

**KITSAP PUBLIC HEALTH BOARD
AGENDA**

September 1, 2015
1:45 p.m. to 3:00 p.m.
Norm Dicks Government Center, First Floor Chambers
Bremerton, WA

- 1:45 p.m. 1. Minutes, July 7, 2015
- 1:46 p.m. 2. Consent Items and Contract Updates: See Consent Agenda Agreement Summary, Contracts Signed Report, and Warrant and EFT Registers
- 1:48 p.m. 3. Public Comment
- 1:52 p.m. 4. Health Officer/Administrator's Report

DISCUSSION ITEMS:

- 2:00 p.m. 5. Finance Committee Report: Board Funding Formula
Scott Daniels, Administrator
- 2:10 p.m. 6. Policy Committee Report: E-Cigarettes, Naloxone, Epi-Pens, School Regulations, Coal/Oil Trains
Susan Turner, Health Officer
Keith Grellner, Director, Environmental Health Division
- 2:35 p.m. 7. Community Action Regarding Suicides in Kitsap County
Susan Turner, Health Officer
Maurie Louis, Chair, Kitsap Community Suicide Prevention Coalition
Doug Washburn, Director, Kitsap County Department of Human Services
Kristin Schutte, Student Services Center Director, Olympic ESD 114
- 2:55 p.m. 8. PHAB Plaque Presentation

ADJOURN:

- 3:00 p.m. 9. Adjourn

KITSAP PUBLIC HEALTH BOARD

Regular Meeting

July 7, 2015

The meeting was called to order by Board Chair Commissioner Robert Gelder at 1:53 p.m.

MINUTES

Commissioner Charlotte Garrido moved and Mayor Patty Lent seconded the motion to approve the minutes for the June 2, 2015, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The contracts on the consent agenda included:

- 1424, Healthy Start Kitsap, *Nurse Family Partnership Support*
- 1422, State of Washington Department of Ecology, *Well Inspection and Decommissioning Program*
- 1343, Amendment 1, State of Washington Health Care Authority, *Medicaid Administrative Claiming*
- 1316, Amendment 3, State of Washington Department of Health, *Consolidated Contract*

Mayor Lent moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Register. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

ADMINISTRATOR'S REPORT

Dr. Susan Turner was unable to attend the meeting. In her absence, she provided a written Health Officer update that was distributed to the Board at the meeting. Also, the District's 2014 Annual Report was distributed separate from the Board packet.

Mr. Scott Daniels, Administrator, gave an update on the District's 2015 legislative priorities. Priority legislation that did not pass this year included: 1) Statutory clarity on pharmaceutical prescribing and dispensing by local public health jurisdictions; 2) Electronic cigarette legislation; 3) Protecting Puget Sound through funding and implementing local onsite sewage program management plans; and 4) Authority for public health districts in Washington State to act as their own fiscal agents. The legislative priorities successfully addressed were: 1) Fee increase to support biotoxin testing for diarrhetic shellfish poisoning; and 2) Maintaining public health block grant funding from the State.

Mr. Daniels proposed cancelling the August Board meeting, and extending the September, October, and November meetings to 75 minutes, if needed, to allow sufficient time to complete Board work planned through the end of the year. The Board unanimously agreed. Mr. Daniels reminded the Board that the Policy Committee meets on August 14, 2015.

Mayor Lent inquired about obtaining input from the school superintendents prior to bringing the School Health and Safety Rules issue to the Policy Committee and the Board. Mr. Grellner explained that the District would like to provide the Policy Committee and Board with an update of the state school rules and how they impact Kitsap County, then obtain support from the Policy Committee and the Board prior to reaching out to the superintendents. The District will proceed with Policy Committee and Board support before reaching out to the superintendents.

KITSAP COMMUNITY HEALTH PRIORITIES (KCHP) WORKING GROUP UPDATE

Ms. Katie Eilers, Assistant Director, Community Health Division, reminded the Board that through an intensive community data process last fall, four community health priorities were identified. Working groups have been developed to address these priorities. She gave an update on Adverse Child Experiences (ACEs), one of the four health priorities. She explained that the District is joining with other county partners to proactively prevent and mitigate ACEs by developing resiliency in youth and adults amidst childhood trauma. The Suquamish Tribe, Kitsap Community Foundation, and United Way have funded a Project Director position to take the work to the next level. Ms. Eilers introduced Kody Russell, Project Director, and shared that he has been instrumental in moving the collective impact approach forward to the next level by selection of a steering committee. Mr. Russell shared his background and experience and stated that he is very passionate about believing it is the community's responsibility to ensure the safety of children. Working groups for each of the other priorities continue to meet.

