

**KITSAP PUBLIC HEALTH BOARD
MEETING AGENDA**

January 7, 2020

10:30 a.m. to Noon

Norm Dicks Government Center, First Floor Chambers Room
Bremerton, Washington

- 10:30 a.m. 1. Call to Order
Mayor Rob Putaansuu, Chair
- 10:32 a.m. 2. Approval of December 3, 2019 Meeting Minutes
Mayor Rob Putaansuu, Chair *Page 2*
- 10:33 a.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT
Registers and Contracts Signed Report
Mayor Rob Putaansuu, Chair *External document*
- 10:35 a.m. 4. Public Comment
Mayor Rob Putaansuu, Chair
- 10:45 a.m. 5. Health Officer and Administrator Reports
Dr. Susan Turner, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 10:55 a.m. 6. Resolution 2020-01, Approving an Updated Policy for Claims
And Defense of Claims Against Health District Officers,
Employees, and Volunteers
Keith Grellner, Administrator *Page 11*

INFORMATION AND DISCUSSION ITEMS

- 11:05 a.m. 7. Substitute House Bill 1551, Modernizing the Control of Certain
Communicable Diseases
Dr. Susan Turner, Health Officer *Page 24*
- 11:15 a.m. 8. Syringe Exchange Network Update
Dr. Susan Turner, Health Officer *Page 27*
Yolanda Fong, Community Health Division Director
- 12:00 p.m. 9. Adjourn

All times are approximate. Board meeting materials are available online at
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**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
December 3, 2019**

The meeting was called to order by Board Chair, Commissioner Rob Gelder at 12:30 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the November 5, 2019 regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The December consent agenda included the following contracts:

- 1636 Amendment 1 (2042), *Kitsap Public Health Board, Employment Agreement*
- 1636, *Kitsap Public Health Board, Employment Agreement*
- 1749 Amendment 11 (2033), *Washington State Department of Health, Consolidated Contract*
- 2017, *Washington State Department of Health, Data Sharing Agreement, Hep B & C*
- 2038, *Olympic Community of Health, Medicaid Transformation*
- 2039, *Kitsap County, Nurse-Family Partnership*
- PO 20257, *Xiologix LLC, IT Equipment Purchase*

Mayor Rob Putaansuu moved and Commissioner Ed Wolfe seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with three updates:

Firstly, Dr. Turner provided an update on the Kitsap Community Health Priorities process. Meetings were held with community partners to review data from the KCHP assessment and winnow down a list of priorities. New KCHP priorities will be announced at a summit on

December 11. Registration for the event is available and Dr. Turner encouraged the Board to attend.

Next, Dr. Turner gave an update on the E-cigarette or Vapor Associated Lung Injury (EVALI) outbreak. Dr. Turner said the Health District had recently reported a second case of EVALI to the Department of Health (DOH). The individual in the case recovered. Dr. Turner reminded the Board that an earlier case had been reported but was not confirmed, making it a “probable case.” The second case had been confirmed. As of November 27, DOH was reporting 19 EVALI cases in Washington. The gender mix for Washington cases generally follows the national trend, with nearly 60 percent of cases being male. Most of the cases are in the 20-39 age range. Five Washington cases were in the 10-19 age range.

As of November 20, the Centers for Disease Control and Prevention (CDC) was reporting 2,290 EVALI cases. Dr. Turner explained a slowdown in case reporting was occurring, in part because many of the cases initially reported in the outbreak were identified through reviews of older cases. Moving forward, cases reported are more likely to be current cases. The majority of EVALI cases in the U.S. are younger than 35, with 15 percent younger than 18.

Dr. Turner noted the State Board of Health recently added a new section to its emergency rule banning flavored vapor products. The new section bans vapor products containing vitamin E acetate. Vitamin E acetate has been found in lung samples taken from EVALI cases.

Commissioner Gelder asked if vitamin E acetate is listed as an ingredient on vapor products and how the products would be regulated. Dr. Turner responded that the Liquor and Cannabis Board (LCB) had requested ingredient lists from retailers when the outbreak was announced.

Mr. Keith Grellner, Administrator, added that products sold at licensed marijuana shops are regulated by LCB, and most of those products did not contain vitamin E acetate. Mr. Grellner said ingredients in non-marijuana vapor product ingredients are less known. The State Board of Health emergency rule prevents vitamin E acetate from being added to products, but products containing the substance can still be brought into the state and enforcing the rule will be difficult.

Finally, Dr. Turner provided an update on flu season. Local data shows an increase in influenza-like illness at emergency rooms. Influenza type B is predominant this year across the nation. The vaccine has good concordance with influenza A strains and less concordance with the influenza B strains. It is unclear yet what the implications of that could be. Five pediatric deaths have been reported nationally. One adult death has been reported in Washington. No long-term care facilities in Kitsap have reported flu cases. Three long-term care facilities in the state have been affected by flu. Surveillance by the University of Washington also shows an increase in rhinovirus in the region. This could contribute to the number of people in the community with respiratory symptoms.

Commissioner Wolfe asked for clarity on the effectiveness of the flu vaccine this season. Dr. Turner said the vaccine matches flu strains well but may not have good protectivity for influenza B. The vaccine was less protective against influenza B than influenza A in the past two seasons.

There was no further comment.

Administrator Update:

Mr. Grellner provided the Board with an update:

Mr. Grellner said the Health District is planning to stop billing private insurance for adult immunizations starting January 2020. This change will likely significantly reduce the number of adult immunizations performed by the Health District. Adult immunizations are one of the last services the Health District performs that are eligible to bill private insurance. Mr. Grellner said private insurance only reimburses the Health District for about 78 cents of every dollar spent providing the service, making the effort of billing private insurance not worth it any longer. The Health District is also duplicating a service available from other providers in the community by providing the service and trying to recover its costs by billing private insurance. The Health District will continue to provide free immunizations to children and adults who are eligible under the state program for free vaccines. Adults who want to get immunizations at the Health District, but don't qualify for free immunizations, will still be able to do so if they pay in full at the time of service. Mr. Grellner said that by discontinuing the effort to bill private insurance for adult immunization services, it will likely reduce this workload and free-up nurse and support staff time to focus on strategic goals, including disease prevention and response, and immunization promotion.

Mayor Greg Wheeler asked how many people the change would affect. Mr. Grellner said Olympic College nursing students are one of the largest client groups the district sees. The Health District is getting the word out to partners that the service will be discontinued. Mr. Grellner said adult immunizations are a very small portion of the clinical services offered at the district.

Mayor Wheeler asked if part of the problem was that the Health District was spending money to provide the service to people who might not have valid insurance. Mr. Grellner said the bigger issue is that private insurance doesn't reimburse the Health District for the full cost of providing the service. In 2018 this amounted to an \$8,000 loss, in addition to the investment of staff time that could have been used for other work. Mr. Grellner reiterated that the Health District will continue to provide free immunizations for children and income-qualified adults.

