

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

November 2, 2021
12:30 p.m. to 1:45 p.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. ****

- 12:30 p.m. 1. Call to Order
Commissioner Charlotte Garrido, Chair

REGULAR BUSINESS ACTION ITEMS

- 12:31 p.m. 2. Approval of September 28, 2021, Special Meeting Minutes
Commissioner Charlotte Garrido, Chair Page 5
- 12:33 p.m. 3. Approval of October 5, 2021, Regular Meeting Minutes
Commissioner Charlotte Garrido, Chair Page 16
- 12:35 p.m. 4. Approval of Consent Items and Contract Updates
Commissioner Charlotte Garrido, Chair [External Document](#)

INFORMATION ITEMS

- 12:37 p.m. 5. Chair Comments
Commissioner Charlotte Garrido, Chair
- 12:40 p.m. 6. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator
- 12:50 p.m. 7. Public Comment – **PLEASE SEE NOTES AT END OF AGENDA**
Commissioner Charlotte Garrido, Chair [Link to Written Comments](#)

ACTION ITEMS

- 1:05 p.m. 8. Resolution 2021-02, Approving Rollover of 2021 Environmental Health
Division Service Fees for 2022
John Kiess, Environmental Health Director Page 65
- 1:15 p.m. 9. Resolution 2021-03, Approving Revision to Health District Guiding
Principles and Related Revision to Personnel Manual
Keith Grellner, Administrator and Jessica Guidry, Equity Manager Page 74

DISCUSSION ITEMS

1:25 p.m. 10. COVID-19 Update

Page 159

Dr. Gib Morrow, Health Officer

Siri Kushner, Community Health Division Assistant Director

1:45 p.m. 11. Adjourn

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

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 Join the Zoom Meeting

To join the meeting online, please click the link below from your smartphone, tablet, or computer:

<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.

Information & Directions for 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.

As this meeting is a regular business meeting of the Health Board, verbal public comment to the board will have a time limit so that all agenda items will have the opportunity to occur during the meeting. Each public commenter will receive a specific amount of time to speak to the board as determined by the Chair based on the number of public commenters for the meeting.

Written comments may be submitted 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

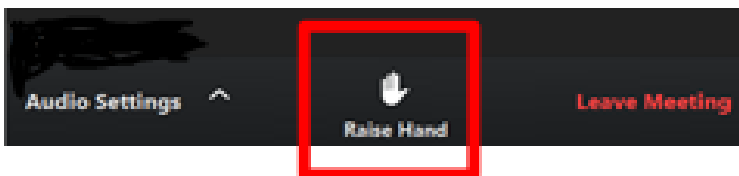
All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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 is 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 is 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. NOTE: If you have used your telephone to access the Zoom meeting, **you may press *6** to mute/unmute yourself.

Time Limit: Each speaker testifying or providing public comment will be limited to a time period specified by the Chair.

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

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

This is a public meeting of the Health Board. It is expected that people speaking to the board will be civil and respectful. Thank you for your cooperation.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Special Meeting
September 28, 2021**

The meeting was called to order by Board Chair, Commissioner Charlotte Garrido at 11:00 a.m.

**COVID-19 UPDATE: CURRENT IMPACTS TO LOCAL HEALTHCARE AND
EMERGENCY MEDICAL SERVICES IN KITSAP COUNTY**

Dr. Gib Morrow, Health Officer, shared a presentation with the board regarding recent COVID-19 disease activity in Kitsap, which has remained at a high level. In his slides, he showed the board that all subregions of the county, except Bainbridge Island, are in the high transmission range and said hospitalizations and deaths are currently in their highest peak during the pandemic. He noted that people aged 40 and younger are 25% of new hospital admissions. Dr. Morrow shared that there are 37 active outbreaks and 11 long term care outbreaks within Kitsap County.

Dr. Morrow introduced Mr. John Oliver, Fire Chief of Central Kitsap Fire and Rescue (CKFR), to speak to the board about current issues caused by Covid-19.

Mr. Oliver said CKFR serves about 75 thousand citizens. He said, as fire and emergency medical services they try to follow national standard, which is attempting to put a first responder in your home within 4 minutes. He explained that another national standard that CKFR attempts to meet is to put an advanced life support paramedic in your home in less than 8 minutes. This comes from strategically staffed stations within the Kitsap Peninsula. Mr. Oliver said a difficulty this creates is that those units are a dual role: there are stations that serve firefighters and emergency medical services (EMS) at the same time. When those stations are out of service, CKFR can't meet the time of service required by the national standard. He explained that this is due to the hospital load and shared an anecdote of a unit tied up at the hospital for hours waiting to offload the patient to the emergency department and move on to their next patient. That could mean that one third of the paramedic workforce could be at the hospital attempting to drop off a patient. Mr. Oliver said this is a community health emergency, with units tied up at the hospital reducing the standard of coverage that citizens deserve and expect. He stressed that CKFR needs to be able to free those crews up so they can better serve our systems. Mr. Oliver introduced Chief Jim Gillard from the Poulsbo Fire Department.

Chief Gillard shared metrics of wait times at the St. Michael Medical Center (SMMC) emergency department. He said crews started hearing stories in July about long wait times, so Poulsbo Fire Department began tracking emergency department times with their crews. He stressed that these long wait times are causing tragic stories daily for the crews and their ability to provide service to our citizens.

Dr. David Weiss, Associate Chief Medical Officer at SMMC, said SMMC has been working closely with the aid and medics over time. Dr. Weiss said SMMC staff are wearing protective equipment, which includes a filtration system. He shared that this morning there were 42 Covid-19 patients hospitalized at SMMC and there are 177 patients total in the hospital system. He said this is down from 65 COVID-19 patients last week. Dr. Weiss explained that these patients are

very sick, and they get sick very quickly with rapid onset. He explained that Kitsap Public Health COVID-19 cases are slightly on the downslope with reduced numbers at SMMC and other facilities. He said Centers for Disease Control and Prevention (CDC) data shows data the states with the lowest vaccination rates have the highest COVID-19 hospitalization rates. Of the 65 patients in SMMC with Covid (25% of their census) last week, 83% of those patients were not fully vaccinated. SMMC is still screening employees daily for signs and symptoms. There is currently a tent outside the SMMC emergency department functioning as an expanded waiting room. Dr. Weiss said staff get reassigned to areas to meet demands. He said, like other facilities around the country there are health care staffing shortages.

Elizabeth Klute, Director of Kitsap County Department of Emergency Management (DEM), shared with the board that the Emergency Operations Center has been in full activation since March of 2020. They run the quarantine site with about 40 people in quarantine at their isolation site. There are about 5-6 people daily who have moved to a hotel for quarantine basis. They have also been running Bremerton, South Kitsap, Bainbridge, and Poulsbo testing sites. DEM has now ramped back up and is supporting the Health District at vaccination clinics and some pop-ups around the county. They have also been distributing PPE, testing and modular fashion tents. She said DEM has lots of materials for the community to help support. They have a medical reserve corps with about 800 members from all different medical backgrounds. She said they also provide wrap around services and stress management services.

Board Q & A and Discussion

Chair Garrido opened the floor to a question-and-answer session and thanked the guest speakers.

Commissioner Ed Wolfe said vaccines work and said there is a potential for exposure everywhere anyone goes. He said commercial businesses and restaurants have been hurt significantly during the pandemic, including creating risk to other key services. Commissioner Wolfe suggested that the board needs to consider its actions carefully. Every jurisdiction is facing severe hiring challenges. Commissioner Wolfe asked Dr. Morrow, of the county's recent outbreaks, how many were in long term care facilities? How many of those are government facilities?

Dr. Morrow replied that there are 11 outbreaks in long term care facilities with significant outbreaks including dozens of residents. He said 184 residents have tested positive for COVID-19 in the last month and 58 staff have tested positive. He noted these cases are often introduced by unvaccinated staff. Additionally, he said there are four congregate living situations with 54 residents, two current health care facility outbreaks, eight schools and at least 11 government agency (jail facilities included) outbreaks. Dr. Morrow shared that nearly 10% among the vulnerable elderly group who have been infected have passed away. This is happening among both unvaccinated staff and fully vaccinated residents. He noted the residents don't appear to be getting as sick as they were in January and February. He added that currently it is the younger age groups that have higher COVID-19 rates in the county.

Mayor Becky Erickson asked Dr. Weiss if SMMC has been in a situation where they have had to prioritize care by picking and choosing who got treatment? Dr. Weiss replied that patients get

triaged for care at SMMC every day. He said this is a typical part of any emergency department. He let the board know that when someone presents for care they're triaged to different levels of care. He said SMMC has restricted scheduled elective surgeries until the patient census comes down. This is dependent on how long they can wait and how bad their condition is.

Mayor Erickson asked Dr. Weiss if SMMC is in a situation where they don't have enough capacity in emergency response. Dr. Weiss replied that he doesn't have an answer regarding emergency response but said there are certain things that happen with certain patients. For example, he said, if someone is having a heart attack that patient would go to the catheterization lab and that service hasn't been impacted. He said SMMC will transfer patients to a different hospital if they have an impacted capacity.

Major Erickson asked Chief Oliver if CKFR crews have had to divert people to other hospitals and if so, how often does that happen and where do Kitsap residents get taken to? Chief Oliver said his crews have been diverted to Tacoma, Seattle, and a handful of other hospitals. He said, during the heat wave, diversion to another hospital was denied because everyone was overwhelmed. Chief Oliver said the mandatory vaccination is one issue, but there is also the issue of an earthquake or airplane crash. He said Fire and EMS have plans with DEM to make sure all those people are treated in the hospital. The EMS has surges that cannot be anticipated or staffed. Chief Oliver told the board there are resources available to help relieve Fire and EMS in this time and requested the board consider activating those resources. Chief Oliver asked the Health Board to empower and mobilize the DEM and develop a medical surge plan.

Chief Gillard told the board this isn't a COVID-19 issue, this is a massive impact to our healthcare system that impacts emergency room and EMS. Chief Gillard explained that at times they are down to six beds designated for EMS drop offs in the emergency department. He said the emergency department needs increased capacity and help. He said DEM can set up a triage center to support that department, take some of the load and help with some assistance for the emergency department.

Ms. Klute replied to Dr. Weiss' statement saying DEM has struggled with using transportation services with Olympic Ambulance where that had a patient that needed to go to the ICU waiting for 5 hours to get back to quarantine and isolation. DEM has had to find private transportation and put additional people at unnecessary risk.

Deputy Mayor Kirsten Hytopoulos told the board she hopes they don't need any more evidence that this is a dire public health emergency. She asked Dr. Morrow what the board can do today to help. Dr. Morrow replied that he needs direction from the board for next steps. Kitsap Health District has implemented its own vaccination requirement to protect our workers and people that the District serves. Dr. Morrow stressed that the Health Board needs to walk the walk, imposing mandates on their own agencies is leading by example and is necessary. Dr. Morrow agreed with Commissioner Wolfe that putting this as a governmental imposition on small businesses puts everyone in a hard position. He reiterated to the board that mandates work. Dr. Morrow expressed his gratitude to all the military members who are required to get vaccinated and have done so. The mandates have required our military service members, health care workers,

teachers, staff in schools, and state government employees get vaccinated. Dr. Morrow stressed that we need to lead by example.

Commissioner Rob Gelder asked Dr. Weiss, what impact vaccine mandates has had on SMMC staffing. Dr. Weiss responded that SMMC intends to be in full compliance with the Governor's mandate by October 18th. Dr. Morrow and SMMC have worked together with SMMC staff creating health forums where the staff are able to get information and ask questions in a Zoom meeting about vaccinations. Dr. Weiss said SMMC has a process in place for medical and religious exemptions and said they're being adjudicated at a different level.

Commissioner Gelder followed up asking Dr. Weiss if there is a potential outcome where the mandate could provide stress on the hospital system? Dr. Weiss said SMMC doesn't have impact information to present to the board today.

Commissioner Gelder asked Dr. Morrow if the Health District has plans to encourage the flu vaccine. He asked if the Health District has data on flu vaccination rates in any given season. Dr. Morrow replied that last October Kitsap administered 30 thousand flu shots in a month. He explained that typically, the flu shot is rolled out around September and is administered in November, December, and January. He said Kitsap did a good job getting the community vaccinated against influenza last year.

Commissioner Gelder said it would be helpful for the board to see data on this. In terms of direction Commissioner Gelder agencies should determine their vaccine requirements from staff individually, and said it is not a one size fits all situation.

Mayor Erickson agrees with Commissioner Gelder that each jurisdiction should determine their own mandates and noted she announced a mandate in for City of Poulsbo employees in May 2021. She said, in her agency, there are about four people who aren't vaccinated and said one has a medical exemption. Mayor Erickson stressed that mandates are important to keep the whole population safe. She asked Dr. Morrow if he has heard anything about updating Labor & Industries in light of talk of mandates from the federal level. Dr. Morrow replied that he has not heard any information on that.

Mayor Erickson asked, if vaccine mandates are passed at the federal and state levels, is the local level obligated to also pass mandates for their jurisdictions or is that redundant? Dr. Morrow replied said Washington State's implementation of OSHA rules means vaccines will be mandated at places with more than 100 employees. He noted this will take a while to evolve and implement and is subject to litigation or other delays.

Deputy Mayor Hytopoulos commented that the public health expertise is at the county level and mandates should not be jurisdiction by jurisdiction. She said this is a public health emergency and should be guided by public health expertise and not politics. She hopes that Dr. Morrow will make the decisions that will be appropriate. She said we need to balance the impacts on businesses and employees based on public health emergency policy. She said Kitsap is located

between three counties that require proof of vaccination for non-essential services and we need to move in that direction if Dr. Morrow feels like we should.

Mayor Rob Putaansuu said that he is concerned about mandate impacts on small businesses and work forces. He said COVID-19 is an issue, and he wishes that people would just get vaccinated. Mayor Putaansuu lost network connection and he was unable to finish his comments.

Mr. Grellner said that he really appreciated Deputy Mayor Hytopoulos comments. Dr. Morrow and Mr. Grellner have talked a lot about this. Mr. Grellner noted he is also the chair of the Washington State Board of Health. He said there is question regarding the interpretation of the law regarding the health officer and health board's interaction. He said he and Dr. Morrow feel the Health Officer should follow the direction of the board and should not operate independently of the board. The Health District would like for the board to help the Health Officer decide and work together to support that decision. The Health District does not want to operate independently.

Chair Garrido asked about a medical surge plan and how that would help our current situation and who would handle that. Dr. Morrow said the Health District and DEM have had an evolving medical surge plan for the pandemic. He said we have pushed against the blurred border of Crisis Standards of Care to the point where we are meeting and looking at activating our medical reserve corps to assist in setting up tents outside the hospital and staff a care facility. He stressed that these things are not normal or business as usual. It's a public health emergency. He noted the big issue is that there aren't people to staff these facilities. Dr. Morrow reiterated that the science speaks to the fact we need to get our community vaccinated.

Chair Garrido asked, how do we do that and put the information out? Mayor Erickson suggested that coercion isn't going to work, we need to put out information that refutes all of this misinformation in emails that we have received.

Mayor Erickson agrees with Commissioner Wolfe that putting the mandates on small businesses are going to make people more angry and more resentful. We still need to get our younger children vaccinated, and asked what do we do with our kids that can't get vaccinations? She stressed that the businesses aren't the enforcement mechanism that that would be inappropriate to force them into that situation. She stressed that there is a lot of misinformation out there and putting out information to refute the bad information needs to happen.

Chair Garrido suggested putting out a fact sheet or finding other ways to get information out. She suggested potentially doing forums where people can observe and have scientific information to help educate people. Chair Garrido would like to see the fact sheet together and ways to do outreach and touch base again.

Commissioner Gelder commented that he would agree that when it comes to small businesses that are struggling to recover, it's basically placing them into an enforcement role which isn't their role in our communities. If businesses choose to go that route, let them have their choice and they can market their business that way. This allows them to stand out and provides a level

of comfort. He asked where is there frequency of testing instead of vaccination? He stated that we have moved away from the testing component, ultimately our lives revolved around a testing regimen where we made sure there was adequate testing out there to identify the hot spots and tamp them out.

Mayor Putaansuu said he agrees with the sentiment around the small businesses, there aren't any easy answers but a mandate on the small businesses isn't a good option, he also stressed that we need to lead by example.

Mayor Greg Wheeler said that he still has concerns about the emergency department wait times with the first responders tied up waiting for patient drop off. He stated that there is a certain point where they need hard information when they are in triage. Mayor Wheeler asked if things continued this course and the hospital was not assisted by other groups, would the hospital be able to keep up? Mayor Wheeler doesn't object to mandates if it makes sense, and they know exactly what they are doing when they go that route. He stressed we should be careful and deliberate, but the goal is to get a healthy workforce that is safe and a public that feels safe going out into the community.

Commissioner Wolfe said there is confusion about public input for this meeting and wants to make sure that next week the materials and information for the board meeting are sent out with adequate time for the public to review.

Mr. Greller clarified that, for next week's meeting, as he understands it, the board may not be unified but at this point vaccine mandates are off the table. He said the Health District needs a clear direction on that today to move forward. As far as fact sheets, staff are willing to create more, however he noted that many members of the public are finding other websites and sources that they choose to believe and are informing their decisions. Mr. Grellner asked what the board's desire for the content of next week's meeting is.

Chair Garrido confirmed that this conversation needs to be continued. Commissioner Wolfe stated that he believes there should be no mandate as of today, but that doesn't mean not mean no mandate in the future.

Mayor Erickson said that people don't seem to understand the legal authority that is granted to this board and the Public Health Officer along with the history of how that came about. She would like the public to know the legal power of the board and Health Officer in Kitsap.

Dr. Morrow said he really appreciated the Chiefs Oliver and Gillard and Dr. Weiss attending and sharing insights. He said he appreciates all the board members for being so thoughtful and looking at all the complexities of this and figuring out where things go next.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 12:10 p.m.

Charlotte Garrido
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *See Attached*

Staff Present: *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Kandice Atismé-Bevins, Program Manager, Case and Contact Investigation, COVID-19; Angie Berger, Administrative Assistant, Administration; Stephanie Byrd, Confidential Secretary, COVID-19; Margo Chang, COVID-19 Data Secretary Clerk 4, COVID-19; April Fisk, Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Sarah Henley, COVID Emergency Operations Coordinator, Public Health Emergency Preparedness and Response; Karen Holt, Program Manager, Human Resources; Kari Hunter, Manager, Assessment and Epidemiology; Renee Johnson, Environmental Health Specialist, Pollution Identification & Correction; Kimberly Jones, Program Manager, Drinking Water and Onsite Sewage Systems; Siri Kushner, Assistant Director, Community Health Division; Melissa Laird, Manager, Accounting and Finance; Nicole McNamara, Community Liaison, Chronic Disease Prevention; Alex Moore, Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems; Dr. Gib Morrow, Health Officer, Administration; Crystal Nuno, Environmental Health Specialist 2-RS, Solid and Hazardous Waste; Carin Onarheim, Disease Intervention Specialist, Communicable Disease; Debbie Rassa, Public Health Nurse, Communicable Disease; Stephanie Schreiber, Community Liaison, Chronic Disease Prevention; Kelsey Stedman, Program Manager, Communicable Disease; Layken Winchester, Environmental Health Specialist, Food & Living Environment.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID		Actual Start Time	Attendee Count	
861 8605 2497		9/28/2021 10:15	410	
First Name	Last Name	First Name	Last Name	
davethedba	.	Chronic	Disease Prevention	
Amy	Anderson	Elizabeth	Doll	
Amy	Andrews	Marta	Drevniak	
Mourine	Anduiza	Steve	Duckworth - KC Sheriff's Office	
Kathy	Arnold	Ivy	Edmonds-Hess	
Kandice	Atismé-Bevins	Clint	Edwards	
Matt	Augspurger	David	Emmons	
Gloria	B	Marilyn	Farley	
Eric	Baker	Chief	Faucett, SKFR	
Sarah	Barnett, Kitsap AAA	Nathanael	Feehan	
Matthew	Barrett	Freedom	fighter	
Sophia	Baugh	Bremerton	Fire	
Charles	Beck	Dave	Fischer	
Richard	Becker	Josh	Fisher	
Angie	Berger	April	Fisk	
Salish	BH-ASO Staff	Yolanda	Fong	
Heather	Blough	B	Forbragd	
barbara	boas	Kristina	Foreman	
Bonnie	Bogert	Laura	Foxworthy	
Jill	Boltz	Sheri	Frontiero	
Cheryl	Bosley	Jim	Gillard	
Dana	Brainerd	Destiny	Glaubit	
Adrienne	Brown	Carol	Glenn	
Carol	Brusa	Karen	Goddard	
marci	burkel	JB	Gonzales	
Stephanie	Byrd	Keith	Grellner	
Sarah	C	Laura	guidry	
Kaili	Campbell	kathy	h	
Dr	Carl Botefuhr, DC	Michael	H @ WTC	
Dave	Carter	Linda	Hagan	
Re	Ce	Adria	Hanson	
Margo	Chang	Jamie	Haywood	
Jackie	Chipman	Jason	Hedstrom	
Concerned	Citizen	Sarah	Henley	
Willie	Clark	Madison	Hennings	
John	Clauson	Everett	HL	
Dana	Cline	Krista	Hoffsommer	
Mike	Cloutier D5020	Karen	Holt	
Sarah	Conner	Deborah	Horn	
JOYCE	CONNOLLY	Monica	Houston (she/her)	
Jessica	Connolly	Kari	Hunter	
Katy	Crabtree (Rep. Kilmer's Office)	Jon-Henry	J Kubej	
Michael	Crisler	Ashley	Jensen	
Tomitka	Crow	Renee	Johnson	
Paige	Cummings	Anna	Johnson	
Kate	Cummings	Jamie	Johnson	
Katy	Curtis (she/her)	Morgan	Johnson, Silverdale Water District	
Amber	D	Brandon	Johnston	
Heather	Dartt- Martha & Mary	Kim	Jones	
Amanda	Davis	E.	Jones-Laughridge	

Kitsap Public Health Board Meeting (Virtual Attendance)
September 28, 2021

First Name	Last Name	First Name	Last Name
Eleisha	Jorgenson	Jessica	Myette
Laura	Jull	Acknowledge	Natural Immunity
Rudy	K	Gay	Neal
Stephanie	K Sluys	Jonathan	Needham
Pam	Keeley	Charlotte	Nelson
Brenda	Kelley VKP	Tasha	Nicole
Richard	Kirton	Annette	Nitz, Poulsbo Washington
Melissa	Kittrell	Crystal	Nuno
Elizabeth	Klute	Teresa	O'Brien
Taylor	Korizon	John	Oliver
April	Kovara	Elisa	Olson
mike	krebs	Carin	Onarheim
Siri	Kushner	Ronnie	Oswald
Penny	L.	Susan	P Venard
Melissa	Laird	Brian	Painter
Stan	Langlow	Promise	Partner
Nancy	Langwith	Roxane	Payne
Patricia	Larios-Chase	Michelle	Perdue
Mike	Lasnier	Trinity	Perez
Walter	Laughridge	Greg	Persinger
Kevin	Lea	Sarah	Peterson
Lesley	Leahy	Chastin	Pettit
Steffani	Lillie	Tom	Pinkham
Joshua	Loomis	Greg	Piper
Jenn	Lothrop	Barb	Pool
Video	Lucas Cheadle	Steve	Powell
Patty	Lyman	Christine	Purbaugh
C	M	Sarah	Pyke
Ruth	M	JennaSea	Rain
Cassy	M.	Crystal	Ralph
Chris	Mansfield	Kevin	Ransier
Patty	Mausolf	Catherine	Rash
Mike	Mc	Debbie	Rassa
Sharna	McArdle	Ed	Regan
CrustyFart	McBS	Kitsap	Resident (JC)
Chrissie	McCowen	Kitsap	Resident (LW)
john	mcdaneld	Ed	Reyman
Jessamyn	McIntyre	Tina	Rice
Leah	Meadows	Jason	Rice
Mandy	Meigs	Allen	Roach
Wendy	Miles	Bill	Roberts
Sonya	Miles - Kitsap County Human Services	Michael	Robinson
Dedra	Miller	Steve	Rogers
Mickey	Molnaire - Bainbridge Is Chamber	Jodi	Rose
Mary	Monaco	Sue	Russell
Alex	Moore	Patrick	Ryan
Debra	Morash	Derek	S - Mobile
Connie	morgenstern	Courtney	S.
John	Morrissey	Galaxy	S9+
Gib	Morrow	Fletcher	Sandbeck
Irene	Moyer	Mary	Schofield
Kristina	Muhleman	Stephanie	Schreiber
Matt	Murphy	Ted	Schroeder
Sarah	Myers - LA to Sen. Randall	Jeannie	Screws

Kitsap Public Health Board Meeting (Virtual Attendance)
September 28, 2021

First Name	Last Name	First Name	Last Name
Randy	Screws	Sandra	
Linda	Semlitz	Steve	
Katharine	Shaffer	Steph	
Keri	Sieckowski	scottscacchi	
Citizen	SK	Chad	
Earl	Smith	Earl	
Michael	Spencer (BKAT)	Art	
Kelsey	Stedman (she/her), KPHD	cwilliams	
Dingford	Stinkington	leigh	
Kaitlin	Stone	Aliyah	
Lizzy	Strickland	VGO	
Rachael	Taylor	Keith	
Sally	Tellekson (she/her) KIAC	mother	
Kristal	Thomas	Carolyn	
Mindy	Tonti	David	
KING	TV	Megan	
Ricardo	Vargas	Candy	
Nancy	Venard	Susan	
M	Wade	marta	
Robert	Washbond	Jeff	
Doug	Washburn	Kristine	
Robert	Weaver	wee	
David	Weiss	Dave	
Melody	wilder	Mike	
Rebecca	Wildes, Kitsap County	jenn	
Marianne	Wiley and Larry Knight	Michele	
Jessica	Williams, Silverdale Water	pd	
Beth	Wilson	Franklyn	
JJ	Wilson	Shauna	
Layken	Winchester-Kitsap Public Health	Vienna	
Citizen	x	Pamela	
Danielle	Zack	russe	
Carollynn	Zimmers	Annie	
jessica		barbara2242007	
Danne		Marta	
Lisa		Allen	
Bettie		Wildbear	
Bettie		Kennedy	
Warehouse		Lila	
Ben		Shay	
Baxter		Teresa	
micki		gretchen	
Kari		Darren	
HZ		Kareena	
J.t.		Mark	
Chris		vtabert	
Chris		Susan	
K		npilling	
Mari		Naw	
Doug		David	
Observer		JD	
Sheldon		behlers	
Andrew		Shea	
Daniel		Chris	

Kitsap Public Health Board Meeting (Virtual Attendance)
September 28, 2021

First Name	Last Name	Join by Phone
JG		12537204483
jenn		13605091007
Rffitch		13606204578
Judi		13607101444
Shay		13609906974
Jeremy		13608019433
Bruce		13604797465
Boxers4mom		13608650352
Scott		13606335796
Observer		12532736561
Margaret		13603151487
CAAlire		13605504246
Kaitlyn		13604737633
faith		13604754808
Beth		13603407852
Kimberly		13608011662
Dave		16194053876
Brian		13604473500
c		13604407399
Carolyn		16086064770
Jessica		13604406215
dave		13603408106
Shawn		12533489204
Roger		12063590568
Kelly		17605607181
Phil		13603374006
Lpaul		13606275171
Ray		13609009985
redbo		12067797999
Jenny		13606203722
Dianne		13603150283
		13606206852
		15642400000
		13602046703
		13607282003

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
October 5, 2021**

The meeting was called to order by Board Chair, Commissioner Charlotte Garrido at 12:01 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Mayor Becky Erickson moved and Commissioner Ed Wolfe seconded the motion to approve the minutes for the September 7, 2021, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

There were no consent agenda items or contract updates this month, however, there were Warrant and Electronic Funds Transfer Registers to approve. Mayor Rob Putaansuu moved and Commissioner Robert Gelder seconded the motion to approve the consent items and contract updates. The motion was approved unanimously.

CHAIR COMMENTS

Chair Garrido pointed out that the Kitsap Public Health District puts out a weekly outlook newsletter, and said it is helpful to understand what is currently going on with COVID-19 in our county. Chair Garrido thanked the Health District for putting this information together and getting it out into the community. Mayor Erickson also acknowledged the hard work the Health District has done and said the information is informative and helpful. She let the board know that the Health District's work is acknowledged and respected.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, informed the Board that October is national breast cancer awareness month. Kitsap Public Health District encourages everyone to be screened by a doctor. He reminded the board that originally there was going to be an update from Equity Program Manager, Ms. Jessica Guidry, at today's meeting. Her update has been moved to the November meeting to make room for public comment regarding COVID-19 today. Mr. Grellner shared some information provided by Ms. Guidry with the board. He said Ms. Guidry is attending program meetings and talking with staff to set up an internal equity committee. She is also working on a proposal to join the Government Alliance for Race and Equity, along with attending some community meetings. She has also completed a 2022 Equity Committee work plan and is looking forward to sharing this with the board at the next meeting.

Mr. Grellner shared with the board that Board Finance committee met this week. He said the budget is still a draft and reminded everyone that Kitsap Public Health operates on a cash basis. The draft budget is currently balanced and it includes \$3.7 million of federal Covid-19 funding, which funds the COVID-19 response work and Emergency Operations work including community base testing, isolation and quarantine and \$1.3 million of Foundational Public Health Services funding. He reminded the board that Kitsap Public Health District is still in union contract negotiations which will likely play into the 2022 budget. The budget also helps cover funding with the Emergency Operations Center for 2022. Pandemic response, foundational public health services, staffing and union contract negotiations are currently the largest budget drivers. Mr. Grellner told the board that the Health District is looking at a total budget of \$18,083,556. The Health District's biggest expenditure is personnel at 78% of the budget. Grants, contracts and service fees are revenue for the Health District. The proposed staffing is looking at 140 Health District employees going forward. Mr. Grellner also let the board know that Health District recommends holding the Environmental Fees at the 2021 level without any changes.

Mayor Putaansuu asked if there were preliminary numbers for board jurisdiction assessments to be billed into the budget process. Mr. Grellner sent out notices at the end of August to the jurisdictions. The draft budget does not currently include any increases of board member jurisdictions. Mr. Grellner let the board know that he plans to bring a budget and resolution to the board at the next meeting. The resolution would be to hold the Environmental Health fees static.

Next, Mr. Grellner let the board know there is normally a 10-minute public comment period per meeting, however, the time has been increased significantly for public comment to follow up on the board's meeting from last week. Mr. Grellner reminded the board that the meeting last week was intended to be a work study session with no decisions made, which is why public comment was not accepted for that meeting. Speakers who wish to comment today will be limited to two (2) minutes to let as many people speak as possible. The board has received many written comments, which are posted on the Health District website. As the Health Board continues to receive comments, they will add them to the website, which should be completed by the end of the week. Mr. Grellner reminded the Health Board and those listening to the meeting that Kitsap Public Health and their board is a public agency and are subject to the state's Public Records Act which specifies what the Health District can and can't redact in communications to the Health District. All emails to the board are public record and Kitsap Public Health or the Health Board do not have authority to redact names, phone numbers or email addresses. Anyone can reference the written-in information on the Kitsap Public Health District's website.

Mayor Erickson asked if, during the public comment, the board can ask the people to give their name. Mr. Grellner clarified that giving out a name is in the directions for today's meeting and public speakers will identify themselves.

