

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

March 5, 2024

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

Chambers Room, Bremerton Government Center

345 6th Street, Bremerton WA 98337

(Health Board members may participate remotely via Zoom)

- 10:30 a.m. 1. Call to Order
Dr. Tara Sell, Chair
- 10:31 a.m. 2. Update 2024 Board Committee Assignments *Page 4*
Dr. Tara Sell, Chair
- 10:32 a.m. 3. Approval of February 6, 2024, Meeting Minutes *Page 5*
Dr. Tara Sell, Chair
- 10:33 a.m. 4. Approval of Consent Items and Contract Updates
Dr. Tara Sell, Chair [External Document](#)
- 10:34 a.m. 5. Public Comment – **Please See Notes at End of Agenda for Attendees**
Dr. Tara Sell, Chair
- 10:54 a.m. 6. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Yolanda Fong, Administrator

ACTION ITEMS

- 11:00 a.m. 7. Corrected Environmental Health Fee Schedule *Page 11*
John Kiess, Environmental Health Director

DISCUSSION ITEMS

- 11:05 a.m. 8. Healthcare System Challenges and Opportunities in Kitsap Report
Johns Hopkins Center for Health Security *Page 26*
- 11:45 a.m. 9. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

Attending/viewing Health Board meetings

Members of the public can attend Kitsap Public Health Board meetings **in person** at the time and location listed at the top of the agenda.

Health Board meetings will broadcast **live on Comcast channel 12, WAVE channel 3, and on the BKAT website at <https://www.bremertonwa.gov/402>**. A video recording of the meeting will be made available at <https://kitsappublichealth.org/about/board-meetings.php>, typically within 48 hours of meeting adjournment.

Providing public comment

Verbal public comment: Members of the public can provide spoken public comment to the Health Board by attending the meeting in person at the time and location listed at the top of the agenda.* Members of the public who attend in person can make verbal comments during the Public Comment agenda item or as specified by the Health Board Chair.

As this meeting is a regular business meeting of the Health Board, the Chair will establish a time limit for public comment to ensure enough time is allowed for all agenda items to occur prior to adjournment. Each public commenter will receive a specific amount of time to address the board as determined by the Chair.

Written comments may be submitted by mail or email to:

Mail:

Kitsap Public Health Board
Attention: Executive Secretary
345 6th Street, Suite 300
Bremerton, WA 98337

Email:

healthboard@kitsappublichealth.org

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

**If you are unable to attend a meeting in person and need to request an accommodation to provide verbal public comment, please email healthboard@kitsappublichealth.org or call 360-728-2235.*

Health Board meeting notifications and materials

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A schedule of regular Health Board meetings is posted at <https://kitsappublichealth.org/about/files/board-meeting-schedule.pdf>

Materials for each meeting, including an agenda, minutes from the prior Health Board meeting, and informational meeting packet, are posted prior to each scheduled meeting at <https://kitsappublichealth.org/about/board-meetings.php>. Printed materials are available for meeting attendees. A video recording and copies of presentations are posted to the board meetings website after each meeting.

2024 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Member Dr. Tara Sell
Vice Chair: Commissioner Christine Rolfes

2024 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Amended March 5, 2024

**Finance &
Operations**

Member Drayton Jackson
Chair Dr. Tara Sell
Member Jolene Sullivan
Mayor Greg Wheeler

Policy

Mayor Becky Erickson
Member Stephen Kutz
Commissioner Christine Rolfes
Member Jolene Sullivan
Member Dr. Michael Watson

Personnel

Mayor Becky Erickson
Councilperson Ashley Mathews
Mayor Rob Putaansuu
Chair Dr. Tara Sell

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
February 6, 2024**

The meeting was called to order by Vice Chair Christine Rolfes at 10:30 a.m.

Vice Chair Rolfes welcomed new Board member, Councilperson Ashley Mathews representing the south ward of Bainbridge Island. Councilperson Mathews shared enthusiasm for joining this Board to improve public health and said she brings her own experiences of health and disparities, especially as a young mom. She is passionate about these issues as well as mental health, behavioral health and addiction.

Board members and Health District staff each provided a brief introduction.

APPROVAL OF MINUTES

Member Dr. Michael Watson moved and Member Stephen Kutz seconded the motion to approve the minutes for the January 2, 2024, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 2308 Amendment 1, *The People's Harm Reduction Alliance, Syringe Exchange Program*
- 2385, *Clallam County, Communicable Disease/Opioid Dashboard*
- 2386, *Kitsap County, Communicable Disease/Opioid Dashboard*
- 2387, *Jefferson County, Communicable Disease/Opioid Dashboard*
- 2390, *Kitsap County, Nurse Family Partnership*
- 2391, *Spectra Labs, Kitsap LLC, PIC Lab Analysis*

Member Kutz moved and Mayor Becky Erickson seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

1. Roy Runyon, Bremerton resident, asked the Board to support House Bill 2472, providing state matching funds for programs supported by the county and sales use tax for chemical dependency, mental health treatment, and therapeutic courts. Kitsap County has a 1/10th of 1% sales tax for mental health and substance abuse. This funding could support a new homeless shelter in Bremerton.
2. Akuyea Karen Vargas, Bainbridge Island resident, suggested a community-wide intervention and creating systems for training parents, educators, and youth on substance use prevention. She said she hopes local and state groups can come together to address youth mental health, suicide, prevention, and addiction.

Vice Chair Rolfes noted Dana Bierman will be addressing the Health District's youth substance use prevention program later on the agenda and requested an update on the 2024 opioid settlement.

ADMINISTRATOR'S REPORT

Administrator Update:

Yolanda Fong, Administrator, shared two updates:

Kitsap Community Health Priorities (KCHP)

- KCHP information is available on Health District website <https://kitsappublichealth.org/information/kchp.php>
- January 11, 2024 – Health District led first Community Health Improvement Plan Prioritization Convening. Over 70 participants voted to narrow prioritization to three themes:
 - Addressing gaps in healthcare access
 - Expand care options for mental health and substance use disorders
 - Ensure affordable and safe housing
- Next meeting scheduled for February 8, 2024.

Strategic Plan Update

- New Strategic Plan Report is available on Health District website <https://kitsappublichealth.org/about/files/StrategicPlan.pdf>
- Report covers Strategic Implementation Plan which includes objectives
- Strategic Plan work led by Kandice Atisme-Bevins

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, noted the Health District's Strategic Plan and Community Health Improvement Plan address the two public comments made today and connect to the Health District's Legislative Priorities.

Dr. Morrow also shared two updates:

Respiratory Illness Season

- Influenza, COVID-19, and RSV have all been present this flu season, though at a lesser intensity than the past two years.
- COVID-19 hospitalizations and deaths have decreased since 2022.
- COVID-19 vaccinations for the 2023-24 booster are available now and cut the likelihood of a symptomatic illness in half but have had a slow intake.

- Newer RSV immunizations like Nirsevimab, for infants, have been in short supply this year but are a promising option for the future.

Partnership Events

- Naloxone training at Poulsbo City Hall
- Vaccine Information Campaign with trusted health providers
- Washington Department of Health's Care-a-Van
- Roundtable with Representative Derek Kilmer to address behavioral health access concerns
- Olympic College allied health expansion plans

Many Board members voiced support and an interest in hosting additional naloxone trainings. There was also discussion around accessibility of vaccines in Kitsap pharmacies.

There was no further comment.

RESOLUTION 2024-01, APPROVING AMENDMENT TO 2015-03 APPOINTING DEPUTY HEALTH OFFICERS

Dr. Morrow provided the Board with an overview of Resolution 2024-04, Approving Amendment to 2015-03 Appointing Deputy Health Officers, which would provide the Health Officer with additional call backup.

Mayor Erickson moved and Member Watson seconded the motion to approve Resolution 2024-04, Approving Amendment to 2015-03 Appointing Deputy Health Officers. The motion was approved unanimously.

There was no further comment.

POLICY MAP

Adrienne Hampton, Policy Analyst, provided the Board with a presentation on the Health District's finalized version of the Policy Map, which highlights the following priorities:

- Optimize Foundational Public Health Services
- Promote equitable access to quality healthcare and services
- Respond to emerging public health needs to increase health equity
- Support initiatives championed by community partners

Mayor Greg Wheeler moved and Councilperson Mathews seconded the motion to approve the Health District's Policy Map. The motion was approved unanimously.

There was no further comment.

2024 LEGISLATIVE PRIORITIES

Ms. Hampton provided the Board with a presentation on the Health District's 2024 Legislative Priorities.

The Health District's proposed 2024 legislative priorities are:

- Support funding to sustain and strengthen behavioral health systems and supportive services for youth
- Support equitable access to affordable and quality healthcare and services
- Support and ensure access to innovative immunization technologies
- Support opioid response, prevention education, low barrier treatment programs, and resources for youth and first responders
- Support environmental public health programs and assessments
- Support modernizing Washington's child death review statute

The 2024 State Legislative Session started on January 8, 2024. The last day allowed for regular session under state constitution is March 7, 2024.

Following Board discussion, Mayor Erickson moved and Member Watson seconded the motion to approve the Health District's 2024 Legislative Priorities. The motion was approved unanimously.

YOUTH SUBSTANCE USE PREVENTION 2023 HIGHLIGHTS

Dana Bierman, Chronic Disease and Injury Prevention Program Manager, provided the Board with a presentation on the Health District's Youth Cannabis and Commercial Tobacco Prevention Program, which included:

- An overview of our Chronic Disease & Injury Prevention Program
- An overview of the Youth Cannabis and Commercial Tobacco Prevention Program
- An explanation of early prevention, or "upstream," factors that influence youth substance use
- Highlights of 2023 work and upcoming work

Also of note, the district provided 8 mini grants (\$3K) to local youth serving organizations in 2023 and has 7 new mini grants to give out for 2024. The 2023 Healthy Youth Survey data should be available in the spring.

There was Board support of this work and additional discussion around opioid abatement funds and prescribing practices.

MATERNAL AND INFANT HEALTH UPDATE

Jessica Guidry, Assistant Community Health Director, provided the Board with a presentation on the 2023 Maternal and Infant Health Forum and the Health District's activities related to this work.

The Maternal and Infant Health Forum's recommendations informed a plan with the following objectives:

1. Increase and improve maternal and infant health services impacting populations with the highest health disparities in Kitsap County.
2. Improve service navigation for pregnant and parenting families and increase access to home visiting programs.
3. Improve funding and resources that address maternal and infant health needs in Kitsap County.

There was Board discussion around the importance of infant health and its impact on an individual's future health and experiences.

ADJOURN

There was no further business; the meeting adjourned at 11:55 a.m.

Dr. Tara Sell
Kitsap Public Health Board

Yolanda Fong
Administrator

Board Members Present: *Mayor Becky Erickson; Member Stephen Kutz; Councilperson Ashley Mathews; Councilperson Scott Diener (alternative for Rob Putaansuu); Commissioner Christine Rolfes; Member Jolene Sullivan; Member Dr. Michael Watson; Mayor Greg Wheeler.*

Board Members Absent: *Member Drayton Jackson and Member Dr. Tara Sell.*

Community Members Present: *Roy Runyon, Bremerton resident; and Akuyea Karen Vargas, Living Arts Cultural Heritage & Living Life Leadership.*

Scribe: *Angie Berger, Management Analyst, Kitsap Public Health District.*

Staff Present: *Amy Anderson, Community Liaison, Public Health Emergency Preparedness and Response; Leslie Banigan, Senior Environmental Health Specialist, Pollution Identification and Correction; Dana Bierman, Program Manager, Chronic Disease and Injury Prevention; Margo*

Chang, Administrative Assistant, Administration; Maria Fergus, Community Engagement Specialist, Equity; Yolanda Fong, Administrator, Administration; Adrienne Hampton, Policy, Planning, and Innovation Analyst, Administration; John Kiess, Director, Environmental Health Division; Siri Kushner, Director, Public Health Infrastructure Division; Melissa Laird, Program Manager, Accounting and Finance; Emily Main, Program Coordinator I, Chronic Disease and Injury Prevention; Martitha May, Bilingual Community Health Worker, Parent Child Health; Dr. Gib Morrow, Health Officer, Administration; Suzanne Plemmons, Public Health Nurse, Communicable Disease; Tad Sooter, Public Information Officer, Program Manager, Communications; AND Erica Whares, Community Liaison, Chronic Disease and Injury Prevention.

DRAFT

MEMO

To: Kitsap Public Health Board
From: John Kiess, Environmental Health Director
Date: March 5, 2024
Re: 2024 Environmental Health (EH) Fee Schedule Correction

Background and Introduction

At the November 2023 regular Board meeting, with support of the Finance Committee, the Board adopted Resolution 2023-06, *Approving 2024 Environmental Health Division Service Fees* (see Attachment 1).

A noted change from previous fee schedules in the new resolution was the removal of a footnote that stated the first reinspection in a given permit year was “free” for permitted food service establishments, and the Health District would charge fees for subsequent reinspections. In an effort to recover the costs of service delivery (amounting to approximately \$74,000) and to incentivize food service establishments to meet the requirements of the food safety code, this footnote was removed. This change was noted in the Board packet memo and during the presentation made to the Board at the November 2023 meeting.

While the new 2024 fee schedule did not include the footnote, unfortunately language was left in place on the actual line item in the fee schedule that confuses this issue by stating the fee with additional language that says “after the first reinspection” (see highlighted page 3 of the fee schedule in Attachment 1). At this time, the Health District would like to remove this language to correct the 2024 fee schedule, meet the intent of the removal of the previous footnote and prevent any confusion for permit holders who may be subject to this fee.

Recommendation

The Health District recommends that the Board consider approving the corrected fee schedule for attachment to Resolution 2023-06 (see Attachment 2).

Please feel free to contact me at any time regarding these proposed fee revisions. I can be reached at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>GENERAL</u> ^{1,2,3} | 2024 Fee |
|---|----------------------|
| Administrative Meetings or Appeal Hearings: | |
| Pre-Application / Administrative Review Conference Fee ⁷ | 150 |
| Administrative Review Meeting with Environmental Health Director | 150 |
| Appeal Hearing with Health Officer | 450 |
| Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite) | 600 |
| Standard Hourly Rate | 150 |
| Delinquent Service/Payment > 30 days Overdue | 1%/day up to 30 days |
| Non-Sufficient Funds (NSF) Fee | 25 |
| Refund Handling Fee ⁴ | 25 |
| Photocopies (Plus postage and handling when applicable) | \$0.15/copy |
| Work without Prior Approval Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee. | Project Specific |
| <u>WATER</u> | 2024 Fee |
| (*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.) | |
| Group B public water system annual operating permit | 75 |
| Water Status Reports: | |
| Water Status Reports - Public Water Supply - Group A or B | 145 |
| Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample) | 315 |
| Water Status Reports - Private Individual and Private Two-Party (Includes bacteriological and nitrate water samples) | 345 |
| Water Status Reports - Private Individual and Private Two-Party (no water samples) | 295 |
| Amended Water Status Report (following correction of items of non-compliance - includes a site inspection and water sample) | 165 |
| Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling) | 110 |
| Building Clearances for Sewered Properties: | |
| Properties with a public water supply | 90 |
| Properties with a private water supply | 145 |
| Water System Reviews: | |
| New, Expanding, or Existing Unapproved Group B ⁵ | 1,030 |
| Alterations to Approved Group B ⁶ | 580 |
| Sanitary Surveys: | |
| Group A | 735 |
| Group B | 440 |
| Surface Seal Inspection | 145 |
| Well Decommissioning | 225 |
| Waiver Applications | 145 |
| Irrigation Well Waiver Applications | 295 |
| Well Site Inspections (Not Associated with BSA): | |
| Replacement, Group A or B Public Well Site, Irrigation or other Water Well | 590 |
| Amended Well Site Inspection | 145 |
| Coordinated Water System Plan Review | 145 |
| Miscellaneous: | |
| Copy of local regulations (Plus postage and handling when applicable) | 10 |
| Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified). | 145 |
| Private Water Supply Treatment Design Review ⁷ | 435 |
| Environmental Monitoring Services: Environmental Monitoring/Reporting ⁷ (Labor Only). | 145 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>ONSITE SEWAGE</u> ^{2,3} | 2024 Fee |
|---|-----------------|
| New/Alteration/Expansion Building Site Applications (BSA) (Total includes mandatory Drinking Water service charges as shown): | |
| Single Family Residential Onsite Sewage System w/Private Water Supply (Existing or proposed water source) | 1,085 |
| Single Family Residential Onsite Sewage System on Public Water Supply | 820 |
| Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply | 1,250 |
| Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply | 955 |
| Redesign BSA - with site visit | 330 |
| Redesign BSA - Design package change only, no site visit | 145 |
| Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s) | 550 |
| OSS Remediation Application | 295 |
| Drainfield Aeration Report | 115 |
| BSA Revisions (Minor Site Plan changes) | 75 |
| BSA Wet Weather Review ¹⁰ | 295 |
| Building Clearance (BC) - Residential | 335 |
| Building Clearance - Commercial | 550 |
| Building Clearance Exemption ¹¹ | 110 |
| Commerical Building Clearance Exemption ¹¹ | 145 |
| Accepted BSA/BC Records Replacement for Building Permit | 10 |
| BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently) | 295 |
| Sewage System Permits: | |
| New, Replacement, or Repair Installation | 600 |
| Tank Replacement/Connection, Component Repair/Replacement, Remediation | 225 |
| Re-Inspection for Sewage Disposal Permit Violation | 225 |
| OSS Installation Wet Weather Review | 145 |
| Monitoring and Maintenance Fees: ¹³ | |
| Annual Contract fee | 30 |
| Incomplete/Erroneous Report Resubmittal Fee | 30 |
| Pumping or Inspection Report Submittal Fee (RESERVED) | TBD |
| OSS Waiver Requests | 145 |
| Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications: | |
| Initial Certification | 440 |
| Annual Renewals of Valid Certifications: ⁸ | |
| Installer, Maintenance Specialist & Pumper (1st Truck) | 225 |
| Annual Pumper Renewal for Each Additional Truck | 75 |
| Homeowner Monitoring & Maintenance | 145 |
| Delinquent Certification Renewal Fee | 295 |
| Administrative Conference Fee for Health District Certified Contractors | 295 |
| State Licensed Designer/Engineer: Local Referral List Publishing & Maintenance (Optional) | 75 |
| Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴ | 295 |
| Amended OSS and/or Drinking Water Supply Evaluation Report - without a site visit (at Health District discretion) | 110 |
| Amended OSS and/or Drinking Water Supply Evaluation Report - with site visit | 145 |
| Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ⁷ | |
| Subdivision with Public Sewer | 215 |
| Subdivision with Onsite Sewage Systems (OSS) | 645 |
| Amended Subdivision with OSS | 295 |
| Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews) | 145 |
| Conditional Use/Other Land Use Applications | 145 |
| Miscellaneous: | |
| Copy of Local OSS Regulations (Plus Postage and Handling if Applicable) | 10 |
| Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified). | 145 |

Kitsap Public Health Board Resolution 2023-06

Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)

| <u>FOOD</u> ¹⁶ | 2024 Fee |
|---|-----------------|
| Bakeries | 460 |
| Bed & Breakfasts/Hotel/Motel (Breakfast Only) | 370 |
| Caterers: | |
| With Commissary | 755 |
| With Restaurant | 335 |
| Demonstrators | 335 |
| Food Handler Permits: | |
| (Set by State BOH) | 10 |
| Duplicate for Lost Card | 10 |
| Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20) | 360 |
| Groceries: | |
| 1-2 checkouts | 335 |
| 3 or more checkouts | 710 |
| Limited Menus | 370 |
| Meat/Fish Markets | 460 |
| Mobile Units | 755 |
| Restaurants (No Lounge): | 755 |
| Special Process Permit | 335 |
| Seasonal Restaurant Permit (75% of applicable fee) | 565 |
| Restaurants (With Lounge): | 830 |
| Special Process Permit | 335 |
| Warewashing Permit (No Food) | 320 |
| Schools: | |
| Central Kitchen | 745 |
| Preschools/Headstart/ECAP | 335 |
| Warming Kitchen | 370 |
| Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or the fee will be two (2) times the approved fee) | 160 |
| Plan Review and Pre-Op Inspections: ¹⁸ | |
| Change in Menu and/or Equipment Review | 255 |
| Mobile Units | 955 |
| Food Establishment Plan Review - All Other Establishments | 820 |
| Variance Request Review | 255 |
| Special Process Plan Review | 425 |
| Additional Inspections ^{17,19} | |
| Reinspection with a site visit (after first reinspection) | 160 |
| Reinspection without a site visit (at Health District discretion) | 90 |
| Temporary Permits (due 14 days prior to event): ²⁰ | |
| Bake Sale/Exempt Food Application Review | No Charge |
| Limited Menu - Single Event | 65 |
| Limited Menu - Seasonal Multiple Events | 105 |
| Non-Complex Menu: | |
| Single Event | 105 |
| Seasonal Multiple Events | 150 |
| Complex Menu: | |
| Single Event | 125 |
| Seasonal Multiple Events | 205 |
| Single Menu, Single Event, Multiple Vendors | 400 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>LIVING ENVIRONMENT</u> ¹⁶ | 2024 Fee |
|---|-----------------|
| Public or Semi Public Swimming Pools and Hot Tubs: ²¹ | |
| One Pool - Year Round Operation | 1,125 |
| Each Additional Year Round Pool | 205 |
| One Pool - Seasonal Operation | 870 |
| Each Additional Seasonal Operation Pool | 170 |
| Residential Neighborhood Private Pools ⁷ | 255 |
| Pool Pre-op Inspections | 480 |
| Reinspections: Each Re-Inspection after First Re-Inspection ¹⁹ | 160 |
| Water Recreation Facility Variance Request Review | 160 |
| School Plan Reviews ⁷ | |
| Primary School Construction Plan Review (hourly rate will apply after the first 10 hours) | 1,500 |
| Secondary School Construction Plan Review (hourly rate will apply after the first 14 hours) | 2,100 |
| Playground Construction Plan Review (hourly rate will apply after the first 4 hours) | 600 |
| Portable School Building Plan Review (hourly rate will apply after the first 3 hours) | 450 |
| Other School Project (hourly rate will apply after first 3 hours) | 450 |
| Camps ²² | 500 |
| <u>SOLID AND HAZARDOUS WASTE</u> | 2024 Fee |
| Permit Application/Permit Modification Service Charges: ^{7,23} | |
| Compost Facilities | 145 |
| Land Application Facilities | 145 |
| Energy Recovery/Incineration | 145 |
| Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes | 145 |
| Storage/Treatment Piles | 145 |
| Surface Impoundments/Tanks | 145 |
| Waste Tire Storage Facility | 145 |
| Mixed Municipal Waste Landfill | 145 |
| Limited Purpose Landfill | 145 |
| Inert Waste Landfills | 145 |
| Annual Permit Renewal Service Charges: ²⁴ | |
| Recycling Facilities Conditionally - Exempt Facility Fee ²⁵ | 145 |
| Compost Facilities: | |
| Conditionally Exempt Facility Fee ²⁵ | 145 |
| Commercial Compost Facilities | 2,940 |
| Land Application Facilities: | |
| Sites Without Monitoring | 880 |
| Sites With Monitoring | 1,765 |
| Energy Recovery/Incineration | 1,765 |
| MMSW Haulers | 180 |
| Plus Per Truck | 15 |
| Site Restoration Haulers | 145 |
| Biomedical Waste Hauler | 265 |
| Plus Per Truck | 15 |
| CRT Haulers | 170 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>SOLID AND HAZARDOUS WASTE</u> | 2024 Fee |
|--|-----------------|
| Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes | |
| Conditionally Exempt MRF Facility Fee ²⁵ | 145 |
| Transfer Stations | 2,940 |
| Compaction/Baling Sites | 1,765 |
| Drop Boxes | 1,615 |
| Decant Facilities | 880 |
| Storage/Treatment Piles: | |
| Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵ | 145 |
| Piles | 1,765 |
| Surface Impoundments/Tanks: | |
| Tanks | 880 |
| Surface Impoundments With Leak Detection | 1,765 |
| Surface Impoundment With GW Monitoring | 2,645 |
| Waste Tire Storage Facility | 880 |
| Moderate Risk Waste Handling Facility: | |
| Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities) | 145 |
| Moderate Risk Waste Facility | 2,645 |
| Mixed Municipal Waste Landfill: ⁷ | 145 |
| Limited Purpose Landfill | 2,645 |
| Inert Waste Landfills > 250 CYDS Landfill | 2,940 |
| Landfill Closure Permit ⁷ | 145 |
| Landfill Post Closure Permit ^{7,26} | 145 |
| Other Methods of Waste Handling ⁷ | 145 |
| Disposal Plan Reviews ²⁷ | 145 |
| Site Development Activity Permit (SDAP-Fill & Grading) | 145 |
| Biosolids State Permit, Plan, and Report Reviews ²⁸ | 145 |
| Environmental Monitoring Activities (Labor Only) | 145 |
| Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review | 145 |
| Copy of Local Regulations (Plus Postage and Handling if Applicable) | 10 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| FOOTNOTES | |
|------------------|---|
| 1 | Fees and applications are not transferable, fee prices are rounded to \$5 increments |
| 2 | The Health Officer may waive all, or part, of any service charge on a case-by-case when just cause is demonstrated. When written application for waiver to a service charge is made and granted, the new service charge shall be based at the standard hourly rate. |
| 3 | Activities not specifically identified in this Service Charge Schedule will be billed at the hourly rate. |
| 4 | Refunds are at the discretion of the Health Officer; the handling fee will be subtracted from any Health Officer-approved refund. |
| 5 | The hourly rate will apply after the first seven (7) hours. Fee includes final inspection. |
| 6 | The hourly rate will apply after the first four (4) hours. Fee includes final inspection. |
| 7 | The hourly rate will apply after the first hour or the time allocation applicable to the fee based on the hourly rate. |
| 8 | If the certification is not paid prior to the due date, the applicant must pay, in addition to the certification service charge, a Delinquent Certification Renewal Fee. After a 90 day delinquent period, a retest for certification will be required. On July 1 of each year all certifications, unless renewed, shall become void and of no effect. |
| 9 | Reserved |
| 10 | Wet Weather Review for BSA pays for the number of site visits required in the current review policy. |
| 11 | Building Clearance Exemption service charge covers staff time to conduct records search, plan review, and record processing; subject to the Health District's policy covering Building Clearance Exemption Referrals. |
| 12 | Reserved |
| 13 | For each system dispersal component. |
| 14 | Duplexes will require full fees for each address unless the duplex shares an individual drainfield. Duplexes with shared drainfields will receive one report for both addresses. If separate Property Conveyance Reports are requested for each address when a drainfield is shared, separate applications must be submitted and full service charges paid for each report. |
| 15 | Reserved |
| 16 | If a permit service charge is not paid prior to the due date, the applicant must pay, in addition to the permit service charge, a late penalty equal to 1% of the regular service charge for each day payment is late. The late penalty of 1% will be assessed only for thirty (30) days. If payment is not made within thirty (30) days of the due date, the establishment will be subject to closure in accordance with food service rules and regulations. The Health Officer may waive penalties, in whole or in part, where it is determined that the delay in payment has been caused by mistake or excusable neglect on the part of the person billed. |
| 17 | Inspections of establishments will be made in accordance with provisions of Kitsap Public Health Board Ordinance 2014-01 Food Service Regulations. The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local food regulations. |
| 18 | Minimum one (1) hour. |
| 19 | Payment of re-inspection service charges must be made within thirty (30) days of the billing date. If payment is not made prior to annual licensing renewal time, a new permit will not be issued. |
| 20 | Single event temporary permits are good for a maximum of 21 days. Applications and service charges for temporary permits are due fourteen (14) calendar days prior to the event to allow for weekend inspection scheduling and coordination with participants for approval. There is a 25% permit fee surcharge for applications submitted from 13 to 2 days prior to an event. There is a 50% permit fee surcharge for applications submitted 48 hours or less prior to an event. Non-complex menu permits are for one-step food preparation procedures for temporary permits. Complex menu permits are for operations that have multiple steps in food preparation. |
| 21 | Inspections will be made in accordance with provisions of rules and regulations of the State Board of Health governing swimming pool facilities. The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local regulations. |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| FOOTNOTES | |
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| 22 | Camps, which are serving food year round are required to license the food service facility according to the Food Program Service Charge Schedule in effect at the time of application. It is the intent to provide two (2) food service facility inspections per year for those operating year round. Camps operating on a seasonal basis shall license the food service facility according to the seasonal Food Program Service Charge Schedule. Camp pool facilities shall be licensed and inspected according to this Service Charge Schedule. Camp inspections include a bathing beach and one sanitary facility inspection. |
| 23 | Charge covers completed permit application review, new or modified permit drafting/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review. |
| 24 | Charges cover annual permit renewal/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review. Charges are assessed based on staff hours expended at the hourly rate approved by the Kitsap County Board of Health for that year. Charges will be billed at a frequency agreed to by the permittee. |
| 25 | Conditionally exempt hourly fees are assessed to evaluate conditional exemption status, annual reports, and to conduct annual inspections, as needed. These fees include time expended on non-compliance and re-inspection and will be based on the hours spent regulating the facility the previous calendar year. |
| 26 | A permit issued to a facility once closure construction activities are completed, which governs the requirements placed upon a facility after closure to ensure its environmental safety for at least a twenty-year period or until the site becomes stabilized (i.e., little or no settlement, gas production, or leachate generation). |
| 27 | Service charges will be assessed for the review of plans or proposals not specifically associated with a facility permit application. |
| 28 | Fees for Biosolid facilities include time to review permits, review reports and to conduct inspections. Non-compliance issues would be billed separately. In addition to review charges for Biosolids State Permit, Plan and Report Reviews, charges are assessed for non-routine regulatory activities associated with facility noncompliance. |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>GENERAL</u> ^{1,2,3} | 2024 Fee |
|---|------------------------|
| Administrative Meetings or Appeal Hearings: | |
| Pre-Application / Administrative Review Conference Fee ⁷ | 150 |
| Administrative Review Meeting with Environmental Health Director | 150 |
| Appeal Hearing with Health Officer | 450 |
| Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite) | 600 |
| Standard Hourly Rate | 150 |
| Delinquent Service/Payment > 30 days Overdue | 1% / day up to 30 days |
| Non-Sufficient Funds (NSF) Fee | 25 |
| Refund Handling Fee ⁴ | 25 |
| Photocopies (Plus postage and handling when applicable) | \$0.15/copy |
| Work without Prior Approval Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee. | Project Specific |
| <u>WATER</u> | 2024 Fee |
| (*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.) | |
| Group B public water system annual operating permit | 75 |
| Water Status Reports: | |
| Water Status Reports - Public Water Supply - Group A or B | 145 |
| Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample) | 315 |
| Water Status Reports - Private Individual and Private Two-Party (Includes bacteriological and nitrate water samples) | 345 |
| Water Status Reports - Private Individual and Private Two-Party (no water samples) | 295 |
| Amended Water Status Report (following correction of items of non-compliance - includes a site inspection and water sample) | 165 |
| Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling) | 110 |
| Building Clearances for Sewered Properties: | |
| Properties with a public water supply | 90 |
| Properties with a private water supply | 145 |
| Water System Reviews: | |
| New, Expanding, or Existing Unapproved Group B ⁵ | 1,030 |
| Alterations to Approved Group B ⁶ | 580 |
| Sanitary Surveys: | |
| Group A | 735 |
| Group B | 440 |
| Surface Seal Inspection | 145 |
| Well Decommissioning | 225 |
| Waiver Applications | 145 |
| Irrigation Well Waiver Applications | 295 |
| Well Site Inspections (Not Associated with BSA): | |
| Replacement, Group A or B Public Well Site, Irrigation or other Water Well | 590 |
| Amended Well Site Inspection | 145 |
| Coordinated Water System Plan Review | 145 |
| Miscellaneous: | |
| Copy of local regulations (Plus postage and handling when applicable) | 10 |
| Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified). | 145 |
| Private Water Supply Treatment Design Review ⁷ | 435 |
| Environmental Monitoring Services: Environmental Monitoring/Reporting ⁷ (Labor Only). | 145 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>ONSITE SEWAGE</u> ^{2,3} | 2024 Fee |
|---|-----------------|
| New/Alteration/Expansion Building Site Applications (BSA) (Total includes mandatory Drinking Water service charges as shown): | |
| Single Family Residential Onsite Sewage System w/Private Water Supply (Existing or proposed water source) | 1,085 |
| Single Family Residential Onsite Sewage System on Public Water Supply | 820 |
| Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply | 1,250 |
| Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply | 955 |
| Redesign BSA - with site visit | 330 |
| Redesign BSA - Design package change only, no site visit | 145 |
| Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s) | 550 |
| OSS Remediation Application | 295 |
| Drainfield Aeration Report | 115 |
| BSA Revisions (Minor Site Plan changes) | 75 |
| BSA Wet Weather Review ¹⁰ | 295 |
| Building Clearance (BC) - Residential | 335 |
| Building Clearance - Commercial | 550 |
| Building Clearance Exemption ¹¹ | 110 |
| Commerical Building Clearance Exemption ¹¹ | 145 |
| Accepted BSA/BC Records Replacement for Building Permit | 10 |
| BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently) | 295 |
| Sewage System Permits: | |
| New, Replacement, or Repair Installation | 600 |
| Tank Replacement/Connection, Component Repair/Replacement, Remediation | 225 |
| Re-Inspection for Sewage Disposal Permit Violation | 225 |
| OSS Installation Wet Weather Review | 145 |
| Monitoring and Maintenance Fees: ¹³ | |
| Annual Contract fee | 30 |
| Incomplete/Erroneous Report Resubmittal Fee | 30 |
| Pumping or Inspection Report Submittal Fee (RESERVED) | TBD |
| OSS Waiver Requests | 145 |
| Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications: | |
| Initial Certification | 440 |
| Annual Renewals of Valid Certifications: ⁸ | |
| Installer, Maintenance Specialist & Pumper (1st Truck) | 225 |
| Annual Pumper Renewal for Each Additional Truck | 75 |
| Homeowner Monitoring & Maintenance | 145 |
| Delinquent Certification Renewal Fee | 295 |
| Administrative Conference Fee for Health District Certified Contractors | 295 |
| State Licensed Designer/Engineer: Local Referral List Publishing & Maintenance (Optional) | 75 |
| Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴ | 295 |
| Amended OSS and/or Drinking Water Supply Evaluation Report - without a site visit (at Health District discretion) | 110 |
| Amended OSS and/or Drinking Water Supply Evaluation Report - with site visit | 145 |
| Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ⁷ | |
| Subdivision with Public Sewer | 215 |
| Subdivision with Onsite Sewage Systems (OSS) | 645 |
| Amended Subdivision with OSS | 295 |
| Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews) | 145 |
| Conditional Use/Other Land Use Applications | 145 |
| Miscellaneous: | |
| Copy of Local OSS Regulations (Plus Postage and Handling if Applicable) | 10 |
| Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified). | 145 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>FOOD</u> ¹⁶ | 2024 Fee |
|---|-----------------|
| Bakeries | 460 |
| Bed & Breakfasts/Hotel/Motel (Breakfast Only) | 370 |
| Caterers: | |
| With Commissary | 755 |
| With Restaurant | 335 |
| Demonstrators | 335 |
| Food Handler Permits: | |
| (Set by State BOH) | 10 |
| Duplicate for Lost Card | 10 |
| Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20) | 360 |
| Groceries: | |
| 1-2 checkouts | 335 |
| 3 or more checkouts | 710 |
| Limited Menus | 370 |
| Meat/Fish Markets | 460 |
| Mobile Units | 755 |
| Restaurants (No Lounge): | 755 |
| Special Process Permit | 335 |
| Seasonal Restaurant Permit (75% of applicable fee) | 565 |
| Restaurants (With Lounge): | 830 |
| Special Process Permit | 335 |
| Warewashing Permit (No Food) | 320 |
| Schools: | |
| Central Kitchen | 745 |
| Preschools/Headstart/ECAP | 335 |
| Warming Kitchen | 370 |
| Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or the fee will be two (2) times the approved fee) | 160 |
| Plan Review and Pre-Op Inspections: ¹⁸ | |
| Change in Menu and/or Equipment Review | 255 |
| Mobile Units | 955 |
| Food Establishment Plan Review - All Other Establishments | 820 |
| Variance Request Review | 255 |
| Special Process Plan Review | 425 |
| Additional Inspections ^{17,19} | |
| Reinspection with a site visit | 160 |
| Reinspection without a site visit (at Health District discretion) | 90 |
| Temporary Permits (due 14 days prior to event): ²⁰ | |
| Bake Sale/Exempt Food Application Review | No Charge |
| Limited Menu - Single Event | 65 |
| Limited Menu - Seasonal Multiple Events | 105 |
| Non-Complex Menu: | |
| Single Event | 105 |
| Seasonal Multiple Events | 150 |
| Complex Menu: | |
| Single Event | 125 |
| Seasonal Multiple Events | 205 |
| Single Menu, Single Event, Multiple Vendors | 400 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>LIVING ENVIRONMENT</u> ¹⁶ | 2024 Fee |
|---|-----------------|
| Public or Semi Public Swimming Pools and Hot Tubs: ²¹ | |
| One Pool - Year Round Operation | 1,125 |
| Each Additional Year Round Pool | 205 |
| One Pool - Seasonal Operation | 870 |
| Each Additional Seasonal Operation Pool | 170 |
| Residential Neighborhood Private Pools ⁷ | 255 |
| Pool Pre-op Inspections | 480 |
| Reinspections: Each Re-Inspection after First Re-Inspection ¹⁹ | 160 |
| Water Recreation Facility Variance Request Review | 160 |
| School Plan Reviews ⁷ | |
| Primary School Construction Plan Review (hourly rate will apply after the first 10 hours) | 1,500 |
| Secondary School Construction Plan Review (hourly rate will apply after the first 14 hours) | 2,100 |
| Playground Construction Plan Review (hourly rate will apply after the first 4 hours) | 600 |
| Portable School Building Plan Review (hourly rate will apply after the first 3 hours) | 450 |
| Other School Project (hourly rate will apply after first 3 hours) | 450 |
| Camps ²² | 500 |
| <u>SOLID AND HAZARDOUS WASTE</u> | 2024 Fee |
| Permit Application/Permit Modification Service Charges: ^{7,23} | |
| Compost Facilities | 145 |
| Land Application Facilities | 145 |
| Energy Recovery/Incineration | 145 |
| Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes | 145 |
| Storage/Treatment Piles | 145 |
| Surface Impoundments/Tanks | 145 |
| Waste Tire Storage Facility | 145 |
| Mixed Municipal Waste Landfill | 145 |
| Limited Purpose Landfill | 145 |
| Inert Waste Landfills | 145 |
| Annual Permit Renewal Service Charges: ²⁴ | |
| Recycling Facilities Conditionally - Exempt Facility Fee ²⁵ | 145 |
| Compost Facilities: | |
| Conditionally Exempt Facility Fee ²⁵ | 145 |
| Commercial Compost Facilities | 2,940 |
| Land Application Facilities: | |
| Sites Without Monitoring | 880 |
| Sites With Monitoring | 1,765 |
| Energy Recovery/Incineration | 1,765 |
| MMSW Haulers | 180 |
| Plus Per Truck | 15 |
| Site Restoration Haulers | 145 |
| Biomedical Waste Hauler | 265 |
| Plus Per Truck | 15 |
| CRT Haulers | 170 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| <u>SOLID AND HAZARDOUS WASTE</u> | 2024 Fee |
|--|-----------------|
| Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes | |
| Conditionally Exempt MRF Facility Fee ²⁵ | 145 |
| Transfer Stations | 2,940 |
| Compaction/Baling Sites | 1,765 |
| Drop Boxes | 1,615 |
| Decant Facilities | 880 |
| Storage/Treatment Piles: | |
| Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵ | 145 |
| Piles | 1,765 |
| Surface Impoundments/Tanks: | |
| Tanks | 880 |
| Surface Impoundments With Leak Detection | 1,765 |
| Surface Impoundment With GW Monitoring | 2,645 |
| Waste Tire Storage Facility | 880 |
| Moderate Risk Waste Handling Facility: | |
| Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities) | 145 |
| Moderate Risk Waste Facility | 2,645 |
| Mixed Municipal Waste Landfill: ⁷ | 145 |
| Limited Purpose Landfill | 2,645 |
| Inert Waste Landfills > 250 CYDS Landfill | 2,940 |
| Landfill Closure Permit ⁷ | 145 |
| Landfill Post Closure Permit ^{7,26} | 145 |
| Other Methods of Waste Handling ⁷ | 145 |
| Disposal Plan Reviews ²⁷ | 145 |
| Site Development Activity Permit (SDAP-Fill & Grading) | 145 |
| Biosolids State Permit, Plan, and Report Reviews ²⁸ | 145 |
| Environmental Monitoring Activities (Labor Only) | 145 |
| Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review | 145 |
| Copy of Local Regulations (Plus Postage and Handling if Applicable) | 10 |

