

## KITSAP PUBLIC HEALTH BOARD AGENDA

May 3, 2016

1:45 p.m. to 3:00 p.m.

Norm Dicks Government Center, First Floor Chambers  
Bremerton, WA

- 1:45 p.m. 1. Minutes, April 5, 2016
- 1:46 p.m. 2. Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
- 1:48 p.m. 3. Public Comment
- 1:53 p.m. 4. Health Officer Report / Administrator Report

### DISCUSSION ITEMS:

- 2:00 p.m. 5. 2015 Board Survey Results  
*Scott Daniels, Administrator*
- 2:05 p.m. 6. Kitsap Public Health Board Ordinance: Regulations Restricting Vaping in Indoor Public Places  
*Keith Grellner, Environmental Health Division Director*
- 2:30 p.m. 7. Draft Kitsap County Interagency Opioid Working Plan  
*Susan Turner, Health Officer*

### ADJOURN:

- 3:00 p.m. 8. Adjourn

# KITSAP PUBLIC HEALTH BOARD

## Regular Meeting

April 5, 2016

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:47 p.m.

### MINUTES

Commissioner Rob Gelder moved and Mayor Patty Lent seconded the motion to approve the minutes for the March 1, 2016, regular meeting. The motion was approved unanimously.

### CONSENT AGENDA

The April consent agenda included the following contracts:

- 1153, Washington State Department of Ecology, *Coordinated Prevention Grant, Amendment 3*
- 1467, Planned Parenthood of the Great Northwest and the Hawaiian Islands, *IN-clued Prevention Program Memorandum of Understanding*
- 1316, Washington State Department of Health, *Consolidated Contract, Amendment 7*
- 1449, Washington Health Benefit Exchange, *Lead Navigator Organization Contract, Amendment 1*
- 1453, Olympic Educational Service District 114, *Head Start, Early Head Start, and ECEAP Programs Contract, Amendment 2*
- 1511, Clallam Jefferson, Kitsap and Mason Counties, *Hood Canal Regional Septic Loan Program Inter-Local Agreement*
- 1518, Craft 3, *Federal State Revolving Fund Agreement*
- 1529, Craft 3, *Washington State Department of Ecology State Revolving Fund Loan Program Loan Agreement and Promissory Note*
- 1276, Craft 3, *Centennial Clean Water Fund Grant Agreement*

KPHD Contract, 1153, Washington State Department of Ecology, Coordinated Prevention Grant, Amendment 3, was previously pre-approved via email as a priority on March 2, 2016, by Board Chair Becky Erickson and Vice-Chair Ed Wolfe, and was included in today's consent agenda for Board affirmation.

Commissioner Charlotte Garrido moved and Mayor Lent 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.

### HEALTH OFFICER/ADMINISTRATOR'S REPORT

#### Health Officer Update:

Dr. Susan Turner, Health Officer, presented a PowerPoint regarding Medication Assisted Treatment, the use of medication combined with counseling and behavioral therapies to provide a whole patient approach to the treatment of substance use disorders. The three medications she discussed were Methadone, Suboxone, and Naltrexone.

Commissioner Wolfe asked Dr. Turner to clarify the difference between Methadone and Suboxone. Dr. Turner clarified: Methadone is prescribed in a controlled environment and while it does provide a "high", it is minimal; Suboxone does not provide a "high". Commissioner

Wolfe responded with an additional question regarding whether or not a patient could abuse these treatments. Dr. Turner explained that methadone is prescribed and administered in a very controlled environment, minimizing the risk of misuse. Suboxone is prescribed by a physician for home use, and although it could potentially be abused, one of the two medications in the Suboxone prevents a “high” if injected.

Mayor Rob Putaansuu commented that he read Suboxone was being controlled at the government level and was not readily available (i.e. only those physicians with special training may prescribe it for opiate use disorder, and there is a cap of 30 patients), although it may be a better drug for this treatment. Mayor Putaansuu asked if those controls are being relaxed. Dr. Turner responded that The National Association of City and County Health Officials is advocating for that at the national level and Dr. Turner advocated for it when she met with Senator Patty Murray.

Commissioner Gelder raised a concern, related to the differing funding streams for chemical dependency treatments and medical care, about whether substance use disorder will be treated as a physical condition or both a physical and mental medical condition. Dr. Turner agreed that it would be an issue if reimbursement and/or care remains separate, but in Washington the goal is to merge both into whole patient care; the standard in medical care is that BOTH services need to be provided.

Scott Daniels mentioned this particular issue is coming back to the Board for more detailed discussion in May. Specifically, staff will discuss the Kitsap County Interagency Opioid Working Plan.

Mayor Erickson asked Dr. Turner if the medical community is embracing the newer technologies versus the older methadone option. Dr. Turner clarified that no transition away from methadone is occurring yet, except among early adopters. Mayor Erickson also asked Dr. Turner if the goal with Suboxone is to get the patient off of the drug over time or if it is a replacement, like methadone. Dr. Turner clarified that the ideal goal with both is to get patients off the drug, but that rarely happens and the treatment is likely lifelong.

Commissioner Wolfe commented that the treatment is complicated, it is an uncertain science with uncertain results, with Medicaid as a possible payor for treatment for the rest of the patient’s life. Dr. Turner agreed with these comments.

Mayor Lent commented that with the epidemic of opiates and heroine, she is excited about having new options for substance addiction treatment while addressing whole person care and introducing patients back into society where normal life is possible. Dr. Turner agreed; the ultimate goal is to return patients back to normal life.

Commissioner Garrido commented that treatment is changing a lot over time and there may come a time when it is easier to prescribe and treatment may not last one’s entire life. Dr. Turner agreed.

There was no further discussion.

Administrator Update:

In the interest of time, Mr. Scott Daniels, Administrator deferred his presentations to the next Kitsap Public Health Board meeting.

He also notified the Board of the upcoming Health District All Staff Meeting on Monday, April 11, 2016, requiring District offices to be closed that morning.

**RESOLUTION 2016-09: COMMITTING TO REPAY STATE REVOLVING FUND LOAN WITH WASHINGTON STATE DEPARTMENT ECOLOGY**

Mr. Stuart Whitford, Manager of the Health District's Pollution Identification and Correction Program, reported that on July 1, 2014, the Washington State Department of Ecology (Ecology) awarded the Health District a \$494,981 Centennial Clean Water grant, and a \$1,000,000 State Revolving Fund (SRF) loan to replenish and extend the Hood Canal Regional Septic Loan Program through 2017. As it has been since 2007, Craft3 will be contracted with to administer the loan program. The purpose of the loan program is to provide financial assistance to private property owners so that they can repair or replace failed septic systems. The Hood Canal Regional Septic Loan Program is available to the residents of Kitsap, Mason, Jefferson and Clallam counties.

At its February 2, 2016 meeting, the Board approved Ecology Agreement Number WQC-2015-KITPHD-00157, Water Quality Combined Financial Assistance Agreement, to re-fund and extend the regional loan program. Kitsap County, co-signatory to this agreement, has also approved the Ecology agreement.

The Ecology agreement has been returned to Ecology for their final signature. Since the Board does not sign the financial assistance agreement (the District's Administrator signs for the Board), Ecology requires written acknowledgment of the commitment to repay the loan agreement from the Board. Resolution 2016-09, Commitment to Repay State Revolving Fund Loan with Washington State Department of Ecology, will satisfy Ecology's requirement for written acknowledgment.

Additionally, there are four other agreements related to the Hood Canal Regional Septic Loan Program that were approved in today's Consent Agenda:

- KPHD 1276: Professional Services Agreement between Kitsap Public Health District and Craft 3. This agreement addresses the work that Craft3 will provide for the Health District, as the grant recipient, in the administration of the Centennial Clean Water Fund grant dollars for the regional septic loan program.
- KPHD 1511: Interlocal Agreement between Clallam, Jefferson, Kitsap, and Mason counties and the Kitsap Public Health District. The purpose of this agreement is to establish the joint and cooperative administration of the regional septic loan program between the five governments/agencies.
- KPHD 1518: Professional Services Agreement between Kitsap Public Health District and Craft3. This agreement addresses the work that Craft3 will provide for the Health

District, as the loan recipient, in the administration of the SRF loan dollars for the regional septic loan program.

- KPHD 1529: Loan Agreement between Kitsap County and Kitsap Public Health District, as Lenders, and Craft3 as Borrower. The purpose of this agreement is to establish the terms and conditions of the SRF loan that Kitsap County and the Health District will pass through to Craft3 to administer the regional septic loan program. This agreement includes a Promissory Note stipulating that Craft3 will pay back the loan (i.e., the SRF loan passed through to Craft3) to Kitsap County and the Health District by the SRF loan due date. This last agreement is the protection required by Kitsap County and the Health District that made approval of the SRF loan agreement with Ecology possible, and relates directly to Resolution 2016-09 presented to the Board for approval.

Mr. Whitford recommended approval of Resolution 2016-09, Committing to Repay State Revolving Fund Loan with Washington State Department of Ecology.

Commissioner Gelder moved and Mayor Pataansuu seconded the motion to approve Resolution 2016-09, Committing to Repay State Revolving Fund Loan with Washington State Department of Ecology. The motion was approved unanimously.

### **FEEDBACK FROM PUBLIC WORKSHOPS: DRAFT REGULATIONS RESTRICTING THE USE, SALE, AND AVAILABILITY OF VAPOR PRODUCTS**

Mr. Keith Grellner, Director of Environmental Health, addressed the Board. He reported, that in accordance with the Board's direction, the Health District has been conducting extensive public outreach to seek public input on the Draft Regulations Restricting the Use, Sale, and Availability of Vapor Products. As part of these outreach efforts, the Health District completed three public listening sessions to take verbal comment on the draft ordinance.

Mr. Grellner reported that while there appears to be widespread support for many of the provisions in the draft ordinance, there has been organized opposition to any provision restricting the use of vapor products by consenting adults in areas or structures where minors are prohibited --- especially vapor product retail outlets.

The following provisions in the draft ordinance appear to have widespread support:

- Prohibition of vaping in public places or places of employment, **except** vape retail outlets or places where minors are legally prohibited;
- Warning sign requirements (e.g., "No Vaping Allowed", "Sales to Minors Prohibited", and "Keep all Vapor Products Away from Children");
- Age verification requirements for retail sales;
- Prohibition of possession by, or sales to, minors;
- Requirements for in-person transactions to redeem vapor product coupons; and
- Permit requirements for vapor product retailers.

The following provisions in the draft ordinance have drawn consistent, organized opposition:

- Any type of restrictions for vapor product retailers (e.g., who can vape in retail outlets, number of seats allowed, use of personal vape devices within the retail outlet);
- Rule changes that would adversely affect the business models of existing vape retailers; and
- Establishment of ventilation requirements that would cause an existing vape retailer to have to spend a lot of money to comply with new rules.

Mr. Grellner then informed the Board that there is quite a bit of disagreement from the supporters and the opponents of the draft ordinance about the health effects from vaping. Some contend that it is as dangerous as tobacco and should be regulated as such, while others suggest that vaping is harmless and that it has actually helped them to quit smoking and avoid the harmful effects of previous tobacco use.

Mr. Grellner reported that the Health District is in the process of producing a responsiveness summary to all comments received on the draft ordinance up through the March 29, 2016 public listening session in Poulsbo, and will provide those to the Board at one of their next meetings.

Mayor Putaansuu commented he favored the proposal and the option of certain businesses such as bars being able to display that vape products are being used there, however he mentioned he was uncomfortable with it being offered in restaurants where some people don't want to be subjected to it.

