials were moved to the same day for ease of scheduling and reduce travel for the board members.

Mayor Putaansuu said he appreciates the graphic with all the meeting dates and times for Super Tuesday groups.

Member Kutz moved and Mayor Putaansuu seconded the motion to approve the 2023 Meeting Schedule. The motion was approved unanimously.

There was no further comment.

## **RESOLUTION 2022-10, APPROVING 2023 BUDGET FOR KITSAP PUBLIC HEALTH DISTRICT**

Mr. Grellner approached the board regarding the 2023 budget. He summarized key points of the budget:

- The budget is balanced at \$18.6M with the use of \$1.6M of Unrestricted/Undesignated Reserve Funds and about \$900K of Restricted/Designated Reserve Funds (Tuberculosis, Drinking Water/Onsite Sewage, and Solid/Hazardous Waste), *if needed*. Total expenditures have *decreased* about \$240K from the previous draft shared with the Board on November 1, 2022.
- No increase in contribution rates is being requested from Health Board member jurisdictions.
- The budget includes the use of \$2.4M of Foundational Public Health Services (FPHS) funding from the state, and additional FPHS funding is expected in the second half of 2023.
- Personnel is currently projected at about 138 Full-Time Equivalents (FTE). Personnel costs are the major expense and are about 81% of total proposed expenditures.
- The budget contains Environmental Health fee increases for the Food Program, and decreases for the Drinking Water/Onsite Sewage Program.
- The Health District's fund balance is healthy at about \$11M, and meets/exceeds the Board Budget Policy requirement of a minimum of two months of operating expenses, or about \$3.1M.

- Two major community investments are included in the draft budget: capital and operational funding of \$200K for the Peninsula Community Health Services Respite Care Facility, and placeholder funding for a local healthcare system assessment study as recommended by the Finance Committee on September 21, 2022.

Michael Watson had one question pertaining to the line item for a local healthcare assessment study. He previously suggested asking the local hospital organization to contribute in some way to the assessment and asked if this has been considered. Mr. Grellner said it has been considered but the Health District hasn't moved forward with it yet.

Commissioner Gelder moved and Mayor Erickson seconded the motion to approve Resolution 2022-10, Approving 2023 Budget for Kitsap Public Health District. The motion was approved unanimously.

There was no further comment.

## **STRATEGIC PLAN UPDATE – PLANNING PROCESS**

Siri Kushner, Community Health Assistant Director, said the Health District is starting its strategic planning process with VillageReach and provided the board with an update.

In summary:

- Kitsap Public Health District's current strategic plan was created and approved by the board in 2011, underwent updates and board review in 2016, and expired in 2021.
- Creation of a new strategic plan in time for the previous plan's expiration was delayed by the Health District's COVID response.
- The Health District has started the process to update our strategic plan in partnership with DOH consultant, VillageReach.
- The strategic planning process kicked off with community key informant interviews, a board survey, and an employee survey over the last 2 months.
- The strategic planning process will continue through 3 additional phases in the new year, culminating with the dissemination of a final report.
- The Health District is currently building a Strategic Planning Workgroup that will support the strategic plan development phases in January and February 2023. The workgroup will have representation from the board, the Health District's Executive Leadership Team, and from each internal division.
- The Health District will provide the board regular status updates following the completion of each stage in the process.
- The board will be presented with the updated Strategic Plan for review and approval around May 2023.
- The Health District will provide the Board with a final report when the new strategic plan and action plans are finalized.

Ms. Kushner reminded the board to submit feedback via survey by this Thursday, December 9.

Member Jackson asked what the plan is for community outreach. Ms. Kushner said there are two different components: the Health District collected feedback through key informant interviews this fall, and the after the first few months of goal setting, the community will have a chance to review and provide feedback on the process so far.

Member Jackson asked if there is a plan for outreach to harder to reach populations, like the elderly and the homeless. Ms. Kushner said the agency is currently looking at working with the newly formed Health Equity Collaborative to leverage their partnerships and opportunities to gather input from these populations.

Member Watson asked what Health Equity Collaborative is. Ms. Kushner said the Health Equity Collaborative was formed as part of Health Board Resolution 2021-01, Declaring Racism a Public Health Crisis, which called upon the Health District to form a health equity collaborative.