CHILD DEATH REVIEW PROGRAM

Suzanne Plemmons, Director, Community Health Division, explained that the purpose of the District's Child Death Review (CDR) effort is to identify effective prevention and intervention processes to decrease preventable child deaths. She introduced the Kitsap Child Death Review team and acknowledged their hard work. She explained that the CDR team does not determine the manner of death, but instead does a comprehensive review of circumstances surrounding the death and the risk factors in order to determine if the death was preventable. She clarified for the Board that the CDR team does not review deaths caused by medical or genetic issues, but instead review "external" type deaths such as suicide, drowning, fire, abuse, and SIDS for children between birth and 18 years of age.

Annually Kitsap County experiences between 4-14 deaths that could possibly be prevented. The leading cause of child deaths in Kitsap County is SIDS/Sleep related. Ms. Plemmons noted that funding for this program is a challenge. Between 1998 and 2003, the Legislature allocated funding for CDR through the Washington State Department of Health. That funding ended in 2003. At that time, most health districts and departments suspended their CDR programs. Kitsap County is one of a few counties that continue to do CDR work. Commissioner Gelder thanked Ms. Plemmons and the CDR team.

OLYMPIC COMMUNITY OF HEALTH UPDATE

Mr. Daniels introduced Mr. Peter Browning, Project Manager for the Olympic Community of Health (OCOH). Mr. Browning is the consultant working under a District contract with the Washington State Health Care Authority to help implement health system reform through an Accountable Community of Health (ACH) representing stakeholders in a three-county region consisting of Kitsap, Clallam, and Jefferson counties.

Mr. Browning thanked the Board for the opportunity to work on the project. He then gave an update on the work ahead including the products that the Health Care Authority needs the OCOH to complete to be formally designated as an Accountable Community of Health. This work includes:

- Governance structure and administrative capacity: Developing and defining the governing body, backbone capacity, and sustainability plan.
- Regional health improvement and measurement planning: Continuing to develop a Regional Health Improvement Plan (RHIP).
- Health and delivery system transformation: Assisting the state in the development and early implementation of the ACH structure, and helping to defining their role in the Healthier Washington investments.

By November, working with the state, there will be a clearer picture of what the ACHs role will be in health system reform. The primary focus is on prevention, creating a health system that keeps people from needing healthcare in the first place, as opposed to our current sick care system. Mr. Browning invited the Board to attend the second regional OCOH stakeholder meeting scheduled for July 29 in Port Gamble from 12:00-4:00 p.m.

RESOLUTION 2015-05: REQUESTING KITSAP COUNTY TREASURER TO CONVENE THE KITSAP COUNTY FINANCE COMMITTEE

Stuart Whitford, Manager, Water Pollution Identification and Correction Program, discussed the District's intent to fully re-establish the Hood Canal Regional Septic System Repair Loan Program (which covers Kitsap, Jefferson, Mason, and Clallam counties) for the 2015-2017 biennium. He asked the Board to consider approving Resolution 2015-05 that would request the Kitsap County Treasurer to convene a meeting of the Kitsap County Finance Committee to consider guaranteeing a State Revolving Fund loan agreement, on behalf of the Health District, to fund the regional loan program at the maximum level. Commissioner Gelder clarified that the resolution basically makes a recommendation to continue the conversation on this topic. The next step will be to take this issue to the Finance Committee at the County who would then recommend to the County if it should guarantee the loan.

Mayor Lent moved and Commissioner Garrido seconded the motion to approve Resolution 2015-05, Requesting Kitsap County Treasurer to Convene the Kitsap County Finance Committee to Consider Whether Kitsap County Should Guarantee a State Revolving Fund Loan Agreement on Behalf of Kitsap Public Health District. The motion was approved unanimously.

ADJOURN

There was no further business; the meeting was adjourned at 3:02 p.m.

Robert Gelder, Chair
Kitsap Public Health Board

Scott Daniels
Administrator

Board Members Present: *Council Member Sarah Blossom; Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Patty Lent; Mayor Tim Matthes; Commissioner Edward Wolfe.*

Staff Present: *Karen Bevers, Communications Coordinator/Public Information Officer; Dana Brainerd, Public Health Nurse, Clinical Services; Scott Daniels, Administrator; Kathy Greco, Confidential Secretary, Administration; Karen Holt, Manager, Human Resources; Nicola Marsden-Haug, Epidemiologist, Assessment; Suzanne Plemmons, Director, Community Health Division; Katie Eilers, Assistant Director, Community Health Division; Linda Tourigny, Public Health Nurse, Parent Child Health; Lori Werdall, Secretary, Support Services; Tom Wright, Intern, Epidemiology; Michelle Strauss, Intern, PHEPR; Kody Russell, Project Director, Kitsap Strong ACEs & Resiliency.*

Public Present: *Monte Levine, self*

MEMO

To: Kitsap Public Health Board
From: Susan Turner, MD, MPH, MS
Date: August 18, 2015
Re: Health Officer Work Update

Requested Action: None, informational only. This purpose of this memo is to update the Board on July and August Health Officer Activities.