There was no further comment.

TOBACCO AND VAPOR 21 IMPLEMENTATION WORK

Ms. Yolanda Fong, Community Health Division Director, provided an overview of the Health District's Tobacco and Vapor 21 implementation work. Ms. Fong noted the new law takes effect on January 1, 2020. The Liquor and Cannabis board is sending out yellow information sheets to retailers. The Health District has been working with partners to get information out locally. This effort includes distributing a one-page fact sheet and packets of resources and information.

Messaging includes information about the Quitline and other cessation tools. Packets are being shared with schools, health care centers and businesses that interact with young people.

Commissioner Gelder commented that there could be more conversation after the law takes effect.

Mr. Grellner added that there have been recent news stories, including some in the Seattle Times, about the increase in youth vaping and the impact on schools. Mr. Grellner said he hoped the rules adopted by the State Board of Health and the implementation of Tobacco and Vapor 21 would start to put a dent in youth vapor use.

There was no further comment.

HEALTH OFFICER RECRUITMENT

Commissioner Gelder stated this item was added to the agenda at his request. Commissioner Gelder asked for volunteers for an ad hoc committee to work with staff to screen health officer applicants. Commissioner Garrido, Mayor Erickson and Commissioner Gelder volunteered for the recruitment committee.

Mayor Erickson asked for an update on applicants at the first recruitment committee meeting, noting the last recruitment effort was difficult and the Health District was lucky to hire Dr. Turner. Commissioner Gelder commended Dr. Turner for giving the Board so much lead time to conduct a deliberate recruitment process. Mr. Grellner agreed and said he and Dr. Turner had been drawing attention to the job posting at state meetings. Mr. Grellner said the Health District's Human Resources department sent the job posting to about 30 national websites and a first review of applications is expected in late January. Based on that, a recruitment committee meeting will be scheduled for early February. Commissioner Gelder commented this could be a slow time of year for recruitment.

There was no further comment.

RESOLUTION 2019-07, APPROVING 2020 BUDGET FOR KITSAP PUBLIC HEALTH DISTRICT

Mr. Grellner provided a brief overview of the Health District's financial position and the proposed 2020 budget. The 2020 budget is a "status quo" budget at \$13.4 million with no new programs added. Mr. Grellner said the Health District's cash position is strong, crediting the agency's effort to control costs and provide services more efficiently. The proposed budget includes \$132,000 from reserves to balance the budget, however Mr. Grellner said the Health District expects to reduce that deficit in 2020, if not break-even.

Fees for services remain the Health District's largest revenue source, with the bulk coming from Environmental Health programs. Fees have accounted for more than 50% of the Health District's budget for about 10 years. Mr. Grellner said that trend is projected to continue, particularly given

the Board's approval of Environmental Health fee changes to ensure fees cover the cost of services. Contracts and grants are the second largest revenue driver for the Health District. Mr. Grellner said all confirmed grants and contracts are included in the proposed budget, but more will be added in 2020. Another 20% of revenue is generated by funds contributed by local jurisdictions and state public health flex money. Mr. Grellner reminded the board that state flex money has remained static at about \$997,000 since 1999. This money gives the Health District flexibility to shift funding to priority initiatives. Mr. Grellner noted local jurisdictions have increased their public health contributions, helping the Health District maintain and provide services that are important to the Board and the public.

Mr. Grellner said about three-quarters of the Health District's expenditures are personnel related. Full time equivalent (FTE) levels will remain unchanged at about 101.5 in 2020, in line with the previous four years. FTEs have shifted between programs, but agency-wide staffing remains steady.

The Health District's cash position is stronger than it has been in years. Mr. Grellner said this is partly due to Environmental Health fee increases, which have allowed the Health District to temporarily build reserves for future use. When the automatic fee increases approved by the board come to an end, the reserved funds will give the Health District flexibility to evaluate the next round of fee changes without having to immediately raise fees. Mr. Grellner described a similar situation in the Solid and Hazardous Waste program, which receives tipping fees from county solid waste facilities on a five-year cycle.

Per Board policy, the Health District must have enough money in reserves to cover two months of operating costs. Mr. Grellner said the proposed 2020 budget meets that threshold.

Commissioner Gelder asked what causes a spike in revenue during the summer. Mr. Grellner responded that there are two drivers: increased permit activity, and revenue from food establishment fees, which are received in the summer.

Commissioner Wolfe asked what the Health District could share about its plans for the next iteration of fee changes. Mr. Grellner said the board adopted an Environmental Health fee schedule for 2018-2026. This included a combined increase of more than 30% in 2018 and 2019 to catch up revenues with expenditures for those fee-related services. The Board approved automatic adjustments for 2020-2026 based on the Consumer Price Index. If the Health District continues to add to the fund reserves from the fees, those reserves will be used to cover fee-related expenses at the end of 2026 as a bridge to the next set of fee adjustments as determined by the Board.

Mayor Erickson recalled that, when she started on the Board, fees had fallen far behind and construction activity was down due to the recession. Mayor Erickson said it was heartening to see a government agency operating responsibly, with fair fees and adequate reserves. She added she hoped more funding could be found to address stormwater and graywater issues. Mr. Grellner said those issues will be discussed in 2020.

Commissioner Gelder asked if Foundational Public Health Services (FPHS) funding is reflected in the proposed budget. Mr. Grellner said about \$148,000 in FPHS funding is included under the contracts and grants portion. Mr. Grellner noted the Legislature approved additional FPHS funding from the vapor tax in the last session, but it was later determined the projected revenue from that tax had been miscalculated, resulting in a \$3.2 million shortfall. The Department of Health has requested funding in the Governor's budget to make up that shortfall. If that \$3.2 million is approved, the Health District will receive about an additional \$50,000. The Health District would use that money to hire more nurses for communicable disease work. Commissioner Gelder noted the emergency rules banning some vapor products could further reduce vapor tax revenue. Mr. Grellner agreed that the FPHS shortfall could increase, but the Health District's proposed 2020 budget won't be affected if that happens.

There was no further comment.

Mayor Erickson moved and Garrido seconded the motion to approve the 2020 budget.

Prior to a vote, Mayor Wheeler asked if Kitsap Connect operations would remain status quo under the budget. Mr. Grellner said Kitsap Connect staffing would be adjusted but the program would continue to operate in 2020 as it does now. Commissioner Gelder said there are two other programs being funded out of the 1/10th of 1% tax for mental health and substance that have complementary operations. Mr. Grellner said the Health District will work with Kitsap Connect partners to maximize economies of scale. Kitsap Connect will have an \$80,000 deficit in 2020, which will be covered by reserves. Mr. Grellner said the Health District wants Kitsap Connect to be in good position to be taken over by another backbone agency in 2021 and will be working hard to find a new home for the program. Mayor Wheeler said he was supportive of Kitsap Connect and appreciated organizations working together to leverage 1/10th of 1%.