Mr. Grellner emphasized that each local health board under state law shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction. Mr. Grellner presented RCW 70.05.060 and reminded the board that under state law

it's the Board of Health's responsibility to address issues in their jurisdictions and provide for the control and prevention of contagious and infectious diseases such as COVID-19. RCW 70.05.070 directs the Health Officer, by state law, to do follow the same responsibilities. Mr. Grellner said he wants to make sure our community is safe and confirmed that everyone understands the responsibilities of both the Kitsap County Health Board and Kitsap County Health Officer as directed by the state laws.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, provided the Board with a COVID-19 update. He let the board know that case rates remain elevated into CDC high transmission range with about 700 cases a week. Cases along the general population is declining slightly, disease is spreading more rapidly in school age cohorts from 5-18 years old. This spread is particularly happening in South Kitsap and Bremerton. Dr. Morrow confirmed that the delta variant spreads more readily among kids, which has been tough on schools and their ability to contain cases and keeping classes open. Health District staff meet regularly with schools to keep schools open and as safe as possible for the children in our community. This has resulted in 8 classroom closures and no school closures. South Kitsap School District is implementing a pilot program called test to stay. Dr. Morrow urged everyone to please consent to COVID-19 tests at schools. Dr. Morrow also clarified that teachers who received Pfizer vaccinations are eligible for a booster now. He stated that progression shows that child vaccinations ages 5-7 years old will hopefully be available in the next couple of weeks.

Kitsap Public Health reconfigured their school page and encouraged everyone to check out the changes. At the meeting last week, the Delta surge was discussed and how it impacts the local hospitals in our community. This 5th wave of COVID-19 dwarfs all others when it comes to hospitalizations and deaths. Dr. Morrow explained that the local advocacy by the community-based aid departments has resulted in a commitment of the Department of Health for staffing two full time RN positions at the St. Michaels Emergency Department to speed up transfers and free up medical aid to continue their important work. Dr. Morrow announced that Kitsap County hit the grim milestone of 200 deaths. One third of the deaths that occurred during this pandemic have happened in the last three months. Dr. Morrow also assured the local businesses and governments that Kitsap Public Health will provide guidance and support for businesses with over 100 employees that are required to have their employees vaccinated per federal mandates.

There was no further comment.

HEALTH BOARD COMMENTS

Mayor Putaansuu said he read the guidance on the president's order for federal employers and Occupational Safety and Health Administration (OSHA) guidance is expected soon for employers over 100 people. He confirmed that Kitsap County doesn't have that guidance yet because it has not been released. Dr. Morrow replied that Mayor Putaansuu was correct, however

all roads seem to be leading to this mandate coming out on a federal and OSHA level. Currently all mandates in Kitsap County are through the Government (both Federal and State), City of Poulsbo and Kitsap Health District.

Commissioner Wolfe proposed two questions to Dr. Morrow, he asked how is natural immunity factored into the local decision-making process regarding vaccines? Commissioner Wolfe's second question asked if there was any scientific evidence that a vaccinated person presents less danger of spreading Covid-19 versus an unvaccinated person? Dr. Morrow replied to Commissioner Wolfe's second question letting him know that there is scientific evidence that proves a vaccinated person is less likely to get and spread COVID-19. Dr. Morrow explained that we don't know with one hundred percent certainty, all evidence does point in that direction. Dr. Morrow went on to explain that vaccinated people are 20 percent as likely to acquire COVID-19 and they are less likely to transmit the virus compared to unvaccinated individuals. We are still learning the evolution of our body, to our knowledge a fully vaccinated person can become infected and can show a viral load but noted it does drop off substantially faster in those fully vaccinated compared to those not vaccinated. Dr. Morrow replied to Commissioner Wolfe's first question regarding natural immunity letting him know that Health Evaluation Metrics show that the relative percent of community immunity due to natural infection is a small fraction of the entire percent. There is also evidence out from the National Institute of Health that the natural immunity is not as robust as one would get from the vaccine.

Mayor Greg Wheeler proposed a motion to the Kitsap Public Health Board. Mayor Wheeler's proposed motion was as follows:

1. The health board unanimously and unequivocally endorses the critical importance of vaccination against COVID-19 for all Kitsap citizens as the best way to prevent hospitalizations, save lives, stabilize our society, and assist our recovery and strongly recommends vaccination for all Kitsap residents eligible to receive them.
2. The health board does not intend to advance a mandate for local businesses at this time to require vaccinations, but the board recommends they consider doing so voluntarily and endorses this approach for the safety of staff and patrons and the economic benefit of the business.
3. The health board does not intend to require vaccinations for employees at government agencies at this time but moves to recommend they use all appropriate methods, including education, resources and services, to promote vaccinations among their workforce.
4. The health board strongly supports vaccinations as an effective public health tool and endorses administering applicable measures to manage the COVID-19 pandemic to protect the health and safety of the public and economic stability.

Commissioner Gelder seconded the motion.

Commissioner Wolfe didn't see anything that was objectionable, his concern was it's the first time he has seen this. He would like to study this more.

Mayor Erickson let the board know that City of Poulsbo has already mandated vaccinations for employees at a 90%. Poulsbo did this in May, and it's been effective. She said there have been no terminations and called it a "gentle mandate". Mayor Erickson reminded everyone on the board that the federal government has come out with rulings with OSHA that in a month and a half that any agency over one hundred employees will have a different criterion that needs to be met. Mayor Erickson let the panel know that every City Official and Government is over one hundred full time employees. She prefers a recommendation instead of "does not intend". She would recommend that local governments look at vaccination of their employees very intently and right now. Mayor Erickson let the board know she would not support this motion at this time since it's already against city policy in the City of Poulsbo.

Deputy Mayor Kirsten Hytopoulos let the board know that she did not want to weigh in on this movement before public comment and would like to postpone the discussion until after the public comment.

Mayor Putaansuu let the group know that he felt this motion needs some work and public process. He recognized that everyone in the local government is in the public health and safety business. As he stressed at the previous meeting anything requiring proof of vaccine as a requirement to enter any business is a nonstarter for him. However, he would support the President and OSHA requirements in taking action to move quicker than the order for local government over one hundred employees being vaccinated.

Mayor Erickson asked to hold on this topic until after public comments.

Mayor Putaansuu proposed to table this until after public comment and potentially until the next meeting.

PUBLIC COMMENT

Ted Rice told the board they are discriminating against everyone including those who had an adverse reaction to the first vaccination. A mandate of passports would be further segregating our community and increasing the divide. He also asked why we are not documenting break through cases. Mr. Rice said that Israel is recording break through cases, they're the most vaccinated country in the world. VAERS data shows huge increases in data events.

Phillip Borrelli of Bremerton shared with the board that the general population is experiencing a decrease in COVID-19 cases, and he supports not mandating vaccines. More restrictive mandates would be counter productive and damaging to businesses. There is a lot of fear based on messaging which is responsible for the influx in hospitals.

Tom Pinkham of Port Orchard shared with the board that he already submitted his comments in an email for the last meeting. He said the reason the board is considering a mandate is because the medical system is overwhelmed. He let the board know that they have assumed the COVID-19 vaccination is the only tool we have. He said 600,000 patients have been treated with zero deaths using front line doctor protocols. There are 2,000 doctors joining them in alternative

treatments you can find on the internet. Out of Israel there was a double blind study that Ivermectin works. He said 4,000 are dead and there have been 162,000 injuries due to the vaccination in Europe.

Candace Cheadle from Poulsbo would like to let the board know that Mandates further complicate and cripple our health care. Some of the shortages are due to the mandates themselves forcing people to leave their medical positions.

John Johanson of Bremerton let the board know that he did some work as an independent journalist who interviewed people for their comments about mandatory vaccines. He said that during an interview last year Mayor Wheeler and Bremerton's police chief replied derogatorily to mandatory vaccines. Mr. Johanson also warned the board to tread carefully with vaccine mandates and he does not support them.

Janell Hulst let the board know that when thinking about something mandated based in science and for a theory of science for the greater health of the entire community. She let the board know she thinks it would be important for the entire community and decision makers to see that science and make decisions accordingly. Mandates for vaccines at any level, employment, schools, or businesses is a power move by the board and is not based in scientific theory. Ms. Hulst inquired why we were able to go to Home Depot in masses but need a vaccine to attend schools.

Kelly Donaldson reminded the board that we are down to two hospitals and mental health cases are overloading hospitals and ambulances. She told the board to reopen the Bremerton St. Michael Medical Center (SMMC) campus and send mental health care there instead of having two hospitals. She said there are nine pages from the EUA fact sheet warnings, all three state all vaccines have not been tested with any other vaccine. She said she was diagnosed with COVID-19 and six months later she still tests positive for antibodies. There are no long-term studies that show COVID-19 vaccinations over time.

Jon Glen read from initiative 13.20 from the American Discrimination Act and quoted vaccination would be strictly voluntary according to this act. No Washington resident should be denied safe and effective medical treatment and Covid-19 vaccines are not safe or effective.

Jay Huffman of Poulsbo let the board know that he opposes Dr. Morrow's September 28th memo that involves businesses and burdens them with a compliance program. As a banker he has worked with the paycheck protection program seeing the same businesses come back in both rounds for the funds. The business that has survived are overextended on credit. They are unable to extend more credit, all their cards were maxed out. The businesses can't afford anymore at the end. We have seen too much transfer to big corporations because they can afford the overhead.

Shaun (no last name given) told the board that he was against mandates because they're illegal. He spoke at the last Port Orchard City Council meeting. Mandates require exemptions and it is illegal not to allow exemptions.

Kelly Bertleson of Olalla urged the board to please allow the public the choice to take or refuse the COVID-19 vaccine. She reminded the board that currently it is not a requirement. Ms. Bertleson said she was very concerned that things are moving in that direction and let the board know that required vaccination is a violation of federal law because they are only under an EUA. VAERS data shows that COVID-19 vaccine has had more deaths since December 2020 than all other vaccines from 1990 to present.

Charles Michell let the board know that he supports mandates for masking and vaccination. He feels that public health is at stake. He said the board is hearing a very vocal minority who are entitled to their own opinion but not their own set of facts. Mr. Michell used the analogy that anyone's right to swing their arm stops when it gets to my nose. He wants to survive this pandemic. He urged the board: do not wait for OSHA rules and adopt what Mayor Erickson has done for Poulsbo. Mr. Michell believes that this is what the voting public would want versus the minority that stands outside waving posters.

Dr. Robert Drury informed the board that he was not going to give comments regarding science or technological issue. However, he did let the board know that there are many people who have become constitutional law and public health specialists. He felt it was important that the board consider the larger view of public health and how the US over time has responded to pandemics with reference to 1918 Spanish Flu. Dr. Drury shared that over time people have come to learn that nonpharmacological inventions are the best way to reduce viruses. He said distancing, mask wearing, and behavior is most important to defeating COVID-19.

Jefte Sanchez is a minority small business owner in Kitsap County. He wanted to the board to know that it's been a tough couple years with pivoting and changing business models. He said that staffing has become a major issue for everyone, and all the restrictions have made it difficult for small businesses to survive. He feels that a vaccine passport in Kitsap would be detrimental to the essential freedoms that we have. Mr. Sanchez has concerns that the staff will have to discriminate against people who choose not to be vaccinated. He stressed this is a time where diversity and inclusion is much needed.

Brittany Thomas from Port Orchard said she respectfully urged the board to vote against any vaccine mandate for our county. She feels this would establish a dangerous precedent in the realm of bodily autonomy. She was told that health care workers have left their jobs due to the mandate. She said that according to data central for the week ending on September 24th, COVID-19 was under 11% of total emergency department visits. There were under 16% of total emergency department visits for confirmed COVID-19 cases. She said unvaccinated cases are not responsible for the lack of care in the Emergency Departments.

Laura Guidry introduced herself as a COVID-19 survivor and Port Orchard resident. She would like to have natural immunity as a consideration on any mandate proposals. She feels this is something that should be considered. She said she contracted COVID-19 and was never hospitalized. She let the board know that this increased her T-cell immunity and decreased breakthrough cases. She said the contact tracer told her that "the vaccine is for your health and protection and the mask is for protecting others". She said she's been very ill and hasn't caught

the flu or chickenpox since she had them in the first place. Ms. Guidry believes that there should be immunity exemptions going forward.

Adrienna (no last name) told the board there is a lot of data out there right now coming from different avenues. Historically mandates for vaccines have been part of the US since George Washington. She reminded the board that Polio and Measles have been successfully eradicated due to vaccinations. Adrienna shared that one of her doctors told her that if someone stubs a toe during a drug trial the lawyers decided to put stub toe as a side effect. She said that there is a lot of historicals over the side effects. She shared that this crisis has gone on too long and believes that way to help small businesses is to have the vaccine mandate and proper masking so everyone can go out and spend money in local businesses. She believes that small businesses will appreciate this and feel safe knowing everyone is fully vaccinated. She urged the board to go hard now, easy later.

BF Squatch from Silverdale informed the board that COVID-19 stats don't support a mandate. He inquired how many deaths were because of COVID-19 and let the board know that these stats in no way support any community. He informed the board that there are no people who are in favor of government-imposed mandates and the overwhelming majority is not for a mandate. To move forward with mandates would show the boards disregard for citizens and suggested the board choose wisely.

Thomas Truven of Poulsbo let the board know that he strongly opposes any mandates and considers it an ethical governmental failure. He had questions regarding hospitalization stats regarding how many kids have actually been hospitalized due to COVID-19.

Seth Oppert introduced himself as a Cardiac Cath Lab employee at SMMC. He wanted to thank the EMS regarding their activity at the hospital and helping hands. Mr. Oppert commented about staffing at the hospital and said it's been an ongoing issue. He let the board know that traveling staff has been utilized, without them SMMC couldn't make that move from Bremerton to Silverdale. He said SMMC shortchanged staff from the get-go and said he is concerned that regarding the mandate it's taking staff away. He let the board know that this isn't the answer and that there are many complications going on in the hospital.

Paige Cummings let the board know that she is not in support of a passport for vaccines, however listening to the past meetings said it would be advantageous to change how information is being presented. She said The PSA's are cluttered and less is more. She let the board know that we need to build that public trust up again. Dr. Morrow needs to cite the studies and put them up for others to read. Ms. Cummings is concerned that there are differences every time we read something unless that progression is showed through science. She shared that at this point referencing the CDC isn't a great thing with the amount of mistrust. She shared that our community is divided and affected the psychological and emotional pull on the kids.

Ven (no last name) informed the board that the mRNA vaccine killed all animals within 18 months due to auto immune body enhancement. He let the board know that mRNA is being constantly put into the body by nanotechnology and this will lead to toxicity to all organs in the

body. He said mRNA is an experimental gene therapy and suggested the board should look this up. He described the mRNA vaccine as a vaccine that will turn a human into a “freaking” butterfly and said the vials are full of graphite oxide which will kill humans, it is a part of population control. He informed the board that they will be criminals and won’t escape justice

Dr. Mardell Ryan, a local veterinarian who is trained in numerous viral specialties, FEMA and is a local business owner, asked the board if anyone has seen the WA State Department of Health’s current email that speaks of the young woman who died due to the body’s clotting system. She would like to know what money is being received and what regulations that money is tied to in Kitsap County. She said, many years ago, there was a cat covid vaccine that was removed due to the deaths of cats.

Robert Parker thanked the Health Board for taking the time to listen to the public comment. He was shocked with the recommendations coming from the health board with regards to mandates. He let the board know that most of the people who become the victims aren’t the ones who are issuing the mandates. Mr. Parker asked when we move towards mandates, who is responsible for the deaths. He said, if you force someone to put it into their body, who is going to pay if they’re killed? He informed the board that the exemption process has been convoluted with no process, his attorneys can’t figure it out either. He said he is concerned that we are going to fire doctors and nurses and end up calling up the national guard like New York. That national guard is the same doctors and nurses that are working by day.

Hayley Jorstad of Bremerton introduced herself as an RN for 22 years. She works at a hospital in Pierce County. She is against the mandate and passport and let the board know that their hospital has never been overwhelmed with COVID-19, it’s been short staffing and burn out due to the lock downs. She strongly believes that we need to help people who have COVID-19 start a protocol for early treatment instead of just sending people home until they have breathing problems.

Pam McCormick said that with all the controversy it seems to be a good idea to put a hold and address the misinformation that was stated in the last meeting. She shared that 50% of the population has legitimate concerns, evidence, and facts against the vaccine. She let the board know that it’s not right to force people to believe in your way or the highway. She urged the county to take the leadership to sort all of this out and look at the evidence that has been proven by doctors and other physicians to have other treatments for COVID-19. She claimed that the board is creating a dictatorship to force people to come together. There is information from the other side that others will volunteer to share with them.

Chair Garrido asked the board if they would like to close public comments or hear more comments. There was no reply from the board, Chair Garrido closed public comment at 1:42pm.

BOARD DISCUSSION

Mayor Erickson said she feels that the board should not decide today. She stressed that the board needs to see what the federal government is going to do and figure out if that is going to trump

what we can do as a health board. Mayor Erickson stressed that she does not believe in vaccine passports being used to get into local businesses.

Mayor Wheeler explained that the intent of his motion was the Health Board's actions. In a small business mandate, the sentiment from the board should be clear enough that constituents will not be affected by a mandate. Mayor Wheeler believes the government is going to work its way out with guidance and mandates from the federal level.

Chair Garrido would like some time to distill the information that they have heard today.

Mayor Putaansuu said that he is not comfortable with moving forward with this today. He moved to table this until the next board meeting with hopes that there will be guidance from OSHA by then with aspects of how that will change things. Mayor Erickson seconded the motion to table Mayor Wheeler's motion.

Commissioner Wolfe imputed that he doesn't want to wait for the federal government to put out their requirements and believes that he needs to review notes from comments and thoroughly review Mayor Wheeler's proposal.

Mayor Erickson called the question to move and table the discussion to the next meeting. The motion was approved unanimously and will be discussed at the next scheduled meeting on November 2, 2021.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:49 p.m.

Charlotte Garrido
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *See Attached*

Staff Present: *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Kandice Atismé-Bevins, Program Manager, Case and Contact Investigation, COVID-19; Leslie Banigan, Senior Environmental Health Specialist, Water Pollution*

Identification and Correction; Angie Berger, Administrative Assistant, Administration; Holly Bolstad, COVID-19 Community Outreach Specialist, Public Health Emergency Preparedness and Response; Stephanie Byrd, Confidential Secretary, COVID-19; Margo Chang, COVID-19 Data Secretary Clerk 4, COVID-19; April Fisk, Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Jill Guerrero, Community Liaison, Chronic Disease Prevention; Sarah Henley, COVID-19 Emergency Operations Coordinator, Public Health Emergency Preparedness and Response; Karen Holt, Program Manager, Human Resources; Anne Howard-Lindquist, Disease Intervention Specialist, COVID-19; Renee Johnson, Environmental Health Specialist, Pollution Identification & Correction; Sarah Kinnear, Disease Intervention Specialist, COVID-19; Siri Kushner, Assistant Director, Community Health Division; Nicole McNamara, Community Liaison, Chronic Disease Prevention; Alex Moore, Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems; Megan Moore, Community Liaison, Chronic Disease Prevention; Dr. Gib Morrow, Health Officer, Administration; Crystal Nuno, Environmental Health Specialist 2-RS, Solid and Hazardous Waste; Carin Onarheim, Disease Intervention Specialist, Communicable Disease; Tameka Phelps, Public Health Nurse, COVID-19; Ally Power, Epidemiologist 1, Assessment & Epidemiology; Anne-Lisa Preston, COVID-19 Financial Specialist, COVID-19; Debbie Rassa, Public Health Nurse, Communicable Disease; Betti Ridge, Social Worker 3, Communicable Disease; Stephanie Schreiber, Community Liaison, Chronic Disease Prevention; Kelsey Stedman, Program Manager, Communicable Disease; Barbara Steusloff, Environmental Health Specialist, Solid and Hazardous Waste; Layken Winchester, Environmental Health Specialist, Food & Living Environment.

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID
861 8605 2497

Actual Start Time
9/28/2021 10:15

Attendee Count
281

First Name	Last Name	First Name	Last Name
Randy	& Teri	Healthy	Generations
Yolanda	A	Karen	Goddard
Amy	Anderson	Heidi	Graham
Hallie	Anthony	Keith	Grellner
Jami	Armstrong	Jill	Guerrero
Kandice	Atismé-Bevins	Laura	Guidry
Matt	Augspurger	Jessica	Hancock
Kris	Avery	Adria	Hanson
Kelly	B	Erica	Haywood
Leslie	Banigan	Sarah	Henley, KPHD (she/her)
Angie	Berger	Vince	Hlavaty
Chris	Blumenthal	Steve	Hodgin
James	Bode	tabatha	hoesch
Holly	Bolstad	Karen	Holt
Phillip	Borrelli	Anne	Howard Lindquist
Matthew	Brown	Herc	Hubbell
Thisis	BS	J	Huffman
Shannon	Bushnell	Janell	Hulst
InsideOut	By Design	Linda	J
Stephanie	Byrd	John	Johanson
John	Cameron	Renee	Johnson
Marwan	Cameron	Carl	Johnson
Dr	Carl Botefuhr, DC	Alexis	Jordan
Margo	Chang	Eleisha	Jorgenson
Micah	Chappell	Hayley	Jorstad
Lucas	Cheadle	David	Kimble
Concerned	citizen	Joshua	Kinder
Willie	Clark	Sarah	Kinnear
John	Clauson	South	Kitsap Resident
Joyce	Connolly	Kyle	Kobel
Megan	Cook	Taylor	Korizon
Kitsap	County Parks	April	Kovara
Dana	Cruz	Bryan	kramer
Paige	Cummings	Siri	Kushner
Amber	D	Melissa	Laird
Leighann	Denton City of Bremerton	Nancy	Langwith
sara	devito	Sue	Lee
Shane	Dir	Steven	Lewis
dr. Robert	drury	Vinton	Linard - Kitsap
Judi	Edwards	Jim	Longmate
Elizabeth	Elizabeth Klute	Joshua	Loomis
David	Emmons	Tara	Lucas
pj	evans	Video	Lucas
pamela	feeley	C	M
Freedom	fighter	Ruth	M
Dave	Fischer	Michaelene	Manion
Josh	Fisher	Renee	Martin
April	Fisk	Cole	Mausolf
Yolanda	Fong	Pat	McGanney
Heather	Fredrickson	Nicole	McNamara

Kitsap Public Health Board Meeting (Virtual Attendance)
September 28, 2021

First Name	Last Name	First Name	Last Name
Erin	McSween	bf	squatch
Lance	Mefford	Kelsey	Stedman (she/her), KPHD
Mandy	Meigs	Barb	Steusloff
Charles	Michel	Kaitlin	Stone
Michele	Moen	Rachael	Taylor
Mickey	Molnaire - Bainbridge Is Chamber	PHEPR	Team
Alex	Moore	B	Thomas
Megan	Moore (she/her)	Kristal	Thomas
Connie	morgenstern	Denise	Tracy
Gib	Morrow	susan	van ort
Irene	Moyer	Jennifer	W.
Matt	Murphy	Mike	Walton, KPFD
Pam	my McCormick	Doug	Washburn
Charlotte	Nelson	Rebecca	Wildes, Kitsap County
Andrew	Nelson	Court	Wilson
Tasha	Nicole	Layken	Winchester
Ron	Niel	Shane	Wood
Annette	Nitz, Poulsbo	Bill	Wright
Crystal	Nuno	Danielle	Zack
Carin	Onarheim (Bremerton, WA)	Scott	
Seth	Oppert RT(R)(VI) ARRT SMMC	Doug	
Brian	Painter	Richard	
Robert	Parker	Amber	
Susan	Partain	Jamie	
Sarah	Peterson	Dusti	
Tameka	Phelps	Brenda	
Tom	Pinkham	Jimmy	
Suzanne	Plemmons	Jessica	
Randy	Plumb	Jessica	
Ally	Power	Forbragd	
Ally	Power	Katrina	
Anne	Preston	Mardell	
Kitsap	Public Health	Zach	
Kevin	Ransier	Brian	
Debbie	Rassa	Keslie	
Ted	Rice	brian	
Betti	Ridge	Michael	
Jodi	Rose	CAM1332	
Kimberly	Ruiz	Observer	
jason	s	M	
Jefte	Sanchez	Thomas	
Fletcher	Sandbeck	LS	
Penelope	Sapp	JS	
Stephanie	Schreiber	Kareena	
Katharine	Shaffer	Soul	
Timothy	Sheehy	Susan	
Molly	Shonsey	Mardell	
Keri	Sieckowski	Rob	
Marlaina	Simmons	Shaun	
Betty	Skinner	Observer	
Earl	Smith	Kasey	
Stacey	Smith	Lori	
Amber	Smith	Natalia	
Baugh,	Sophia C	Elena	
Michael	Spencer (BKAT	Jon	

Kitsap Public Health Board Meeting (Virtual Attendance)
September 28, 2021

First Name	Last Name	Join by Phone
CJ		13605091007
Rueben		13607201853
Steve		13605352421
wee		13605359385
Shannon		13605353376
Adrienne		13602777488
gw		13602777488
gw		13605515020
Ashley		13605352421
Kelly		13605360164
scotts		13602017840
maryneyhart		14063713007
Taura		13609906974
Dave		13605091615
David		13605359385
Shawn		17605607181
npilling		13608502255
Naw		13604406215
Debb		13609817878
Victor		13604406215
Katharine		13605360164
dawn.jake		13605359385
pmerrill		13607282010
SAMSUNG-SM-J727A		
jillb		
kareena		
Thomas		
vtabert		
mother		
Rckenady		
marta		
Erin		
archerre		
Katie		
Steph		
Tom		
cindy		
Shea		
K		

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: November 2, 2021
Re: DRAFT 2022 Budget for Kitsap Public Health District as of October 25, 2021

Attached for the Health Board's information, please find the DRAFT 2022 Budget for Kitsap Public Health District as of October 25, 2021.

Although work remains to be done to prepare a final budget for the Health Board's review and approval during your regular meeting on December 7, 2021, the Health District desires to keep the Health Board informed of our progress to attaining an approved budget for 2022.

In summary, the DRAFT budget for 2022:

- Remains balanced at approximately \$18.4M with the use of reserve funds;
- Includes continued substantial investment in our COVID-19 pandemic response (approximately 32 FTE and \$1M of pass-through funds for the Emergency Operations Center; see Page 18 of the Draft Budget);
- Does not include the use of any American Rescue Plan Act (ARPA) funds at this time;
- Does not include requested increases from Health Board city member jurisdictions at this time;
- Does not include increases in Environmental Health Service Fees as recommended by the Finance Committee (see Agenda Item 8); and
- Will need to be revised once a new labor agreement is finalized with our employee union.

The 2022 workload associated with the response to the COVID-19 pandemic remains somewhat uncertain at this time and is difficult to predict. While the Health District has about \$3.8M in COVID-related federal funding secured for 2022, we will continue to monitor the situation for additional funding as needed to sustain our response efforts. When/If COVID funding becomes insufficient to continue existing work efforts, the Health District will approach the Health Board for guidance and direction going forward.

Next steps for the 2022 Budget process include:

1. Finalizing expenses and revenues;
2. Working with the Health Board and employee union to negotiate a final labor agreement;
3. Preparing a final budget; and
4. Presenting the final budget to the Health Board for review and approval at the December 7, 2021, regular meeting.

Please contact me at keith.grellner@kitsappublichealth.org or 360.728.2284 with any questions or comments.