1. Communicable Disease Prevention/Control:

- Respiratory Illness Weekly Report on schedule for fall launch:
 - Format is being finalized.
 - Group Health and CHI Franciscan-Harrison ED/Hospital have been recruited to participate in weekly influenza (flu) and respiratory syncytial virus (RSV) lab test reporting.
 - Group Health has agreed to become an influenza “sentinel physician”, and report weekly on their influenza-like-illness (ILI) visits during flu season.

- Communicable Disease Protocols: Communicable Disease staff are working on a procedure to follow when anyone calls with a “notifiable condition”.
 - MERS procedure completed.
 - Measles procedure completed.

2. Chronic Disease Prevention/Control:

- Substance Abuse/Overdose Deaths:
 - Investigated provision of naloxone overdose rescue kits, including legal consultation:
 - Policy Committee supported Health Officer decision not to provide these to the public through Health Officer practice agreements and open prescriptions with external parties like pharmacies.
 - Policy Committee recommended not providing these through Kitsap Public Health District (KPHD) needle exchange.

- Substance Abuse/Overdose Deaths (continued):
 - Gained extensive experience in roles of LHJs across the nation in the opiate addiction epidemic as part of the National Association of County and City Health Officials (NACCHO) annual meeting.
 - Currently working with County staff to evaluate outcomes of projects funded by 1/10th of 1% tax, and to lead the 2016 strategic planning and prioritization process.
 - County staff are working toward a methadone and medication assisted treatment (MAT) clinic in Kitsap County. There are currently 18 certified MAT providers in Kitsap.
 - Epidemiology staff are participating in a statewide discussion about improving local health jurisdiction access to prescriber opiate prescription practices and overdose death data.
 - Health Officer has joined the list-serv for Washington State Department of Health “Unintentional Poisoning Workgroup” mostly focused on opiate addiction and death prevention.

- Expanding Oral Health Services Access:
 - Second meeting of think tank/task force occurred on July 20th.
 - Hosted by the KPHD; facilitated by Project Access Northwest.
 - The meeting provided a detailed analysis of community assets and needs, and potential upcoming opportunities and threats.
 - The meeting was attended by several dentists, local leaders, a Harrison Medical Center representative, and a local legislator.

3. Ensure All Children Have Healthy Starts:

- See oral healthcare access discussion above.

- Healthy Pregnancies:
 - Invited to participate in CHI-Franciscan-Harrison women’s health strategic planning process.
 - This represents a new line of business for Harrison in Bremerton, i.e., to increase access to obstetrical and women’s health services.

- Working with epidemiology staff to increase data analysis in geographic locations and subpopulations to identify potential pockets of adverse outcomes to be targeted with evidence-based public health interventions.

4. Strengthen KPHD Infrastructure:

- KPHB Policy Committee met on July 14th.
- Olympic Community of Health (OCOH):
 - Health Officer continues to participate as Steering Committee member.
 - Attended large healthcare stakeholder meeting on July 29th.
 - Recruitment for OCOH participation by strategic stakeholders occurs during ongoing Health Officer stakeholder meetings.
- Kitsap Community Health Priority Process:
 - Meetings with each sponsor and sponsor group as a whole completed.
 - Meeting with new sponsors to occur in September to better formalize sponsor group infrastructure, governance/direction, and community ownership.
- Meetings with District program staff nearly complete. Continue to attend regular meetings with clinical staff per request.
- Integration with Medical Community:
 - Meetings complete with CEOs and Chief Medical Officers of nearly all key healthcare entities, except The Doctor's Clinic (to be scheduled soon).
 - Will hold ongoing periodic meetings as appropriate—quarterly with CHI-Harrison/Harrison Health Partners CMO.
- Attended NACCHO Annual Meeting in July. Detailed notes were taken and shared with key staff to optimize the impact of attendance; over-arching comments to be provided to Board at September 1st meeting.
- Professional Development: Participating in online class, “Learning to Lead Adaptively”, an opportunity offered by NACCHO through the Cambridge Leadership Associates, along with another District staff member and another team-mate in Massachusetts.

MEMO

To: Kitsap Public Health Board

From: Scott Daniels, Administrator

Date: August 26, 2015

Re: Report on August 6, 2015 Finance Committee Meeting

At the Board's September 1st meeting, Mayor Patty Lent will provide an update on the August 6, 2015 Finance Committee meeting (see attached Committee meeting agenda and memo). At the Finance Committee, the following items were discussed:

- 1. Local Government Funding to the District:** District staff presented the history of flexible local government funding to the District between 1978 and 2015. Since 1978, local government jurisdictions in Kitsap County have contributed to the District using a variety of cost calculation approaches including the use of funding formulas. Currently, no funding formula exists to allocate contributions between Board jurisdictions. In recent years, incremental percentage increases were requested and approved by the Board. The last increase in city contributions to the District occurred in 2009. County contributions have been variable through the years, and are based on specific funding requests formally submitted to the County and approved during the County's annual budget process. Staff proposed four potential funding approaches for consideration: 1) Status quo funding, 2) Incremental annual increase, 3) Funding formula, and 4) Program-specific funding requests.

