

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

March 2, 2021
10:30 a.m. to 11:45 a.m.

**** Please note that this is a virtual / online meeting due to the COVID-19 pandemic.
Electronic connection and viewing information for the meeting is provided at the end of the
Agenda. ****

- 10:30 a.m. 1. Call to Order
Commissioner Charlotte Garrido, Chair

STANDARD BUSINESS ACTION ITEMS

- 10:31 a.m. 2. Approval of February 2, 2021 Regular Meeting Minutes
Commissioner Charlotte Garrido, Chair *Page 4*
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates
Commissioner Charlotte Garrido, Chair *External Document*

INFORMATION AND DISCUSSION ITEMS

- 10:34 a.m. 4. Chair Comments
Commissioner Charlotte Garrido, Chair
- 10:36 a.m. 5. Public Comment – PLEASE SEE NOTES AT END OF AGENDA
Commissioner Charlotte Garrido, Chair
- 10:41 a.m. 6. Health Officer and Administrator Reports *Page 10*
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator
- 10:50 a.m. 7. COVID-19 Update:
 • Disease Activity and Immunization Summary
 • Vaccine Equity Work
Dr. Gib Morrow, Health Officer *Page 18*
Siri Kushner, Community Health Assistant Director
- 11:45 a.m. 8. Adjourn

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

kitsappublichealth.org

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

Health Board Meetings Via Zoom

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

Webinar **attendees** do not interact with one another; they join in listen-only mode, and the host will unmute one or more attendees as needed.

How to Provide Public Comment

We apologize, but verbal public comment *during* the meeting may only be made through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting via Zoom. To sign up for public comment in advance (recommended, not required), email: angie.berger@kitsappublichealth.org.

Written comments may be submitted *prior* to the meeting via regular mail or email to:

Regular Mail:

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

Email:

keith.grellner@kitsappublichealth.org

Written comments must be received by midnight, Monday, March 1, 2021, to be included during the March 2, 2021, meeting.

How to Join the Zoom Meeting

To join the meeting online, please click the link:

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVGVHgyWERXRFluTWloQT09>

Password: 109118

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

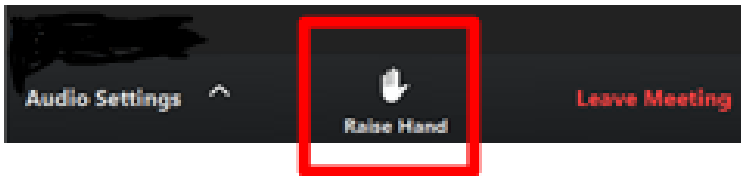
Instructions for virtual attendance at Kitsap Public Health Board meetings**

Public Participation Guidelines

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

Identification: Upon entering the webinar, please enter your name, number or other chosen identifier, so that the host can call upon you during the public comment period.

Raise Hand (pictured below): You have the ability to virtually raise your hand for the duration of the meeting but you will not be acknowledged until you are called on during the public comment period. NOTE: If you have used your telephone to access the Zoom meeting, **you may press *9** to “raise your hand”. The host will unmute you when it’s your turn to speak.



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

Mute/Unmute: Attendees will be muted and not audible to the Board except during times they are designated to speak. When you are announced, you will be able to unmute yourself.

Time Limit: Each speaker testifying or providing public comment will be limited to three (3) minutes.

Use Headphones/Mic for better sound quality and less background noise, if possible.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
February 2, 2020**

The meeting was called to order by Board Chair, Commissioner Charlotte Garrido at 12:31 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Ed Wolfe moved and Mayor Rob Putaansuu seconded the motion to approve the minutes for the January 5, 2021, regular meeting. The motion was approved unanimously, with one abstention, by Deputy Mayor Kirsten Hytopoulos, who was not present at the December meeting.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 1749 Amendment 19 (2138), *Washington State Department of Health, Consolidated Contract*

Mayor Putaansuu moved and Mayor Greg Wheeler 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

Mr. Keith Grellner, Administrator, read two email submissions: Kris and Mark Libby offered use of the Village Green complex in Kingston as a possible vaccination clinic site; and Ron Dysart of Port Orchard submitted questions about science and schools; Mr. Grellner said he would send responses to each email submittal.