Mayor Erickson commented that certain business should have the option to allow or ban vaping if they choose. Mayor Putaansuu responded that the Board would be banning vaping unless businesses applied for a waiver and proper signage would need to be prominently displayed.

Mr. Daniels commented rather than adopting a new ordinance, the Board has the option of amending its Smoking in Public Places Ordinance to include vaping.

Councilperson Sarah Blossom inquired if the Board is considering allowing a waiver. Mayor Putaansuu confirmed, but mentioned State Senate bill [ESSB 6328] prevents the Board from taking action on vaping in outdoor public places. Mr. Grellner responded that the bill does not use clear language defining public places, and there may be room for the Board to take action on some indoor public places if they wanted to do so.

Mayor Erickson saw interest from the Board and asked Mr. Grellner to bring this issue back to the Board next month.

## **COUNTY HEALTH RANKINGS REPORT**

Ms. Siri Kushner, Lead Epidemiologist, approached the Board to report on the recent County Health Rankings report produced by the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation. The rankings are released each spring for every county in the nation and are intended to be a "call to action" or a "starting point" for investigating and discussing ways to improve health. The rankings are based on a model of

population health that emphasizes the many factors, in addition to health care, that influence the health of the community. Overall ranks are produced for Health Outcomes, “the health of today,” and for Health Factors, “the health of tomorrow.”

In 2016, Kitsap County ranked 9<sup>th</sup> out of 39 Washington State counties for Health Outcomes and 4<sup>th</sup> for Health Factors. These numbers represent an improvement over last year’s rankings when Kitsap County ranked 17<sup>th</sup> for Health Outcomes and 8<sup>th</sup> for Health Factors.

Each year, Kitsap Public Health District reviews the Rankings but relies on our Core Public Health Indicators Report and the Community Health Assessment conducted as part of the Kitsap Community Health Priorities process to best understand the health and well-being of our community.

Mr. Daniels and Mayor Erickson commented that our county has improved in the rankings.

**EXECUTIVE SESSION: PURSUANT TO RCW 42.30.110(G), REVIEW OF PERFORMANCE OF A PUBLIC EMPLOYEE**

At 2:54 p.m., Mayor Erickson announced that the Board would adjourn for approximately 10 minutes for an Executive Session for discussion related to the review of performance of a public Employee. At 3:05 p.m., Mayor Erickson announced that the Executive Session had ended and opened the meeting to regular session.

Mayor Erickson asked for any other comments for the good of the order.

Commissioner Gelder commented he will be serving on the Policy Advisory Committee for the Foundational Public Health Services. The committee will be meeting over the next year or so.

**ADJOURN**

There was no further business; the meeting was adjourned at 3:06 p.m.

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**Becky Erickson**  
**Kitsap Public Health Board**

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**Scott Daniels**  
**Administrator**

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

**Community Members Present:** *Deanne Jackson, Human Service Planner, Kitsap County Prevention Services; Desiree Sideroff, Product Manager, Craft3.*

**Staff Present:** *Gretchen Berni, Advanced Registered Nurse Practitioner, Clinical Services; Karen Bevers, PIO/Communications Coordinator, Administration; Scott Daniels, Administrator; Kerry Dobbelaere, Program Manager, Clinical Services; Katie Eilers, Assistant Director,*

*Community Health Division; Keith Grellner, Director, Environmental Health Division; Karen Holt, Manager, Human Resources; Siri Kushner, Lead Epidemiologist; Assessment; Angie Larrabee, Confidential Secretary, Administration; Suzanne Plemmons, Director, Community Health Division; Lacey Rhoades, Management Analyst, Administration; Linda Tourigny, Public Health Nurse Supervisor, Parent Child Health, Community Health; Susan Turner, Health Officer; Stuart Whitford, Program Manager, Water Pollution Identification & Correction.*

DRAFT

# MEMO

**To:** Kitsap Public Health Board

**From:** Scott Daniels, Administrator

**Date:** April 27, 2016

**Re:** 2015 Board Survey Results

I'll be making a short presentation at the May Board meeting on the results of our 2015 Board survey. The survey asked for feedback on how we are doing providing support for your Board meetings.

My PowerPoint presentation is attached.

# 2015 Kitsap Public Health Board Survey Results

Kitsap Public Health Board Presentation  
Scott Daniels, Administrator  
May 3, 2016



KITSAP PUBLIC HEALTH DISTRICT

# Survey Goal:

To evaluate the **quality and effectiveness** of Board meetings in 2015.

## Ratings:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree



# Health Officer and Administrator Reports

- All measures rated as strongly agree or agree.

# Budget & Finance Discussions

- All measures rated as strongly agree or agree.



# Program & Services Updates **AND** Policy & Initiative Discussions

- All measures rated as strongly agree or agree.
- **Except**, two participants were unsure if length of time for presentations/discussions was appropriate or sufficient.



# Rate Your Knowledge

1 = Low & 10 = High

- Foundational Public Health Services **7.6**
- Social Determinants of Health **7.6**
- Health System Reform **6.0**



# What Has Been Done Well

- Material presented concisely
- Well developed agendas
- Environmental presentations
- Well organized
- Separate packet for consent agenda



# Suggestions for Improving Meetings

- Need more details and in-depth information
- Need for “deeper dive” on some topics, i.e., work study sessions



# Topics You Want to Hear More About

- Addiction and Treatment Options
- HIV/AIDS Status in County
- Septic System Design/Construction/Permitting
- Work Plans for Upcoming Year



# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Environmental Health Director  
**Date:** April 27, 2016  
**Re:** Revised Draft Vapor Product Ordinance

Pursuant to the Governor's recent action to sign into law Engrossed Substitute Senate Bill 6328, An Act Relating to Youth Vapor Product Substance Use Prevention and Vapor Product Regulation, the Health District has revised the Board's draft vapor product ordinance as discussed during last month's Board meeting. Attached is a new draft ordinance titled "Regulations Restricting Vaping in Indoor Public Places" for your review and comment.

In summary, the new draft ordinance proposes to prohibit the use of vapor products in indoor public places, including the "presumptively reasonable minimum distance" of 25 feet to doors, windows that open, or intake vents of indoor public places where vaping is prohibited. The "presumptively reasonable minimum distance" aspect mirrors the same requirement of the Smoking in Public Places law, RCW 70.160. The Health District has obtained legal review and approval of the draft ordinance.

The draft ordinance also includes a waiver provision that would allow vaping in indoor public places under the following conditions:

1. Obtainment of an annual waiver from the Health Officer;
2. Posting of warning signage;
3. Prohibiting access to the premises by minors;
4. Conducting age verification of any person whose age is in question;
5. Providing adequate ventilation to prevent vapor product emissions from being discharged into other indoor public places; and
6. Allowing inspections by the Health District to determine compliance with the regulations.

**Recommended Action**

The Board may wish to direct the Health District to prepare a final ordinance “Regulations Restricting the Vaping in Indoor Public Places” for possible Board action at a future meeting.

If you have questions, comments or need additional information, please contact me at (360) 337-5284, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org).

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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**SECTION 1. AUTHORITY, PURPOSE, AND INTENT**

- A. These regulations restricting the use of vapor products (“vaping”) in indoor public places are adopted by the Kitsap Public Health Board (Public Health Board) pursuant to, and by the authority of, Chapter 70.05 Revised Code of Washington (RCW) and Engrossed Substitute Senate Bill (ESSB) 6328 to preserve, promote, and improve the public health.
- B. The purpose of these regulations is to protect the health, safety, and welfare of the public by reducing the potential for public exposure to nicotine and other potentially harmful chemicals by restricting the use of vapor products and e-cigarettes in indoor public places.
- C. It is expressly the purpose of these regulations to provide for, and promote, the health of the general public and not to create or otherwise establish or designate any particular class or group of persons who will, or should, be especially protected or benefitted by the terms of these regulations.
- D. Nothing contained in these rules and regulations is intended to create, nor shall be construed to create or form the basis for, any liability on the part of the Public Health Board or the Kitsap Public Health District (Health District), or its officers, employees or agents, for any injury or damage resulting from the failure of any person subject to these rules and regulations to comply with these rules and regulations, or by reason or in consequence of any act or omission in connection with the implementation or enforcement of these rules and regulations on the part of the Health District.

**SECTION 2. FINDINGS**

The Public Health Board recognizes that vaping, or the use of e-cigarettes and other vapor products, may be less harmful to the user than smoking tobacco. However, there are no peer reviewed studies that prove that vaping is safe for the user, or non-users who may be subjected to second hand vapor product emissions. The Public Health Board also recognizes that e-cigarettes may help some people quit using tobacco. However, e-cigarettes and vapor products are not approved by the Federal Food and Drug Administration as safe and effective smoking cessation aids, and the long-term health effects from using vapor products or being exposed to vapor product emissions are unknown.

The Public Health Board finds that the lack of federal rules and vapor product industry manufacturing, testing, labelling, inspection, and certification standards likely create highly variable products and byproducts that currently make health studies and findings even more difficult to obtain.

Nicotine, one of the main chemical components of most e-liquid concoctions, is a highly addictive and toxic chemical. Young adults and children are especially vulnerable to nicotine

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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addiction and its toxic effects. Vapor products have a high appeal to youth, and use of vapor products by youth is increasing rapidly. Therefore, there is strong concern that the lack of regulations restricting the use of vapor products sends a mixed message to youth, may renormalize the use of nicotine, and hence increase nicotine addiction in those most vulnerable. Regardless of the source, the inhalation and ingestion of nicotine is not safe and causes ill health effects.

Lastly, while the Public Health Board agrees that consenting adults have the right to choose for themselves what legal activities to engage in, and what legal chemicals to ingest or inhale, the Public Health Board also recognizes that its paramount responsibility is to protect the public health. And since e-cigarette and vapor product use has not been proven safe, since the vapor product industry is for all general purposes an unregulated and unstandardized industry at this time, and since nicotine is a highly addictive and toxic chemical --- especially for youth --- the Public Health Board is compelled to adopt regulations restricting the use of e-cigarettes and vapor products in indoor public places to protect the health of those adults who choose not to expose themselves to vapor product emissions, and to protect the health of youth who may not have the choice to avoid exposure to vapor product emissions.

**SECTION 3. ADMINISTRATION**

- A. The Health Officer and/or his or her designated representative shall administer and enforce these regulations under the authority of RCW 70.05.070.
- B. The Health Officer is authorized to take other such actions as he or she deems necessary to maintain public health and sanitation and to carry out the purpose of this ordinance under the authority of RCW 70.05.070. Any additional policies or standards deemed necessary by the Health Officer shall be in writing and readily available for public inspection and viewing.
- C. The Public Health Board may charge fees for the administration of this ordinance under the authority of RCW 70.05.060.
- D. The Health Officer may collect fees for the administration of this ordinance under the authority of RCW 70.05.070.

**SECTION 4. APPLICABILITY**

- A. These regulations shall apply to all persons and in all territory within the boundaries of Kitsap County, except actions by persons on lands under the jurisdiction of the Federal Government or recognized Native American Nations and Tribes.
- B. These regulations prohibit the use of vapor products in indoor public places, except those places licensed by the state of Washington as a vapor product retailer pursuant to ESSB 6328.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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- C. Any person passing by or through a public place while on a public sidewalk, or public right of way, has not intentionally violated these regulations.
- D. This ordinance is not intended to restrict vaping in private facilities which are occasionally open to the public, except upon the occasions when a facility is open to the public.
- E. This ordinance does not preclude or prohibit any property owner from implementing “no vaping” policies on, or within, any property or structures under their control.