Also discussed were Board contributions to the District's Norm Dicks Government Center mortgage cost. Board jurisdiction contributions to the mortgage currently equal 20% of the cost, although no formal agreements exist to define that.

Recommendation: The Committee recommended that a full Board work study session be scheduled to discuss a jurisdictional funding formula and associated agreements. The preferred approach was to explore funding allocations by jurisdiction based on District activities and services conducted in each jurisdiction. Due to the length of time that will be required to resolve this issue, the Committee recommended that the District request a reasonable increase (five percent) in contributions for the 2016 budget. A local funding formula, if approved, could take effect with the 2017 budget.

The Committee also recommended that formal agreements be developed for local government contributions to the District's annual mortgage costs.

- 2. Board Approval of State Master Contract Purchases Exceeding \$50,000:** The Committee was also asked to recommend whether the full Board should approve District purchases in excess of \$50,000 from approved vendors on the State Master Contract. Purchases off the State Master Contract currently do not require a District contract, only a purchase order. The Board does approve District *contracts* in excess of \$50,000 (under a District administrative policy) but not *purchase orders*. There is no legal requirement for the Board to approve contracts or purchase orders. Purchase orders in excess of \$50,000 are infrequent, with only two occurring over the last two years.

Recommendation: The Committee recommended that the Board not be required to formally approve these purchase orders. Instead, the Committee recommended that the District Administrator inform the Board during regular Board meetings if these purchases occur, and not seek approval from the Board for the purchases.

**Kitsap Public Health Board
Finance & Operations Committee Meeting
Thursday August 6, 2015
1:30 – 3:00 p.m.**

Kitsap Public Health District Office
345 6th Street, Bremerton, WA
Sinclair Room (Room 409, 4th Floor)

AGENDA

1. Local Government Funding to the Health District

- **ATTACHMENT 1:** October 2, 2001, Bremerton-Kitsap County Board of Health Meeting Minutes and Packet Information
- **ATTACHMENT 2:** June 4, 2002, Bremerton-Kitsap County Board of Health Meeting Minutes and Packet
- **ATTACHMENT 3:** October 3, 2006, Kitsap County Board of Health Meeting Minutes and Packet Information
- **ATTACHMENT 4:** Summary of Local Government Flexible Contributions, 2007-2015

Action Requested: The Committee will be asked to consider and recommend a local government funding methodology to the Kitsap Public Health Board for discussion at the Board's September 1st meeting.

2. Board Approval of State Master Contract Purchases Exceeding \$50,000

Action Requested: The Committee will be asked to recommend whether the full Board should approve District purchases in excess of \$50,000 from vendors on the State Master Contract.

3. Finance Committee Report to the Board

Action Requested: The Committee will be asked to assign a Board member to report on the Committee's recommendations at the Board's September 1st meeting.

MEMO

To: Kitsap Public Health Board Finance Committee
From: Scott Daniels, Administrator
Date: July 30, 2015
Re: 1) **Local Government Funding to Kitsap Public Health District**
2) **Board Approval of State Master Contract Purchases Exceeding \$50,000**

At the August 6th Kitsap Public Health Board Finance Committee meeting, we will discuss the issue of local government funding to the Health District --- principally flexible funding, not targeted contract funding --- and funding for the District's Norm Dicks Government Center mortgage. We will review the history of local government funding to the Health District, present funding options, and discuss next steps in the decision process. It is our hope to bring the matter back to the full Board for discussion at their meeting on September 1st.

We will also discuss the issue of District purchases from approved vendors on a State Master Contract where the purchase exceeds \$50,000. Details on each agenda item are provided below.

1. Local Government Funding Overview

RCW 70.46.085 specifies that the County has the responsibility to bear the expense of providing public health services or covering expenses incurred by the Health District to carry out public health laws and rules adopted by the State Department of Health. **Legally**, the cities have no requirement under State law to provide payment to the Health District for public health services. However, there are two key considerations regarding city funding:

- The District provides services directly to city residents, including services not spelled out in RCW 70.46.085, and services supporting municipal operations. When enacted, RCW 70.05 and 70.46 mandated limited public health responsibilities for health districts and departments, much more limited than the services we currently provide. We provide essential public health services to the cities not mandated in the RCW or by the State Department of Health including, but not limited to, public health emergency preparedness and response, community health planning, parent child health (home visiting nurses), epidemiology services, food worker card classes, etc.
- The cities have seats, and full representation, on our Kitsap Public Health Board, enabling the cities to be directly involved in decisions affecting services, public health policy and planning, governance, and financing. The cities provide a very modest, yet important, financial contribution to the District.