There was no further comment.

## **LOCAL HEALTH CARE ACCESS AND STAFFING CONCERNS**

Chair Wheeler said several individuals have been invited today to provide updates and information that have occurred since last month's Health Board meeting. He asked the fire chiefs and St. Michael Medical Center (SMMC) to provide updates.

Jim Gillard, Poulsbo Fire Chief, said the taskforce has been meeting and has some positive and significant strides toward mitigating the emergency department (ED) crisis and reducing wait times for crews. The taskforce consists of the fire chiefs, Olympic Ambulance, and the leadership staff from SMMC. He said there has been solid communication flow between fire chiefs and hospital leadership in the last month. He said there were a couple recent instances of backups in the ED where the fire departments had to activate procedures from their mass casualty plan but within about 30 minutes, leadership at SMMC was able to help with this by flooding the ED with staff to get patients seen and relieve the backup of emergency units. Additionally, Chief Gillard noted SMMC has taken steps to increase their staffing which is one of the root causes for these wait times. He said the taskforce is working through more policies and procedures to better understand what's going on.

Chief Gillard said, unfortunately, these improvements have not yet shown a positive impact on the wait times. He said metrics from November show wait times still exceed 16 minutes, which is where they have been over the last several months. He said over 13% of wait times are in excess of 30 minutes and 4.2% are in excess of an hour. He said there are still some ongoing concerns and said he is not sure if the fire chiefs have been clear enough or communicated effectively enough. Some sick and injured patients are not seen quickly enough and it's taking a negative impact on crews being able to get back out on calls. He said SMMC is exceptional at taking care of patients with life-threatening emergencies without delay. He wants the public to know if they experience a life-threatening emergency, SMMC will provide them with excellent

care. He specified that the issues the fire chiefs are addressing are lower acuity medical concerns, like a broken arm.

Jeff Faucett, South Kitsap Fire Chief, echoed that communication and work with the taskforce are going great. He said right now, the group is focusing on listening to better understand the other agencies' needs. The taskforce is working on communication, metrics and data, and updating procedures to get ahead of issues. Last week, fire and emergency medical services (EMS) spent some time with Virginia Mason Franciscan Health's (VMHS) data team to ensure groups can share real-time data with each other. He said the long-term strategy is looking at how we can make Kitsap County better overall. He thanked Chad Melton, SMMC for all of his work and looks forward to meeting with him and his staff in the future.

Mr. Melton thanked the fire chiefs and said they are all on the same page today with their presentations to the board. He said he communicates regularly with the fire chiefs through text messages and phone calls and said has even been some late-night phone calls to troubleshoot immediate issues. He said the hospital is now experiencing a "tri-demic", which is when folks get COVID, flu and RSV at the same time. He applauds the board and agrees that there needs to be a county wide healthcare assessment. He encouraged the board to not only look at the health care needs, but also the variables like workforce issues and regulation. He noted Alecia Nye from Olympic College (OC) Nursing program is here today and that OC is a key part of workforce development.

Mr. Melton shared a presentation about the work occurring between SMMC and the fire district and EMS. He said last week SMMC was boarding 14 people in its same-day surgery unit and had 40 patients boarding in ED in-patient. Additionally, he said the 13-bed observation unit was completely full and there were almost 280 patients in the hospital. He said this is 130% of SMMC's total bed capacity. He said St. Anthony's and other medical facilities in the VMFH system today are at or above capacity right now and their numbers have grown significantly in recent months. He also noted that data trends that acuity will continue to grow as patients do not receive primary care.

Mr. Melton said SMMC is increasing staffing and create a float pool of staff to fill gaps during daily staff call-outs, which are currently between 15%-25% daily. This is a regional effort so nurses can be moved to the hospitals with the highest needs in the VMFH system. He said SMMC Just received a 3-star (out of 3 star) rating and is in the top 3 programs for CD surgery in the state. He said SMMC and the fire chiefs have committed to meeting more frequently and having more open communication. Additionally, SMMC hired a new ED leader who just started. As of yesterday, ED leadership and staff say the culture is changing in the ED. He said a culture shift is what is needed to have a positive impact on turnover rates and for recruiting new nurses.