**SECTION 5. DEFINITIONS**

Terms not specifically defined herein shall be construed according to their common dictionary definition.

- A. **Health District:** The Kitsap Public Health District.
- B. **Health Officer:** The Health Officer, or the Health Officer’s representative, of the Kitsap Public Health District.
- C. **Indoor public place:** That portion of any building or vehicle used by and open to the public, regardless of whether the building or vehicle is owned in whole or in part by private persons or entities, the state of Washington, or other public entity, and regardless of whether a fee is charged for admission, and includes a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where vaping is prohibited. Indoor public places include, but are not limited to: schools, elevators, public conveyances or transportation facilities, museums, concert halls, theaters, auditoriums, exhibition halls, indoor sports arenas, hospitals, nursing homes, health care facilities or clinics, enclosed shopping centers, retail stores, retail service establishments, financial institutions, educational facilities, ticket areas, public hearing facilities, public restrooms, libraries, restaurants, waiting areas, lobbies, bars, taverns, bowling alleys, skating rinks, casinos, reception areas, places of employment as defined in this ordinance, and no less than seventy-five percent of the sleeping quarters within a hotel or motel that are rented to guests. An indoor public place does not include a private residence unless the private residence is used to provide licensed child care, foster care, adult care, or other similar social service care on the premises.
- D. **Minor:** Any person under the age defined pursuant to RCW 70.155.010, as currently exists or as hereafter may be amended.
- E. **Open to the public:** Means explicitly or implicitly authorizing or inviting entry to, or use by, the public. Factors relevant to the determination of whether a portion of a building other than a private residence is "open to the public" include, but are not limited to:

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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1. Whether the owner, lessee or person in charge of a portion of a building permits or invites entry to the portion of the building by individuals other than employees who perform work or persons who meet selective, restrictive and limited criteria for entry;
  2. Whether the owner, lessee or person in charge of a portion of a building directs, authorizes or otherwise engages in advertising or promotion to the public to encourage occupancy or use of the portion of the building;
  3. Whether the portion of the building, or any area adjacent thereto, features signage indicating that the portion of the building is open; or
  4. Whether the owner, lessee or person in charge of a portion of a building also owns, operates or leases a retail business that is open to the public, the retail business is in the same building where vaping occurs and the area where vaping occurs is open to the customers of the retail business.
- F. **Place of employment:** Any indoor area under the control of a public or private employer which employees are required to pass through during the course of employment, including, but not limited to: entrances and exits to the places of employment, and including a presumptively reasonable minimum distance of twenty-five feet (25 feet) from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where vaping is prohibited; work areas; restrooms; conference and classrooms; break rooms and cafeterias; and other common areas. A private residence or home-based business, unless used to provide licensed child care, foster care, adult care, or other similar social service care on the premises, is not a place of employment.
- G. **Presumptively reasonable distance:** Vaping is prohibited within a presumptively reasonable minimum distance of twenty-five (25) feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where vaping is prohibited, so as to ensure that vapor product aerosols do not enter the area through entrances, exits, open windows, or other means. The “presumptively reasonable distance” is considered part of an indoor public place or place for the purposes of this ordinance.
- H. **Public Health Board:** The Kitsap Public Health Board.
- I. **Vape or Vaping:** The use of a vapor product, or the act of inhaling/exhaling the resultant vapor or aerosol from a vapor product.
- J. **Vapor product:** Any device, object, or substance used for, or associated with, heating a solution to produce vapor or aerosol intended for inhalation; includes, but is not limited to, electronic cigarettes (or “e-cigarettes”), electronic nicotine delivery systems, electronic cigars, electronic cigarillos, electronic pipes, electronic hookahs, vape pens, steam stones, electronic juice (or “e-juice”), electronic liquid (or “e-liquid”), batteries, chargers, cables, or similar products or devices, as well as any parts that can be used to build or use such devices. “Vapor product” does not include product that is regulated by the United States Food and Drug Administration under Chapter V of the Federal Food, Drug, and Cosmetic Act.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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- K. **Waiver:** A current, written waiver signed by the Health Officer that does not prohibit vaping in a certain indoor public place in accordance with this ordinance.
- L. **Waiver holder:** A person in possession of a waiver pursuant to Section 8 of this ordinance whether an individual, corporation, unincorporated association, proprietorship, firm partnership, joint venture, joint stock association, or other entity of business of any kind. In the case of any kind of business entity, “waiver holder” is inclusive of all individuals who hold an ownership interest in that entity, including the person in charge, whether specifically named on the waiver or not; i.e., inclusive of any shareholder, member, partner, or employee in charge.

**SECTION 6. VAPING PROHIBITED IN INDOOR PUBLIC PLACES**

- A. No person may use a vapor product in any indoor public place, unless such place is authorized to allow use of vapor products under state license pursuant to ESSB 6328 or through an annual waiver issued by the Health Officer.
- B. No person may use a vapor product within the presumptively reasonable distance of an indoor public place, unless such place is authorized to allow use of vapor products under state license pursuant to ESSB 6328 or through an annual waiver issued by the Health Officer.
- C. Owners, or in the case of leased or rented space the lessee or other person in charge, of an indoor public place, unless such place is authorized to allow use of vapor products under state license pursuant to ESSB 6328 or through an annual waiver issued by the Health Officer, shall prohibit vaping in indoor public places, including within the presumptively reasonable distance as that term is defined in Section 5 of these regulations.
- D. Nothing in these regulations shall prevent the owner, lessee, or person in charge, of a private place or area from prohibiting the use of vapor products within that place or area.

**SECTION 7. REQUIRED SIGNAGE**

- A. Indoor Public Places Where Vaping is Prohibited: Owners, or in the case of leased or rented space the lessee or other person in charge, of a place regulated under these regulations shall post signs prohibiting the use of vapor products. Signs shall be posted conspicuously at each building entrance. Signs prohibiting the use of vapor products may be combined with signs prohibiting smoking, such as “No Smoking. No Vaping.” or “No Smoking or Vaping Allowed.” or “No Smoking or Vaping Allowed within 25 Feet of Doorway or Entrance.”.
- B. Indoor Public Places Where Vaping is Not Prohibited Under a Valid Annual Waiver Issued by the Health Officer:

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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1. Owners, or in the case of leased or rented space the lessee or other person in charge, of a place not regulated under these regulations shall post signs to alert the public that vaping is allowed on the premises, and that minors are not allowed on or in the premises. Signs shall be posted conspicuously at each building entrance. Signs shall state “Warning: Use of vapor products is allowed on the premises. Vapor products contain nicotine which is addictive and harmful to children. Keep vapor products away from children. It is illegal for minors to possess or use vapor products. Minors are prohibited from entering the premises. Please report violations to Kitsap Public Health District at (360) 337-5235, or kitsappublichealth.org.”.
2. Required signage will be provided by the Health District through the annual waiver process. Owners, lessees, or other persons in charge may elect to produce and post their own signage, at their own cost, provided that the language on the signs exactly replicate the verbiage specified in Section 7.B.1., above, and meet or exceed the font size contained in the Health District signage.

**SECTION 8. WAIVER FOR VAPING IN INDOOR PUBLIC PLACES THAT PROHIBIT ACCESS TO MINORS**

- A. Application Required. Any owner, lessee, or person in charge of an indoor public place subject to the requirements of this ordinance may apply to the Health Officer to waive the requirements prohibiting the use of vapor products. Waiver applications shall be made through processes, specified by the Health Officer. A waiver application is required for each individual indoor public place.
- B. Waiver Application Fee. Each waiver application shall be submitted along with the applicable waiver application fee as specified in the current fee schedule as adopted by the Public Health Board.
- C. Waiver Valid for One Year. Each waiver application is valid for one year from the date of issuance. Upon expiration, an owner, lessee, or person in charge may apply for another annual waiver on forms, or through processes, specified by the Health Officer. The Health Officer may, at his/her discretion, prorate the fee for an initial permit. Fees are non-refundable.
- D. Waiver Valid for One Premises. A waiver application is required for each individual indoor public place. A waiver shall not be resold, transferred, or assigned by the waiver holder, and is not valid for use by any other person or at any other location.
- E. Existing Indoor Public Places. Indoor public places subject to this ordinance and allowing use of vapor products in Kitsap County prior to the effective date of this ordinance, desiring to continue this practice, shall submit a waiver application to the Health Officer no later than sixty (60) days after the effective date of the ordinance. Any indoor public place allowing

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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vapor product use in Kitsap County prior to the effective date of this ordinance that does not have a valid annual waiver issued by the Health Officer within 150 days after the effective date of this ordinance shall no longer allow use of vapor products in an indoor public place in Kitsap County.

- F. **Effective Date.** After the effective date of this ordinance, all indoor public places shall apply for and obtain an annual waiver from the Health Officer prior to allowing use of any vapor product in an indoor public place subject to this ordinance Kitsap County, and shall renew the waiver annually.
- G. **Health Officer Response to Applications.** The Health Officer shall respond to waiver applications within thirty (30) days of receipt of a fully completed application.
- H. **Terms and Conditions of Waiver.** The following terms and conditions shall be required to be met in full in order to obtain and retain a valid annual waiver:
1. **Signage Requirements.** The signage requirements of Section 7 of this ordinance.
  2. **Minors Prohibited.** Any and all minors shall be prohibited from entering the premises at all times.
  3. **Age Verification Requirements.** When there may be a question of whether any person is a minor and under the age of eighteen (18) years, the waiver holder shall require any person to present one of the following officially issued forms of identification that shows the person's age and bears his or her signature and photograph:
    - a. Driver's license, instruction permit, or identification card;
    - b. An "identocard" issued by the Washington State Department of Licensing under Chapter 46.20 RCW;
    - c. United States military identification;
    - d. Passport; and/or
    - e. Enrollment card issued by a governing authority of a federally recognized Indian tribe located in Washington.
  4. **Adequate Ventilation or Air Cleaning System Required.** The waiver holder shall not actively or passively discharge vapor product aerosols or secondhand emissions to other indoor public places regulated under this ordinance.
  5. **Inspection Required.** The waiver holder shall grant access to the Health Officer for the purposes of conducting a compliance inspection during reasonable times and after presenting identification and requesting access to the indoor public place.
- I. **Failure to Comply – Annual Waiver Revoked.** Failure to comply with the requirements of this ordinance shall constitute a violation of this ordinance and provide the Health Officer with the justification to revoke the annual waiver.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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- J. The Health Officer shall only issue annual waivers for indoor public places that are in compliance with this ordinance.
- K. The Health Officer may refuse, deny, or revoke an annual waiver if he/she has reasonable cause to believe that the applicant has willfully withheld information requested for determining eligibility of the applicant to receive or renew a waiver, or if the Health Officer has reasonable cause to believe the information submitted in the waiver application is false or misleading or not made in good faith, or for noncompliance with these regulations.
- L. As a condition of approval for an annual waiver, the waiver holder is required to be in compliance with all other permits, licenses, or other regulations which may be required by the Health District, any other municipal entity, Kitsap County, and/or the State of Washington.