2. Brief History of Local Government Funding to the District

A brief chronology of local flexible government funding to the District follows below:

A. Pre-1978: Dedicated State Funding (Millage)

Before 1978, local public health agencies received a dedicated millage established by the State Legislature. No county or city flexible funding existed.

B. 1978-1983: Counties Collect and Distribute Millage / Board Adopts Funding Formula

In 1978, the dedicated millage was discontinued by the Legislature, and the counties began to collect those taxes. The first year of the transition, the County contributed the 1977 millage rate as baseline funding to the District. Soon thereafter, all the cities and the County began contributing to the District using a formula developed by a consultant and approved by the Board of Health. Copies of the actual calculations cannot be found. Based on historic documents, the formula was described as being based on 1) percent of population, 2) percent of "activity" for each entity, and 3) percent of assessed property valuation. In 1983, the County provided additional funding for TB control in addition to the local government contribution formula funding.

C. 1996-2000: The Impacts of MVET and Initiative 695

In 1996, the State Legislature redirected 2.95% of the Motor Vehicle Excise Tax (MVET) from the cities to local public health agencies. Across the State, and in Kitsap County, cities withdrew flexible financial support for their local public health agencies. Then, in 2000, Initiative 695 passed which resulted in the elimination of MVET. Following that, the Legislature approved "backfill funding" to partially replace lost MVET funding. Only about 90% of the lost revenue was backfilled and, despite inflation and rising public health needs and service demands, the level of funding remained virtually static until additional funding was earmarked for Communicable Disease in 2008.

D. 2001: City Funding Resumes

Following the loss of MVET revenue in 2000, in 2001, the Board of Health approved re-establishing a local government contribution funding formula to supplement State backfill funding. This time, however, the formula and the calculations were clearly based only on the average of percent population and percent assessed property value. The request for the 2001 budget was to apply a 3% increase to the calculated totals. See the October 2, 2001, Bremerton-Kitsap County Board of Health meeting minutes and packet in Attachment #1.

E. 2002: County and Cities Contribute to District Mortgage Cost

Following much discussion with Kitsap County and the full Board, the Health District moved into the Norm Dicks Government Center in late 2004. In 2002, to make the move possible for the District, the Board agreed that the County and the cities would contribute 20% of the District's debt service costs for the Government Center. These payments were in addition to their regular public health contributions. See the June 4, 2002, Bremerton-Kitsap County Board of Health meeting minutes and packet in Attachment #2.

F. 2006-2009: In 2006, the Board evaluated the local government contribution formula and options for funding. They decided that contributions from local governmental entities would be decided upon during the budget development process and would occur earlier in the year. For the 2007 budget, they decided that the local contributions from each jurisdiction be increased by five percent over 2006 funding. A local funding formula was not applied. That level of funding was maintained by the cities through 2009. County contributions varied throughout this period. See the October 3, 2006, Kitsap County Board of Health meeting minutes and packet in Attachment #3, which also provides a summary of local government funding to the District for the period 1962-2006.

G. 2010-2015:

In 2010, a four percent increase to the cities' contributions was approved and that funding level has remained constant for the cities through the current 2015 budget. County contributions again varied through this period, decreasing from 2008 to 2011 due to the recession, and increasing slowly since that time. See Attachment #4 which provides a summary of local government funding to the District for the period 2007-2015.

3. Local Government Funding Summary and Options

Since 1978, local government jurisdictions in Kitsap County have contributed funding to the Health District using a variety of different approaches, including using funding formulas. Currently, no funding formula exists to allocate contributions between Board jurisdictions. In 2007 and 2010, incremental percentage increases were requested and approved. County contributions have been much more variable in nature through the years, and are based on specific funding requests formally submitted to the County each year during the County's budget process.

There are many different funding approaches the Board can take to fund the District. District staff will cost out and discuss different funding approaches with the Finance Committee on August 6th. Potential funding approaches for the 2016 budget (and beyond) could include:

- A. **Status Quo Funding:** No change in 2015-level funding requested in 2016. This option does not identify a longer-term funding formula or methodology. This is the “punt until 2017” option, and could be used if additional time-intensive analyses are requested by the Committee or Board.

- B. **Incremental Annual Funding Increase:** Could either apply a straight percentage increase to County and city 2015 funding levels for 2016 (as was applied in 2007, and 2010 for just the cities), or could, as a longer term option, utilize cost-of-living or other economic indicators as the basis for the annual funding requests.

- C. **Funding Formula:** The District could re-implement a funding formula. In the past, funding formulas have been based on percentage of population and assessed value in the jurisdictions, and, in one formula, also included the amount of District activity in the jurisdictions. The later measure would, however, be potentially subjective in nature and difficult to assess due to the diverse array of services currently provided by the District. However designed, the formula would result in a restructuring of current funding allotments from the jurisdictions. The formula could apply to both the County and the cities, or to just the cities. It could be applied to current 2015 funding levels. This option does not identify a process for needed funding increases, it would just determine the allotted percentages that would apply to future increases, if requested.