Nancy Langwith of Kingston asked three questions: With the vaccine allocation from the state decreasing, she wondered if Kitsap's allocation was being affected by the state's mass vaccination sites; she also asked if the county was holding back allocated vaccine to cover second doses; and lastly, she asked about extending the time before the second dose. Dr. Gib Morrow, Health Officer, responded to the questions in order and said they also would be covered in his regular presentation to the board. He agreed that the mass vaccination sites were having an impact on the county's vaccine allocation, at least in being able to administer first doses; he said the county's not holding back any vaccine for second doses, as they are supposed to arrive automatically. He said extending the time before second doses is "a hot topic," but that the county would stick to the national protocols of three weeks for the Pfizer vaccine, four weeks for the Moderna.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Legislative Update:

Mr. Grellner introduced Megan Moore, Healthy Communities Specialist, who volunteered to help monitor legislative matters, for an update regarding Kitsap Public Health District legislative priorities.

Ms. Moore updated the status of several bills currently of interest, including:

- **HB 1201 / SB 5149**, calling for funding foundational public health services. Kitsap Public Health signed in support.
- **SB 5371**, calling for a tax on sweetened beverages. The bill creates a health equity account, with 60 percent of revenue going to health equity projects, 40 percent to foundational public health services. Ms. Moore said Kitsap Public Health planned to sign in support.
- **HB 1110**, calling for local boards of health to be expanded to include four additional non-elected official members from the health care, public health, or community partner sections.
- **HB 1152 / SB 5173**, Gov. Inslee's proposal to dismantle the current local health structure and begin work to create regionalized models. The bill is tied to ...
- **HB 1201 / SB 5149**, another Gov. Inslee proposal that would fund foundation public health services beginning in fiscal year 2023. Ms. Moore said it was Kitsap Public Health's hope that the two bills would be separated, and noted that local public health officials were not consulted.
- **HB 1258**, calling for the state Department of Health to begin a pilot program to allow for microenterprise home kitchen operations. Kitsap Public Health signed as opposed.
- **HB 1019**, which would allow marijuana home grows. Kitsap Public Health signed as opposed.
- **HB 1345 / SB 5266**, which would ban flavored tobacco products. Kitsap Public Health signed in support.
- **HB 1052**, which would allow stores smaller than 10,000 square feet to sell hard alcohol. Ms. Moore characterized Kitsap Public Health as generally opposed.

Commissioner Rob Gelder said the tying together of HB 1152 and HB 1201 seems disingenuous and heavy-handed, knowing we have been trying to get public health funded for years. Mayor Becky Erickson echoed Gelder's comments, saying it was presumptuous and destructive for the Legislature to move in this way.

Health Officer Update:

Dr. Morrow updated the Board with data showing consistently dropping case rates, from 256 per 100,000 on Jan. 8 to about 140 as of Feb. 1, and a 40 percent drop in new cases each day. He stressed that the numbers still are too high, 3-4 times what they were last October, and warned about new variants of the virus that already have been identified in King and Snohomish

counties. He reported that the Health District has managed more than 150 outbreaks and pointed out that the county's death rate from COVID-19 was about one per day in January.

He said more Kitsap residents are being vaccinated. As of Jan. 25, more than 3,000 residents were fully vaccinated and nearly 20,000 had been administered their first dose. He added that those numbers were a little old and said that as of Jan. 30, nearly 28,000 had received their first dose. He said Kitsap is a little ahead of the state as a whole in vaccination percentage. He updated the board on vaccination rates around the state, and said he was proud that Kitsap Public Health had vaccinated more than 2,500 individuals in one week.

He told the board that the Health District's objectives as the vaccine rollout continues include quickly and efficiently vaccinating as many residents as possible, maximizing the vaccines available, work for equitable allocation and building a robust local system of vaccine for when supplies increase.