Kitsap Public Health Board Resolution 2023-06

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2024)**

| FOOTNOTES | |
|------------------|---|
| 1 | Fees and applications are not transferable, fee prices are rounded to \$5 increments |
| 2 | The Health Officer may waive all, or part, of any service charge on a case-by-case when just cause is demonstrated. When written application for waiver to a service charge is made and granted, the new service charge shall be based at the standard hourly rate. |
| 3 | Activities not specifically identified in this Service Charge Schedule will be billed at the hourly rate. |
| 4 | Refunds are at the discretion of the Health Officer; the handling fee will be subtracted from any Health Officer-approved refund. |
| 5 | The hourly rate will apply after the first seven (7) hours. Fee includes final inspection. |
| 6 | The hourly rate will apply after the first four (4) hours. Fee includes final inspection. |
| 7 | The hourly rate will apply after the first hour or the time allocation applicable to the fee based on the hourly rate. |
| 8 | If the certification is not paid prior to the due date, the applicant must pay, in addition to the certification service charge, a Delinquent Certification Renewal Fee. After a 90 day delinquent period, a retest for certification will be required. On July 1 of each year all certifications, unless renewed, shall become void and of no effect. |
| 9 | Reserved |
| 10 | Wet Weather Review for BSA pays for the number of site visits required in the current review policy. |
| 11 | Building Clearance Exemption service charge covers staff time to conduct records search, plan review, and record processing; subject to the Health District's policy covering Building Clearance Exemption Referrals. |
| 12 | Reserved |
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| 14 | Duplexes will require full fees for each address unless the duplex shares an individual drainfield. Duplexes with shared drainfields will receive one report for both addresses. If separate Property Conveyance Reports are requested for each address when a drainfield is shared, separate applications must be submitted and full service charges paid for each report. |
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MEMO

To: Kitsap Public Health Board
From: Gib Morrow, MD, MPH
Date: March 5, 2024
Re: Healthcare System Challenges and Opportunities in Kitsap – RFP, Study, and Report

The above report is included in today's Health Board packet for review and consideration, along with a submission from executive leadership at St. Michael Medical Center (SMMC) and Peninsula Community Health Services (PCHS).

In response to concerns about barriers and impaired access to needed healthcare services in Kitsap County, the Kitsap Public Health District (KPHD) and Kitsap Public Health Board (KPHB) issued a [Request for Proposals \(RFP\)](#) in December of 2022 for an independent outside consultant to conduct a local healthcare system needs assessment and develop recommendations for a healthcare system improvement plan for Kitsap County. Nine proposals were evaluated, and the selection team, comprised of staff from Kitsap County, KPHD, KPHB, and two fire district chiefs, [granted the contract](#) to a team from the [Center for Health Security](#) at the Johns Hopkins Bloomberg School of Public Health in March of 2023, for a cost of \$194,150.

The research team conducted a historical analysis of the Kitsap county health systems, a comprehensive policy analysis, key informant interviews, focus group discussions, and a modified Delphi study to build consensus on priorities from April through December of 2023 and have finalized their findings and recommendations into the report entitled Healthcare System Challenges and Opportunities in Kitsap County, Washington, which was shared with local healthcare partners. A response from SMMC and PCHS, outlining steps they are taking to improve healthcare access in Kitsap, is included.

Additional recent assessments that complement this study include the following:

- Kitsap Public Health District, December 2023, [Community Health Assessment](#)
- Kitsap County Division of Aging and Long-Term Care, [Area Plan 2024-2027](#)

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- Kitsap Community Resources, April 2023, [Community Needs Assessment](#)
- Kitsap Mental Health Services, March 2023, [Community Needs Assessment](#)
- St. Michael Medical Center, May 2023, [Community Health Needs Assessment](#), and October 2023, [Community Health Implementation Strategy](#)

Together, these important evaluations contain valuable information and specific, actionable recommendations to guide our collaborative community-wide effort to reduce barriers to needed healthcare services and improve equitable access to affordable high-quality health services for Kitsap residents.

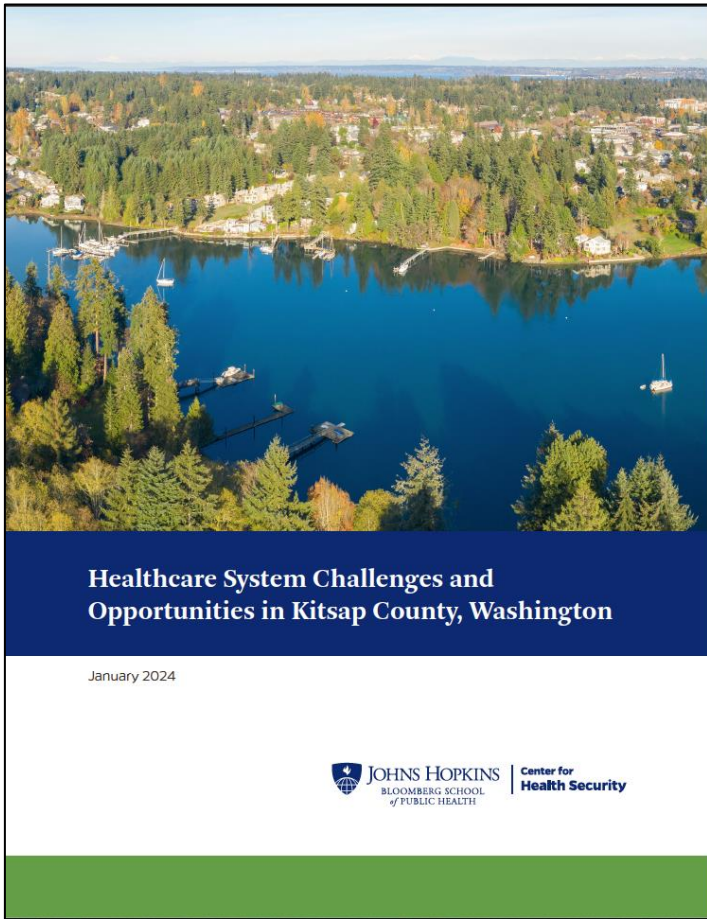
KPHD has initiated and is leading a community process which has established as a top priority the need to address gaps in healthcare access and implement strategies to recruit and retain a strong healthcare workforce. Other priorities include expanding care options for mental health and substance abuse disorders and working to ensure affordable and safe housing and prevent homelessness. We look forward to working with community partners, tribes, regional, state, and federal agencies and organizations across multiple sectors to implement recommendations from study participants and the research team and continue ongoing work to identify further opportunities and strategies to improve equitable, affordable, and timely access to comprehensive and high-quality healthcare services for Kitsap community members.

Recommended Action

None currently – for information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 728-2260, or gib.morrow@kitsappublichealth.org.

Attachments (3)



Healthcare System Challenges and Opportunities in Kitsap County, Washington

KPHD Board Meeting: March 5, 2024



Johns Hopkins University Research Team

Research Team



Tener Veenema, PhD,
MPH, MS, RN, FAAN
Senior Scholar



Diane Meyer, PhD, RN, MPH
Senior Scholar



Sanjana Ravi, PhD
Senior Scholar

Support Staff

Hannah Ottman-Feeney
Senior Program Coordinator

Erin Fink
Analyst

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Analyst

Alyson Browett
Senior Editor

Julia Cizek
Website Administrator

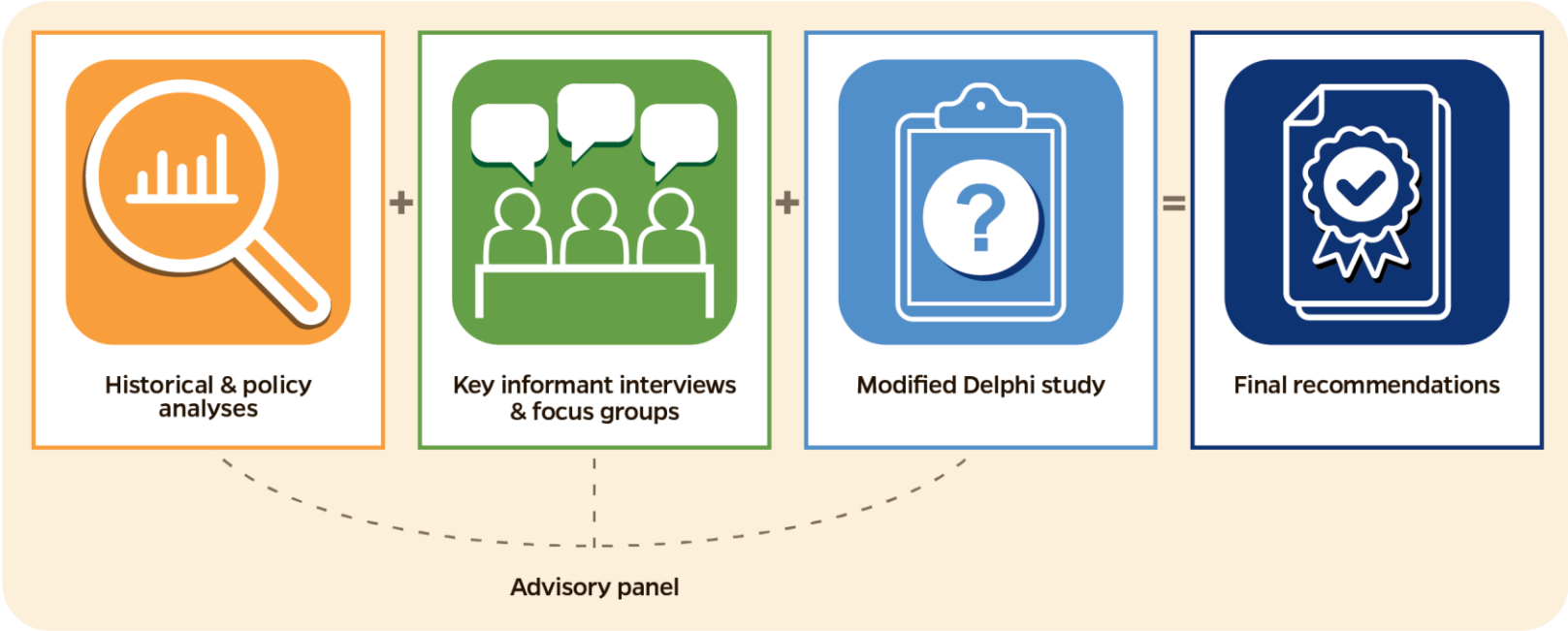
Project Overview

- COVID-19 exposed weaknesses within local healthcare system infrastructure
 - Lack of workforce capacity, closures of health facilities, inequities in access to care
- These challenges are not unique to any one county, but systematic and tailored assessments are critical to understanding where failures are occurring and how to address gaps

Project Overview

- We proposed conducting a comprehensive assessment and evaluation of Kitsap County's healthcare system and workforce
- Assessment and evaluation built on previous work conducted by the Kitsap Public Health District (KPHD)
- Project length: 9 months (April to December 2023)
 - No-cost extension through March 2024

Kitsap County Healthcare Analysis Methodology



Methods: Advisory Panel

- Assisted in obtaining relevant documents; identifying participants for interviews, focus groups, and Delphi study; and providing strategic guidance on participant recruitment and study trajectory
- Advisory panel included:
 - Members of the Kitsap Public Health Board
 - Representative from the Kitsap County Board of Commissioner's office
 - KPHD representatives

Methods: Document Analysis



- Historical analysis of the Kitsap County health system
 - Explored the social, economic, and political factors shaping the provision, administration, accessibility, and quality of health services available
 - Included: strategic plans, memoranda, reports, news media, peer-reviewed literature, archival materials, and quantitative data available from KPHD or other platforms
- Policy analysis
 - Reviewed relevant laws, policies, norms, and industry standards governing the administration of health services in Kitsap County and WA state
 - Sources: PubMed, US CDC, CMS, and WA State DoH, ProPublica, IRS, Association of Washington Public Hospital Districts, National Conference of State Legislatures

Methods: Interviews and Focus Groups



- Key informant interviews (n=41)
 - Purpose: to gain insight into the culture and institutional dynamics of the local health system, including strengths, barriers, and opportunities for improvement
 - Included: Kitsap Public Health Board members, public health practitioners, clinicians, hospital administrators, emergency managers, EMS and fire, long-term care facility representatives, and other local and state leaders
- Focus groups (n=4)
 - Purpose: to provide community members, local leaders, and local practitioners the opportunity to voice their opinions about the local healthcare system and recommendations for future improvements
 - Each group had a thematic focus, including child and adolescent health, health equity, sexual and reproductive health, and healthcare workforce



Methods: Delphi Study

- Purpose: to identify actionable policy recommendations for solving the healthcare system challenges identified during prior arms of data collection
- Included: representatives from local public health and healthcare organizations, members of the community, and members of the Kitsap County Board of Health (n=34)
- Three total rounds
 - Round 1: Provided 10 policy goals and were asked to provide recommendations to achieve each goal; ranked each of the 10 goals from most to least urgent
 - Round 2: Identified top 5 policy goals from round 1; ranked the feasibility of implementing each recommendation made for these 5 policy goals (n=77 recommendations)
 - Round 3: Virtual meeting where participants reviewed low-consensus recommendations from round 2

Key Findings: Overview

- Findings were informed by the policy analysis, historical analysis, interviews, focus groups, and Delphi study
- Kitsap County is a microcosm of several intersecting trends in the US
 - Hospital and health system consolidation
 - Growing prevalence of private equity
 - Healthcare monopolies
 - Catholic healthcare expansion

Key Findings

1. Hospital and health system consolidation, the growing prevalence of private equity in the health sector, the rise of healthcare monopolies, and the expansion of Catholic healthcare have contributed to many of the healthcare challenges facing Kitsap County
2. Kitsap County's healthcare crisis has been compounded by the county's unique geography, lack of affordable housing, limited public transportation options, and rapid population changes caused by the entry and departure of naval base workers and families
3. Health service provision in Kitsap County is currently fragmented across numerous public and private entities and there is a lack of choice in healthcare services
4. Many Kitsap residents harbor reservations about seeking care at St. Michael Medical Center (SMMC) due to its religious affiliation, challenges accessing financial assistance, reports of poor patient experiences, diminished workforce morale, and perceived monopolistic tendencies

Key Findings (cont.)

5. Kitsap County does not have a sufficient health workforce to meet the healthcare needs of the community, especially within the fields of primary care, behavioral and mental health, pediatrics, sexual health, and reproductive care
6. The complexity and inflexibility of health insurance coverage rules and reimbursement rates have resulted in critical gaps in care
7. New technologies and expansion of existing telehealth and outreach capabilities could potentially help bridge gaps in an overburdened healthcare system
8. Underserved, senior, and minoritized populations living in Kitsap County face unique barriers with respect to healthcare access and quality.

Delphi Study Findings



What measures should Kitsap County implement in the next year to achieve the following policy goals by 2035?

- **Mental and behavioral health:** Every Kitsap County resident has access to the resources needed to manage their emotional, psychological, and social wellbeing. They are readily able to cope with everyday stressors and receive diagnoses and treatment for mental illness and/or behavioral disorders.
- **Primary healthcare:** Every resident can easily access, within Kitsap County, an entry point into the healthcare system that connects them to essential disease prevention, treatment, rehabilitation, and palliative care services spanning the life course.
- **Health equity:** Every Kitsap County resident has a fair and just opportunity to attain their highest level of health, irrespective of age, gender identity, race, sexual orientation, ability, religious beliefs, employment status, or income level.
- **Housing:** Every Kitsap County resident has access to safe, healthy, dignified, and affordable lodging, shelter, and/or dwellings.
- **Reproductive health:** Every individual, couple, and family in Kitsap County has access to the resources needed to ensure physical, emotional, and social wellbeing in relation to obstetric and gynecological health, family planning, and maternal health.

St. Michael Medical Center: Charity Care & Community Benefit Spending

- IRS requirements for nonprofit hospitals
- Condition of SMMC's certificate of need
- Lown Hospitals Index: SMMC ranks 60th out of 69 hospitals in Washington
- Analysis of Form 990, Schedule H (2018-2021):
 - Net income: \$451.5 million
 - Tax exemptions (estimated): \$105.3 million (5.07% of total expenses)
 - \$15 million spent on community investments (0.71% of total expenses)
 - Charity care spending: 0.36%-0.76% of adjusted revenue

Study Team Recommendations

1. Kitsap County should prioritize recruiting new healthcare providers working in mental and behavioral health, primary care, and reproductive health
2. KPHD should convene a community action collaborative of local stakeholders focused on avoiding redundancies and increasing success rates of securing private, state, and federal funding to advance healthcare services in Kitsap County
3. Kitsap County should establish a transformational advanced practice nurse-based primary care model that prioritizes recruitment of primary care advanced practice nurses, nurse midwives, and mental health nurse practitioners
4. Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and other relevant stakeholders should launch a formal commission to explore the feasibility of forming a public hospital district in Kitsap County.
5. St. Michael Medical Center should increase its spending on community investments by one percentage point per year for the next 5 years to justify its status as a nonprofit, tax-exempt hospital.

Study Team Recommendations (cont.)

6. SMMC should continue its efforts to clarify its status as a Catholic-affiliated hospital and how it impacts patient access to lawful healthcare services, consistent with best medical practices and patients' needs or interests and regardless of religious directives
7. State and county elected officials should continue to lobby the Defense Health Agency to reopen labor and delivery services at Naval Hospital Bremerton.
8. Kitsap County should increase the number of public transit routes and vehicles that connect residents to healthcare facilities
9. KPHD, in collaboration with the Kitsap County Department of Emergency Management, should convene community leadership and key stakeholders to evaluate the integrity of the 2020 Comprehensive Emergency Management Plan in light of current and projected 2024 hazards.

Study Team Recommendations (cont.)

10. KPHD should work with representatives from state agencies (Department of Social and Health Services; Department of Children, Youth and Families; Department of Commerce) to collectively develop a long-term strategy and proposed legislation to improve behavioral healthcare access in Kitsap County.
11. KPHD should resume providing infectious disease testing services (including for HIV and STIs) and make other harm reduction services, such as needle and syringe exchange programs, more easily accessible.
12. SMMC and other healthcare providers in Kitsap County should evaluate the feasibility of integrating the hospital-at-home model into the services they provide to the community.
13. Kitsap County leaders, healthcare system stakeholders, and state partners should develop a long-term strategy for petitioning Washington lawmakers to increase Medicaid reimbursement rates and continue exploring opportunities for innovation.

Next Steps

- Assess the feasibility of the proposed recommendations while continuing to seek community input & feedback
- Develop a strategic plan and monitoring framework for implementing priority recommendations

Questions?



Healthcare System Challenges and Opportunities in Kitsap County, Washington

February 2024



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
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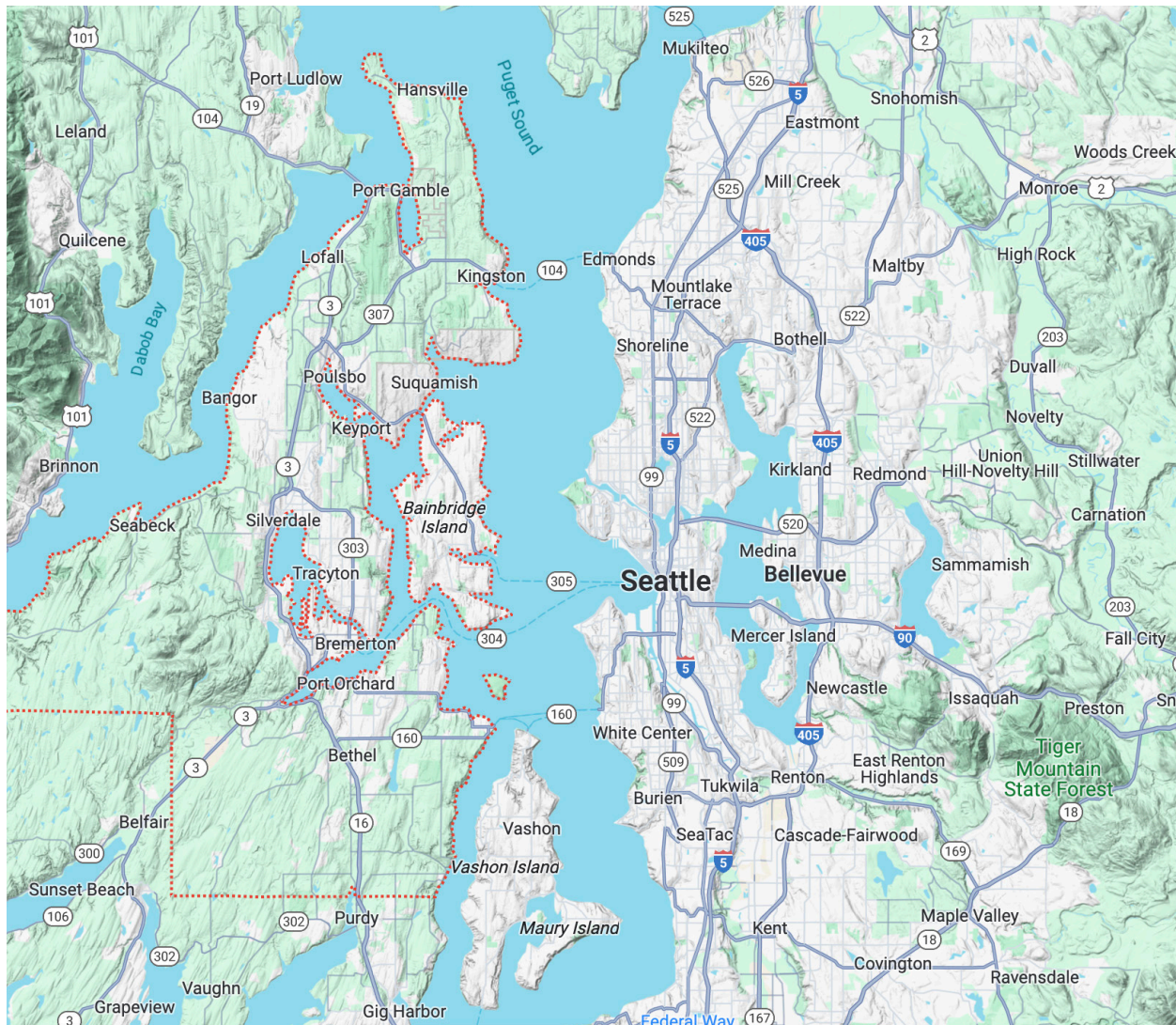
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Map: Kitsap County and Surrounding Area



Map of Kitsap County, Washington, outlined in red. Map from [Google](#).