- D. **Program-Specific Funding Requests:** Increases could also be proposed each year to the jurisdictions for specific programs or projects, including new or expanded evidence-based programs and services, strategic initiatives, etc. The allotment of these costs to the jurisdictions could be based on current or restructured jurisdictional funding percentages.

The District has not analyzed local government funding methodologies used by other junior government districts in Kitsap County, and has not employed a financial consultant to further identify options. Whatever option is supported, it is the District’s hope that the agreed upon approach does not result in a net loss of funding to the District in 2016 and beyond, but rather supports needed programs and services valuable to the residents of Kitsap County and its local governments.

4. **Board Approval of State Master Contract Purchases Exceeding \$50,000**

In addition to the issue of local government funding, we will also ask the Finance Committee for a recommendation regarding whether the Board should approve District purchases from approved vendors on a State Master Contract where the purchase exceeds \$50,000. Purchases off the State Master Contract do not require a District contract, only a purchase order. Currently, the Board approves District contracts in excess of \$50,000 (under a District administrative policy) but not purchase orders. There is no legal requirement for the Board to approve contracts or purchase orders in advance of \$50,000. The District has a neutral position on whether the Board needs to approve these purchases.

Kitsap Public Health Board Finance Committee Meeting

July 30, 2015

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Let me know if you have any questions in advance of the meeting. I can be reached at (360) 337-5294 office or (360) 620-3704 cell, or at scott.daniels@kitsappublichealth.org.

MEMO

To: Kitsap Public Health Board

From: Susan Turner, MD, MPH, MS, Health Officer

Date: August 18, 2015

Re: Report on July 14, 2015 Policy Committee Meeting

At the Board's September 1st meeting, Mayor Erickson will provide an update on the July 14, 2015 Policy Committee meeting (see attached Committee meeting agenda and Smoking in Public Places memo). No Board action is required on items 1, 2, and 4 below, and they are presented for information only. No Board action is requested on item 3 pending additional Committee work. Board guidance is requested by the Policy Committee for agenda item 5. Keith Grellner and I will further discuss these policy issues with the Board at the September meeting.

1. Health Officer Epinephrine Prescription and Standing Orders at Schools

Recommendation: The Committee agreed with the Health Officer's decision not to enter into these kinds of agreements.

2. Health Officer Naloxone Standing Orders at Pharmacies and within the District's Needle Exchange Program

Recommendation: The Committee agreed with the Health Officer's decision not to enter into agreements with outside entities and recommended that the Kitsap Public Health District not provide Naloxone in the needle exchange program.

3. E-Cigarette Ordinance

Recommendation: The Committee requested additional information on the ordinance and asked to meet again as a Committee to finalize an ordinance, along with a plan for the public involvement process, before bringing both to the full Board for consideration.

4. School Health and Safety Rules

Recommendation: The Committee supported the District's plan to meet with school superintendents to discuss collaborative implementation of the school safety inspection laws over the upcoming year.

5. Potential Pollution of Puget Sound by Coal or Oil Train Accidents on the East Side of Puget Sound

Recommendation: The Committee requested discussion by the full Board about whether a resolution is desired.

**KITSAP PUBLIC HEALTH BOARD
POLICY COMMITTEE**

AGENDA

July 14, 2015
10:00 a.m. to 11:30 a.m.
Norm Dicks Government Center
Sinclair Conference Room
Bremerton, WA

- 10:00 a.m.** **1. Health Officer Epinephrine Prescription and Standing Orders at Schools**
Discussion Item: Guidance for Health Officer Requested
- Attachment: Epinephrine Autoinjector Issue Paper
 - Attachment: Epinephrine OSPI Administration Recommendations, 2013
 - Attachment: RCW 28A.210.383 Epinephrine Autoinjectors
- 10:15 a.m.** **2. Health Officer Naloxone Standing Orders at Pharmacies and within the District's Needle Exchange Program**
Discussion Item: Guidance for Health Officer Requested
- Attachment: Naloxone Standing Orders Issue Paper
 - Attachment: Engrossed Substitute House Bill 1671
 - Attachment: Washington State Department of Health Nursing Care Quality Assurance Commission Advisory Opinion: Nursing Scope of Practice for Prevention and Treatment of Opioid-Related Overdoses
- 10:30 a.m.** **3. E-Cigarette Ordinance**
Discussion Item: Recommendation to Board Requested
- Attachment: Updated SIPP Ordinance and Recitals (including redline versions)
- 11:00 a.m.** **4. School Health and Safety Rules**
Discussion Item: Guidance for District Requested
- 11:20 a.m.** **5. Potential Pollution of Puget Sound by Coal or Oil Train Accidents on the East Side of Puget Sound**
Discussion Item: Request Additional Research or Decline Consideration
- 11:30 a.m.** **6. Adjourn**

MEMO

To: Kitsap Public Health Board Policy Committee

From: Susan Turner MD, MPH, MS
Health Officer

Date: July 7, 2015

Re: Revising Ordinance 2013-01, Smoking in Public Places, to Include E-Cigarette Use and Vaping

Background:

As reported in an April 16, 2015, U.S. Department of Health and Human Services press release, current e-cigarette use among middle and high school students tripled from 2013 to 2014, according to data published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration's Center for Tobacco Products. Findings from the 2014 National Youth Tobacco Survey show that current e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students. Among middle school students, current e-cigarette use more than tripled from 1.1 percent in 2013 to 3.9 percent in 2014—an increase from approximately 120,000 to 450,000 students.