**SECTION 9. ADMINISTRATION AND ENFORCEMENT**

- A. The Health Officer is authorized to administer and enforce these regulations.
- B. The Health Officer is authorized to adopt additional rules or policies consistent with the provisions of these regulations for the purpose of enforcing and carrying out its provisions. Nothing in these rules and regulations is intended to abridge or alter the rights of action by the state or by persons, which exist in equity, common law or other statutes to abate non-compliance with these regulations.
- C. Right of Entry and Inspection
  - 1. Whenever necessary to make an inspection to enforce or determine compliance with the provisions of these regulations, and other relevant laws and regulations, or whenever the Health Officer has cause to believe that a violation of these regulations has or is being committed, the Health Officer or his/her duly authorized inspector may, in accordance with federal and state law, seek entry of any building, structure, property or portion thereof at reasonable times to inspect the same.
  - 2. If such building, structure, property or portion thereof is occupied, the inspector shall present identification credentials, state the reason for the inspection, and request entry.
  - 3. If consent to enter said building, structure, property, or portion thereof is not provided by the owner, occupier, waiver holder, or other persons having apparent control of the premises, the Health Officer may enter said premises only to the extent permitted by federal and state law.
  - 4. If consent to enter said building, structure, property, or portion thereof is not provided by the owner, occupier, waiver holder, or other persons having apparent control of the

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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premises, the Health Officer shall also have recourse to any other remedies provided by law to secure entry.

5. Failure or refusal to allow timely and reasonable inspection by the Health Officer to determine compliance with these regulations, or as part of a waiver application or renewal process, may result in denial or revocation of a waiver.

**D. Notice and Order to Correct Violation**

1. Issuance. Whenever the Health Officer determines that violation of these regulations has occurred or is occurring, he/she may attempt to secure voluntary correction by sending a Notice and Order to Correct Violation to the person(s) responsible for the alleged violation.
2. Content. The Notice and Order to Correct Violation shall contain:
  - a. The name and address of the property owner or other persons to whom the Notice and Order to Correct Violation is directed;
  - b. The street address or description sufficient for identification of the building, structure, premises, or land upon or within which the violation has occurred or is occurring;
  - c. A description of the violation and a reference to that provision of the regulation, which has been violated;
  - d. A statement of the action required to be taken to correct the violation and a date or time by which correction is to be completed;
  - e. A statement that each violation of this regulation shall be a separate and distinct offense and in the case of a continuing violation, each day's continuance shall be a separate and distinct violation;
  - f. A statement that the failure to obey the notice may result in the issuance of a notice of a Class 1 civil infraction pursuant to RCW 7.80, and/or the assessment of an administrative remedy.
3. Service of Order. The Notice and Order to Correct Violation shall be served upon the person to whom it is directed, either personally or by mailing a copy of the order to correct violations by regular and/or certified mail, postage prepaid, return receipt requested, to such person at his/her last known address or the address currently on file with Kitsap County for property tax purposes. Proof of service shall be made at the time of service by a written declaration under penalty of perjury executed by the persons

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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affecting the service, declaring the time and date of service and the manner by which service was made.

4. Extension. Upon written request received prior to the correction date or time, the Health Officer may extend the date set for corrections for good cause. The Health Officer may consider substantial completion of the necessary correction or unforeseeable circumstances that render completion impossible by the date established as a good cause.
5. Supplemental Order to Correct Violation. The Health Officer may at any time add to, rescind in part, or otherwise modify a Notice and Order to Correct Violation. The supplemental order shall be governed by the same procedures applicable to all Notice and Order to Correct Violations procedures contained in these regulations.
6. Enforcement of Order. If, after any order is duly issued by the Health Officer, the person to whom such order is directed fails, neglects, or refuses to obey such order, the Health Officer may pursue any other appropriate remedy at law or equity.

E. Waiver Violation, Suspension, Revocation and Appeal

1. Waiver Violation. Any violation of a waiver requirement issued pursuant to these regulations shall be a violation of these regulations.
2. Suspension of Waiver. The Health Officer may suspend any waiver issued under these regulations for violations of these regulations as follows:
  - a. Waiver suspension shall be carried out through the Notice and Order to Correct Violation provisions specified in Section 9.D., and the suspension shall be effective upon service of the Notice and Order to Correct Violation upon the waiver holder or person in charge. The waiver holder may appeal such suspension as provided in Section 11 of these regulations.
  - b. Waiver suspension shall remain in effect until the Health Officer finds the waiver holder to be in compliance with the requirements of these regulations.
  - c. Any person whose waiver has been suspended may at any time make written application for a re-inspection for the purpose of reinstatement of the waiver. The application must include a signed statement explaining how the conditions and violations causing the suspension of the waiver have been corrected.
  - d. Within five (5) business days following receipt of a written request for a re-inspection, the Health Officer will make a re-inspection, and reinstate the waiver if the person is in compliance with these regulations.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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3. Revocation of Waivers.
  - a. The Health Officer may revoke a waiver for violation(s) of any requirements of these regulations.
  - b. Such waiver revocation shall be carried out through the Notice and Order to Correct Violation provisions specified in Section 9.D., and the revocation shall be effective upon service of the Notice and Order to Correct Violation upon the holder or operator. The holder or operator may appeal such revocation, as provided in Section 11 of these regulations.
- F. As an alternative to the enforcement provisions set out above, the Health Officer may determine that the violation of any provision of these regulations is designated as a Class 1 civil infraction pursuant to RCW 7.80, *Civil Infractions*.
- G. The Health Officer may issue a notice of civil infraction if she or he has reasonable cause to believe that a person has violated any provision of these regulations, or has not corrected a violation as required by a written Notice and Order to Correct Violation. Civil infractions shall be issued, heard, and determined as described in RCW 7.80 and any applicable court rules.

**SECTION 10. REBUTTALS**

- A. Owners, operators, managers, employers, or other persons who own or control an indoor public place may seek to rebut the presumption that 25 feet is a reasonable minimum distance, as defined in Section 5, by making application for a hearing with the Health Officer. A completed “Application for Administrative Meeting or Appeal Hearing” for rebutting the presumptively reasonable distance requirement must be accompanied by all of following:
  1. An application fee for Appeal Hearing with Health Officer as established in the most recent Environmental Health Program Service Charges approved by the Public Health Board.
  2. A written description of the proposed reduction in the presumptively reasonable distance requirement as defined in Section 5.
  3. A detailed map showing the specific area to be considered for a reduced separation distance along with the location of all entrances, exits, windows that open, and ventilation intakes within 25 feet of the proposed vaping area.
  4. A written explanation by the applicant describing why the presumptively reasonable distance of 25 feet cannot be met and why consideration for a reduced separation distance is necessary.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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5. A written justification from the applicant describing the clear and convincing evidence they have gathered that demonstrates that given the unique circumstances presented by the location of entrances, exits, windows that open, ventilation intakes or other factors, smoke will not infiltrate into the facility.
  6. A written explanation from the applicant describing how they will monitor the effectiveness of the reduced distance in keeping smoke from infiltrating into the facility, and what action they will take if smoke is determined to be entering the facility at a future time.
- B. The application for reduction in the 25-foot requirement applies only to the area addressed in the application and not to the entire structure or any other area near or around the facility.
  - C. The Health Officer shall administratively make a determination on the application to rebut the presumptively reasonable distance. This decision may be appealed to the Public Health Board in accordance with Section 11.B.
  - D. Any approval taken on the application submitted will need to endure a reasonable test of time and if future complaints are received against the facility because of exposure to vapors or aerosols, further inspections may be warranted and possible modification or revocation of the approval may be required.

## **SECTION 11. APPEAL**

- A. Appeal of Public Health Action – Health Officer Administrative Hearing.

Any person aggrieved by the contents of a Notice and Order to Correct Violation issued under this regulation, or enforcement action conducted by the Health District, may request a hearing before the Health Officer or his or her designee. The appellant shall submit the request in writing, through completion of an “Application for Administrative Meeting or Appeal Hearing” form with the appropriate fee, and shall include the specific statements of the reason why error is assigned to the decision of Health District. Such request shall be presented to the Health Officer within ten (10) business days of the action appealed. Upon receipt of such request together with the hearing fee, the Health Officer shall notify the person of the time, date, and place of such hearing, which shall be set at a mutually convenient time not more than fifteen (15) business days from the date the request was received. Upon completion of the hearing, the Health Officer shall provide a decision in writing to the appellant within fifteen (15) business days from the date of the hearing.

**DISCUSSION DRAFT ONLY**  
Kitsap Public Health Board Ordinance XXXX-XX  
Regulations Restricting Vaping in Indoor Public Places

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**B. Appeal of Administrative Hearing/Decision.**

1. Any person aggrieved by the findings or required actions of an administrative hearing, or of an administrative decision by the Health Officer regarding the rebuttal of the presumptively reasonable distance, shall have the right to appeal the matter by requesting a hearing before the Public Health Board. Such notice of appeal shall be in writing through completion of an “Application for Administrative Meeting or Appeal Hearing” form and presented, with the appropriate hearing fee as established in the current Health District fee schedule, to the Health Officer within five (5) business days of service of the findings and actions from the administrative hearing. All requests shall contain a description of the action, decision or policy for which the hearing is requested, and the basis on which it is being contested. The appellant and the Health Officer may submit additional information to the Public Health Board for review.
2. The Notice and Order to Correct Violation shall remain in effect during the appeal. Any person affected by the Notice and Order to Correct Violation may make a written request for a stay of the decision to the Health Officer within five (5) business days of the Health Officer’s decision. The Health Officer will grant or deny the request within five (5) business days.
3. Upon receipt of an appeal pursuant to this section together with the hearing fee, the Health Officer shall set a time, date, and place for the requested hearing before the Public Health Board Hearings Board and shall give the appellant written notice thereof. The hearing shall be set at a mutually convenient time not more than thirty (30) business days from the date the appeal was received by the Health Officer.

**SECTION 12. SEVERABILITY.**

Should any paragraph, phrase, sentence or clause of these regulations be declared invalid or unconstitutional for any reason, the remainder of these regulations shall not be affected thereby.

**SECTION 13. REPEALER**

Reserved.

**SECTION 14. EFFECTIVE DATE.**

This ordinance shall take effect immediately.

# MEMO

**To:** Kitsap Public Health Board

**From:** Susan Turner MD, MPH, MS

**Date:** April 27, 2016

**Re:** 2016 DRAFT Kitsap County Interagency Opioid Working Plan

**Action Requested:** None—Status Update and Brief Discussion

There is currently much national, state and local interest in opiate use disorder and its consequences, including overdose deaths. I have spoken with the Board on a couple of occasions about the 2016 Washington State Interagency Opioid Working Plan, and the possibility of leveraging the state work by mirroring it locally. This report is a status update on the local work by the Kitsap County Human Services Department (KCHS) and the Kitsap Public Health District's Health Officer. The presentation first covers the current opiate use disorder related statistics for Kitsap County in comparison to Washington State, and then reviews the current status of the local plan.

The state plan was reviewed by KCHS and the Health Officer with a group of community members listed on page 3 of the Kitsap DRAFT plan (attached). Those task force members were then asked to provide information to KCHS about their current activities in line with the state plan. The format of the state plan has been used to record their responses to allow concurrent review of the state and local goals, strategies, and activities. This makes reading the plan a bit complicated, because some of the things already being done at the state level (placed in sections called "Ongoing" in the state plan) are actually NEW ACTIONS at the local level. Color-coding was used to help clarify this as follows:

**Bolded Red Font** denotes a Kitsap-only Activity (i.e., the activity is not listed in the state plan).

Blue fill

Denotes an activity most appropriate at the state level, and not at the local level, regardless of whether the activity is "Ongoing" or a "NEW ACTION".

Green fill

Denotes an activity that is "Ongoing".

Rose fill

Denotes an activity that is a "NEW ACTION".

Overall, there are 77 activities identified in the state plan. There were 25 activities named in the state plan that were identified by KCHS and the KPHD Health Officer to be appropriate at the local level, and five more which were not named in the plan. This would result in 30 potential activities community-wide in Kitsap County. The information gleaned from task force members indicates that eight of the thirty are already ongoing.