Executive Summary

Individuals living in Kitsap County, Washington, experience significant barriers when seeking healthcare, including prohibitive costs, lengthy delays to see primary care providers, inadequate insurance coverage, and reductions in levels of services in high-need subspecialty care. Data show that Kitsap County falls below state and national averages for access to emergency care, urgent care, primary care, and some specialty services, including obstetrical, maternal, and mental healthcare. While barriers to care commonly occur in many communities across the United States, factors such as a lack of affordable housing, limited transportation options, and Kitsap's unique geography as a peninsula have coalesced over the past few years to negatively impact access to healthcare in the county. Barriers to care contribute to poor health outcomes and disproportionately affect people in different racial and ethnic groups, people with low socioeconomic status, people with disabilities, and other populations that have historically been excluded from or faced significant challenges to accessing the healthcare system. Pervasive healthcare workforce shortages, the recent loss of several key physician practices, closure of the labor and delivery unit at Naval Hospital Bremerton, and emergency department overcrowding in the lone hospital remaining to care for all the county's residents have served to exacerbate the already poor situation. By July 2023, the Kitsap Public Health Board declared high healthcare costs and insufficient access to healthcare a public health crisis within the county.

Earlier in 2023, the Kitsap Public Health Board retained the services of a research team from the Johns Hopkins Center for Health Security to conduct an independent evaluation of the healthcare system within the district, including identification of deficiencies and strengths, and to propose solutions for how to improve equitable and timely access to comprehensive and high-quality healthcare services for community members. The Johns Hopkins Center for Health Security has a long history of work in strengthening health systems so that they are more prepared for large-scale health emergencies such as pandemics and disasters and has built a widely respected and cited body of original research, analysis, and recommendations for policy and practice. All members of the study team bring both national and international experience in health systems optimization and in healthcare workforce development in times of crisis.

To characterize the healthcare landscape in Kitsap County, the study team undertook a multimethod research strategy consisting of a historical analysis of socioeconomic trends in the county and Washington State; an analysis of relevant laws, policies, norms, and industry standards governing health service delivery; key informant interviews and listening sessions with relevant healthcare system stakeholders; focus groups with Kitsap community members; and a modified Delphi study to build expert consensus around actionable policy recommendations for solving healthcare system challenges.

Findings

Our investigation yielded several important findings regarding the state of healthcare service access, quality, and delivery in Kitsap County. We elaborate on these findings and provide further contextual details in the body of the report.

1. State and national trends such as hospital and health system consolidation, the growing prevalence of private equity in the health sector, the rise of healthcare monopolies, and the expansion of Catholic healthcare have contributed to many of the healthcare challenges facing Kitsap County.
2. Kitsap County's healthcare crisis has been compounded by the county's unique geography, a lack of affordable housing, limited public transportation options, and rapid population changes caused by the entry and departure of naval base workers and families.
3. Health service provision in Kitsap County is currently fragmented across numerous public and private entities. There is limited capacity within the existing hospital system to care for all patients in Kitsap County. Concurrently, the lack of choice in healthcare services in Kitsap County has created additional barriers to care.
4. Many Kitsap residents harbor reservations about seeking care at St. Michael Medical Center (SMMC), the county's sole hospital, due to its religious affiliation, challenges accessing financial assistance, reports of poor patient experiences, diminished workforce morale, and perceived monopolistic tendencies.
5. Kitsap County does not have a sufficient health workforce to meet the healthcare needs of the community, especially within the fields of primary care, behavioral and mental health, pediatrics, sexual health, and reproductive care.
6. The complexity and inflexibility of health insurance coverage rules and reimbursement rates have resulted in critical gaps in care.
7. New technologies and expansion of existing telehealth and outreach capabilities could potentially help bridge gaps in an overburdened healthcare system.
8. Underserved, senior, and minoritized populations living in Kitsap County face unique barriers with respect to healthcare access and quality.

Priority Recommendations

The panel of community experts from the Delphi study, representing the voice of the Kitsap County community, reached consensus that the recommendations listed below are priorities and could feasibly be implemented in Kitsap County within the next year.

Mental and Behavioral Health

1. Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the current mental health crisis.
2. Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system.
3. Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings.
4. Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures.
5. Expand school-based behavioral health programming to include education on protective factors and mental health first aid.
6. Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services.
7. Expand mental and behavioral health clinical training opportunities for Olympic College nursing and allied health students.

Primary Healthcare

1. Create programs to educate students about different healthcare professions.

Health Equity

1. Establish racial equity advisory committees within each city in Kitsap County.
2. Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language.
3. Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people.
4. Launch a patient advocate program for marginalized and/or vulnerable patients.
5. Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients.

Housing

1. Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters.
2. Expedite the application process for people seeking affordable housing.
3. Take steps to expand affordable housing availability in Kitsap County, such as creating a fast track to approve low-income housing projects, petitioning city planners and leaders to pursue inclusionary zoning for affordable housing, mandating the inclusion of affordable housing units in new construction projects, and formalizing the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers.
4. Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support.
5. Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status).
6. Revise local building codes to permit Accessory Dwelling Units.
7. Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land.

Reproductive Health

1. Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal).
2. Pursue certification as a National Health Service Corps location to attract more obstetrician-gynecologists (OB/GYNs).
3. Provide education and training to primary care providers about increased health risks for pregnant people of color.
4. Train and hire women of color as birth doulas to provide home visits before and after birth for people of color.
5. Provide Spanish-language training for doula serving the Hispanic/Latinx community in Kitsap County.
6. Hire interpreters to connect Spanish and Mam speakers to reproductive health services.
7. Provide family planning services at a central location in the county (eg, health department clinic).
8. Offer midwifery and doula services at St. Michael Medical Center.

9. Increase funding for the Nurse-Family Partnership program.
10. Offer home-based prenatal and early childhood health services for children up to 3 years of age.
11. Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery)
12. Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options.

Further Measures

In addition to the priority recommendations provided by the Delphi expert panel, the study team strongly recommends that Kitsap County consider the measures below to further improve healthcare access, quality, and delivery. Further details and implementation considerations for each recommendation are provided in the report.

1. Kitsap County should prioritize recruiting new healthcare providers working in mental and behavioral health, primary care, and reproductive health.
2. Kitsap Public Health District (KPHD) should convene a community action collaborative of local stakeholders focused on avoiding redundancies and increasing success rates of securing private, state, and federal funding to advance healthcare services in Kitsap County.
3. Kitsap County should establish a transformational advanced practice nurse-based primary care model that prioritizes recruitment of primary care advanced practice nurses, nurse midwives, and mental health nurse practitioners.
4. Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and other relevant stakeholders should launch a formal commission to explore the feasibility of forming a public hospital district in Kitsap County.
5. St. Michael Medical Center should increase its spending on community investments by one percentage point per year for the next 5 years to act in accordance with its status as a nonprofit, tax-exempt hospital.
6. St. Michael Medical Center should continue its efforts to clarify its status as a Catholic-affiliated hospital and how it impacts patient access to lawful healthcare services, consistent with best medical practices and patients' needs or interests and regardless of religious directives.
7. State and county elected officials should continue to lobby the Defense Health Agency to reopen labor and delivery services at Naval Hospital Bremerton.
8. Kitsap County should increase the number of public transit routes and vehicles that connect residents to healthcare facilities.

9. KPHD, in collaboration with the Kitsap County Department of Emergency Management, should convene community leadership and key stakeholders to evaluate the integrity of the 2020 Comprehensive Emergency Management Plan in light of current and projected 2024 hazards.
10. KPHD should work with representatives from state agencies (Department of Social and Health Services; Department of Children, Youth and Families; Department of Commerce) to collectively develop a long-term strategy and proposed legislation to improve behavioral healthcare access in Kitsap County.
11. KPHD should resume providing infectious disease testing services (including for HIV and STIs) and make other harm reduction services, such as needle and syringe exchange programs, more easily accessible.
12. St. Michael Medical Center and other healthcare providers in Kitsap County should evaluate the feasibility of integrating the hospital-at-home model into the services they provide to the community.
13. Kitsap County leaders, healthcare system stakeholders, and state partners should develop a long-term strategy for petitioning Washington lawmakers to increase Medicaid reimbursement rates and continue exploring opportunities for innovation.

Introduction

In December 2022, the Kitsap Public Health District (KPHD) requested written proposals to conduct an independent evaluation of the healthcare system within Kitsap County, Washington, including identification of deficiencies and strengths and proposals for solutions on how to improve equitable and timely access to comprehensive and high-quality healthcare services for community members. At the time, the county was experiencing numerous health system challenges—many of which predated the COVID-19 pandemic—including a lack of healthcare workforce capacity, closures of local health facilities, and a dearth of skilled nursing homes to care for the elderly and chronically ill. These challenges, combined with other known barriers to care that affect many communities across the United States—including lack of health insurance, transportation, and trust in the healthcare system—had negatively impacted access to and quality of healthcare in the district. The COVID-19 pandemic further exacerbated these access issues, overwhelming hospitals and causing delayed and forgone routine, preventive, and emergent healthcare services.

By July 2023, the Kitsap Public Health Board declared high healthcare costs and insufficient access to healthcare a public health crisis within the county.^{1,2} Kitsap County residents continued to encounter significant barriers when seeking healthcare, including high and unpredictable costs, lack of appointment availability for primary care providers, inadequate insurance coverage, and decreasing levels of services in high-need subspecialty care. These barriers contributed to poor health outcomes and disproportionately affected people in different racial and ethnic groups, people with low socioeconomic status, people with disabilities, and other populations that have historically been excluded from or faced significant challenges to accessing the healthcare system. Data show that Kitsap County falls below state and national averages for access to emergency care, urgent care, primary care, and some specialty services, including obstetrical, maternal, and mental healthcare.

The challenges noted above are not unique to Kitsap County. The National Academy of Medicine's 2021 report *Implementing High Quality Primary Care* noted the high value yet profoundly weakened state of primary care in the US. The report labeled high-quality primary care as a common good, identified 5 broad areas of work to strengthen it (ie, payment, access, workforce, information technology, and accountability), and called upon the federal government to assume leadership of the effort. In response, multiple agencies within the Department of Health and Human Services (HHS) collaborated to form the HHS Initiative to Strengthen Primary Health Care and issued a brief in November 2023 that catalogues a comprehensive list of current HHS programs and future commitments to advance policies that address primary care's precarious position.^{3,4} While the report was well received, others perceived it as falling short by failing to identify the structure, processes, funding sources, and accountability for these efforts. Similar calls have been made to address the damage done to public health given years of chronic underfunding and the effects of the pandemic.⁵

Healthcare is delivered locally, and thus solutions and innovations to help improve access must be informed by what is happening on the ground, tailored to the local context, and created with the participation of members of the very community it aims to serve. This study aimed to better appreciate the challenges specific to Kitsap County and to understand exactly what failures are occurring within the broader health system that are driving local healthcare access issues. The study produced actionable recommendations that are feasible, aligned to address the greatest healthcare service gaps, and reflect local residents' priorities.

The Big Picture

In many respects, Kitsap County is a microcosm of several intersecting healthcare trends in the US, such as hospital and health system consolidation, surging prevalence of private equity in the healthcare sector, health worker shortages, and the rise of Catholic healthcare entities, among others. Examining these trends nationally can help illuminate the root causes of many healthcare challenges facing Kitsap County residents.

Hospital and Health System Consolidation

Over the past several decades, rising consolidation has led hospital markets in the US to become increasingly concentrated (ie, fewer and larger hospitals in a region).^{6,7} Horizontal consolidation—wherein 2 or more similar hospitals or health systems integrate—has become commonplace. In fact, the American Hospital Association reported 1,887 hospital mergers between 1998 and 2021 alone, which reduced the number of hospitals in the US from roughly 8,000 to a little more than 6,000.⁸ More recently, vertical integration—whereby health systems acquire or form contractual relationships with physician groups or other acute care providers—has emerged as another major trend in the US healthcare sector.⁸ Unfortunately, consolidation is associated with higher prices, lower quality of care, and limited patient choice regarding their providers.^{9,10} In some cases, these mergers have compounded inequities by forcing underserved patients to travel outside of their communities to access specialized health services like intensive, obstetric, and psychiatric care.¹¹ When the costs of care and health coverage go up, patients are more likely to become uninsured and/or forego care altogether.

Private Equity

The growing prevalence of private equity (PE) firms in US healthcare is among the factors contributing to rapid hospital and health system consolidation. In the past decade, these firms have invested an estimated \$750 billion in health systems, hospitals, outpatient facilities, nursing homes, home health providers, and physician practices across the country.¹² In Washington alone, the PE firm Blackstone controls at least 15% of the state's emergency medicine market.¹³ By acquiring and consolidating healthcare entities, PE firms can secure higher payment rates from insurers, resulting

in greater health spending, higher profits, and less competition—albeit with poorer health outcomes and less efficient provision of care.^{8,12,14,15} However, because federal law does not currently require PE firms to report acquisitions to regulatory authorities if the transactions fall below a certain dollar threshold—which is often the case in PE-led vertical integration—many firms are able to operate without effective oversight.¹²

Healthcare Monopolies

PE-led consolidation has undermined competition in the US healthcare market, raising concerns about antitrust violations and monopolistic behavior among providers.¹⁴ Recognizing this, President Joe Biden issued an executive order in 2021 outlining steps to strengthen antitrust regulation and promote competition in the healthcare sector.¹⁶ Concerningly, however, the Federal Trade Commission (FTC) is prohibited from enforcing antitrust rules against nonprofit entities, which make up roughly half of Medicare-enrolled hospitals and nearly 60% of community hospitals in the US.^{6,17,18} It is estimated that an annual budget increase of \$157 million would enable the Department of Justice (DOJ) and FTC to bolster their antitrust enforcement efforts without reducing their efforts in other areas—an investment that would increase DOJ and FTC’s merger enforcement budget by 33%.⁹ In addition to PE-led consolidation, certificate of need (CON) laws, which are in effect in Washington State, have been associated with monopolistic behaviors among healthcare entities. CON laws involve a permitting process intended to ensure that new healthcare facilities benefit the communities in which they reside and prevent unnecessary healthcare spending; however, they have been criticized as unnecessary barriers to entry in the healthcare market that undermine competition without improving patient outcomes.^{19,20}

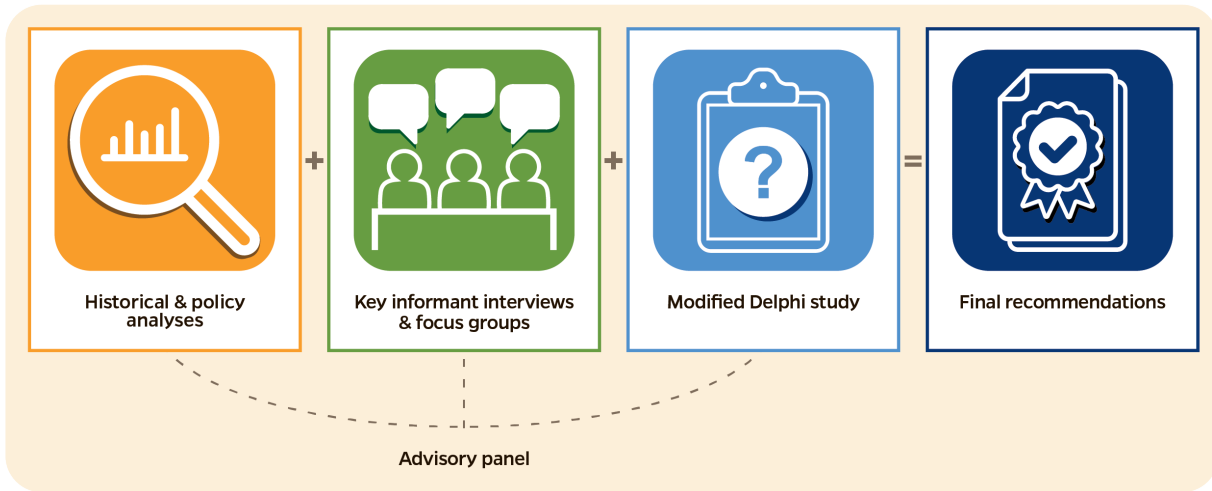
Catholic Healthcare Expansion

As of 2023, Catholic-sponsored and -affiliated healthcare facilities make up the US’s largest group of nonprofit providers, including 665 hospitals, 134 critical access hospitals, and 232 trauma centers.²¹ In some states, as much as 40% of acute care beds are operated by Catholic healthcare facilities, which in some cases are the sole providers of acute care in their regions.^{22,23} Many of these facilities adhere to the Ethical and Religious Directives for Catholic Health Care Services, a set of 77 rules that govern the provision of care, including restrictions on contraceptive, reproductive, and end-of-life health services.²⁴ The rapid expansion of Catholic healthcare is attributable, in part, to the acquisition of Catholic health systems and hospitals by PE firms, as well as cross-market mergers between Catholic and non-Catholic healthcare entities.^{22,25,26}

Methodology

Between April and December 2023, the Johns Hopkins Center for Health Security research team (Meyer, Ravi, and Veenema; hereinafter referred to as “the study team” or “the research team”) implemented an intensive, multimethod research strategy to assess the healthcare environment in Kitsap County, identify relevant stakeholders, characterize major challenges, and develop actionable policy solutions.

Figure 1. Kitsap County Healthcare Analysis Methodology



Advisory Panel

The research team convened an advisory panel consisting of members of the Kitsap Public Health Board, a representative from the Kitsap County Board of Commissioners' office, and KPHD representatives. This group assisted the research team in obtaining relevant documents that were not publicly available; helped identify or contact participants for key informant interviews, focus groups, and a modified Delphi study; and provided strategic guidance on participant recruitment and overall study trajectory.

Historical Analysis of the Kitsap County Health System

The research team conducted an initial exploration of Kitsap County's health system to identify social, economic, and political factors shaping the provision, administration, accessibility, and quality of public health and healthcare services across the county. They reviewed publicly available strategic plans, memoranda, reports, news media, peer-reviewed literature, and archival materials. In addition, the team collected relevant quantitative indicators describing county sociodemographic measures, health disparities, health outcomes, and other health indicators from KPHD and other platforms.

Policy Analysis

The study team conducted a review of relevant laws, policies, norms, and industry standards governing the administration of public health and healthcare services across Kitsap County and Washington State to characterize the county's health policy environment and to identify potential levers for improving health outcomes. Databases and organizational websites searched included PubMed, the US Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the National Conference of State Legislatures, the Internal Revenue Service (IRS), the

Association of Washington Public Hospital Districts, ProPublica’s Nonprofit Explorer, and the Washington State Department of Health (WSDOH). The team applied a framework developed by Levesque, Harris, and Russell to organize relevant findings relating to healthcare needs, perceptions of health needs, care-seeking behaviors, healthcare access, healthcare utilization, and health outcomes.²⁷

Key Informant Interviews and Focus Group Discussions

The research team conducted semi-structured interviews (n=41 interviews) both remotely and in-person to gain insight into the culture and institutional dynamics of the local health system, including strengths, barriers, and opportunities for improvement following the COVID-19 pandemic. A semi-structured interview protocol—informed by the abovementioned historical and policy analyses—was developed to guide conversations. Interviewees were selected based on information gleaned from the historical and policy analyses, as well as via recommendations from the expert advisory panel and forward and backward snowball sampling. Interviewees were recruited via email and included Kitsap Public Health Board members, public health practitioners, clinicians, hospital administrators, emergency managers, emergency medical service (EMS) providers, fire service agents, long-term care facility representatives, and other local and state leaders involved in administering public health and healthcare services in Kitsap County. The team conducted interviews either individually or in groups on a not-for-attribution basis between May and September 2023 and recorded the conversations, with participants’ permission, using Otter.ai. All interviews were attended by at least one member of the study team.

Four (4) in-person focus groups were hosted in Kitsap County in July 2023 to provide community members, local leaders, and local practitioners the opportunity to voice their opinions about the local healthcare system and recommendations for future improvements. Each focus group had a specific thematic focus, including child and adolescent health (n=3 participants), health equity (n=5 participants), sexual and reproductive health (n=1 participant), and healthcare workforce (n=8 participants). Participants were recruited to the healthcare workforce focus group via snowball sampling (ie, through contacts working in the local health system). Participants were recruited to the other focus group types via a bulletin sent out by KPHD on behalf of the research team in late June 2023. Interested individuals were invited to fill out an online expression of interest form, which the study team then reviewed. Invitations to attend each focus group were sent out on a first-come, first-serve basis, with efforts to balance each group by race, ethnicity, gender, age, and occupation. Each focus group was attended by 3 researchers (ie, 1 focus group leader and 2 notetakers) and recorded, with participants’ permission, using Otter.ai. All focus group discussions were conducted on a not-for-attribution basis. A semi-structured focus group guide was drafted prior to the interviews based on findings from the key informant interviews but was not strictly adhered to. Each focus group member received a \$25 Visa gift card in recognition of their participation.

All transcripts from the key informant interviews and focus group discussions underwent qualitative coding using NVivo coding software. An initial thematic coding framework was developed prior to the coding process, drawing from the interview and focus group guides. Each transcript was coded independently by 2 research team members; findings were subsequently analyzed and discussed among the entire research team.

Modified Delphi Study

Next, the study team performed a modified Delphi study to identify actionable policy recommendations for solving the healthcare system challenges identified during prior arms of data collection. Originally conceptualized by the RAND Corporation in the 1950s, the Delphi method is a structured technique for building expert consensus on a given topic, consisting of iterative rounds of questioning among a panel of experts.²⁸ It has been widely applied in public health and clinical research to develop guidelines, make predictions, set priorities, and formulate recommendations.²⁹ By structuring the flow of information and allowing anonymous participation, the Delphi method encourages expert panelists to freely share opinions and can help reduce the biases and/or power dynamics that often emerge in group settings.

For this Delphi study, the study team first invited 69 individuals from across Kitsap County to join an expert panel. These individuals were identified via the historical and policy analyses, key informant interviews, focus group discussions, and KPHD recommendations. Thirty-four (34) initially agreed to join the expert panel and participate in the Delphi study, including representatives from local public health and healthcare organizations, members of the community, and members of the Kitsap Public Health Board ([see Appendix C for a list of expert panel members](#)). This Delphi study was conducted on a not-for-attribution basis, and participants received a \$50 gift certificate if they completed any portion of the study. Responses were collected using Qualtrics software.³⁰ The study team cleaned and analyzed data using Microsoft Excel and Stata 18, respectively.³¹

The Delphi study consisted of 3 rounds. Round 1 was performed in September 2023 and featured 10 policy goals relating to healthcare access, quality, and delivery in Kitsap County (presented below in no particular order). The study team developed these policy goals using inductive content analysis techniques, drawing on findings from the literature and policy analyses, key informant interviews, and focus group discussions.

1. **Mental and behavioral health:** Every Kitsap County resident has access to the resources needed to manage their emotional, psychological, and social wellbeing. They are readily able to cope with everyday stressors and receive diagnoses and treatment for mental illness and/or behavioral disorders.
2. **Reproductive health:** Every individual, couple, and family in Kitsap County has access to the resources needed to ensure physical, emotional, and social wellbeing in relation to obstetric and gynecological health, family planning, and maternal health.

3. **Sexual and gender expansive health**: Every Kitsap resident has access to the resources needed to promote physical, emotional, and social wellbeing in relation to sexuality, sexual health, and gender identity.
4. **Primary healthcare**: Every resident can easily access, within Kitsap County, an entry point into the healthcare system that connects them to essential disease prevention, treatment, rehabilitation, and palliative care services spanning the life course.
5. **Housing**: Every Kitsap County resident has access to safe, healthy, dignified, and affordable lodging, shelter, and/or dwellings.
6. **Quality of care**: Every Kitsap County resident has access to evidence-based healthcare services that avoid causing harm; that are delivered in a timely, equitable, and nondiscriminatory manner; and that are responsive to their individual preferences, needs, and values.
7. **Health equity**: Every Kitsap County resident has a fair and just opportunity to attain their highest level of health, irrespective of age, gender identity, race, sexual orientation, ability, religious beliefs, employment status, or income level.
8. **Health workforce**: Every person who delivers or assists in delivering healthcare in Kitsap County receives fair compensation and/or sufficient reimbursement for services provided; has access to needed training, mentoring, and credentialing resources; and is provided a safe, dignified work environment with minimal risk of physical injury, moral injury, and/or burnout.
9. **Transportation**: Every resident can access the health services they need, within Kitsap County, via safe, affordable, reliable, and accessible public and/or private transportation services and systems.
10. **Health insurance coverage**: Every Kitsap County resident can access the full range of quality health services they need without incurring catastrophic, out-of-pocket expenditures or risking other forms of financial hardship.

Expert panelists were first asked to share demographic details (ie, age, gender, occupation) and provide recommendations that could be implemented in the next year to make each policy goal a reality by 2035. After suggesting recommendations, the panelists were then asked to rank the 10 policy goals in order from most urgent to least urgent and provide written justifications for their ranking choices. In total, 29 expert panel members submitted responses to the Round 1 questionnaire.

The content of Round 2 was informed directly by the findings from Round 1. The study team first calculated urgency-consensus scores³² to identify the top 5 policy areas collectively ranked as the most urgent by the entire expert panel. The team then reviewed the policy recommendations suggested by the expert panel, consolidated duplicate responses, discarded responses that were ambiguous or unclear, and synthesized a list of 77 unique recommendations across the 5 top-ranked policy areas.

In Round 2, the panelists were first asked to review a document, prepared by the study team, that summarized the rankings and justifications from Round 1. They were then asked to rate the feasibility of implementing each recommendation within the next year, using a 5-point Likert scale (ie, 5: highly feasible, 4: feasible, 3: somewhat feasible, 2: less feasible, 1: not feasible). In total, 27 expert panel members submitted responses to the Round 2 questionnaire.

Of the 77 recommendations, 32 garnered little to no consensus regarding their feasibility (as measured by the interquartile range of the panel’s Likert scores). These low-consensus recommendations formed the basis of Round 3, which featured a virtual meeting between the study team and the panel of experts. The meeting was conducted in November 2023 via Zoom and was attended by 25 expert panelists. With the attendees’ permission, the study team recorded the meeting using Otter.ai. During this meeting, the expert panelists reviewed the low-consensus recommendations from Round 2, which spanned all 5 of the top-ranked policy areas. For each policy area, the study team moderated a discussion on the merits, drawbacks, and overall feasibility of implementing each low-consensus recommendation in Kitsap County within the next year. After each discussion, the study team launched a Zoom poll to allow panelists to re-rate the recommendations based on what they learned from the other panel members. Following Round 3, the expert panel achieved consensus on 13 of the 32 original low-consensus recommendations.

Human Subjects Research Statement

This research was determined to not be human subjects research by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Historical Analysis

A historical analysis of relevant existing documents, news releases, and published reports revealed a substantial body of information describing the trajectory of change in the Kitsap County health system, as well as epidemiologic data characterizing its current community health and social needs. ([See Appendix A for the search strategy employed for this analysis.](#))

Demographics

Kitsap County is located on the Kitsap Peninsula of the Puget Sound in Washington State. Currently home to just under 280,000 residents, the county has experienced steady growth over the past several decades. As of 2023, Kitsap’s population is 71.8% White, 2.8% Black or African American, 1.3% American Indian and Alaska Native (AI/AN), 9.4% Hispanic or Latino, and 5.5% Asian.³³ 31,723 US military veterans reside in Kitsap, and roughly 20% of the county’s population is over the age of 65.³⁴ Naval Base Kitsap, the US’s third-largest naval base, also resides in Kitsap County, housing more

than 15,000 active-duty personnel, 25,000 civilian employees, 18,000 family members, and 36,000 retirees, and serving as a base for the Navy's fleet throughout West Puget Sound.³⁵ Kitsap County is also home to the Suquamish and Port Gamble S'Klallam Tribes, 2 of Washington's 29 federally recognized tribes.