The motion to approve the 2020 budget was approved unanimously.

2020 MEETING SCHEUDLE FOR KITSAP PUBLIC HEALTH BOARD

Commissioner Gelder said there was a request to slide five Kitsap Public Health Board meetings into a 10:30 a.m. time slot, based on the Kitsap Regional Coordinating Council's (KRCC) meeting schedule. Mr. Grellner said the Health District would be happy to move permanently to a 10:30 start time. Commissioner Gelder said that conversation should continue and could be discussed by the KRCC executive committee. Mayor Erickson said scheduling so many meetings on the same day is hard. Mayor Putaansuu said consistent meeting times could perhaps be addressed in 2021. Commissioner Gelder said the goal is to manage time well and prevent long gaps between meetings for elected officials.

Mayor Erickson moved and Commissioner Garrido seconded a motion to adopt the 2020 meeting schedule as presented.

The motion was approved unanimously.

2020 HEALTH BOARD OFFICER ASSIGNMENTS – ELECTION OF CHAIR, VICE CHAIR, AND COMMITTEE ASSIGNMENTS

Commissioner Gelder noted that he served as chair for 2019 and Mayor Putaansuu was vice-chair.

Mayor Erickson moved and Commissioner Wolfe seconded a motion to appoint Mayor Putaansuu as chair for 2020 and Commissioner Garrido as vice-chair.

Mayor Kol Medina asked if Mayor Putaansuu wanted to be chair. Mayor Putaansuu said he was OK serving as chair unless Mayor Medina had a strong desire to serve. Mayor Medina deferred to Mayor Putaansuu.

The motion was approved unanimously.

Board members indicated they were content with carrying their current committee assignments into 2020. Mr. Grellner reminded the Board that bylaws suggest a motion to confirm committee assignments. Mr. Grellner asked that the new Health Officer Recruitment Committee be added.

Mayor Putaansuu Moved and Mayor Erickson seconded a motion to approve committee assignments for 2020 with the addition of the Health Officer Recruitment Committee.

The motion was approved unanimously.

2020 Kitsap Public Health Board Officers and Committee Assignments are as follows: Board Chair is Mayor Rob Putaansuu and Vice Chair is Commissioner Charlotte Garrido; Health Officer Recruitment Committee members are Mayor Becky Erickson and Commissioners Charlotte Garrido and Rob Gelder; Finance and Operations Committee members are Mayor Becky Erickson, Commissioner Charlotte Garrido and Mayor Greg Wheeler; Policy Committee members are Mayor Becky Erickson, Commissioner Rob Gelder and Mayor Rob Putaansuu; Personnel Committee members are Kol Medina, Mayor Greg Wheeler and Commissioner Ed Wolfe.

There was no further comment.

ADDITIONAL DISCUSSION

Mayor Erickson asked for an update on the syringe exchange program at the next Board meeting.

Mayor Wheeler said the City of Bremerton is adding a fulltime medical officer, thanks to the passage of the EMS levy. Part of the medical officer's duty will be working with Peninsula Community Health Services. Mobile chemical dependency treatment and counseling will be

available around the city. Mayor Wheeler said Kitsap Connect could fit with this network and help identify people who could benefit from the services.

Commissioner Gelder said the county was sponsoring a Styrofoam roundup from 9 a.m. to 3 p.m., December 28 at the fairgrounds. He encouraged the public to save packaging from the holidays to recycle.

Mayor Erickson reiterated her desire to discuss stormwater and wastewater. She said jurisdictions are looking at expensive sewer upgrades as populations increase. The difficulty with sewer plants is that big plants can be prohibitively expensive and small plants will run out of capacity. Mayor Erickson noted there are restrictive laws around graywater and septic system design. She asked the Health District to consider different ways graywater could be managed. Commissioner Gelder noted regulatory authority exists at both the local and state levels, with some regulations driven by the Growth Management Act. Commissioner Gelder said it could be difficult to determine where local jurisdictions could affect change. Mayor Erickson said local jurisdictions are working on comprehensive plans and now is a good time to look at what infrastructure is needed. Mr. Grellner said the Health District could provide a primer in early 2020 on graywater rules and regulations, and technologies available to reduce the wastewater burden. Mayor Putaansuu said leaders need to be careful of unintended consequences. He recalled that the McCormick Woods community had a hybrid system that captured solids and sent fluids to a wastewater plant. The effluent turned septic and corroded pump stations. Mayor Erickson asked to hear more about a new system installed in Port Gamble. Mr. Grellner said the Port Gamble system could be addressed in the upcoming Board primer.

Commissioner Gelder thanked Board members and staff for their work throughout the year.

ADJOURN

There was no further business; the meeting adjourned at 1:30 p.m.

Robert Putaansuu
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Robert Gelder; Mayor Kol Medina; Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *None.*

Community Members Present: *Lauren Funk, Peoples Harm Reduction Alliance; Megan Moore, Self.*

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; April Fisk, *Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Jessica Guidry, *Program Manager, Public Health Emergency Preparedness and Response*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Karen Holt, *Program Manager, Human Resources*; Dayna Katula, *Manager, Food and Living Environment*; Lyndsey Kellum, *Community Liaison; Chronic Disease Prevention*; John Kiess, *Director, Environmental Health Division*; ; Melissa Laird, *Manager, Accounting and Finance*; Julie McElroy-Brown, *Intern, Community Health Division*; Nicole McNamara, *Community Liaison, Chronic Disease Prevention*; ; Anne Moen, *Public Health Educator, Public Health Emergency Preparedness and Response*; Beth Phipps, *Public Health Nurse Supervisor, Communicable Disease* Tad Sooter, *Communications Coordinator and Public Information Officer*; Dr. Susan Turner, *Health Officer, Administration*; Layken Winchester, *Environmental Health Specialist, Food & Living Environment*.

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: January 7, 2020
Re: Resolution 2020-01, Approving an Updated Policy for Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers

Please find attached for your review and consideration proposed Resolution 2020-01, Approving an Updated Policy for Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers, along with the following supporting information:

1. Draft District Policy L-4: Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers;
2. Resolution 2017-02, Rescinding Resolution 2007-01 and Appointing an Agent to Receive Claims for Damages; and
3. District Policy A-15, Claims.

After consulting with the District's legal counsel concerning the processing of claims, and reviewing the District's current claims policy, Policy A-15, counsel recommended that the District update and modify its claims handling procedures. Draft District Policy L-4 is the proposed policy update for the handling of claims and is intended to replace Policy A-15. Policy L-4 was drafted in consultation with legal counsel. Resolution 2017-02 is included for reference only, as it is mentioned in proposed Resolution 2020-01 as proof of compliance with [RCW 4.96.020\(2\)](#).