Attachment (1)



KITSAP PUBLIC HEALTH DISTRICT

2022 BUDGET DRAFT
As of October 25, 2021

Kitsap Public Health District

2022 BUDGET DRAFT

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Kitsap Public Health District
2022 BUDGET DRAFT
AGENCYWIDE REVENUES & OTHER SOURCES OF FUNDS

REVENUES	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
CONTRACTS & GRANTS					
Admin Services: Kitsap Connect/Equity	\$ -	\$ 44,287	\$ 150,000	\$ 150,000	#DIV/0!
Admin Services: PHEPR & Assessment/Epidemiology	295,345	143,339	325,345	30,000	10.16%
Community Health	1,972,017	895,621	6,890,793	4,918,776	249.43%
Environmental Health	339,240	92,417	840,653	501,413	147.80%
Total Contracts & Grants	\$ 2,606,602	\$ 1,175,664	\$ 8,206,791	\$ 5,600,189	214.85%
FEES					
Admin Services: General Services & Vital Statistics	\$ 149,000	\$ 78,102	\$ 166,000	\$ 17,000	11.41%
Community Health: Assessment/Epidemiology	172,353	47,948	229,702	57,349	33.27%
Community Health: Other	2,862,079	85,106	217,113	(2,644,966)	-92.41%
Environmental Health	6,210,496	3,287,201	6,531,547	321,051	5.17%
Total Fees	\$ 9,393,928	\$ 3,498,357	\$ 7,144,362	\$ (2,249,566)	-23.95%
GOVERNMENT FLEXIBLE FUNDING - GENERAL PUBLIC HEALTH					
Bainbridge Island	\$ 85,000	\$ 79,423	\$ 81,970	\$ (3,030)	-3.56%
Bremerton	115,963	115,963	115,963	-	N/A
Kitsap County	1,338,964	669,482	1,338,964	-	N/A
Kitsap County - Allocated to Tuberculosis Control	140,205	70,103	100,000	(40,205)	-28.68%
Port Orchard	39,884	44,310	39,884	-	N/A
Poulsbo	33,494	33,494	33,494	-	N/A
State Public Health Assistance Funds	997,476	498,738	997,476	-	N/A
Total Local Government Flexible Funding	\$ 2,750,986	\$ 1,511,513	\$ 2,707,751	\$ (43,235)	-1.57%
GOVERNMENT CONTRIBUTIONS - NDGC MORTGAGE					
Bainbridge Island	\$ 5,577	\$ 5,577	\$ 5,580	\$ 3	0.05%
Bremerton	9,287	9,287	9,167	(120)	-1.29%
Kitsap County	39,831	19,916	40,333	502	1.26%
Port Orchard	3,286	3,286	3,286	-	N/A
Poulsbo	2,569	2,569	2,569	-	N/A
Total Local Government NDGC Mortgage	\$ 60,550	\$ 40,635	\$ 60,935	\$ 385	0.64%
MISCELLANEOUS INCOME					
Interest Income	\$ 35,000	\$ 10,209	\$ 21,000	\$ (14,000)	-40.00%
Other Income	246,000	2,697	246,000	-	N/A
Total Miscellaneous Income	\$ 281,000	\$ 12,906	\$ 267,000	\$ (14,000)	-4.98%
TOTAL REVENUES	\$ 15,093,066	\$ 6,239,075	\$ 18,386,839	\$ 3,293,773	21.82%
FUND BALANCE					
Use or (Designate): Drinking Water	\$ -	\$ -	\$ -	\$ -	N/A
Use or (Designate): Foundational Public Health Services	-	-	-	-	N/A
Use or (Designate): HIV/AIDS	-	-	-	-	N/A
Use or (Designate): On-Site Sewage	102,988	(510,562)	(289,809)	(392,797)	-381.40%
Use or (Designate): Solid & Hazardous Waste	(218,989)	(235,729)	(319,731)	(100,742)	46.00%
Use or (Designate): Tuberculosis	(20,229)	(54,412)	10,931	31,160	-154.04%
Use or (Source) of Unrestricted/Undesignated Funds	664,586	2,368,096	634,799	(29,787)	-4.48%
Total Change in Fund Balance	\$ 528,356	\$ 1,567,393	\$ 36,190	\$ (492,166)	-93.15%
TOTAL REVENUES & OTHER SOURCES OF FUNDS	\$ 15,621,422	\$ 7,806,468	\$ 18,423,029	\$ 2,801,607	17.93%
TOTAL REVENUES OVER (SHORT) OF EXPENDITURES	\$ -	\$ -	\$ -		

Kitsap Public Health District
2022 BUDGET DRAFT
AGENCYWIDE EXPENDITURES & OTHER USES OF FUNDS

EXPENDITURES	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
Personnel Costs					
Salaries & Wages	\$ 9,077,504	\$ 4,499,370	\$ 10,523,987	\$ 1,446,483	15.93%
Payroll Taxes	734,202	505,919	955,040	220,838	30.08%
Benefits	2,878,377	1,102,737	2,950,401	72,024	2.50%
Unemployment	54,200	-	63,368	9,168	16.92%
Subtotal Personnel Costs	\$ 12,744,283	\$ 6,108,026	\$ 14,492,796	\$ 1,748,513	13.72%
Non-Personnel Costs					
Supplies	\$ 146,276	\$ 88,069	\$ 172,404	\$ 26,128	17.86%
Office Equipment <\$5,000	-	3,136	5,000	5,000	N/A
Computer Software <\$5,000	22,546	2,925	24,346	1,800	7.98%
Computer Hardware <\$5,000	26,200	48,591	43,300	17,100	65.27%
Professional Services	536,545	910,876	1,555,993	1,019,448	190.00%
Legal Services	69,204	5,983	42,358	(26,846)	-38.79%
Communications	169,472	80,381	173,856	4,384	2.59%
Travel & Mileage	71,287	26,230	79,869	8,582	12.04%
Parking & Commute Trip Reduction	19,776	6,043	19,512	(264)	-1.33%
Advertising	3,095	2,957	2,045	(1,050)	-33.93%
Rentals & Leases	90,970	51,719	91,090	120	0.13%
Insurance	160,000	-	206,000	46,000	28.75%
Utilities	1,800	823	1,800	-	0.00%
Repairs & Maintenance	166,599	52,550	199,955	33,356	20.02%
Operations & Maintenance: NDGC	364,622	184,005	383,998	19,376	5.31%
Training	63,460	12,216	72,260	8,800	13.87%
Miscellaneous	412,537	70,764	277,697	(134,840)	-32.69%
Equipment >\$5,000	-	(200)	-	-	N/A
Computer Software >\$5,000	-	-	16,000	16,000	N/A
Computer Hardware >\$5,000	10,000	-	20,000	10,000	100.00%
Government Center Debt Principal	180,000	90,000	180,000	-	0.00%
Government Center Debt Interest	122,750	61,374	122,750	-	0.00%
Non-Expenditures	240,000	-	240,000	-	0.00%
Subtotal Non-Personnel Costs	\$ 2,877,139	\$ 1,698,442	\$ 3,930,233	\$ 1,053,094	36.60%
TOTAL EXPENDITURES	\$ 15,621,422	\$ 7,806,468	\$ 18,423,029	\$ 2,801,607	17.93%

Kitsap Public Health District
2022 BUDGET DRAFT
ADMINISTRATIVE SERVICES DIVISION - SUMMARY

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DIRECT PROGRAM REVENUES	\$ 785,895	\$ 319,269	\$ 939,280	\$ 153,385	19.52%
Government Contributions	272,477	415,639	(55,155)	(327,632)	-120.24%
TOTAL REVENUES	\$ 1,058,372	\$ 734,908	\$ 884,125	(174,247)	-16.46%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 2,259,754	\$ 1,114,756	\$ 2,579,796	\$ 320,042	14.16%
Payroll Taxes	185,427	123,488	210,336	24,909	13.43%
Benefits	689,361	274,355	716,060	26,699	3.87%
Unemployment	13,508	-	15,437	1,929	14.28%
Subtotal Personnel Costs	\$ 3,148,050	\$ 1,512,599	\$ 3,521,629	\$ 373,579	11.87%
Non-Personnel Costs					
Supplies	\$ 73,630	\$ 27,518	\$ 73,830	\$ 200	0.27%
Office Equipment <\$5,000	-	-	5,000	5,000	#DIV/0!
Computer Software <\$5,000	19,546	1,225	19,846	300	1.53%
Computer Hardware <\$5,000	12,500	22,192	17,500	5,000	40.00%
Professional Services	96,090	23,316	121,090	25,000	26.02%
Legal Services	47,500	1,770	27,500	(20,000)	-42.11%
Communications	96,664	36,678	98,484	1,820	1.88%
Travel & Mileage	6,560	1,971	6,350	(210)	-3.20%
Parking & Commute Trip Reduction	3,600	(5,196)	3,600	-	N/A
Advertising	500	90	500	-	N/A
Rentals & Leases	29,460	19,043	29,580	120	0.41%
Insurance	160,000	-	206,000	46,000	28.75%
Utilities	1,800	823	1,800	-	N/A
Repairs & Maintenance	109,196	38,838	148,834	39,638	36.30%
Operations & Maintenance: NDGC	15,191	10,186	9,559	(5,632)	-37.07%
Training	20,300	3,984	21,300	1,000	4.93%
Miscellaneous	86,825	53,812	86,975	150	0.17%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	16,000	16,000	N/A
Computer Hardware >\$5,000	10,000	-	20,000	10,000	100.00%
Government Center Debt Principal	180,000	90,000	180,000	-	N/A
Government Center Debt Interest	122,750	61,374	122,750	-	N/A
Non-Expenditures	240,000	-	240,000	-	N/A
Subtotal Non-Personnel Costs	\$ 1,332,112	\$ 387,624	\$ 1,456,498	\$ 124,386	9.34%
PROGRAM EXPENDITURES	\$ 4,480,162	\$ 1,900,223	\$ 4,978,127	\$ 497,965	11.11%
Administrative Services Overhead	(3,421,790)	(1,165,315)	(4,094,002)	(672,212)	19.65%
TOTAL EXPENDITURES	\$ 1,058,372	\$ 734,908	\$ 884,125	\$ (174,247)	-16.46%

Kitsap Public Health District
2022 BUDGET DRAFT
ADMIN SERVICES (Health Officer, Administrator, Acctg, HR, IT, PIO, Clerical, & Facilities)

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Contracts & Grants					
Foundation Public Health Services	-	-	150,000	150,000	#DIV/0!
Subtotal	\$ -	\$ -	\$ 150,000	\$ 150,000	#DIV/0!
Fees					
Birth Certificates	\$ 85,000	\$ 34,362	\$ 90,000	\$ 5,000	5.88%
Death Certificates	50,000	31,846	60,000	10,000	20.00%
Vital Statistics Postage & Handling	14,000	11,894	16,000	2,000	14.29%
Subtotal Vital Statistics	\$ 149,000	\$ 78,102	\$ 166,000	\$ 17,000	11.41%
Other Revenues					
Bainbridge - NDGC	\$ 5,577	\$ 5,577	\$ 5,580	\$ 3	0.05%
Bremerton - NDGC	9,287	9,287	9,167	(120)	-1.29%
Kitsap County - NDGC	39,831	19,916	40,333	502	1.26%
Port Orchard - NDGC	3,286	3,286	3,286	-	N/A
Poulsbo - NDGC	2,569	2,569	2,569	-	N/A
Flex Court Restitution	1,500	554	1,500	-	N/A
Admin - Other	1,500	358	1,500	-	N/A
Sale of Surplus Property	-	72	-	-	N/A
Donations	-	109	-	-	N/A
Expenditure Reimbursements	-	-	-	-	N/A
Cashiers' Over/Short	-	-	-	-	N/A
Cash Adjustments	-	-	-	-	N/A
Interest	35,000	10,209	21,000	(14,000)	-40.00%
Non-Revenue	243,000	1,604	243,000	-	N/A
Non-Revenue - KCHP Passthrough	-	-	-	-	N/A
Subtotal Other Revenues	\$ 341,550	\$ 53,541	\$ 327,935	\$ (13,615)	-3.99%
TOTAL REVENUES	\$ 490,550	\$ 131,643	\$ 643,935	\$ 153,385	31.27%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 1,979,817	\$ 916,739	\$ 2,160,532	\$ 180,715	9.13%
Payroll Taxes	162,220	102,549	175,989	13,769	8.49%
Benefits	596,828	221,520	608,790	11,962	2.00%
Unemployment	11,832	-	12,924	1,092	9.23%
Subtotal Personnel Costs	\$ 2,750,697	\$ 1,240,808	\$ 2,958,235	\$ 207,538	7.54%
Non-Personnel Costs					
Supplies	\$ 73,150	\$ 27,106	\$ 73,150	\$ -	N/A
Office Equipment <\$5,000	-	-	5,000	5,000	#DIV/0!
Computer Software <\$5,000	19,546	680	19,546	-	N/A
Computer Hardware <\$5,000	12,500	20,054	15,900	3,400	27.20%
Professional Services	96,090	18,800	121,090	25,000	26.02%
Legal Services	47,500	1,770	27,500	(20,000)	-42.11%
Communications	92,464	33,587	91,344	(1,120)	-1.21%
Travel & Mileage	4,560	395	4,350	(210)	-4.61%
Parking & Commute Trip Reduction	3,600	(5,196)	3,600	-	N/A
Advertising	500	90	500	-	N/A
Rentals & Leases	29,460	19,043	29,580	120	0.41%
Insurance	160,000	-	206,000	46,000	28.75%
Utilities	1,800	823	1,800	-	N/A
Repairs & Maintenance	108,836	38,712	148,474	39,638	36.42%
Operations & Maintenance: NDGC	-	5	-	-	N/A
Training	18,300	3,024	19,300	1,000	5.46%
Miscellaneous	86,825	53,434	86,975	150	0.17%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	16,000	16,000	N/A
Computer Hardware >\$5,000	10,000	-	20,000	10,000	100.00%
Government Center Debt Principal	180,000	90,000	180,000	-	N/A
Government Center Debt Interest	122,750	61,374	122,750	-	N/A
Non-Expenditures	240,000	-	240,000	-	N/A
Subtotal Non-Personnel Costs	\$ 1,307,881	\$ 363,701	\$ 1,432,859	\$ 124,978	9.56%
PROGRAM EXPENDITURES	\$ 4,058,578	\$ 1,604,509	\$ 4,391,094	\$ 332,516	8.19%
Administrative Services Overhead	(3,570,528)	(1,233,688)	(4,201,522)	(630,994)	17.67%
TOTAL EXPENDITURES	\$ 488,050	\$ 370,821	\$ 189,572	\$ (298,478)	-61.16%

Kitsap Public Health District
2022 BUDGET DRAFT
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH Con Con PHEPR LHJ Funding	\$ 295,345	\$ 143,339	\$ 295,345	\$ -	0.00%
Other - PHEPR	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 295,345	\$ 143,339	\$ 295,345	\$ -	N/A
Government Contributions	274,977	207,000	94,847	(180,130)	-65.51%
TOTAL REVENUES	\$ 570,322	\$ 350,339	\$ 390,192	\$ (180,130)	-31.58%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 279,937	\$ 191,364	\$ 207,230	\$ (72,707)	-25.97%
Payroll Taxes	23,207	20,424	16,968	(6,239)	-26.88%
Benefits	92,533	51,497	39,110	(53,423)	-57.73%
Unemployment	1,676	-	1,243	(433)	-25.84%
Subtotal Personnel Costs	\$ 397,353	\$ 263,285	\$ 264,551	\$ (132,802)	-33.42%
Non-Personnel Costs					
Supplies	\$ 480	\$ 370	\$ 480	\$ -	N/A
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	545	300	300	#DIV/0!
Computer Hardware <\$5,000	-	2,138	-	-	N/A
Professional Services	-	-	-	-	N/A
Legal Services	-	-	-	-	N/A
Communications	4,200	3,091	6,420	2,220	52.86%
Travel & Mileage	2,000	1,576	2,000	-	N/A
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	360	126	360	-	N/A
Operations & Maintenance: NDGC	15,191	10,181	9,559	(5,632)	-37.07%
Training	2,000	960	2,000	-	N/A
Miscellaneous	-	378	-	-	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 24,231	\$ 19,365	\$ 21,119	\$ (3,112)	-12.84%
PROGRAM EXPENDITURES	\$ 421,584	\$ 282,650	\$ 285,670	\$ (135,914)	-32.24%
Administrative Services Overhead	148,738	67,689	104,522	(44,216)	-29.73%
TOTAL EXPENDITURES	\$ 570,322	\$ 350,339	\$ 390,192	\$ (180,130)	-31.58%

**KITSAP PUBLIC HEALTH DISTRICT
2022 BUDGET DRAFT
EQUITY PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Kitsap Connects - 1/10th of 1%	\$ -	\$ 36,648	\$ -	\$ -	N/A
Bremerton Salvation Army Services	-	7,639	-	-	N/A
DIRECT PROGRAM REVENUES	\$ -	\$ 44,287	\$ -	\$ -	N/A
Government Contributions	-	(29,036)	301,363	301,363	#DIV/0!
TOTAL REVENUES	\$ -	\$ 15,251	\$ 301,363	\$ 301,363	#DIV/0!
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ -	\$ 6,653	\$ 212,034	\$ 212,034	#DIV/0!
Payroll Taxes	-	515	17,379	17,379	#DIV/0!
Benefits	-	1,338	68,160	68,160	#DIV/0!
Unemployment	-	-	1,270	1,270	#DIV/0!
Subtotal Personnel Costs	\$ -	\$ 8,506	\$ 298,843	\$ 298,843	#DIV/0!
Non-Personnel Costs					
Supplies	\$ -	\$ 42	\$ 200	\$ 200	#DIV/0!
Office Equipment	-	-	-	-	N/A
Computer Software	-	-	-	-	N/A
Computer Hardware	-	-	1,600	1,600	#DIV/0!
Professional Services	-	4,516	-	-	N/A
Legal Services	-	-	-	-	N/A
Communications	-	-	720	720	#DIV/0!
Travel & Mileage	-	-	-	-	N/A
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: Government Center	-	-	-	-	N/A
Training	-	-	-	-	N/A
Miscellaneous	-	-	-	-	N/A
Equipment	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ -	\$ 4,558	\$ 2,520	\$ 2,520	#DIV/0!
TOTAL EXPENDITURES	\$ -	\$ 13,064	\$ 301,363	\$ 301,363	#DIV/0!
Administrative Services Overhead	-	-	-	-	N/A
Administrative Services Overhead	-	2,187	-	-	N/A
TOTAL EXPENDITURES W/OVERHEAD DISTRIBUTED	\$ -	\$ 15,251	\$ 301,363	\$ 301,363	#DIV/0!

Kitsap Public Health District
2022 BUDGET DRAFT
COMMUNITY HEALTH DIVISION - SUMMARY

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DIRECT PROGRAM REVENUES	\$ 5,146,654	\$ 1,098,778	\$ 7,467,608	\$ 2,320,954	45.10%
Government Contributions	2,934,010	3,633,899	3,154,755	220,745	7.52%
Draw from (Increase) Reserves	(20,229)	(54,412)	10,931	31,160	-154.04%
TOTAL REVENUES	\$ 8,060,435	\$ 4,678,265	\$ 10,633,294	\$ 2,572,859	31.92%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 3,754,445	\$ 2,083,869	\$ 4,617,203	\$ 862,758	22.98%
Payroll Taxes	294,538	233,460	468,488	173,950	59.06%
Benefits	1,254,693	511,371	1,257,799	3,106	0.25%
Unemployment	22,384	-	28,023	5,639	25.19%
Subtotal Personnel Costs	\$ 5,326,060	\$ 2,828,700	\$ 6,371,513	\$ 1,045,453	19.63%
Non-Personnel Costs					
Supplies	\$ 34,572	\$ 50,242	\$ 52,422	\$ 17,850	51.63%
Office Equipment <\$5,000	-	3,136	-	-	N/A
Computer Software <\$5,000	-	1,700	-	-	N/A
Computer Hardware <\$5,000	6,300	24,201	13,200	6,900	109.52%
Professional Services	363,644	857,942	1,325,351	961,707	264.46%
Legal Services	5,600	2,686	-	(5,600)	-100.00%
Communications	40,568	27,123	41,048	480	1.18%
Travel & Mileage	19,000	3,696	21,645	2,645	13.92%
Parking & Commute Trip Reduction	6,096	5,881	6,120	24	0.39%
Advertising	-	2,822	-	-	N/A
Rentals & Leases	56,550	30,742	56,550	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	39,240	3,408	29,140	(10,100)	-25.74%
Operations & Maintenance: NDGC	197,161	108,566	223,709	26,548	13.47%
Training	21,200	2,568	30,500	9,300	43.87%
Miscellaneous	13,655	6,814	14,305	650	4.76%
Equipment >\$5,000	-	(200)	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal NON-LABOR COSTS	\$ 803,586	\$ 1,131,327	\$ 1,813,990	\$ 1,010,404	125.74%
PROGRAM EXPENDITURES	\$ 6,129,646	\$ 3,960,027	\$ 8,185,503	\$ 2,055,857	33.54%
Administrative Services Overhead	1,930,788	718,238	2,447,791	517,003	26.78%
Community Health Overhead	1	-	-	(1)	-100.00%
TOTAL EXPENDITURES	\$ 8,060,435	\$ 4,678,265	\$ 10,633,294	\$ 2,572,859	31.92%

Kitsap Public Health District
2022 BUDGET DRAFT
COMMUNITY HEALTH DIVISION ADMINISTRATION

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Other Revenues					
DSHS Medicaid Match - CH Admin	\$ 150,000	\$ -	\$ 150,000	\$ -	0.0%
OCH CBOSS DSRIP	45,302	88,451	-	(45,302)	N/A
Mason County Nightingale Notes	-	-	-	-	N/A
Olympic College Teaching Contract	-	-	-	-	N/A
Non-Revenue	-	-	-	-	N/A
TOTAL REVENUES	\$ 195,302	\$ 88,451	\$ 150,000	\$ (45,302)	-23.20%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 123,548	\$ 25,244	\$ 134,838	\$ 11,290	9.14%
Payroll Taxes	10,057	3,333	10,767	710	7.06%
Benefits	34,449	6,458	34,026	(423)	-1.23%
Unemployment	739	-	806	67	9.07%
Subtotal Personnel Costs	\$ 168,793	\$ 35,035	\$ 180,437	\$ 11,644	6.90%
Non-Personnel Costs					
Supplies	\$ 500	\$ 353	\$ 500	\$ -	N/A
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	1,800	464	2,500	700	38.89%
Professional Services	2,600	-	2,600	-	N/A
Legal Services	600	-	-	(600)	-100.00%
Communications	2,700	1,189	2,700	-	N/A
Travel & Mileage	-	-	-	-	N/A
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: NDGC	-	-	-	-	N/A
Training	1,000	-	5,000	4,000	400.00%
Miscellaneous	10,315	106	10,315	-	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 19,515	\$ 2,112	\$ 23,615	\$ 4,100	21.01%
PROGRAM EXPENDITURES	\$ 188,308	\$ 37,147	\$ 204,052	\$ 15,744	8.36%
Administrative Services Overhead	-	-	-	-	N/A
Community Health Overhead	6,994	51,304	(54,052)	(61,046)	-872.83%
TOTAL EXPENDITURES	\$ 195,302	\$ 88,451	\$ 150,000	\$ (45,302)	-23.20%

**Kitsap Public Health District
2022 BUDGET DRAFT
ASSESSMENT AND EPIDEMIOLOGY PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Clallam County Assessment Work	\$ 33,182	\$ -	\$ 34,230	\$ 1,048	3.16%
Jefferson County Health Department	12,360	-	12,360	-	N/A
KCR Kitsap Interagency Coordinating Council	10,000	8,650	10,000	-	N/A
Kitsap Mental Health Services	-	-	-	-	N/A
OCH EPI Support	60,000	15,343	60,000	-	0.00%
KCF Kitsap Strong Initiative	-	-	-	-	N/A
Jefferson County CHA CHIP	-	-	-	-	N/A
Jefferson County Assessment	-	9,257	-	-	N/A
Clallam County Assessment Work	-	5,075	-	-	N/A
OESD Behavioral Health Counseling Enhancement	15,611	1,101	16,642	1,031	6.60%
OCH Oral Health	-	-	-	-	N/A
1/10 of 1%: Assessment	41,200	8,522	48,470	7,270	17.65%
Foundational Public Health Services	-	-	30,000	30,000	#DIV/0!
New Unassigned Revenue	-	-	48,000	48,000	#DIV/0!
DIRECT PROGRAM REVENUES	\$ 172,353	\$ 47,948	\$ 259,702	\$ 87,349	50.68%
Government Contributions	261,491	60,364	261,369	(122)	-0.05%
TOTAL REVENUES	\$ 433,844	\$ 108,312	\$ 521,071	\$ 87,227	20.11%

EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 210,945	\$ 63,057	\$ 266,421	\$ 55,476	26.30%
Payroll Taxes	17,496	5,618	21,896	4,400	25.15%
Benefits	61,666	13,193	55,858	(5,808)	-9.42%
Unemployment	1,266	-	1,598	332	26.22%
Subtotal Personnel Costs	\$ 291,373	\$ 81,868	\$ 345,773	\$ 54,400	18.67%
Non-Personnel Costs					
Supplies	\$ 600	\$ -	\$ 600	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	-	-	N/A
Professional Services	-	-	-	-	N/A
Legal Services	-	-	-	-	N/A
Communications	2,980	1,420	2,740	(240)	-8.05%
Travel & Mileage	3,600	-	7,200	3,600	100.00%
Parking & Commute Trip Reduction	3,216	431	360	(2,856)	-88.81%
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	4,120	-	4,120	-	0.00%
Operations & Maintenance: NDGC	11,139	2,824	12,494	1,355	12.16%
Training	8,000	-	8,000	-	0.00%
Miscellaneous	160	2,224	160	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 33,815	\$ 6,899	\$ 35,674	\$ 1,859	5.50%
PROGRAM EXPENDITURES	\$ 325,188	\$ 88,767	\$ 381,447	\$ 56,259	17.30%
Administrative Services Overhead	109,110	21,048	136,626	27,516	25.22%
Community Health Overhead	(454)	(1,503)	2,998	3,452	N/A
TOTAL EXPENDITURES	\$ 433,844	\$ 108,312	\$ 521,071	\$ 87,227	20.11%

Kitsap Public Health District
2022 BUDGET DRAFT
HEALTHY COMMUNITIES - ROLL-UP

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DIRECT PROGRAM REVENUES	\$ 1,107,954	\$ 442,744	\$ 1,136,946	\$ 28,992	2.62%
Government Contributions	721,164	284,336	1,146,361	425,197	58.96%
Draw from (Increase) Reserves	-	-	-	-	N/A
TOTAL REVENUES	\$ 1,829,118	\$ 727,080	\$ 2,283,307	\$ 454,189	24.83%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 789,073	\$ 350,437	\$ 1,021,867	\$ 232,794	29.50%
Payroll Taxes	65,352	40,027	84,130	18,778	28.73%
Benefits	231,771	85,018	277,524	45,753	19.74%
Unemployment	4,710	-	6,101	1,391	29.53%
Subtotal Personnel Costs	\$ 1,090,906	\$ 475,482	\$ 1,389,622	\$ 298,716	27.38%
Non-Personnel Costs					
Supplies	\$ 4,500	\$ 2,024	\$ 4,500	\$ -	N/A
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	2,102	1,400	1,400	#DIV/0!
Professional Services	240,844	109,367	232,351	(8,493)	-3.53%
Legal Services	-	-	-	-	N/A
Communications	9,208	5,018	9,208	-	N/A
Travel & Mileage	7,500	334	6,545	(955)	-12.73%
Parking & Commute Trip Reduction	1,800	994	1,800	-	N/A
Advertising	-	45	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	18,360	-	18,360	-	N/A
Operations & Maintenance: NDGC	41,706	16,695	50,213	8,507	20.40%
Training	5,500	998	5,800	300	5.45%
Miscellaneous	1,900	509	1,900	-	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal NON-LABOR COSTS	\$ 331,318	\$ 138,086	\$ 332,077	\$ 759	0.23%
PROGRAM EXPENDITURES	\$ 1,422,224	\$ 613,568	\$ 1,721,699	\$ 299,475	21.06%
Administrative Services Overhead	408,417	122,244	549,460	141,043	34.53%
Community Health Overhead	(1,523)	(8,732)	12,148	13,671	-897.64%
TOTAL EXPENDITURES	\$ 1,829,118	\$ 727,080	\$ 2,283,307	\$ 454,189	24.83%

Kitsap Public Health District
2022 BUDGET DRAFT
CHRONIC DISEASE PREVENTION PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH ConCon USDA Snap-Ed Fini	\$ -	\$ -	\$ -	\$ -	N/A
DOH Youth Tobacco 7 Vapor Product Prevention	62,691	29,690	62,884	193	0.31%
Foundation Public Health Services	-	-	50,000	50,000	N/A
DOH CC LSPAN	60,000	25,183	60,000	-	N/A
DOH Tobacco Prevention	-	-	-	-	N/A
DOH Marijuana & Tobacco Education Provision	253,275	122,507	247,509	(5,766)	-2.28%
DOH ConCon Snap-Ed IAR	95,450	48,079	104,497	9,047	9.48%
CDP Other	-	-	-	-	N/A
New Unassigned Revenue	24,482	-	-	(24,482)	-100.00%
DIRECT PROGRAM REVENUES	\$ 495,898	\$ 225,459	\$ 524,890	\$ 28,992	5.85%
Government Contributions	283,254	92,502	340,996	57,742	20.39%
TOTAL REVENUES	\$ 779,152	\$ 317,961	\$ 865,886	\$ 86,734	11.13%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 307,058	\$ 124,130	\$ 369,339	\$ 62,281	20.28%
Payroll Taxes	25,487	14,380	30,454	4,967	19.49%
Benefits	103,668	28,927	94,013	(9,655)	-9.31%
Unemployment	1,839	-	2,212	373	20.28%
Subtotal Personnel Costs	\$ 438,052	\$ 167,437	\$ 496,018	\$ 57,966	13.23%
Non-Personnel Costs					
Supplies	\$ 1,500	\$ 579	\$ 1,500	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	2,102	-	-	N/A
Professional Services	152,144	98,974	143,651	(8,493)	-5.58%
Legal Services	-	-	-	-	N/A
Communications	3,130	1,707	3,130	-	N/A
Travel & Mileage	2,000	27	1,045	(955)	-47.75%
Parking & Commute Trip Reduction	-	172	-	-	N/A
Advertising	-	45	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: NDGC	16,747	6,578	17,923	1,176	7.02%
Training	2,000	199	2,000	-	N/A
Miscellaneous	200	169	200	-	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 177,721	\$ 110,552	\$ 169,449	\$ (8,272)	-4.65%
PROGRAM EXPENDITURES	\$ 615,773	\$ 277,989	\$ 665,467	\$ 49,694	8.07%
Administrative Services Overhead	164,012	43,047	196,106	32,094	19.57%
Community Health Overhead	(633)	(3,075)	4,313	4,946	-781.36%
TOTAL EXPENDITURES	\$ 779,152	\$ 317,961	\$ 865,886	\$ 86,734	11.13%

Kitsap Public Health District
2022 BUDGET DRAFT
PARENT CHILD HEALTH PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH Con Con MCGBG/MCH	\$ 79,927	\$ -	\$ 79,927	\$ -	0.00%
CC DOH Lead Environments Children	-	-	-	-	N/A
OESD Head Start/Early Headstart Expansion	54,750	9,689	54,750	-	0.00%
DSHS Title Nineteen MSS First Steps	-	-	-	-	N/A
DSHS Workfirst Children with Special Needs	1,000	-	1,000	-	0.00%
Jefferson County - Nightingale Notes	1,650	-	1,650	-	0.00%
Mason County - Nightingale Notes	1,000	-	1,000	-	0.00%
Child Care Centers	-	-	-	-	N/A
Other - PCH	-	-	-	-	N/A
KCR Head Start	5,000	-	5,000	-	0.00%
Harrison Medical Center - New Parent Support	25,000	570	25,000	-	N/A
PCH Donations	-	-	-	-	N/A
New Contracts	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 168,327	\$ 10,259	\$ 168,327	\$ -	N/A
Government Contributions	210,974	119,383	349,498	138,524	65.66%
TOTAL REVENUES	\$ 379,301	\$ 129,642	\$ 517,825	\$ 138,524	36.52%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 183,533	\$ 75,148	\$ 239,787	\$ 56,254	30.65%
Payroll Taxes	15,120	8,276	19,690	4,570	30.22%
Benefits	49,839	16,619	78,625	28,786	57.76%
Unemployment	1,097	-	1,438	341	31.08%
Subtotal Personnel Costs	\$ 249,589	\$ 100,043	\$ 339,540	\$ 89,951	36.04%
Non-Personnel Costs					
Supplies	\$ 1,500	\$ 99	\$ 1,500	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	1,400	1,400	N/A
Professional Services	1,200	231	1,200	-	0.00%
Legal Services	-	-	-	-	N/A
Communications	2,898	1,638	2,898	-	0.00%
Travel & Mileage	1,500	20	1,500	-	0.00%
Parking & Commute Trip Reduction	720	329	720	-	0.00%
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	16,560	-	16,560	-	0.00%
Operations & Maintenance: NDGC	9,542	3,140	12,269	2,727	28.58%
Training	1,500	100	1,800	300	20.00%
Miscellaneous	1,200	158	1,200	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 36,620	\$ 5,715	\$ 41,047	\$ 4,427	12.09%
PROGRAM EXPENDITURES	\$ 286,209	\$ 105,758	\$ 380,587	\$ 94,378	32.98%
Administrative Services Overhead	93,430	25,721	134,258	40,828	43.70%
Community Health Overhead	(338)	(1,837)	2,980	3,318	-981.66%
TOTAL EXPENDITURES	\$ 379,301	\$ 129,642	\$ 517,825	\$ 138,524	36.52%

**Kitsap Public Health District
2022 BUDGET DRAFT
NURSE FAMILY PARTNERSHIP PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Jefferson County Public Health - ThrivexFive	\$ 194,719	\$ 1,754	\$ 194,719	\$ -	0.00%
CC DOH MCHBG NFP	79,927	105,820	79,927	-	0.00%
KCF NFP Healthy Start Kitsap Fund	-	-	-	-	N/A
Kitsap County 1/10th of 1% - NFP	169,083	98,547	169,083	-	0.00%
Other - NFP	-	905	-	-	N/A
New Unassigned Revenue	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 443,729	\$ 207,026	\$ 443,729	\$ -	N/A
Government Contributions	226,936	72,451	455,867	228,931	100.88%
TOTAL REVENUES	\$ 670,665	\$ 279,477	\$ 899,596	\$ 228,931	34.13%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 298,482	\$ 151,159	\$ 412,741	\$ 114,259	38.28%
Payroll Taxes	24,745	17,371	33,986	9,241	37.34%
Benefits	78,264	39,472	104,886	26,622	34.02%
Unemployment	1,774	-	2,451	677	38.16%
Subtotal Personnel Costs	\$ 403,265	\$ 208,002	\$ 554,064	\$ 150,799	37.39%
Non-Personnel Costs					
Supplies	\$ 1,500	\$ 1,346	\$ 1,500	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	-	-	N/A
Professional Services	87,500	10,162	87,500	-	0.00%
Legal Services	-	-	-	-	N/A
Communications	3,180	1,673	3,180	-	0.00%
Travel & Mileage	4,000	287	4,000	-	0.00%
Parking & Commute Trip Reduction	1,080	493	1,080	-	0.00%
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	1,800	-	1,800	-	0.00%
Operations & Maintenance: NDGC	15,417	6,977	20,021	4,604	29.86%
Training	2,000	699	2,000	-	0.00%
Miscellaneous	500	182	500	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 116,977	\$ 21,819	\$ 121,581	\$ 4,604	3.94%
PROGRAM EXPENDITURES	\$ 520,242	\$ 229,821	\$ 675,645	\$ 155,403	29.87%
Administrative Services Overhead	150,975	53,476	219,096	68,121	45.12%
Community Health Overhead	(552)	(3,820)	4,855	5,407	-979.53%
TOTAL EXPENDITURES	\$ 670,665	\$ 279,477	\$ 899,596	\$ 228,931	34.13%