Kitsap County currently faces several critical socioeconomic challenges that affect population health. In 2022, there were 2,427 households across the county requesting housing assistance. A survey of more than 500 unhoused persons in Kitsap County revealed that the leading causes of homelessness were health issues, including mental illness (67%), job loss and inability to work (58%), eviction or loss of housing (40%), family conflict (35%), and substance use (25%).³⁶ 22,280 people in the county reported experiencing food insecurity in 2021, while more than 44,000 residents over the age of 12 were diagnosed with a substance use disorder.³⁷ That same year, roughly 52,000 (19%) of Kitsap residents were enrolled in Medicaid (known as Apple Health in Washington), while 6.7% of Kitsap residents lacked health insurance altogether in 2022.^{34,38}

Health Disparities

The historical analysis revealed significant disparities in access to essential health services and health outcomes in Kitsap County. Between 2015–2019, AI/AN and Hispanic/Latino residents were less likely to have health insurance compared to White residents.³⁹ 5.8% of Asian Kitsap residents live below 100% of the federal poverty level, compared to 7.4% of White residents, 10.7% of Hispanic/Latino residents, 12.6% of Black or African Americans, and 13.7% of AI/AN residents.⁴⁰ Kitsap County is also home to a community of Mam-speaking immigrants from Guatemala who face unique healthcare access challenges due to long working hours and the limited availability of Mam translators.⁴¹

Women in Kitsap County report significant health disparities, especially with respect to maternal and infant health.³⁹ For instance, 48% of Kitsap residents who gave birth in 2021 did not receive adequate prenatal care, compared to 30% of Washington residents.⁴² Between 2015–2019, women in Kitsap County were also far likelier to live below the federal poverty level. AI/AN and Native Hawaiian or Pacific Islander women in Kitsap County were less likely to initiate prenatal care compared to their White counterparts, while infant mortality was 2.9 times higher for infants born to Black individuals compared with those born to White individuals.³⁹ Black and Hispanic infants born in Kitsap County were also found to have significantly lower birth weights compared to White infants.³⁹

Kitsap County also reports several concerning behavioral and mental health trends. Depressive feelings and suicidal ideation are on the rise among Kitsap high school students.³⁹ Youth identifying as female, transgender, lesbian, gay, bisexual, or questioning reported significantly higher rates of bullying, suicidal ideation, and suicide attempts compared to male and heterosexual youth.⁴³ Adolescents of color in Kitsap were also less likely to engage in recommended levels of physical activity or have

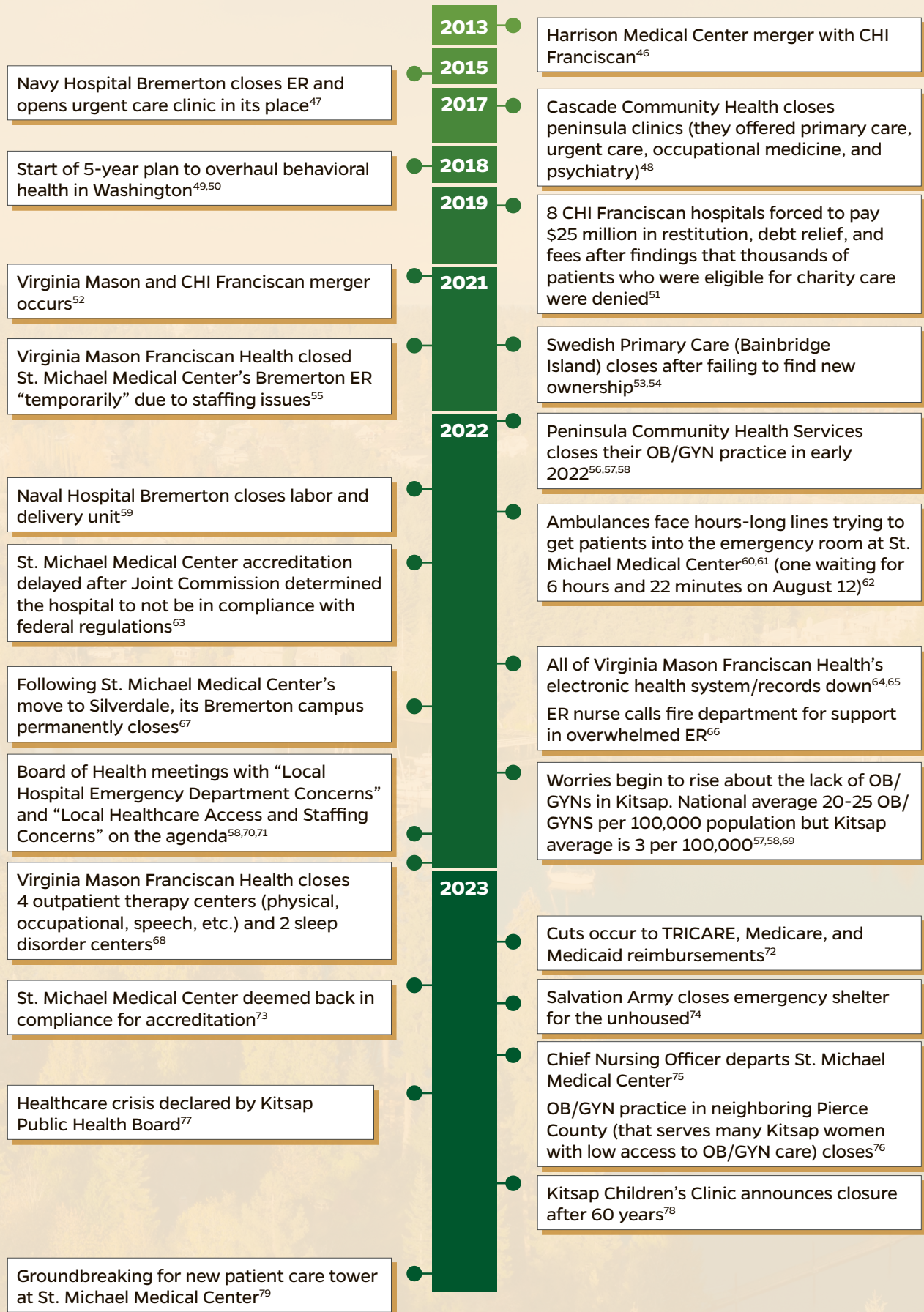
a trusted adult to turn to during difficult periods; concurrently, they were also more likely to be physically hurt on purpose by an adult.⁴⁴

Many health disparities also vary geographically within Kitsap County. Life expectancy on Bainbridge Island, for example, is approximately 6.5 years longer than in Bremerton or South Kitsap.⁴⁵ Between 2015–2019, 3 in 4 Bremerton School District students were eligible for free/reduced lunch compared to 1 in 3 students in Central Kitsap, North Kitsap, and South Kitsap, and fewer than 1 in 10 students on Bainbridge Island.³⁹ Additionally, 13.7% of Bremerton residents live below 100% of the federal poverty level compared to 6.2% of residents in Central Kitsap, 7% in North Kitsap, 6.7% in South Kitsap, and 2.6% in Bainbridge Island.⁴⁰ Bremerton also reports the highest percentage of residents in Kitsap County with a disability, while Bainbridge Island reports the highest percentages of youth using marijuana, smoking, and binge drinking alcohol.^{39,45}

Major Changes in Kitsap County’s Healthcare System

The healthcare sector in Kitsap County includes a wide range of facilities, services, and specialty practices, including St. Michael Medical Center (SMMC), Naval Hospital Bremerton, Peninsula Community Health Services (PCHS), 2 Veterans Affairs (VA) clinics (Silverdale and Bremerton locations), Kitsap Mental Health Services (KMHS), and family care clinics, cardiac care offices, assisted living centers, in-home health operations, physical therapy, homeopathic care, pharmacies, medical equipment sales and rentals, cancer care facilities, emergency medical services, and medical laboratories. The healthcare system has experienced substantive change in recent years resulting in an overall reduction of available healthcare resources as the result of organizational mergers and acquisitions, crippling staffing issues, and reductions in reimbursements from payment systems such as Apple Health (Medicaid) and TRICARE, the uniformed services healthcare program ([see Figure 2](#)). Several of the major changes resulting in a redrafted healthcare landscape are highlighted below.

Figure 2. Kitsap County Health Timeline Events and Dates



St. Michael Medical Center (Silverdale)

The original City General hospital first opened its doors in Bremerton as a ward during the 1918 Spanish influenza pandemic. Since then, the hospital has undergone multiple name changes, next becoming Olympic Hospital before being renamed Harrison Medical Center in 1942. A trusted and much-beloved Kitsap County institution, Harrison Medical Center was eventually acquired by Catholic Health Initiatives Franciscan Health System (CHI Franciscan Health) in 2013. CHI Franciscan merged with Virginia Mason Health in January 2021 to form an integrated health system known as Virginia Mason Franciscan Health (VMFH). The parent company of this health system is CommonSpirit Health, the largest Catholic health system and the second-largest nonprofit hospital chain in the US.⁸⁰ Headquartered in Chicago, CommonSpirit operates more than 1,000 care sites and 140 hospitals in 23 states.⁸¹

Renamed as St. Michael Medical Center (SMMC)⁸² after its acquisition, the former Harrison Medical Center relocated all its patients and services to a brand-new facility in Silverdale, Washington, in December 2020. SMMC currently serves as the county's only fully functioning hospital and regional hub for Kitsap's healthcare industry. The 536,770 square foot hospital is a Level III trauma center with a 56-bay emergency department (ED), 248 beds (144 critical and acute), and 9 operating rooms.⁸³ It currently houses the only emergency department available in Kitsap County (other nearby EDs not in Kitsap County include Madigan Army Medical Center in Tacoma, St. Anthony Hospital in Gig Harbor, Tacoma General Hospital, and Mary Bridge Children's Hospital in Tacoma). SMMC closed its ED at the 'old' Harrison hospital in Bremerton in 2021 to consolidate available staff at one facility in Silverdale.⁸⁴ In May 2022, VMFH closed the facility for good, leaving SMMC the only remaining option for emergency services in Silverdale. In August 2023, however, VMFH announced plans to construct Washington's first hybrid emergency room and urgent care center in Bremerton, the first of several such facilities planned to be opened throughout the Puget Sound region in the coming years.⁸⁵

Despite being part of a Catholic health system, VMFH has designated SMMC as a secular facility, and hospital leaders have affirmed their commitment to continuing provision of select family planning and reproductive health services.^{86,87} Nevertheless, VMFH and its affiliated facilities adhere to the Ethical and Religious Directives for Catholic Health Care Services.⁸⁸ Internal policies at SMMC also reflect this, stating that "human life is a gift of God," "all health care facilities under our sponsorship should protect life from conception through death," and "Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way."^{24,86}

Naval Hospital Bremerton

Naval Hospital Bremerton (NHB), located 5 miles north of the Puget Sound Naval Shipyard at Bremerton, was established to serve active-duty personnel, retirees, and their family members. In 2013, the US Department of Defense (DOD) established the Defense Health Agency (DHA),⁸⁹ a joint, integrated combat support agency that enables

the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to combatant commands in both peacetime and wartime. According to its website, the DHA “uses the principles of Ready Reliable Care to advance high-reliability practices across the military health system by improving operations, driving innovative solutions, and cultivating a culture of safety.”⁹⁰ Since 2013, DOD has attempted to reduce military healthcare costs, and in 2017, the US Congress gave the Pentagon broad authority to reevaluate and potentially scale back its facilities, which, in turn, led to a shift toward sending civilian patients for care in the communities surrounding military bases.⁹¹ Since then, NHB has experienced reductions in service lines and closure of its ED and labor and delivery unit. Currently, the hospital provides some ambulatory care services including primary care, mental health and substance use care, and pediatric care.

Peninsula Community Health Services

Peninsula Community Health Services (PCHS), a federally qualified health center, provides primary medical care, dental care, behavioral health counseling, substance use treatment, pharmacy services, and health education and promotion activities to its patients.⁹² Services are provided to all patients regardless of their insurance status or ability to pay. PCHS has medical clinics located throughout Kitsap and North Mason Counties, including Almira Bremerton, Belfair, Franklin, Kingston, Port Orchard, Poulsbo, Silverdale, Sixth Street Bremerton, and Wheaton Way Bremerton. In addition, PCHS has a Mobile Medical Clinic that travels throughout Kitsap County to provide primary medical care to patients with transportation or other access issues.⁹³

Kaiser Permanente and MultiCare

Other major healthcare providers in Kitsap County include Kaiser Permanente,⁹⁴ an integrated managed care consortium with 36 medical offices across Washington, and MultiCare,⁹⁵ a comprehensive health system consisting of 12 hospitals and 300 primary, urgent, pediatric, and specialty care locations across the Pacific Northwest. Kaiser Permanente operates medical offices, urgent care centers, and eye clinics in Silverdale, Poulsbo, and Port Orchard and offers several health insurance plans for Kitsap County residents. MultiCare offers similar services throughout Kitsap County, including in Poulsbo and Port Orchard. In 2022, MultiCare also announced plans to open a new, 24-hour, standalone emergency room just outside of Bremerton.⁹⁶

Current Health System Gaps

The research team reviewed several recently published reports, including but not limited to the Kitsap Community Health Needs Assessment (CHNA) 2023 (VMFH/ SMMC & KPHD),³⁸ Kitsap Community Needs Assessment (CNA) 2023 (KPHD and Kitsap Community Resources [KCR]),⁹⁷ and the 2023 Community Health Implementation Strategy (VMFH).⁹⁸ Additional reports reviewed included the Washington State Department of Health Family Residency Program Report (2022),⁹⁹ the Northwest Healthcare Response Network (NWHRN) Healthcare Hazard Vulnerability Assessment

(2023),¹⁰⁰ and the Kitsap Health Equity Collaborative’s Barriers to Health Discussions on Accessible Mental and Physical Healthcare Services (2023).¹⁰¹ These reports reflect a substantial investment of resources and suggest that KPHD and the organizations with which it partners have a clear understanding of what the most pressing health issues are within the county and where gaps exist. In July 2023, KPHD, in collaboration with VMFH, hosted the Kitsap Maternal Infant Health Forum to bring together community stakeholders and identify recommendations and related activities to address the worsening access to maternal/infant health resources. In September 2023, KPHD hosted a data summit, where the findings of their Kitsap County Community Health Assessment 2023 were reported to key community partners and stakeholders. Data related to healthcare access revealed persistent shortages across the healthcare workforce, no improvements in insurance coverage, and unmet healthcare needs due to cost. Taken collectively, the research team’s analysis of the available reports revealed the following relevant findings.

Limited Availability of Healthcare Providers

Every county in Washington State has been designated by the Health Resources and Services Administration as qualifying partly or wholly as a Health Professional Shortage Area (HPSA),¹⁰² with Kitsap County falling below the state average for primary care providers,^a physician assistants, obstetrical-gynecological physicians (OB/GYNs), mental healthcare providers, dentists, and staffed inpatient hospital beds per 100,000 population.¹⁰³

Obstetrics & Gynecology

Kitsap County has fewer than 3 OB/GYNs per 100,000 people; the average in Washington State is 15 per 100,000 people, and the national average is nearly 25 OB/GYNs per 100,000.¹⁰³ While Washington historically has seen lower rates of maternal mortality than the national average, there are still issues with racial disparities and access to care for comorbidities, specifically behavioral health; in fact, the Washington State Maternal Mortality Review Panel recently reported that 80% of pregnancy-related deaths in the prior reporting period were preventable.¹⁰⁴ In a December 2022 Kitsap Public Health Board Meeting, Dr. Katherine Hebard, a local obstetrician, presented data on the dire maternal healthcare situation in Kitsap County, citing the following primary items:

- With the closures of the labor and delivery units at NHB and PCHS, there are only 3 OB/GYNs per 100,000 population in Kitsap; prior to these closures, there were 8.
- The average age of providers in the county is over age 50, meaning most will retire in the next 10–15 years.
- It is difficult for the county to attract new practicing OB/GYNs because of low (and continually diminishing) reimbursements from Medicare, Medicaid, and TRICARE and the high percentage of the population (~40%) on these plans.

^a In 2020–2021, the Office of Financial Management Health Care Research Center estimated about 63 primary care providers in Kitsap County for every 100,000 residents compared to 90 per 100,000 residents in Washington State overall, meaning Kitsap County had about 30% fewer primary care physicians to serve a similar number of patients ([Kitsap County Trends in Healthcare Access](#), September 2023).

- The nature of obstetric care, compounded by the healthcare crisis in the county, is causing burnout among the OB/GYNs who remain practicing in the area.^{58,103,105,106} This testimony is corroborated by myriad local news stories detailing the closure of the NHB and PCHS labor and delivery units and the complex and devastating downstream effects that reductions in Medicare and Medicaid reimbursements have caused in the county, specifically regarding OB/GYN care.^{69,107}
- The Washington State Legislature has outlined provisions for the establishment of a maternity care access program that could be leveraged to help remediate the ongoing maternal healthcare desert in Kitsap County.^{108,109}

Behavioral & Mental Health

Kitsap County lacks mental healthcare providers, reporting only 396 per 100,000 population, which falls slightly below the state’s average of 436.¹⁰³ In May 2018, Washington State set a fast-paced goal for transforming the state’s mental health system by 2023; however, implementation of this plan has introduced more problems than it has solved and has surpassed the proposed timeline. The idea was to separate mental health systems serving civilians and incarcerated people and provide more specialized care to each demographic group. However, the result has been untimely closures of facilities, further limiting access to care as there are not enough beds to meet the needs.⁴⁹ Additionally, 20% of preventable pregnancy-related deaths in Washington State from 2017–2020 were tied to behavioral health comorbidities and the lack of access to behavioral healthcare.¹⁰⁴

In January 2021, the Kitsap County Board of Commissioners’ Behavioral Health Strategic Planning Team released a 5-year Behavioral Health Strategic Plan that renewed a sales tax to augment state funding of mental health and chemical dependency programs and related services. The plan also laid out 6 goals:

1. Improve the health status and wellbeing of Kitsap County residents.
2. Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
3. Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
4. Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
5. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
6. Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.¹¹⁰

Nurses

Nurses are a critical component of the healthcare workforce that is dwindling nationwide due to job dissatisfaction related to burnout, a large percentage of nurses reaching retirement age, and noncompetitive salaries.¹¹¹ A 2023 report published by the National Council of State Boards of Nursing (NCSBN) found that approximately 100,000 nurses left the profession during the COVID-19 pandemic and that another 610,000 intend to leave the profession by 2026.¹¹² The American Association of Colleges of Nursing's 2023 annual report shows that nursing school enrollments in western states declined 12.5% from the 2021 to 2022 academic years.¹¹³ Additionally, Washington State has had a higher rate of nursing faculty vacancies (13%) than the national average (8%) for the past 3 years. Washington State also has seen a 54% decline in the number of students admitted into licensed practical nurse (LPN) programs, with average admittance rates for registered nurse (RN) and Bachelor of Science in Nursing (BSN) programs remaining steady, and an increase in advanced registered nurse practitioners (ARNPs) averaging about 400 new providers per year.^{114,115} ARNPs, most of whom are educated in primary care programs, can improve access to primary care across multiple patient populations.^{116,117,118} ARNPs include nurse practitioners, nurse midwives, certified registered nurse anesthetists, and certified nurse specialists.¹¹¹ As of 2021, Washington State had 9,334 actively licensed ARNPs, and 8,457 were employed in nursing. Of these ARNPs, only 219 listed a Kitsap County mailing zip code.¹¹¹

Healthcare is not the only business in Kitsap facing a workforce shortage. However, the reputation that SMMC has earned from various news reports about strained staff, an overwhelmed emergency room, union discontent, and unresponsive senior leadership has undermined efforts to attract a new workforce.¹¹⁹ In fact, SMMC reported struggles attracting applicants for more than 300 open positions in early 2023.¹²⁰ Travel nurses have helped fill these gaps but not without consequences. Wage disparities between travel nurses and regular full-time workers have contributed to low morale and worker retention and high overhead costs from travel nursing agencies straining the hospital's budget.^{121,122} Additionally, more suburban and rural regions like Kitsap are forced to compete with larger, better-resourced metropolitan hospitals to fill these positions.¹²³ Fortunately, in 2023, Washington became the 40th state to enact the Nurse Licensure Compact, which permits nurses with active multistate licenses from other states to practice in Washington.¹²⁴

Emergency Care

A review of relevant Washington State Health Care Authority documents, Joint Commission reports, and news media articles revealed significant challenges related to accessing emergency care, with 2022 being a particularly difficult year for Kitsap County. Long EMS wait times throughout the summer of 2022 and chronic understaffing in the ED at SMMC were brought to the national spotlight when, in October 2022, an ED charge nurse at SMMC called Central Kitsap Fire and Rescue for assistance in caring for patients. At the time, the nurse reported 45 patients in the ED and only 5 nurses on duty. Relations between SMMC leadership and their staff had declined to where United Food & Commercial Workers 3000, the union representing SMMC employees, called

for the resignation of both the hospital's president and chief nursing officer.¹²⁵ These challenges, combined with a lack of capacity within long-term care facilities,¹²⁶ shelters, and jails, only exacerbated the burden on EMS and the SMMC ED.

Other factors contributing to the breakdown in accessible healthcare include Kitsap County's challenging geography, a lack of access to childcare,¹²⁷ lack of affordable housing,¹²⁸ and serious one-time issues like a ransomware attack against VMFH.^{129,130} All these issues, compounded with the issues discussed above, led to the declaration of a public health crisis resolution passed by the Kitsap Public Health Board on July 11, 2023.¹³¹

Public Hospital Districts

Public hospital districts (PHDs) are governmental entities established by Washington State statute. The legislature granted local communities the authority to create hospital districts in 1945. These entities are established within a community to oversee and facilitate healthcare in its jurisdiction and are funded through tax levies but can be supplemented by other government funding mechanisms.¹³² Because a PHD is a governmental entity, its officials are elected by the community and tailored to fill gaps in existing community healthcare systems through either funding subsidies, operations, or both. Typically, they are established in rural or underserved areas to supplement healthcare systems that are not meeting a community's needs, making it a potential solution to the healthcare access issues in Kitsap County.¹³³ Establishing a PHD could facilitate better access to primary care, secular care, long-term care, or any other gap that voters decide on.¹³⁴ Additionally, the tax rate is limited by Washington law to \$0.75 per \$1,000 assessed property value, which caps what taxpayers would have to pay out of pocket to establish the PHD.¹³⁴⁻¹³⁷ However, a PHD would take time to set up and could potentially introduce new challenges in the county.¹³⁴ For instance, other community services funded by tax levies, such as EMS, could lose funding due to the Washington State tax cap. Furthermore, Kitsap voters have historically shown mixed support for raising or levying new taxes, even for bolstering critical community health services.¹³⁸ For example, they approved a 2016 local sales tax increase to subsidize the cost of a new fast ferry service between Bremerton and Seattle; a 2021 sales tax increase to upgrade the county's 911 emergency radio system; and a 2022 Central Kitsap school support levy.^{139,140,141} However, Kitsap citizens also voted against a 2022 levy that would have added new firefighter EMTs and paramedics to South Kitsap Fire and Rescue's staff, as well as a 2023 public safety levy that would have created new police and firefighter positions in Bremerton.^{142,143} As such, securing approval for a PHD would require concerted voter engagement efforts.

Health Policy Analysis

Healthcare in Kitsap County is governed by myriad state laws, rules, and regulations, and the interface with federal policies such as those established by CMS. Several of these are described below and in [Table 1](#) at the end of this section.

Revised Code of Washington

The Revised Code of Washington (RCW)¹⁴⁴ is the compilation of all permanent laws now in force in the State of Washington, including laws that govern health and healthcare delivery. The RCW is a collection of Session Laws (enacted by the state legislature and signed by the governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts.

The Washington State Health Care Authority (HCA)¹⁴⁵ is the largest healthcare purchaser in Washington State, serving more than 2.5 million people through its Apple Health (Medicaid),^{146,b} Public Employees Benefits Board (PEBB), and School Employees Benefits Board (SEBB) programs. The HCA is responsible for rulemaking, taking laws passed by the state legislature and adding details to the RCW. Rules are codified as the Washington Administrative Code (WAC).¹⁴⁷ Washington State requires its agencies, including HCA, to follow a specific process when adopting or revising rules, including allowing the public to provide feedback on rules before they are adopted. The HCA administers the state's Medicaid innovation model, called the Medicaid Transformation Project (MTP),¹⁴⁸ and Accountable Communities of Health (ACH),¹⁴⁹ both described below.

MTP is Washington State's Section 1115 Medicaid demonstration waiver between the HCA and CMS. MTP allows Washington to create and continue to develop projects, activities, and services designed to improve the state's healthcare system. All MTP programs support Apple Health enrollees. On June 30, 2023, CMS approved MTP to continue for 5 more years. The state's MTP renewal, called MTP 2.0, will ideally extend reach to provide more programs, services, and supports to vulnerable populations.

ACHs are independent, regional organizations that work with their communities on specific healthcare and social needs-related projects and activities. ACHs play an integral role in Washington's MTP efforts, as they were designed to be a neutral convener, coordinating body, investor, and connection point between the healthcare delivery system and local communities. The ACH network was formally created in 2015, with funding through a State Innovation Models Round 2 test grant and supportive state legislation in the 2014 session. Each ACH serves a specific region, and Kitsap County is located within the Olympic Community of Health.¹⁵⁰

In Washington State, public health is decentralized to the county level. Since 2010 and the passage of the Patient Protection and Affordable Care Act (ACA), the Washington State Board of Health¹⁵¹ has worked to strengthen local public health leadership and resources through various pathways, including Medicaid flexibility, state policy and budgetary reform, and collaborative learning.

^b Medicaid is the federally matched medical aid program under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that covers the Categorically Needy (CN) and Medically Needy (MN) programs.

Healthcare Costs

Over the past 20 years in Washington State, healthcare costs have risen faster than inflation and insurance premiums have increased faster than wages.^{152,153,c,d} Rising healthcare costs in Washington have made healthcare unaffordable to many working families across the state. In 2020, the Washington State Legislature passed House Bill (HB) 2457¹⁵⁴ to establish the Health Care Cost Transparency Board (HCCT Board) under HCA.¹⁵⁵ The HCCT Board is responsible for analyzing total healthcare expenditures in Washington, identifying trends in healthcare cost growth, and establishing a healthcare cost growth benchmark to assist in Washington's efforts to better control increasing healthcare costs.^e Washington is one of 9 states in the nation to adopt a cost growth benchmark. It is also a participant in the Peterson-Milbank Program for Sustainable Health Care Costs.¹⁵⁶ The HCCT Board established a benchmark target in 2022 for the subsequent 5 years and will evaluate the benchmark annually moving forward. The cost growth benchmark represents a common goal for payers, purchasers, regulators, and consumers to increase healthcare affordability.¹⁵⁷

In 2019, the Washington State Office of Financial Management (OFM) published the Primary Care Expenditures report, which relied on claims-based data from Washington's All Payer Claims Database (WA-APCD). OFM, with a group of stakeholders, developed and used narrow and broad definitions of primary care providers and services. Based on OFM's definitions, primary care expenditures in Washington ranged from 4.4%, based on the narrow definition, to 5.6%, based on the broad definition.

In 2022, the Washington State Legislature passed Senate Bill (SB) 5589,¹⁵⁸ which directed the HCCT Board to measure and report on primary care expenditures in Washington and on progress toward increasing primary care expenditures to 12% of total healthcare expenditures. The HCCT Board established the Advisory Committee on Primary Care to clearly define and measure primary care spending and develop recommendations for increasing primary care spending. In December 2022, that Advisory Committee published an initial legislative report on primary care spending.¹⁵⁹ The report notes that national primary care spending is low compared to other medical specialties,¹⁶⁰

^c Expenses for healthcare providers rose 10% between 2022 and 2023 across Washington, due in part to the rising cost of supplies, equipment, medication, and labor expenses ([Washington State Hospital Association](#), October 2023).

^d Driven in large part by healthcare industry mergers, health insurance premiums for employment-based plans in Washington have risen by 49% over the past decade, and the cost of many individual plans has more than doubled ([Governing](#), December 2023).

^e In 2024, the Washington Health Alliance (WHA) reported that the cost of care across all service settings in Kitsap County was generally lower than the state average among both Medicaid patients and those with commercial insurance. However, inpatient and professional care costs were greater than the state average among more-disadvantaged patients (as measured by Area Deprivation Index) across both insurance categories ([Total Cost of Care by ADI, Washington Health Alliance Community Checkup](#), 2024). Furthermore, among commercially insured patients in Washington, 82% of the quality of care measures published by the National Committee for Quality Assurance fall below the national 50th percentile; among Medicaid patients, this estimate falls to 69% ([Washington Health Alliance Community Checkup](#), January 2024).

and Washington primary care spending is also low;¹⁵¹ however, current data may not be complete. While Washington tracks claims-based spending, the state does not yet track non-claims-based primary care spending, unlike Oregon and Rhode Island.¹⁶¹

In August 2023, the HCCT Board published its annual report showing total spending by categories of care.¹⁶² Inpatient services represented the highest category of spending in 2018 and continued to be the highest in 2021, with outpatient services also rising. There was greater overall growth in outpatient spending compared to inpatient. Outpatient medical per member per month (PMPM) growth was driven by a utilization increase of 32% despite no pricing increases. Healthcare prices increased for inpatient services, including both the plan paid and member responsibility; however, there was a decrease in utilization. Spending growth occurred across all categories for both men and women. Finally, the HCCT Board commissioned a hospital cost and profit analysis through a contract with independent consultants. In April 2023, the Board also approved plans with Bartholomew-Nash & Associates for a phase 2 analysis of Washington hospital costs, price, and profit.

Medicaid Reimbursement Rates

Some hospitals in Washington State reported significant financial losses in 2022 while others saw profits climb. In a survey conducted by the Washington Hospital Association, of the 81 acute-care hospitals surveyed—representing 98% of the state’s beds—69 lost money and 12 made a profit.¹⁶³ Those that lost money attributed it to decreasing Medicaid reimbursement rates, higher labor costs related to travel nursing, and longer patient stays due to increased acuity from delayed care due to the pandemic. While hospitals may receive some relief through state-directed payment programs,¹⁶⁴ decreasing Medicaid reimbursement rates resulted in undue financial pressures on primary care practices leading to reduced access to care for Medicaid patients and, in some cases, practice closures.^{163,165} Concern over increasing maternal mortality rates in the state also can be attributed to changes in Medicaid reimbursement.¹⁶⁶

Multi-Payer Collaborative

The Washington Multi-Payer Collaborative (MPC) is a group of payers working to build collective approaches to supporting patients and providers that will yield greater results than independent action, with a focus on the transformation of primary care delivery and payment in the state. The current MPC focus is on the importance of primary care in improving outcomes and improving access to high-quality comprehensive primary care. Making Care Primary (MCP), the new primary care model for Medicare beneficiaries from CMS, is expected to launch in July 2024. The MPC will work to align existing primary care transformation efforts in Washington State with the new CMS model.

Certificate of Need

Some healthcare providers in Washington are required to obtain a certificate of need (CON) from the state before constructing certain types of facilities or offering new or expanded services; per WSDOH, this process is “intended to help ensure that facilities and new services healthcare providers propose are needed for quality patient care within a particular region or community.”¹⁶⁷ As of 2020, 18 healthcare services require a certificate of need in Washington, including acute, swing, and general licensed hospital beds; obstetrics services; psychiatric services; dialysis centers; substance use treatment providers; and hospice facilities.^{168,f,g}

The CON program has, unfortunately, impeded healthcare access in Kitsap County.¹⁶⁹ Following CHI Franciscan Health’s decision to close the Bremerton campus of the former Harrison Medical Center (now SMMC), WSDOH approved a CON in May 2017 to move 242 licensed hospital beds from Bremerton to the new campus in Silverdale.¹⁷⁰ WSDOH later performed a reconsideration review of this certificate, confirming in November 2017 that the relocation would proceed in 2 phases: during the first phase, the Silverdale campus would construct a 9-story tower to house 168 of the 242 beds; and during the second phase (then expected to be complete by January 2023), a second tower would be built to house the remaining 74 beds.¹⁷¹ At the time of its reconsideration review, WSDOH further stipulated that “if phase 2 is not completed within 5 years of the completion of phase 1, any remaining bed authorization not meeting licensing requirements shall be forfeited.”¹⁷¹

Phase 1 was completed in 2020; however, contractors had not yet broken ground on the second tower at the time that this study commenced in April 2023, which led concerned Kitsap residents to petition WSDOH to deny an extension to SMMC and revoke its CON for the remaining 74 beds.¹⁷² However, WSDOH asserted that SMMC had not violated any of the conditions attached to its certificate and underscored that revoking it would likely result in SMMC’s closure, potentially resulting in “devastating impacts to the low-income and elderly residents of Kitsap County.”¹⁷³ Subsequent reports published in summer 2023 indicate that construction on the second tower began in July 2023, with the project currently slated to finish by the end of 2025.^{174,175}

^f As of 2022, Washington reports the lowest hospital bed density of any state in the US: 1.6 beds per 1,000 people ([State Health Facts, Kaiser Family Foundation](#)). In 2023, St. Michael Medical Center also reported that Kitsap County has fewer staffed inpatient hospital beds (1.0 per 1,000 residents) than both Washington and the US on average (2.4 beds per 1,000 people) ([Community Health Needs Assessment, May 2023](#)).