He noted that counties in two other regions of the state were advancing to Phase 2, but warned, "Just because you can do something doesn't mean you should."

Commissioner Garrido commented that it was difficult to find the latest information on vaccine availability and asked how the board could help. Dr. Morrow responded by listing different sources of information, both from the Health District and the state, available to the Washington residents. He said the Health District has been asked not to list providers, because they are being besieged with calls. Though, he added that he feels this information should be made public. Mayor Erickson commented that there also should be information about health care organizations who are capable of hosting clinics but are not.

Administrator Update:

Mr. Grellner gave a report on the community vaccination clinic Jan. 21-29 at St. Michael Medical Center (formerly Harrison Hospital), saying he believed it to be the first government private volunteer partnership event in the state. He said the clinic started Jan. 21-22 with 430 Phase 1a individuals being vaccinated, and continued Jan. 26-29 with 2,070 vaccinations of Phase 1b, Tier 1 individuals.

He said people were vaccinated at a rate of about 60 every half hour. More than 100 individuals who arrived without appointments had to be turned away. He said appointments are required. Mr. Grellner walked the board through a virtual tour of the clinic, including photographs of the various stages of the process and the precautions that were taken to make sure everyone was safe and comfortable throughout. He said the clinic received generally good reviews and set the template for future clinics.

Commissioner Garrido suggested talking with Kitsap Transit about future clinics. Mr. Grellner said Kitsap Transit has been a huge help with local needs during this pandemic and the Health District is working with them on planning future activities.

Mayor Erickson asked about how vaccines are allocated, and Mr. Grellner responded that the state Department of Health determines which agencies get vaccines and noted there is still a national vaccine shortage.

Mayor Erickson asked why there's not more available locally if Pfizer is producing 200 million vaccines. Mr. Grellner responded that the Pfizer vaccine is distributed around the world, not just in the U.S. Dr. Morrow added that there are no bottlenecks in Kitsap County, the bottleneck is getting the vaccines to the county.

Commissioner Wolfe commented that with all the negative news about COVID-19, he has never seen the community come together like it has behind the vaccination effort. He said he is proud of our community.

Commissioner Garrido asked how vaccine administrators are able to get extra doses from each vial. Dr. Morrow responded that they are using the needles that are sent along with the product, and that, more often than not, they are able to get an extra dose.

Mr. Grellner gave a report on the Healthy Washington: Roadmap to Recovery metrics released by Gov. Inslee's office, explaining the metrics that needed to be met and maintained for the state's various regions to advance to and stay in Phase 2. He said Kitsap County is in a region with Jefferson, Clallam, and Mason counties, and that they were only meeting two of the four metrics needed to advance. He explained the difference between "rates" and "trends," which allowed larger regions with more cases to advance while other regions remained in Phase 1. He concluded by saying it was important to continue masking, distancing, symptom watching, testing, and getting vaccinated as soon as possible. He reminded the public to not let their guard down. He said Kitsap Public Health cannot lobby the Governor to adjust the metrics, but encouraged the board and the Kitsap residents to.

ADJOURN

There was no further business; the meeting adjourned at 2:01 p.m.

Charlotte Garrido
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *Attached.*

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Sarah Beers, *COVID Emergency Operations Coordinator, Public Health Emergency Preparedness and Response*; Dana Bierman, *Program Manager, Chronic Disease Prevention*; Holly Bolstad, *COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response*; Stephanie Byrd, *Confidential Secretary, COVID-19*; Elizabeth Davis, *COVID Vaccine Public Health Nurse, COVID-19 Program*; April Fisk, *Program Coordinator 2, Communicable Disease*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator*; Karen Holt, *Program Manager, Human Resources*; Melissa Laird, *Manager, Accounting and Finance*; Andrew Lau, *Epidemiologist, Assessment and Epidemiology*; Megan Moore, *Community Liaison, Chronic Disease Prevention*; Michael Moore, *Disease Investigation Specialist, COVID-19 Program*; Dr. Gib Morrow, *Health Officer*; Carin Onarheim, *Disease Intervention Specialist, Communicable Disease*; Beth Phipps, *Public Health Nurse Supervisor, Communicable Disease*; Debbie Rassa, *Public Health Nurse, Communicable Disease*; Amanda Rodgers, *Secretary/Clerk 2, Support Services*.