My presentation at the May 3<sup>rd</sup> Board meeting will provide a quick overview of the DRAFT Kitsap Plan to orient the Board, with time allowed for a short discussion about potential next steps.

# Kitsap County Work Related to 2016 Washington State Interagency Opioid Working Plan

Susan Turner MD, MPH, MS  
Health Officer



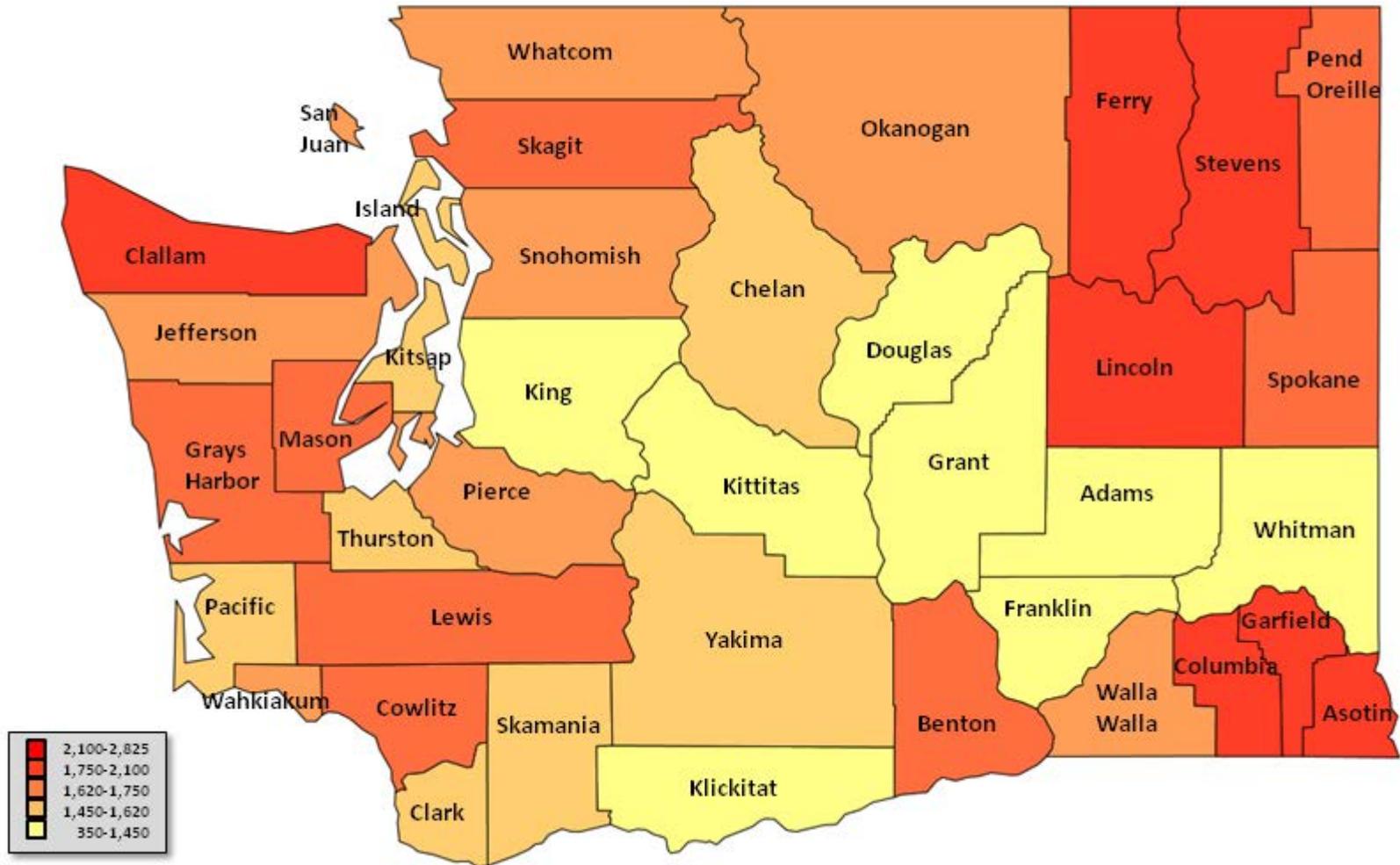
KITSAP PUBLIC HEALTH DISTRICT

# Kitsap County Opiate Data

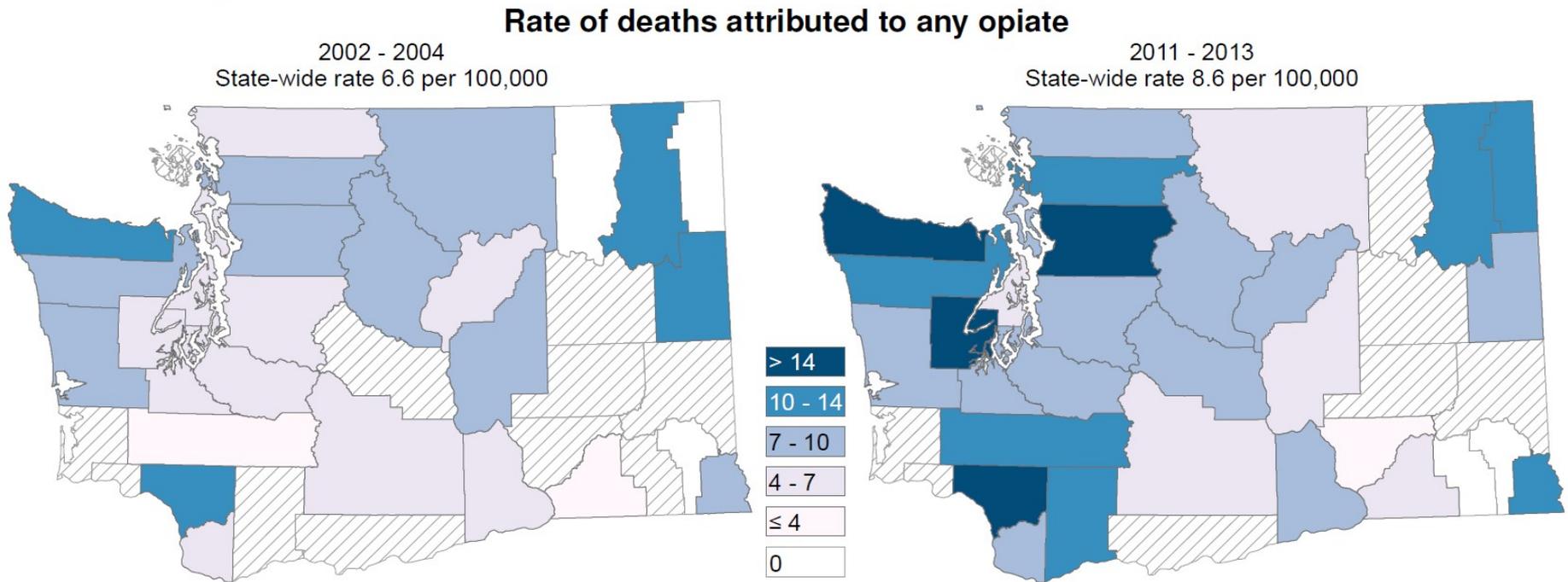
- Prescriptions for controlled substances
- Opioid-associated death rate
- Opioid-related hospitalization rate
- Drug of choice at entry into treatment (proxy for prevalence of use of certain drugs)
- Maternal hospitalizations associated with substance use diagnosis (proxy for affect on moms and babies)