This is the first time since the survey started collecting data on e-cigarettes in 2011 that current e-cigarette use has surpassed current use of every other tobacco product overall for youth, including conventional cigarettes. E-cigarettes were the most used tobacco product for youth with non-Hispanic whites, Hispanics, and non-Hispanic other race while cigars were the most commonly used product among non-Hispanic black youth.

Locally, self-reported e-cigarette use among 10th graders quadrupled between 2012 and 2014, from 6% of 10th graders to 23%, even though cigarette use among this age group decreased from 15% to 11% over the 2006 – 2014 time period (*Kitsap County Core Public Health Indicators*, Kitsap Public Health District, May 2015).

This huge level of interest in, and acceptance of, e-cigarettes and vaping among youth threatens to reverse the large gains in reducing teen smoking and tobacco use and nicotine exposure. Nicotine is the highly addictive and harmful chemical in tobacco, and nicotine is also

commonly used in e-cigarettes and other vaping devices. Nicotine is the common link between cigarettes, tobacco and e-cigarettes.

Nicotine has been found in all e-liquids tested by validated labs, and in fact many of the e-liquids are marketed based on the claimed level of nicotine present in the e-juice—though this is not regulated, and there is no one validating the manufacturers' claims. Nicotine, whether in cigarettes or vaping products, is a potent neurotoxin, and can cause damage to youth brain tissue. In addition, exposure to nicotine has been shown to increase the number of nicotine receptors in adolescent brains, putting exposed youth at risk of lifelong addiction (recall that the majority of adults that smoke started during their adolescence).

Smoking and tobacco use is still the leading cause of preventable disease and death in the U.S., causing more than 480,000 deaths annually, including an estimated 41,000 deaths resulting from exposure to secondhand smoke. More than 16 million Americans are living with a disease caused by smoking.

While progress has been made to reduce smoking among adults and youth through various strategies such as education, higher taxes on tobacco products, and prohibitions of smoking in public places or places of employment, the acceptance of, and lack of restrictions for, e-cigarette use and vaping threatens these successes.

The Kitsap Public Health Board has patiently waited for the FDA and/or the Washington State Legislature to act, restricting use of e-cigarettes and vaping in public places and places of employment, requiring child safe packaging, eliminating marketing to children, and potentially taxing vaping products to provide revenue for public health efforts to combat this new risk to the public's health. However, up to this point, the federal and state governments have failed to take action to enact restrictions on e-cigarettes and vaping despite the alarming increases in e-cigarette and vaping use and the potential public health impacts.

Many local jurisdictions in Washington state have already taken action to restrict e-cigarette/vaping use, marketing, and/or distribution, including, but not limited to, Pierce, King, and Grant counties.

Recommendation:

To address the risk to the public of environmental exposure to the vapor of products with unknown and likely harmful components including nicotine, formaldehyde and others, and to address and reduce the increasing acceptance of e-cigarettes and vaping among youth, the District recommends that the Board revise its Ordinance 2013-01, Smoking in Public Places, to include --- and prohibit --- the use of e-cigarettes or vaping in public places or places of employment. A draft copy of our proposed ordinance revision is attached for your review and comment.

MEMO

To: Kitsap Public Health Board

From: Susan Turner, MD, MPH, MS, Health Officer

Date: August 18, 2015

Re: Community Action Regarding Suicides in Kitsap County

Purpose: The purpose of this agenda item is to provide information about a suicide awareness campaign underway in the community, and Kitsap County efforts to prevent suicide and reduce suicide rates.

Brief Description: Kitsap County recently experienced some tragic youth suicide deaths, raising community concern around this issue. The following two short presentations are scheduled for the Board's September meeting to discuss suicide awareness and prevention:

- 1) A suicide awareness campaign planned by the Kitsap Community Suicide Prevention Coalition: Maurie Louis, Coalition Chair, and a member of the League of Women Voters, will be present at the Board meeting to describe this effort.
- 2) Formal community-wide efforts targeting suicide prevention and reduction: Doug Washburn, Kitsap County Department of Human Services, and Kristin Schutte, Olympic Educational Service District 114, will discuss these efforts.

Recommended Board Action: None, informational only.