Mr. Melton said SMMC is hosting a kaizen event for quality improvements, which begin at the staff level not the leadership level. He said this encourages and allows for front-end staff to identify issues and challenges and bring solutions to the table to help leadership make improvements. He said he understands that leadership had not been listening to teams well enough, so he held 30-40 listening sessions in one week to ask staff what challenges they are

facing as a community and what they see as organizational issues. He said SMMC is putting plans in place to address these items and he will share more about that at a future meeting.

SMMC is exploring how Mission Control can support pre-hospital services; increasing data sharing and understanding; creating float pool nurses; working on primary care recruitment; optimizing urgent care; and is working on an Urgent Care vs. Emergency Room campaign. SMMC is also working on a physician needs analysis for the entire peninsula and planning for retirements in the next several years. But still finding that we are short urgent care in the region (wait times can be 6 hours).

Mr. Melton said SMMC can use support in the following areas: partnering in reducing low-acuity patients using ED; advocacy for allied health (not just nursing) training and education; and appreciation for hospital staff. He understands that we all need to support staff for what they do. He noted staff morale has been low and said they were seen by the public as heroes at the beginning of pandemic, but that mentality has gone away and there are negative experiences for staff. He said there is a lot of violence occurring in emergency departments right now. Lastly, he said SMMC is looking at training and workforce development.

Chair Wheeler invited SMMC and Fire Chiefs to use the health board as a public forum for communicating their updates and processes in the future.

Mayor Erickson thanked Mr. Melton for coming today. She also thanked SMMC and the fire chiefs for the energy and effort put into finding a resolution for this. She said commits to attending all these meetings. She said at the last meeting, she went to Mission Control. She also noted that Kitsap 911 came and looked at dispatch services. She said it is helpful to know what everyone is doing. She said we are short in so many medical services in the county right now.

Councilperson Kirsten Hytopoulos asked if there's some way that urgent care and ED wait times can be published for the public to view and make a choice about where they will go for care in an emergency. Mr. Melton said some places post wait times, but it is not don't locally. He said SMMC can take this into consideration. He said the main priority right now is communicating real-time capacity issues to EMS. He said a lot can change in a few minutes.

Member Jackson thanked the board for putting this out for the public. He noted it's the community that suffers when things don't work right in healthcare. He asked what the data is on the walk-ins (not arriving by EMS) at the ED. He also asked if we are looking outside the box for finding solutions. Mr. Melton said during COVID, numbers of telehealth went up, but those numbers have lowered. He said there had been a federal reimbursement program for folks using telehealth, but this has ended. He said primary care is at 100% capacity every day in all of the VMFH practices. He said some of the practices could be more efficient but here aren't enough staff to make them more efficient. He said the organization could offer additional payment and hours for providers to stay late to do telehealth. Chief Faucett added that the fire chiefs are looking at utilizing telehealth in the field down the road.

Member Jackson asked everyone to keep in mind that some folks being transported out of the county for care have access need and can't get home from the hospital once discharged. Chief Faucett said standard practice is to ask patients where they would like to go. He said EMS very rarely makes that decision for them, unless it's a life-or-death situation.

Mr. Melton said another concern that crowds the ED is frequent fliers, or individuals who visit the ED often and sometimes unnecessarily. He said SMMC is working with the fire chiefs in the region to get a list of frequent fliers so they can be contacted and assisted in finding primary care providers. He said this would lessen the burden on the system.

Member Steve Kutz said the crisis system is broken. He said they have had situations in Suquamish with delays that caused individuals to not receive the care they needed. He understands that behavioral health crisis calls need to see a social worker before they can go to a facility to receive medical care, which can be a barrier. He said the behavioral health should be doing crisis management up front. He asked VMFH has the ability to open up more Medicaid slots in urgent care and primary care. Member Watson said VMFH accepts all insurance and sees patients regardless of their ability to pay, per their mission. Mr. Melton confirmed this.