# Prescriptions per 1000 residents: All controlled substances 2014

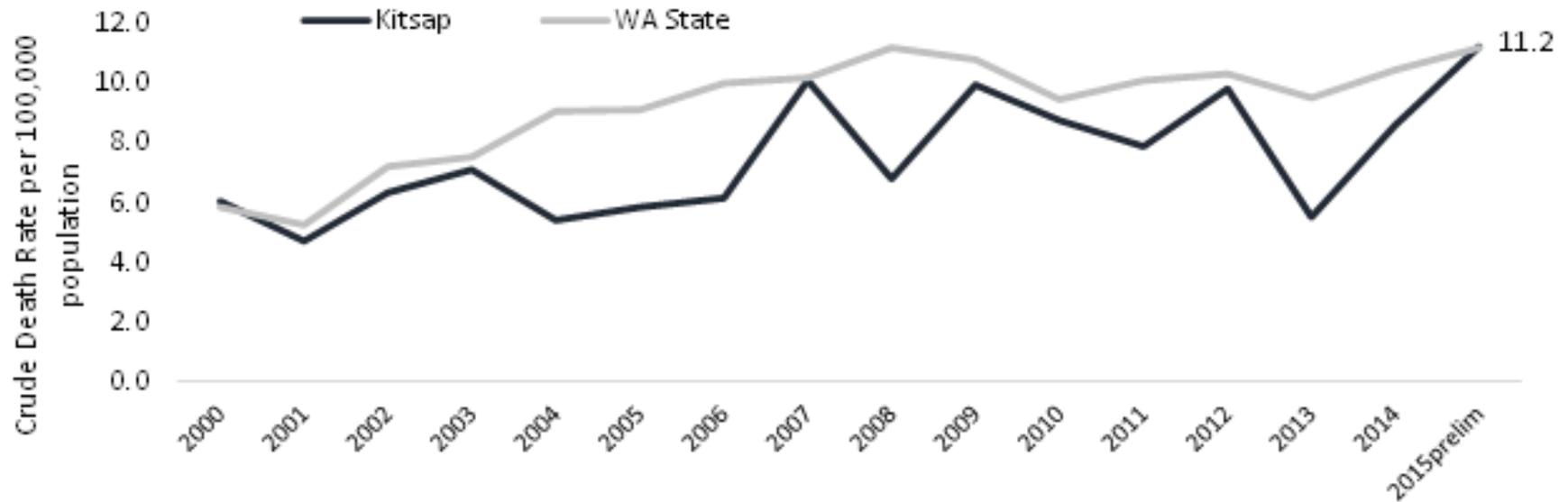


# Opioid-associated death rate

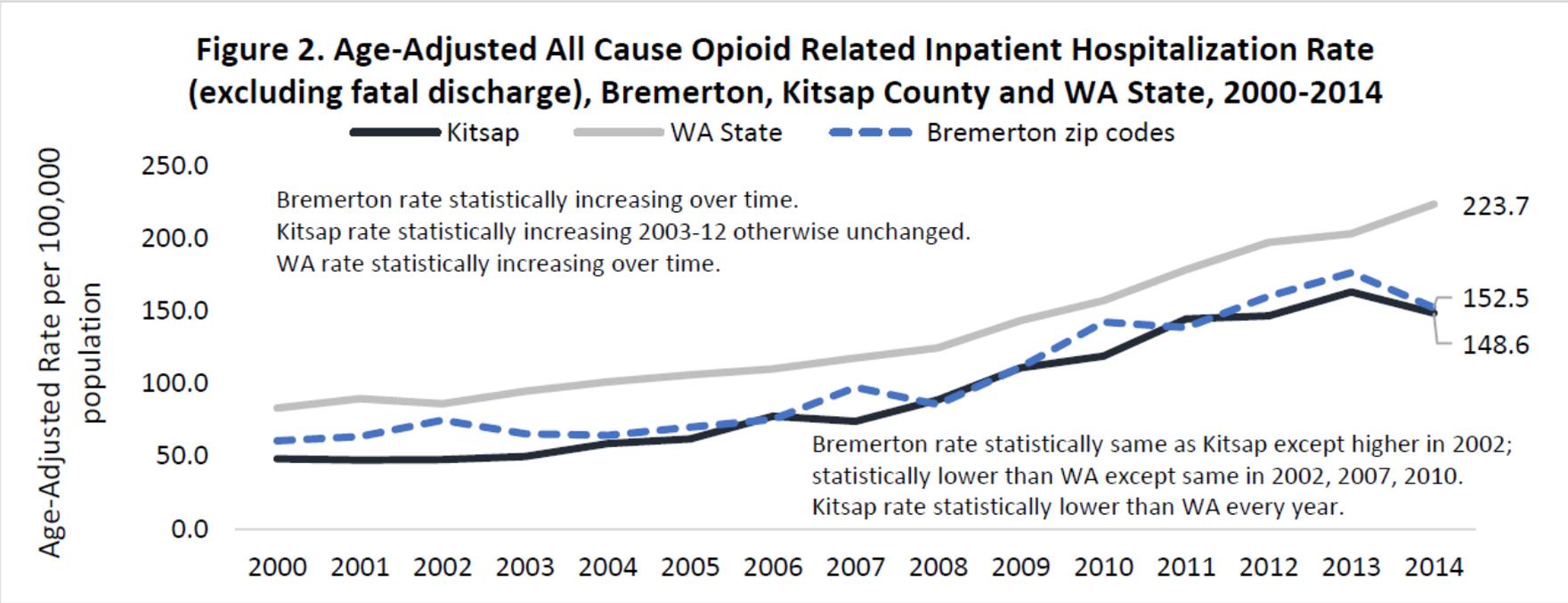


# Opiate-Related Death Rate

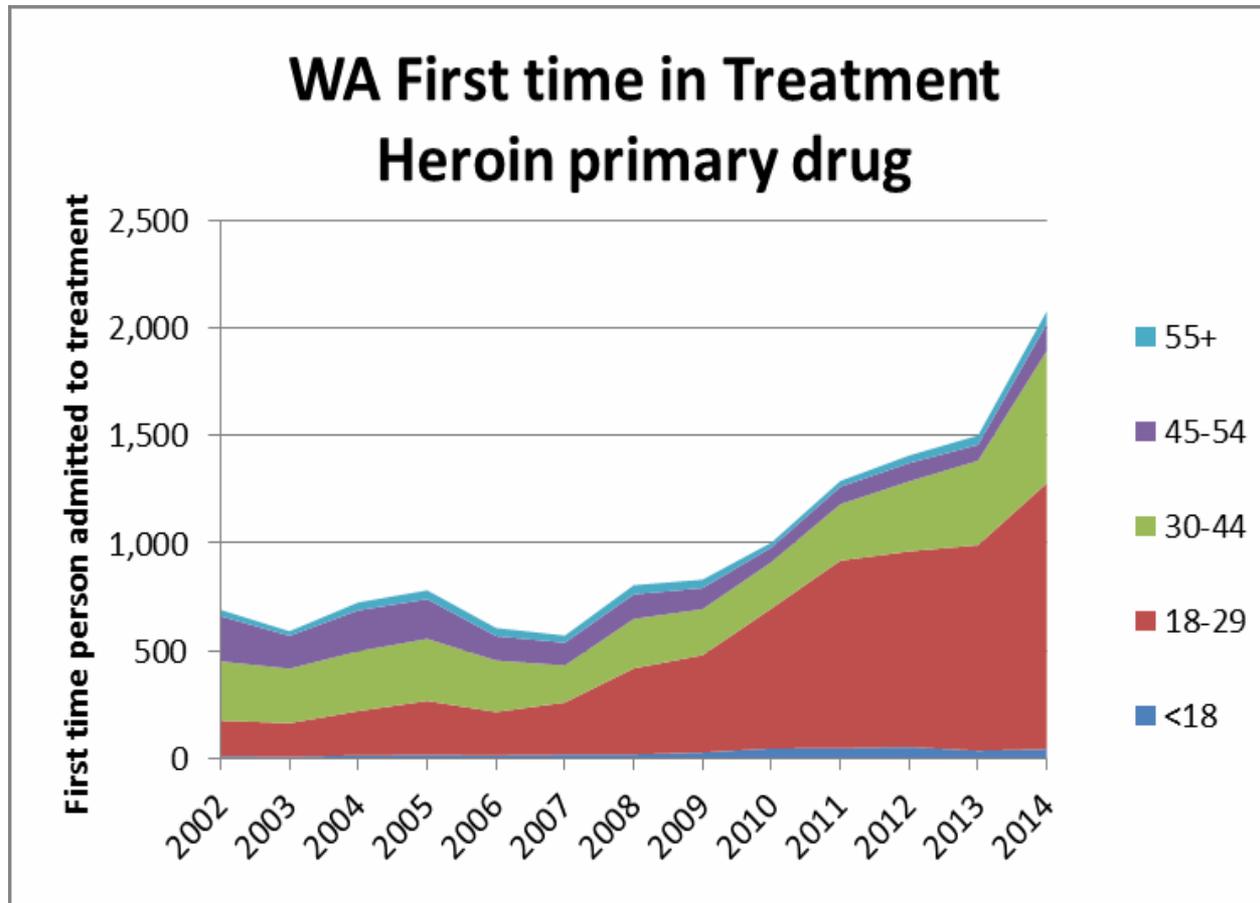
**Total Opioid Related Crude Death Rate, Kitsap County and WA State, 2000-2015 preliminary** (2000-2013 DOH Opiate overdose database; 2014, 2015 DOH death certificate database, KPHD analysis)



# More Opiate-Related Hospitalizations



# More Young Heroin Users Entering Treatment



# Substance Use Affecting Moms & Babies

Figure 1

Maternal Hospital Stays including Substance Use Dx  
WA and U.S. Trend of Rates, 1990-2014

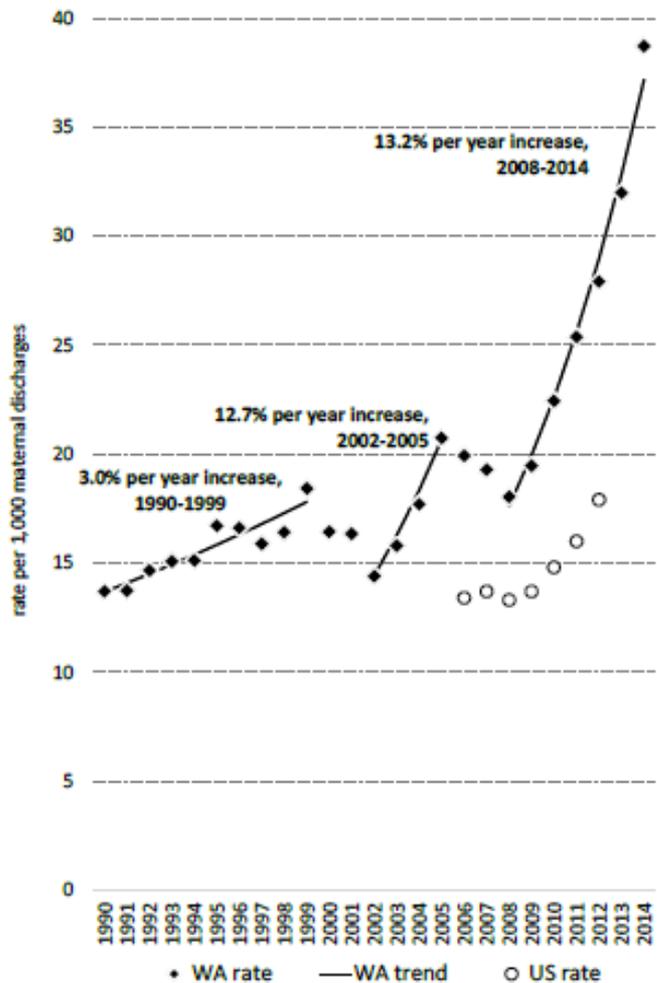
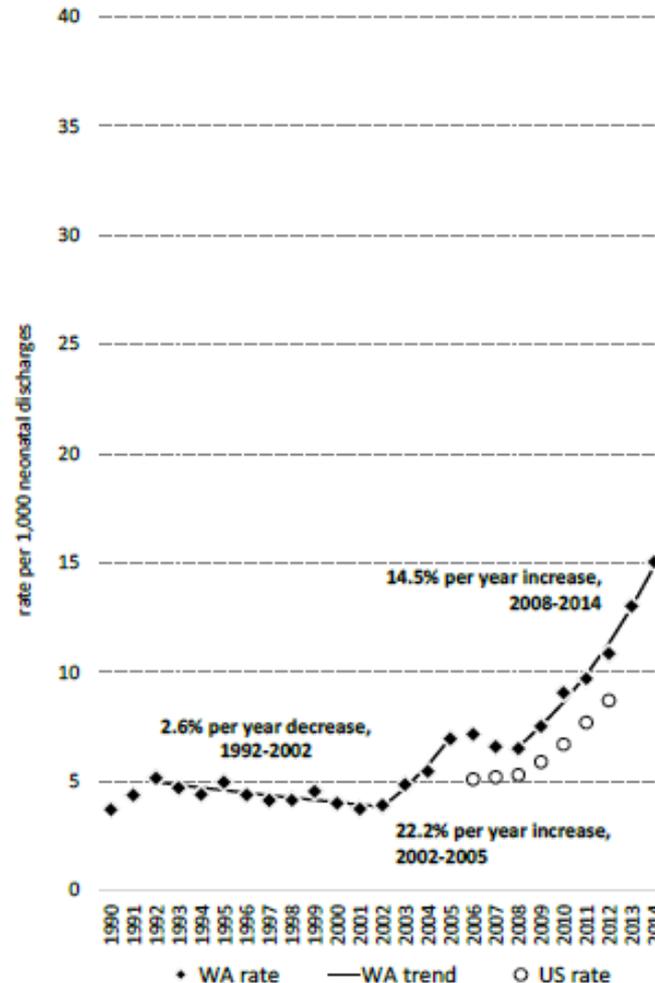
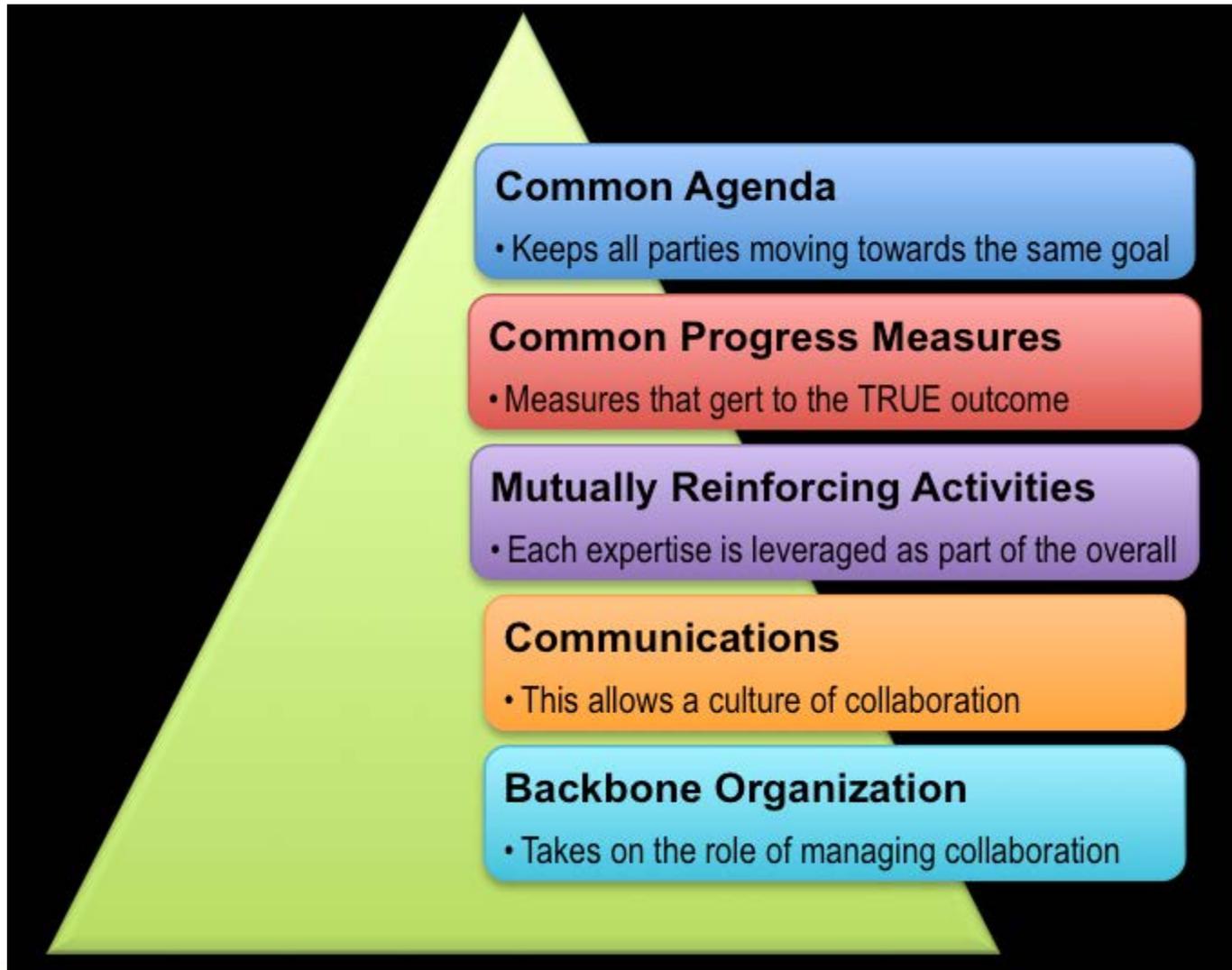