District Policy L-4 is modeled after Kitsap County Code, [Chapter 4.144, Risk Management](#).

Board approval of general District operating policy is normally not required as the [Board Bylaws](#) authorize the Administrator to administer all programs and functions of the District. However, proposed Policy L-4 seeks to create a "risk committee" which includes the Board Chair as one of its members; hence the need for Board approval.

The purpose of the Risk Committee will be to coordinate the District's handling and disposition of claims, claims lawsuits, and the defense of complaints to or investigations by regulatory oversight

agencies, and additionally to decide whether a specific claim, claims lawsuit, or complaint investigation to or by a regulatory oversight agency shall be defended at the expense of the District.

In determining whether or not to cover the cost of defense, the Risk Committee will also evaluate whether or not the acts or omissions specified in the claim, claims lawsuit, or complaint investigation were in good faith and within the scope of the District officer's, employee's, or volunteer's official duties.

If Resolution 2020-01 and Policy L-4 are approved by the Board, the District will delete Policy A-15. The standard tort claim form required by RCW 4.96.020(3), and referenced in both policies A-15 and L-4, is already posted on the [District's website](#). Resolution 2017-02 will remain in force as it appoints an agent to receive any claim as required in RCW 4.96.020(2). Resolution 2017-02 will need to be updated and replaced after Dr. Turner's planned retirement from service in July 2020.

Recommended Action

The Health District recommends Board approval of Resolution 2020-01, Approving an Updated Policy for Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers.

If you have any comments or questions, please contact me at keith.grellner@kitsappublichealth.org or (360) 728-2284.

Attachments (4)

Approving an Updated Policy for Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers

WHEREAS, the Washington State Legislature, in its 2001 Regular Session, approved Chapter 4.96 Revised Code of Washington (RCW), requiring the governing body of each local government entity to appoint an agent to receive any claim for damages made under RCW 4.96; and

WHEREAS, the Kitsap Public Health Board is the governing body for the Kitsap Public Health District; and

WHEREAS, the Kitsap Public Health Board has previously approved Resolution 2017-02, Rescinding Resolution 2007-01 and Appointing an Agent to Receive Claims for Damages in accordance with RCW 4.96.020; and

WHEREAS, the Kitsap Public Health District desires to clarify and improve the procedures for processing claims and claims lawsuits filed or brought against the District and/or its past or present officers, employees, or volunteers where the acts or omissions of past or present officers, employees, or volunteers were, or in good faith purported to be, within the scope of the officer's, employee's, or volunteer's official duties; and

WHEREAS, the Kitsap Public Health District desires to establish a Risk Committee to coordinate the District's handling and disposition of claims and claims lawsuits and the defense of complaints to, or investigations by, regulatory oversight agencies, and to decide whether a specific claim, claims lawsuit, or complaint investigation to or by a regulatory oversight agency shall be defended at the expense of the District; and

WHEREAS, the Kitsap Public Health District desires to have the Chair of the Kitsap Public Health Board as a member of the Risk Committee as detailed in attached District Policy and Procedure L-4, Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers, and seeks the Health Board's approval of said policy; and

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board approves District Policy and Procedure L-4, Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers.

APPROVED: January 7, 2020

Mayor Robert Putaansuu, Chair
Kitsap Public Health Board



Title:	Claims and Defense of Claims Against Health District Officers, Employees, and Volunteers	Page 1 of 4
Number:	L-4	Effective Date: 01/01/20
Applies To:	All Health District Officers, Employees, and Volunteers	Supersedes: Policy A-15
Approved:	Kitsap Public Health Board, Resolution 2020-01	Next Review: 01/01/23

A. Purpose

This policy and procedure establishes procedures for processing claims and claims lawsuits filed or brought against the District and/or its past or present officers, employees, or volunteers where the acts or omissions of past or present officers, employees, or volunteers were, or in good faith purported to be, within the scope of the officer's, employee's, or volunteer's official duties, pursuant to Chapters 4.96.020(3) and 4.96.041 RCW.

This Policy and Procedure also establishes procedures for processing of complaints to, or investigations by, professional oversight entities or regulatory agencies against the District's past or present professional employees where the acts or omissions of the professional employee were, or in good faith purported to be, within the scope of the professional employee's official duties.

This Policy and Procedure shall not be construed to expand the bases of liability for claims or claims lawsuits.

B. Definitions

1. **"Claim"**: A formal demand for monetary compensation as a result of injury or damages allegedly caused by the District, its officers, employees, or volunteers.
2. **"Claims lawsuit"**: A lawsuit alleging that the District and/or its officers, employees, or volunteers, while acting within the scope of their official duties, caused injury or damages to the plaintiff seeking redress.
3. **"Professional oversight entity or regulatory agency"**: Oversight entities or regulatory agencies that have the power to investigate, discipline, or sanction, or make recommendations as to discipline or sanctions of members of a profession, including but not limited to the Washington State Department of Health, the Washington State Board of Health, the Washington Medical Commission, the Nursing Care Quality Assurance Commission, the Washington State Department of Licensing, the Washington Department of Ecology, the United States Environmental Protection Agency, the United States Occupational Safety and Health Administration, the Washington State Department of Labor and Industries, the United States Equal Employment Opportunity Commission, and the United States Department of Justice.
4. **"Volunteers"**: Has the same meaning as defined in RCW 51.12.035.

C. Implementing Procedures

1. **Claims Procedure:** In accordance with RCW 4.96.020, all claims for damages shall be presented to the District Administrator at 345 6th Street, Suite 300, Bremerton Washington 98337, between the hours of 8:00 a.m. and 4:30 p.m. on weekdays excluding holidays as defined in RCW 1.16.050. The Administrator shall promptly forward a copy of claims to the District's insurer in accordance with the District's policy of insurance and the District's risk committee. The Administrator shall maintain and make available a standard tort claim form as required by RCW 4.96.020(3).
2. **Risk Committee - Membership**
 - a. The risk committee shall be composed of three members: the Chair of Public Health Board, the Health Officer, and the Administrator. The business of the committee shall be by majority vote.
 - b. If a risk committee member is named personally in the claim and/or claims lawsuit, such members shall recuse themselves from the business of the committee.
 - c. Recused committee members shall be replaced as follows for the business of the committee:
 - i. The Chair shall be replaced by the Vice-Chair; and
 - ii. The Health Officer or Administrator shall be replaced by the Human Resources Manager.
3. **Risk Committee – Duties**
 - a. General Duties. The committee shall be the primary mechanism for coordinating the District's handling and disposition of claims and claims lawsuits and the defense of complaints to, or investigations by, professional oversight entities or regulatory agencies. The committee will decide whether a specific claim, claims lawsuit, complaint to or investigation by a professional oversight entity or regulatory agency is to be defended at the expense of the District.
 - b. Action on Application for Defense. Upon receipt of an application for defense by a past or present officer, employee, or volunteer, the committee shall review the application, and take whatever action it deems proper. If the committee finds that the acts or omissions alleged in a lawsuit, complaint, or professional oversight entity or regulatory agency's investigation were, or in good faith purported to be, within the scope of the past or present officer's, employee's, or volunteer's, official duties, then the committee shall grant the application. The committee may tender the defense to the District's insurer at any time based on the best interests of the District.
 - c. Determination of Good Faith. If the risk committee cannot determine whether the acts or omissions alleged in the suit, complaint, or investigation were, or in good faith purported to be, within the scope of the past or present officer's, employee's, or volunteer's official duties, the District may provide a defense and/or pay a judgment, sanction, or settlement provisionally. A determination by a court that the acts or omissions of the past or present officer, employee, or volunteer were not, or in good faith were not purported to be, within the scope of the past or present officer's,