^g A certificate of need is also required to open long-term care and skilled nursing facilities in Washington. Given the limited availability of such facilities, many patients often remain housed in acute care hospitals, driving up the cost of care ([KUOW/NPR, December 2021](#); [Washington Policy Center, July 2022](#)).

| Table 1. Washington State Policies and Programs Governing Health Service Spending, Availability, and Health Workforce Development | |
|--|---|
| Washington State Policy or Program | Description |
| J-1 Visa Waiver Program: WSDOH¹⁷⁶ Workforce Recruitment and Retention | “The goal of the program is to increase the number of physicians available to work in rural and underserved areas of the state. The program is considered a secondary tool in recruitment, used when efforts to recruit a US-trained physician have been unsuccessful for an extended period.” |
| WSDOH¹⁷⁶ National Health Services Corps scholarship / loan repayment programs | Financial assistance programs meant to reduce the financial burden for people trying to become healthcare providers, including some nursing roles. |
| Washington Health Corps¹⁷⁷: Washington State Health Professional Loan Repayment and Scholarship Program | Loan repayment program for health professionals working in critical shortage areas. |
| HB 2457 (2020): Health Care Cost Transparency Board^{154,155} | Established the Health Care Cost Transparency Board (HCCT Board), under the Washington State Healthcare Authority (HCA), for the purpose of reducing healthcare cost growth and increasing price transparency. |
| SB 5589 (2022):¹⁵⁸ Concerning statewide spending on primary care. | Directed the HCCT Board to measure and report on primary care expenditures in Washington and the progress toward increasing it to 12% of total healthcare expenditures. |
| CMS: Making Care Primary (MCP) Model¹⁷⁸ | The Making Care Primary (MCP) Model—which will be tested in 8 states including Washington—aims to improve care for beneficiaries by supporting the delivery of advanced primary care services and provide a pathway for primary care clinicians to gradually adopt prospective, population-based payments while building infrastructure to improve behavioral health and specialty integration and drive equitable access to care. |
| Medicaid Transformation Project¹⁷⁹ | The Medicaid Transformation Project allows Washington State to create and continue to develop projects and activities including furthering ACHs, supporting older adults and family caregivers, providing supportive housing and employment services to Medicaid enrollees, and providing substance use disorder treatment and mental health services. |
| Washington Administrative Code Chapter 246-453¹⁸⁰ | Washington State hospitals are required to inform patients about financial assistance options verbally and in writing and must screen patients for eligibility before attempting to collect payments. |
| Certificate of Need: WSDOH¹⁶⁷ | <p>“The Certificate of Need Program is a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities or offering new or expanded services. For example, a certificate of need is required if a hospital wants to add to the number of its licensed beds. The certificate of need process is intended to help ensure that facilities and new services healthcare providers propose are needed for quality patient care within a particular region or community.”</p> <p>However, studies¹⁸¹ have shown that CON laws create anticompetitive markets and increase prices¹⁸² for consumers. Rural states with CON laws show higher spending and utilization rates compared to those without.¹⁸²</p> |

| | |
|--|---|
| <p>HB 1616 (2021-22):¹⁸³ Concerning the charity care act.</p> | <p>This law protects Washingtonians from out-of-pocket hospital costs. The protections apply to both insured and uninsured patients. It requires all hospitals to forgive some or all out-of-pocket costs for essential healthcare for patients within 300% of the federal poverty level.</p> |
| <p>Kitsap County Board of Commissioners’ Behavioral Health Strategic Planning Team 5-year Behavioral Health Strategic Plan 2021¹¹⁰</p> | <p>Commissioners renewed a sales tax¹⁷³ first implemented in 2013 to augment state funding of mental health and chemical dependency programs and related services and laid out a plan to use the funding for those purposes.</p> |

Key Informant Interviews & Focus Group Discussions

Several themes emerged in the key informant interviews and focus group discussions. These themes are summarized below, in no particular order, and reflect the views, opinions, and perceptions of the key informant interviewees and focus group participants.

Lack of choice in healthcare services decreases access to care.

Participants spoke at length about a lack of choice in healthcare providers within Kitsap County, including for routine, preventive, maternal, child, and emergency healthcare services. For example, one participant stated, “When you say what is causing the healthcare issues in Kitsap County, there’s only really one access [point (SMMC)], unless you want to drive over to Seattle or Pierce County to find MultiCare or whatever that may be.”

Many felt that having only one large, corporately owned hospital made it difficult to create a sense of community, especially since the hospital’s leaders came from outside of the county. “They’re not from here,” one key informant stated. “They don’t understand the community. You know, they make a lot of simple rookie mistakes. Because it’s a unique place.” Several participants contrasted SMMC with its predecessor, Harrison Medical Center, which one key informant described as “family-started and very well-respected.” This same interviewee observed that when the systems merged, “we lost providers. They fell out of the system because they didn’t want to be in a Catholic system. You know, they were worried about being part of a really huge conglomerate.” Another participant also noted that Harrison was more conveniently located, with many retirees having moved to Bremerton with the expectation of having healthcare services near their homes. Now, with the only hospital located in Silverdale, these residents and their caregivers are having to “travel, driving 30 minutes a month to get services.” Participants also noted that the monopolistic behavior of CHI Franciscan Health, which owns SMMC, greatly hampered existing healthcare services because it had bought most of the primary care physician clinics and urgent care clinics in the district, “reducing service levels because they were the only providers around, and that has [been] a [systemic] issue.”^h Another noted that the purchase of the private provider

^h In 2017, Washington State Attorney General Bob Ferguson filed an antitrust lawsuit against CHI Franciscan for its acquisition of several Kitsap-based clinics then owned by the Doctors Clinic and WestSound Orthopaedics. These acquisitions—which, per the state, constrained health sector competition—allegedly resulted in higher prices for Kitsap patients, longer wait times and scheduling mishaps, and limited service availability ([Modern Healthcare](#), March 2019).

clinics “changed the culture of medicine in Kitsap,” which they said was formerly “very collaborative in providing care throughout the county.” At the same time, participants stressed that because SMMC is now “the only game in town,” it is critical that the community “find a way to support them [...] as I don’t see what we would do without them.”

A major point of concern among participants was the perceived affiliation of SMMC with the Catholic Church, which many felt not only impacted service availability but also patients’ comfort and confidence in the services provided. For example, one participant stated, “It freaks me out. I am uncomfortable with somebody putting religion between me and my doctor.” Another participant highlighted a large portion of end-of-life care is now provided under SMMC, and thus anyone “who wants to have access to death with dignity or who have directives that run afoul of the religious and ethical directives are pretty much out of luck.” Other key informants, however, were less concerned about SMMC’s perceived religious affiliation, with one interviewee suggesting that perhaps workforce capacity issues and an untenable patient volume have soured people’s perception of the hospital.

Key informants were also divided on whether another hospital would improve healthcare services within the county, versus targeted changes such as expanding emergency services across the county. Another noted that additional, independently owned clinics would be beneficial to the community but opening them would not be a viable option given steep operating costs.

Charity care provided by nonprofit hospitals needs additional regulation to ensure community benefit.

Many participants acknowledged that SMMC is technically in compliance with the rules and regulations of the IRS for nonprofit hospitals under the ACA. A few even remarked on some known local organizations that had received funds through the hospital’s charity care program. Another noted that a lot of the charity work by the hospital tends to be done “quietly,” and that perhaps “learning to be louder about [the hospital’s] work” could help ensure greater visibility of the benefits of charity care to the community. However, other participants highlighted gaps, particularly in the process of qualifying for charity care, including anecdotes of patients who were not notified about charity care options or not provided with the requisite paperwork. Another interviewee noted that SMMC does provide charity care forms in Spanish, but “because a lot of folks aren’t literate, they don’t understand what they’re supposed to do with this form.” The interviewee emphasized the need for “someone who will actually help someone with the form, not just give it to them, and walk them through that. And I think that that’s just a lack of the hospital prioritizing investing in the staffing needed for that.” Additionally, because there is no streamlined process for charity care, some individuals who qualified for financial assistance from SMMC still received bills from multiple organizations, creating additional burdens on qualified patients who would unnecessarily pay the bills or need to work to have them cancelled.

Complexity and inflexibility of health insurance coverage rules and reimbursement rates lead to gaps in care.

Several participants highlighted health insurance challenges as a root cause of healthcare access issues, including delays in preauthorization for specialty care, lack of coverage for preventive dental care, lack of mental health providers that accept public insurance, and confusion around what services are covered under certain insurance plans. Some noted that strict eligibility rules leave many individuals in untenable positions, where their income is too high to qualify for state health insurance but too low to pay for the high costs of mental healthcare. Restrictions on what type of health insurance would cover mental health providers were also noted to lead to inequities in care:

“Medicaid clients don’t get the same type of licensed care that private insurance folks might get...Because if we did start accepting private insurance, private insurance would only pay for licensed care, which means that private insurance clients will get prioritized to our licensed professionals, which means our Medicaid clients wouldn’t be able to access [those professionals] as often or as frequently. And so, you come into, like, the class issue of how that would work.”

Participants also noted that many local providers no longer accepted TRICARE due to reimbursement issues, which has greatly impacted servicemembers and their families in the county. Compounding this challenge was the closure of many services offered at the Naval Hospital, leaving, as one participant noted, nowhere for these individuals to turn to. Reimbursement rates for patients with Medicaid were also highlighted as insufficient for locally owned, private clinics. This has led some providers to limit the number of Medicaid patients they see to be able to continue covering operating costs, such as staff salaries and rent. One provider spoke of the “facility fees” that were able to be collected by the local hospital system because they are open 24 hours a day. They advocated for similar fees to be collected by private clinics, which do not qualify to collect facility fees, to help ensure they can keep their doors open:

“A hospital can qualify, and they say it’s because they’re open 24 hours, so that’s why they should get paid more. So, they get an automatic facility fee which essentially doubles the payment. So, you know, it’s rough. It might even be \$250 versus \$100, but they get a facility fee, which is considered room rent. The University of Washington can do it, St. Michael can do it. And Derek Kilmer, our local representative to Washington, has tried to do away with that facility fee. And I’ve come to the conclusion [that] I don’t think the answer is doing away with it... If there is an area where 10 providers are needed to meet what a basic bottom line would be, you need to help them stay open, so they should get a facility fee for that.”

Another interviewee further observed that SMMC has become the “safety net” for much of the community’s Medicare and Medicaid patients, with many of the costs covered by the hospital’s charity care program.

Kitsap County lacks the resources required to care for a growing and aging population.

Participants noted several healthcare access challenges for Kitsap County's growing senior population. Common themes included not understanding newer technologies used in healthcare; lack of affordable senior housing; lack of caregivers, including home health providers, covered by public health insurance; lack of availability of long-term care and skilled nursing facilities; and the inability to live on a fixed income. For some seniors in the community, the expense of living within Kitsap County has led to homelessness:

"I think a lot of elders are homeless because they're on fixed incomes, and our pricing and our housing is so high that they're unable to pay for an apartment they don't want, and then they live on the streets. They're subjected to all sorts of, you know, things out on the street and being in and out of shelters. I mean I've seen so many folks on the street with walkers and wheelchairs with catheters and with all sorts of stuff. It is terrible."

Several community-based organizations are working to implement wraparound services that include housing, case management, and healthcare to help address the challenges faced by the senior community, which requires significant "coalition building" by those organizations. Another mentioned that the county's exponential growth in population, including many military retirees, had led to an untenable position where the local hospital was "unable to keep up" with the demand for healthcare.

New healthcare technologies could help bridge healthcare gaps in an overwhelmed system.

Many participants brought up new healthcare technologies as important tools that could help bridge gaps within Kitsap County's overwhelmed healthcare system by increasing access to care and reducing urgent care and emergency room visits by connecting patients to care at home, as needed. One interviewee remarked:

"I do think we are, as a county, vastly underutilizing technology. We should absolutely have some sort of virtual 'Tele-Doc' telehealth. Somebody who doesn't need to go to the ER can be put on the phone, on FaceTime, with a physician's assistant and get a prescription for medicine, or for physical therapy, or a primary care provider that can see them within 72 hours or whatever it is, and they can stay out of urgent care, and they can stay out of the ER."

Participants remarked that similar services had been put into place during the height of the COVID-19 pandemic but had "served their purpose" and had "gone away." They were supportive of redeploying those services but were dubious about how they would be funded without "an endless pot of money." Participants highlighted "hospital-at-home"-style services as another potential application of virtual technology that could help "get

patients out of the hospital” yet still ensure that they could be appropriately managed with virtual monitoring devices. General telehealth services, which vastly expanded during the COVID-19 pandemic, were highlighted as critical tools for increasing access to care, but they also introduced new challenges, including inequitable access to smartphones, low digital literacy among certain populations, limited internet access, and platforms lacking language options such as Spanish. Another interviewee voiced hope that eventually patient questions and other more basic functions could be performed by artificial intelligence-based technologies but again raised concerns about who would pay for these platforms.

There is a lack of capacity within the existing hospital system to care for all patients in Kitsap County.

Many participants spoke about the lack of capacity within the existing hospital system to care for Kitsap County’s growing population, leading to long waits in emergency rooms and a perceived decrease in the quality of care. Some participants described difficulties in discharging senior patients into long-term care or skilled nursing facilities due to these facilities being “unable or unwilling to take those patients,” including because they lacked sufficient staff.

Another root cause of SMMC’s limited capacity, according to some participants, is Washington’s Certificate of Need (CON) program, which requires WSDOH to review health service expansions to prevent too many competing services from operating in a single area.¹⁷⁴ One participant noted, “One of the downsides of the Certificate of Need model is that you have a lot of hospital systems and some independent hospitals [that] are licensed for more beds than they can operate.” Another participant observed that because all available beds through the CON program had been licensed to SMMC, new hospitals were prevented from taking root in Kitsap County.

Participants had several suggestions for how to address the healthcare system’s limited patient capacities. One program highlighted was the new Care Transitions Program that aids seniors and their caregivers in reacclimating to the home environment after a hospital stay. Others spoke of the need for more urgent care centers but cautioned that free-standing emergency centers, such as the new MultiCare facility, may not be the right answer, as critically ill patients will still need to be “shipped off to the hospital anyway.” Others spoke of the importance of finding ways to support paramedicine programs, where physicians or physician assistants deploy with EMS to provide mobile care, reducing unnecessary emergency room visits. Reopening some services at Naval Hospital Bremerton was also mentioned as another way of “supporting emergency operations” and improving access to care for servicemembers and their families.

Additional mental health and substance use disorder services are needed to accommodate the needs of Kitsap County residents.

A common theme across the interviews and focus group discussions was the lack of sufficient mental health and substance use disorder services in Kitsap County. A primary reason for this is a lack of qualified mental health practitioners, particularly

for pediatric patients. Some of the reasons for these shortages include licensing issues, financial constraints, an inability to provide competitive wages, and potentially dangerous work environments with combative patients. These factors lead to high staff turnover, which one participant noted erodes patients' trust in the healthcare system.

"I have trouble recommending and referring people to mental health for therapy because they have such high turnover with their therapists... [There] is a huge caseload that they can't keep up with. It's so straining on them that then the trust is eroded, because again, I don't feel comfortable referring people to them. Because I know when I do, they might be with someone one week in completely different ways. We need to be supporting those people so they can have more endurance in these fields and actually provide quality care to the clients. But I don't really see a solution at this point."

The lack of mental and behavioral health providers has also impacted local primary care providers, who were described as reticent to prescribe certain psychiatric medications they felt fell outside their scope of practice. One participant stated, "Psychiatry is probably the biggest specialty area in which we're lacking. The thing I found most distressing when I first started was the need for me to manage complex psychiatric medications that I was never trained to do as a physician or as a family physician." Participants also noted a lack of care coordination for underserved populations, including the recently incarcerated, people experiencing homelessness, and people with severe mental health disorders, which often resulted in gaps in care. This lack of care coordination, particularly among the severely ill and unhoused, frequently resulted in "cancellations and no-shows." Such coordination services were, at one point, handled by social workers, but frequent staffing shortages often relegated these responsibilities to nurses who are already overburdened with other tasks.

Limited capacities to care for people living with mental illness also led to additional strain on the hospital, with staff being assigned as a "one-to-one" monitor for patients at risk for harming themselves rather than caring for a regular patient load. Additionally, finding post-discharge placements for these patients often proves challenging, leading to longer and costlier lengths of stay. In fact, one participant stated that it was not uncommon for the hospital "to be holding a significant number of behavioral health patients" at any given time. Existing crisis response teams, deployed from a local behavioral health center, were highlighted as an important way of reducing hospital admissions for people experiencing mental illness. Several other services provided by local organizations were also highlighted as critical mental and behavioral health services in the county, including mobile outreach services and school-based counseling. Several participants recommended the need for additional harm reduction services in Kitsap County, including HIV, hepatitis C virus (HCV), and sexually transmitted infection (STI) testing, more easily accessible needle exchange programs, and improved access to buprenorphine/naloxone (Suboxone) used to treat opioid dependence.

Sexual, reproductive, and gender-affirming care is lacking in Kitsap County.

A lack of healthcare providers that could provide sexual, reproductive, and gender affirming care was highlighted as a significant problem in Kitsap County. Specifically, participants mentioned a lack of OB/GYNs in the county that has led to long wait times and gaps in prenatal care, resulting in higher-risk pregnancies and pregnant patients needing to travel outside the county for care. This has placed an unsustainable burden on existing OB/GYN providers in Kitsap County, who, according to one participant, “are left working obscene hours” and are “overworked and tired” caring for the patients they can accommodate. Another participant highlighted nurse midwives as a critical component of the health workforce in addressing these gaps, as they can care for uncomplicated pregnancies and deliveries and are “less expensive” than OB/GYNs. Participants also underscored a dearth of options for pregnancy termination, with the only nearby resource being Planned Parenthood–Bremerton Health Center.

In addition to a lack of options for secular reproductive healthcare, another interviewee highlighted barriers to care for gender diverse individuals, including a lack of knowledge among local primary care providers around hormone replacement therapy. In some cases, patients in need of these services were required to obtain a letter from a psychiatrist to begin treatment, even though such a measure is not required by any insurance company. Another key informant shared, anecdotally, that several transgender patients “were not happy about the care they had received at the hospital” and had been “consistently misgendered.” They further stated that the perception of SMMC as a Catholic hospital left members of the LGBTQ+ community reticent to seek care there, with many opting for other healthcare providers like Kaiser. A lack of options for infectious disease screening (eg, HIV, STI, etc.)—which one participant described as “really valuable to gender diverse and LGBTQ folks and sexually diverse people”—represented another major gap in care, forcing people to drive to other counties for these services. Another interviewee observed that neighboring counties such as Pierce or King Counties had “lists of places you could go to” and questioned why similar services were not easily available in Kitsap.

Kitsap County lacks sufficient primary care providers, pediatricians, and other specialty providers.

Participants highlighted a severe lack of pediatricians in Kitsap County, especially after the September 2023 closure of Kitsap Children’s Clinic. Patients must endure months-long waits for new appointments with remaining providers, who must pick up the slack, all while dealing with insurance reimbursement issues and balancing the need to pay their staff a livable wage. Participants also highlighted limited primary care access as an important gap, with one lamenting the failure of the county healthcare system to “address the big problem, which is lack of primary and preventive care. You’re almost like a self-fulfilling prophecy. Like, we’re here for you when you’re sick, versus let’s try and keep you healthy.” Another similarly stated, “We see urgent care popping up everywhere here in strip malls. They’re popping up all over the place, but what we don’t see is primary group practices.” This lack of primary care was noted to have trickle down impacts on emergency medical services, which are often called to homes for important but nonemergent needs.

Participants also noted limited dental care as another important gap in care. One common concern was a lack of preventive dental care coverage under Medicare, which led to more invasive dental issues as patients were not able to receive routine cleanings. Others noted that, while Medicaid does provide dental care for children, “there was definitely a lower standard of care than private dental practices.” Participants also highlighted the importance of free dental cleaning events in King and Pierce Counties but noted that none of these services had been hosted in Kitsap County, and geographical barriers prevented the most vulnerable from attending these events. Other important gaps in service availability mentioned included a lack of providers for other specialty care, such as neurologists, dermatologists, ophthalmologists, physical therapists, and speech pathologists.

The health system workforce capacity in Kitsap County is insufficient to meet the needs of the community.

Participants continually stressed that the health system workforce capacity in Kitsap County was insufficient to meet the needs of the community, leading to months-long waits for provider appointments, lack of surge capacity within the local hospital, and burnout among healthcare providers. The nursing workforce crisis was a major topic of concern, with several participants highlighting the lack of staffing within the area’s only hospital, leaving many beds empty and decreasing the overall capacity of the hospital to care for large numbers of patients. One participant stated that the hospital should be “concentrating more on having enough staff and quality staff” versus building additional patient care towers. Participants also spoke of nurse burnout, exacerbated by the COVID-19 pandemic, with several expressing frustration with hospital leadership that they perceived as lacking awareness of what was happening on the hospital units. Another spoke of the pressure put on nurses to correctly document tasks in electronic medical records or risk losing their jobs, taking critical time away from patient care and leading to lower job satisfaction. Others spoke of a lack of nursing capacity outside of the hospital, such as in local clinics and the school system.

Physician workforce shortages were also highlighted as prevalent across several areas of care, including OB/GYN, primary care, mental health, pediatrics, ophthalmology, dermatology, and neurology, among others. One participant emphasized the lack of diversity within the physician workforce, stating that a better medical school pipeline is needed for students “who look like the Kitsap County population,” including Black, Hispanic, and Indigenous individuals. Another stated that mid-level providers like nurse practitioners can help bridge gaps in care, but that they, too, need training and supervision, and given existing patient loads, “it’s really hard to expect them to come out and do their job when doctors can barely do it.” Staffing shortages were also noted in other critical areas of the health system, including fire service and EMS.

Participants noted several reasons for the health system workforce shortages, including limited funding, lack of training options and capacities, high housing costs, lack of competitive salaries, and the geographical limitations of living in the county. When talking about recruiting nurses, one participant stated, “The cost of living here is

astronomical. You have people that, even if you make a decent wage, when you're paying for a studio apartment, that doesn't go very far." Another commented on how difficult it is to hire allied healthcare workers, given that they "are competing with the Department of Defense," which often offers higher salaries. Another participant further stated that they believed the "physical and psychological barrier to getting off the peninsula" deterred people from wanting to live and work in Kitsap County. Hiring trained paramedics was highlighted as being particularly difficult, with one person stating, "Just from the recruiting standpoint, whether it's entry-level folks or paramedics, it doesn't matter. It's just a really, really, really shallow pool. Everybody is hiring. It's a buyer's market, you can almost go to whatever department you want to right now." However, several participants expressed optimism about a new healthcare education facility at the local Olympic College, which will provide educational opportunities for dental hygienists, nurses, nurse assistants, EMTs, and surgical technicians, among others. Another noted that creating apprenticeships could help lower barriers to entry in a given field of practice, enabling prospective practitioners to gain experience and assess its suitability before taking on any associated educational debt.

Under-resourced and minoritized individuals living in Kitsap County face additional barriers to care.

Participants highlighted several additional barriers to care among under-resourced and minoritized populations living in Kitsap County. Many spoke of the unaffordability of care, leaving many to forego healthcare services, as well as a lack of shelters, which leaves some people living on the streets with no access to toilets or shower facilities. Another spoke of challenges facing immigrant populations, including the lack of interpreters and a workforce that does not always have an understanding of different cultures. Providing affordable medical care and health insurance coverage for undocumented immigrants also was cited as critically important. Participants spoke of a lack of accessibility for people who use wheelchairs, with some streets having no curbs or sidewalks, making it difficult for them to access local public transportation. Some noted care coordinators as critical assets to helping ensure access to care for under-resourced and minoritized individuals, including "talking to them about their rights, their responsibilities, as well as what the doctor's expectations are." These conversations can improve relationships with providers, who felt that care coordination services helped reduce no-show rates.

Deficiencies in local public transportation make it difficult for residents to live and work in a geographically widespread county.

Lack of access to public transportation, including buses and ferries, was noted as one challenge for residents to live and work in a geographically widespread county. Many highlighted that, while Kitsap County is very close to the metropolitan city of Seattle, the geography of the county, including the presence of waterways, makes it difficult to get there and get around. This, combined with a dearth of healthcare providers in Kitsap County, makes it extremely difficult for Kitsap residents to access care, leading

many to travel outside of the county.ⁱ The local ferry service, which serves as a major mode of transit to Seattle, was described as expensive and unreliable, with several ferry services cut in the wake of the COVID-19 pandemic. Several participants also lamented not having a local ferry service that served different parts of the county. One participant described local bus services as difficult to access, given that they “[did] not run frequently enough to always make it practical...with what is a 15- or 20-minute drive taking 2 hours on the bus.” The same participant also noted that public transportation services in Kitsap did not seem to be geared toward supporting county residents:

“Many of the buses run only every hour, or only run during commute hours, specifically to serve people who are going to Seattle. They are not primarily here to serve people who rely on the bus for primary transportation all over the county. We need investment in public infrastructure in a way that is for poor people instead of commuters. Like, all of the development is focused on trying to bring up property values by attracting people with high-paying jobs from Seattle.”

Despite these limitations, participants highlighted several existing programs that helped bridge transportation gaps, including Kitsap Transit’s *ACCESS* program, which provides transportation services to seniors and people with disabilities, as well as a free ride program for underserved individuals.^j

A public hospital district (PHD) could help improve healthcare access in Kitsap County but is not a panacea for existing gaps in care.

Several participants suggested forming a public hospital district (PHD) as one way to improve healthcare access in Kitsap County, but others noted that it would not be a panacea for the existing gaps in care and would likely face several barriers to implementation, such as garnering enough public support and voter engagement to pass the property tax levy required to fund a PHD. Several participants noted that Kitsap County voters already tended not to support property tax levies, so it was unlikely they would vote in favor of a PHD. However, others felt that robust public communication campaigns emphasizing healthcare system challenges in Kitsap County could help dismantle this barrier. In fact, one participant underlined the need to “start talking about hard numbers to the public,” referencing, for example, the fact that the county

ⁱ A recent gap analysis of Kitsap County’s transit system revealed high demand for expanded local service in east and west Bremerton, Port Orchard, Silverdale (where St. Michael Medical Center is located), and Poulsbo, as well as for intercity service between Bremerton and Tacoma (where many key informants and focus group participants reported seeking care) ([Kitsap Transit Long-Range Transit Plan Planning Context and Trends Analysis](#), June 2021). Route #235 (East Silverdale/Old Town) is the primary bus route that stops at St. Michael Medical Center. In its Long-Range Transit Plan for 2022–2042, Kitsap Transit acknowledges the importance of upgrading transit frequency and has proposed adding a new vehicle to service Route #235 ([Kitsap Transit Long-Range Transit Plan 2022–2042](#), December 2022).

^j As of 2023, Kitsap Transit owns 191 buses, which are used for fixed-route, worker-driver, and flexible or dial-a-ride services; 149 vans, which are used for Vanpool and *ACCESS* VanLink services; and 7 ferryboats, of which 3 provide fast ferry service. However, per the agency, “many of Kitsap Transit’s 40- and 35-foot heavy-duty transit buses are nearing the end of their useful life” ([Kitsap County 2024 Comprehensive Plan Update Appendix D: Kitsap Transit Planning Context and Trends Analysis](#), December 2023).

has only 2 neurologists when they should have 9, based on the current population. This participant further asserted, “You know, you could make this point to people with these hard numbers right now. Everybody’s running around, throwing up their hands, saying, ‘I don’t want to pay more taxes with no benefit.’ And I think we have to tie what the benefits are.”

Nevertheless, several participants also highlighted that the funds raised through a PHD are generally not sufficient to start up a new hospital. “The amount of money raised by a district for those district hospitals that operate has never exceeded 10% of their operating budget,” noted one. “It is a very small portion. It’s a larger portion when you get to the clinic only side, but when it comes to running a hospital, it is not significant dollars.” Importantly, this participant also highlighted that even if Kitsap County were to pass a levy for a PHD, the gains would not be seen until several years down the road.

“The amount of money raised, and I alluded to this earlier, they won’t get a dime for 3 years after they create it. So, 3 years from now, if they did the math, they [can] maybe raise a million dollars. What are you going to do with the million dollars that will change and create the need you’re looking for? If I were to give a million dollars to most clinicians to say, ‘come and open a clinic [in] Kitsap,’ that’s not enough.”

Participants highlighted that if a PHD proposal were to pass, the funds would be better used by “finding a strategic partner” within the community that could help utilize the funds in the most efficient way possible. Others suggested that utilizing a PHD could help to supplement care where there are gaps, but it remains critically important to understand why those gaps exist so their root causes can be addressed.

St. Michael Medical Center: Financial Assistance and Community Investment

Based on findings from the key informant interviews and focus group discussions, the study team ascertained that SMMC, as the sole hospital in Kitsap County, is among the most important players in the healthcare system and could act as a powerful catalyst of change in the community. As such, we sought to further characterize the hospital’s role in supporting community health in Kitsap County to date—specifically, via its financial assistance (also known as charity care, free care, and/or free and discounted care)^k and efforts to invest in the Kitsap County community.

As a 501(c)(3)-designated charitable organization, SMMC is subject to several requirements under the ACA.¹⁸⁶ Per the IRS, SMMC must:

1. Perform a community health needs assessment (CHNA) every 3 years and adopt an implementation strategy to meet needs identified via the CHNA,¹⁸⁷

^k In 2020, half of all hospitals in the US reported that charity care costs accounted for 1.4% or less of their total operating expenses ([Kaiser Family Foundation](#), November 2022).

2. Develop a widely publicized financial assistance policy (FAP) that specifies eligibility criteria for financial assistance (including free or discounted care), the basis for calculating amounts charged to patients, the method for applying for financial assistance, and actions to be taken in the event of nonpayment;¹⁸⁸
3. Limit the amount charged for any FAP-eligible individual to not more than the amount generally billed to individuals who have insurance covering such care;¹⁸⁹ and
4. Determine whether an individual is eligible for assistance under the hospital organization's FAP before engaging in extraordinary collection actions (eg, selling medical debt, seizing personal property, garnishing wages) against said individual.¹⁹⁰

Per Section 501(c)(3) of the Internal Revenue Code, SMMC must also “demonstrate that it provides benefits to a class of persons that is broad enough to benefit the community” and “operate to serve a public rather than a private interest.” The IRS further articulates 6 factors that exemplify community benefit provision, such as operating an emergency room open to all, regardless of ability to pay, or by maintaining a board of directors drawn from the community. Collectively, these provisions comprise the Community Benefit Standard (Rev. Rul. 69-545), which enables the IRS to determine whether a hospital is operating for “the charitable purpose of promoting health.”¹⁹¹

Nonprofit hospitals across the US claimed an estimated \$28 billion in tax exemptions in 2020.¹⁹² Concerningly, however, regulators have reported significant challenges in verifying their compliance with the Community Benefit Standard.^{193,194} In fact, several recent analyses report that charity care spending at for-profit hospitals in the US exceeds that of nonprofit hospitals, while unreimbursed Medicaid costs are roughly the same across both.^{195,196} Furthermore, despite having to pay federal, state, and local taxes, for-profit hospitals outspent their nonprofit counterparts on charity care in 2018: 65% more per every \$100 of total expenses.^{196,197} These findings raise important questions: does adhering to the letter of the Community Benefit Standard rule necessarily translate into meaningful advances in community health and wellbeing?¹⁹⁸ And, to what degree do SMMC's charity care and community investment activities justify its tax exemptions under the ACA?