Dr. Kathy Hebard, practicing provider at Kitsap OBGYN, presented to the board about staffing issues in the obstetrics community. She said the average number of obstetric providers in a community is 25 per 100,000 people. She said Kitsap currently has about three per 100,000 people. She noted the naval hospital and PCHS have both recently closed their obstetrics units. She said their clinic presently has three providers at the Doctors Clinic and five OBGYN at the clinic. She noted Member Watson's clinic also sees a small number of these patients. Additionally, she said there are a small number of licensed midwives in Kitsap. She said the eight providers at the Doctors Clinic and Kitsap OBGYN take on the bulk of these urgent needs patients, which puts a reduction on their ability to care for gynecology patients.

Dr. Hebard said the average age of obstetrics providers in the county are over 50, so most will retire in the next 10 to 15 years. She said they have also had significant difficulty in recruiting providers into our community. She said this is mostly due to reimbursement issues. She said we don't seem to have the same reimbursement levels in Kitsap as in other areas of the state. She said this is a consequence of the American healthcare economy. She said she works in a private practice, and said it remains a private practice outside of the VMFH system to provide patients with additional options for care. She said it is becoming more difficult for providers to manage business. She said they don't have as much negotiating prowess now. She said many insurance companies are no longer interested in negotiating better contracts with providers. She said about 40% of patients are on Medicare or Medicaid. She said the number of providers in Kitsap may decrease as clinics try to keep doors open. She said insurance companies are not interested in incorporating women's health care in payor models.

Member Watson commented that the obstetric providers in Kitsap work far more than he does. He said he is on call a couple of nights a month, yet they are working overnight multiple times in a week. He doesn't know how it is sustainable for them to do this. He said if things don't change, he can see many leaving the field. He also noted that family physicians send their complicated



cases to obstetricians. He asked local elected officials to speak to federal elected officials about how this can be changed and noted many of these patients are military beneficiaries.

Mayor Erickson said she is angry at the state and federal regulations that allow things to occur. She thanked Dr. Hebard for notifying the board of this issue.

Dr. Nye, Dean of Nursing and Allied Health, said OC Nursing is the pipeline to the Kitsap medical community. She said there are shortages everywhere within our community for healthcare, not just nursing. She said the OC Nursing program graduates about 80 registered nurses (RN) into the Kitsap community each spring. She said they have added another pathway called the Veterans/LPN Program for earning a Bachelor of Science in Nursing (BSN). She said the program plans to expand by 20 more RNs by fall of 2023. By 2 years from now, 100 new RNs will be entering the community each spring.

Dr. Nye said increasing enrollment also has its barriers. She said the program is experiencing placement issues in mental health, pediatrics, obstetrics. She said that if she can't place students in these areas, she can't graduate them. She said another issue is space at OC to teach within a classroom and said they are at capacity. She said building more expansion and allied health programs isn't possible without physical expansion for classroom space. She has applied for every grant possible to try to help this issue.

Member Jackson asked what this group needs to ask the legislature for to help her program. Dr. Nye said that if we want to build the programs, she needs a building, structure, programs. She said she has a waiting list for the nursing program, but the problem is finding a place to put them physical locations to learn.

Mayor Erickson said the OC Poulsbo building is empty. She said that is where the nursing program started. She also said she would like to talk to the leadership at OC.

Member Sell asked what we can do to keep the nurses graduating the OC program in our community. Dr. Nye said the culture needs to change within healthcare which will take some time. She also said finding placement during the program is also important, as is creating a welcoming environment so that when students graduate they desire to work locally.

Member Kutz asked Dr. Nye to provide a list of her needs to the board.

There was no further comment.

## **ADJOURN**

There was no further business; the meeting adjourned at 2:06 pm.

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**Greg Wheeler**  
**Kitsap Public Health Board**

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**Keith Grellner**  
**Administrator**

**Board Members Present:** *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Robert Gelder; *Councilperson* Kirsten Hytopoulos; *Member* Drayton Jackson, *Member* Dr. Tara Kirk Sell; *Member* Stephen Kutz, *Mayor* Robert Putaansuu; *Member* Michael Watson; *Mayor* Greg Wheeler; *Commissioner* Ed Wolfe.