Kitsap Public Health District
2022 BUDGET DRAFT
CLINICAL SERVICES - ROLL-UP

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DIRECT PROGRAM REVENUES	\$ 3,671,045	\$ 519,635	\$ 5,920,960	\$ 2,249,915	61.29%
Government Contributions	1,951,355	3,289,199	1,747,025	(204,330)	-10.47%
Draw from (Increase) Reserves	(20,229)	(54,412)	10,931	31,160	-154.04%
TOTAL REVENUES	\$ 5,602,171	\$ 3,754,422	\$ 7,678,916	\$ 2,076,745	37.07%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 2,630,879	\$ 1,645,131	\$ 3,194,077	\$ 563,198	21.41%
Payroll Taxes	201,633	184,482	351,695	150,062	74.42%
Benefits	926,807	406,702	890,391	(36,416)	-3.93%
Unemployment	15,669	-	19,518	3,849	24.56%
Subtotal Personnel Costs	\$ 3,774,988	\$ 2,236,315	\$ 4,455,681	\$ 680,693	18.03%
Non-Personnel Costs					
Supplies	\$ 28,972	\$ 47,865	\$ 46,822	\$ 17,850	61.61%
Office Equipment <\$5,000	-	3,136	-	-	N/A
Computer Software <\$5,000	-	1,700	-	-	N/A
Computer Hardware <\$5,000	4,500	21,635	9,300	4,800	106.67%
Professional Services	120,200	748,575	1,090,400	970,200	807.15%
Legal Services	5,000	2,686	-	(5,000)	-100.00%
Communications	25,680	19,496	26,400	720	2.80%
Travel & Mileage	7,900	3,362	7,900	-	0.00%
Parking & Commute Trip Reduction	1,080	4,456	3,960	2,880	266.67%
Advertising	-	2,777	-	-	N/A
Rentals & Leases	56,550	30,742	56,550	-	0.00%
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	16,760	3,408	6,660	(10,100)	-60.26%
Operations & Maintenance: NDGC	144,316	89,047	161,002	16,686	11.56%
Training	6,700	1,570	11,700	5,000	74.63%
Miscellaneous	1,280	3,975	1,930	650	50.78%
Equipment >\$5,000	-	(200)	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal NON-LABOR COSTS	\$ 418,938	\$ 984,230	\$ 1,422,624	\$ 1,003,686	239.58%
PROGRAM EXPENDITURES	\$ 4,193,926	\$ 3,220,545	\$ 5,878,305	\$ 1,684,379	40.16%
Administrative Services Overhead	1,413,261	574,946	1,761,705	348,444	24.66%
Community Health Overhead	(5,016)	(41,069)	38,906	43,922	-875.64%
TOTAL EXPENDITURES	\$ 5,602,171	\$ 3,754,422	\$ 7,678,916	\$ 2,076,745	37.07%

Kitsap Public Health District
2022 BUDGET DRAFT
COMMUNICABLE DISEASE PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH Con Con AFIX Immunization	\$ 16,500	\$ 2,280	\$ 12,500	\$ (4,000)	-24.24%
DOH Con Con PPHF Ops Peri Hep B	2,500	-	2,500	-	0.00%
Foundational Public Health Services	212,134	106,067	726,855	514,721	242.64%
DSHS Title Nineteen - CD	-	-	-	-	N/A
DOH Con Con Increase Imm Rates	16,000	-	-	(16,000)	-100.00%
Fees - CD	-	-	-	-	N/A
Fees - CD Insurance	-	-	-	-	N/A
Other - CD	-	-	-	-	N/A
New Unassigned Revenue - COVID Funding	2,433,895	-	-	(2,433,895)	-100.00%
DIRECT PROGRAM REVENUES	\$ 2,681,029	\$ 108,347	\$ 741,855	\$ (1,939,174)	-72.33%
Government Contributions	1,828,662	3,240,260	175,744	(1,652,918)	-90.39%
TOTAL REVENUES	\$ 4,509,691	\$ 3,348,607	\$ 917,599	\$ (3,592,092)	-79.65%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 2,177,895	\$ 1,476,337	\$ 473,908	\$ (1,703,987)	-78.24%
Payroll Taxes	163,538	164,136	38,479	(125,059)	-76.47%
Benefits	777,960	365,129	104,642	(673,318)	-86.55%
Unemployment	12,954	-	2,756	(10,198)	-78.72%
Subtotal Personnel Costs	\$ 3,132,347	\$ 2,005,602	\$ 619,785	\$ (2,512,562)	-80.21%
Non-Personnel Costs					
Supplies	\$ 10,000	\$ 29,496	\$ 10,350	\$ 350	3.50%
Office Equipment <\$5,000	-	3,136	-	-	N/A
Computer Software <\$5,000	-	1,700	-	-	N/A
Computer Hardware <\$5,000	4,500	19,790	4,800	300	6.67%
Professional Services	36,000	700,366	-	(36,000)	-100.00%
Legal Services	5,000	2,686	-	(5,000)	-100.00%
Communications	19,220	15,866	3,380	(15,840)	-82.41%
Travel & Mileage	1,000	2,368	1,000	-	0.00%
Parking & Commute Trip Reduction	-	3,477	1,440	1,440	N/A
Advertising	-	2,406	-	-	N/A
Rentals & Leases	-	31	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	9,580	341	500	(9,080)	-94.78%
Operations & Maintenance: NDGC	119,748	78,286	22,395	(97,353)	-81.30%
Training	3,000	725	3,000	-	0.00%
Miscellaneous	780	3,732	520	(260)	-33.33%
Equipment >\$5,000	-	(200)	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 208,828	\$ 864,206	\$ 47,385	\$ (161,443)	-77.31%
PROGRAM EXPENDITURES	\$ 3,341,175	\$ 2,869,808	\$ 667,170	\$ (2,674,005)	-80.03%
Administrative Services Overhead	1,172,677	515,631	245,042	(927,635)	-79.10%
Community Health Overhead	(4,161)	(36,832)	5,387	9,548	-229.46%
TOTAL EXPENDITURES	\$ 4,509,691	\$ 3,348,607	\$ 917,599	\$ (3,592,092)	-79.65%

Kitsap Public Health District
2022 BUDGET DRAFT
COVID PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH CC FFY19 ELC COVID	\$ -	\$ -	\$ 1,135,000	\$ 1,135,000	N/A
DOH CC FFY20 ELC COVID	-	-	2,735,581	2,735,581	N/A
DOH CC COVID LHJ CARES	-	-	-	-	N/A
DOH CC FEMA COVID	-	-	365,000	365,000	#DIV/0!
Foundational Public Health Services	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ -	\$ -	\$ 4,235,581	\$ 4,235,581	N/A
Government Contributions	-	-	1,231,326	1,231,326	N/A
TOTAL REVENUES	\$ -	\$ -	\$ 5,466,907	\$ 5,466,907	N/A
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ -	\$ -	\$ 2,153,210	\$ 2,153,210	N/A
Payroll Taxes	-	-	265,731	265,731	N/A
Benefits	-	-	638,208	638,208	N/A
Unemployment	-	-	13,366	13,366	N/A
Subtotal Personnel Costs	\$ -	\$ -	\$ 3,070,515	\$ 3,070,515	N/A
Non-Personnel Costs					
Supplies	\$ -	\$ -	\$ 18,000	\$ 18,000	N/A
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	1,600	1,600	#DIV/0!
Professional Services	-	-	1,001,200	1,001,200	N/A
Legal Services	-	-	-	-	N/A
Communications	-	-	16,560	16,560	N/A
Travel & Mileage	-	-	-	-	N/A
Parking & Commute Trip Reduction	-	-	1,440	1,440	#DIV/0!
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: NDGC	-	-	110,951	110,951	N/A
Training	-	-	5,000	5,000	#DIV/0!
Miscellaneous	-	-	780	780	#DIV/0!
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ -	\$ -	\$ 1,155,531	\$ 1,155,531	N/A
PROGRAM EXPENDITURES	\$ -	\$ -	\$ 4,226,046	\$ 4,226,046	N/A
Administrative Services Overhead	-	-	1,213,989	1,213,989	N/A
Community Health Overhead	-	-	26,872	26,872	N/A
Clinic Overhead	-	-	-	-	N/A
TOTAL EXPENDITURES	\$ -	\$ -	\$ 5,466,907	\$ 5,466,907	N/A

**Kitsap Public Health District
2022 BUDGET DRAFT
SYRINGE EXCHANGE PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH ConCon HIV Prevention - State	\$ 40,000	\$ 39,920	\$ 40,000	\$ -	0.00%
NACCHO CDC Overdose Prevention	15,000	15,000	-	(15,000)	-100.00%
DOH ConCon OD2A	50,000	41,561	50,000	-	0.00%
KC Solid Waste Tipping Fees (Needle Exchange)	85,000	42,500	93,713	8,713	10.25%
New Unassigned Revenue	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 190,000	\$ 138,981	\$ 183,713	\$ (6,287)	-3.31%
Government Contributions	38,389	(41,691)	74,850	36,461	94.98%
Draw from (Increase) in FPHS Designated Funds	-	-	-	-	N/A
TOTAL REVENUES	\$ 228,389	\$ 97,290	\$ 258,563	\$ 30,174	13.21%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 73,625	\$ 27,351	\$ 86,959	\$ 13,334	18.11%
Payroll Taxes	6,145	3,363	7,188	1,043	16.97%
Benefits	21,607	6,681	21,729	122	0.56%
Unemployment	442	-	521	79	17.87%
Subtotal Personnel Costs	\$ 101,819	\$ 37,395	\$ 116,397	\$ 14,578	14.32%
Non-Personnel Costs					
Supplies	\$ 1,000	\$ 127	\$ 1,000	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	1,300	1,300	N/A
Professional Services	82,200	48,209	87,200	5,000	6.08%
Legal Services	-	-	-	-	N/A
Communications	720	370	720	-	0.00%
Travel & Mileage	200	-	200	-	0.00%
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: NDGC	3,893	1,662	4,206	313	8.04%
Training	500	600	500	-	0.00%
Miscellaneous	-	-	-	-	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 88,513	\$ 50,968	\$ 95,126	\$ 6,613	7.47%
PROGRAM EXPENDITURES	\$ 190,332	\$ 88,363	\$ 211,523	\$ 21,191	11.13%
Administrative Services Overhead	38,123	9,614	46,023	7,900	20.72%
Community Health Overhead	(66)	(687)	1,017	1,083	-1640.91%
Clinic Overhead	-	-	-	-	N/A
TOTAL EXPENDITURES	\$ 228,389	\$ 97,290	\$ 258,563	\$ 30,174	13.21%

**Kitsap Public Health District
2022 BUDGET DRAFT
TUBERCULOSIS PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DSHS Medicaid Match - TB	\$ -	\$ -	\$ -	\$ -	N/A
DSHS Title Nineteen - TB	-	-	-	-	N/A
Kitsap County Tuberculosis Intergovernmental	140,205	70,103	100,000	(40,205)	-28.68%
Fees - TB	-	-	-	-	N/A
Fees - TB Insurance	-	-	-	-	N/A
Other - TB	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 140,205	\$ 70,103	\$ 100,000	\$ (40,205)	-28.68%
Government Contributions	-	-	-	-	N/A
Draw from (Increase) in TB Designated Funds	(20,229)	(54,412)	10,931	31,160	-154.04%
TOTAL REVENUES	\$ 119,976	\$ 15,691	\$ 110,931	\$ (9,045)	-7.54%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 62,104	\$ 8,931	\$ 58,365	\$ (3,739)	-6.02%
Payroll Taxes	5,300	1,018	4,957	(343)	-6.47%
Benefits	12,751	1,493	9,928	(2,823)	-22.14%
Unemployment	372	-	348	(24)	-6.45%
Subtotal Personnel Costs	\$ 80,527	\$ 11,442	\$ 73,598	\$ (6,929)	-8.60%
Non-Personnel Costs					
Supplies	\$ 1,000	\$ -	\$ 500	\$ (500)	-50.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	-	-	N/A
Professional Services	2,000	-	2,000	-	0.00%
Legal Services	-	-	-	-	N/A
Communications	1,440	481	1,440	-	0.00%
Travel & Mileage	200	-	200	-	0.00%
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	1,020	511	-	(1,020)	-100.00%
Operations & Maintenance: NDGC	3,078	494	2,659	(419)	-13.61%
Training	700	-	700	-	0.00%
Miscellaneous	-	31	130	130	N/A
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 9,438	\$ 1,517	\$ 7,629	\$ (1,809)	-19.17%
PROGRAM EXPENDITURES	\$ 89,965	\$ 12,959	\$ 81,227	\$ (8,738)	-9.71%
Administrative Services Overhead	30,145	2,942	29,077	(1,068)	-3.54%
Community Health Overhead	(134)	(210)	627	761	-567.91%
Clinic Overhead	-	-	-	-	N/A
TOTAL EXPENDITURES	\$ 119,976	\$ 15,691	\$ 110,931	\$ (9,045)	-7.54%

**Kitsap Public Health District
2022 BUDGET DRAFT
HIV/AIDS PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOH Con Con HOPWA	\$ 52,000	\$ 9,855	\$ 52,000	\$ -	0.00%
CC DOH Ryan White Direct Services	-	-	-	-	N/A
DOH Con Con Client Services ADAP	464,583	120,920	464,583	-	0.00%
DOH Con Con RW HIV Peer Navigation	83,228	38,512	83,228	-	0.00%
DOH Con Con Client Services Administration	-	-	-	-	N/A
DSHS Title Nineteen AIDS Case Management	60,000	32,917	60,000	-	0.00%
AIDS Counseling & Testing	-	-	-	-	N/A
New Unassigned Revenue	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 659,811	\$ 202,204	\$ 659,811	\$ -	N/A
Government Contributions	84,304	90,630	265,105	180,801	214.46%
Draw from (Increase) HIV/AIDS Designated Funds	-	-	-	-	N/A
TOTAL REVENUES	\$ 744,115	\$ 292,834	\$ 924,916	\$ 180,801	24.30%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 317,255	\$ 132,512	\$ 421,635	\$ 104,380	32.90%
Payroll Taxes	26,650	15,965	35,340	8,690	32.61%
Benefits	114,489	33,399	115,884	1,395	1.22%
Unemployment	1,901	-	2,527	626	32.93%
Subtotal Personnel Costs	\$ 460,295	\$ 181,876	\$ 575,386	\$ 115,091	25.00%
Non-Personnel Costs					
Supplies	\$ 16,972	\$ 18,242	\$ 16,972	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	1,845	1,600	1,600	N/A
Professional Services*	-	-	-	-	N/A
Legal Services	-	-	-	-	N/A
Communications	4,300	2,779	4,300	-	0.00%
Travel & Mileage	6,500	994	6,500	-	0.00%
Parking & Commute Trip Reduction	1,080	979	1,080	-	0.00%
Advertising	-	371	-	-	N/A
Rentals & Leases	56,550	30,711	56,550	-	0.00%
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	6,160	2,556	6,160	-	0.00%
Operations & Maintenance: NDGC	17,597	8,605	20,791	3,194	18.15%
Training	2,500	245	2,500	-	0.00%
Miscellaneous	500	212	500	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 112,159	\$ 67,539	\$ 116,953	\$ 4,794	4.27%
PROGRAM EXPENDITURES	\$ 572,454	\$ 249,415	\$ 692,339	\$ 119,885	20.94%
Administrative Services Overhead	172,316	46,759	227,574	55,258	32.07%
Community Health Overhead	(655)	(3,340)	5,003	5,658	-863.82%
Clinic Overhead	-	-	-	-	N/A
TOTAL EXPENDITURES	\$ 744,115	\$ 292,834	\$ 924,916	\$ 180,801	24.30%

Kitsap Public Health District
2022 BUDGET DRAFT
ENVIRONMENTAL HEALTH DIVISION - SUMMARY

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DIRECT PROGRAM REVENUES	\$ 6,549,736	\$ 3,379,618	\$ 7,372,200	\$ 822,464	12.56%
Government Contributions	68,879	(241,535)	145,948	77,069	111.89%
Draw from (Increase) Reserves	(116,001)	(746,291)	(609,540)	(493,539)	425.46%
TOTAL REVENUES	\$ 6,502,614	\$ 2,391,792	\$ 6,908,608	\$ 405,994	6.24%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 3,063,305	\$ 1,300,745	\$ 3,326,988	\$ 263,683	8.61%
Payroll Taxes	254,237	148,971	276,216	21,979	8.65%
Benefits	934,323	317,011	976,542	42,219	4.52%
Unemployment	18,308	-	19,908	1,600	8.74%
Subtotal Personnel Costs	\$ 4,270,173	\$ 1,766,727	\$ 4,599,654	\$ 329,481	7.72%
Non-Personnel Costs					
Supplies	\$ 38,074	\$ 10,309	\$ 46,152	\$ 8,078	21.22%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	3,000	-	4,500	1,500	50.00%
Computer Hardware <\$5,000	7,400	2,198	12,600	5,200	70.27%
Professional Services	76,811	29,618	109,552	32,741	42.63%
Legal Services	16,104	1,527	14,858	(1,246)	-7.74%
Communications	32,240	16,580	34,324	2,084	6.46%
Travel & Mileage	45,727	20,563	51,874	6,147	13.44%
Parking & Commute Trip Reduction	10,080	5,358	9,792	(288)	-2.86%
Advertising	2,595	45	1,545	(1,050)	-40.46%
Rentals & Leases	4,960	1,934	4,960	-	0.00%
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	18,163	10,304	21,981	3,818	21.02%
Operations & Maintenance: NDGC	152,270	65,253	150,730	(1,540)	-1.01%
Training	21,960	5,664	20,460	(1,500)	-6.83%
Miscellaneous	312,057	10,138	176,417	(135,640)	-43.47%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 741,441	\$ 179,491	\$ 659,745	\$ (81,696)	-11.02%
PROGRAM EXPENDITURES	\$ 5,011,614	\$ 1,946,218	\$ 5,259,399	\$ 247,785	4.94%
Administrative Services Overhead	1,194,210	408,051	1,211,949	17,739	1.49%
Environmental Health Overhead	296,790	37,523	437,260	140,470	47.33%
TOTAL EXPENDITURES	\$ 6,502,614	\$ 2,391,792	\$ 6,908,608	\$ 405,994	6.24%

Kitsap Public Health District
2022 BUDGET DRAFT
ENVIRONMENTAL HEALTH DIVISION ADMINISTRATION

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
N/A - None	\$ -	\$ -	\$ -	\$ -	N/A
TOTAL REVENUES	\$ -	\$ -	\$ -	\$ -	N/A
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 205,391	\$ 24,406	\$ 311,478	\$ 106,087	51.65%
Payroll Taxes	16,641	3,682	25,027	8,386	50.39%
Benefits	63,911	5,529	89,891	25,980	40.65%
Unemployment	1,228	-	1,864	636	51.79%
Subtotal Personnel Costs	\$ 287,171	\$ 33,617	\$ 428,260	\$ 141,089	49.13%
Non-Personnel Costs					
Supplies	\$ 600	\$ 34	\$ 600	\$ -	0.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	1,500	2,198	1,000	(500)	-33.33%
Professional Services	-	-	-	-	N/A
Legal Services	1,800	41	1,800	-	0.00%
Communications	2,640	1,158	2,520	(120)	-4.55%
Travel & Mileage	600	-	600	-	0.00%
Parking & Commute Trip Reduction	-	-	-	-	N/A
Advertising	-	-	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	360	-	360	-	0.00%
Operations & Maintenance: NDGC	-	-	-	-	N/A
Training	960	245	960	-	0.00%
Miscellaneous	1,160	230	1,160	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 9,620	\$ 3,906	\$ 9,000	\$ (620)	-6.44%
PROGRAM EXPENDITURES	\$ 296,791	\$ 37,523	\$ 437,260	\$ 140,469	47.33%
Environmental Health Overhead	(296,791)	(37,523)	(437,260)	(140,469)	47.33%
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	N/A

**Kitsap Public Health District
2022 BUDGET DRAFT
SOLID & HAZARDOUS WASTE PROGRAM**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOE LSWFA Grant	\$ -	\$ -	\$ 186,000	\$ 186,000	N/A
DOE Local Source Control Grant (LSC)	200,000	50,212	112,000	(88,000)	-44.00%
DOH Lead Environments for Children	-	-	-	-	N/A
Foundational Public Health Services	-	-	100,000	100,000	N/A
Secure Medicine Return Fee	-	5,050	-	-	N/A
Kitsap County Solid Waste Tipping Fees	904,000	431,244	828,000	(76,000)	-8.41%
Permits	62,000	37,716	50,000	(12,000)	-19.35%
Plan Reviews	-	2,775	-	-	N/A
School Plan Reviews	3,000	-	4,000	1,000	33.33%
New Unassigned Revenue	-	-	-	-	N/A
Surplus Sales	-	-	-	-	N/A
Other	-	150	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 1,169,000	\$ 527,147	\$ 1,280,000	\$ 111,000	9.50%
Government Contributions	-	-	-	-	N/A
Draw from (Increase) SHW Designated Funds	(218,989)	(235,729)	(319,731)	(100,742)	46.00%
TOTAL REVENUES	\$ 950,011	\$ 291,418	\$ 960,269	\$ 10,258	1.08%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 440,807	\$ 157,294	\$ 429,087	\$ (11,720)	-2.66%
Payroll Taxes	36,744	17,676	35,756	(988)	-2.69%
Benefits	122,449	35,486	121,762	(687)	-0.56%
Unemployment	2,641	-	2,567	(74)	-2.80%
Subtotal Personnel Costs	\$ 602,641	\$ 210,456	\$ 589,172	\$ (13,469)	-2.23%
Non-Personnel Costs					
Supplies	\$ 8,000	\$ 4,223	\$ 14,500	\$ 6,500	81.25%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	2,000	-	3,000	1,000	50.00%
Professional Services	5,000	-	9,000	4,000	80.00%
Legal Services	4,000	580	4,000	-	0.00%
Communications	5,400	1,927	3,960	(1,440)	-26.67%
Travel & Mileage	4,500	3,114	5,500	1,000	22.22%
Parking & Commute Trip Reduction	1,800	822	1,680	(120)	-6.67%
Advertising	2,500	-	1,500	(1,000)	-40.00%
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	3,000	1,921	4,000	1,000	33.33%
Operations & Maintenance: NDGC	23,039	8,406	21,289	(1,750)	-7.60%
Training	8,000	1,055	6,000	(2,000)	-25.00%
Miscellaneous	9,606	250	2,000	(7,606)	-79.18%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 76,845	\$ 22,298	\$ 76,429	\$ (416)	-0.54%
PROGRAM EXPENDITURES	\$ 679,486	\$ 232,754	\$ 665,601	\$ (13,885)	-2.04%
Administrative Services Overhead	225,622	54,107	232,911	7,289	3.23%
Environmental Health Overhead	44,903	4,557	61,757	16,854	37.53%
TOTAL EXPENDITURES	\$ 950,011	\$ 291,418	\$ 960,269	\$ 10,258	1.08%

**KITSAP PUBLIC HEALTH DISTRICT
2022 BUDGET DRAFT
DRINKING WATER & ONSITE SEPTIC SYSTEMS**

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
DOE Well Construction	\$ 22,200	\$ 18,650	\$ 22,375	\$ 175	0.79%
CC Group B Water Systems	-	-	20,000	20,000	N/A
Installer Certifications	32,325	28,300	30,480	(1,845)	-5.71%
Sewage Permits	473,648	223,700	419,963	(53,685)	-11.33%
PUD Well Construction	10,000	5,000	10,000	-	0.00%
DOH CC DW Group A - SS	15,950	-	22,475	6,525	40.91%
DOH CC DW Group A - TA	1,600	-	1,600	-	0.00%
Group B Operating Permits	47,035	15,980	49,055	2,020	4.29%
Building Clearances	119,145	65,550	128,905	9,760	8.19%
Property Conveyance Reports	630,340	450,450	918,495	288,155	45.71%
Operations & Maintenance Annual Report Fees	607,540	306,300	639,180	31,640	5.21%
Building Site Application Waivers	-	3,215	-	-	N/A
Building Site Applications	519,656	412,720	793,275	273,619	52.65%
Local Referral Listing	-	10,170	-	-	N/A
Land Use	25,490	13,430	22,205	(3,285)	-12.89%
Other - OSS	1,502	1,320	745	(757)	-50.40%
WT Plan Reviews/New Water Systems	2,030	19,845	24,920	22,890	1127.59%
Well Site Inspections	20,880	(590)	3,190	(17,690)	-84.72%
WT Sanitary Surveys	29,725	1,875	26,825	(2,900)	-9.76%
DW Well Decommissionings	9,240	9,900	18,260	9,020	97.62%
DIRECT PROGRAM REVENUES	\$ 2,568,306	\$ 1,585,815	\$ 3,151,948	\$ 583,642	22.72%
Government Contributions	-	-	-	-	N/A
Draw from (Increase) OSS Designated Funds	102,988	(510,562)	(289,809)	(392,797)	-381.40%
TOTAL REVENUES	\$ 2,671,294	\$ 1,075,253	\$ 2,862,139	\$ 190,845	7.14%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 1,236,685	\$ 576,128	\$ 1,270,008	\$ 33,323	2.69%
Payroll Taxes	102,894	64,429	106,364	3,470	3.37%
Benefits	375,131	143,057	379,610	4,479	1.19%
Unemployment	7,375	-	7,594	219	2.97%
Subtotal Personnel Costs	\$ 1,722,085	\$ 783,614	\$ 1,763,576	\$ 41,491	2.41%
Non-Personnel Costs					
Supplies	\$ 11,474	\$ 2,142	\$ 9,852	\$ (1,622)	-14.14%
Office Equipment	-	-	-	-	N/A
Computer Software	3,000	-	4,500	1,500	50.00%
Computer Hardware	3,900	-	7,600	3,700	94.87%
Professional Services	15,311	10,269	38,952	23,641	154.41%
Legal Services	3,504	56	2,258	(1,246)	-35.56%
Communications	7,920	6,395	13,680	5,760	72.73%
Travel & Mileage	19,627	10,970	22,845	3,218	16.40%
Parking & Commute Trip Reduction	2,820	1,487	3,600	780	27.66%
Advertising	95	-	45	(50)	-52.63%
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	8,803	6,035	11,621	2,818	32.01%
Operations & Maintenance: NDGC	65,835	30,222	63,726	(2,109)	-3.20%
Training	3,500	345	4,000	500	14.29%
Miscellaneous	30,481	5,290	33,742	3,261	10.70%
Equipment	-	-	-	-	N/A
Computer Software	-	-	-	-	N/A
Computer Hardware	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 176,270	\$ 73,211	\$ 216,421	\$ 40,151	22.78%
PROGRAM EXPENDITURES	\$ 1,898,355	\$ 856,825	\$ 1,979,997	\$ 81,642	4.30%
Administrative Services Overhead	644,619	201,463	697,277	52,658	8.17%
Environmental Health Overhead	128,320	16,965	184,865	56,545	44.07%
TOTAL EXPENDITURES	\$ 2,671,294	\$ 1,075,253	\$ 2,862,139	\$ 190,845	7.14%

Kitsap Public Health District
2022 BUDGET DRAFT
FOOD & LIVING ENVIRONMENT PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
USDA Summer Food Program OSPI	\$ 1,740	\$ -	\$ 3,750	\$ 2,010	115.52%
HHS FDA Food Safety Program Training	-	-	-	-	N/A
Foundation Public Health Services	-	-	287,528	287,528	N/A
Establishments	807,500	537,210	675,000	(132,500)	-16.41%
Food Handler Permits	10,000	90	7,804	(2,196)	-21.96%
Food Handler Permits - TPCHD	85,000	34,629	73,620	(11,380)	-13.39%
Temporary Permits	38,000	12,815	52,795	14,795	38.93%
Camps	3,630	3,560	3,115	(515)	-14.19%
Pools/Spas	86,000	57,950	84,645	(1,355)	-1.58%
LE Reinspections	-	-	465	465	N/A
Other - Food & Living Environment	-	-	-	-	N/A
Food Establishment Reinspections	22,000	1,180	38,280	16,280	74.00%
Plan Reviews - Food & LE	47,500	21,875	48,000	500	1.05%
DIRECT PROGRAM REVENUES	\$ 1,101,370	\$ 669,309	\$ 1,275,002	\$ 173,632	15.77%
Government Contributions	(8,891)	(209,565)	308,043	316,934	-3564.66%
TOTAL REVENUES	\$ 1,092,479	\$ 459,744	\$ 1,583,045	\$ 490,566	44.90%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 512,885	\$ 242,955	\$ 716,279	\$ 203,394	39.66%
Payroll Taxes	42,732	29,896	59,584	16,852	39.44%
Benefits	151,703	64,814	224,282	72,579	47.84%
Unemployment	3,070	-	4,292	1,222	39.80%
Subtotal Personnel Costs	\$ 710,390	\$ 337,665	\$ 1,004,437	\$ 294,047	41.39%
Non-Personnel Costs					
Supplies	\$ 4,000	\$ 1,534	\$ 6,000	\$ 2,000	50.00%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	-	-	N/A
Professional Services	1,000	109	1,200	200	20.00%
Legal Services	2,000	14	2,000	-	0.00%
Communications	7,880	3,655	7,620	(260)	-3.30%
Travel & Mileage	13,000	4,105	14,929	1,929	14.84%
Parking & Commute Trip Reduction	2,160	1,788	2,160	-	0.00%
Advertising	-	45	-	-	N/A
Rentals & Leases	-	-	-	-	N/A
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	-	-	-	-	N/A
Operations & Maintenance: NDGC	27,158	13,196	36,294	9,136	33.64%
Training	3,500	2,615	3,500	-	0.00%
Miscellaneous	2,500	895	2,500	-	0.00%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 63,198	\$ 27,956	\$ 76,203	\$ 13,005	20.58%
PROGRAM EXPENDITURES	\$ 773,588	\$ 365,621	\$ 1,080,640	\$ 307,052	39.69%
Administrative Services Overhead	265,956	86,812	397,118	131,162	49.32%
Environmental Health Overhead	52,935	7,311	105,287	52,352	98.90%
TOTAL EXPENDITURES	\$ 1,092,479	\$ 459,744	\$ 1,583,045	\$ 490,566	44.90%

Kitsap Public Health District
2022 BUDGET DRAFT
POLLUTION IDENTIFICATION & CORRECTION PROGRAM

	BUDGET 2021	YTD ACTUAL 2021	BUDGET 2022	DIFFERENCE FROM 2020 (\$)	DIFFERENCE FROM 2020 (%)
REVENUES					
Hood Canal Coordinating Council - Phase 4	\$ 17,500	\$ 5,152	\$ 10,000	\$ (7,500)	-42.86%
NEP BEachPS SSI 1-5 PIC Task 4	5,800	-	-	(5,800)	-100.00%
CC Water Rec Beach IAR	18,000	-	25,000	7,000	38.89%
DOE Kitsap County 4A & 4B Project - Federal	-	-	-	-	N/A
DOE CCWF Kitsap County 4A & 4B Project - State	-	-	-	-	N/A
DOH CC Swim Beach ACT IAR	-	-	-	-	N/A
Rec Shellfish/Biotxin PSAA	14,000	3,479	14,000	-	0.00%
DOH CC LMP Implementation	60,000	14,924	60,000	-	0.00%
City of Poulsbo Stormwater	11,250	8,583	11,250	-	0.00%
Clean Water Kitsap	1,230,000	476,894	1,300,000	70,000	5.69%
Kitsap County Septic Tipping Fees	130,000	88,315	130,000	-	0.00%
Surplus Sales	-	-	-	-	N/A
PIC Other	224,510	-	115,000	(109,510)	-48.78%
New Unassigned Revenue	-	-	-	-	N/A
DIRECT PROGRAM REVENUES	\$ 1,711,060	\$ 597,347	\$ 1,665,250	\$ (45,810)	-2.68%
Government Contributions	77,770	(31,970)	(162,095)	(239,865)	-308.43%
TOTAL REVENUES	\$ 1,788,830	\$ 565,377	\$ 1,503,155	\$ (285,675)	-15.97%
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$ 667,537	\$ 299,962	\$ 600,136	\$ (67,401)	-10.10%
Payroll Taxes	55,226	33,288	49,485	(5,741)	-10.40%
Benefits	221,129	68,125	160,997	(60,132)	-27.19%
Unemployment	3,994	-	3,591	(403)	-10.09%
Subtotal Personnel Costs	\$ 947,886	\$ 401,375	\$ 814,209	\$ (133,677)	-14.10%
Non-Personnel Costs					
Supplies	\$ 14,000	\$ 2,376	\$ 15,200	\$ 1,200	8.57%
Office Equipment <\$5,000	-	-	-	-	N/A
Computer Software <\$5,000	-	-	-	-	N/A
Computer Hardware <\$5,000	-	-	1,000	1,000	N/A
Professional Services	55,500	19,240	60,400	4,900	8.83%
Legal Services	4,800	836	4,800	-	0.00%
Communications	8,400	3,445	6,544	(1,856)	-22.10%
Travel & Mileage	8,000	2,374	8,000	-	0.00%
Parking & Commute Trip Reduction	3,300	1,261	2,352	(948)	-28.73%
Advertising	-	-	-	-	N/A
Rentals & Leases	4,960	1,934	4,960	-	0.00%
Insurance	-	-	-	-	N/A
Utilities	-	-	-	-	N/A
Repairs & Maintenance	6,000	2,348	6,000	-	0.00%
Operations & Maintenance: NDGC	36,238	13,429	29,421	(6,817)	-18.81%
Training	6,000	1,404	6,000	-	0.00%
Miscellaneous	268,310	3,473	137,015	(131,295)	-48.93%
Equipment >\$5,000	-	-	-	-	N/A
Computer Software >\$5,000	-	-	-	-	N/A
Computer Hardware >\$5,000	-	-	-	-	N/A
Subtotal Non-Personnel Costs	\$ 415,508	\$ 52,120	\$ 281,692	\$ (133,816)	-32.21%
PROGRAM EXPENDITURES	\$ 1,363,394	\$ 453,495	\$ 1,095,901	\$ (267,493)	-19.62%
Administrative Services Overhead	354,804	103,192	321,903	(32,901)	-9.27%
Environmental Health Overhead	70,632	8,690	85,351	14,719	20.84%
TOTAL EXPENDITURES	\$ 1,788,830	\$ 565,377	\$ 1,503,155	\$ (285,675)	-15.97%

MEMO

To: Kitsap Public Health Board
From: Siri Kushner, Assistant Community Health Director
Date: November 2, 2021
Re: COVID-19 Mid-Response Assessment Survey Results – Information only

This memo provides an information-only overview of summary results from two COVID-19 mid-response assessment surveys conducted by Kitsap Public Health District. These results will not be discussed during the November board meeting but if you have any questions, you can direct them to me by phone or email: 360-633-9239 or siri.kushner@kitsappublichealth.org.