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID **Actual Start Time**
 861 8605 2497 2/2/2021 11:43

First Name	Last Name	First Name	Last Name
Jim	Aho	Keisha	Renee Murray
Amy	Anderson	Amanda	Rodgers
Sarah	Beers	Steven	S.
Dana	Bierman	Mary	Schofield
Holly	Bolstad	Tayler	Seals
James	Bromley	Katharine	Shaffer
Stephanie	Byrd	Stacey	Smith
John	Clauson	Michael	Spencer (BKAT)
Kristine	Cowan	Sandra	Starnes
Elizabeth	Davis	Anna	Stenwick
April	Fisk	Denise	Tracy
Yolanda	Fong	Diane	Van Summern Bachen
Kathi	Foresee	Kathy	VanYe
Steven	Gardner	Brandy	Weir
Karen	Goon	Brenda	Yates
Tammy	Green	Doug	
Keith	Grellner	Dagleish	
Karen	Holt	bdiva	
Teresa	Jones	Kim	
Richard	Kirton	Myhomefolder	
Austen	MaCalus (Kitsap Sun)	710editor	
J	Knapp	Frank	
John	Koch		
Mark	Krulish		
Melissa	Laird		
Nancy	Langwith		
andrew	lau		
Anne	LeSage		
Monte	Levine		
Kristine	Libby		
Franklyn	MacKenzie		
Michael	Moore		
Megan	Moore		
Gib	Morrow		
Carin	Onarheim		
Abby	Phenix		
Beth	Phipps		
Debbie	Rassa		

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator and Megan Moore, Healthy Communities Specialist

Date: March 2, 2021

Re: 2021 Legislative Session Update for Kitsap Public Health Legislative Priorities

Please find below a status update for the list of bills we are tracking that fall under the Health Board's approved legislative priorities for 2021. Attached, please find a copy of the Board-approved legislative priorities for your reference.

SSB 5149/HB 1201: Funding Foundational Public Health Services

The substitute to SB 5149 was passed to Senate Ways & Means before the Policy Committee cutoff. It was designated as Necessary to Implement the Budget (NTIB) and as a result was not rushed through the fiscal committee timeline. The substitute establishes a covered lives assessment for health carriers and Medicaid managed care organizations, but the assessment has been reduced to \$1.54 per member per month starting in FY 2022 and will increase incrementally to \$3.07 per member per month by FY 2026, if passed. The bill currently resides in Senate Ways and Means. KPHD supports this bill.

SB 5371: Funding public health services and health equity initiatives through a statewide sweetened beverage tax.

A tax of \$0.0175 per fluid ounce will be imposed to all distributors of sweetened beverages. Sixty percent of the tax collected will be deposited into a Health Equity Account. Forty percent will be deposited into the FPHS Account created under RCW82.25.015. While there is support for funding FPHS, there is plenty of opposition to this regressive tax by the food industry and health promotion advocates. SB 5371 has been designated NTIB.

- Megan signed in support for the Health District for the hearing on 2/22/21.

HB 1152/SB 5173 Supporting measures to create comprehensive public health districts.

Much work has been done on HB 1152 during stakeholder engagement meetings, which passed out of the House Committee on Appropriations in its substitute form on 2/22. SB 5173 did not meet cutoff deadlines and is dead. Attached, please find two summary documents that the stakeholder

committee is working with. While some compromises have been realized with SHB 1152, Kitsap Public Health still has major concerns and continues to oppose the bill. Changes include:

1. The bill was amended to model a “shared services” model, like the way Educational Service Districts are run.
2. The bill creates a workgroup to work out of the details of creating comprehensive health service districts.
3. The State Board of Health will adopt rules to provide foundational public health services through LHJs, comprehensive health services districts, and the DOH.
4. The bill would create six regional health officers who will be staff of the Department of Health, and added to the regional structure.