To assess the scope of SMMC's community investments in Kitsap County, the research team applied the Lown Institute's methodology for calculating “Fair Share Spending,” which evaluates nonprofit hospitals' spending on meaningful community investment against their estimated tax exemptions.^{199,200} The team obtained relevant spending data for SMMC by analyzing Form 990 (“Return of Organization Exempt from Income Tax”), Schedule H for the hospital between fiscal years 2010–2021.²⁰¹ The team estimated SMMC's tax-exempt charitable donations and property tax exemptions for the years 2018–2021 by examining Form 990 (Part VIII) and Kitsap County's public parcel database,²⁰² respectively. Further details on the methodology, including which IRS categories were included or excluded from the spending estimates below, are available in [Appendix B](#).

Table 2. St. Michael Medical Center's Community Investments and Tax Exemptions, 2018–2021

| Fiscal Year | Total Community Investment** | Net Income | Federal Tax Exemption (estimated) | Property Tax Exemption (estimated) | Value of Charitable Donation Tax Exemption (estimated) | Total Tax Exemption (estimated) | Total Expenses | Community Investment Spending (% of Total Expenses) |
|-------------|------------------------------|---------------|-----------------------------------|------------------------------------|--|---------------------------------|-----------------|---|
| 2018 | \$3,476,814 | \$125,389,402 | \$26,331,774 | \$1,650,608 | \$154,742 | \$28,137,124 | \$489,681,124 | 0.71 |
| 2019 | \$5,364,819 | \$133,574,589 | \$28,050,664 | \$1,431,200 | \$378,724 | \$29,860,588 | \$477,157,872 | 1.12 |
| 2020 | \$3,175,866 | \$96,366,947 | \$20,237,059 | \$3,321,742 | \$474,227 | \$24,033,028 | \$551,558,809 | 0.58 |
| 2021 | \$2,960,348 | \$96,182,628 | \$20,198,352 | \$4,108,689 | \$141,265 | \$24,448,306 | \$583,677,308 | 0.51 |
| TOTAL | \$14,977,847 | \$451,513,566 | \$94,817,849 | \$10,512,239 | \$1,148,958 | \$106,479,046 | \$2,102,075,113 | 0.71 |

** Includes the following categories from Form 990, Schedule H: financial assistance at cost, community health improvement services, subsidized health services, contributions to community groups, and community-building activities.

From 2018 to 2021, SMMC spent a total of \$14.98 million on community investments, including financial assistance, community health improvement services, subsidized health services, contributions to community groups, and community-building activities.¹ This represents 0.71% of the hospital's total expenses during that time. In the same period, SMMC reported more than \$451.5 million in net income and avoided approximately \$105.3 million in combined property, charitable donation, and federal corporate tax exemptions, which equates to 5.07% of the hospital's total expenses. In total, SMMC's tax exemptions exceeded community investment expenditures by more than \$91.5 million between 2018–2021—greater than 6 times what the hospital spent on community benefits in Kitsap County. These findings echo spending patterns at CommonSpirit Health, SMMC and VMFH's parent company, which reported charity care expenditures of \$507 million in 2021—roughly 1.5% of its \$33.3 billion in revenue. In the same year, CommonSpirit's Chief Executive Officer received a compensation package worth more than \$32 million—the highest among the US's 16 largest nonprofit hospital chains.²⁰³

Financial assistance provision at SMMC during the 2018–2021 period fluctuated between \$3.18–5.36 million per year, but earlier reports indicate that the hospital's activities in this area decreased significantly following its acquisition by CHI Franciscan in 2013. Between 2014–2016, for example, SMMC's financial assistance plummeted by 86%, from \$8.3 million to \$1.32 million,²⁰⁴ likely due to Medicaid expansion, which began in Washington in 2014. During that time, SMMC patients with medical debt also

¹ Interestingly, the Catholic Health Association of the United States (CHA) has previously opposed using Medicare shortfalls and bad debt as direct measures of community benefit, as many hospitals—including SMMC—do in their federal tax returns. CHA has argued that these measures would not meaningfully distinguish nonprofit hospitals from their for-profit counterparts and could potentially undermine the credibility of nonprofit tax exemption among policymakers. Rather, CHA asserts, Catholic hospitals should “improve charity care programs to identify [qualifying] patients at the onset of treatment, rather than using bad debt to approximate the impact of these patients after the fact” ([501\(c\)\(3\) Hospitals and the Community Benefit Standard, Congressional Research Service, May 2010](#)).

reported significant hardships due to extraordinary collection actions, such as lawsuits, wage and bank account garnishments, or perceived harassment by the hospital’s contracted debt collection agency. In some cases, these patients did not even receive their medical bills or information about how to access financial assistance.²⁰⁴ Following the passage of SHB 1531 in 2019, interest rates on medical debt in Washington were reduced from 12% to 9%, but this remains significantly higher than in other states.^{205,206} Fortunately, the new law does prohibit hospitals from selling debt to a collection agency until at least 120 days after the first bill, and information about financial assistance must be included in the first written notice to a debtor.²⁰⁷ These changes are also reflected in CommonSpirit’s recently updated financial assistance policies.²⁰⁸

Notably, in its issuance of a certificate of need to SMMC in 2017, WSDOH stipulates that “[St. Michael Medical Center] will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Puget Sound Region. Currently, this amount is 1.87% gross revenue and 4.70% of adjusted revenue.”¹⁷¹ SMMC’s direct charity care provision (ie, financial assistance at cost, not including means-tested government programs or Medicaid) is presented in [Table 3](#), alongside its adjusted revenue for fiscal years 2018–2021. Based on the study team’s analysis, SMMC’s direct spending on financial assistance during this period ranged between only 0.36% and 0.76% of its adjusted revenue.

| Table 3. Charity Care Spending and Adjusted Revenue at St. Michael Medical Center, 2018–2021 | | | |
|--|--|------------------|--|
| Fiscal Year | Financial Assistance at Cost (charity care spending) | Adjusted Revenue | Financial Assistance as a Percentage of Adjusted Revenue (%) |
| 2018 | \$2,677,434 | \$615,070,526 | 0.44 |
| 2019 | \$4,625,159 | \$610,732,461 | 0.76 |
| 2020 | \$2,758,414 | \$647,925,756 | 0.43 |
| 2021 | \$2,467,956 | \$679,859,936 | 0.36 |

The Lown Institute ranked SMMC 3,409 out of 3,779 hospitals nationally and 68 out of 75 hospitals in Washington on “Community Benefit” in 2023, a measure that includes financial assistance, other community benefit investments, and service of Medicaid patients.²⁰⁹ Though both federal and Washington State laws require nonprofit hospitals to report on their charity care and community benefit efforts, none specify a minimum spending threshold for these activities.²¹⁰ However, per the Lown Institute, nonprofit hospitals that allocate at least 5.9% of their total expenses toward financial assistance and community investment are considered to have spent their “fair share.”^{200,211}

Therefore, while SMMC does adhere to the letter of Section 501(c)(3) and Washington State law, it must increase its community investment spending and financial assistance provision by a significant amount to meaningfully advance community health and wellbeing in Kitsap County.

Delphi Study

The purpose of the Delphi study was to elicit consensus among diverse community stakeholders regarding priority policy actions and recommendations for improving healthcare access, quality, and delivery in Kitsap County. Below, we present findings from the study, including high-priority policy recommendations that the expert panel broadly agreed could improve healthcare in the county, as well as those they agreed would not be feasible to implement in the next year. [Appendix C](#) contains the names of the expert panelists.

Expert Panel Demographics

The study team recruited a panel of 33 experts spanning a broad range of sectors in Kitsap County. [Figures 3, 4, and 5](#) below illustrate the demographics of the expert panel.

Figure 3: Delphi Expert Panelists by Community Sector

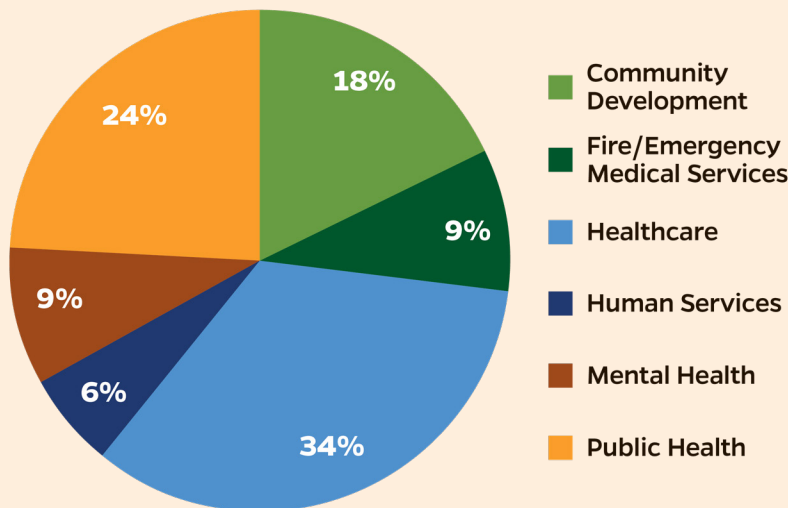
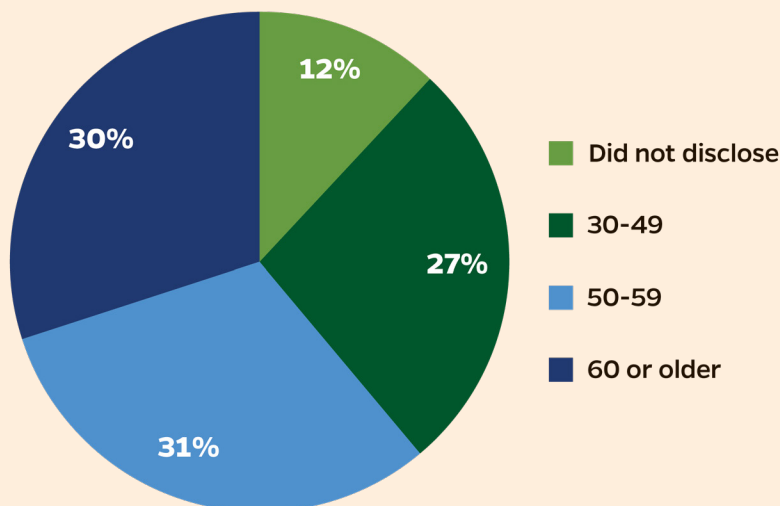
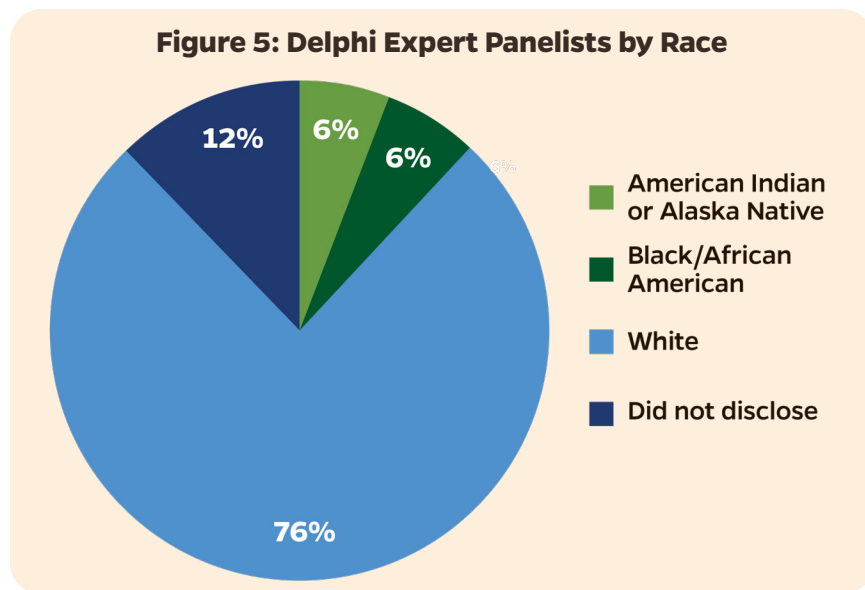


Figure 4: Delphi Expert Panelists by Age





Health Policy Goals

The expert panel ranked the following 5 policy goals as the most urgent for Kitsap County to pursue:

- **Mental and behavioral health:** Every Kitsap County resident has access to the resources needed to manage their emotional, psychological, and social wellbeing. They are readily able to cope with everyday stressors and receive diagnoses and treatment for mental health and/or behavioral conditions.
- **Primary healthcare:** Every resident can easily access, within Kitsap County, an entry point into the healthcare system that connects them to essential disease prevention, treatment, rehabilitation, and palliative care services spanning the life course.
- **Health equity:** Every Kitsap County resident has a fair and just opportunity to attain their highest level of health, irrespective of age, gender identity, race, sexual orientation, ability, religious beliefs, employment status, or income level.
- **Housing:** Every Kitsap County resident has access to safe, healthy, dignified, and affordable lodging, shelter, and/or dwellings.
- **Reproductive health:** Every individual, couple, and family in Kitsap County has access to the resources needed to ensure physical, emotional, and social wellbeing in relation to obstetric and gynecological health, family planning, and maternal health.

After obtaining these rankings, we asked the expert panelists to 1) provide recommendations for achieving each of the abovementioned policy goals by 2035; and 2) rate each recommendation on a scale of 1 to 5 (ie, 5: highly feasible to implement within the next year, 4: feasible, 3: somewhat feasible, 2: less feasible, 1: not feasible).

High-Consensus Policy Recommendations

The expert panel proposed and rated the feasibility of 77 unique recommendations to address challenges across the 5 top-ranked policy goals. The study team then determined which recommendations the expert panel agreed could be highly feasible to implement in Kitsap County within the next year, as well as those that could not be feasibly implemented in the next year. These recommendations are presented in [Table 4](#).

The recommendations in [Table 4](#) are presented as phrased by the expert panelists in Round 2 of the Delphi study; please note that further refinement may be needed to sharpen their focus and scope or to improve their feasibility and/or actionability. The research team strongly recommends that decision-makers in Kitsap County first consult with the panelists and other relevant community stakeholders to weigh the risks, benefits, costs, and potential tradeoffs associated with implementing any of these policy options. The team also urges prioritizing the recommendations that align with the priorities and needs articulated in Kitsap County’s Community Health Needs Assessment.

| Table 4. Delphi study recommendations achieving expert consensus | | | | |
|--|------------------|---------------------|-----------------|-------------------|
| <ul style="list-style-type: none"> • Likert scale interpretation: 5: highly feasible to implement within the next year; 4: feasible; 3: somewhat feasible; 2: less feasible; 1: not feasible. • “Mode (%)” designates the percentage of expert panelists who assigned the score. • IQR: interquartile range; SD: standard deviation | | | | |
| MENTAL & BEHAVIORAL HEALTH | | | | |
| Recommendation | Mean (SD) | Median (IQR) | Mode (%) | Rating |
| Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the mental health crisis. | 4.53 (0.71) | 5 (1) | 5 (65.4) | Highly feasible |
| Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system. | 3.70 (0.95) | 4 (1) | 4 (44.4) | Feasible |
| Expand the 9-8-8 suicide and crisis lifeline system. | 3.42 (0.86) | 3.5 (1) | 4 (42.3) | Somewhat feasible |
| Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings. | 4.19 (0.85) | 4 (1) | 5 (42.3) | Feasible |
| Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures. | 3.42 (0.95) | 4 (1) | 4 (46.2) | Feasible |
| Expand school-based behavioral health programming to include education on protective factors and mental health first aid. | 3.65 (0.98) | 4 (1) | 4 (42.3) | Feasible |
| Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services. | 3.58 (0.95) | 4 (1) | 4 (50) | Feasible |

| | | | | |
|--|------------------|---------------------|-----------------|-------------------|
| Expand clinical training opportunities for Olympic College nursing and allied health students. | 4.04 (0.72) | 4 (1) | 4 (50) | Feasible |
| Build a low-cost, accessible community mental health clinic that provides crisis intervention services, counseling, medication management, and other substance use treatment services without turning away patients who use tobacco products. | 2.65 (1.16) | 2.5 (1) | 2 (34.6) | Less feasible |
| Create a countywide, integrated center to offer services across mental health, substance use disorders, and primary care outpatient services. This facility would serve as a one-stop shop for emergency medical services, law enforcement, human services, and others to provide vulnerable community members with needed care. | 2.46 (1.14) | 2 (1) | 2 (30.8) | Less feasible |
| PRIMARY HEALTHCARE | | | | |
| Recommendation | Mean (SD) | Median (IQR) | Mode (%) | Rating |
| Create programs to educate students about different healthcare professions. | 4.27 (0.67) | 4 (1) | 4 (50) | Feasible |
| Reinstitute vaccination services and infectious disease testing at the Kitsap Public Health District, as well as via mobile unit delivery in the field. | 3.5 (1.07) | 3.5 (1) | 3 (28.6) | Somewhat feasible |
| Increase daily reimbursement rates for rehabilitation facilities, long-term care facilities, in-home caregiving, adult family home services, and respite services, especially for providers that accept patients with a known substance use disorder, history of homelessness, or chronic mental illness. | 2.39 (0.99) | 2 (1) | 2 (39.3) | Less feasible |
| Solicit funding from the state or St. Michael Medical Center to provide palliative care for people experiencing homelessness. | 2.53 (0.999) | 2.5 (1) | 2 (35.7) | Less feasible |
| HEALTH EQUITY | | | | |
| Recommendation | Mean (SD) | Median (IQR) | Mode (%) | Rating |
| Establish racial equity advisory committees within each city in Kitsap County. | 3.74 (1.02) | 4 (1) | 4 (44.4) | Feasible |
| Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language. | 3.54 (0.95) | 4 (1) | 4 (38.5) | Feasible |
| Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people. | 3.5 (0.99) | 4 (1) | 4 (38.46) | Feasible |
| Implement a public awareness campaign on the right to healthcare. | 3.39 (1.17) | 3.5 (1) | 4 (9) | Somewhat feasible |
| Launch a patient advocate program for marginalized and/or vulnerable patients. | 3.58 (0.95) | 4 (1) | 4 (42.3) | Feasible |
| Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients. | 3.56 (1.08) | 4 (1) | 4 (37) | Feasible |
| Open new community-based healthcare clinics and facilities in remote and/or underserved parts of the county. | 2.38 (0.85) | 2 (1) | 2 (50%) | Less feasible |
| HOUSING | | | | |
| Recommendation | Mean (SD) | Median (IQR) | Mode (%) | Rating |
| Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters. | 3.61 (1.20) | 4 (1) | 4 (46.4) | Feasible |

| | | | | |
|--|------------------|---------------------|----------------------|-------------------|
| Expedite the application process for people seeking affordable housing. | 3.62 (1.10) | 4 (1) | 4 (34.6) | Feasible |
| Create a fast track to approve low-income housing projects. | 3.88 (0.86) | 4 (0) | 4 (57.7) | Feasible |
| Petition city planners and leaders to pursue inclusionary zoning for affordable housing. | 3.92 (1.20) | 4 (1) | 4 (38.5) | Feasible |
| Mandate the inclusion of affordable housing units in new construction projects. | 3.43 (1.26) | 4 (1) | 4 (32.1) | Feasible |
| Formalize the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers. | 3.61 (1.03) | 4 (1) | 4 (42.9) | Feasible |
| Create a rental assistance program to support residents at risk of eviction and/or homelessness, including undocumented immigrants. | 3.54 (1.07) | 3.5 (1) | 3 (30.8) | Somewhat feasible |
| Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support. | 3.61 (0.94) | 4 (1) | 4 (42.3) | Feasible |
| Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status). | 3.38 (1.06) | 3.5 (1) | 4 (38.5) | Feasible |
| Revise local building codes to permit Accessory Dwelling Units. | 3.75 (0.97) | 4 (1) | 4 (53.6) | Feasible |
| Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land. | 3.73 (1.00) | 4 (1) | 4 (38.5) | Feasible |
| Solicit funding from St. Michael Medical Center to support housing efforts across the county, such as provision of Assertive Community Treatment and intensive case management for unhoused people. | 2.61 (1.31) | 2 (1) | 2 (32.1) | Less feasible |
| REPRODUCTIVE HEALTH | | | | |
| Recommendation | Mean (SD) | Median (IQR) | Mode (%) | Rating |
| Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal). | 3.70 (0.91) | 4 (1) | 4 (51.9) | Feasible |
| Pursue certification as a National Health Service Corps location to attract more OB/GYNs. | 3.85 (0.92) | 4 (1) | 4 (46.2) | Feasible |
| Provide education and training to primary care providers about increased health risks for pregnant people of color. | 4.15 (0.66) | 4 (1) | 4 (55.6) | Feasible |
| Train and hire women of color as birth doulas to provide home visits before and after birth for people of color. | 3.96 (1.18) | 4 (1) | 4 (38.46); 5 (38.46) | Feasible |
| Provide Spanish-language training for doulas serving the Hispanic/Latinx community in Kitsap County. | 3.82 (0.94) | 4 (1) | 4 (50) | Feasible |
| Hire interpreters to connect Spanish and Mam speakers to reproductive health services. | 4 (0.98) | 4 (1) | 4 (42.3) | Feasible |
| Provide family planning services at a central location in the county (eg, health department clinic). | 3.77 (0.91) | 4 (1) | 4 (38.5) | Feasible |
| Offer midwifery and doula services at St. Michael Medical Center. | 3.58 (1.02) | 4 (1) | 4 (46.2) | Feasible |

| | | | | |
|--|----------------|---------|-----------|---------------|
| Increase funding for the Nurse-Family Partnership program. | 3.54 (0.99) | 4 (1) | 4 (50) | Feasible |
| Offer home-based prenatal and early childhood health services for children up to 3 years of age. | 3.5 (1.03) | 4 (1) | 4 (38.5) | Feasible |
| Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery). | 3.62 (0.80) | 4 (1) | 4 (57.7) | Feasible |
| Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options. | 3.69 (0.97) | 4 (1) | 4 (42.31) | Feasible |
| Reinstate labor and delivery services at Naval Hospital Bremerton. | 2.73 (1.19) | 2.5 (1) | 2 (38.5) | Less feasible |

Mental and Behavioral Health

The expert panel expressed broad support for strengthening and/or expanding the scope of existing mental and behavioral health programs and capacities in Kitsap County, such as the 9-8-8 suicide and crisis lifeline system, Community Assistance Referral and Education Services (CARES) units, school-based behavioral health programming, and the Inclusive Communities Team at Kitsap Mental Health Services. The panel also agreed that it would be highly feasible to convene community stakeholders within the next year to set mental and behavioral health priorities for the county and coordinate activities across partners and sectors. The recommendations to open a new mental health clinic and create a countywide integrated center for mental healthcare, substance use disorder treatment, and primary care were deemed infeasible for the coming year but may be worthy longer-term goals for Kitsap County to pursue.

Primary Healthcare

Though we received many suggestions for improving primary healthcare in Kitsap County, relatively few of these recommendations garnered consensus across the expert panel. Panelists broadly advocated for creating educational programs to teach Kitsap students about different healthcare professions. However, they were slightly less supportive of reinstating vaccination services and infectious disease testing at KPHD and via mobile units, citing challenges in securing state funding to carry out these activities. The panel broadly agreed that increasing daily reimbursement rates for select health services and obtaining funding from the state or SMMC to provide palliative care for unhoused persons were not feasible goals for the coming year.

Health Equity

The expert panel reached consensus on several actionable recommendations for improving health equity in Kitsap County, including establishing racial equity advisory committees in each city, increasing the availability of interpreters in healthcare settings, launching “street medicine” programs, and lobbying for increased Medicare and Medicaid reimbursement. However, they also agreed that some recommendations—such as opening new health facilities in remote or underserved parts of the county—would not be feasible to implement in the coming year.

Housing

The expert panel achieved consensus on numerous recommendations for improving housing and shelter access in Kitsap County. The majority of these relate to making housing more affordable and inclusive, such as by expediting application processes for affordable housing, fast-tracking approval processes for low-income housing, creating rental assistance programs, and revising local building codes and zoning requirements. The panel also agreed that obtaining funding from SMMC to support housing efforts across the county (eg, via provision of Assertive Community Treatment and intensive case management for unhoused people) would not be a feasible goal for the coming year.

Reproductive Health

The expert panel reached consensus on a broad range of recommendations for improving reproductive health service access and quality, such as hiring additional doulas, providing services in Spanish and Mam, and expanding the availability of both family planning services and home-based programs for postpartum and early childhood care. The panel also agreed on several options for recruiting new reproductive healthcare providers (including doulas) and providing additional training to existing providers. Though several key informant interviewees advocated for reinstating labor and delivery services at Naval Hospital Bremerton, the expert panel agreed that this could not be feasibly accomplished in the coming year.

Positive Developments

Despite the severity of the Kitsap County healthcare access crisis, strides are being made toward progress. Major recent events in the county worth noting include:

1. Opening of the North Kitsap Recovery Resource Center in Poulsbo. The Center serves anyone who works, lives, or is charged with a crime in North Kitsap/ Bainbridge who is interested in drug and alcohol recovery.
2. Peninsula Community Health Services has purchased an under-construction apartment project on Lower Wheaton Way in Bremerton with plans of using its 29 units for workforce housing.
3. KPHD has announced its intent to hire a Health Systems Coordinator to facilitate better communication and collaboration with health and social system partners.
4. VMFH funded community health improvement grants in Kitsap County to increase the capacity of 5 organizations to deliver health or healthcare-related services (Knights of Columbus Help, \$35,000; Kitsap Immigration Assistance Center, \$100,000; North Kitsap Fishline, \$50,000; YMCA \$80,080; and Project Access Northwest \$100,000).^m

^m Doug Baxter-Jenkins, email communication with attachment “SMMC Funding Recommendations Summaries,” November 21, 2023

Recommendations

Delphi Study Participant Recommendations

The following priority recommendations were rated as feasible or highly feasible by the Delphi study participants. Note that these recommendations were not drafted by the research team but by study participants representing voices of the community.

Mental and Behavioral Health

1. Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the mental health crisis.
2. Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system.
3. Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings.
4. Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures.
5. Expand school-based behavioral health programming to include education on protective factors and mental health first aid.
6. Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services.
7. Expand clinical training opportunities for Olympic College nursing and allied health students.

Primary Healthcare

1. Create programs to educate students about different healthcare professions.

Health Equity

1. Establish racial equity advisory committees within each city in Kitsap County.
2. Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language.
3. Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people.

4. Launch a patient advocate program for marginalized and/or vulnerable patients.
5. Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients.

Housing

1. Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters.
2. Expedite the application process for people seeking affordable housing.
3. Create a fast track to approve low-income housing projects.
4. Petition city planners and leaders to pursue inclusionary zoning for affordable housing.
5. Mandate the inclusion of affordable housing units in new construction projects.
6. Formalize the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers.
7. Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support.
8. Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status).
9. Revise local building codes to permit Accessory Dwelling Units.
10. Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land.

Reproductive Health

1. Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal).
2. Pursue certification as a National Health Service Corps location to attract more OB/GYNs.
3. Provide education and training to primary care providers about increased health risks for pregnant people of color.
4. Train and hire women of color as birth doulas to provide home visits before and after birth for people of color.
5. Provide Spanish-language training for doulas serving the Hispanic/Latinx community in Kitsap County.

6. Hire interpreters to connect Spanish and Mam speakers to reproductive health services.
7. Provide family planning services at a central location in the county (eg, health department clinic).
8. Offer midwifery and doula services at St. Michael Medical Center.
9. Increase funding for the Nurse-Family Partnership program.
10. Offer home-based prenatal and early childhood health services for children up to 3 years of age.
11. Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery)
12. Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options.

Study Team Recommendations

In addition to the priority recommendations provided by the expert panel in the Delphi study, the study team strongly recommends that Kitsap County consider the measures below to further improve healthcare access, quality, and delivery. These recommendations are primarily based on the findings presented in this report, as obtained from the policy analysis, key informant interviews, listening sessions, and Delphi study. Additionally, some recommendations draw from the study team's prior research on and expertise in primary healthcare, public health, and health systems strengthening.

1. **Kitsap County should prioritize recruiting new healthcare providers working in mental and behavioral health, primary care, and reproductive health.** Within the next year, county leaders should:
 - Partner with the Kitsap Economic Development Alliance, the Kitsap County Department of Community Development, Olympic College, the Olympic Workforce Development Council, Olympic Community of Health, SMMC, PCHS, KMHS, and other established healthcare providers to formulate a robust health workforce recruitment strategy. This strategy should include near-, medium-, and long-term goals for building and sustaining a robust, diverse health workforce in Kitsap County and delineate benchmarks for measuring progress toward each goal.
 - Develop and promote a package of incentives to attract new providers to Kitsap County, which may include but is not limited to student loan assistance, subsidized housing, signing bonuses, and expedited permitting and/or licensure for independent providers.

- Strengthen partnerships with local, state, and regional secondary schools, community colleges, universities, and unions to promote awareness of professional, educational, and vocational opportunities within Kitsap County’s healthcare system.
2. **KPHD should convene a community action collaborative of local stakeholders focused on avoiding redundancies and increasing success rates of securing private, state, and federal funding to advance healthcare services in Kitsap County.** A community coalition of organizations working collaboratively with a shared mission, specific goals, and a formal strategic plan can be more successful in securing sustainable grant funding, as opposed to multiple organizations competing for the same funds.
 3. **Kitsap County should establish a transformational advanced practice nurse-based primary care model that prioritizes recruitment of primary care advanced practice nurses, nurse midwives, and mental health nurse practitioners.** Recognizing the challenges in physician recruitment and retention compounded by nationally decreasing numbers of residents entering family practice, within the next year county leaders should:
 - Convene a working group with representatives from KPHD, KMHS, PCHS, SMMC, Kitsap County Schools, established primary care providers, payers, and community organizations such as AARP and YMCA to develop and implement a 5-year plan to transform current primary care delivery to a new advanced practice nurse team-based model to increase primary care capacity.
 - This Primary Care Action Collaborative should drive innovations that increase telehealth and outreach services and establish nontraditional clinical settings (eg, housing developments) to improve full-time, year-round primary care access.
 - Monitor congressional action on the Bipartisan Primary Care and Health Workforce Act, sponsored by US Senators Bernie Sanders and Roger Marshall, MD, and the potential funding opportunities included therein.²¹²
 4. **Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and other relevant stakeholders should launch a formal commission to explore the feasibility of forming a public hospital district (PHD) in Kitsap County.** A Kitsap Public Hospital District Commission should work with experts at the Association of Washington Public Hospital Districts to consider what health services could feasibly be provided under a PHD in Kitsap County, identify potential partners, estimate the costs associated with sustaining a PHD, develop effective voter engagement strategies, and consider strategies for PHD governance and accountability. The Commission should propose how funds will be spent, articulate how a PHD will create value for Kitsap County residents, publish a public-facing report detailing its findings, and convene public meetings to discuss these findings with Kitsap County community members.