Kitsap Community Suicide Prevention Coalition

Ask - Listen - Act

August 7, 2015

*League of Women Voters
of Kitsap*

*Kitsap Mental Health
Services*

*Crisis Clinic
of the
Peninsulas*

*Kitsap Public Health
District*

*National Alliance on
Mental Illness
Kitsap*

Boy Scouts of America

*North Kitsap School
District*

*Olympic Educational
Services District*

*Kitsap County
Coroner*

*Survivors of Suicide
SOS*

*Poulsbo Fire
Department*

*Poulsbo Police
Department*

*Kitsap County
Sheriff*

*Substance Abuse
Prevention Services
Kitsap County*

*Bainbridge Island
Police Department*

Dear Kitsap Public Health District Board Members:

TO: Kitsap Public Health District Board

FROM: Kitsap Community Suicide Prevention Coalition

The League of Women Voters Kitsap's suicide prevention program has evolved into the [Kitsap Community Suicide Prevention Coalition](#). The Coalition will be holding a suicide prevention youth poster competition to raise awareness of suicide, encourage people to talk about preventing suicide and offer guidance on what each of us can do to prevent this loss of life. In each step of this contest awareness of suicide prevention will be communicated. The winning poster will be distributed throughout the county, hopefully reaching the "hard to reach" members in our communities that die by suicide.

Suicide is a tragic public health issue and deaths by suicide are increasing in our County at an alarming rate. Attached are the numbers for 2014 and 2015 to date compiled by our County Coroner.

We will provide you more information at your September 1 Board meeting and thank you in advance for your time.

Maurie Louis, Chair

Attachments

2014

Case Number	Sex	Age	Narrative
0961-14S	M	63	GSW
0942-14S	M	39	GSW
0927-14S	M	54	GSW
0811-14S	M	79	GSW
0809-14S	M	64	GSW
0755-14S	M	39	Possible overdose
0750-14S	M	50	Hanging
0732-14S	F	46	Prescription Drug Overdose
0712-14S	M	59	GSW
0706-14S	M	34	GSW
0602-14S	M	94	Asphyxiation
0578-14S	M	79	Nitrogen Gas
0559-14S	M	46	GSW
0538-14S	M	52	Drowning
0492-14S	M	30	Carbon Monoxide
0442-14S	F	52	Overdose
0436-14S	M	45	GSW
0418-14S	M	52	Hanging
0414-14S	M	17	Hanging
0390-14S	M	61	GSW
0367-14S	F	56	GSW
0326-14S	M	34	Hanging
0283-14S	M	66	Possible overdose/suffocation
0152-14S	M	48	GSW
0062-14S	M	40	GSW
1081-14S	M	34	Overdose
1083-14S	F	53	GSW
1252-14S	F	32	Jumper
1440-14S	M	49	GSW
1480-14S	M	25	GSW
1626-14S	M	16	GSW

2014 Statistics

26 Males/5 Females = 31

Per Capita 12.40 per 100,000

Ages

17 to 19 = 2
 20 to 29 = 1
 30 to 39 = 7
 40 to 49 = 6
 50 to 59 = 8
 60 to 69 = 4
 70 to 79 = 2
 80 to 89 = 0
 90 to 99 = 1

Narratives

17 - GSW
 5 - Overdose
 4 - Hanging
 1 - Carbon Monoxide
 1 - Nitrogen Gas
 1 - Anoxia
 1 - Drowning
 1 - Jumper

2015

Case Number	Sex	Age	Narrative
0009-15S	M	35	Asphyxiation
0058-15S	M	14	Hanging
0125-15S	M	29	Hanging
0129-15S	M	19	Hanging
0130-15S	M	50	GSW
0141-15S	F	60	Drug Overdose
0250-15S	F	66	Drug Overdose
0314-15S	M	66	GSW
0362-15S	M	70	Hanging
0431-15S	M	55	Hanging
0559-15S	M	66	Hanging
0596-15S	M	28	GSW
0625-15S	F	57	GSW
0633-15S	M	60	GSW
0721-15S	M	59	Carbon Monoxide
0751-15S	M	44	GSW
0847-15S	F	34	GSW
0851-15S	F	62	GSW
0881-15S	F	60	Drug Overdose
0891-15S	M	86	Drug Overdose
0894-15S	M	54	GSW
0971-15S	F	76	GSW
1025-15S	M	21	Hanging
1043-15S	M	30	Drug Overdose
1078-15S	M	49	Undetermined
1114-15S	M	22	GSW
1118-15S	M	43	GSW

2015 Statistics

20 Males/7 Females = 27

Ages

14 to 19 = 2
 20 to 29 = 4
 30 to 39 = 3
 40 to 49 = 3
 50 to 59 = 5
 60 to 69 = 7
 70 to 79 = 2
 80 to 89 = 1
 90 to 99 =

Narratives

12 - GSW
 5 - Overdose
 7 - Hanging
 1 - Carbon Monoxide
 1 - Asphyxiation
 1 - Undetermined