**Board Members Absent:** *None.*

**Community Members Present:** Allen Howe, *Self*; Chad Melton, *St. Michael Medical Center*; Alecia Nye, *Olympic College Nursing Program.*

**Staff Present:** Kandice Atismé-Bevins, *Program Manager, Quality Improvement and Performance Management*; Angie Berger, *Administrative Assistant, Administration*; Anne Burns, *Public Health Nurse, Communicable Disease*; Keith Grellner, *Administrator, Administration*; Karen Holt, *Program Manager, Human Resources*; Siri Kushner, *Assistant Director, Community Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Martitha May, *Bilingual Community Health Worker, Parent Child Health*; Dr. Gib Morrow, *Health Officer, Administration*; Tad Sooter, *Communications Coordinator and Public Information Officer*; Meghan Tran, *Disease Intervention Specialist, Communicable Diseases*; Laura Westervelt, *Environmental Health Specialist 1, Water Pollution Identification and Correction*; Erica Whares, *Community Liaison, Chronic Disease Prevention*;

**Zoom Attendees:** *See attached.*

**Kitsap Public Health Board Meeting (Virtual Attendance)**

<b>Webinar ID</b>	<b>Actual Start Time</b>	<b>Attendee Count</b>
861 8605 2497	11/1/2022 12:10	63

<b>NAME</b>	<b>NAME</b>	<b>JOINED BY PHONE</b>
Alena Schroeder	Kelsey Stedman (she/her)	13607282027
Ally Power (she/her)	Kitsap Public Health PCH	
Amanda Tjemsland (she/her)	Laura	
Angie Berger (she / her)	Lexi Tiemeyer	
Anne Blair	Lisa Warren	
Anne Burns	Mac Murray	
Anne M	marci burkel (she/her)	
Anne Presson	Michelle McMillan	
April Fisk	Nancy Acosta	
Bremerton Fire	Nancy RN Kitsap A&LTC	
Brian nielson	npilling	
Carin Onarheim	Ornela Abazi	
Carollynn Zimmers	Pam Keeley# RN	
Charlotte Garrido	Patty Lyman	
Chief Faucett (Jeff Faucett)	Rachel Perry	
Dana Bierman	Robert - Silverdale	
Dave	Rudy Baum	
Dawn Morris	Sarah Kinnear	
Dayna Katula	Shannon Schroeder	
Erin Larsen-Cooper	Stacey Smith	
Fergus Maria (She/Her/Ella)	Stephanie	
Gabby Hadly	Steve Brown	
Gus Bell (Bremerton# WA)	Susan Brooks-Young	
Hank Teran	Suzanne Plemmons	
Hannah Vinyard	Tameka Phelps	
Jan Wendt	Tom	
Janet Wyatt (she/her)	Victoria Lehto	
Jeanell Rasmussen	Wendy Jones she/her	
Jeff Coughlin	Windie	
jennifer pancholi	Xinia Ebbay	
Jewel Shepherd-Sampson	Yolanda Fong	
Jim Gillard		
Joe Hoffman		
Kari Hunter		
Karina Mazur# she/her		
Katie Sprague		
Katy Crabtree (Rep. Kilmer) she/her		

# MEMO

**To:** Kitsap Public Health Board

**From:** Keith Grellner, Administrator  
Ed North, Information Technology Program Manager

**Date:** January 3, 2023

**Re: Voluntary Cybersecurity Audit – Final Report**

Attached, please find a copy of “Performance Audit Report – Opportunities to Improve Kitsap Public Health District’s Information Technology Security” (December 15, 2022), along with a September 7, 2021, memo to the Health Board about the Health District’s choice to undergo the audit and background information about the audit process.

During today’s meeting, Michael Hjemstad with the Office of the Washington State Auditor will present the general findings of the audit. After the presentation, a public hearing will be held pursuant to [RCW 43.09.470](#) where the Health Board may consider the findings of the audit and to receive comments about the audit from the public.

Following the public hearing, the Health Board will recess into closed executive session as authorized by [RCW 42.30.110 \(1\)\(a\)\(ii\)](#) to hear and discuss some of the specific findings from the audit.

As stipulated on Page 6 of the report, “Because the public distribution of tests performed and test results could increase the risk to the District, distribution of this information is kept confidential under RCW 42.56.420 (4), and under Generally Accepted Government Auditing Standards, Section 9.61-9.67.” Hence, the public-facing report has very little detail and an executive session is allowed in order for the Health Board to receive the confidential information.