employee's, or volunteer's official duties, will result in withdrawal of any defense and indemnification authorized by the committee.

d. Disposition of Claim, Claims Lawsuits, Complaint, and Investigations.

- i. Claims, claims lawsuits, complaints, and investigations for which the District has insurance coverage and is providing defense shall be disposed of pursuant to the terms of the contract of insurance.
- ii. The risk committee may authorize payment of claims, claims lawsuits, and pay monetary sanctions of less than or equal to fifty-thousand dollars. Authorization for payment of claims, claims lawsuits, or monetary sanctions in excess of fifty-thousand dollars shall be presented to the Public Health Board for decision.

4. **Defense of District Officers, Employees, and Volunteers**

- a. Defense of Claims and Claims Lawsuits. The District will defend and pay all settlements, judgments, and associated costs for past and present officers, employees, volunteers, and their marital communities, who are named as defendants in lawsuits where the acts or omissions of the past or present officer, employee, or volunteer were, or in good faith purported to be, within the scope of the officer's, employee's, or volunteer's official duties.
- b. Defense of Complaints to or Investigations by Professional Oversight Entities or Regulatory Agencies. The District will defend and pay monetary sanctions imposed for past and present professional employees who are the subjects of complaints to or investigations by professional oversight entities, where the acts or omissions of past and present professional employees were, or in good faith purported to be, within the scope of his or her official duties.
- c. Application for Defense. After receipt of summons and complaint or notice of a complaint or investigation by a professional oversight entity or regulatory agency, a past or present District officer, employee, or volunteer who desires that the District provide a defense of the action or proceeding at the expense of the District shall immediately make an application for defense to the risk committee. The Administrator shall maintain and make available a standard form with instructions on the information required from the applicant seeking defense and how the application is to be presented.

5. **Duties of Officers, Employees, and Volunteers**

- a. Cooperation. Where the risk committee has authorized a defense of a past or present officer, employee, or volunteer, the past or present officer, employee, or volunteer shall cooperate with the Administrator, risk committee, the District's insurer, and assigned legal counsel in defending the claims, claims lawsuits, complaints, or investigations by professional oversight entities or regulatory agencies. Cooperation includes, but is not limited to:
 - i. Providing information, testimony, exhibits, and documents in a timely manner in preparation for the defense; and

- ii. Maintaining as confidential all communications and activities engaged in by the Administrator, risk committee, the District's insurer, and assigned legal counsel in connection with defense of the claim, claims lawsuit, complaint, or investigation.
- b. Potential Claims, Claims Lawsuits, Complaints, or Investigations. Current officers, employees, and volunteers may not discuss with persons who are not employed by the District incidents that have led to or could lead to claims, lawsuits, or complaints to or investigations by a professional oversight entity or regulatory agency.
- c. Reporting Accidents and Incidents. Officers, employees, and volunteers shall immediately notify and report to the Administrator and Human Resources Manager any accident or incident which may result in the filing of a claim or claims lawsuit, or the initiation of an inquiry or investigation by a professional oversight entity or regulatory agency. The report shall consist of a completed District Incident Report Form, available on the District's A-net or by request of the Human Resources Manager or Administrator.
- d. Prohibited acts. No officer, employee, or volunteer shall do any of the following without the prior authorization of the Administrator:
 - i. Encourage the filing of a claim or claims lawsuit against the District or past or present officers, employees, or volunteers;
 - ii. Attempt to settle a claim, claims lawsuit, or an investigation by a professional oversight or regulatory entity of a past or present officer, employee, or volunteer who is being defended by the District;
 - iii. Make an admission of liability involving a claim, a claims lawsuit, or a complaint to or investigation by a professional oversight entity or a regulatory agency; or
 - iv. Discuss with persons who are not employed by the District incidents that have led to or could lead to claims, lawsuits or complaints to or investigations by a professional oversight entity or regulatory agency.

D. References

- RCW 4.96

F. Policy Review History

Initial Approval	06/11/11 (Policy A-15, Claims)
Revised	10/03/17
Reviewed	12/01/19

Policy L-4 rescinds and replaces Policy A-15

RESCINDING RESOLUTION 2007-1 AND APPOINTING AN AGENT TO RECEIVE CLAIMS FOR DAMAGES

WHEREAS, the Washington State Legislature, in its 2001 Regular Session, approved Chapter 4.96 Revised Code of Washington (RCW), requiring the governing body of each local government entity to appoint an agent to receive any claim for damages made under RCW 4.96; and

WHEREAS, RCW 4.96.020 also requires that the identity of the agent and the address where he or she may be reached during the normal business hours of the local governmental entity are public records and shall be recorded with the auditor of the county in which the entity is located; and

WHEREAS, the Kitsap Public Health Board is the governing body for the Kitsap Public Health District; and

WHEREAS, on January 9, 2007, the Health Board approved Resolution 2007-1, appointing Scott W. Lindquist, MD, Director of Health for the Health District, as the appropriate person and Scott Daniels, Deputy Director of Health is to serve as the alternate to receive claims for damages at 345 6th Street, Bremerton, Washington for the Health District when Scott Lindquist is not available; and

WHEREAS, Scott W. Lindquist and Scott Daniels are no longer employees of the Health District and are no longer the appropriate persons to receive claims for damages for the Health District; and

WHEREAS, Keith Grellner, Administrator for the Health District, is the appropriate person to receive claims for damages for the Health District, and Susan Turner, MD, MPH, MS, Health Officer is to serve as the alternate when Keith Grellner is not available; and

WHEREAS, both Keith Grellner and Dr. Susan Turner have offices located at the Health District's office at 345 6th Street, Suite 300, Bremerton, Washington 98337, and the usual hours of operation at that office are 8:00 a.m. to 4:30 p.m. weekdays.