The goal of these assessments was to inform ongoing evaluation of the District's response to the COVID-19 pandemic. We assessed internal and external communication and collaboration, contributions to disease reduction, equitable approach, and public information and outreach.

The goal of these assessments was to inform ongoing evaluation of the District's response to the COVID-19 pandemic. We assessed internal and external communication and collaboration, contributions to disease reduction, equitable approach, and public information and outreach.

We developed and conducted two online assessments using Survey Monkey, one external and one internal. Questions were a mix of scale (strongly/completely disagree to strongly/completely agree continuum) and open-ended/free text.

The external survey, "COVID-19 Operational Assessment Partner Organization Survey," was sent to community partners on August 18, 2021 – contacts from key sectors we have worked with during our response, individuals identified by our Public Health Emergency Preparedness and Response team, individuals from organizational email lists, and participants in our Vaccine Equity Collaborative. In total, we received 74 responses.

The internal survey, "KPHD COVID-19 Response Staff Survey," was sent to all staff via email distribution in September 2021. Staff were given time to complete the survey following an introduction in our monthly "All Hands Staff meeting." In total we have 105 staff responses.

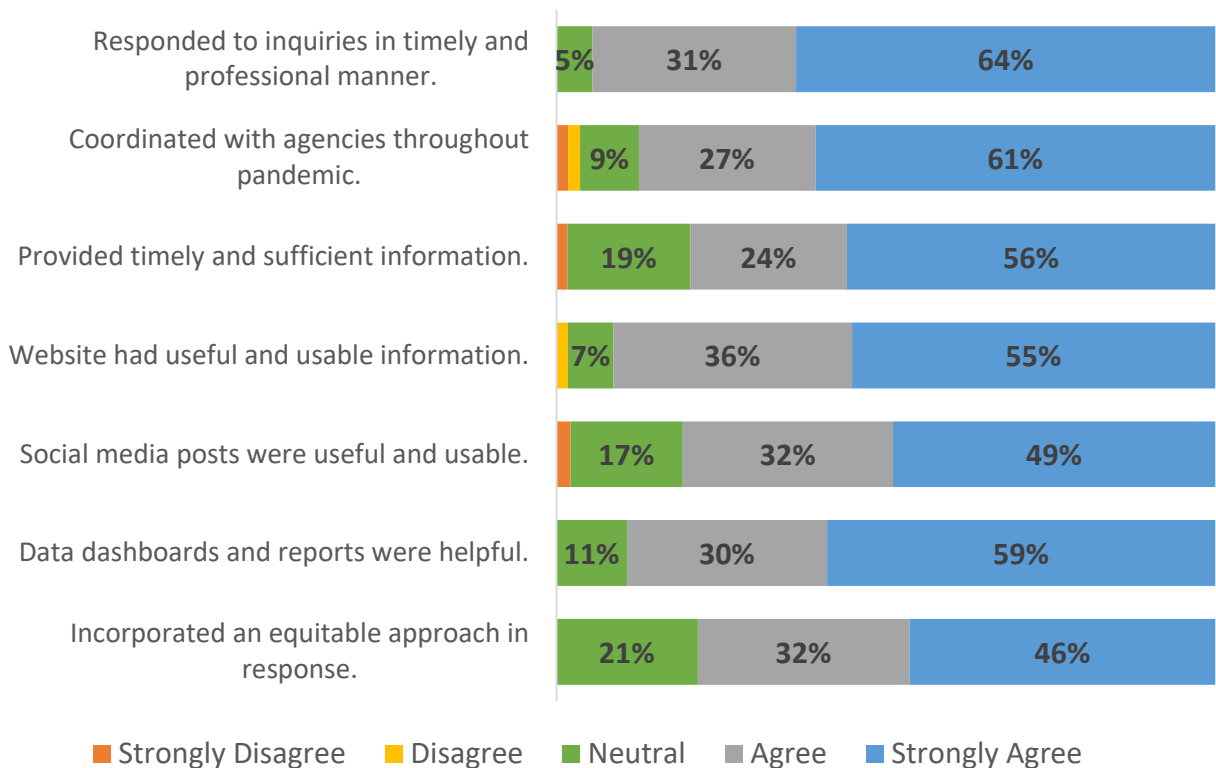
SUMMARY RESULTS

External Survey

Most participants were from non-profit or other community-based organizations; healthcare agencies; and city/county government including Emergency Operations Center and social services; several first responder agencies and a few others.

Most partners selected strongly agree or agree for every question related to the category “how was our response?” (Figure 1).

Figure 1. How was our response?



An area for improvement is incorporating an equitable approach in response. Partners said the following could have been addressed better:

- How is COVID-19 affecting people of color and how can we reach out to those communities?
- How can we capture more about our population outside of broad race/ethnicity categories?
- How can we improve the availability of testing (both times and locations)?
- How do we improve our view of community to incorporate some of the smaller communities in our county?
- How can we ensure our whole community is able to access the information we are providing?

In response to “How else can we improve our response to COVID-19 and other future public health emergencies,” over half of respondents (57%) identified better communication and data that can be interpreted more easily; 29% identified improvements in vaccine accessibility working with community organizations to discuss vaccine hesitancy; and 14% identified strengthening and ensuring continued connections/collaborations with community.

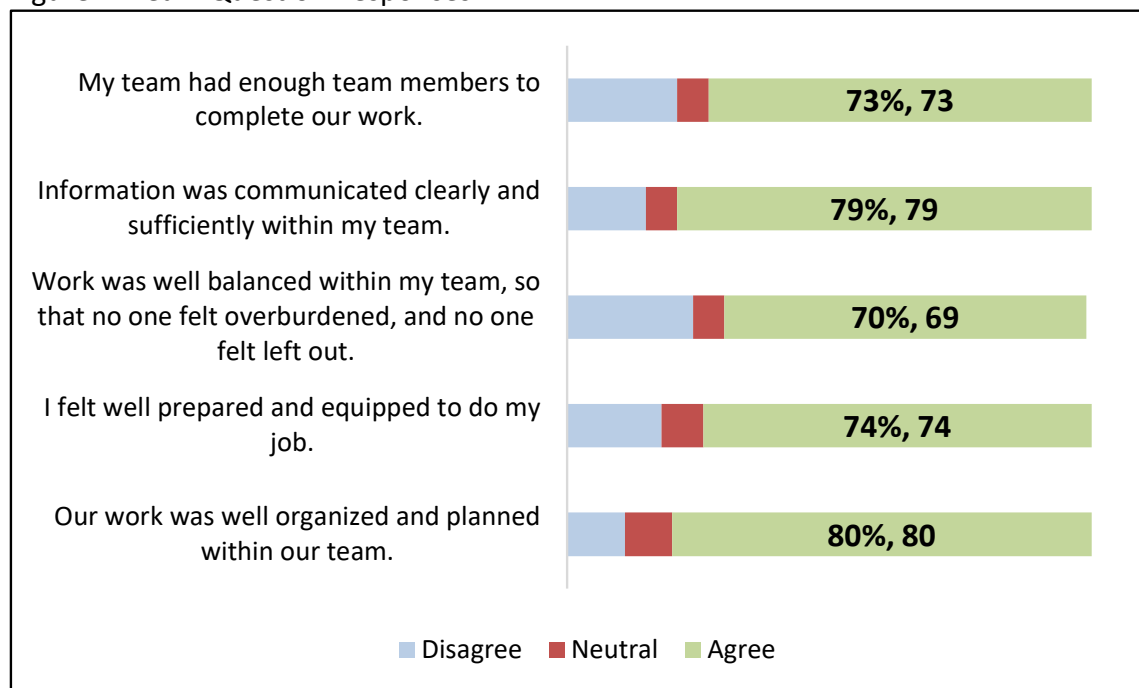
Internal Survey

All staff answered questions about equitable approach, KPHD communication and preparedness, and staff directly involved in the response could answer team-based questions for up to 3 teams (KPHD infrastructure, incident command, epidemiology/liaison/public information; COVID vaccination/community-based-testing; COVID case/contact/outbreak investigation).

Seventy-eight percent of staff were involved in KPHDs COVID response at any time. 55 staff participated in COVID case/contact/outbreak investigation, 23 in COVID vaccination/community-based-testing, 14 in KPHD infrastructure, 10 in incident command and 8 in epidemiology/liaison/public information.

About three-quarters of staff agreed with statements about staffing, communication, training and team organization (Figure 2). Areas identified as challenges, communication, adapting to constant change and need for consistency and prioritization.

Figure 2. Team Question Responses



Over 80% of staff reported having a supervisor available to help and felt mental health and healthy work-life balance were important to their team; 99% felt safe doing their job.

Eighty-three percent of staff felt their work played a part in reducing the spread of COVID-19 in the community and 92% felt their team was effective at completing the work they set out to do. Case investigation/contact tracing, education/information provided to community members, vaccination/testing were the actions identified as having the most success at decreasing spread of COVID-19.

For questions about KPHD's equitable response, staff identified many strengths and a clear need for a more equitable response particularly for:

- Immigrants and those with language barriers
- Those with lower literacy, lower education and those experiencing homelessness
- Those with internet access barriers or other barriers to services, such as disabilities
- Vaccine hesitant, historically distrustful populations
- Minority populations and those from cultures outside of the mainstream

For internal communication, 75% of staff at least somewhat agreed that information about KPHD's COVID-19 response activities were communicated clearly and sufficiently; 82% agree it was easy to bring up concerns to leadership. Nearly three-quarters of staff agreed KPHD communicated clearly and adequately with community partners and over 80% agreed we communicated clearly and adequately with the general public.

In retrospect, 80% of staff believe KPHD was mostly or somewhat prepared to respond to a pandemic prior to March 2020. Preparedness suggestions included:

- Be proactive and "walk the walk"
- Promote internal surge support capacity
- Promote external partner relationships
- Improve public education capacity
- Read, know, assess and use existing preparedness plans

Final comments from staff included:

- Thankful and proud of everyone who is working on this response
- Importance of Public Health and our work
- Continue to keep us safe, from COVID and burnout
- Keep us informed about what is going on
- Continue to look to the future
- Don't give up now!

Next Steps

Summary survey results were shared with District staff at the October All Staff meeting. Results will be posted to the website and directly shared with community partners, specifically at the Vaccine Equity Collaborative December meeting. The Executive Leadership Team (ELT) will delve into the detailed analysis of results to understand opportunities for improvement and develop strategies for implementation. ELT will identify areas within their direct control and work with specific programs – COVID case/contact, COVID vaccine, Public Health Emergency Preparedness and Response, Equity, Communications, and others – on areas relevant to their bodies of work.

We appreciate the time and energy the community and our staff put into responding to these surveys and look forward to the improvements we can make based on the findings.

Please contact me with any questions or concerns, 360-633-9239 or siri.kushner@kitsappublichealth.org

Washington State Board of Health
PO Box 47990
Olympia, WA 98501

October 25, 2021

To: Michelle Davis, Executive Director and Chair Keith Grellner

We, the Health Officers of Washington State, acknowledge the power of pediatric vaccination to protect vulnerable children from preventable infectious diseases. We further recognize the critical role that immunization requirements for school entry play in bringing about the high levels of vaccination necessary for this protection.

There exists a rigorous process at the Washington State Board of Health for considering any vaccine for inclusion on the list of vaccines required for school entry. This process involves a thorough review of the data surrounding the vaccine's safety and effectiveness in children, with consideration of nine criteria.¹ Although not specified in the existing criteria, we believe that full FDA approval of a vaccine product should be a prerequisite for consideration of a requirement for child-care or school entry.

We eagerly await the safety and efficacy data for COVID-19 vaccination in children ages 5 to 11 years and we look forward to participating in this process.

The Washington State Association of Local Public Health Officials (WSALPHO) Board of Directors further supports this recommendation.

In health,

Your Washington State Local Health Officers &
WSALPHO Board of Directors

1. Washington State Board of Health Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030:
<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Cc:

Dr. Umair Shah, Secretary of the Department of Health
Molly Voris, Office of Governor Inslee
Chris Reykdal, State Superintendent, OSPI
Laurie Jenkins, Speaker, House of Representatives
JT Wilcox, Minority Leader, House of Representatives
Andy Billig, Majority Leader, State Senate
John Braun, Republican Leader, State Senate
WSALPHO Board of Directors
Local Health Jurisdiction Health Officers, Administrators
Brynn Brady, Contract Lobbyist, WSALPHO
Eric Johnson, Washington State Association of Counties

MEMO

To: Kitsap Public Health Board
From: John Kiess, Environmental Health Director
Date: November 2, 2021
Re: Resolution 2021-02, Approving Rollover of 2021 Environmental Health Division Service Fees for 2022

Background

At the December 2017 regular meeting, the Board adopted an updated Environmental Health fee schedule for 2018 - 2026. The Board supported the Finance Committee recommendations related to EH fees:

1. The EH Fee Schedule should be adjusted to recover the actual cost of service;
2. The base hourly rate should be increased from \$109 to \$145 over a two-year period (2018 and 2019); and
3. An annual automatic escalator, tied to increases (if any) in the April Consumer Price Index – Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton (“CPI”), should be applied to the EH Fee Schedule for budget years 2020 – 2026.

For the 2022 fee schedule, the April 2021 CPI was 3.4%, however, based on the impacts of COVID-19 within our regulated community, the Board’s Finance Committee recommendation is to hold fees at their 2021 rate and not increase fees based on the CPI. There are no other changes proposed to the fee schedule at this time.

Attached to this memo is: Resolution 2021-02, Approving Rollover of 2021 Environmental Health Division Service Fees for 2022, and a copy of the 2022 Environmental Health Fee Schedule for your consideration.

Recommended Action

The Health District recommends that the Board consider approving Resolution 2021-02, Approving Rollover of 2021 Environmental Health Division Service Fees for 2022.

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

Approving Rollover of 2021 Environmental Health Division Service Fees for 2022

WHEREAS, the Kitsap Public Health Board is empowered by RCW 70.05.060(7) and RCW 70.46.120 to establish and charge fees for issuing or renewing licenses, permits, or for such other services as are authorized by law; and

WHEREAS, Board Budget Policy, Article XI, Budget Administration --- Fees, directs the Health District to recover the cost of services for fee related activities; and

WHEREAS, the Board previously passed resolution 2019-06 amending the Environmental Health Division fee schedule and providing for yearly increases based on the April Consumer Price Index – Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton (“CPI”) for years 2020 through 2026; and

WHEREAS, the April Consumer Price Index – Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton (“CPI”) for 2021 was 3.4%; and

WHEREAS, the Board may determine that some individual fees may be modified as needed; and

WHEREAS, the Board’s Finance and Operations Committee considered this issue on September 30, 2021, and, due to continuing impacts to the economy related to the COVID-19 pandemic, recommends to the full Board that all environmental health division service fees be held without a CPI increase for 2022.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board does authorize and approve Resolution 2021-02, Approving Rollover of 2021 Environmental Health Division Service Fees for 2022, effective January 1, 2022, and until further notice.

CONFLICTING RESOLUTIONS: To the extent that the fee schedule described above is inconsistent with prior provisions of the Kitsap Public Health Board Resolutions, the prior provisions are hereby repealed.

APPROVED: November 2, 2021

EFFECTIVE: January 1, 2022

Commissioner Charlotte Garrido, Chair
Kitsap Public Health Board

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

Item No.	<u>GENERAL</u> ^{1,2,3}	2022 Fee
1	Administrative Meetings or Appeal Hearings:	
	Administrative Review Meeting with Environmental Health Director	150
	Appeal Hearing with Health Officer	450
	Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite)	600
2	Standard Hourly Rate	150
3	Delinquent Service/Payment > 30 days Overdue	1% / day up to 30 days
	Non-Sufficient Funds (NSF) Fee	25
	Refund Handling Fee ⁴	25
4	Photocopies (Plus postage and handling when applicable)	\$0.15/copy
5	Work without Permit Investigation Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee.	Project Specific
Item No.	<u>WATER</u> ^{2,3}	2022 Fee
	(*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.)	
6	Group B public water system annual operating permit	75
7	Water Status Reports:	
	Water Status Reports - Public Water Supply - Group A or B	145
	Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample)	315
	Water Status Reports - Private Individual and Private Two-Party (Includes bacteriological and nitrate water samples)	345
	Water Status Reports - Private Individual and Private Two-Party (no water samples)	295
	Amended Water Status Report (following correction of items of non-compliance - includes a site inspection to collect a bacteriological water sample)	165
	Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling)	110
8	Building Clearances for Sewered Properties:	
	Properties with a public water supply	90
	Properties with a private water supply	145
9	Water System Plan Reviews:	
	New or Existing Unapproved Group B ⁵	1,030
	Expanding Group B or Group A ⁷	145
10	Sanitary Surveys:	
	Group A	735
	Group B	440
11	Surface Seal Inspection	145
12	Well Decommissioning	225
13	Waiver Applications	145
14	Irrigation Well Waiver Applications	295
15	Well Site Inspections (Not Associated with BSA):	
	Replacement, Group A or B Public Well Site, Irrigation or other Non-Potable Well	590
	Amended Well Site Inspection	145
16	Coordinated Water System Plan Review	145
17	Miscellaneous:	
	Copy of local regulations (Plus postage and handling when applicable)	10
	Re-inspection for Compliance	145
18	Water System Designer Certifications	
	Annual Renewal ⁸	225
	Delinquent Certification Renewal Fee	370
19	Environmental Monitoring Services: Environmental Monitoring/Reporting ⁷ (Labor Only).	145

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

Item No.	<u>ONSITE SEWAGE</u> ^{2,3}	2022 Fee
	New/Alteration/Expansion Building Site Applications (BSA) ⁹ (Total includes mandatory Drinking Water service charges as shown):	
20	Single Family Residential Onsite Sewage System w/Private Water Supply (Existing or proposed water source)	1,085
21	Single Family Residential Onsite Sewage System on Public Water Supply	820
22	Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply	1,250
23	Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply	955
24	Redesign BSA	330
25	Redesign BSA: (Design package change only, no site visit)	145
26	Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s)	550
27	OSS Remediation Application	295
28	Pre-Application Meeting for BSA	115
29	BSA Revisions (Minor Site Plan changes)	75
30	BSA Wet Weather Review ¹⁰	295
31	Building Clearance (BC) - Residential	335
32	Building Clearance - Commercial	550
33	Building Clearance Exemption ¹¹	110
34	Commercial Building Clearance Exemption ¹¹	145
35	Accepted BSA/BC Records Replacement for Building Permit	10
36	BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently; Does not include Drinking Water review)	295
37	Sewage System Permits: ¹²	
	New, Replacement, or Repair Installation	735
	Tank Replacement/Connection, Component Repair/Replacement, Remediation	225
38	Re-Inspection for Sewage Disposal Permit Violation	225
39	OSS Installation Wet Weather Review	145
40	Monitoring and Maintenance Fees: ¹³	
	Annual Contract fee	60
	Incomplete/Erroneous Report Resubmittal Fee	60
41	Pumping or Inspection Report Submittal Fee (RESERVED)	0
42	OSS Waiver Requests (New, Redesign, Alteration BSA, Building Clearance, Building Compliance, Building Permit, and Sewage Disposal Permits)	145
43	Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications:	
	Initial Certification	440
44	Annual Renewals of Valid Certifications: ⁸	
	Installer, Maintenance Specialist & Pumper (1st Truck)	225
	Annual Pumper Renewal for Each Additional Truck	75
	Homeowner Monitoring & Maintenance	145
	Delinquent Certification Renewal Fee	295
45	Administrative Conference Fee for Health District Certified Contractors	295
46	State Licensed Designer/Engineer: Local Referral List Publishing & Maintenance (Optional)	75
47	Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴	295
48	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance when no site visit is needed)	110
49	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance - includes a site inspection)	145

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

	Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ¹⁵	2022 Fee
50	Subdivision with Public Sewer	215
51	Subdivision with Onsite Sewage Systems (OSS)	645
52	Amended Subdivision with OSS	295
53	Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews)	145
54	Conditional Use/Other Land Use Applications	145
55	Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified).	145
Item No.	FOOD ^{2,3,16,17}	2022 Fee
56	Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or a full plan review fee will be required)	150
57	Bakeries	410
58	Bed & Breakfasts/Hotel/Motel (Breakfast Only)	330
59	Caterers:	
	With Commissary	670
	With Restaurant	295
60	Demonstrators	295
61	Food Handler Permits:	
	(Set by State BOH)	10
	Duplicate for Lost Card	10
	Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20)	205
62	Groceries:	
	1-3 checkouts	295
	3 or more checkouts	630
63	High Priority Inspections	225
64	Limited Menus	330
65	Meat/Fish Markets	410
66	Mobile Units	670
67	Plan Review and Pre-Op Inspections: ¹⁸	
	Change in Menu and/or Equipment Review	225
	Food Establishment Plan Review - Low Risk Establishments	295
	Food Establishment Plan Review - High Risk Establishments	370
	Variance Request Review	225
	Special Process Plan Review	375
68	Reinspections - Each Re-Inspection after First Re-Inspection ¹⁹	150
69	Restaurants (No Lounge):	670
	Seasonal (9 months or less) 75% fee schedule menu	375
	Special Process Permit	295
70	Restaurants (With Lounge):	740
	Special Process Permit	295
	Taverns (No Food)	285
71	Schools:	
	Central Kitchen	665
	Preschools/Headstart/ECAP	295
	Warming Kitchen	330
	Temporary Permits (due 14 days prior to event): ²⁰	
72	Bake Sale/Exempt Food Application Review	No Charge
73	Limited Menu - Single Event	55
74	Limited Menu - Seasonal Multiple Events	95

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

75	Non-Complex Menu:	2022 Fee
	During Work Hours Single Event	85
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	95
	Seasonal Multiple Events	130
76	Complex Menu:	
	During Work Hours Single Event	115
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	115
	Seasonal Multiple Events	180
77	Single Menu, Single Event, Multiple Vendors	355
Item No.	<u>LIVING ENVIRONMENT</u> ^{2,3,16}	2022 Fee
	Public or Semi Public Swimming Pools and Hot Tubs: ²¹	
78	One Pool - Year Round Operation	1,000
	Each Additional Year Round Pool	185
79	One Pool - Seasonal Operation	775
	Each Additional Seasonal Operation Pool	150
80	Residential Neighborhood Private Pools ⁷	225
81	Pre-op Inspections Pools, Camps ^{7,18}	225
82	Reinspections: Each Re-Inspection after First Re-Inspection ¹⁹	150
83	School Plan Reviews ⁷	150
84	Camps ²²	445
Item No.	<u>SOLID AND HAZARDOUS WASTE</u> ^{2,3}	2022 Fee
	Permit Application/Permit Modification Service Charges: ^{7,23}	
85	Compost Facilities	145
86	Land Application Facilities	145
87	Energy Recovery/Incineration	145
88	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes	145
89	Storage/Treatment Piles	145
90	Surface Impoundments/Tanks	145
91	Waste Tire Storage Facility	145
92	Mixed Municipal Waste Landfill	145
93	Limited Purpose Landfill	145
94	Inert Waste Landfills	145
95	Other Methods of Solid Waste Handling	145
	Annual Permit Renewal Service Charges: ²⁴	
96	Recycling Facilities Conditionally - Exempt Facility Fee ²⁵	145
97	Compost Facilities:	
	Conditionally Exempt Facility Fee ²⁵	145
	Commercial Compost Facilities	2,940
98	Land Application Facilities:	
	Sites Without Monitoring	880
	Sites With Monitoring	1,765
99	Energy Recovery/Incineration	1,765
100	MMSW Haulers	180
	Plus Per Truck	15
101	Site Restoration Haulers	145
102	Biomedical Waste Hauler	265
	Plus Per Truck	15
103	CRT Haulers	170

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

104	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes	2022 Fee
	Conditionally Exempt MRF Facility Fee ²⁵	145
	Transfer Stations	2,940
	Compaction/Baling Sites	1,765
	Drop Boxes	1,615
	Decant Facilities	880
105	Storage/Treatment Piles:	
	Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵	145
	Piles	1,765
106	Surface Impoundments/Tanks:	
	Tanks	880
	Surface Impoundments With Leak Detection	1,765
	Surface Impoundment With GW Monitoring	2,645
107	Waste Tire Storage Facility	880
108	Moderate Risk Waste Handling Facility:	
	Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities)	145
	Moderate Risk Waste Facility	2,645
109	Mixed Municipal Waste Landfill: ⁷	145
110	Limited Purpose Landfill	2,645
111	Inert Waste Landfills > 250 CYDS Landfill	2,940
112	Landfill Closure Permit ⁷	145
113	Landfill Post Closure Permit ^{7,26}	145
114	Secure Medicine Return Plan Review Fee ²⁷	17,625
115	Secure Medicine Return Plan Annual Operating Fee ²⁸	7,345
116	Secure Medicine Return Revised Plan Review Fee ²⁹	440
117	Secure Medicine Return Plan Enforcement Fee ⁷	145
118	Secure Medicine Return Plan Alternative Disposal Review Fee ²⁹	440
119	Other Methods of Solid Waste Handling ⁷	145
	Plan Reviews ³⁰	145
	Site Development Activity Permit (SDAP-Fill & Grading)	145
	Bio-Solids State Permit, Plan, and Report Reviews ³¹	145
	Environmental Monitoring Activities (Labor Only)	145
	Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review	145
120	Copy of Local Regulations (Plus Postage and Handling if Applicable)	10

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

FOOTNOTES

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

Kitsap Public Health Board Resolution 2021-02
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2022)

22	Camps, which are serving food year round are required to license the food service facility according to the Food Program Service Charge Schedule in effect at the time of application. It is the intent to provide two (2) food service facility inspections per year for those operating year round. Camps operating on a seasonal basis shall license the food service facility according to the seasonal Food Program Service Charge Schedule. Camp pool facilities shall be licensed and inspected according to this Service Charge Schedule. Camp inspections include a bathing beach and one sanitary facility inspection.	
23	Charge covers completed permit application review, new or modified permit drafting/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review.	
24	Charges cover annual permit renewal/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review. Charges are assessed based on staff hours expended at the hourly rate approved by the Kitsap County Board of Health for that year. Charges will be billed at a frequency agreed to by the permittee.	
25	Conditionally exempt hourly fees are assessed to evaluate conditional exemption status, annual reports, and to conduct annual inspections, as needed. These fees include time expended on non-compliance and re-inspection and will be based on the hours spent regulating the facility the previous calendar year.	
26	A permit issued to a facility once closure construction activities are completed, which governs the requirements placed upon a facility after closure to ensure its environmental safety for at least a twenty-year period or until the site becomes stabilized (i.e., little or no settlement, gas production, or leachate generation).	
27	The hourly rate will apply after the first one hundred twenty (120) hours.	
28	The hourly rate will apply after the first fifty (50) hours.	
29	The hourly rate will apply after the first three (3) hours.	
30	Service charges will be assessed for the review of plans or proposals not specifically associated with a facility permit application.	
31	Fees for Biosolid facilities include time to review permits, review reports and to conduct inspections. Non-compliance issues would be billed separately. In addition to review charges for Bio-Solids State Permit, Plan and Report Reviews, charges are assessed for non-routine regulatory activities associated with facility noncompliance.	