Please contact me at (360) 728-2234, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org) with any questions or comments.

Attachments (2)

[kitsappublichealth.org](http://kitsappublichealth.org)





Office of the Washington State Auditor  
Pat McCarthy

## Performance Audit Report

# Opportunities to Improve Kitsap Public Health District's Information Technology Security

*Published December 15, 2022*

Report No. 1031638



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

December 15, 2022

Board of Health  
Kitsap Public Health District  
Bremerton, Washington

**Report on Opportunities to Improve Information Technology  
Security**

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

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](mailto:webmaster@sao.wa.gov).*

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## ABOUT THE AUDIT

### **Critical government services depend on IT systems with confidential information, which must be protected to avoid service disruptions and financial losses**

Governments depend on information technology (IT) systems to deliver an array of critical functions. The security of IT systems and related data underpins the stability of government operations, and the safety and well-being of residents. Therefore, protecting these systems is paramount to public confidence, because the public expects governments to protect these systems from IT security incidents that could disrupt government services.

These IT systems also process and store confidential data. Aside from the loss of public confidence, a data breach involving such data can cause governments to face considerable tangible costs. These include identifying and repairing damaged systems as well as and notifying and helping victims of the breach.

**IT security incident** - Any unplanned or suspected event that could pose a threat to the confidentiality, integrity or availability of information assets.

**Data breach** – An IT security incident that results in the confirmed disclosure of confidential information to an unauthorized party.

### **This audit looked for opportunities to improve the District’s IT security**

To help the Kitsap Public Health District protect its IT systems and secure the data it needs to operate, we conducted a performance audit designed to identify opportunities to improve IT security. This audit answered the following questions:

- Does the District have vulnerabilities in its IT environment that could lead to increased risk from external or internal threats?
- Do the District’s IT security practices align with selected security controls?

### **Evaluating if there are any problems and vulnerabilities present in the IT environment that could increase risk**

To determine if the District has effective IT security practices in place, we conducted tests to determine if selected controls were implemented properly and functioning effectively. We reported the results, including any problems and vulnerabilities we identified, to the District as they were completed.

### **Comparing the District’s IT security program to leading practices**

We assessed the District’s IT security policies, procedures and practices to selected leading practices in this area to identify any improvements that could make them stronger. We selected leading practices from the Center for Internet Security’s Critical Security Controls (CIS Controls),



which were developed by a broad community of private and public sector stakeholders after examining the most common attack patterns. The CIS Controls are a prioritized list of control areas designed to help organizations with limited resources optimize their security defense efforts to achieve the highest return on investment.

We gave District management the results of the assessments as they were completed.

### Next steps

Our performance audits of local government programs and services are reviewed by the local government's legislative body and/or by other committees of the local government whose members wish to consider findings and recommendations on specific topics. The District's legislative body will hold at least one public hearing to consider the findings of the audit. Please check the District's website for the exact date, time and location. The State Auditor's Office conducts periodic follow-up evaluations to assess the status of recommendations, and may conduct follow-up audits at its discretion. See **Appendix A**, which addresses the I-900 areas covered in the audit. **Appendix B** contains more information about our methodology.

## AUDIT RESULTS

We found that, while the District's IT policies and practices partially aligned with industry leading practices, there were areas where it could make improvements. We communicated the detailed results of our work and recommendations to responsible officials and staff for review, response and action. In summary, responsible officials and staff expressed agreement with the audit results and an intent to use them to continue to improve their cybersecurity posture. The District has since taken steps to address our recommendations, and continues to make improvements.

Because the public distribution of tests performed and test results could increase the risk to the District, distribution of this information is kept confidential under RCW 42.56.420 (4), and under Generally Accepted Government Auditing Standards, Sections 9.61-9.67.

### Recommendations

To help ensure the District's ability to protect its IT systems and the information contained in those systems, we make the following recommendations:

- Continue remediating identified gaps.
- Revise the District's IT security policies and procedures to align more closely with leading practices.

### Auditor's Remarks

The Washington State Auditor's Office recognizes the District's willingness to volunteer to participate in this audit, demonstrating its dedication to making government work better. It is apparent the District's management and staff want to be accountable to the citizens and good stewards of public resources. Throughout the audit, they fostered a positive and professional working relationship with the State Auditor's Office.