5. **St. Michael Medical Center should significantly increase its spending on financial assistance and other community investments over the next several years to act in accordance with its status as a nonprofit, tax-exempt hospital.** SMMC's spending in these areas (not including unreimbursed Medicaid costs, unreimbursed costs from other means-tested government programs, bad debt attributable to financial assistance, health professions education, and medical research) should amount to at least 5% of its total fiscal year expenses. To achieve this benchmark, SMMC should increase its total dollars spent on community investments by at least one percentage point each year for the next 5 years. Hospital leadership should work closely with community partners to ensure that this additional spending aligns with the priorities outlined in Kitsap County's Community Health Needs Assessment. To ensure public accountability and improve the transparency of its efforts in these areas, SMMC should release an annual, public-facing report clearly summarizing spending amounts, where funds were disbursed, and how recipients used them to advance community health in Kitsap County. Stakeholders such as the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and WSDOH should also routinely assess whether SMMC's financial assistance activities meet the conditions of its certificate of need.
6. **St. Michael Medical Center should continue its efforts to clarify its status as a Catholic-affiliated hospital and how it impacts patient access to lawful healthcare services, consistent with best medical practices and patients' needs or interests and regardless of religious directives.** Even if SMMC is unable to provide the full spectrum of reproductive and end-of-life care, its publications and advertising should clearly reinforce that patients in Kitsap County have access to lawful medical care, including reproductive and abortion health services, end-of-life services, and care for LBGTQ+ families, without restrictions based on religious doctrine.
7. **State and county elected officials should continue to lobby the Defense Health Agency to reopen labor and delivery services at Naval Hospital Bremerton.** In anticipation of future increases in active duty and retired naval personnel and their families assigned to Bremerton shipyard, KPHD should partner with state and county officials to advocate for reopening labor and delivery services. Simultaneously, efforts should be made to work with the TRICARE Health Director and Military Health System to increase TRICARE reimbursement rates for primary care providers. Until the time these actions are realized, the Naval Hospital should partner with SMMC to develop a plan to optimize resources available to urgently meet the needs of pregnant persons.
8. **Kitsap County should increase the number of public transit routes and vehicles that connect residents to healthcare facilities.** Within the next year, Kitsap County Transportation Planners and Kitsap Transit should convene a series of townhall meetings with Kitsap residents to understand their public transportation needs and any challenges associated with using public transit to seek healthcare services. These entities should also collaborate with city leaders,

Tribes, and other relevant stakeholders to increase the number of ferry lines, bus lines, *ACCESS* buses, and VanLink vehicles—and operators—available to transport Kitsap residents to healthcare facilities. Transportation authorities should also collaborate with local health and social service providers to identify options for improving access to reduced fare cards for low-income, Medicare/Medicaid-enrolled, senior, immigrant, and other underserved residents of Kitsap County.

9. **Kitsap Public Health District, in collaboration with the Kitsap County Department of Emergency Management (KCDEM), should convene community leadership and key stakeholders to evaluate the integrity of the 2020 Comprehensive Emergency Management Plan.** The evaluation should accommodate current and potential hazards such as new and emerging infectious disease outbreaks, military mobilizations, nuclear warfare, and climate change-related events. Given the current healthcare workforce shortage, declared healthcare access crisis, and population growth, KPHD and KCOEM must take action to address heightened vulnerability to these potential events.
10. **Kitsap Public Health District should work with representatives from state agencies (Department of Social and Health Services; Department of Children, Youth and Families; Department of Commerce) to collectively develop a long-term strategy and proposed legislation to improve behavioral healthcare access in Kitsap County.** Specifically, behavioral health and substance use treatment are legislative priorities for the Washington State Legislature 2024 session,²¹³ which runs through March 7, 2024. KCHD should convene with state representatives to advocate for intensive behavioral health treatment facilities, more inpatient psychiatric beds, improved access and quality of care for long-term civil commitment and jailed patients, and other behavioral health care resources.
11. **The Kitsap Public Health District should resume providing infectious disease testing services (including for HIV and STIs) and make other harm reduction services, such as needle and syringe exchange programs, more easily accessible.** KPHD should petition state leaders for increased funding to provide these services. KPHD should also explore the feasibility of funding these services through Kitsap County’s one-tenth of 1% tax grant program, which has previously subsidized a broad range of social services through sales tax funds, including mental health and substance use-focused initiatives.²¹⁴
12. **SMMC and other healthcare providers in Kitsap County should evaluate the feasibility of integrating the hospital-at-home model into the services they provide to the community.** The American Hospital Association provides resources for how hospitals can successfully implement acute-level care in patients’ homes. The hospital-at-home model has been shown to improve health outcomes while reducing costs and could help reduce the strain on the Kitsap County health system.²¹⁵

13. Kitsap County leaders, healthcare system stakeholders, and state partners should develop a long-term strategy for petitioning Washington lawmakers to increase Medicaid reimbursement rates and continue exploring opportunities for innovation. Higher Medicaid reimbursement rates are essential to sustaining independent healthcare practices in Kitsap County, preventing further clinic closures, and improving access to secular care for Kitsap County residents. The Kitsap County Board of Commissioners and the Kitsap Public Health Board should form a coalition with relevant local and statewide stakeholders to petition state lawmakers to increase Medicaid reimbursement rates in Washington.

Potential coalition members might include but are not limited to:

- Healthcare providers, including from VMFH, SMMC, and independent clinics across the state
- County public health departments
- Washington State Hospital Association
- Washington State Medical Association
- Washington State Nurses Association
- Washington State Department of Social and Health Services
- Washington State Housing Finance Commission
- Washington State Health Advocacy Association
- Washington State Public Health Association
- Washington State Office of the Insurance Commissioner

In addition to advocating for improved Medicaid reimbursement, this coalition should develop a menu of programs for the state Health Care Authority and the Department of Social and Health Services to include in the next iteration of Washington’s Section 1115 Medicaid demonstration waiver (ie, “Medicaid Transformation Project 3.0”). Potential options might include developing a community health worker program focused on delivering maternal and reproductive health services, expanding the healthcare interpreter workforce, bolstering street medicine programs, or subsidizing Medicaid patients’ transportation costs for travel to healthcare facilities.

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Appendix A. Search Strategy for Historical Document Analysis

The following describes various search strategies employed by the research team to conduct a historical analysis of relevant existing documents, news releases, and published reports to describe changes in the Kitsap County health system and the community's current health and social needs.

Key Words

Health, health care/healthcare, health care/healthcare access, public health, primary care, mental health, behavioral health, maternal/child health, substance use, LGBTQ healthcare, hospitals, healthcare workforce, shortage, workforce development, health equity, healthcare costs, health policy, military health, community health, rural health, indigenous health

Sentinel Reports

National Academy of Medicine reports

Peer-reviewed literature

Government Accountability Office (GAO) reports

Federal agency reports from:

- Centers for Medicare and Medicaid Services (CMS)
- CMS Innovation Center
- Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
- Health Resources Services Administration (HRSA)
- Administration for Children and Families (ACF)

Professional organization reports from:

- American Nurses Association (ANA)
- American Association of Critical Care Nurses (AACN)
- Association of American Medical Colleges (AAMC)
- American Medical Association (AMA)
- American Academy of Family Physicians (AAFP)
- Primary Care Collaborative (PCC)

News Media

NewsBank

Kitsap Sun

Kitsap Daily News

KOMO News

Washington State Archives - Puget Sound Region

Review: Kitsap County Health District, Kitsap County Public Hospital District No. 2

Washington State Health Authority

“Rules, health care services, insurance coverage”

Kitsap County Department of Administrative Services

“public health district”

Kitsap Public Health District – Health Indicators, Reports, and Fact Sheets

data on health insurance coverage, finances, economy, workforce, etc.

HCUPNET

- Number of discharges
- Average length of stay
- Rate of discharges per 100,000
- Aggregate hospital costs
- Average hospital costs per stay

Appendix B. Methodology for Estimating St. Michael Medical Center’s Tax Exemptions and Community Investments in Kitsap County

Below are additional details on the methodology the research team used to calculate St. Michael Medical Center’s (SMMC) spending on charity care and community benefits, as well as its estimated federal and local tax exemptions. The study team adopted this method from the Lown Institute, a nonpartisan health policy think tank that tracks nonprofit hospitals’ community investments across the United States.¹⁻⁴

Estimated Financial Assistance & Community Investment

The study team examined SMMC’s Form 990 (“Return of Organization Exempt from Income Tax”) for fiscal years 2010–2021.^{5,6} The following figures were used to estimate the hospital’s total spending on community investments in each year:

- Page 1, Line 18 (“Total Expenses”)
- Page 1, Line 12 (“Total Revenue”)
- Schedule H:
 - Part I, Line 7a(e): Financial assistance at cost (ie, charity care)
 - Part I, Line 7e(e): Community health improvement services and community benefit operations
 - Part I, Line 7g(e): Subsidized health services
 - Part I, Line 7i(e): Cash and in-kind contributions for community benefit
 - Part II, Line 10(e): Community-building activities

This approach excludes several IRS spending categories that many hospitals typically include in their charity care and community benefits reporting: unreimbursed Medicaid costs, unreimbursed costs from other means-tested government programs, bad debt attributable to financial assistance, health professions education, and medical research.

Some nonprofit hospitals assert that unreimbursed costs “[lessen] the burdens of Government,” thereby meeting the legal definition of charitability^{7,8} as articulated in Reg. 1.501(c)(3)-1(d)(2). However, hospital spending in these categories—while important—does not necessarily reflect the priorities defined in a Community Health Needs Assessment, which, per the IRS, should include input from medically underserved, minority, and low-income community members. Furthermore, healthcare provision and utilization alone, as measured by Medicaid spending and non-reimbursement, are not robust indicators of investment in the social determinants of community health and wellbeing (ie, the social, economic, and environmental conditions in which people are born, work, worship, learn, and age) that enable community members to lead healthier lives outside of the hospital.⁹ Unreimbursed Medicaid costs also do not reflect an intentional policy choice on a hospital’s part to directly invest in social and/or structural determinants of health or to provide financial

assistance to eligible community members. For these reasons, in fact, Massachusetts recently updated its state community benefits reporting guidelines to more accurately account for nonprofit hospitals' investments in these areas.¹⁰

Estimated Tax Exemptions

The research team used the following data to estimate SMMC's tax exemptions:

- Form 990, Page 1, Line 19: Net income (“revenue less expenses,” “Current Year”)
- Kitsap County property tax records (data available for 2018–2023)¹¹
 - The team searched for parcels of property in Kitsap County owned by SMMC and calculated the total amount of tax exempted (“Tax Without Exemption”) for each parcel between 2018–2021 (ie, the years for which tax returns were also available).

Figure B1. Example of Kitsap County Property Tax Record

| Value & Tax History | | | | | | | | | | | | | |
|---|-----------|--------------|--------------|---------------|-----------|--------|-----------------------|--------|--------|----------|--------|--------------|--------|
| Parcel #: 3967-004-001-0402 2520 CHERRY AVE BREMERTON, WA 98310 | | | | | | | | | | | | | |
| Tax Year | Land | Bldgs, etc. | Market Value | Taxable Value | Exemption | Tax | Tax Without Exemption | FFP | SSWM | Nox Weed | Other | Total Billed | |
| 2024 | \$607,770 | \$63,044,600 | \$63,652,370 | \$0 | Nonprofit | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| 2023 | \$607,770 | \$74,596,590 | \$75,204,360 | \$0 | Nonprofit | \$0.00 | \$646,511.58 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2022 | \$607,770 | \$66,442,240 | \$67,050,010 | \$0 | Nonprofit | \$0.00 | \$640,314.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2021 | \$696,530 | \$66,353,480 | \$67,050,010 | \$0 | Nonprofit | \$0.00 | \$699,271.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2020 | \$696,530 | \$66,353,480 | \$67,050,010 | \$0 | Nonprofit | \$0.00 | \$698,742.84 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2019 | \$696,530 | \$66,353,480 | \$67,050,010 | \$0 | Nonprofit | \$0.00 | \$672,286.25 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2018 | \$696,530 | \$66,353,480 | \$67,050,010 | \$0 | Nonprofit | \$0.00 | \$859,781.27 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

The study team applied the federal corporate tax rate (21%) to SMMC's net income to estimate its federal tax exemption. Washington does not levy a state corporate tax, nor are nonprofit hospitals in the state exempt from paying gross receipts tax or sales tax.^{12,13} Therefore, the team did not include these figures in our estimates of SMMC's state and local tax exemptions.

To estimate the value of SMMC's charitable donations, the team examined Form 990 for fiscal years 2018–2021:

- Part VIII, Line 1h (total contributions, gifts, grants, and other similar amounts)
- Part VIII, Line 1e (government grants)

The research team estimated the value of SMMC's tax exemptions for charitable giving for fiscal years 2018–2021 by examining the total amount of donations made to the hospital, subtracting the amounts received in government grants and in-kind donations, and multiplying the resultant value by the average household marginal tax rate of donors to healthcare organizations (estimated at 23%).¹

“Fair Share” Spending

A 2021 analysis indicates that nationally, nonprofit hospitals in the US spent \$2.3 of every \$100 in total expenses incurred on charity care, compared to \$4.1 per \$100 among government hospitals and \$3.8 per \$100 among for-profit hospitals.¹⁴ In aggregate, these findings suggest that many nonprofit hospitals fail to behave in accordance with their charitable mission, and this has led to calls for new financial disclosure requirements so that policymakers can better assess whether particular nonprofit hospitals provide enough financial assistance or shoulder enough unreimbursed Medicaid costs to justify their tax exemptions.¹⁵

The Lown Institute recommends that hospitals should spend at least 5.9% of their total expenses on community investments.² This benchmark was derived from an analysis of 2012 IRS data showing that tax exemptions for nonprofit hospitals across the US average 5.9% of their total expenses.³ Per the Lown Institute, hospitals should direct at least the equivalent toward community investments (ie, their “fair share”) to justify their tax exemptions.

SMMC’s tax exemptions average approximately 5% of its total expenses between 2018 and 2021, which informed our recommendation to the hospital to gradually increase its community investment spending and financial assistance provision to at least that amount.

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Appendix C. Delphi Study – Expert Panel Members

The following people, listed in alphabetical order, participated in the Delphi study expert panel:

1. Niran Al-Agba (Pediatrician, Silverdale Pediatrics)
2. Doug Baxter-Jenkins (Division Director, Community Health, Virginia Mason Franciscan Health)
3. Griffith Blackmon (Medical Director, Critical Care, St. Michael Medical Center)
4. Juliet Bliss (Physician, Co-Associate Program Director, Virginia Mason Franciscan Health)
5. Jill Brenner (Early Learning & Family Services Director, Kitsap Community Resources)
6. Harriette Bryant (Mentor, OurGems)
7. Stephanie Dent (Secretary, Treasurer, Gather Together Grow Together)
8. Jeff Faucett (Fire Chief, South Kitsap Fire & Rescue)
9. Kathryn Felix (Chief Clinical Officer, Kitsap Mental Health Services)
10. George Fine (Community Health Worker, Kitsap Public Health District)
11. Jim Gillard (Fire Chief, Poulsbo Fire Department)
12. Jessica Guidry (Equity Program Manager, Kitsap Public Health District)
13. Gabrielle Hadly (Former Program Manager, Public Health Emergency Preparedness and Response, Kitsap Public Health District)
14. Katherine Hebard (Physician, Kitsap OBGYN)
15. Kimberly Hendrickson (Housing, Health and Human Services Director, City of Poulsbo)
16. Barbara Hoffman (Community Health Program Manager, Suquamish Tribe)
17. Elizabeth Holmes (Clinical Review Manager, Kitsap Mental Health Services)
18. Tony Ives (Executive Director, Kitsap Community Resources)
19. Wendy Jones (School Nurse Corps Administrator, Olympic Educational Service District)
20. Jennifer Kriedler-Moss (CEO, Peninsula Community Health Services)
21. Siri Kushner (Public Health Infrastructure Division Director, Kitsap Public Health District)
22. Stephen Kutz (Health Director, Suquamish Tribe)
23. Patti Lyman (Former Physician Assistant, Bainbridge Prepares)
24. Jared Moravec (Fire Chief, Bainbridge Island Fire Department)
25. Aimee Oien (Healthcare Union Representative, UFCW 3000)
26. Anne Presson (Policy Analyst, Kitsap County)
27. Fletcher Sandbeck (Former Board Member, Kitsap Pride)
28. Kimmy Siebens (Street Outreach, Trauma ICU Nurse, Harborview Medical Center)
29. Kelsey Stedman (Program Manager, Kitsap Public Health District)
30. Annika Turner (Family Services Director, Kitsap Immigrant Assistance Center)
31. Doug Washburn (Human Services Director, Kitsap County)
32. Michael Watson (Residency Program Director, Virginia Mason Franciscan Health)
33. Keith Winfield (Clinical Manager, Kitsap Recovery Center)

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Partnering to Address Healthcare Challenges and Opportunities in Kitsap County



1. [Cover Letter](#)
2. [State of Health in the County](#)
3. [SMMC's Investments in the Community](#)
4. [SMMC Community Benefit](#)
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1. Cover Letter

To: Kitsap Public Health District

From: Chad Melton, President - St. Michael Medical Center

St. Michael Medical Center (SMMC) is extremely proud of the collaborative progress we've achieved alongside the Kitsap Community Health Board and other local partners who share our focus on health care. Together, we've been able to make progress toward improving our health care workforce, partnering on the maternal health collaborative, developing an innovative approach to CARES, assembling county leaders in a forum to address mental health gaps, and improving access to care for all members of our community.

SMMC is eager to continue moving forward as partners on these important issues, but we must be aligned on what, specifically, we are working toward together. We understand the desire to gather additional data and perspectives from outside our region, which led the county to engage Johns Hopkins Center for Health Security to conduct a study. The resulting report, *Healthcare System Challenges and Opportunities in Kitsap County, Washington*, validates many of the issues and areas of need already identified in SMMC's [Community Health Needs Assessment \(CHNA\)](#). However, it's important to know the Johns Hopkins Center for Health

Security report is incomplete in many important respects and fails to consider critical context and information that are necessary to draw reliable conclusions and make concrete plans for further progress.

We understand that conducting research at a distance is challenging – especially for a topic as complex as health care. However, an accurate picture of the local environment, including the community-specific nuances and intricacies, is what makes research like this relevant and actionable.

While some of our leaders were interviewed along with community members as part of the Delphi study, SMMC was not included as a collaborative partner in the development of the report, so we were not aware of the significant gaps until we reviewed the final document. Some of the information is incomplete, some is incorrect, and there are major areas that impact health in Kitsap County that are not explored at all.

Due to the tight review timeframe, we are choosing to focus our immediate attention on the areas that pose the highest risk to our collective understanding, rather than highlight each misrepresentation. Our hope is that those additional areas can be part of ongoing conversations as we move forward.

In the pages and materials that follow, we outline key concerns and opportunities for further partnership related to SMMC's Community Benefit; the State of Health in the County; SMMC's Investments in the Community; and Fulfilling Our Mission.

We know this is important work. A shared, accurate understanding is essential to continue making progress together. We look forward to discussing these areas of greatest need and all that we will be able to accomplish as we continue working together to best meet the changing health care needs of Kitsap County.

Thank you,

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a horizontal line that tapers to the right.

2. State of Health in the County

The Johns Hopkins Center for Health Security report (hereafter referred to as the Johns Hopkins report) discusses many different drivers impacting the health and well-being of Kitsap County. However, there are details that are missing from their report, many of which we highlight in our [Community Health Needs Assessment \(CHNA\)](#). These details are necessary for a full understanding of the needs and current efforts to improve the overall health of the county. The health care ecosystem in Kitsap County is broad, and as the Public Health District Board is well aware, no single organization working alone is able to meet all the health care needs of the communities we serve. SMMC strives to provide services to everyone because we believe the entire community deserves access to high-quality health care services and support to get and stay well. We have many impactful partnerships with organizations focused on improving Kitsap County, and encourage the county and others to collaborate with us as we continue addressing the critical needs of our community.

Below we highlight a few critical areas that were omitted or not fully explored in the Johns Hopkins report, which we believe are essential for a full, coordinated approach to improving the health of our county.

Primary Care Merits Closer Study

The Johns Hopkins report says that Kitsap County falls below state and national averages for primary care, but only provides details on obstetrics and gynecology. While these are important services within primary care, we need to look at the full continuum of primary care within Kitsap County.

- In our most recent CHNA, we noted that per capita, Kitsap County has a lower rate of primary care physicians (PCPs) compared to Washington state overall. With approximately 185 PCPs serving the county, Kitsap County has about 69 PCPs for every 100,000 residents, compared to about 86 per 100,000 residents in Washington state. In Kitsap County, this rate decreased significantly from 2011 to 2016 and has stayed relatively stable since 2016.
- In 2020-21, the Office of Financial Management's Health Care Research Center estimated about 63 PCPs in Kitsap County for every 100,000 residents compared to 90 per 100,000 residents in Washington state overall, meaning Kitsap County had about 30% fewer primary care physicians to serve a similar number of patients. The deficit in physician assistants was similar in Kitsap County, with 28% fewer physician assistants (33 per 100,000 compared to Washington's 46 per 100,000).

Drivers of Cost Need to Be Better Understood and Provider Financial Pressures Better Articulated

The report acknowledges that underpayments from both Medicare and Medicaid are a major threat to the provision of services in Kitsap County and across Washington state. This is true and merits closer study, but it is only part of the total picture. There are three key things to understand about health care cost in this context:

- **The cost of delivering care is increasing due to inflation.**
 - [Expenses for health care providers rose 10% between 2022 and 2023](#)¹ across the state of Washington, driven by dramatic and continued increases in the cost of supplies, equipment, medication and labor.
- **Insurance payments – from both commercial and government payers – are not keeping pace with inflation, creating serious gaps for providers.**
 - Today, Medicare reimburses our hospitals about 75% of the cost of care, meaning we lose money on every Medicare patient we treat. The losses with Medicaid are even greater, as Apple Health reimburses only 48% of the cost of care. At SMMC, 80% of our patients are enrolled in Medicare or Medicaid, meaning we rely on fair contracts with commercial insurers to stay afloat.
 - Commercial insurance payments are just as problematic. Reimbursement rates have not kept pace with inflation in recent years, creating serious cash flow challenges.
- **Despite this deeply problematic dynamic, the cost of care for patients in Kitsap County is now among the lowest in the state.**
 - Despite our rising costs as health care providers, the cost of care for consumers has not risen proportionally. In fact, according to the [Washington Health Alliance's annual Community Checkup report for 2023](#), the cost of care in Kitsap County is now below the state average and is the lowest in the Puget Sound area.

Health Care Workforce is an Urgent Priority, and Efforts to Address the Need Should Be Recognized and Reinforced

The Johns Hopkins report accurately reflects the connection between access to care and a robust health care workforce, but the challenges of workforce recruitment and retention, particularly in rural areas, is somewhat understated.

¹ Report from October 11, 2023; Contact: [Beth Zborowski](#)

The John Hopkins report also did not explain the work being done at SMMC to address this issue. We are investing significant resources in recruiting to fill clinical needs; meanwhile, we use all staffing options available to ensure access to care in the immediate term. Examples of our progress include:

- Improved retention
 - Turnover in FY 2023 improved by 4.6% year over year
 - Nursing turnover in FY 2023 improved by 9.5% year over year
 - At VMFH, physician turnover in FY23 decreased by over 20% year over year
- Improved staffing
 - Hired 65 providers in the last seven years – the vast majority filling roles in primary and urgent care, as well as much-needed specialities in the county
 - Hired 100 additional RNs in 2023 alone
 - We've gone from 500 open positions down to 344
- Training the next generation of providers to meet the needs of our growing population
 - The VMFH Family Medicine Residency Program in Bremerton trains 24 family medicine residents, with eight graduates per year. Of the 30 program graduates (as of July 2024), 19 new family medicine physicians will be practicing in our local community.
- \$2.5 million donated to Olympic College to expand and grow its health sciences programs, including phlebotomy certification, surgical technician, radiology technician, ultrasound technician and a practical nursing Navy corpsman bridge program
 - See the [Investments in the Community section](#) below for specific measures SMMC is implementing
- Building out a rideshare program with Kitsap Transit for employees
- Developing career pathways with Bremerton and Central Kitsap School Districts
- Hosting upcoming events at the Marvin Williams Center to educate youth on health care careers

The three areas mentioned above all merit closer study, and there are many opportunities for county leaders and SMMC to collaborate on creative solutions. We hope to discuss these topics with you in greater detail in the months to come.

3. SMMC's Investments in the Community

As outlined in the Johns Hopkins report, SMMC is a part of Virginia Mason Franciscan Health (VMFH). Both SMMC and VMFH have made substantial investments in the county that meaningfully improve both health and access for Kitsap County residents as well as people across the Olympic Peninsula. These assets that are critical to community health were largely unacknowledged by the Johns Hopkins report. We believe it is important to acknowledge these investments, not only to ensure the county is able to fully utilize and build upon the resources we currently have, but also because the report itself notes that a lack of understanding about SMMC's role in the community diminishes the public's trust in a way that can be harmful to them, as they may make uninformed decisions about their own care based on misinformation or skewed perception.

With a 105-year legacy of caring for the community, we continue working diligently with the Kitsap Public Health District and other community partners to support and address the needs of our residents. We are proud to employ about 2,500 individuals, the largest private employer in the county. We have also invested more than \$1 billion into Kitsap County over the past 10 years, including \$705.5 million in capital investments and \$360 million in community benefit, and we retain a deep desire to see the community where we live, work and raise our families thrive.

Investments by Priority Recommendations

As a part of Kitsap County, SMMC has made many investments to **positively impact access, quality of care, cost, and critical services** now and for years to come. SMMC also **supports organizations that enhance care access and options** for our community members by providing staff/provider time, resources and additional financial support. These investments directly impact areas of need identified in the Johns Hopkins report, which are also identified in our CHNA. Examples of investments from the past two years are broken here down based on the priority recommendation buckets in the report:

- **Mental & Behavioral Health**
 - North Kitsap Fishline Counseling
 - **\$50,000** to Fishline Counseling Services, which provides funding to support the only no-cost, low-barrier therapists in our area able to offer appointments within three business days.
 - Olympic Community of Health
 - Among other efforts, we're focused on a pilot opiate event notification program.

- Pacific Hope and Recovery Center
 - All family medicine residents receive training at the Center and the BAART program in Bremerton, and are trained as informed prescribers of Suboxone to treat Opiate Use Disorder.
- Wellfound Behavioral Hospital (Pierce County, supports Kitsap County residents)
 - This joint venture with VMFH and Multicare provides individualized, comprehensive in-patient mental health care.
- Kitsap Mental Health Services
 - **\$100,000** last year for crisis triage services. In addition to financial support, we provide staff/provider time and accept referrals from their locations.
- We provide free naloxone rescue kits and implemented the Columbia Suicide Prevention Protocol for high-risk patients.
- **In-Home and Respite Care**
 - Benedict House
 - **\$107,000** to Catholic Community Services for medical respite, which covered 3 dedicated beds for unhoused patients for fiscal year 2023.
 - Bremerton Medical Respite Center
 - **\$50,000** to support Peninsula Community Health Services (PCHS) as they launch a Medical Respite Center in Bremerton, offering a safe, recuperative care option after hospitalization.
 - KC Help
 - **\$35,000** to KC HELP, which recognizes the community's need for hospital room equipment for in-home care. The service center in Bremerton, which opened in January, serves the communities of Port Orchard, Silverdale and Bremerton.
- **Primary Care**
 - Project Access Northwest
 - Physicians donate care to patients and VMFH provides financial support for care coordination and premium assistance programs.
 - Peninsula Community Health Services

- We have partnered on flu immunization events to ensure high-quality care and access to our community members seeking these services.
- **Health Equity**
 - Marvin Williams Recreation Center
 - **\$100,000** as part of a 10-year partnership that enables screening services and supports health education programs that address hypertension, diabetes education, healthy eating and chronic disease management.
 - Kitsap Immigrant Assistance Center
 - **\$100,000** to help KIAC provide direct medical care and serve Kitsap and Mason Counties low-income immigrants who do not qualify for health insurance due to their immigration status.
 - YMCA of Pierce and Kitsap Counties
 - **\$80,080** to expand a recently implemented referral pathway from VMFH's EPIC system to evidence-based programs (Diabetes Prevention Program, Blood Pressure Self-Monitoring Program and EnhanceFitness) offered through the YMCA of Pierce and Kitsap Counties.
 - We regularly provide patients with support for barriers to care including transportation, housing and equipment.
- **Reproductive Health**
 - Kitsap Public Health District
 - We are proud of our collaborative efforts to increase breastfeeding among WIC participants.
 - Kitsap OB/GYN
 - In partnership, we started a Certified Nurse Midwife (CNM) program and are helping to fund the recruitment of a second CNM for the practice.
 - Began the midwifery program at SMMC at the end of 2023.
 - Included an OB rotation into our Family Medicine Residency Program in Bremerton that trains 24 physicians each year. The program provides both obstetric and pediatric care for Bremerton residents, including more than 100 deliveries each year.

Importance of Addressing Substance Abuse Issues

SMMC's CHNA identified that substance abuse issues are deeply impacting our state and county and warrant our continued focus. In the Johns Hopkins report, however, substance abuse was only referenced twice - once in a quote from a focus group participant, and the other in the recommendation for SMMC to provide fentanyl urine screenings, which we are currently providing as of February 2024. We believe that substance abuse is a critical area related to mental and behavioral health.

- Community partners, like Kitsap Mental Health, refer patients to the VMFH Family Medicine Clinic for outpatient care.
- We provide medication-assisted therapy at SMMC, including for opioid use disorder, when patients suffering from substance abuse disorders are admitted for other reasons. We offer treatments in the hospital and outpatient follow-ups to ensure the continuation of care with a value-based approach.
- We continue to engage Chemical Dependency Counselors at SMMC to utilize the evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) model to connect those with substance abuse disorders to treatment.

Training the Next Generation

As mentioned previously, the Johns Hopkins report highlights that **Kitsap County does not have a sufficient health workforce** to meet the health care needs of the community, but also identifies that we are in need of additional beds to serve more patients. The report fails to note that even if we increase the number of functional beds, patients cannot be provided care in those beds without the necessary health care labor. Given the complexity and interrelatedness of both issues, the problem is more extensive than identified in the report and requires an intentional effort to address both pieces. SMMC is taking such action in an effort to train and retain providers so that we can appropriately staff the additional beds we are working to build. Together with support from the county, we could begin to address this complexity.