Figure 2

Newborn Hospital Stays including a Substance Use-Related Dx  
WA and U.S. Trend of Rates, 1990-2014



# Collective Impact to Address Complex Issues



# Early Kitsap Working Group Members

- Kitsap County Department of Human Services
- Kitsap Public Health District
- Salish Behavioral Health Organization
- Kitsap County Substance Abuse Prevention Services
- Peninsula Community Health Services
- Olympic Educational Service District 114
- Kitsap Mental Health Services
- Local law Enforcement Agencies



# 2016 Washington State Interagency Opioid Working Plan

## Priority Goals

**GOAL 1:**  
Prevent opioid misuse and abuse.

**GOAL 2:**  
Treat opioid dependence.

**GOAL 3:**  
Prevent deaths from overdose.

**GOAL 4:**  
Use data to monitor and evaluate.



Improve prescribing practices.

Expand access to treatment.

Distribute naloxone to people who use heroin.

Optimize and expand data sources.

## Priority Actions



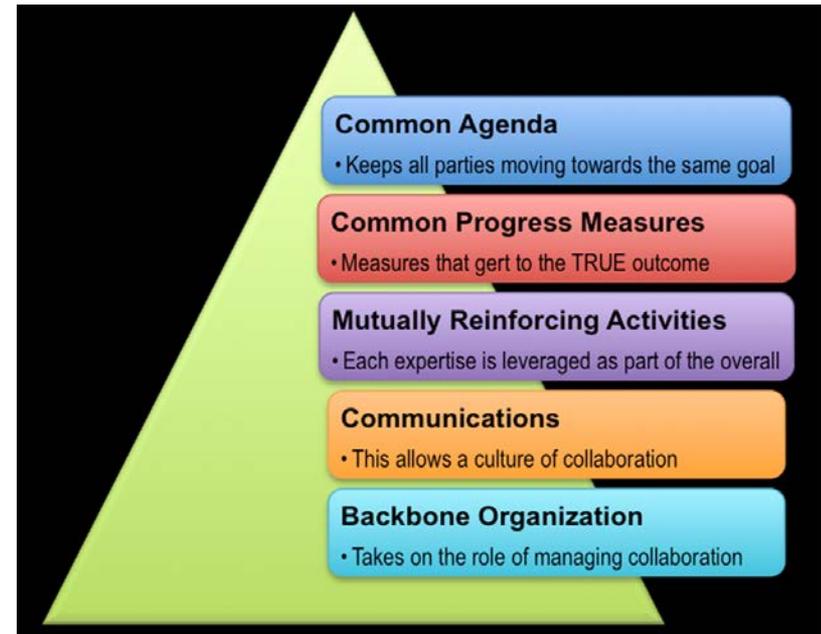
# Inventory Summary

- 77 activities overall in State Plan
- Potentially 30 Kitsap activities
  - 25 activities appropriate at local level
  - 5 activities may occur in Kitsap that are not on State Plan
- Eight of the 30 potential Kitsap activities are already ongoing



# Potential Next Steps

- Collective Impact Model
- Fall Stakeholder Meeting
- Could bring recommendations back to Kitsap Public Health Board, and the Board could consider endorsing the Community Plan



# 2016 DRAFT Kitsap County Interagency Opioid Working Plan

## INTRODUCTION

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. According to a recent statewide survey of syringe exchange clients, 57% of those who inject heroin said they were “hooked on” prescription opiates before they began using heroin.<sup>1</sup> **In Kitsap County, in 2015, there were 29 opioid-related deaths, according to preliminary counts. Eight were associated with heroin.**

State government agencies, local health departments, professional groups and community organizations across Washington State have been actively building networks and capacity to reduce morbidity and mortality associated with opioids. Several agency members of the Department of Health’s Unintentional Poisoning Workgroup collaborated to develop a statewide working plan for opioid response.

The **WA State Interagency Opioid Working Plan** outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time.

## PLAN OVERVIEW

The WA State Interagency Opioid Working Plan includes four priority goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

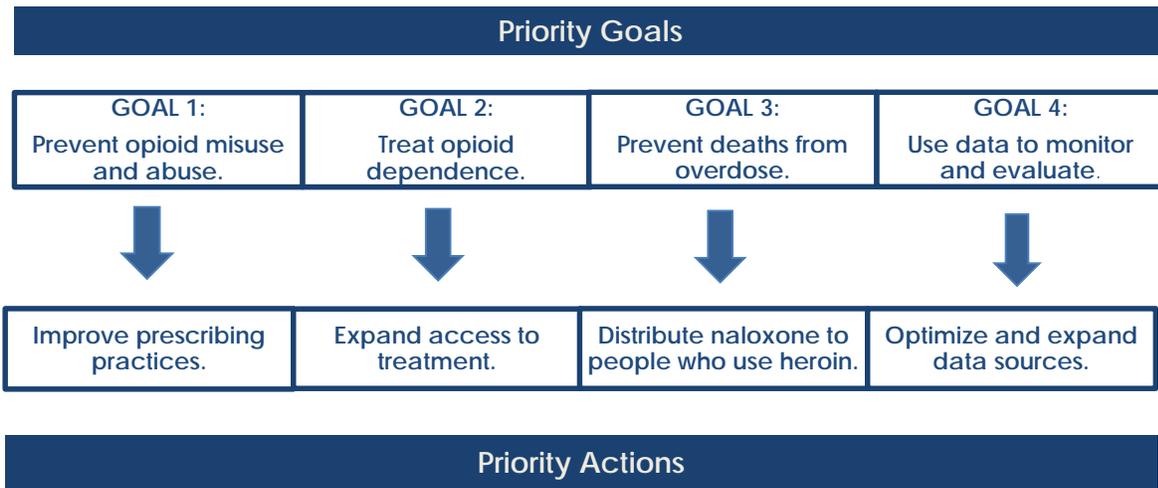
Collectively, the strategies and specific actions to achieve these goals target:

- **Individuals:** Those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents and clients of syringe exchange programs.
- **Professionals:** Includes health care providers, pharmacists, first responders/law enforcement, social service providers and chemical dependency professionals.
- **Communities:** Includes family members, tribes, local municipalities, schools, community prevention coalitions and citizen groups.



<sup>1</sup> 2015 Drug Injector Health Survey, University of Washington and Public Health – Seattle & King County.

- Systems: Includes policies, financing structures, and information systems in medical, public health, criminal justice and other fields.



## COORDINATION AND IMPLEMENTATION

Partners from all sectors are driving forward implementation of these strategies including state-level agencies and policy makers, professional associations, law enforcement, local health departments, tribal authorities, service providers, community coalitions and many others. The following stakeholders have expressed a particular interest and commitment to addressing opioid use and overdose prevention:

### State-level agencies:

Department of Health (DOH)  
 Department of Labor & Industries (L&I)  
 Department of Social and Health Services (DSHS)  
 Division of Behavioral Health and Recovery (DBHR)  
 Health Care Authority (HCA)  
 WA Poison Center (WPC)  
 Office of Superintendent of Public Instruction (OSPI)  
 WA State Patrol (WSP)  
 Northwest High Intensity Drug Trafficking Area (NWHIDTA)  
 Department of Corrections (DOC)  
 US Attorney General’s Office (USAG)  
 Administrative Office of the Courts (AOC)  
 Prevention Enhancement Policy Consortium

### Professional associations:

Agency Medical Directors’ Group (AMDG)  
 WA State Medical Association (WSMA)  
 WA State Hospital Association (WSHA)  
 WA State Nurses Association (WSNA)  
 WA Chapter-American College of Emergency Physicians (WA-ACEP)  
 WA State Pharmacy Association (WSPA)

WA State Dental Association (WSDA)  
WA Society of Addiction Medicine (WSMA)  
Dental Quality Assurance Commission (DQAC)  
Medical Quality Assurance Commission (MQAC)  
Nursing Care Quality Assurance Commission (NCQAC)  
Board of Osteopathic Medicine and Surgery (BOMS)  
Podiatric Medical Board (PMB)  
Bree Collaborative (Bree)  
WA State Association of Police Chiefs (WASPC)  
WA Association of Prosecuting Attorneys (WAPA)

**Academic institutions:**

University of Washington: Alcohol and Drug Abuse Institute (UW ADAI)  
Center for Opioid Safety Education (COSE)

Four state level workgroups have been designated to coordinate the action steps under each of the four goals of the plan. Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

- **Prevention Workgroup** (Goal 1):  
Julia Havens, Division of Behavioral Health and Recovery *greesjr@dshs.wa.gov*  
Jaymie Mai, Department of Labor & Industries *maj235@lni.wa.gov*
- **Treatment Workgroup** (Goal 2):  
Thomas Fuchs, Division of Behavioral Health and Recovery *fuchstj@dshs.wa.gov*
- **Naloxone Workgroup** (Goal 3):  
Susan Kingston, UW Center for Opioid Safety Education *kingst1@uw.edu*
- **Data Workgroup** (Goal 4):  
Kathy Lofy, Department of Health *kathy.lofy@doh.wa.gov*