Items of concern to KPHD that continue our opposition to the bill include:

1. A lack of an explanation and data supporting the argument to change the structure of the local public health system.
2. The lack of local public health input into the proposal.
3. The disregard and virtual lack of acknowledgement of the last decade of work and plans for adequately funding Foundational Public Health Services (FPHS), not to mention the idea of making such drastic changes to the public health system before FPHS has been adequately funded (i.e., giving up and going a different direction before giving the FPHS plan a try).
4. Changes to the current composition of local boards of health.
5. Adding an additional layer of administration/oversight and cost at the regional level, but calling the proposal “more efficient”.
6. A shortage of local health representation on the advisory committee.
7. Directing that 65% of any FPHS funding be committed only to “shared regional services”.
8. Moving local health budgeting and financing from a local level to a regional level.
9. Adding (or in some cases removing) local health administrators and local health officers in deference to a regional administrator and regional health officer, both positions as employees of DOH.
 - Megan signed in “other” for the Health District for the hearing on 2/19/21.

HB 1110 Concerning the composition of local boards of health.

HB 1110 has died and its language on what defines someone with a “health background” has been adopted into HB 1152.

HB 1258 Concerning the operation, authorization, and permitting of microenterprise home kitchens.

The second substitute of HB 1258 was passed through the House Committee on Appropriations on 2/22. The state department of health (WSDOH) shall develop and begin a pilot program to allow for microenterprise home kitchen operations. KPHD remains strongly opposed to this bill for the exemptions to sanitary standards that is proposed for microenterprise home kitchens. Important changes to note in 2SH1258:

1. The date by which the State Board of Health must adopt rules has been pushed to July 1, 2024.
2. The number of meals that may be sold daily is reduced from 30 to 20, and the number of meals sold weekly is reduced from 150 to 100.

3. Microenterprise home kitchen operations are prohibited from holding food hot for more than two hours before pickup and from holding food overnight, and may not cure meats or serve or sell shellfish.
 4. Microenterprise home kitchen operations are no longer exempt from the Food Service Code requirement that there be limitations on consumer access to the MHKO through food preparation areas when not preparing food for sale.
 5. The pilot program has been extended two years to December 31, 2026.
- Megan signed in opposed for the Health District for the hearing on 2/19/21.

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

LEGISLATIVE & RULEMAKING PRIORITIES

2021 STATE LEGISLATIVE SESSION

Updated January 29, 2021

Support Funding Foundational Public Health Services (FPHS)

Stable and ongoing funding for local health jurisdictions is essential and necessary not only to continue a local response to the COVID-19 pandemic, but to also address critical funding shortcomings in most public health programs and legally mandated services. The current [FPHS](#) funding gap for state, local, and tribal public health is \$450 million each biennium. **Support Department of Health's FPHS funding request of \$285 million for the 2021-23 biennium. Support FPHS funding bills.**

Bills to Track: [SB 5149/HB 1201](#), [SB 5371](#)

Support Coronavirus Response and Recovery Efforts

Local governments and local health jurisdictions serve key roles in our nation's response efforts to the COVID-19 pandemic. These roles include, but are not limited to: case and contact investigations, isolation & quarantine services, case management support, and vaccine planning and mass vaccination efforts. This work is still not fully funded. **Support "Contain the Spread" funding request of \$387 million GFS and \$50.5 million General Fund – Federal.**

Oppose Efforts to Reduce or Eliminate Local Public Health Authority

Washington is a local control state, and RCW [70.05](#) and [70.46](#) have mandated the county legislative authority to establish and maintain a local health officer and administrator, local health board, and local health department or district for decades. Bills proposals are being considered that would reduce or eliminate local authority over public health. **Oppose efforts to reduce or eliminate local public health authority.**

Bills to Track: [HB 1152/SB 5173](#)

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 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.**

Bills to Track: [HB 1258](#)



KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street
Suite 300
Bremerton, WA 98337