NOW, THEREFORE, BE IT RESOLVED that Health Board Resolution 2007-1 be rescinded and that Keith Grellner and Dr. Susan Turner are hereby appointed by the Kitsap Public Health Board to be its agents to receive any claim for damages made under Chapter 4.96 RCW, and Health District staff is instructed to record this Resolution with the Kitsap County Auditor.

APPROVED: October 3, 2017

A handwritten signature in blue ink, appearing to read 'Ed Wolfe', is written over a horizontal line.

Commissioner Ed Wolfe, Chair
Kitsap Public Health Board



Title: Claims	Page 1 of 3
Number: Administrative Policy A-15	Effective Date: 10/03/17
Applies To: All Officers, Employees, Interns and Volunteers	Supersedes: 6/11/11
Approved: Keith Grellner, RS, Administrator	Next Review: 10/01/20

A. Purpose

To provide a system to accept and manage claims for damages against the Health District, its officers, employees, interns, or volunteers, hereafter referred to as “employee”; to ensure that claims are investigated and resolved in a timely and professional manner; and to resolve claims in a fair and cost-effective manner.

B. Policy Statement

The District has established this policy to provide a system that will professionally manage claims submitted to it in accordance with RCW 4.96. Each claim will be evaluated for coverage, liability, and damages. The District’s goal in this policy is to standardize its claims management process.

C. Definitions

1. **Claim:** A claim is a request for payment for a loss, injury, or damages incurred in an incident or accident.
2. **Claims (Registered) Agent:** An agent who receives claims for damages on behalf of the District, investigates claims, and recommends an effective settlement, generally the District Administrator and/or Health Officer.
3. **Insurance Claim:** Notification to an insurance company requesting payment of an amount due under the terms of the policy.

D. Implementing Procedures

1. Appointing a Claims (Registered) Agent:

The District’s Administrator and Health Officer are designated as the District’s Claims Agents to receive Claims for Damages on behalf of the District, as established in Kitsap Public Health Board Resolution 2017-02, approved on October 3, 2017. This contact information is recorded and filed with the Kitsap County Auditor’s Office in Port Orchard, Washington.

2. Submission and Acceptance of Claims

- a. The District’s Claims Agents may be contacted during normal business hours, Monday through Friday, 8:00 a.m. to 4:30 p.m., at the District’s main office located in the Norm Dicks

Government Center, 345 6th Street, Suite 300, Bremerton, Washington 98337. All claims shall be presented to a District Claim Agent within the applicable period of limitations within which an action must be commenced.

- b. A claim is deemed presented when the claim form is delivered in person or is received by the agent by regular mail, registered mail, or certified mail, with return receipt requested.
3. **Claim for Damages Form:** All claims for damages presented to the District must be presented on the District's Claims for Damages form (see Appendix A).
4. **Claims Reporting Procedures:** After a claim form has been submitted to a Claims Agent, the Claims Agent shall forward the claim to the District's Administrator. The Administrator shall review the claim and forward a copy of the claim to the District's insurance provider and/or legal representatives to assess whether the claim is covered under the terms of the insurance policy and whether any legal action is appropriate.
5. **Losses, Damages, or Accidents by District Employees:** When a District employee is involved in a situation or accident which results in an injury or a loss or damage to property, the District employee shall immediately report the situation to a supervisor, manager, or director. The supervisor, manager, or director shall assure that the District's Incident Report Form (see Appendix B) is promptly completed and submitted to the Administrator. The Administrator and/or his/her designee shall act as the point of contact with the District's insurance provider. All losses should be reported immediately to the District's insurance provider, even if all the details are not yet known.
6. **Accident Response Procedure:**
 - a. Address Medical Issues: If any person is injured as the result of any type of accident, appropriate medical attention shall be sought by District employees, immediately. If there are serious or life-threatening injuries, 911 shall be called for police and medical assistance. For non-serious injuries, employees shall seek medical assistance from their primary care provider.
 - b. Report to Supervisor: As soon as possible, employees shall report the accident to a supervisor in accordance with Section D.5.
 - c. Address Safety Issues: Any District equipment that is involved in a serious loss and presents a safety hazard should be repaired immediately, or removed from service until repaired. Prior to repairs, photographs should be taken of the equipment showing the damage or defects (or the lack of damage or defects for liability issues). Any parts replaced should be retained in a secure location for inspection.
 - d. Gather Information:
 - i. At the scene of the accident, District employees should write down all important information including name, address, and phone number of parties involved, witnesses, license numbers, and insurance information.
 - ii. District employees must complete an Incident Report within 24 hours after the accident or at the earliest opportunity thereafter and report to their supervisor or

program manager to provide the details of the incident and any other relevant paperwork such as the Incident Report and a police report.

- iii. The supervisor or program manager will work with the Administrator and involved District employees to promptly process the claim.
- e. Preservation of Evidence: If possible, take photographs of accident scene and/or equipment involved as soon after the accident as practicable, because accident scene conditions may change prior to an investigation.
- f. Vehicle Accidents:
 - i. Following a vehicle accident, District employees should promptly notify the police to begin an investigation. District employees should obtain police reports for vehicle accidents and immediately forward to the District's Administrator.
 - ii. If no police report is filed and there is more than \$500 in damage or an injury, the driver must complete and file a police report within four days of the incident.

E. References

- RCW 4.96 Actions Against Political Subdivisions, Municipal and Quasi-Municipal Corporations
- District Personnel Manual, Section 10.5, Health and Safety

F. Policy Review History

Initial Approval	6/11/11
Revised	10/03/17
Reviewed	08/22/17

MEMO

To: Kitsap Public Health Board
From: Susan Turner MD, MPH, MS, Health Officer
Date: January 7, 2020
Re: Substitute House Bill 1551 Update

SHB 1551 was submitted during the 2019 Legislative Session to reduce HIV “exceptionalism” in the sexually transmitted disease law, [RCW 70.24](#), and to improve the public health process for reducing behaviors endangering the public’s health. The bill did not pass out of committee in the 2019 legislative session and is being considered again in the 2020 session. Dr. Turner, along with Dr. Tom Locke (Jefferson County’s Health Officer), and Dr. Bob Lutz (Spokane Regional Health District’s Health Officer) have been representing the statewide Health Officers Committee in the development and discussions about the bill, as well as collateral materials being used in advocacy for the bill. This bill is included in the Kitsap Public Health Board-approved [legislative priorities](#) (see attached).

In 2019, the state Department of Health (DOH) proposed legislation to modernize the control of sexually transmitted diseases (STD) and blood-borne pathogens (BBP), by reducing HIV exceptionalism. Current HIV laws were enacted during the height of the AIDS epidemic, when little was known about the infection and most people died within twelve months of diagnosis. Today, we have medications that are able to treat and prevent HIV, making many of the HIV provisions in the current statute outdated and unnecessary. The proposal reduces HIV exceptionalism, improves access to preventive care, ensures the efficacy of health orders for the control of sexually transmitted diseases, and modernizes the control of sexually transmitted diseases and blood-borne pathogens.