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Jessica Guidry, Equity Program Manager
Date: November 2, 2021
Re: Resolution 2021-03, Approving Revision to Health District Guiding Principles and Related Revision to Personnel Manual

Kitsap Public Health District (Health District) has been building our new Equity program, which includes looking at our agency foundational documents, plans, policies, and procedures using an equity lens. The Health District has “equity” as one of our guiding principles, and it states: “We believe all Kitsap residents should have an equal opportunity to live healthy and safe lives”. Our vision, mission, and guiding principles are posted on our [website](#) and are incorporated into our Personnel Manual.

The Health District recommends to the Board that we revise the wording of our “equity” guiding principle as follows: “We believe all Kitsap residents should have an ~~equal~~ **equitable** opportunity to live healthy and safe lives.” (Emphasis added) If approved, this revision will also need to be incorporated into the Health District’s Personnel Manual. A draft version of the recommended revision to the Personnel Manual is attached (see Page 5 of the Personnel Manual).

We make this recommendation because there is a difference between believing in equal opportunity and equitable opportunity.

Saying we support equal opportunity implies an assumption that every person, including our most marginalized communities --- such as our communities of color, LGBTQ+, people experiencing homelessness, etc. --- should receive equal resources and assistance to facilitate optimal health outcomes. We know from data, research, and feedback from our community members that there are health disparities in our community and those health disparities are linked to systemic inequities, such as systemic poverty and racism. Providing equal resources and attention does not address the barriers that are unequally experienced by some of our community members and maintain or exacerbate health disparities.

Saying we support equitable opportunity recognizes that we need to provide focused resources and assistance to address systemic barriers that contribute to health disparities. This does not

mean that we take away resources from the communities who are experiencing healthier outcomes. We provide the same services to our whole community; however, when appropriate, we tailor services to communities experiencing health disparities to adequately address those needs. We also conduct activities to address system inequities, such as promoting evidence-based policy, systems, and environmental changes, to maximize our ability to address health disparities.

We recommend to the Board that we make this change as soon as possible. Our guiding principles influence our agency culture. Words matter and we believe that this change in wording more accurately reflects Board Resolution 2021-01 and KPHD's vision and mission for providing public health services to achieve optimal health outcomes for all in Kitsap County.

Recommended Action

The Health District recommends that the Health Board consider adopting Resolution 2021-03, Approving Revision to Health District Guiding Principles and Related Revision to Personnel Manual.

Please contact me with any questions or concerns about this matter at (360) 728-2284 or email keith.grellner@kitsappublichealth.org.

Attachment (1)

Approving Revision to Health District Guiding Principles and Related Revision to Personnel Manual

WHEREAS, the Kitsap Public Health Board adopted vision and mission statements for the Kitsap Public Health District and approved incorporating these statements into the Health District Personnel Manual through Resolution 2013-04; and

WHEREAS, the Health District's vision, mission, and guiding principles are cornerstones for Health District operations, decision making, and communications and changes to the Personnel Manual must be approved by the Health Board; and

WHEREAS, it is in the Health District's interest to communicate clearly and effectively to its employees, customers, stakeholders, and the general public; and

WHEREAS, "Equity" is one of the Health District's guiding principles to support the mission of preventing disease and protecting and promoting the health of all persons in Kitsap County; and

WHEREAS, the Health Board and Health District recognize that some Kitsap County residents, such as communities of color, LGBTQ+, individuals experiencing homelessness, among others, may experience systemic barriers and discrimination that prevent them from reaching optimal health outcomes; and

WHEREAS, the current statement for "Equity" reads "We believe that all Kitsap residents should have an equal opportunity to live healthy and safe lives"; and

WHEREAS, there is a distinct and important difference between the terms "equal" and "equitable" in terms of reaching good health outcomes for all. "Equal" means that all persons receive the exact same resources and opportunities regardless of need, versus "equitable" which means and recognizes that each person may have different circumstances or needs and thus the allocation of resources needed to help reduce or account for systemic barriers should be adjusted in order to help attain optimal health outcomes for all; and

WHEREAS, the Health Board and Health District desire and work for optimal health outcomes for all Kitsap residents.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board approves the following revision to the “Equity” guiding principal and approves incorporating this revision into the Health District’s Personnel Manual:

Equity: We believe that all Kitsap residents should have an equitable opportunity to live healthy and safe lives.

APPROVED: November 2, 2021

EFFECTIVE: November 2, 2021

Commissioner Charlotte Garrido, Chair
Kitsap Public Health Board



KITSAP PUBLIC HEALTH DISTRICT

PERSONNEL MANUAL

~~July 2, 2019~~ November 2, 2021

Adopted: April 1, 1967
Revised: June 11, 1981
May 6, 1982
November 10, 1983
October 4, 1984
June 6, 1985
July 31, 1985
January 2, 1986
September 6, 2000
March 6, 2001
February 3, 2003
June 2, 2009
February 1, 2011
June 7, 2011
December 6, 2011
January 1, 2013
April 2, 2013
October 1, 2013
November 5, 2013
September 2, 2014
November 4, 2014
January 5, 2016
April 3, 2018
July 2, 2019
November 2, 2021

For questions, call Human Resources
(360) 728-2294

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DRAFT

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CHAPTER I – INTRODUCTION

1.1 ABOUT THE HEALTH DISTRICT

The Kitsap Public Health District (“Health District”) was established in 1947 under Chapter 70.46 Revised Code of Washington (RCW). In accordance with RCW 70.05, the governing Board for the Health District consists of the three (3) Kitsap County Commissioners and the Mayor or a City Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. The Health District works to protect people from harmful conditions and to promote healthy behaviors. Through a broad range of critical activities, the Health District helps to reduce disease and injury, as well as the health care costs associated with them. To accomplish these broad responsibilities, the Kitsap Public Health Board (“Board”) has established the following mission statement, vision statement, and guiding principles:

1.1.1 Mission Statement

Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County.

1.1.2 Vision Statement

Striving to make Kitsap County a safe and healthy place to live, learn, work, and play.

1.1.3 Guiding Principles

Prevention	We believe prevention is the most effective way to protect our community from disease and injury.
Partnerships	We work with others when collaboration will produce better and faster results.
Effectiveness	We make data-driven decisions and use science-based practices to produce the best possible outcomes.
Equity	We believe all Kitsap residents should have an equal -equitable opportunity to live healthy and safe lives.
Quality	We continuously improve the quality of our services and systems to better serve the community to which we are accountable.

1.2 ORGANIZATION

The Board serves as the Health District’s governing body. It is responsible for developing and approving the Health District policies, guidelines, and the classification plan contained herein. It is responsible for setting the annual budget, which reflects the salary ranges for classifications.

The Board appoints a Health Officer and has appointed an Administrator under RCW 70.05.040. The Health Officer, who must be an experienced physician licensed to practice medicine as required by

RCW 70.05.050 and hold a degree of master of public health or its equivalent, is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law, and is also responsible for the Health District's public health functions of community health assessment, public health policy development, and assurance of health service delivery. The Administrator acts as executive secretary and administrative officer for the Board and is responsible for administering the operations of the District including such other administrative duties required by the local health board, except for duties assigned to the Health Officer in RCW 70.05.070 and other applicable state law.

The Administrator has the authority to approve Health District reorganizations and changes in the classification plan within the adopted Health District budget. The Administrator has the responsibility to ensure that the Division Directors and staff adhere to the Health District's policies, rules, and guidelines, including the provisions contained in this Manual.

The Human Resources Manager has been delegated the responsibility to administer all the human resources activities of the Health District and implement and maintain a professional system of personnel management in accordance with the Health District's policies, rules, annual budget, and this Manual. The Human Resources Manager has the responsibility under the direction of the Administrator to develop administrative, legal and personnel policies, procedures and guidelines as necessary to assist in the administration of the Health District, provided that such policies, procedures and guidelines are consistent with the intent of the provisions contained in this Manual.

1.3 PURPOSE

This Personnel Manual is provided as a reference source relating to the hiring, compensation, working conditions, promotions, transfers, discipline, and other matters affecting the status of Health District employees. While this Manual is not a legal agreement, nor an express or implied promise of specific treatment in particular circumstances, you will find it helpful to read this Manual entirely to understand the Health District's general guidelines, policies, procedures, rules, and benefits. The provisions contained in this Manual will change over time. Subject to approval by the Board, the Health District reserves the right to amend, modify, delete, alter, supplement, suspend, or terminate any statements or policies in this Manual and any employee benefits at any time, with or without notice. The Administrator and the Board also reserve the right to deviate from the statements or policies contained herein in individual situations to avoid disruptions in the public employer function, or to achieve its primary mission of providing orderly and cost-efficient public health services to the public. As the Health District is the author of this Manual, interpretation of the provisions contained herein is determined by the Health District.

1.4 APPLICABILITY

1.4.1 Positions Covered

All positions and offices in the Health District service are covered by this Manual except:

- A. The Health Officer.
- B. The Administrator.
- C. The members of all boards and committees appointed by the Board or the Health Officer, Administrator, or their designee.

- D. Persons covered by a separate contract of employment.
- E. All student interns and volunteers.
- F. At-will employees in positions as prescribed by state law, or as may be designated by the Administrator or by the Board.

1.4.2 Supplementation of Collective Bargaining Agreement

This Manual applies to represented employees who are covered by the terms and conditions of a collective bargaining agreement, but only in accordance with the following:

- A. The provisions of this Manual may be adopted by specific reference and included as a part of the collective bargaining agreement.
- B. The provisions of this Manual apply where the collective bargaining agreement is silent on any subject covered herein to clarify or elucidate any provision of a collective bargaining agreement.

1.5 EMPLOYER RIGHTS

1.5.1 The Health District reserves all legal rights with respect to matters of general legislative, executive, and/or administrative policy, which include, but are not limited to the exclusive right to:

- A. Determine its mission.
- B. Select standards for employment and promotion.
- C. Direct its employees.
- D. Take disciplinary action.
- E. Relieve its employees from duty because of lack of work or other reason.
- F. Contract out work.
- G. Maintain the efficiency of governmental operations.
- H. Determine the methods, means, and personnel by which governmental operations are to be conducted.
- I. Take all necessary actions to carry out its mission in an emergency.
- J. Exercise complete control and discretion over its organization and the technology of performing its work.

1.5.2 The Health District also reserves the right of the Administrator and the Board to deviate from the statements or policies in this Manual in individual situations to avoid disruptions in the public employer function, or to achieve its primary mission of providing orderly and cost-efficient services to the public.

1.6 EMPLOYEE RIGHTS

- 1.6.1 Employees have the right and shall be protected in the exercise of such right, freely and without fear of penalty or reprisal, to form, join, and assist any employee organization or to refrain there from.
- 1.6.2 No employee will knowingly be directed to work in a condition, location, or assignment that would constitute a hazard to the employee's health or well-being.
- 1.6.3 Employees shall be protected from discrimination or harassment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases forbidden by federal, state, or local laws.

1.7 SEVERABILITY

If any provision within this Manual or application of the guidelines, policies, procedures and rules contained herein to a person or circumstances is held invalid, the remainder of this Manual or the application of the provisions to other persons or circumstances will not be affected.

1.8 REVISIONS, ADDITIONS AND DISTRIBUTION

As changes occur, all divisions will receive the revisions and additions to this Manual. A memorandum may be included with the revised pages giving instructions and explanations for each change, when necessary. The current date of each edition is entered in the lower right-hand corner of each page. The Human Resources Manager is responsible for updating the provisions in this Manual and making it accessible to all employees.

1.9 NOTICES

Any notice given by the Health District as provided for in this Manual shall be effective on the date of delivery. Any notice by an employee or applicant is effective upon receipt of such notice by the Health District.

CHAPTER 2 – DEFINITIONS

- 2.1 ADMINISTRATOR** – Appointed by and acting under the direction of the Board, the Administrator is the executive secretary and administrative officer for the Board and is responsible for administering the operations of the District including such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law.
- 2.2 ADMINISTRATIVE LEAVE** – Paid time off as determined by the Administrator for an investigation or other administrative proceeding or for time lost due to inclement weather.
- 2.3 ADMINISTRATIVE TIME** – Time off for exempt employees for any time worked in excess of the exempt employee's regular workweek, calculated on an hour-for-hour basis, and as authorized by the exempt employee's direct supervisor or Division Director. The maximum accrual of administrative time shall not exceed forty (40) hours at any time.
- 2.4 BREAK IN SERVICE** – A break in continuous service occurs when an employee is on unpaid leave for fifteen (15) calendar days or more.
- 2.5 COMPENSATORY TIME** – Paid time off the job that is granted to a non-exempt employee in lieu of overtime pay for hours worked beyond their assigned full-time equivalency in a workweek.
- 2.6 CONTINUOUS SERVICE/SENIORITY** – Length of continuous service by an employee, which includes periods of authorized paid leave and time between separation and re-employment not to exceed two (2) years. All benefits based on length of service are computed on the basis of seniority, unless otherwise specified. Seniority does not accrue during periods of unpaid leave of fifteen (15) calendar days or more.
- 2.7 DEMOTION** - The downgrade of an employee from one classification to another having a lower pay range.
- 2.8 DIRECTOR OF HEALTH** – The administrative and health officer of the Health District prior to November 5, 2013. The Board currently appoints two individuals, an Administrator and a Health Officer under RCW 70.05.040. Any use of the term, Director of Health, in Health District policies and agreements shall refer to the Administrator, unless the term references powers, duties, or responsibilities of the Health Officer set forth in RCW 70.05.070 and other applicable state law.
- 2.9 DIVISION DIRECTOR** - An employee who reports directly to the Administrator and is responsible for directing one or more of the Health District divisions.
- 2.10 EMPLOYING OFFICIAL** - A person responsible for the employment, discipline, or termination of employees, usually a Program Manager, Division Director, or designee.
- 2.11 EXEMPT EMPLOYEE** – An executive, administrative, or professional employee exempt from the minimum wage and overtime requirements of the Washington Minimum Wage Act and Fair Labor Standards Act (FLSA). Exempt employees are hired to fulfill the duties of their positions and expected to work the hours needed to complete work assignments.

- 2.12 EXTRA-HELP HOURLY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who work variable hours and are paid on an hourly basis. Extra-help hourly employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.
- 2.13 FULL MONTH OF EMPLOYMENT** – For purposes of paid leave and benefits eligibility, a full month of employment is any calendar month in which a probationary, provisional or regular employee is in a paid status for at least eighty (80) hours if a full-time employee, or for prorated hours based on the regular full-time equivalency if a part-time employee.
- 2.14 FULL-TIME EMPLOYEE** – A regular employee who is hired to work forty (40) hours per week in a budgeted position.
- 2.15 HEALTH OFFICER** – An experienced physician who must be licensed to practice medicine as required by RCW 70.05.050 and hold a degree of Master of Public Health or its equivalent. Appointed by and acting under the direction of the Board, the Health Officer is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law and is also responsible for the Health District's public health functions of community health assessment, public health policy development, and assurance of health service delivery.
- 2.16 IMMEDIATE FAMILY** – Includes the employee's spouse, children (including step and foster children), parents, parents-in-law or grandparents, or as otherwise specified in this Manual or other Health District policies.
- 2.17 NON-EXEMPT EMPLOYEE** – An employee who is subject to the minimum wage and overtime requirements of the Washington Minimum Wage Act and the Fair Labor Standards Act.
- 2.18 PART-TIME EMPLOYEE** - A regular employee who has successfully completed a probation period as defined in these policies, and who is hired to work less than forty (40) hours in a workweek. Regular part-time employees are eligible for Health District benefits prorated based on their full-time equivalence.
- 2.19 PROBATIONARY EMPLOYEE** - Employees who have not yet completed their probation period in a regular position and who have not been certified to regular employment status. Unless otherwise specified, when regular employees are referred to in these policies, they include probationary employees. Probationary employees are eligible for all employment benefits offered to regular employees; however, they are not eligible to use any leave accrued, except as outlined in this manual. The employment of probationary employees may be terminated for convenience at any time during the probation period by the employing official with or without notice and without right to appeal.
- 2.20 PROJECT EMPLOYEE** - Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience at any time by the employing official, and who hold jobs of limited duration to accomplish special projects. Project employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.
- 2.21 PROVISIONAL EMPLOYEE** - An employee who is hired into a position for a period of time up to a maximum of two (2) years. Provisional employees are eligible for Health District benefits prorated based on their full-time equivalence; however, they are not eligible to use any accrued paid leave

until completion of six (6) months of provisional service, except for purposes outlined in RCW 49.46.210, the (Washington State Paid Sick Leave Law). The employment of provisional employees may be terminated for convenience at any time by the employing official with or without notice and without right to appeal. Regular employees who accept a provisional appointment are not considered provisional employees and have the right to revert to their previous or comparable position at the end of the provisional appointment.

- 2.22 REGULAR EMPLOYEE** – Employees in budgeted positions, who have successfully completed their probationary employment period. Regular employees are credited with continuous service from the date of hire into a budgeted position.
- 2.23 SEXUAL ORIENTATION** – Heterosexuality, homosexuality, bisexuality, and gender expression or identity. As used in this definition, “gender expression or identity” means having or being perceived as having a gender identity, self-image, appearance, behavior, or expression, whether or not that gender identity, self-image, appearance, behavior, or expression is different from that traditionally associated with the sex assigned to that person at birth.
- 2.24 SUPERVISOR** – An employee with the Health District who has been delegated the responsibility and authority to hire, suspend, promote, discipline, terminate, or direct other employees, or recommend such action; assign, monitor, and evaluate the work, approve leave requests, authorize overtime, etc. of assigned staff.
- 2.25 TEMPORARY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who hold jobs for no more than six (6) months duration usually due to abnormal workloads or emergencies. Temporary employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator. A temporary assignment may extend beyond the six-month limitation only with specific approval from the Administrator.

CHAPTER 3 – RECRUITMENT

3.1 RECRUITMENT

- 3.1.1 The Human Resources Office develops and conducts a recruitment program designed to meet current and projected employment needs. The Health District selects qualified applicants to fill job openings based on job qualifications to ensure a highly skilled, productive, and diverse workforce. Discrimination in selection because of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases forbidden by federal, state, or local laws is prohibited.
- 3.1.2 Any applicant or employee who feels that he or she has been discriminated against because of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases prohibited by federal, state, or local laws must follow the grievance procedure set forth in this Manual or in the Health District's Harassment and Discrimination Prevention Policy (See Appendix A).
- 3.1.3 Types of Job Announcements
- A. Outside Posting: An employing official may request to post a notice of job vacancy to the general public. Applications are accepted from any qualified persons who wish to apply. The notice is posted for a minimum of five (5) working days before filling a job vacancy. Note: No posting is required in a re-employment situation.
 - B. Internal Posting: An employing official may request to post a notice of job vacancy internally only to Health District employees. Applications are restricted to employees in regular, budgeted Health District positions. The notice is posted for a minimum of five (5) working days prior to filling the vacancy.
- 3.1.4 Recruitment Procedures
- A. Position Vacancy: To begin the recruitment process, the employing official submits a completed "Request for Personnel" form to the Human Resources Office. The Human Resources Office will prepare a job announcement and begin the recruitment process, coordinating the recruitment activities with the employing official. There is no posting requirement in a rehire situation.
 - B. Distribution of Posting: All job vacancy postings should be posted on the official bulletin board at the main office. Outside Job Vacancy Notices may also be posted on the Health District's web page on the Internet, a public sector job search engine, advertised in local newspapers, and distributed to other agencies as appropriate.
- 3.1.5 Applications
- A. Filing of Applications: Applications for employment need to be filed electronically as prescribed by the Human Resources Office. These applications must be filled out completely by each applicant. A separate application must be submitted for each

open position. Applicants are responsible for promptly notifying the Human Resources Office of any changes in contact information, including email, address and telephone number so that the information may be corrected on the application. Applications will not be returned to the applicant.

1. To be accepted, an electronic application must be received by the Human Resources Office by the date and time specified in the announcement. Access to the electronic application system is not available after the specified closing date and time.
 2. All information submitted in the application process will be subject to investigation and verification prior to appointment. The Human Resources Office may require proof of education, experience.
 3. Any applicant who supplies false or misleading information on his or her application, or anytime during the recruitment process, is disqualified or subject to immediate termination if hired.
- B. Review of Applications: All application packets submitted for job openings will be reviewed following a screening process based on the job requirements outlined in the job vacancy notice, including the skills, knowledge, and experience that are necessary to perform the work of the position.
- C. Notice to Applicants: Each person who files an application for an announced vacancy may obtain information concerning the status of his or her application upon request. Each applicant who is accepted for an examination will be notified by their preferred contact method, generally telephone or via email of the scheduled time and place of the examination.
- D. Rejection of Applications: The Human Resources Manager or designee has discretion to reject any applicant from further consideration. What follows is a non-exclusive list of reasons for which an applicant may be rejected:
1. The applicant does not meet the minimum qualification requirements established for the position.
 2. The applicant, through examination, does not successfully meet the minimum established passing score to be considered further for the position.
 3. The applicant has made a false statement of fact in the application process.
 4. The applicant has used or attempted to use illegal means to secure an advantage in the application process.
 5. The applicant has improperly obtained and used information regarding the examination to which he/she is not entitled.
 6. The applicant has failed to reply to an email communication and/or phone messages left at numbers designated on the application form.

7. The applicant does not meet the minimum age requirement specified in the current class specification.
8. The applicant has declined an interview, failed to appear for a scheduled test or interview, or conveyed a lack of interest in the position.
9. The applicant failed to provide a completed application packet as required by the designated closing date.

3.2 EXAMINATIONS

3.2.1 Suitability for appointment to Health District positions is determined by examination relating to those matters that test the capacity and fitness of the candidates to perform the essential functions of the position. Examinations may include written, oral, physical or performance exercises, evaluations of training and experience, reference checks, review of the application and supplemental questionnaire, or other valid examination processes. Such factors as experience, education, aptitude, knowledge, skill, ability, character, or any other job-related qualifications may be taken into consideration. The Human Resources Office specifies the nature and content of examinations based upon information from the employing official and subject matter experts.

- A. Conduct of Examinations: Examinations are held at such times and places, and in such a manner as, in the judgment of the Human Resources Office, most nearly meet the practicability of administration and needs of this service. The examination is conducted under the direction of the Human Resources Manager. Where improper conduct on the part of a candidate is observed by the examination proctor, the candidate may be disqualified from further consideration.
- B. Inability to Appear for an Examination: In the event an applicant fails to appear at the designated time and place for an examination, the applicant foregoes the competition on that examination. The Human Resources Manager or designee may consider justifiable reasons for an applicant's inability to appear and may provide for a makeup examination when it is in the best interests of the Health District.
- C. Retake of Examinations: Applicants who fail an examination shall not be permitted to retake the examination during that examination process but may be permitted to retake the examination again when the position is next announced. On all tests, the Human Resources Office has the right to determine how often an applicant may take a test within a specified period.
- D. Veterans Scoring Criteria: Veterans qualifying under the provisions of RCW 41.04.010 will have added to their passing score on competitive examinations appropriate scoring criteria in accordance with State law. Eligible applicants must request such preference and provide proof of discharge in the manner prescribed by the Human Resources Manager or designee.
- E. Background Checks: A criminal background check through law enforcement agencies pursuant to RCW 43.43.830 through 43.43.845 will be conducted on all successful applicants prior to their being appointed to any position requiring unsupervised work with children or vulnerable persons.

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CHAPTER 4 – APPOINTMENT

4.1 TYPES OF APPOINTMENTS

- 4.1.1 Regular Appointment: Regular appointment is any appointment to a vacant budgeted position in Health District service. Appointments are made in accordance with this Manual. Such appointments include initial appointments to the Health District service, promotions, transfers, and recalls. A regular appointment is tentative pending successful completion of a probation period.
- 4.1.2 Transfer: To meet the needs of the Health District, a lateral transfer may be made. An employee transferring to a different position must meet the minimum qualifications for that position. Transfers are based on job knowledge, past performance, seniority, and agency needs. Transfers are tentative pending successful completion of a trial service period.
- 4.1.3 Promotions: The Health District encourages promotion from within the organization. Openings will be posted so employees may become aware of opportunities and apply for positions in which they are interested and qualified. There are two (2) types of promotions available to Health District employees, noncompetitive and competitive. All promotions are made based on job knowledge, past performance, and seniority. Promotions are tentative pending successful completion of a trial service period.
- A. Noncompetitive Promotions: This type of promotion occurs through normal career growth and satisfactory performance. It is the regular progression through a classification series. These promotional opportunities are not posted. It is incumbent upon employees to initiate the process for noncompetitive promotions once they believe they have become qualified for the higher class. A recommendation from the Program Manager and an evaluation for promotion must be completed in order to accomplish a noncompetitive promotion. The effective date of the promotion will be established by the Human Resources Manager.
- B. Competitive Promotions: This type of promotion occurs when a position in a higher classification opens for competitive consideration. Employees must proceed with the regular application process to be considered for this type of promotion. These openings will be posted for a minimum of five (5) working days.
- 4.1.4 Re-employment: Employees who may be rehired by the Health District within two (2) years after their separation from Health District employment will be placed on the same salary step as that attained prior to the separation if they are rehired into the same or an equivalent position. If they are rehired within two (2) years of separation into a higher classification, they will be placed on the first step on the higher salary range which will afford them a salary increase over their previous appointment and as defined in Section 4.1.3 of this Manual. They will also retain the same benefits they had attained in their previous Health District employment including: the same general leave accrual rate, their previously accrued extended leave balance, and their accrued seniority. Their original hire date, evaluation date, and step increase date will be adjusted for the amount of time they were separated from Health District employment. Rehires are tentative pending successful completion of a trial service period.

- 4.1.5 Provisional Appointment: A provisional appointment may be made to fill a vacant position for a period of time up to two (2) years in duration. A provisional appointment does not require any advertising, and the regular Health District recruitment procedures as outlined in Chapter 3 of this Manual do not apply. The incumbent is entitled to all Health District benefits afforded regular employees. If the incumbent is a regular Health District employee, he/she is entitled to revert to his/her former or equivalent classification at the end of the provisional appointment.

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CHAPTER 5 –PROBATION/TRIAL SERVICE PERIOD

5.1 PURPOSE

The probation period is an essential part of the selection process and is a continuing evaluation of the candidate prior to granting regular employee status. During the probation period an employee is required to demonstrate suitability for the position by actual performance of the work.

5.2 PROBATION PERIOD - NEW EMPLOYEE

5.2.1 Duration: The introductory probation period for a new employee is usually a period of twelve (12) months. The probation period may be extended on a month-to-month basis for up to three (3) additional months by the employing official. What follows is a non-exclusive list of reasons for which the probation period may be extended:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been an insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the probationary employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so; or
- D. Other reasons determined to be appropriate by the employing official.

5.2.2 Notification of Extension: Notification by the employing official, in writing, stating the reason for the extension and the employee's obligation during the extension period will be provided to the probationary employee, with a copy to the Human Resources Manager.

5.2.3 Conditions of the Probation Period: During the probation period, each employee should receive three performance evaluations. One evaluation should be performed approximately three (3) months after the date of appointment to clarify goals, provide feedback, and compare perceptions about performance. This initial evaluation may be informal and use of the formal evaluation is optional. The second evaluation is performed approximately six (6) months after the date of appointment using the District's standard performance evaluation form. The third evaluation should be performed approximately two (2) weeks prior to the end of the normal probation period, generally twelve months. During the probation period, the employing official may, with or without cause, dismiss an employee. The probationary employee does not have the right to appeal or the right of access to the grievance process upon demotion, dismissal, or disciplinary action.

5.2.4 Paid Time Off During the Probationary Period: Probationary employees may not use accrued paid leave during the first six (6) months of employment except for purposes outlined in RCW 49.46.210, the Washington State Paid Sick Leave Law. Upon accrual, employees may use general leave for the following: to care for themselves or their family members; when the employees' workplace or their child's school or place of care has been closed by a public official for any health-related reason; and for absences that qualify for leave under the state's Domestic Violence Leave Act, RCW 49.76. Probationary employees

may use their personal holiday after four (4) months of employment. Use of leave without pay, accrued compensatory time, or administrative time may also be authorized during the initial six months of employment.

- 5.2.5 Termination of Probationary Employee: A probationary employee is an at-will employee, whose employment may be terminated by the employing official for convenience, and with or without notice. During the probation period, the probationary employee shall not have the right to appeal or the right of access to the grievance process.

5.3 TRIAL SERVICE PERIOD – PROMOTION, TRANSFER, OR REHIRE

- 5.3.1 Duration: The trial service period for a promoted, transferred or rehired employee is a period of three (3) months for union positions and six (6) months for management and non-union positions. The employing official may extend the trial service on a month-to-month basis for up to three (3) months under the following conditions:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so.
- D. Other reasons determined to be appropriate by the employing official.

- 5.3.2 Notification of Extension: Notification, in writing, which states the reason for the extension and the employee's obligation during the extension period, will be provided to the trial service employee, with a copy to the Human Resources Office.

- 5.3.3 Conditions of Trial Service Period: During the trial service period the employing official may, for convenience, demote an employee to his/her prior position or an equivalent position in the same salary range at the step previously held if there is such a position vacant. If no such position is vacant, the employment of a trial service employee may be terminated. During the trial service period, a trial service employee shall not have the right to appeal or the right of access to the grievance process.

CHAPTER 6 – CLASSIFICATION

6.1 APPLICABILITY

The Board has the sole authority to approve the classifications for all positions within the Health District, except as provided for herein.

6.2 DEFINITION

Classification is the systematic arrangement of positions into groups or categories according to common criteria established by the Health District such as type and level of work duties and/or responsibilities, skills, abilities, and qualifications. Classifications are adopted by the Board. Positions are assigned to classifications to facilitate pay administration, recruitment, retention, and other personnel actions.

6.3 CLASSIFICATION PLAN

6.3.1 Development and Maintenance: The Human Resources Office shall develop and maintain a classification plan for all positions within the Health District subject to approval by the Board. The placement of each position in the classification plan is determined in accordance with the qualifications required, difficulty, and responsibility of its designated duties. Approval by resolution of the Board is required for a newly created classification, a change in salary range placement of a classification, or revisions to a classification which reflect substantive changes in the type and level of responsibilities and qualifications.

6.3.2 Allocation: The plan groups positions together in classifications according to the following considerations:

- A. Difficulty/Responsibility of Work: The type of work, its difficulty, and the responsibility of the positions are substantially similar.
- B. Similar Qualifications: Employees for the position are required to have substantially similar levels of education, experience, skill, knowledge, and ability.

6.3.3 Similar Pay: The same pay schedules for the positions can be fairly applied.

6.4 CLASSIFICATIONS

6.4.1 The Human Resources Office shall maintain a classification description (also referred to as “classification”) for each class of positions and may add, combine, abolish, or revise the classifications. Each classification includes the class title, a description of representative duties and responsibilities of positions included in the class, and a statement of the required, desirable, and/or preferred qualifications for positions in the class. The Human Resources Manager, under the direction of the Administrator, has the discretionary authority to make reasonable modifications to classification descriptions to reflect current standards, terms and practices; such modifications do not require approval by the Board.

- A. Interpretation of Classifications: Classifications are intended to be a general description of the kinds of positions contained within the class as determined by

their duties and responsibilities and are not to be construed as prescribing specific duties for any individual position. The classifications are to be used as a guide by the employing official in assigning, directing, and controlling the work of the employees under his/her supervision. The use of specific expressions or illustrations pertaining to the duties, qualifications, or other requirements of the position are descriptive only and should not be construed to exclude others not specifically mentioned.