360-728-2235 t.

kitsappublichealth.org

Public Health Advisory Board

(Modeled on FPHS Policy Advisory Committee)

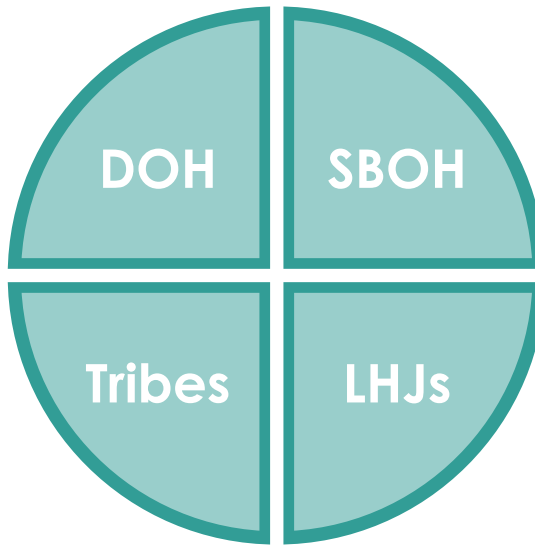
Ongoing, staffed by DOH,
report to legislature via DOH

Long-term work:

- Review/amend/approve FPHS SC
- Requests for shared services models and performance + accountability metrics

Short-term work:

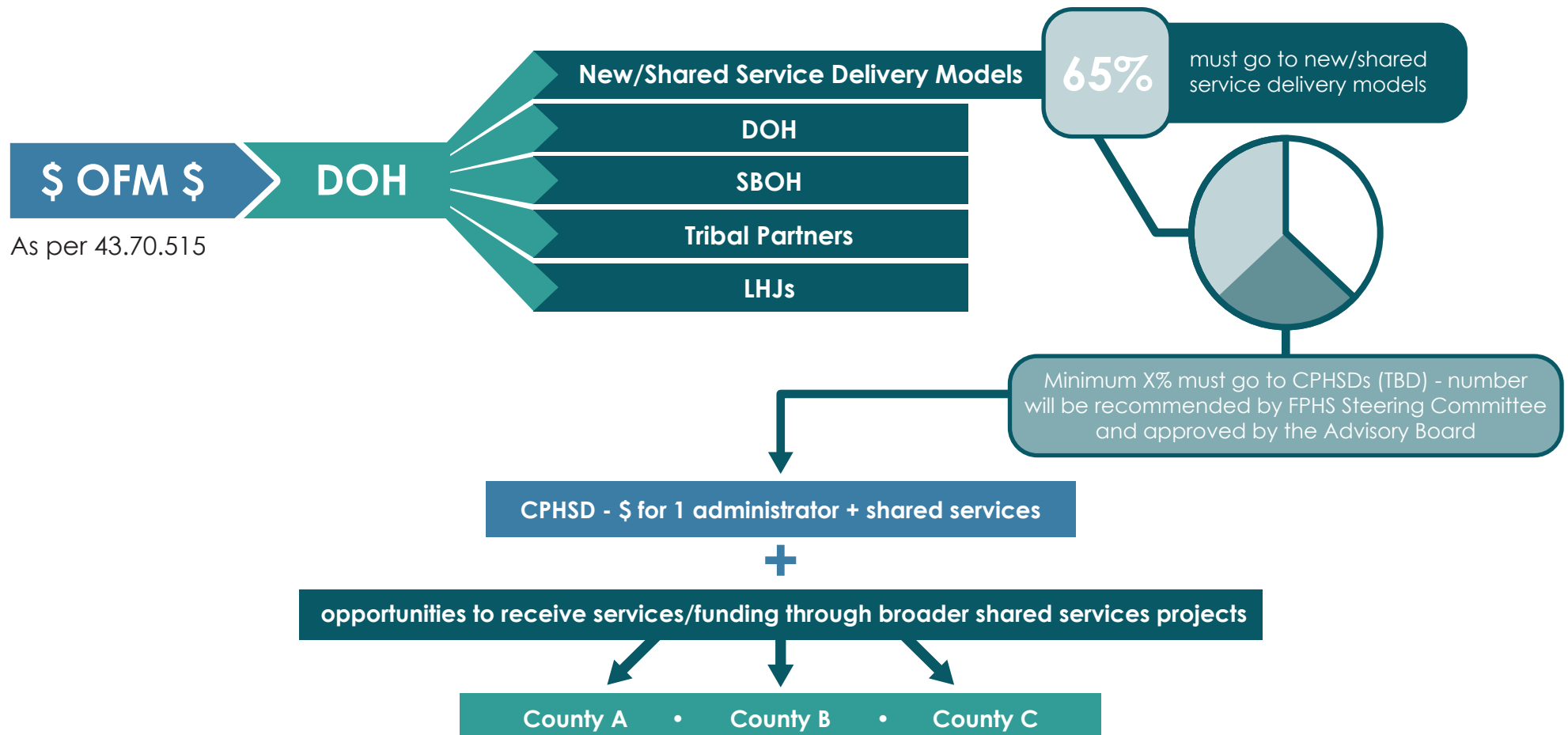
- Structure/make-up of CPHSDs
- COVID public health response analysis