Summary

The proposal:

- Modernizes the public health options and expands authority of health officers to effectively work with an individual to understand and manage their HIV by:
 - Extending the maximum length of a health order to 12 months;
 - Allowing health orders to include HIV treatment to achieve viral suppression; and
 - Providing a list of intervention options, including medical examination or testing, receiving counseling or medical treatment, or any combination of options.

- Expands the statute to also cover BBP, and defines them as hepatitis B and C, HIV, and other pathogens identified by the State Board of Health (SBOH);
- Permits a minor 14 years or older to consent to medical treatment to prevent HIV infection;
- Creates a misdemeanor when a person has sexual intercourse and fails to notify their partner that they have HIV, does not take practical means to prevent transmission, and transmission occurs; and creates a gross-misdemeanor when, additionally, the person knowingly misrepresents their infection status;
- Removes the statutory classification of intentional HIV exposure or transmission as first degree assault (Class A felony);
- Removes penalties for persons with an STD (other than HIV) whom have sexual intercourse with another person, unless such other persons are informed of the presences of the STD, currently classified as assault in the second degree (Class B felony);
- Aligns various statutes authorizing BBP testing for at-risk employees who may be exposed to BBP while on the job;
- Allows public health disease investigators to collect specimens, including through finger stick puncture, to test for STD, BBP, and other infections, as determined by the SBOH, while working under a physician's authorization or by a physician's standing order;
- Eliminates outdated and duplicative statutory requirements for HIV/AIDS occupational exposure education and training for health care professionals and certain categories of employees;
- Expands public school student education requirements to include all STD, rather than just AIDS, and public school employee education requirements to cover BBP;
- Repeals statutes that are no longer used or are not based on current science, including statutes related to HIV/AIDS testing and counseling for certain categories of people, preparation and dissemination of educational materials including emphasizing abstinence as an approach to prevent STD, the UW Center for AIDS Education, and the AIDS Advisory Committee; and
- Consolidates and clarifies rulemaking authority.

Recommended Action

None. For information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 728-2250, or susan.turner@kitsappublichealth.org.

LEGISLATIVE & RULEMAKING PRIORITIES

2020 STATE LEGISLATIVE SESSION

Support Funding Foundational Public Health Services (FPHS)

- Funding Maintenance Request – During the 2019 Session, the Legislature appropriated an additional \$12M for FPHS utilizing new vapor products tax revenues from E2SHB 1873. OFM revenue forecasts indicate a \$3.2M revenue shortfall for the \$12M appropriation. **Support Department of Health's request to backfill the \$3.2M shortfall to fulfill the Legislatures 2019 FPHS appropriation.**
- Additional Funding Request – Washington State Association of Local Public Health Officials (WSALPHO) is requesting an additional \$16.4M FPHS funding from General Fund State for disease outbreak response, climate impacts to health, and public health systems infrastructure as an additional down payment on the full \$450M FPHS funding gap. **Support WSALPHO request for additional FPHS funding.**

Oppose Reductions or Limitations on Funding for Local Health Jurisdictions

The Legislature continues to consider proposals to reduce or eliminate funding for mandated public health services. **Oppose all bills that will reduce funding to local health jurisdictions.**

Oppose Bills which would Allow Potentially Hazardous Food (PHF) to be Prepared and Sold from Residential Kitchens

Existing food safety rules prohibit the preparation or selling of PHF from residential kitchens due to the lack of sanitation and time-temperature controls required to keep PHF safe. **Oppose bills which would weaken sanitation and time-temperature controls for PHF.**

Support Department of Health's Request Legislation to Update & Modernize Sexually Transmitted Diseases Law, RCW 70.24

RCW 70.24 was enacted in 1988 in response to the HIV/AIDS epidemic. The law stigmatizes and singles-out HIV/AIDS in a manner that is no longer a best practice. **Support request legislation to update and modernize RCW 70.24.**

Oppose Proposals to Increase Access to Marijuana

Liquor and Cannabis Board may submit proposals to increase the number of recreational marijuana retailers and/or to allow home delivery of medical marijuana. Data shows that such proposals may increase the likelihood of youth access to marijuana. **Oppose proposals that increase youth access to marijuana.**

Support Proposals to Ban Flavored Vaping Juices

Survey data suggests that flavored vaping juices and its related advertising appeal to youth. Vaping among youth is increasing rapidly, and youth do not understand that vaping products contain nicotine and that nicotine is highly addictive. **Support proposals to ban flavored vaping products.**



KITSAP PUBLIC
HEALTH DISTRICT

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Bremerton, WA 98337

360-728-2235 t.

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MEMO

To: Kitsap Public Health Board
From: Susan Turner MD, MPH, MS and Yolanda Fong RN, MN, APHN-BC
Date: January 7, 2020
Re: Kitsap Syringe Exchange Services Network Update

On October 1, 2019, Dr. Turner provided an update to the Kitsap Public Health Board about planned and implemented improvements to the syringe exchange program, developed utilizing guidance from the Board's Policy Committee. At that meeting, she reviewed with the Board concerns related to program changes, a status update on the program's workplan, the proposed network model, and the anticipated timeline for development of the network. The program's procedure was provided. The Board concurred with the proposed model and timeline at the conclusion of the presentation.

Today's presentation is to provide an update to the Board on the development of the syringe exchange network model. Topics to be covered include Network meetings, outreach efforts, data collection, and partner updates.

Recommended Action

None. For information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 728-2275, or yolanda.fong@kitsappublichealth.org.