- B. Use in Examinations: Classifications are used as the basis for determining the suitability of candidates for employment by supplying information basic to the preparation of qualifying tests and examinations. The specification for any class constitutes the basis and source of authority for the examination for the class and for the evaluation of the qualifications of applicants.
- C. Vested Rights: The Health District may review and revise the classification of any position. While a classification may attach to a position, an employee filling the position has no vested right in any existing job classification. Modification or abolishment of a classification description is not a personnel action subject to the grievance procedure described in this Manual.

6.5 CLASSIFICATION STUDIES

- 6.5.1 From time to time, classification studies may be made of individual positions or groups of positions.
- 6.5.2 Whenever an employing official desires to create a new position, a notice of such proposed action together with a description of the duties and responsibilities of the proposed position is submitted to the Division Director. If the proposal submitted by the employing official is preliminarily approved by the Division Director, the Human Resources Manager will complete a formal review and submit recommendations regarding the classification request. The recommendations of the Human Resources Manager are submitted to the Administrator for approval. When applicable under Section 6.3.1 above, such requests are then submitted to the Board for final approval.

6.6 RECLASSIFICATION

- 6.6.1 The adoption of the Health District's annual budget establishes the programmatic, financial, and staffing plans for the Health District. It is recognized, however, that changes in budget, service demands, legal, technical, organizational, or programmatic requirements may necessitate changes in levels of positions. A position may be reclassified when the duties and responsibilities change to the extent that they are no longer similar to the scope of duties and level of responsibilities, skills, and abilities set forth in the classification.
- 6.6.2 Reclassification Upgrade: A reclassification upgrade is the result of an increase in the level of responsibilities, tasks, and duties of a position which changes areas of emphasis and the level of skill required in the current position.
 - A. A reclassification upgrade may not be used as a merit raise, nor as a reward for employment longevity, nor may it be used to reflect an increased volume of work at the same level of responsibility that the incumbent is currently performing.

- B. As a result of reclassification upgrade, and due to an overall increase in the responsibilities of a position, the monetary compensation (pay range) established for the position may increase. The reclassification upgrade of a job involves an analysis of the critical elements of the position against predetermined standards for measuring the relative worth of a position and placement in the Health District's classification/pay scale. It is also critical to understand that a classification analysis focuses upon the qualifications, responsibilities, tasks, and duties of the position and not the qualifications of the incumbent in the position.

6.6.3 Approval to Review Reclassifications: Prior to reassigning duties to positions within their program or reorganizing work flow and responsibilities that may affect the classification of a position, employing officials shall obtain the approval of the Administrator and Human Resources Manager. Any change in classification or compensation shall be effective only on the date such approval is obtained.

6.6.4 Procedure: The procedure for obtaining a reclassification review and decision is:

- A. Employing officials meet with the Human Resources Manager to discuss their request and provide the following information:
 - 1. Concise explanation of changes in service demands, legal, technical, organizational or programmatic requirements that have differed since the adoption of the affected annual budget and necessitate changes.
 - 2. If applicable, copies of old and proposed organizational charts.
 - 3. Summary of potential financial impact to the program's current budget and anticipated following year's budget, and the identification of funding source (i.e., grants, contracts, and the like).
- B. The Human Resources Manager will review and submit recommendations regarding the reclassification request to the Administrator for approval.

6.6.5 Reclassification Downgrade: A reclassification downgrade is the result of a decrease in the level of responsibilities, tasks, and duties of a position which changes areas of emphasis and the level of skill required in the current position.

- A. A position may be reclassified to a lower range if the responsibilities of the job are determined to be less than originally indicated, or if certain responsibilities are removed from the job. Employing officials may request a formal review and recommendation by the Human Resources Office.
- B. All reclassification downgrade reviews that affect an incumbent employee shall be shared with the employee, and the employee shall be offered the opportunity to meet with the Human Resources Manager, and the affected employing official to discuss the results of the review, prior to the approval by the Administrator.
- C. An incumbent employee affected by a reclassification downgrade shall not be paid less than his/her present salary, but that salary is frozen, and the employee will receive sixty percent (60%) of any future cost of living adjustments approved until

the incumbent's salary falls within the reclassified salary range. A reclassification downgrade is not considered a demotion.

6.7 WORKING OUT-OF-CLASS

All requests from an employing official regarding employees working out-of-class will be reviewed by the Human Resources Manager. The Human Resources Manager will complete a review and submit his or her recommendations regarding the working out-of-class request to the employing official. The employing official may appeal the Human Resources Manager's decision to the Administrator.

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CHAPTER 7 – COMPENSATION ADMINISTRATION

7.1 APPLICABILITY

The Board has the sole authority to approve the Health District's pay plan. Approval by resolution of the Board is required for substantive changes in salary schedules or changes in salary range placement of classifications. Note this section applies to positions established within the Health District's budget.

7.2 PAID STATUS

Paid status is defined as the normal employment situation where the employee is paid for time worked or is on a paid leave; i.e., general leave, extended leave, or other paid leave of absence. Time loss received under Worker's Compensation is not considered time worked or paid leave, and, therefore, an employee receiving time loss is considered on unpaid status.

7.3 PAY PLAN

7.3.1 The Human Resources Office maintains a pay plan for all positions within the Health District subject to approval by the Board. The Board may grant across-the-board pay adjustments from time to time, raising the salaries of all positions by a specified amount within a defined group of classifications. Such adjustments, if any, will not change the employee's step increase date.

7.3.2 The pay plan is comprised of the following two salary structures:

- A. Nonexempt: Includes most regular non-management Health District employees. Nonexempt employees shall have any absence deducted from their accrued leave balances. If leave is not available, wages shall be deducted for leaves without pay.
- B. Exempt: Includes professional, executive, management and administrative employees as defined by the Fair Labor Standards Act (FLSA) and the Washington State Minimum Wage Act and as designated in the Health District's pay plan. An exempt employee is paid to perform a job that may not necessarily be completed in a normal workweek. In certain circumstances, partial deductions from an exempt employees' salary for absences of less than one day are prohibited by state and/or federal law; however, absences may be charged against the employee's accrued leave balances. In instances involving leave without pay and/or partial day deductions, consult with the Human Resources Office to ensure compliance with wage and hour laws.

7.4 RATES OF PAY

7.4.1 Salary Range: A pay range that comprises a series of steps through which employees in classifications assigned to the particular salary range may progress. See Chapter 6 for information regarding the assignment of classifications.

7.4.2 Minimum and Maximum Salaries: No employee will be paid at a rate of pay less than the minimum nor more than the maximum amount on the salary range established for his/her

classification as set forth in the pay plan unless otherwise provided for in this Manual. Monthly salaries in the pay plan are based upon full-time employment at the normal working hours for the position. Placement at compensation levels that are not in accordance with this Manual will require the approval of the Administrator.

- 7.4.3 Starting Salary Upon Initial Employment: New employees are normally appointed to the minimum step of the salary range in effect for the particular classification to which the appointment is made; however, the Human Resources Manager will consider the applicant's qualifications, prior work experience, and salary history in determining the appropriate salary step assignment at the time of hire. Also, if the employing official has determined that it is not possible to hire the most qualified and/or desirable candidate at the entry-level step, the employing official shall ask the Human Resources Manager for a review and approval of above the initial step appointment.
- 7.4.4 Salary Step Upon Promotion: When an employee is promoted from one classification to higher classification, the employee will be assigned to the salary step for the new position which affords the employee the equivalent of a one-step increase in pay.
- 7.4.5 Salary Step Upon Demotion: An employee who is demoted to a lower classification may be assigned to any step of the lower salary range for the new classification as determined by the Human Resources Manager, not to exceed the wage closest to the employee's pay rate prior to the demotion.
- 7.4.6 Salary Step Upon Recall: An employee who is recalled from layoff will be reinstated to the same step in the salary range as held prior to the break in service.
- 7.4.7 Salary Step Following Reclassification: If a position is reclassified to a higher classification, the employee will be assigned to the salary step in the new salary range which will afford the employee an increase in pay as provided for in cases of promotion. If a position is reclassified to a class with a lower salary range, the employee's pay will be established as provided in this Manual for reclassification downgrade or frozen pay rate.
- 7.4.8 Salary Step Following Allocation to a Different Pay Range: If a classification is assigned to a different salary range, with no change in duties or responsibilities, the employee will be paid at the step in the new pay range that most closely corresponds to the employee's placement in the original salary range.
- 7.4.9 Salary Step Upon Re-employment: For employees who have been laid off and rehired within six (6) months into the same classification as held previously, and for employees who are separated for two years or less and rehired into the same classification as that held previously, the employee will be reinstated to the same step in the salary range as held prior to the break in service.
- 7.4.10 Frozen Pay Rate: An employee's pay rate is frozen if his/her pay rate exceeds the maximum step of the salary range of the classification assigned. Employees whose pay rates are frozen receive sixty percent (60%) of the across-the-board pay adjustments granted to the respective salary range until such time as they can be moved to the top step of the adjusted salary range without suffering a decrease in pay.

7.4.11 Salary Step for Working Out-of-Class: An employee who performs work in a higher job classification for ten (10) or more consecutive working days will be paid wages of the higher job classification for all the time he/she performs work in the higher classification; provided

- A. That the referred ten (10) working days will relate to consecutive work days for each separate and specific incident or work project, and
- B. Pre-approval is obtained from the Human Resources Manager, and
- C. The employee working out-of-class is performing the full scope of duties principally ascribed to the higher-level classification.

7.5 ADVANCEMENT WITHIN A SALARY RANGE

Employees may receive increases in pay within the steps of the salary range for their classification as follows:

- 7.5.1 Newly hired employees usually receive their first step increase on the anniversary of their date of hire.
- 7.5.2 Promoted employees usually receive a step increase annually on the anniversary of the date of the promotion.
- 7.5.3 Employees usually receive additional step increases annually on the anniversary of their first step increase unless that date has been adjusted in accordance with this Manual. If an employee's performance is consistently unsatisfactory, the Division Director may defer a scheduled pay increase for a stipulated period of time or until the employee's job performance is satisfactory.

7.6 PREMIUM PAY

- 7.6.1 Bilingual Premium: The Health District will pay a bilingual premium of one-hundred twenty (\$120.00) per month to any employee who is assigned to use one or more additional languages as a job requirement or to perform interpreter services for the District. To receive a stipend, employees must demonstrate to the satisfaction of the District the ability to perform services in the applicable foreign language. Bilingual assignments that are not job requirements will be renewed annually and may be terminated at any time by the District or the employee. Such premium pay will be pro-rated for part-time employees based on their full-time equivalency.
- 7.6.2 Veterinarian Premium: In the event an employee has a valid Washington State veterinarian's license although the employee's essential functions do not include veterinary duties or credentials, the Health District will pay a premium of an additional three percent (3%) of the employee's regular base salary, provided the employee is assigned to perform additional veterinary duties on behalf of the Health District. Such additional duties include providing technical assistance and advice to veterinarians, health care professionals, animal control personnel and the general public regarding zoonotic disease exposures.

- 7.6.3 Lead Premium: The Health District will pay a premium of an additional three percent (3%) of the employee's regular base salary when assigning that employee to a designated Lead position. A Lead works with one or more employees who are in the same or closely related job classifications, and performs additional administrative or quasi-supervisory duties, such as assigning tasks, monitoring work quality, training and coaching employees. Lead responsibilities are incidental to the normal duties performed. Such an assignment will be made only as necessary to meet the business needs of the District, subject to approval by a Director. Lead responsibilities do not include performance evaluation, discipline, or termination of employees or the ability to effectively recommend such action. Lead premium pay is for the work assignment and should not be considered an entitlement by the employee should the employee no longer be assigned as a Lead. This premium cannot be applied to classifications where lead or supervisory responsibility is already outlined in the classification description.
- 7.6.4 On-Call Premium: The Health District will pay a premium of one-hundred fifty dollars (\$150.00) to employees for each week that an employee completes a weekly on-call rotation. Such employees are required to remain on-call during off-duty hours for the purpose of providing Communicable Disease subject matter expertise for response to Duty Officer inquiries during evenings, weekends, and holidays. While in an on-call status, employees are required to remain within reasonable commuting time of the District, be accessible by cell phone and have access to the internet. The District will assign on-call responsibilities on a rotating, reverse-seniority basis to qualified employees who have not volunteered only in the event that it cannot obtain reasonable coverage through the use of volunteers. The starting and ending time for on-call periods will be 8:00 a.m. Monday morning; the District will consult with the affected employees prior to making any changes to on-call periods.

7.7 LONGEVITY BONUS

- 7.7.1 The Health District recognizes extended service through a longevity bonus. A longevity bonus is paid to the eligible employees annually at the end of the month that is their anniversary date of hire. Upon completion of the following years of employment, full-time employees shall receive an annual longevity bonus as follows:

▪ Completed five years of employment	\$200.00
▪ Completed ten years of employment	\$300.00
▪ Completed fifteen years of employment	\$400.00
▪ Completed twenty years of employment	\$500.00
▪ Completed twenty-five years of employment	\$600.00

Annual bonus amounts will be prorated for part-time employees based on the employee's full-time equivalency.

- 7.7.2 Breaks in Continuous Service: The longevity bonus is based upon continuous employment, exclusive of periods when an employee is in a leave of absence without pay status for periods of fifteen (15) or more calendar days; provided that:

- A. When an employee is laid off and rehired, and the separation does not exceed six (6) months, the longevity bonus shall be computed from the continuous employment date excluding the lay-off period.
- B. When an employee separates from employment and is subsequently rehired, the longevity bonus is computed from the original hire date, which has been adjusted forward for the period of time the employee was separated from Health District employment.

7.8 COMPENSATION FOR TRAVEL AND TRAINING

- 7.8.1 Travel Time Compensation - Nonexempt Employees: Travel time will be compensated in accordance with the Fair Labor Standards Act (FLSA). The hours that may or may not be compensated when traveling are:

Category	Definition	Compensated Travel Time?
Home to work travel	Normal home-to-work/ work-to-home commute time at the beginning and end of the work day.	No.
Home to work on a special one-day assignment in another city.	Employee is sent on a one-day assignment to another city and travels directly from the employee's residence.	Yes, except that the employee's normal commute time is deducted OR the commute time to the special assignment is deducted, whichever is less
Overnight travel	Travel that keeps an employee away from home overnight.	Yes, except that the employee's normal commute time is deducted when traveling directly to and/or from the employee's residence.
Free time	Regular meal periods, sleep time, and other free time while on work-related travel.	No.

- 7.8.2 Travel Time Compensation - Exempt Employees: Exempt employees are compensated on a salary basis for their regularly scheduled work hours. Exempt employees do not earn administrative time for travel or while attending training or conferences; flexible hours within a particular workweek may be made to adjust for such time by mutual agreement between the supervisor and the affected employee.

- 7.8.3 Compensated Time for Training: Computation of work time for nonexempt employees while attending training or traveling to and from training will be in accordance with the Fair Labor Standards Act (FLSA).

- A. Employees will be permitted to use work time for continuing education or professional development that is required as a condition of renewal for District-paid licensure or is otherwise approved by the employee's Program Manager or director. Employees are required to coordinate and schedule all such activities with the prior approval of their supervisor, which will not be unreasonably denied. Where possible, employees are expected to submit requests a minimum of thirty (30) calendar days in advance of the activity.

- B. Training which is required for professional licensure or certification or as a condition of practice in the employee's profession is not considered work time, except as specified in the current Collective Bargaining Agreement.
- C. Time spent studying for training classes shall not be considered work time.
- D. Employees whose positions are exempt from the FLSA shall be compensated for all time in training during normal work hours as part of their monthly salary.

7.8.4 Expenses for Training, Licensing and Certification: The District recognizes the value and benefit of training designed to enhance employees' abilities to perform their job duties. Training and professional development opportunities will be provided to employees in accordance with legal requirements, District/employee goals, and available resources.

- A. The District will pay for or reimburse employees for the annual renewal cost of any license/certification required by the position, other than driver's licenses. With approval of the Division Director, the District will also pay for or reimburse employees for the annual renewal costs of licenses or certifications that are not required by the District but provide a benefit to it.
- B. The District will pay or will assist in the payment of expenses associated with continuing education for licensing/certification requirements and for employees' professional development. Professional development courses or programs must include subject matter that is directly related to the improvement of the employee's current job skills or that reasonably relates to the employee's career objectives at the District. Approved expenses may include course tuition and registration fees, materials fees and travel expenses. Such financial assistance will be subject to available resources, the approval of the employee's Program Manager or Director, and verification of the employee's attendance and completion of the course.

7.9 OVERTIME

Overtime is the time a nonexempt employee works in excess of 40 hours in a workweek.

7.9.1 Authorization of Overtime: All overtime worked must be pre-authorized by the Program Manager. Non-exempt employees who fail to get pre-authorization and work unauthorized overtime must be compensated for the time worked, but they may be subject to discipline.

7.9.2 Overtime and Compensatory Time: Nonexempt employees performing work in excess of forty (40) hours in a work week shall be paid overtime at the rate of one and one half (1½) times the employee's regular rate of pay; except, that an employee may, at his/her option, take compensatory time off at the rate of one and one half (1½) hours off for each hour of overtime earned in lieu of overtime pay. The maximum allowable accrual for compensatory time is forty (40) hours. Any overtime worked in excess of the maximum compensatory time accrual shall be paid as it is accrued. An employee may submit a written request to Payroll by June 15th of any year to have any compensatory time accrued

paid in the July paycheck. The Health District reserves the right to pay overtime in lieu of compensatory time accrual or to cash out accrued compensatory time balances.

- 7.9.3 Computation of Overtime: For the purpose of computing overtime compensation, fractional parts of an hour will be rounded to the nearest 15-minute increment.
- 7.9.4 Compensated and Non-Compensated Working Time: Questions regarding compensated and non-compensated time should be referred to the Human Resources Office.
- 7.9.5 Exempt Employees Administrative Time: Employees holding positions that have been determined as exempt under the provisions of the Fair Labor Standards Act will not be entitled to overtime pay or compensatory time off. Those employees may, subject to the discretion of and with the approval of the exempt employee's direct supervisor or Division Director, receive administrative time off on an hour-for-hour basis for hours worked in excess of their regular work hours during any workweek. The maximum accrual of administrative time shall not exceed forty (40) hours at any time.

CHAPTER 8 – CONTINUOUS SERVICE/SENIORITY

8.1 SENIORITY

Seniority is the length of continuous service with the Health District and determines eligibility for annual leave accruals, longevity, and retirement benefits. Seniority begins to accrue from the first day of employment or rehire into a regular position. When it is necessary to reduce the work force, performance, ability, and seniority will be considered.

8.1.1 Seniority Will Be Retained Under the Following Situations:

- A. Periods of authorized paid leave.
- B. Separation and re-employment which does not exceed two (2) years.
- C. Transfers, demotions, promotions.
- D. Military leave paid or unpaid in accordance with state and federal laws.
- E. Time off while on Time Loss due to an on-the-job injury.

8.1.2 Adjustment to Original Date of Hire: The date of hire, which is used to indicate seniority, is adjusted to exclude those unpaid time periods of fifteen (15) or more calendar days when an employee returns from leave without pay, recall from layoff, or is rehired. There will be no adjustment to the original date of hire for properly certified FMLA absences. When an employee is off work due to qualifying military leave (in accordance with state and federal laws - see Leaves of Absence, Military Leave, Chapter 9) or for Workers Compensation Time Loss, there is no adjustment to the original date of hire.

8.1.3 Adjustment to Step Increase Date:

- A. The step increase date is adjusted in accordance with the effective date of promotion or reclassification to a new classification in a higher salary range.
- B. The step increase date is adjusted to reflect the unpaid period of fifteen (15) or more calendar days when an employee returns from leave without pay or is rehired.

CHAPTER 9 – EMPLOYEE BENEFITS

9.1 GENERAL POLICY

It is the Health District's policy to provide employees with a comprehensive benefits program. Employee benefits help the Health District attract and retain quality employees. The Health District reviews its benefits periodically and makes changes as warranted. Unless noted otherwise in these policies, benefits for regular part-time and temporary employees are:

- 9.1.1 Regular Part-time Employees: All leaves, including holidays, health insurance premium contributions, and benefit allowances are prorated for eligible employees. Prorated means the ratio between the number of hours in the employee's normal work schedule and forty (40) hours per week.
- 9.1.2 Temporary Employees: Temporary employees normally are not eligible to receive benefits, including paid leave, a personal holiday, health insurance, and benefit allowances, except for such benefits required by federal or state laws. Accrual of one hour of paid leave for every 40 hours worked beginning on the 30th calendar day after the start of employment is provided for absences outlined in RCW 49.46.210, the Washington State Paid Sick Leave Law.

9.2 ORIENTATION

New employee orientation is a responsibility shared by the Human Resources Office, the hiring Program Manager, and the new employee. The Program Manager or designee will explain specific job requirements, description and explanation of duties, and program hours, policies, and procedures. The Human Resources Office provides basic employment-related information to all new employees early in the employment relationship. New employees are expected to take an active role throughout the orientation process.

9.3 BENEFITS PROGRAM

The Health District offers all probationary, provisional and regular employees participation in its benefits program. Part-time employees receive prorated benefits based on the employee's full-time equivalence.

- 9.3.1 The District will pay the premiums to provide basic life (which includes employee accidental death and dismemberment (AD&D)), and the base plan for long-term disability insurance to all eligible employees. Employees may, at their option and expense, purchase additional life, disability, and AD&D insurance coverage from the District's provider according to the rates and terms set by the provider.
- 9.3.2 Medical and Dental Insurance and Benefit Allowances.
 - A. The District will provide medical insurance for eligible employees through the Public Employees Benefits Board (PEBB). The District will offer dental insurance through the Western Healthcare Insurance Trust or through a comparable provider. Information regarding current insurance plans and policies can be obtained from the Human Resources Office.

B. Employees may opt out of coverage under the District's medical insurance plans with proof of group coverage under another comprehensive medical insurance plan; but PEBB underwriting rules change regarding eligibility to opt out of coverage, such rules will apply. Employees may opt out of the District's dental insurance plan at their election. Eligible employees may elect to cover their dependents under the insurance plans in which they are participating and may make different choices with respect to dependent coverage under the District's medical insurance and its dental insurance.

C. Medical Insurance Premiums.

1. The District will contribute the following percentages of the average medical insurance costs for full-time employees and dependents:

Employees	100%
Employee + Spouse	90%
Employee + Child(ren)	90%
Full Family	85%

2. The average medical insurance cost will be determined by computing the average cost of the medical plans available to employees through the District's provider.

D. Dental Insurance Premiums.

1. The District will contribute the following percentages of the average dental insurance costs for full-time employees and dependents:

Employees	100%
Employee + Spouse	90%
Employee + Child(ren)	90%
Full Family	85%

2. The average cost of the dental insurance package will be determined by computing the average cost of the dental plans available to employees through the District's provider.

E. Employees are responsible for paying through payroll deduction the difference between the District's contribution toward medical and/or dental insurance and the cost of the plans/options they choose.

F. Benefit Allowance.

1. Employees who choose a District medical insurance plan that is less costly than the District's contribution (as calculated above) will receive the difference between the District's contribution and the cost of their plan choice in the form of a benefit allowance.

2. The District will provide all employees opting out of the District's medical insurance plans a monthly benefit allowance of three-hundred seventy-five dollars (\$375), pro-rated for part-time employees. Employees will be required to present evidence of coverage under another plan to opt out.
3. The District will provide all employees opting out of the District's dental insurance plans a monthly benefit allowance of twenty-five dollars (\$25), prorated for part-time employees.
4. The District will provide a benefit allowance plan including at least those options in place as of the effective date of this manual. Benefit allowance funds will be used to pay any employee share of District medical or dental insurance premiums. Benefit allowance funds remaining after payment of the employee's selected District benefits will be contributed to the employee's Health Reimbursement Account, provided the amount is at least ten dollars (\$10) per month.
5. Any additional benefit allowances require approval by resolution of the Board.

9.4 INSURANCE AND MEDICAL BENEFITS

9.4.1 Eligibility:

- A. All regular, probationary and provisional employees whose regular work schedule is twenty (20) hours per week or more are eligible for health insurance benefits and employer premium contributions offered by the Health District. Employees whose regular work schedule is less than twenty (20) hours per week may participate in the Health District's monthly benefit allowance plan prorated based on the employee's full-time equivalence.
- B. Medical, dental and life insurance coverage for eligible employees commences the first day of the month following one full month of employment, or coverage commences upon employment if the hire date is the first business day of the month. For purposes of benefits eligibility after hire and throughout employment, a full month of employment is defined as a calendar month in which the employee is in a paid status for at least eighty (80) hours if full-time, or for prorated paid hours if a part-time employee.
- C. Employees whose hours are reduced to less than twenty (20) hours per week due to a reduction in force may be eligible for medical coverage under WAC 182-12-129, with District contributions prorated based on the resulting full-time equivalence for up to twenty-four (24) months.
- D. Upon separation, coverage terminates per insurance provider eligibility guidelines. At that time the employee may elect to continue coverage at his or her own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

9.4.2 Benefits Administration:

- A. The Health District provides group medical, dental, and life insurance coverage for regular, probationary and provisional employees who work twenty (20) hours or more per week.
- B. Regular, probationary and provisional part-time employees are eligible to receive benefits on a prorated basis, based on the employee's full-time equivalence.
- C. Employees may cover dependents on the Health District's plans at their expense for any amounts that exceed District contributions. Dependents may be enrolled at time of hire, during annual open enrollment as designated by the Health District or according to enrollment and eligibility guidelines for the Health District plans.
- D. The Human Resources Office will provide applications and information concerning the insurance programs to all eligible employees and will arrange deductions for dependent premiums, if applicable.

9.5 RETIREMENT SYSTEM

All eligible probationary, provisional and regular employees are enrolled in the Washington State Public Employees' Retirement System upon employment. Participation is mandatory for eligible employees. A joint contribution by the employee and the Health District based upon the percentage of the employee's salary is paid into the retirement system. Contribution rates are set by the State of Washington and are subject to change. See the appropriate Washington State Department of Retirement Systems member handbook for more information.

9.6 SOCIAL SECURITY

Social Security (Federal Insurance Contributors Act) provides employees and/or their dependents with an income in the event of disability, death, or retirement. Under federal law, a joint contribution by the employee and the Health District, based upon a percentage of the employee's salary, is paid into the fund.

9.7 HOLIDAYS

9.7.1 Eligibility: Paid holidays begin at the date of hire. Employees who are on leave without pay for more than one-half (½) of their scheduled shift the working day before or after a holiday will not receive compensation for that holiday.

9.7.2 Holiday Observance:

A. The Health District observes the following as paid holidays:

- | | |
|------------------------------|---------------------------|
| ▪ New Year's Day | January 1 |
| ▪ Martin Luther King Jr. Day | Third Monday in January |
| ▪ President's Day | Third Monday in February |
| ▪ Memorial Day | Last Monday in May |
| ▪ Independence Day | July 4 |
| ▪ Labor Day | First Monday in September |

- Veterans Day November 11
- Thanksgiving Day Fourth Thursday in November
- Native American Heritage Day Fourth Friday in November
- Christmas December 25
- One Personal Holiday Employee's Choice

- B. If a holiday falls on a Sunday, it is observed on the following Monday. If a holiday falls on a Saturday, it is observed on the preceding Friday. However, for any employees who are regularly scheduled to work on weekends, the holiday is observed on the actual holiday.
- C. Full-time employees will receive eight (8) hours of pay at their straight-time rate for each holiday. Eligible probationary, provisional and regular part-time employees receive prorated holiday pay.
- D. Nonexempt regular employees will be paid for the holiday plus one and one-half times their regular rate of pay for any time worked on the holiday. Such time must be pre-authorized by the Program Manager.

9.7.3 Personal Holiday

- A. An employee may take the personal holiday at any time during the calendar year subject to the prior approval of the Program Manager. The personal holiday will not be carried over into the succeeding calendar year. Probationary and provisional employees are eligible for taking their personal holiday after they have been employed for four months.
- B. Upon resignation with two weeks' notice, retirement, layoff, dismissal or death, the employee or the employee's beneficiary will receive payment for an unused personal holiday.
- C. Employees separating in January must have a full month of employment in January in order to be eligible for a personal holiday for that year.

9.7.4 Religious Holidays

Employees may take up to two unpaid holidays per calendar year for reasons of faith or acts of conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization as provided in RCW 1.16.050. Such unpaid holidays are available for use on January 1 of each year and the unpaid holidays must be taken in full work day increments. If an employee's religious beliefs require observance of a holiday as outlined above, or that is not included in the basic holiday schedule, the Health District will use its best efforts to accommodate that employee. The employee may take the day off using his or her personal holiday, general leave, compensatory time, or leave without pay with his or her Program Manager's preapproval provided that the accommodation does not create an undue hardship for the Health District or its employees.

9.8 GENERAL LEAVE

9.8.1 Each regular, probationary and provisional full-time employee accrues general leave, which is leave that is earned by the employee and used at the employee's discretion with supervisory approval for such purposes as vacation, bereavement, personal appointments, preventive health care, illness of less than five (5) consecutive days, etc. It may also be used as accrued for purposes outlined in RCW 49.46.210, the Washington Paid Sick Leave Law. (See 5.2.4.) Each Program Manager is responsible for scheduling his or her employees' general leave without undue disruption of program operations.

9.8.2 Full-time employees shall accrue general leave at the following rates:

Years of Service	8-Hour Days Accrued/Year	Hours Accrued/Month
from 0 to 1 year	18 days	12.00 hours
from 1 to 2 years	19 days	12.67 hours
from 2 to 3 years	20 days	13.33 hours
from 3 to 4 years	21 days	14.00 hours
from 4 to 5 years	22 days	14.67 hours
from 5 to 6 years	23 days	15.33 hours
from 6 to 7 years	24 days	16.00 hours
from 7 to 8 years	25 days	16.67 hours
from 8 to 9 years	26 days	17.33 hours
from 9 to 10 years	27 days	18.00 hours
from 10 to 14 years	28 days	18.67 hours
from 14 to 24 years	29 days	19.33 hours
24 years and over	31 days	20.67 hours

9.8.3 All new employees must satisfactorily complete six months of employment to be entitled to the use of general leave, except as provided in RCW 49.46.210.

9.8.4 Eligible part-time employees shall accrue general leave based on the above schedule prorated to their full-time equivalency.

9.8.5 Temporary employees are not eligible for any general leave benefits, except as provided in RCW 49.46.210.

9.8.6 General leave accrues from the date of hire and may be used after six months of employment, except as provided in RCW 49.46.210. Provisional employees are eligible to use accrued paid leave after completion of six (6) months of provisional service, except as provided in RCW 49.46.210. General leave continues to accrue during any paid leave of absence.

9.8.7 Employees do not accrue general leave when they are in a leave without pay status. To be eligible to accrue general leave in any calendar month, the employee must be in paid status for at least eighty (80) hours if a full-time employee, or in paid status for prorated hours if a part-time employee. General leave is credited to the employee's leave balance

on the last day of the calendar month earned and is available for use the first day of the next month.