FPHS Steering Committee

(Modeled on FPHS Policy Advisory Committee)

Identifies and prioritizes cross-system needs, develops new/shared service delivery models, and accountability and performance metrics for all parts of the system



Proposed Second Substitute 1152 Outline
As of February 21, 2021

Purpose statement: Everyone, everywhere, no matter what community they live in, should be able to rely on a public health system that is able to support a standard level of public health service. Like public safety there is a foundational level of public health delivery that must exist everywhere for services to work. From contact tracing to IT systems to local health jurisdiction capacity, the challenges of the public health system are front and center as we try to keep communities safe and healthy during these unprecedented times. Services must be delivered efficiently and effectively, in ways that make the best use of technology, science, expertise and leveraged resources. We know that the COVID pandemic would have played out very differently if the federal, state and local public health system were able to support the needs of our communities using regional and statewide data and shared services such as medical expertise, communications and IT infrastructure. We know a strong public health system is only possible with intentional investments into our state's public health system. We also understand it is critical to use existing foundational public health services (FPHS) work and recommendations to inform the roadmap to fully funding and implementing foundational public health services across Washington.

1. Public Health Advisory Board (replaces the workgroup in Section 2)
 - a. The Public Health Advisory Board is established. It will advise, review, and communicate with the governmental public health system, monitor system performance and provide recommendations to improve performance, provide technical assistance, input, feedback, and formal public recommendations. Language should be fairly broad and permissive to allow for flexibility.
 - b. The membership is based on the FPHS Policy Committee and will be staffed by the Department of Health (DOH).
 - i. The advisory board shall consist of one legislator from each of the two largest caucuses in both the House of Representatives and the Senate and the following members chosen by the Governor:
 1. Governor's Office
 2. Director of the Office of Financial Management (OFM) or their designee
 3. Director of the Washington State Board of Health or their designee
 4. Secretary of the Washington Department of Health or their designee
 5. Chair of the Governor's Interagency Council on Health Disparities
 6. Washington Tribal Leader
 7. Washington Tribal Member of the American Indian Health Commission
 8. American Indian Health Commission (AIHC)
 9. Northwest Portland Area Indian Health Board (NWPaiHB)
 10. Two Eastern WA County Commissioners
 11. Two Western WA County Commissioners
 12. County Council Member of a county with a population size of over 1,000,000
 13. National nonprofit organization that provides states with assistance in sharing services across districts