Syringe Exchange Network Update

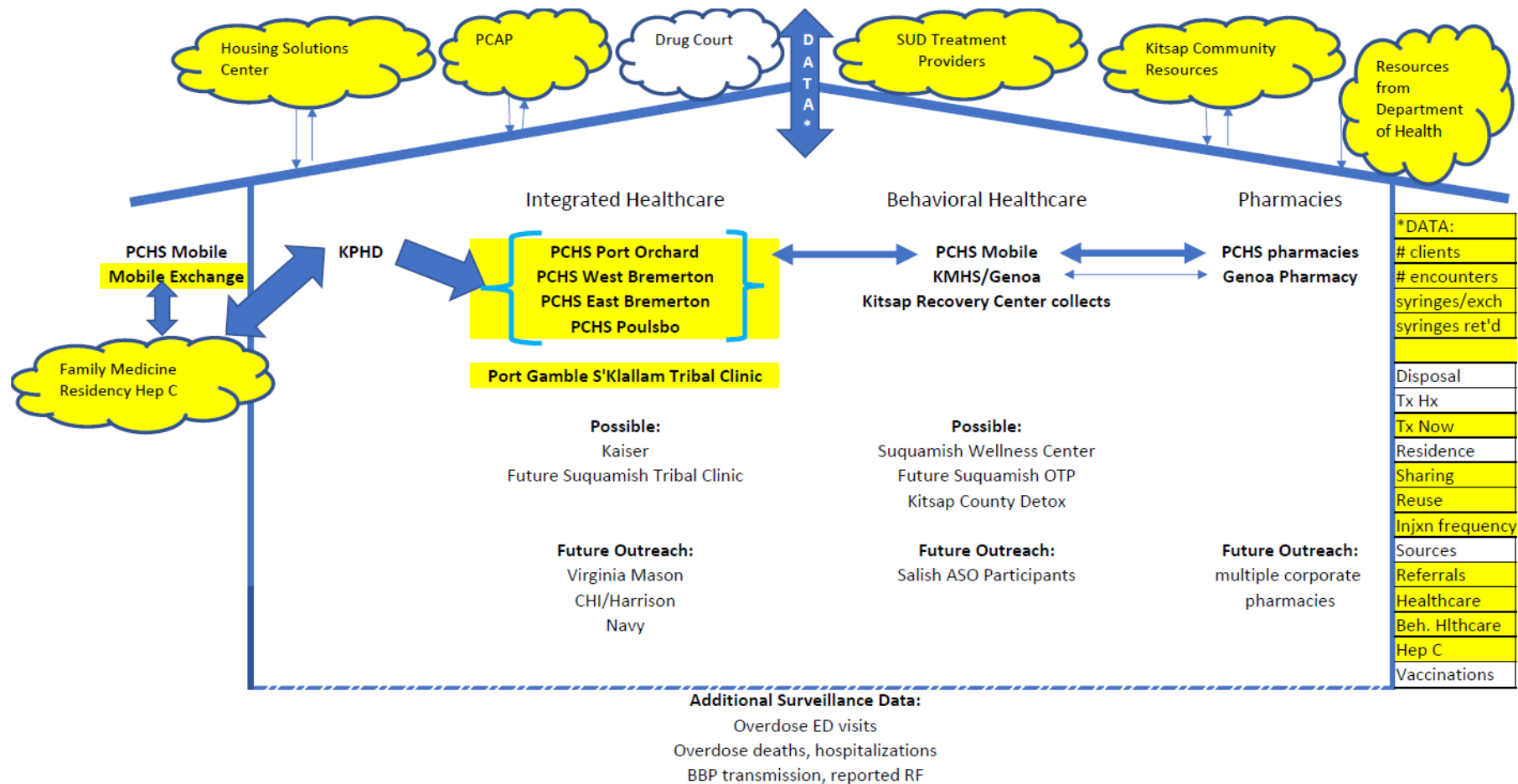
January 7, 2020
Kitsap Public Health District Board

Dr. Susan Turner, Health Officer
Yolanda Fong, Director of Community Health



KITSAP PUBLIC HEALTH DISTRICT

Kitsap Syringe Exchange Network



Syringe Exchange Network Meetings

- October and November 2019
- Next meeting scheduled January 7th, 2020 at 12:30pm
- New contacts
 - Suquamish Wellness Center
 - Kitsap Recovery Center
 - Opioid Treatment Clinic (BAART)
- Will be ongoing



Data

- Washington State Department of Health (DOH) Smartsheets
- UW Alcohol and Drug Abuse Institute (ADAI) 2019 survey results (state level) <https://adai.uw.edu/>



DOH Smart Sheets – Tracking System

- Web-based data collection system started 10/1/19
- Participants are assigned a unique identifier which allows tracking across time and exchange site



DOH Smart Sheets – Tracking System

- Data elements include:
 - Demographics: gender, race/ethnicity, age, zip code, housing status
 - Drug use: drugs used, primary drug, injection frequency, method, syringe sharing/reuse, overdose experience, naloxone use
 - Health status: abscess or STI or Hep C or HIV test past 90 days, pregnancy status, last year behavioral health or SUD treatment, have primary care
 - Supplies: syringes in and out, condoms, sharps container, cottons, cookers
 - Exchange for self and/or number of others
 - Referral: Naloxone training, testing (Hep C, HIV, STI), case management, PrEP, mental health, physical health, SUD treatment, reproductive health, other social services
 - Education: harm reduction, OD prevention, safe disposal, safer injecting, safer sex, supportive counseling,
 - Service: Fentanyl test strip, testing (Hep C, HIV), naloxone, vaccine, wound care



Syringe Exchange Use – *preliminary data*

October 1st - December 11th

134 individuals
enrolled

- 78 at KPHD
- 3 at PCHS 6th street
- 53 at PHRA
- An unknown number of individuals declined to complete enrollment and are therefore not in this count

249 encounters

- 78 encounters were by individuals declining enrollment
- 20% of known individuals had more than 1 encounter
- 110 at KPHD
- 23 at PCHS 6th street
- 116 at PHRA

University of Washington Alcohol and Drug Abuse Institute - 2019 Drug Injector Health Survey

- Survey is administered face-to-face with individuals participating in syringe exchange programs across WA State.
- Questions explore:
 - Demographics
 - Drug use and injection practices
 - Utilization of syringe exchange and other health care services
 - Prevalence of opioid overdose, overdose risks and naloxone
 - Prevalence of stimulant overdose
 - Primary health concerns and health care access barriers
 - Interest in reducing or stopping drug use
 - Interest in specific services to help reduce or stop drug use



UW Alcohol and Drug Abuse Institute - 2019 Drug Injector Health Survey results

- **75% of drug injectors in WA State reported they are very (50%) or somewhat (25%) interested in help stopping or reducing their opioid use (716 surveys)**
- Types of help they are interested in:
 - 68% methadone/buprenorphine/naltrexone
 - 54% detox
 - 48% 1:1 counseling/talking with someone
 - 46% someone to help navigate services
- 45% of survey participants received medical care from a doctor office/clinic/tribal clinic in the last 12 months
- 92% have some form of health care coverage (81% Medicaid)



Partner Update

- **Peninsula Community Health Services**

PCHS is offering syringe exchange services at their pharmacies within the following clinic locations:

Bremerton: 616 6th Street

Bremerton: 2508 Wheaton Way

Poulsbo: 19917 7th Ave NE, Suite 205

Port Orchard: 320 S.Kitsap Blvd

Pharmacy hours are 8am-5pm, closed 12:15-1:15 for lunch

*optimal times would be 8am-11am or 2-4pm to avoid pharmacy busiest times.

Questions?

Dr. Susan Turner
Health Officer
susan.turner@kitsappublichealth.org

Yolanda Fong
Director of Community Health
yolanda.fong@kitsappublichealth.org



KITSAP PUBLIC HEALTH DISTRICT