## APPENDIX A: INITIATIVE 900 AND AUDITING STANDARDS

### Appendix A: Initiative 900 and Auditing Standards

Initiative 900, approved by Washington voters in 2005 and enacted into state law in 2006, authorized the State Auditor’s Office to conduct independent, comprehensive performance audits of state and local governments.

Specifically, the law directs the Auditor’s Office to “review and analyze the economy, efficiency, and effectiveness of the policies, management, fiscal affairs, and operations of state and local governments, agencies, programs, and accounts.” Performance audits are to be conducted according to the U.S. Government Accountability Office’s *Government Auditing Standards*.

In addition, the law identifies nine elements that are to be considered within the scope of each performance audit. The State Auditor’s Office evaluates the relevance of all nine elements to each audit. The table below indicates which elements are addressed in the audit. Specific issues are discussed in the Schedule of Audit Findings and Responses section of this report.

I-900 element	Addressed in the audit
1. Identify cost savings	No. The audit did not identify measurable cost savings. However, strengthening IT security could help the District avoid or mitigate costs associated with a data breach or security incident.
2. Identify services that can be reduced or eliminated	No. The audit objectives did not address services that could be reduced or eliminated.
3. Identify programs or services that can be transferred to the private sector	No. We did not identify programs or services that could be transferred to the private sector.
4. Analyze gaps or overlaps in programs or services and provide recommendations to correct them	Yes. The audit compares the District’s IT security controls against leading practices and makes recommendations to align them.
5. Assess feasibility of pooling information technology systems within the department	No. The audit did not assess the feasibility of pooling information systems; it focused on the District’s IT security posture
6. Analyze departmental roles and functions, and provide recommendations to change or eliminate them	Yes. The audit evaluates the roles and functions of IT security at the District and makes recommendations to better align them with leading practices.

I-900 element	Addressed in the audit
7. Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	No. The audit did not identify a need for statutory or regulatory change.
8. Analyze departmental performance data, performance measures, and self-assessment systems	Yes. Our audit examined and made recommendations to improve IT security control performance.
9. Identify relevant best practices	Yes. The audit identified and used leading practices published by the Center for Internet Security to assess the District's IT security controls.

### Compliance with generally accepted government auditing standards

We conducted this performance audit under the authority of state law (RCW 43.09.470), approved as Initiative 900 by Washington voters in 2005, and in accordance with Generally Accepted Government Auditing Standards (July 2018 revision) by the U.S. Government Accountability Office and *Government Auditing Standards*. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## APPENDIX B: SCOPE, OBJECTIVES AND METHODOLOGY

### Scope

The audit assessed the extent to which the District's IT security programs, including their implementation and documentation, aligned with selected CIS Controls and their supporting safeguards. This audit did not assess the District's alignment with federal or state special data-handling laws or requirements.

### Objectives

To help the District protect its IT systems and secure the data it needs to operate, we conducted a performance audit designed to identify opportunities to improve IT security. This audit answered the following questions:

- Does the local government have vulnerabilities in its IT environment that could lead to increased risk from external or internal threats?
- Do the local government's IT security practices align with selected security controls?

### Methodology

To answer the audit objectives, we conducted technical testing on the District's network, and we compared the District's IT security programs to selected leading practices.

### Internal and external security testing

To determine if the District has vulnerabilities in its IT environment, we conducted internal and external security testing of selected key applications, systems and networks. This work was performed in April 2022 by a third-party vendor on our behalf and in January 2022 by our IT security specialists. This work included identifying and assessing vulnerabilities, and determining whether they could be exploited.

### Comparing the District's IT security programs to leading practices

To determine whether the District's IT security practices align with leading practices, we interviewed key District IT staff, reviewed the District's IT security policies and procedures, observed District security practices and settings, and conducted limited technical analysis of District systems. This work was completed at the District in February 2022, with some additional follow-up afterwards.

We used selected controls from the CIS Controls, version 8, as our criteria to assess the District's IT security programs and to identify areas that could be made stronger.