SMMC is training the next generation of providers as part of a concerted effort to meet the needs of our growing population. These training programs include:

- **RN Residency Program**
 - Since 2020, our year one retention rate is 96%. For comparison, the national average tends to hover around 75%.
 - In 2024, we expanded from two cohorts per year to four cohorts per year, enabling even more opportunities for training.

- **Family Medicine Residency Program**
 - This three-year program, which is housed in the VMFH Family Medicine Clinic in Bremerton, trains 24 family medicine residents, with eight graduates each year. As of July 2024, 19 of 30 program graduates will be practicing in our local community. The residency program provides both obstetric and pediatric care for Bremerton residents.
 - The physicians see approximately 20,000 visits annually in the clinic, providing prenatal care for pregnant persons in Bremerton and delivering over 100 babies each year.
 - VMFH invested \$16 million to stand up the Family Medicine Residency program, including a new state-of-the-art family medicine clinic in Bremerton, to expand access to high-quality care in Kitsap County.
 - Residents also get training and provide patient support during opportunities with community organizations serving vulnerable populations, including AA, Kitsap Public School District, Bremerton Food Lifeline.
- **General Surgery Residency Program**
 - The general surgery residency program at Virginia Mason Medical Center (VMMC) in Seattle includes a rotation at SMMC.
- **The More in Common Alliance**
 - A \$100 million partnership between CommonSpirit Health and Morehouse School of Medicine (MSM) works to develop a pipeline of clinicians in areas of need. This year, MSM will attend a community event to evaluate the opportunity to host medical students in Bremerton during the next academic year.
- **Olympic College Foundation**
 - As part of a \$2.5 million partnership, SMMC is helping to build a new regional health sciences campus in Poulsbo that will create opportunities for 80 new students annually and ultimately fill critical health care roles in the region.
- **Nursing Internship Program**
 - In FY23, SMMC hosted 586 nursing student interns.
- In addition, SMMC has made significant **investments in its own workforce**, which represents a significant percentage of our county's employees – improving both retention and staffing.

- VMFH continues amplifying support for clinical workforces across all locations; with over \$100 million invested in recruitment and retention in 2023, we supported team members through tuition reimbursement, market adjustments, loan forgiveness, sign-on and referral bonuses and more.
- As referenced in the State of Health section above, SMMC has made significant improvements in turnover rates and open positions. VMFH has increased wages 10% annually year over year for the last four years, compared to an [8% increase statewide](#).

Expanding Access to Care on the Peninsula

Regarding access, SMMC has been undergoing a years-long process to expand hospital-based care on the peninsula. The Johns Hopkins report mentioned the opening of the new Silverdale facility in 2020, but failed to acknowledge the breadth of investment, the increase in hospital-based services, and additional plans.

In addition, VMFH continues to invest in maintaining and growing urgent, emergency, primary care, and specialty care access.

- Since 2020, we have invested **\$645 million in our Silverdale campus**, which includes opening a Level III Trauma Center hospital, Cancer Center and Medical Pavilion, as well as building a second patient tower that will increase hospital capacity by 74 beds.
 - The new tower, which is slated for completion in 2025, has been part of the St. Michael Medical Center expansion plans since the state approved the Certificate of Need for the project in 2017.
 - This investment will need to be in concert with the workforce efforts outlined above to ensure that we are staffed appropriately to provide care to those additional 74 beds.
- The VMFH Family Medicine Clinic in Bremerton houses **the single largest collection of primary care providers on the peninsula**, offering patients comprehensive outpatient care close to home. While we recognize there is an additional need for primary care services, the Johns Hopkins report did not acknowledge the significant progress and offerings already made to connect Kitsap County to this essential care.
 - In 2015 VMFH established the Family Medicine Residency Program outlined above, with the first class of eight residents starting in 2018. As of July 2024, the program will have added 19 new family physicians practicing in our community.

- The EMS Taskforce convened by our Kitsap County fire chiefs and SMMC leadership in 2022 found that fewer than half of the patients seeking care at SMMC's emergency department have an acuity level corresponding with emergency level care, which helps explain, in part, why SMMC is the busiest emergency department in Washington state. We offer treatment to every person who seeks treatment in our emergency department regardless of any other factor. Even for those patients being transported by ambulance, acuity levels are more often "urgent", "less urgent" and "non-urgent" than they are "immediate" or "emergent". These patients' needs are likely more suited for urgent/prompt care, primary care, or a non-medical setting all together, not the resource intensive and more costly care provided in an ED.
 - Once we receive permits from the City of Bremerton, SMMC will be **opening a Hybrid ER/Urgent Care Facility**. This reflects a \$11 million investment by VMFH. Not only will this help take pressure off of the emergency department at SMMC, it will also make it easier for patients to get the right level of care, reducing costs. This facility will be located next door to the VMFH Family Medicine Clinic.
- VMFH is an early adopter in the Hospital at Home model. We are operating the program at St. Joseph Medical Center in Tacoma, and SMMC secured approval from CMS to also operate a program. Unfortunately, the ability to start this program at other hospitals around the state that have secured CMS approval, including at SMMC, has been impeded by the Washington State Department of Health (DOH). VMFH is actively working to pass a bill in the 2024 state legislative session to allow us to operate this program at other CMS-approved sites. While the upfront investments in this type of care delivery are costly, we are seeing exceptional outcomes for our patients receiving in-patient level care in their homes through the SJMC program.

Dearth of Post-Acute Care Options

Importantly, the Johns Hopkins report mentions but does not explore post-acute services. According to the [Washington State Department of Health's data](#), the shortage of nursing home beds in Kitsap County is expected to grow from a 635-bed deficit in 2023 to an 800-bed deficit in 2025. Since this shortage affects both patient throughput and cost, SMMC has made efforts to increase post-acute care support, including the Kitsap County Long Term Care Alliance, Bremerton Medical Respite Center and Benedict House.

- With over 400 patients last year being **transferred to SMMC from across the entire peninsula region**, SMMC was able to provide patients a level of care or specialty not available in their community.
- Through a bed lease agreement with Avamere, SMMC provides 25 beds to patients with care complexities who otherwise would have been unable to access skilled nursing care.

- We continue to offer and expand options for **virtual behavioral health services** through Concert and Quartet Health.

Need to Look at the CON Process and Its Local Impact

The topic of **access and availability of beds** was discussed at length. Despite the attention paid to this important topic, an accurate picture was not offered. The Johns Hopkins report gives a limited view of the **CON process** and how it is playing out locally.

- Offering an incorrect assertion supported only by local opinion coverage, the Johns Hopkins report states that the CON process is hindering access to care in Kitsap County. The report's source of truth is merely the assumption by the author that other medical organizations would surely be interested in opening a hospital in Bremerton if beds were not spoken for by SMMC. In reality, market analysis showing lack of demand for new hospital beds, coupled with the high and ever-increasing cost of building new hospital beds and the enduring promise of sub-cost reimbursement rates, is a more factual analysis of why other hospitals are not trying to build new facilities in Kitsap County.
- On **the topic of access to beds**, the Johns Hopkins report implies a greater need for beds than the data suggests, but also does not mention that the second Silverdale tower will cover that gap with its additional 74 beds.
 - In 2023, using Washington state's long-standing methodology, VMFH found the following:
 - Currently, with 262 beds at SMMC, there is a shortage of beds, increasing to a nearly 70-bed shortage by 2028, and then increasing to more than a 100-bed shortage by 2036 (15-year horizon).
 - With the planned second tower, assuming 336 beds at SMMC, we will be at a surplus in Kitsap County until roughly 2033; and then a small need of 12 beds by 2036.

In addition to the many efforts outlined above, SMMC and VMFH have made significant financial investments in Kitsap County that the Johns Hopkins report excludes in its assessment of SMMC's Community Benefit numbers.

SMMC Community Benefit

Of particular concern is the Johns Hopkins report's incomplete assessment of SMMC and VMFH's community benefit investments. The authors excluded more than \$33 million in community benefit dollars provided in 2021 alone. According to [publicly available data](#), SMMC provided \$36.3 million in community benefit in 2021, but the Johns Hopkins report only recognizes \$2.5 million. Instead of the accepted standard used by the federal government and all nonprofit U.S. hospitals, the report uses an algorithm invented by the Lown Institute, which excludes investments that are critical to the well-being of our county. The Lown Institute's index was created in 2022 to satisfy a particular political agenda and is far from an accepted standard by which hospitals' contributions to their

communities can be evaluated. The American Hospital Association has since [identified the Lown methodology as faulty](#) and has cautioned against using the index to draw reliable faulty conclusions.

Notably, the Lown algorithm **excludes SMMC's investments in two areas highlighted by the broader Johns Hopkins report as critical needs in Kitsap County: workforce shortages and Medicaid underpayments**. As [outlined previously](#), SMMC is working diligently to address critical provider shortages in the county, including nearly \$400,000 in health professions training in 2021. Additionally, VMFH, invested an additional \$13 million in health professions training² across the Puget Sound region in 2021, all of which strengthens the pipeline of providers available to serve the peninsula.

[As previously identified](#), the other glaring omission is **\$32.9 million in Medicaid shortfall absorbed by SMMC** as a result of losses incurred each time we care for a Medicaid patient. The Johns Hopkins report notes that Medicaid underpayments, combined with the number of people in Kitsap County who rely on Medicaid for their health coverage, compounds the challenges of recruiting new providers and, in fact, has led to physician practice closures. SMMC is not immune to the negative effects of Medicaid underpayment, as demonstrated by our nearly \$33 million in losses in 2021. Despite this, we are committed to continuing to care for this population, even when others cannot or will not. We're driven to do so by our mission to improve the health of the people we serve, especially those who are vulnerable. This includes those whose insurance doesn't cover the full cost of their care, as well as those who have no insurance at all. We serve as a safety net for the county in this regard, and the data we report to the IRS every year serves to quantify a portion of the value we provide. Allowing the Lown Institute to cherry-pick certain aspects of this critical support to recognize and ignore others does not help to further our shared goals of supporting the people who live in our community.

More Context About Community Benefit Reporting

- Community Benefit is the total amount of expenses from the organization that support our status as tax-exempt, not-for-profit hospitals. We generally have three broad buckets of reporting:
 - Charity care/financial assistance
 - Unreimbursed costs from serving patients on Medicaid
 - Other Community Benefit programs
- Other Community Benefit programs, as reported on our IRS 990 statements are:

² [Franciscan Health Services 990](#) and [Virginia Mason Medical Center 990](#)

- **Community Health Improvement Services.** These are programs that include more than just cash contributions that align with our community health priorities as identified by our CHNA. Our work to reduce violence and food insecurity is reported here along with programs/services operated by oncology, lab, and care management.
 - **Health Professions Education.** VMFH counts time spent by staff as nursing preceptors and costs associated with some of our graduate medical education programs. We can only count costs here that support students in degree-earning programs.
 - **Subsidized Health Services.** These are services that, if we didn't operate them, would pose a burden to the government.
 - **Cash & In-Kind Contributions.** This is where we count staff time on boards/commissions and cash donations/grants, such as our new Community Health Improvement Grants.
 - **Research.** Generally used by hospitals run by universities to count research projects.
 - **Community Benefit Operations.** Costs associated with management of community benefits programs and creating CHNAs. Community Health staff time, not applied to other programs, is counted here.
 - **Community Building** - Good projects that don't directly align with CHNA priorities are counted here. This is where we put costs associated with workforce development (not counted in health professions education).
- A known challenge about community benefit reporting at VMFH is that a lot of reporting comes from support departments that are part of Division Support Services (DSS). This includes costs from care management staff to support patient transportation, housing, and other costs. So while the SMMC 990 reflects investments made directly by that hospital into Kitsap County and its surrounding communities, there are other community benefit dollars coming into Kitsap County from the larger VMFH organization, which are included in the Franciscan Health Services 990 and were not considered by the Johns Hopkins researchers.
 - Stephanie Christensen and Doug Baxter-Jenkins from the Community Health team went over this information with Johns Hopkins researchers and explained that there are some significant costs that do not get reflected on SMMC tax statements. This context was not reflected in the Johns Hopkins report.
 - The Lown Institute gets some of their information from IRS 990 documents. While SMMC reports on a standalone 990, many of our peers report as a combined health system (including four VMFH hospitals). It is not possible to conduct a

meaningful comparison between SMMC and providers like MultiCare, Swedish and Providence, since those hospitals report as a single unit and not individual hospitals.

- The IRS definition of community benefit, which was not used by the Johns Hopkins report, shows that from FY18-21 (the years the report looked at), SMMC reports 6.2-7.12% of expenses as community benefit, meeting the 5.9% threshold recommended in the report. This does not include the known underreporting outlined above. We are concerned that the IRS definition of community benefit, the standard we are actually held to, was not included side by side with Lown Institute's opinion on what they think should count.
- One of the recommendations from the John Hopkins report is for SMMC and VMFH to create an annual community benefit report that outlines community benefit reporting. This has not happened for several years, mainly due to staff capacity limitations. Creating a report that provides more context on community health programs and hospital investments is a worthwhile idea to explore.
- VMFH is compliant with the new community benefit reporting requirements outlined in [HB 1272](#). This new requirement requires non-profit hospitals to provide additional information on all activities we count as Community Health Improvement Services. The FY23 report for SMMC, and all other VMFH hospitals, is complete and reported to DOH but not yet on the DOH website. We were the first health system to complete this new report.

SMMC strives to provide care to all residents of Kitsap County; we believe that each individual deserves access to quality health care and are committed to making that happen, regardless of demographics, ability to pay, gender expression or any other factor.

4. Fulfilling Our Mission

A final area of concern is the Johns Hopkins report's claim that Catholic health care is a contributing factor to the health care challenges of Kitsap County. Not only is this claim not grounded in evidence, it is blatantly incorrect.

In addition, we remain deeply concerned that the Johns Hopkins report further feeds misperceptions that SMMC does not provide services to the LGBTQ+ community, or that the care we provide is less than high quality or compassionate. In reality, their approach only serves to further disadvantage a vulnerable population by reinforcing the misunderstanding that they cannot access the care they need at SMMC. Instead, we go to great lengths to provide care to everyone in the LGBTQ+ community, which we detail below.

While SMMC leaders can appreciate interest in the hospital's religious affiliation, SMMC has been clear and will continue to

be clear about our status: **SMMC** remains driven by our mission and compelled to serve our community, but it **is not a Catholic hospital**.

This means that SMMC clinicians and their patients do not utilize, nor are they subject to, the *Ethical and Religious Directives for Catholic Healthcare Services* for moral guidance. While the hospital is aligned with VMFH and CommonSpirit mission and values, these systems include other non-Catholic hospitals, and therefore have processes and procedures that clearly outline how non-Catholic hospitals can continue to provide services to our communities. These processes and procedures ensure that we uphold the dignity of each person, engage in informed consent through disclosure of all options, and provide high-quality, loving care to patients and the community without discrimination.

From a heart care program nationally recognized for excellence in cardiac surgery to comprehensive cancer care and a nationally accredited sleep disorders center, SMMC provides a range of high-quality acute-care services to the people of Kitsap County and beyond. To reduce the richness of the care and support we provide to a handful of services would purposefully ignore SMMC's impact on the health of our entire community. However, in the interest of clarity, we will address abortion, sterilization, care for members of the LGBTQ+ community and death with dignity specifically, so that the facts in these areas can no longer be misrepresented or misunderstood.

No Change in Services After Harrison Acquisition

The Johns Hopkins report suggests that SMMC is limiting Kitsap County residents' access to reproductive services based on religious doctrine. However, it fails to support this with data and also fails to mention that there has been no change in the provision of these services by the hospital. **Harrison Medical Center did not provide elective abortions and opted not to participate in Washington state's Death with Dignity Act before its acquisition by CHI Franciscan Health.** SMMC continues to offer sterilizations, as it did before. Therefore, the fact that SMMC does not provide elective abortions today is not a change in approach, nor is it a limiting factor in county residents' access to these services.

Not only that, but the state's own data on abortion and death with dignity³ indicate there has been **no impact on the number of elective abortions from 2012 to 2020 or death with dignity from 2013 to 2022 in Kitsap County.** In addition, sterilizations as a percentage of deliveries at SMMC continue to align with statewide averages. **Therefore, access to elective abortion, tubal ligations and death with dignity has not changed in the county** since Harrison was acquired by CHI Franciscan in 2013.

³ ([CHARS Reports](#), [Pregnancy & Abortion Dashboard](#) and [Death with Dignity Data](#))

Reproductive Health

- A report by Washington state's Office of Financial Management (OFM) [indicates that](#) "communities predominately served by religious hospitals do not appear to be experiencing barriers to care. On the contrary, tubal ligation sterilization rates within communities served by religious hospitals are the same as – or higher than – the rates within communities served by secular hospitals."
- SMMC very clearly outlines the services it provides, and those it does not, in submissions to the Washington State Department of Health, which are [publicly available on DOH's website](#) and on VMFH's [website](#).
- Although SMMC does not provide elective abortions, medically necessary care for pregnant women is always provided. This means when a pregnant person arrives with a serious pathological condition that puts their life at risk, all of our VMFH clinicians are supported to pursue the standard of care to directly treat the condition, even if these interventions result in the termination of a pregnancy.
- Elective sterilizations, including tubal ligations and vasectomies, are provided at VMFH non-Catholic sites, including at SMMC.

Care for Members of the LGBTQ+ Community

- SMMC is committed to welcoming all those who need our care without discrimination based on a person's identity, demographics, ability to pay, gender expression or any other factor.
- SMMC is committed to providing respectful and sensitive care to transgender, non-binary, and gender-expansive patients, who have long faced barriers to accessing the care they need, and strives to meet the care needs of all.
- SMMC provides an array of services, including gender-affirming care using the World Professional Association for Transgender Health (WPATH) standards of care.
- The VMFH Family Medicine Clinic in Bremerton offers primary care services to everyone in our community, with special support from members of the transgender community who help us continue to build cultural competency in providing primary care to transgender people. The clinic offers specialized services from hormone therapy for adults for purposes of transition to general primary care needs and mental health support.

- This clinic also provides space for UW/Harborview HIV clinics every Friday as well as primary care for these patients at any time.
- We are proud to be part of a health system that includes Bailey-Boushay House, which opened in Seattle in 1992 as the first facility built from the ground up to provide compassionate, inclusive care to people with AIDS at the end of their life.
- All facilities across Virginia Mason Franciscan Health are actively applying for the Health Equality Index (HEI) recognition. Virginia Mason Medical Center is one of dozens of CommonSpirit Health facilities recognized in the 2022 HEI.
- Information about the transgender health provided by VMFH, including specific services, is publicly available on the VMFH [website](#).

End of Life Care

- While VMFH does not participate in Washington state’s Death with Dignity Act, we do provide hospice care and end-of-life support. Caregivers at SMMC also adhere to patients’ wishes as expressed in advance directives, including Do-Not-Resuscitate (DNR) orders.
- SMMC values informed consent and all clinicians across VMFH can disclose and discuss all options with their patients, including interventions not available at our facilities. When a patient requests access to the services provided in the Death with Dignity Act, clinicians document the encounter and provide a safe transfer of care.
- More information about the end-of-life care provided by SMMC, including specific services, is publicly available on the VMFH [website](#).

We are honored to have the opportunity to serve the residents of Kitsap County and the greater peninsula region. We appreciate the effort of the Kitsap Public Health District Board to get a picture of health care in the region. We believe that with the missing and inaccurate pieces corrected, we will have a holistic understanding of where to focus our collaborative efforts and ensure that we improve the health and well-being of our residents for generations to come.

5. Next Steps

As indicated by our 2023 CHNA and [Community Health Implementation Strategy](#), SMMC recognizes a great need to address health care access, focus on increasing and bolstering our workforce, and expand health-improving programs available to Kitsap County.

SMMC intends to take continued action and provide dedicated resources identified in the [Investments](#) section above, as well as the following:

- **Behavioral Health**
 - Explore ways to further integrate physical and behavioral health services in acute inpatient, emergency department and primary care settings.
 - Explore initiatives to expand access to behavioral health services among youth, low-income community members, and people who are experiencing homelessness.
 - Continue to engage Chemical Dependency Counselors to connect those with substance abuse disorders to treatment.
 - Expand options for virtual behavioral health services through Concert and Quartet Health.
- **Access to Health Care**
 - Support programs that help those who are unhoused, uninsured or under-insured obtain quality, affordable care.
 - Continue expansion of the Family Medicine Residency Program toward building primary care capacity in Kitsap County.
 - Broaden engagement with organizations providing basic needs support to vulnerable communities.
 - Increase the number of community members enrolled in insurance, especially Medicaid.
 - Partner with Project Access NW, wrap-around service providers, long-term care facilities, community-based organizations and transportation providers.
 - Develop the CARES program with local fire departments to employ a mobile NP/APP to see patients in their homes and thereby reduce the frequency of unnecessary 911 calls, ED visits and hospital readmissions.
- **Workforce Development**
 - Expand partnership with Olympic College and engage new partners to further expand workforce development programs to build a future diverse pipeline of students interested in a health care career.
- **Basic Needs**

- Identify and activate internal strategies to increase enrollment in the Supplemental Nutrition Assistance Program (SNAP).
- Explore strategies to improve language access within the hospital system.
- Implement an edible food recovery program to reduce food insecurity and food waste.
- Partner with food banks, Kitsap County and the Veterans Administration to achieve basic needs goals.
- **Reproductive Health**
 - Increase community education and access to maternal and infant health programs.
 - Partner with public and community-based organizations to strengthen community resources.
 - Explore reactivation of the stork program, which provides patients with information on programs and resources available to them.
- **Chronic Disease**
 - Expand community education programming on healthy eating, diabetes and breast cancer.
 - Develop partnerships with community-based organizations for high-risk populations.
 - Partner with community-based organizations to provide education on early detection and treatment of breast cancer.

Finally, as a health care pillar in our community, we care deeply about the health of Kitsap County and the people who call it home. We know you do too.

Health care is complex, personal and increasingly dynamic. We each do our best to navigate the complicated waters of this industry, but true success is only achievable together. **Progress demands fervent collaboration and unified action.**

As leaders of this county who understand health care, you and we have a duty to responsibly direct our attention and efforts toward the areas of greatest need. A challenge highlighted throughout the Johns Hopkins report is that **the community's misperceptions** about the care currently available at SMMC **has become an urgent issue in itself.** Lack of accurate knowledge about the care offered is compounding the challenges we are already working alongside you to address, unnecessarily eroding the public's trust in the health care resources they depend on.

As leaders, we must actively work together – as advocates across the public and private sectors – to correct misinformation and increase awareness throughout the county as a way of ensuring our neighbors feel confident accessing the care they need. We know that the Kitsap Public Health District will be an invaluable partner alongside us in this effort.

SMMC is proud of the achievements we've made with the Kitsap Public Health District and other partners who share our mission. We have no doubt that our teams and patients are better off because of our work together.

In our response, we have highlighted gaps in information reported about SMMC in the hopes that greater clarity might be offered, or at least available, to those who review this research. We hope it will help align stakeholders and direct our collective path forward.

Above all, we remain eager to continue learning from one another as we care for our deserving community.

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Peninsula Community Health Services

February 21, 2024

Kitsap Public Health District
Attn: Gib Morrow, MD, MPH
Norm Dicks Government Center
345 6th Street, Suite 300
Bremerton, WA 98337-1866

Dear Dr. Morrow:

Peninsula Community Health Services (PCHS) appreciated the opportunity to participate in the Johns Hopkins Center for Health Security Study Team's assessment to survey Kitsap County's healthcare environment.

The resulting study (herein the "Johns Hopkins Report") identifies many gaps and challenges in Kitsap County's healthcare ecosystem. However, the Report is far from exhaustive in its account of positive developments to bridge health care access gaps identified in the study. Unfortunately, the lack of recognition of the strategic partnerships, programs, and community investments undertaken by local providers and governments paints an incomplete picture of the state of health care in Kitsap County. Moreover, the absence of information regarding existing and upcoming programs has a bearing on the Delphi Study Participant Recommendations and Study Team Recommendations, both in terms of prioritization and strategic use of scarce healthcare dollars.

Accordingly, PCHS writes to offer information to supplement the Positive Developments section of the Report. It is our hope that these highlights will provide policymakers with additional context about the state of healthcare services in Kitsap County and instill more faith in our community that local providers are proactively working to find creative solutions to challenges and leveraging opportunities to increase access to quality healthcare services for all Kitsap residents.

Sincerely,

Jennifer Kreidler-Moss, CEO
Peninsula Community Health Services



Peninsula Community Health Services

SUPPLEMENTAL INFORMATION FOR JOHNS HOPKINS CENTER FOR HEALTH SECURITY STUDY TEAM'S REPORT ON HEALTHCARE SYSTEM CHALLENGES AND OPPORTUNITIES IN KITSAP COUNTY, WASHINGTON

INTRODUCTION

Peninsula Community Health Services (PCHS) participated in the Johns Hopkins Center for Health Security Study Team's Delphi study to survey Kitsap County's healthcare environment.

The resulting report identifies many gaps and challenges in Kitsap County's healthcare ecosystem. However, the report is far from exhaustive in its account of positive developments to bridge health care access gaps identified in the study. Unfortunately, the lack of recognition of the strategic partnerships, programs, and community investments undertaken by local providers and governments paints an incomplete picture of the state of health care in Kitsap County. Moreover, the absence of information regarding existing and upcoming programs has a bearing on the Delphi Study Participant Recommendations and Study Team Recommendations, both in terms of prioritization and strategic use of scarce healthcare dollars. Accordingly, the following information is intended to supplement the Positive Developments section of the report.

POSITIVE DEVELOPMENTS

Behavioral Health

1. Increasing Behavioral Health Services for Youth

PCHS opened its first school-based health clinic (SBHC) in 2018 and has since grown its school-based health program to include 12 elementary, middle, high, and alternative schools across four school districts. Notably, approximately one-third of those visits are pediatric behavioral health visits. In order to supplement other agencies' healthcare services that are only available during the schools' calendar year, PCHS ensures year-round access for SBHCs patients through a mix of school-based clinics, complementary school-based sites within a child's school district, and other PCHS clinic sites.

2. Increasing Access to Substance Use Disorder Treatment for System-Involved Individuals

PCHS has partnered with the Kitsap County Jail to connect incarcerated individuals with Medication-Assisted Treatment as they transition back into the community. This includes transporting individuals directly to PCHS clinics upon release to receive medication to treat substance use disorders.

Primary Care

3. Increasing Preventive and Emergency Dental Access

PCHS offers preventive and emergency dental services, including providing adult Medicaid dental services without access caps for new patients, and has opened one new dental clinic per year since 2017.

4. Increasing Access to Reproductive Healthcare

Even though PCHS does not currently have OB providers, PCHS provides extensive training to its entire suite of primary care providers who can work with pregnant patients to review their medications, engage in counseling around when to seek higher levels of care, and ensure that patients are being referred and scheduled in community OB practices.

5. Offering Innovative Primary Care Delivery

PCHS employs the largest contingent of primary care providers across Kitsap County. To complement SMMC's primary care model, which hosts a large contingent of primary care providers through its residency program, PCHS has invested in a fleet of 12 mobile medical, dental, and behavioral health clinics, and over a dozen additional patient transport vehicles. Recognizing that transportation, language access, and housing stability can be barriers to care, PCHS developed a model of delivering primary care that serves the community where they are – from shelters and libraries to schools and community-based organizations across Kitsap County.

6. Screening For Sexually Transmitted Diseases

As part of routine primary care screenings, PCHS screens patients for sexually transmitted diseases.

7. Bridging Community Care Gaps When Independent Practices Close

Although a few independent practices have closed in Kitsap County, PCHS has proactively worked with multiple practices to fill what would have been care gaps to avoid disruption in patient care. For example, the week after Kitsap Children's Clinic closed its doors, PCHS opened the PCHS Children's Clinic at the exact same location, staffed by three formerly KCC providers who are now employed by PCHS. Similarly, when Lindquist Dental closed its Bremerton office, PCHS stepped in to serve the pediatric dental population by opening its Family Dental Clinic at the same location.

Health Equity

8. Mass Vaccination Campaign

During the height of the COVID-19 pandemic, PCHS gave over 50,000 COVID vaccines to any community member who needed one – including on ferries.

9. Addressing Social Determinants of Health

PCHS takes a broad view of health equity and screens all medical and dental patients at every visit for social determinants of health (SDOH). Patients who self-identify as needing help obtaining food, infant and toddler supplies, housing, and other enabling services are connected with internal and external resources.

10. Addressing Health-Harming Legal Needs

Building on its SDOH work, PCHS developed the first Medical-Legal Partnership (MLP) on the Kitsap Peninsula, and the first MLP in the State of Washington to offer free in-house legal services when patients need assistance sealing juvenile records, applying for cash and food benefits, changing their legal identity markers, or obtaining an advance directive or power of attorney. PCHS also refers patients facing other legal issues, such as evictions or domestic violence, to its legal aid partner, Kitsap Legal Services.

11. Focusing on Successful Reentry and Continuity of Care

PCHS has partnered with Kitsap County on several projects to improve the health and wellness of Kitsap’s juvenile and adult incarcerated populations. PCHS provides mobile medical care to incarcerated youth and operates a jail transition clinic geared toward assisting individuals who have recently been released back into the community.

Housing

12. Offering Medical Respite to Reduce Emergency Room Utilization

PCHS is constructing a 22-bed medical respite facility in downtown Bremerton where people experiencing homelessness will have up to 30 days to recuperate from an injury or illness. PCHS is partnering with SMMC, KPHD, the City of Bremerton, and other community stakeholders to support this project, which will help reduce strain on SMMC’s Emergency Room. This medical respite facility will open in 2025 and also contains two staff housing units.

13. Building Kitsap’s Housing Continuum With Permanent Supportive Housing Units

In addition to building 29 affordable workforce housing units in Bremerton, PCHS launched a permanent supportive housing program in 2023 that supports low-income residents. PCHS has partnered with the Bremerton Housing Authority to create permanent supportive housing units that are attached to project-based vouchers. PCHS is currently

planning a complex that will add another 52 low-income units in downtown Bremerton that will enable its medical respite patients to discharge into housing.

Workforce Development

14. Growing Kitsap County's Healthcare Workforce

PCHS is steadily building Kitsap County's primary care workforce through a multi-pronged approach of cultivating licensed providers and critical allied staff. PCHS currently runs three residency programs to train dentists, psychiatric nurse practitioners, and pharmacists – and will start a nurse practitioner residency in 2024. As a dually licensed behavioral health agency (holding both outpatient mental health and outpatient substance use disorder licenses through the WA Department of Health), PCHS employs and trains licensed mental health counselor associates and substance use disorder professional trainees. With respect to allied staff, PCHS employs and trains medical assistant and dental assistant apprentices and behavioral health technicians. PCHS has also created a youth volunteer program in which high school students are able to learn about the variety of healthcare careers (both clinical and non-clinical) and volunteer in PCHS's clinics and administration.

15. Offering Second Chance Employment

PCHS is a proud second chance employer, hiring community members who have lived experience with homelessness and justice system contact.