Proposed Second Substitute 1152 Outline
As of February 22, 2021

14. Organization representing businesses in a region of the state
 15. Statewide nonprofit organization representing public health and prevention efforts
 16. National nonprofit focusing on the accreditation of public health departments
 17. Washington academic institution focused on the practice of public health
 18. Statewide association representing community & migrant health center
 19. Statewide association representing Washington counties
 20. Statewide association representing Washington cities
 21. Statewide association representing Washington local public health officials
 22. Statewide nonpartisan research and policy organization focusing on more equitable public policy
 23. Statewide association representing Washington hospitals
 24. Statewide association representing Washington physicians
 25. Statewide association representing Washington nurses
 26. Statewide association representing Washington public health professionals
 27. Consumer organization
 28. Consumer nonprofit organization representing marginalized populations.
- c. For purposes of the creation of comprehensive public health services districts (CPHSDs), the advisory board will:
- i. Recommend the structure and process for creating CPHSDs including county make-up (minimum of three counties);
 - ii. Analyze the COVID-19 public health response (and provide results to the pandemic task force created in HB 1340) ;
 - iii. Leverage FPHS work that has been completed related to performance standards, a measure set, and adequate funding levels;
 1. FPHS steering committee will recommend these items, which the advisory board will consider and approve
 2. Add additional parameters to metrics – data reporting, health outcomes, health equity, prevention goals, staffing, ect.
 - iv. Establish parameters for shared services and provide a "menu" of things the CPHSDs should address or consider.
 - v. Apply performance measures and other requirements to the governmental public health system, to the extent possible.
2. Comprehensive public health services districts (CPHSDs)
- a. The goal of the districts are to leverage the existing system, make existing shared services and relationships more visible, allow opportunities for other counties to join, and increase the use of shared services.
 - b. County composition of the districts will be removed and the make-up will be left to the workgroup and DOH rule. Districts must have a minimum of three counties.

Proposed Second Substitute 1152 Outline
As of February 22, 2021

- c. Further clarify relationship between CHSDs and LHJs.
- 3. Department of Health will adopt rules necessary to implement the act.
- 4. Four Regional Medical Directors who are DOH employees (replaces regional health officer). Positions will begin July 1, 2022. The medical directors will:
 - a. Work in partnership with LHJs, DOH, tribes to provide coordination across counties (e.g., with health care system, long term care system, schools, businesses);
 - b. Provide consultative support to local health officers (LHO) and serve as a back-up for local health officers during vacations, emergencies, and vacancies;
 - c. Sit on the board of the CPHSD; and
 - d. Would have same qualification requirements of LHO.
- 5. FPHS Funding
 - a. 65% percent (based on the percent reserved for shared services in the 2021 - 2023 decision package) of new FPHS funding will be reserved for shared services and a portion of that money will be reserved for CPHSDs.
 - b. FPHS funding will otherwise continue as described in RCW 43.70.515.
- 6. Annual reporting. An annual report on the use of FPHS funding, uses, and evaluation of performance measures from the governmental public health system must be provided to the Legislature and Governor.
- 7. Material Change to Public Health Structure. The provisions related to the material change to the public health structure (Sections 18-23) will be removed and replace with a provision that if any party gives notice to dissolve their health district those in the interlocal agreement have to jointly engage in a minimum of one year of public feedback.
- 8. Other miscellaneous changes:
 - a. Replace references to Indian Health Board.
 - b. Remove change to 70.05.130 (Section 17) that requires CHSDs to pay for carrying out public health laws, rules, and emergency orders and return to counties.
 - c. Modifies requirement for public health and health care providers to that they must have an active license in good standing, but not currently practice
 - d. Requires State Board of Health to adopt rules for the appointment of non-elected members to the Local Boards.

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: March 2, 2021

Re: COVID-19 Update

During today's meeting, Dr. Morrow and Siri Kushner will provide the Health Board with an update on COVID-19 activity and work efforts in Kitsap County.

Due to the Health District's extensive work at our community-based vaccination clinic over the past several weeks, presentation materials were not available to include in the meeting packet for today which were sent and posted on Friday, February 26, 2021. The Health Board's Meeting Materials page our [website](#) will be updated with today's presentation materials following today's meeting.

Thank you for your understanding.

If you have any comments or questions, please contact Dr. Morrow at gib.morrow@kitsappublichealth.org , or (360) 728-2260 or me at keith.grellner@kitsappublichealth.org or (360) 728-2284.