**Kitsap County Entities**

- **Kitsap Public Health District:**
  - Susan Turner MD, Health Officer
- **Kitsap County Department of Human Services:**
  - Doug Washburn, Director
  - Gay Neal, Coordinator Mental Health, Chemical Dependency and Therapeutic Court Programs
- **Salish Behavioral Health Organization:**
  - Sam Agnew, Chemical Dependency Programs Manager
- **Kitsap County Substance Abuse Prevention Services**
  - Laura Hyde, Substance Abuse Prevention and Youth Coordinator
- **Peninsula Community Health Services**
  - Jennifer Kreidler-Moss, Chief Executive Officer
- **Olympic Educational Service District 114**
  - Michelle Dower, Student Services Center Program Manager

- **Alyson Rotter, Student Services Program Manager**
- **Kitsap Mental Health Services**
  - **Damian Uzueta, Crisis Triage Center Director**

*Last updated April 21, 2016*

**GOALS AND STRATEGIES (See Last Page for Color Key)**

<b>GOAL 1: Prevent opioid misuse and abuse.</b>			
<b>STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Educate health care providers on revised Agency Medical Directors' Group <i>Interagency Guideline for Prescribing Opioids for Pain</i> and the <i>Washington Emergency Department Opioid Prescribing Guidelines</i> to ensure appropriate opioid prescribing	L&I (with Bree)	TBD
	Promote the use of the Prescription Drug Monitoring Program (PMP), including use of delegate accounts, among health care providers to help identify opioid use patterns, sedative co-prescribing, and indicators of poorly coordinated care/access.	DOH	TBD
NEW ACTION	Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder.	TBD	-----
	Train, coach and offer consultation with providers on opioid prescribing and pain management (e.g., TelePain video conferencing and e-newsletters).	HCA	-----
	Partner with professional associations and teaching institutions to educate dentists, osteopaths, nurses, and podiatrists on current opioid prescribing guidelines.	TBD	-----
	Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.	TBD	-----
	Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing.	HCA	-----
	Encourage licensing boards of authorized prescribers to mandate CEUs on opiate prescribing and pain management guidelines.	TBD	-----
	Advocate for reimbursement of non-opioid pain therapies.	TBD	-----
<b>STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid safety (storage, disposal, overdose prevention and response). <a href="http://www.stopoverdose.org/docs/Naloxone_PRO_brochure.pdf">www.stopoverdose.org/docs/Naloxone_PRO_brochure.pdf</a> and <a href="http://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx">www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx</a>	TBD	TBD
	Provide targeted health education to opioid users and their social networks through print and web-based media.	COSE	TBD
	<b>Provide health education to clients of local syringe exchange programs</b>	-----	<b>KPHD</b>
	Promote accurate and consistent messaging about opioid safety and addiction by public health, law enforcement, community coalitions and others.	COSE	TBD
	Promote national social marketing campaigns on prescription opiates	DBHR	TBD

NEW ACTIONS	Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents.	TBD	-----
<b>STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.</b>		State	Kitsap
Ongoing	Work with community coalitions to implement strategies to prevent youth prescription drug misuse from the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. <b>[Locally work with Kitsap County's three Substance Abuse Prevention Coalitions (South Kitsap, Bremerton, North Kitsap) and establish coalitions in Bainbridge and Central Kitsap]</b> ( <a href="http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf">http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf</a> )	DBHR	KCDHS
	Identify prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan.	DBHR	-----
<b>STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.</b>		State	Kitsap
Ongoing	Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication	TBD	TBD
	Promote the use of home lock boxes to prevent unintended access to medication	TBD	-----
	<b>Educate recipients of KPHD parent-child health programs on the importance of properly storing and disposing of prescription medications</b>	-----	KPHD
	<b>Promote drug take-back days and events (not on state plan)—may not be sustainable without additional funding</b>	-----	KCSD
NEW ACTION	Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs	TBD	TBD
<b>STRATEGY 5: Decrease the supply of illegal opioids.</b>		State	Kitsap
Ongoing	Partner with law enforcement to decrease illicit distribution of opioids.	DOH	-----
NEW ACTION	Increase the number of investigations on unlawful prescribing practices. Coordinate with law enforcement if prescribers are arrested so that patients can be adequately treated.	WSP	-----
	Educate law enforcement on the PMP and how it works.	DOH	-----
	Educate local law enforcement about how to handle reports of illegal prescribing. If necessary, develop and monitor an anonymous tip line for health providers, pharmacists and the public to report unlawful prescribing practices.	WSP	-----

<b>GOAL 2: Link individuals with opioid use disorder to treatment support services.</b>			
<b>STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder (OUD), and link patients to appropriate treatment resources.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Educate providers across all health professions on how to recognize signs of opioid misuse among patients and how to use appropriate tools to screen for OUD.	TBD	-----
	Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.	TBD	-----
	<b>Provide information to local healthcare providers about training on opioid use and prescribing practices</b>	-----	<b>KPHD</b>
NEW ACTION	Strengthen addiction education in all health teaching institutions and residency programs. <b>[KPHD/H.O. to advocate with Harrison Family Medicine Residency]</b>	TBD	<b>TBD</b>
	Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.	TBD	<b>TBD</b>
<b>STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity.	HCA	<b>TBD</b>
	Provide technical assistance and resources to county health officers to advocate for expanded local access to OUD medications.	COSE	-----
NEW ACTION	Build up structural supports (e.g., case management capacity) to support medical providers and staff to implement and sustain buprenorphine treatment. <b>[PCHS doing this within their clinics]</b> <ul style="list-style-type: none"> <li>Consider use of “hub and spoke” and Center of Excellence models.</li> <li>Leverage funding and human resources for telemedicine support.</li> </ul>	DBHR, UW, ADAI	<b>TBD</b>
	Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.	DBHR	<b>TBD</b>
	<b>Increase the number of opioid treatment programs that offer medication assisted therapies for SUD</b>	-----	<b>TBD</b>
	Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards/medications for OUD. <b>[Health Officer/KPHD to encourage Harrison Family Medicine Residency to provide this]</b>	TBD	<b>KPHD</b>
	Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment.	DBHR, HCA	-----
	Expand peer-based recovery support/coach programs within medication-assisted treatment programs.	DBHR	-----
	Separate buprenorphine from existing daily reimbursement rate for opioid treatment program providers and create a differential reimbursement rate for buprenorphine.	DBHR, HCA	-----
	Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field.	DBHR	<b>TBD</b>

<b>STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.</b>		State	Kitsap
Ongoing	Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist therapies for people under criminal sanctions.	TBD	KCSC
	<b>Provide MAT as an option for participants in the Adult Felony Drug Court</b>	----	KCSC
NEW ACTION	Optimize access to chemical dependency treatment services for offenders who have been released from prison into the community and for offenders living in the community under correctional supervision.	DBHR, HCA	TBD
	Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder.	DBHR, HCA	-----
	Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.	DBHR	-----
<b>STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.</b>		State	Kitsap
Ongoing	Regularly collect primary data to document current health needs of individuals who inject heroin.	COSE	TBD
	Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs.	COSE	-----
NEW ACTION	Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education.	DOH, DBHR	-----
	Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand syringe exchange and drug user health services.	DOH, DBHR, COSE	-----
<b>STRATEGY 5: Identify and treat opioid use disorder among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns.</b>		State	Kitsap
Ongoing	Improve ability of health care providers to effectively screen and identify PPW with opioid use disorder and refer for treatment. Disseminate the <i>Substance Use during Pregnancy: Guidelines for Screening and Management</i> best practice guide.	DOH	TBD
NEW ACTION	Add overdose education (including how and where to obtain naloxone) to care recommendations in the <i>Substance Use during Pregnancy: Guidelines for Screening and Management</i> best practice guide.	DOH	-----
	Disseminate the <i>WA State Hospital Association Safe Deliveries Roadmap</i> standards to health care providers to improve screening and referral of substance use disorders in pre-pregnancy, pregnancy, and post-partum care.	DOH, WSHA	-----
	Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians.	DBHR, WSHA	-----
	Add overdose education (including how and where to obtain naloxone) to the Parent-Child Assistance Program and Safe Babies Safe Moms websites and websites of host agencies.	PCAP	-----
	Educate pediatric and family medicine providers to recognize and appropriately refer newborns with NAS.	DOH	-----

<b>GOAL 3: Intervene in opioid overdoses to prevent death.</b>			
<b>STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Provide technical assistance to opioid treatment programs to develop site-specific protocols to implement overdose education and naloxone access for clients.	COSE	-----
	Provide technical assistance to criminal justice programs to implement overdose education for people under criminal sanctions (i.e., jail, prison, drug courts).	COSE	-----
	Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.		-----
NEW ACTION	Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs.	DBHR	-----
	Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.	COSE, ACEP	-----
<b>STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.</b>		<b>State</b>	<b>Kitsap</b>
NEW ACTION	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.	DOH	-----
	Create a centralized naloxone procurement and distribution process at the state level.	DOH, DBHR	-----
	Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs.	DOH, DBHR	-----
	Substantially increase the number of naloxone doses paid for by Medicaid.--Ensure Medicaid contracts require naloxone with no prior authorization and promote Medicaid as a resource for naloxone	HCA	-----
	Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.	WSPA, COSE	-----
	Promote co-prescribing of naloxone for pain patients as best practice per Agency Medical Director Guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.	DOH, LNI	-----
<b>STRATEGY 3: Promote awareness and understanding of WA State’s Good Samaritan law.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Educate law enforcement, prosecutors and the public about the law.	COSE	-----
NEW ACTION	Incorporate Good Samaritan law education into standard law enforcement academy curriculum.	WSP	-----

<b>GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.</b>			
<b>STRATEGY 1: Improve Prescription Monitoring Program (PMP) functionality to document and summarize patient and prescriber patterns to inform clinical decision-making.</b>		<b>State</b>	<b>Kitsap</b>
NEW ACTION	Increase PMP reporting frequency from weekly to daily.	DOH	-----
	Provide easy access to the PMP data for providers through electronic medical record systems.	DOH	-----
	Reduce current policy and technical barriers to enable sharing of PMP data with border states.	DOH	-----
	Provide MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.	DOH	-----
	Explore options to require health care systems to connect to the PMP through the statewide electronic health information exchange.	DOH	-----
<b>STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Link PMP data to overdose death and hospitalization data to determine relationships between prescribing, patient risk behavior, and overdoses. Disseminate results to individual counties.	DOH	-----
	Develop and disseminate population-level PMP reports on buprenorphine prescribing practices.	UW ADAI <i>funding ended 09-15</i>	<b>KPHD</b>
NEW ACTION	Develop measures using PMP data to monitor prescribing trends and assess impact of interventions on prescribing practices.	DOH	-----
	Explore options to aggregate and analyze PMP data by health plan/payer.	DOH	-----
<b>STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Monitor and publish data on opioid-related hospitalizations and deaths, treatment admissions and police evidence data.	UW ADAI	<b>KPHD</b>
	Publish Information Briefs to promote evidence-based policymaking and service planning.	UW ADAI	-----
NEW ACTION	Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment.	DOH	<b>TBD</b>
<b>STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.</b>		<b>State</b>	<b>Kitsap</b>
Ongoing	Evaluate policy interventions for effectiveness and impact (e.g., pain management rules, mandatory PMP registration).	<i>TBD</i>	<b>TBD</b>
NEW ACTION	Develop and track performance measures to determine whether goals and strategies of this plan are being achieved.	<i>TBD</i>	<b>TBD</b>

## Color Key for Kitsap Plan:

**Bolded Red Font** denotes a Kitsap-only Activity (i.e. the activity is not listed in the state plan)

**Blue fill** denotes an activity most appropriate at the state level, and not at the local level, regardless of whether the activity is “Ongoing” or a “NEW ACTION”

**Green fill** denotes an activity that is “Ongoing”

**Rose fill** denotes an activity that is a “NEW ACTION” in Kitsap