CIS is a nonprofit organization focused on securing public and private organizations against cyber threats. The CIS Controls are a prioritized set of actions that collectively form a defense-in-depth set of best practices that mitigate the most common attacks against systems and networks. The CIS Controls are developed by a community of IT experts who apply their first-hand experience as cyber defenders to create these globally accepted security best practices. The experts who develop the CIS Controls come from a wide range of sectors including retail, manufacturing, healthcare, education, government, defense and others.

Each control consists of a series of sub-controls called ‘safeguards’ that are distinct and measurable tasks; when the safeguards are implemented together, they fully meet the requirements of the overall control. We assessed the District against all applicable safeguards to determine the alignment with each of the overall controls assessed. We did this by assessing the extent to which the District met each safeguard in two areas:

1. **Implementing** the safeguard
2. **Maintaining documentation** to support the safeguard, such as policies or procedures

## **Work on Internal Controls**

This audit assessed the IT security internal controls at the District. We used a selection of controls from the CIS Controls as the internal control framework for the assessment. Based on an initial assessment, we selected 45 safeguards spanning 12 controls to include in the scope. To protect the District’s IT systems, and the confidential and sensitive information in those systems, this report does not identify the specific controls assessed during the audit. We completed our assessment for the purpose of identifying opportunities for the District to improve its internal IT security controls, but not to provide assurance on the District’s current IT security posture.

## INFORMATION ABOUT THE PERFORMANCE AUDIT

### Contact information related to this report

Address:	345 6th St., Suite 300 Bremerton, WA 98337
Contact:	Keith Grellner, Administrator
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](http://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.

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- Email:  
[webmaster@sao.wa.gov](mailto:webmaster@sao.wa.gov)



# MEMO

**To:** Kitsap Public Health Board

**From:** Keith Grellner, Administrator  
Ed North, Information Technology Program Manager

**Date:** September 7, 2021

**Re: Voluntary Cybersecurity Audit**

The Kitsap Public Health District has voluntarily requested to be audited by the Washington State Auditor's Office (SAO) [for cybersecurity weaknesses in our information technology systems](#).

The purpose of this memo is to provide the Health Board with information about the voluntary audit, and to alert the Health Board that at the conclusion of the cybersecurity audit that the final report must be presented to the Health Board through a public hearing (see [RCW 43.09.470](#)) where the Health Board may consider the findings of the audit and to receive comments about the audit from the public.

## What is the SAO cybersecurity audit?

This cybersecurity audit examines information technology systems used in government operations. They look for weaknesses in that technology and propose solutions to help strengthen those systems. Cybersecurity audits are a type of performance audit and are provided at no cost to state and local governments, thanks to 2005's voter-approved Initiative 900.

## How cybersecurity audits work.

The SAO has worked with state and local governments to improve IT security for more than a decade. In recent years, they've increased cybersecurity assistance and training because of the ever-increasing danger of cyber technology being attacked.

The SAO coordinates IT security work with both the Office of CyberSecurity (OCS) at Washington Technology Solutions (WaTech) and the Washington State Military Department. By coordinating, they are able to reduce the impact of testing on agency operations, and ensure

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our work complements that of OCS and the Military Department to further strengthen cybersecurity throughout Washington.

The audit will include:

- **Penetration testing:** Real-time security assessments of applications, systems and networks to identify and assess risks and determine if they could be exploited by bad actors. The SAO works collaboratively with governments to identify the critical applications for testing.
- **IT security controls:** A review of policies, procedures and technical implementation compared to leading practices and required state standards.

Because of the sensitive nature of cybersecurity audits – and to avoid helping bad actors exploit any potential vulnerabilities before they're fixed – the final public report will contain little explicit information about the identified vulnerabilities. At the public hearing a representative from the SAO will give a brief synopsis of what took place during the audit, that there were findings or vulnerabilities identified, and that a plan of action is in place to remedy the vulnerabilities or improve on the standards. If the Health Board would like to find out more about the specific details within the final report they can do so through an executive session with the SAO.

The Health District's tentative start date for the audit is November 2021, and the estimated delivery date of the final report mid-2022. The public hearing must take place within 30 days of the release of the final report.

Please contact me at (360) 728-2234, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org) with any questions or comments.

**Recommended Action:**

None at this time.