- 9.8.8 Leave requests must be submitted at least two weeks prior to taking planned general leave. Scheduled requests for leave are subject to the approval of the employee's supervisor. In the event of a conflict between two employees, the employee making the first request will prevail. Should the sequence of conflicting requests be unknown, the employee having greater seniority shall prevail.
- 9.8.9 Employees unable to work or unable to report to work on time shall notify their supervisor as soon as possible before the workday begins or within fifteen (15) minutes of the employee's usual starting time. If an absence continues beyond one day, the employee is responsible for reporting in each day. If the supervisor is unavailable, the employee must leave a message with the Program Manager or Division Director stating the reason for the tardiness or inability to report to work. If the Program Manager attempts to contact the employee regarding the absence and is unable to reach him or her, the employee must make every attempt to call and talk directly to either the Program Manager or the Human Resources Manager. An employee who is absent without authorization or notification is subject to disciplinary action, including possible termination.
- 9.8.10 If an employee provides reasonable notice when requesting general leave and is prevented from taking requested general leave by the employee's supervisor, and if, as a result of such, the employee has more than the maximum allowable amount of leave accrued for the year on December 31, the employee may be cashed out at the employee's salary rate at that time or the employee may carry-over the accumulated leave into the next year.
- 9.8.11 Upon separation of an employee by retirement, resignation, layoff, dismissal or death, the employee or beneficiary thereof will be paid for the unused general leave to a maximum of thirty days (240 hours) at the rate the employee was being paid at the time of separation. Notwithstanding any other provision to the contrary, no leave payout (cash out) shall exceed two-hundred forty (240) hours.
- 9.8.12 Non-exempt employees may carry forward a maximum of three-hundred sixty (360) hours of general leave from one calendar year to the next. Upon accrual of three hundred sixty (360) hours of general leave, non-exempt employee accruals will be reduced to an accrual rate of five (5) hours per month until such time as their balance has been reduced through use to less than three hundred sixty (360) hours. Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of the employee.
- 9.8.13 Exempt employees may accrue in excess of three-hundred sixty (360) hours of general leave; however, a maximum of three-hundred sixty (360) hours of general leave may be carried to the next calendar year. Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of the employee.

9.9 DONATION OF GENERAL LEAVE

- 9.9.1 It is the policy of the Health District to allow employees who are or who have family members who are suffering from a qualifying serious illness, injury, impairment or

condition, which is not work related and has caused or is likely to cause that employee to take leave without pay or to have no alternative but to terminate employment with the Health District, to accept a donation of general leave from other Health District employees who have accrued general leave. Extended leave is not eligible for donation. For details, see General Leave Donation Policy, Appendix B.

- 9.9.2 The Administrator or designee will consider any exceptions to this policy on a case-by-case basis.

9.10 EXTENDED LEAVE

- 9.10.1 Extended leave has been established to reduce the financial loss an employee may have when the employee is unavoidably absent from work for any of the following reasons:

- A. An employee's own illness, injury or pregnancy;
- B. The need to care for the employee's, spouse's, or domestic partner's child (or foster child) who is 1) under 18 years of age and has a health condition requiring treatment or supervision, or 2) 18 years of age or older but incapable of self-care because of a mental or physical disability; or
- C. The serious health condition or emergency condition of the employee's spouse, domestic partner, parents, parents-in-law, grandparents, children or for other family members with the approval of the Administrator. The Administrator may grant an exception for other family members for whom the employee is the primary care giver.

- 9.10.2 The following conditions apply to extended illness leave:

- A. Regular full-time employees will accrue four (4) hours of extended leave for each month worked with unlimited accrual.
- B. Regular part-time employees will accrue extended leave prorated based on their full-time equivalency.
- C. Probationary employees accrue extended leave, prorated based on their full-time equivalence, from the date of hire; however, they are not entitled to use this leave during their probationary period.
- D. Temporary employees do not accrue extended leave.
- E. Employees do not accrue extended leave when they are in a leave without pay status. To be eligible to accrue extended leave in a calendar month, the employee must be in paid status for at least eighty (80) hours if a full-time employee, or in paid status for prorated hours if a part-time employee. Extended leave is credited to the employee's leave balance on the last day of the calendar month earned and is available for use the first day of the next month.

- 9.10.3 Employees become eligible for use of extended leave as described below.

- A. For full-time employees whose normal work schedule is five (5) 8-hour shifts per week, use of extended leave begins 1) after the fifth (5th) consecutive day of absence for a condition listed in Section 9.10.1; or 2) after forty (40) hours of absence for a condition that has been certified for use of intermittent leave under the Family and Medical Leave Act.
 - B. For full-time employees working an alternate schedule, and for part-time employees, use of extended leave shall begin 1) after the employee has been absent for the number of work days he/she is normally scheduled to work in a workweek for a condition listed in Section 9.10.1; or 2) after forty (40) hours of absence (prorated for part-time employees) for a condition that has been certified for use of intermittent leave under the Family and Medical Leave Act.
- 9.10.4 Upon the employee's presentation of verification from a licensed health care provider involved in treating the affected individual or family member that documents a condition qualifying for use of extended leave, the general leave used by the employee for the initial days or hours of his/her absence will be restored and a corresponding amount of extended leave will be drawn from his/her extended leave account.
- 9.10.5 Employees who use all their accumulated extended leave and require more time off work due to illness or injury may use their accrued general leave and compensatory time. Also, with Administrator prior approval, such employees may request leave without pay (see Leaves of Absence Without Pay, Section 9.12.7).
- 9.10.6 Employees will not be paid for any unused extended leave upon leaving Health District employment for any reason.

9.11 WORKERS COMPENSATION (INDUSTRIAL INSURANCE)

- 9.11.1 All employees are covered by the State Workers' Compensation Program. This insurance covers employees in case of on-the-job injuries or job-related illnesses. For qualifying cases, State Industrial Insurance will pay the employee for workdays lost and medical costs due to job-related injuries or illnesses. All job-related accidents shall be reported immediately to the supervisor.
- 9.11.2 When an employee requires medical treatment beyond simple first aid due to an on-the-job injury or illness, he/she is required to file a claim for Workers' Compensation. If the employee files a claim that results in an absence, the Health District will continue to pay by use of the employee's unused extended leave the employee's regular salary pending receipt of Workers' Compensation benefits. If the absence does not qualify for use of extended leave, or the employee exhausts all extended leave, accrued general leave may be used. For purposes of this policy, the term Workers' Compensation benefits means time loss or loss of earning power payments.
- 9.11.3 Coordination of Benefits: If the employee receives Workers' Compensation benefits, he/she is required to repay to the Health District the amount covered by Workers' Compensation benefits and previously advanced by the Health District. This policy is to ensure that the employee will receive prompt and regular wages during periods of injury or disability so long as accrued extended leave is available, until the employee begins receiving Workers' Compensation benefits. Upon the repayment by the employee of the

funds previously advanced by the Health District, the appropriate amount of leave will be restored to the employee's account. In no case may accrued leave be utilized or restored to the extent that it would cause the employee's salary or leave balance to exceed his or her normal rate of pay had the injury not occurred.

- 9.11.4 The Health District may require an examination at its expense, performed by a physician of its choice, to determine when the employee can return to work and if he/she will be capable of performing the duties of the position.
- 9.11.5 All on-the-job injuries must be reported as soon as possible to the employee's Program Manager and the Health District's Human Resources Manager, as provided for in Section 10.5.3 of this Manual.

9.12 LEAVES OF ABSENCE

9.12.1 Bereavement Leave:

Employees will receive up to twenty-four (24) hours off with pay per occurrence in the event of death in the immediate family, to include the employee's spouse, domestic partner, children, parents, stepparents, grandparents, grandchildren, sisters, brothers, parents-in-law, grandparents-in-law, sisters-in-law, brothers-in-law, sons-in-law, daughters-in-law, or any person living in the employee's immediate household as a member of the family. Paid bereavement leave is not available for events more than six (6) months following the death of an individual covered by this section. Paid bereavement leave will be prorated for part-time employees based on full-time equivalency. With approval of the employee's manager, employees may use general leave in addition to the bereavement leave provided in this section.

9.12.2 Civil Leave:

- A. Civil leave with pay will be allowed to permit an employee to serve as a juror for a period up to two (2) weeks. Additional leave for jury service will be allowed pursuant to RCW 2.36.165; however, the employee must use accrued general leave, compensatory time, or serve on a leave without pay basis as per policy. An employee must notify his or her Program Manager prior to taking civil leave and provide the manager with a copy of Summons for Jury Duty. If an employee summoned for jury duty is excused during any portion of the workday, that employee must report to work for the duration of that day, or use accrued general leave, compensatory time, or leave without pay for the remainder of the day.
- B. The jury stipend and reimbursement to the employee for travel, lodging, food, or other actual expenses will not be considered compensation requiring repayment to the Health District.
- C. All employees who are subpoenaed to testify in court are allowed time off for the period they serve as witnesses. In general, witness duty leave is unpaid unless the employee has been subpoenaed by the Health District or its agent. For exempt salaried employees, consult with the Human Resources Office to ensure compliance with wage and hour laws.

- D. Civil leave with pay may be granted to an employee who needs time off from work due to an illness or injury for any period not covered by Workers' Compensation time loss payments under the following conditions. The illness or injury occurred because of or rising out of the employee's performance of his or her public health civil duties in response to a *bona fide* public health emergency, disaster, or bioterrorism event. The employee must be assigned responsibilities to protect the public's health in response to such public health emergency, disaster, or bioterrorism event, and a public health emergency must be declared by the District's Health Officer, or similar high-level authority.

9.12.3 Administrative Leave:

On a case-by-case basis, the Health District may place an employee on administrative leave with or without pay for an indefinite period of time. Administrative leave may be used in the best interests of the Health District (as determined by the Administrator) for such situations as:

- A. During an investigation or other administrative proceeding.
- B. For inclement weather or natural disaster when the Health District is closed for operations as determined by the Administrator. Administrative Leave is only provided to those employees who are scheduled to work during the Health District closure period. For details, see Appendix C, Inclement Weather and Emergency Closures Policy.

9.12.4 Military Leave:

- A. Any employee who is a member of the Washington National Guard or of the Army, Navy, Air Force, Coast Guard, or Marine Corps of the United States or of any organized reserve of the Armed Forces of the United States, will be entitled to military leave with pay for a period not to exceed twenty-one (21) cumulative working days during each year beginning October 1st and ending the following September 30th in order that the employee may take part in active duty, when called, or active training duty. Such military leave will be granted pursuant to the provisions of RCW 38.40. The employee is responsible to provide military orders, or such documentation as is readily available. Employees are required to notify their supervisors at the earliest possible date upon learning of scheduled military duty.
- B. Any employee who enters upon active duty service or training in the Washington National Guard, the Armed Forces of the United States, or the United States Public Health Service may seek a leave of absence as set forth within this Manual and, upon return, will be entitled to re-employment pursuant to the provisions of RCW 73.16.031-73.16.061 and Title 38 U.S.C. § 4301 et seq. An employee is entitled to unpaid military leave for a cumulative length of up to five (5) years and may be entitled to more time under certain circumstances. Upon return from military leave, health, retirement, and other rights and benefits are generally restored as if the employee had never taken a military leave of absence; provided, statutorily mandated National Guard and Reserve training requirements are excluded from the cumulative five-year limit, pursuant to the provisions of Title 38, U.S.C. § 4301 et seq.

9.12.5 Military Family Leave:

- A. Any employee whose spouse is a member of the United States Armed Forces, National Guard, or reserves who has been notified of an impending call or order to active duty, or who has been deployed, or when the military spouse is on leave from deployment, will be entitled to a total of fifteen (15) cumulative working days of unpaid leave per deployment pursuant to the provisions of RCW 49.77, provided: 1) the leave is requested during a period of active military conflict, as declared by the President or Congress, or a period in which members of the reserve are ordered to active duty; and 2) the employee works an average of twenty (20) hours or more per week; and 3) notice of intent to take leave is made within five (5) business days of receiving official notice of an impending call or order to active duty or notice of a leave from deployment.
- B. Military family leave under state law is unpaid, but employees may elect to use accrued general leave or compensatory time during the military family leave period. Military family leave is in addition to leave available under the FMLA and other leave the employee may be entitled to. If an employee on military family leave is on leave without pay such that he or she is not eligible for the Health District's contribution to health care benefits, the employee may continue, at the employee's expense, health care coverage according to RCW 49.78.290.

9.12.6 Domestic Violence Leave:

Pursuant to RCW 49.76, employees who are victims of domestic violence, sexual assault, or stalking, or who are family members of such victims, may take reasonable leave from work, intermittent leave, or leave on a reduced leave work schedule, by use of accrued leave or compensatory time or leave without pay to seek or obtain, or assist a family member in obtaining: 1) legal or law enforcement assistance to ensure the health and safety of the victim; 2) enforcement assistance to ensure the health and safety of the victim; 3) treatment by a health care provider for physical or mental injuries; 4) services from a domestic violence shelter, rape crisis center, or other related social services program; 5) related mental health counseling; or for 6) participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of the employee or employee's family members from future domestic violence, sexual assault, or stalking. For details, see Appendix D, Domestic Violence Policy .

9.12.7 Leaves of Absence Without Pay:

A leave of absence without pay may be granted to Health District employees at the discretion of the employing official. If the leave of absence exceeds five (5) consecutive working days, the following conditions should be met before granting the leave:

- A. A written request for a leave of absence without pay must be submitted to the Program Manager on forms prescribed by the Human Resources Office. The written request must include the reason for leave, the length of time requested, and the expected date of return to service. The leave of absence form must then be completed and approved by the Program Manager, submitted to the Division Director, and finally to the Human Resources Office.

- B. All accrued general leave must be exhausted before leave without pay will be granted. If the leave is for medical reasons, accrued extended leave must also be exhausted.
- C. The Program Manager must be assured that the granting of leave will not cause a hardship to the Health District.
- D. Arrangements must be made in advance by the employee to pay for insurance premiums if continued coverage is desired for the duration of the leave.
- E. The Program Manager must be reasonably assured that the employee will return to work after the agreed leave time is exhausted.
- F. The granting of leave without pay is completely discretionary. The reason(s) for the need for leave, and the employee's ability and performance will be taken into consideration before the request for leave without pay is granted.
- G. If during the authorized leave of absence, the Program Manager determines that the absence of the employee is causing a hardship to the Health District, the employee may be required to return to work. The Program Manager will send a written notice certified through the U.S. Mail, requiring the employee to return to work. An employee who fails to return to work will be considered on unauthorized leave and is subject to disciplinary actions.
- H. All leaves of absence without pay of fifteen (15) or more calendar days results in a suspension of accruals for seniority, general and extended leave, longevity, and other benefits except as provided herein during the time of leave.

9.12.8 Exceptions:

Any exceptions to the Leaves of Absences outlined above will be considered on a case-by-case basis at the sole discretion of the Administrator.

9.13 FAMILY AND MEDICAL LEAVE

- 9.13.1 The Health District authorizes leaves of absence to eligible employees for family and medical reasons in compliance with the Family and Medical Leave Act (FMLA), other relevant statutes and regulations. For details regarding employee protections and obligations related to family and medical leave, as well as the procedures to be followed, see Appendix E, Family and Medical Leave Policy.
- 9.13.2 Leave for Maternity-Related Disability and to Care for Newborn. Under Washington State regulations and the District's Family and Medical Leave Policy, female employees are entitled to additional unpaid leave for the period of time that they are physically disabled because of pregnancy and/or childbirth. The pregnancy disability period includes any medically necessary leave prior to the birth, plus a recovery period after the birth. Women are entitled to leave for the entire period of actual disability from pregnancy and childbirth, and then, if they are eligible, to an additional twelve (12) weeks of leave under the Washington Family Leave Act (WFLA) to care for the newborn child. Thus, a pregnant

employee with no complications in the pregnancy and childbirth is likely entitled to eighteen (18) total weeks of leave (i.e., six (6) weeks of maternity-related disability leave recovering from the birth under WAC 162-30-020, plus twelve (12) weeks of leave to care for the newborn). For details, see Appendix E, Family and Medical Leave Policy.

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CHAPTER 10 – GENERAL POLICIES AND CODE OF CONDUCT

10.1 EQUAL EMPLOYMENT OPPORTUNITY

The Health District is an equal opportunity employer. The Health District believes the participation of men and women of diverse ages, races, religions, cultures, abilities, and the like will add to personal development and organizational success. The Health District is committed to promoting and protecting the rights and opportunities for equal employment for all and to ensure that no unlawful discrimination is committed against any person on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases prohibited by federal, state, or local laws. This policy extends to all areas of employment and to all relations with employees including recruitment, selection and placement, compensation, promotion and transfer, disciplinary matters, demotions, layoffs and terminations, testing and training, working conditions, awards and benefits, and all other terms and conditions of employment.

Furthermore, the Health District strives to enhance cultural competence in staff relations and client service delivery. Cultural competence is the development of skills to work with, educate and serve diverse individuals and communities.

If a Health District employee believes he or she is being discriminated against on the basis of sex, race, color, religion, national origin, pregnancy, age, marital status, sexual orientation, veteran status, disability, or any other basis prohibited by federal, state, or local laws, he or she may follow the complaint procedures set forth in Appendix A, Harassment and Discrimination Prevention Policy.

10.2 HARASSMENT AND DISCRIMINATION PREVENTION

The Health District is committed to fostering and maintaining a work environment that is free from discrimination and harassment, including sexual harassment. In keeping with this commitment, the Health District maintains a strict policy prohibiting all forms of unlawful harassment or discrimination. Employees are expected to show respect for each other and the public at all times, despite individual differences. Any person who commits such a violation may be subject to personal liability, as well as discipline by the Health District. Furthermore, employees who report violations of this policy will not be subjected to any form of retaliation. Any employee who feels that he or she has been harassed or discriminated against should follow the complaint procedures outlined in Appendix A, Harassment and Discrimination Prevention Policy.

10.2.1 Discrimination is defined as any act or failure to act (whether by itself or as a part of a practice), the effect of which is to adversely affect or adversely differentiate against individuals or group of individuals, by reasons of their protected status, such as age, sex, marital status, sexual orientation, race, creed, color, national origin, veteran status or disability or any other characteristic protected by state or federal law, unless based upon a bona fide occupational qualification. For details, see Appendix A.

10.2.2 Harassment is a form of discrimination and is defined as unwelcome verbal or physical conduct toward another employee or members of the public on the basis of their protected status. Harassment occurs when enduring the offensive conduct becomes a condition of continued employment, or the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider to be intimidating, hostile, or abusive. For details, see Appendix A.

10.3 REASONABLE ACCOMMODATION FOR DISABILITIES

It is the policy of the Health District that no qualified individual with a disability will be subjected to unlawful discrimination, to include job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. A qualified individual with a disability is an individual who satisfies the requisite skills, experience, education and other job-related requirements and who, with or without reasonable accommodation, can perform the essential functions of the job in question. Pursuant to the Americans with Disabilities Act (ADA) and the Washington Law Against Discrimination, the Health District will make reasonable accommodations on a case-by-case basis to enable qualified individuals with disabilities to perform essential job functions, provided that the accommodation does not create an undue hardship for the Health District or its employees. Any employee who believes he or she needs a reasonable accommodation in order to perform the essential functions of his or her job must submit a written request for a reasonable accommodation as outlined in Appendix F, Reasonable Accommodation for Disabilities Policy.

Any employee who feels that he or she has been discriminated against on the basis of a disability should follow the grievance procedures outlined in Appendix F.

10.4 DISCRIMINATION COMPLAINT PROCEDURE

All employees are responsible for creating an atmosphere free of discrimination and harassment, sexual, or otherwise. Further, employees are responsible for respecting the rights of their co-workers and others, including the citizens they serve. Appendix A, Harassment and Discrimination Prevention Policy, outlines the steps to follow should an employee believe that he/she has experienced harassment or discrimination on the job.

10.5 HEALTH AND SAFETY

It is the policy of the Health District to provide safe and healthful work environments. This can be accomplished if every employee observes all Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Act (WISHA) regulations and District policies and procedures for health and safety, which are protections for the individual employee and for co-workers and the public.

10.5.1 The Health District has safety and risk management policies and procedures to provide employees with written guidelines to be followed to reduce accidents. Included in these policies and procedures are such topics as: Work Safety, the role of the Safety Committee, Building Access and Security, Use of Pepper Spray, Safety Procedures for Field Staff, Cellular Telephone Use, Risk Management, Identification Badges, Hazard Communication Program, Personal Protective Equipment (PPE), Blood Borne Pathogens, and Incident Reporting. Safety policies are available to all staff on the Health District's Intranet.

10.5.2 In addition to the above safety and risk management policies, all new employees receive a required orientation by their supervisor/Program Manager on appropriate program-specific health and safety topics. This orientation will allow new employees to perform their work responsibilities safely and efficiently. It is the responsibility of every Health District employee to help maintain a safe and healthful work environment.

- 10.5.3 Reporting an Occupational Accident, Injury, or Illness, or Incident: All employee injuries or illnesses or other incidents which may create some risk for the employee or the Health District that occur during working hours must be reported immediately or as soon after the accident as is possible. Any employee who suffers a workplace injury requiring treatment beyond simple first aid or who is a witness to any such incident must immediately verbally report the incident to the employee's supervisor or Program Manager, Division Director, Human Resources Manager, Health Officer, or Administrator. The internal Incident Report Form (see the reporting requirements/form in Appendix G, Risk Management Policy, must be completed within twenty-four (24) hours. Blank report forms are available from the employee's supervisor, Program Manager, or Human Resources Manager, and on the Health District's Intranet.

Anytime a workplace incident causes illness or injury requiring treatment by a health care provider, the employee must inform his or her supervisor as soon as possible. The employee must inform his or her health care provider that 1) the injury or illness is work-related; 2) he/she is the employee of the Health District (not Kitsap County); and 3) the Washington State Department of Labor and Industries form must be completed (available from the treating health care provider).

For any workplace incident that causes in-patient hospitalization of one or more employees, the supervisor, Program Manager, Division Director or Human Resources Manager must be notified immediately. The Washington State Labor and Industries Employer Guide requires the Health District to notify the Department within eight (8) hours of such an incident. This notification requirement does not cover emergency room treatment where the employee is treated and released or scheduled surgeries.

After completion, processing, and review of the workplace incident report, the Safety Committee reviews the completed incident reports to assure that appropriate follow-up and modifications are implemented as needed in accordance with the procedures outlined in the Risk Management Plan. For more information, refer to Appendix G, the Health District's Risk Management Policy.

10.6 LIFE THREATENING/COMMUNICABLE DISEASE

Employees with life threatening illnesses or communicable diseases are treated the same as all other employees. They are permitted to continue working as long as they are able to maintain an acceptable level of performance and medical evidence shows they are not a threat to themselves or their co-workers. The Health District will work to preserve the safety of all of its employees and reserves the right to reassign employees or take other job actions, including discharge, when a substantial and unusual safety risk to fellow employees or the public exists.

10.7 REPORTING IMPROPER GOVERNMENTAL ACTION

In compliance with the Local Government Employee Whistleblower Protection Act, RCW 42.41.050, the Health District's Whistleblower Protection Policy (Appendix H) was created to encourage employees to disclose any improper governmental action taken by Health District officials or employees without fear of retaliation. This policy also safeguards legitimate employer interests by encouraging complaints to be made first to the Health District, with a process provided for speedy dispute resolution.

10.8 CODE OF CONDUCT

- 10.8.1 Purpose: The Health District is committed to the highest standards of performance, integrity and ethical conduct in serving the citizens of Kitsap County, and has established this Code of Conduct to assist its employees in understanding and carrying out this commitment. The orderly and efficient operation of the Health District requires that employees accept certain responsibilities. Work rules covering personal standards of conduct as well as standard operating procedures are necessary to protect the health and safety of all employees, to maintain uninterrupted services, and to protect the Health District's property. Furthermore, public service is a public trust, and as an organization entrusted with public funds, it is critical that every Health District employee be committed to the highest standards of ethical behavior.

All employees are expected to be aware of, and comply with, this Code of Conduct and its related policies. Violation of these principles is a serious matter and will be dealt with as such by the Health District. Any employee who violates these requirements will be subject to appropriate disciplinary action, up to and including discharge.

- 10.8.2 Disclosure: This Code of Conduct applies to all Health District employees. Each employee is expected to be knowledgeable about the Code of Conduct, all related policies, laws, regulations, guidelines and internal controls applicable to their jobs. As such, each employee is required to address any situations of actual or potential non-compliance. For example, when an employee believes that they may be in breach of the Code of Conduct, then that employee must make prompt and full disclosure in writing to their Program Manager or delegated official. This disclosure should include a detailed description of the actual or potential breach. An actual or potential breach may arise without any intentional wrongdoing or improper conduct on the part of the employee. In those circumstances, employees will not be disciplined or treated adversely for making prompt and full disclosure. However, all employees are expected to make every effort to avoid such circumstances. An employee failing to disclose an actual or potential breach of the Code may be subject to discipline.

- 10.8.3 Reporting Allegations: In addition to the self-disclosure obligation, any suspected fraud, breach of trust or other wrongdoing by another employee must be reported to a Program Manager, Division Director, or the Human Resources Manager. All employees must co-operate fully during an investigation of suspected wrongdoing in relation to any activities outlined in this Code of Conduct. Retaliation against someone who is a witness or is involved in such investigations is prohibited. When in doubt about the interpretation or application of this Code of Conduct, clarification should be sought from a Program Manager or the Human Resources Manager.

- 10.8.4 General Standards: As an employer, the Health District strives for an environment in which all staff can reach their full potential as efficient and effective employees so that the Health District can provide efficient and effective public service. The Health District and its employees must continuously examine, evaluate, challenge, and streamline their methods and processes, and identify new ways of providing the best possible public services. The Health District and its employees must also maintain certain standards of conduct, including the following:

A. Conduct Health District business ethically, honestly, professionally, and competently.

- B. Provide quality services within available resources.
- C. Provide timely and accurate information.
- D. Respond promptly to requests.
- E. Treat others as they want others to treat them.

10.8.5 Respect for Others: The Health District is committed to creating a workplace that is free from harassment and discrimination, where people are respected, and diversity is embraced. To achieve this goal employees are expected to:

- A. Treat the public and coworkers with dignity, respect, courtesy, honesty, fairness, and sensitivity.
- B. Respect different values, beliefs, cultures and religions.
- C. Value the contribution of coworkers and work cooperatively.
- D. Not bully, intimidate, harass or discriminate against other people.

10.8.6 Work Rules: The following work rules are applicable to all Health District employees. These rules are not intended to be all-inclusive and Division Directors and Program Managers may establish additional work rules that are unique to their divisions and programs. It is the expectation that all employees will abide by these additional work rules and any other work rules or division or program policies and procedures. Failure to do so may result in disciplinary action up to and including discharge.

- A. Employees will consistently be at their designated work area on time and ready to work. Employees will remain at their work area, at work, except during lunch and rest periods, until the scheduled quitting time, unless permission to leave is granted by the Supervisor/Program Manager or the duties of the position require such absence from the work area.
- B. All employees are responsible for accurately reporting all hours worked on forms or systems supplied by the Health District. It is a violation of Health District policy for any employee to falsify work time records. It is also a serious violation of Health District policy for any employee or manager to instruct another employee to incorrectly or falsely report hours worked or alter another employee's work time record to under- or over-report hours worked. Any employee who fails to report or inaccurately reports hours worked will be subject to disciplinary action, up to and including discharge.
- C. All employees are expected to maintain regular, predictable, and punctual attendance. They must report any absence to their supervisor or other authority in accordance with this Manual. Employees unable to work or unable to report to work on time shall notify their supervisor as soon as possible before the workday begins or at least fifteen (15) minutes prior to the employee's usual starting time. Refer to Section 9.8.9 for further information on call-in procedures.

- D. Employees are required to follow all safety regulations to include the wearing of personal protective equipment (PPE) or other safety or protective articles. Employees are required to immediately report safety hazards, accidents, or injury to their supervisor, Program Manager, or a safety committee member.
- E. Employees are responsible for and must not misuse Health District property, records, or other materials in their care, custody, or control.
- F. Employees are responsible for the legal and proper use of Health District funds, including but not limited to claims for reimbursement.
- G. Employees are required to interact with the public and other Health District employees in a courteous and professional manner.
- H. Employees are required to notify the Human Resources Office whenever there is a change in their personal data affecting their personnel or payroll records.
- I. Employees are not to restrict or interfere with the work of others.
- J. Employees are required to report for and remain at work only in a fit physical and mental condition, which will enable them to perform their regular duties.
- K. Employees will not engage in political activity while on duty.
- L. Employees will not use their positions for personal gain, to solicit or conduct personal business, for political purposes, or to coerce others.
- M. Employees will not deal with an application to the Health District for a permit, grant, award, or other benefit which involves themselves or immediate relatives.
- N. Employees will not make false or misleading statements in connection with their employment.
- O. Employees are expected to read, understand, follow, and abide by all Health District policies.

10.8.7 Fraud/Theft: In general, fraud is an act committed which, through deceit, falsehood or other such behavior, either deprives the Health District of its assets, property or other resources (this includes theft), or causes the Health District to act to its own detriment or prejudice. Fraud may include acts committed with the intent to deceive, involving either misappropriation of Health District assets, property or other resources and/or misrepresentations of financial and/or other information to conceal such misappropriation, by such means as:

- A. Manipulation, falsification or alteration of records or documents.
- B. Suppression of information, transactions or documents.

- C. Recording of transactions without substance.
- D. Misapplication of accounting principles.
- E. Making false claims resulting in any form of monetary gain.

All employees shall work in accordance with both the Health District controls established to prevent fraudulent misconduct and all applicable laws, regulations and government guidelines. All employees shall exercise honesty, integrity, objectivity and diligence and shall not knowingly be a party to any fraudulent activity, including theft. Each employee is encouraged to report, in writing, any knowledge or suspicion of fraud to their Program Manager or Division Director. All Health District managers are responsible for ensuring that adequate internal controls are in place to prevent and detect fraud. Management is accountable for monitoring employee activity and performance and ensuring all employees are aware of, and in compliance with, controls, policies and procedures. All confirmed incidents of fraud or theft committed against the Health District will be viewed as acts of criminal activity and will be treated accordingly.

- 10.8.8 Dress and Grooming: An important part of the image presented to the citizens of Kitsap County is the appearance of Health District employees. Since the Health District is a public agency, employees need to present a professional appearance when working with the Health District's clients/patients and their families, co-workers, other community agencies, and the community as a whole. It is the Health District's policy to require staff members to dress and groom in a manner that inspires confidence and conveys professionalism to our citizens. The manner of dress may vary according to the amount and nature of public contact. It is the employee's responsibility to maintain a neat and business-like appearance. For details on dress and grooming, see Appendix I, Personal Appearance and Signage Policy.
- 10.8.9 Personal Signage: The Health District is a public agency and, as such, staff need to promote a positive image and attitude in the work environment by not displaying in the workplace personal signage that conveys a negative attitude or discriminates against, harasses, or offends co-workers or the public. This excludes signage used by the Health District to protect and promote public health as described in the Health District's Mission Statement. For details on personal signage, see Appendix I.
- 10.8.10 Conflict of Interest: Public confidence of the citizens of Kitsap County in the operation of the Health District is built on integrity. Accordingly, all employees are expected to maintain high standards of personal conduct in their relationships with the public and with working associates.
 - A. Confidential Information: Many of the operations of the Health District are considered public information, but many are not. The confidential business of the Health District should not be discussed outside the Health District facilities. Providing confidential information to unauthorized persons may be grounds for disciplinary action. If you are unsure, contact your supervisor or Program Manager. Employees shall not benefit from the use of information acquired during the course of official duties that is not generally available to the public. See the Health District's Confidentiality Procedures for further details or contact the Health District's Privacy Officer.

- B. Loans, Gifts, Gratuities, Etc.: Health District employees must not directly or indirectly give or accept any compensation, gift, award, reward, hospitality, entertainment, or gratuity in the course of their work responsibilities from any source other than the Health District. Some items of nominal value (i.e., food), which are given on special occasions, may be acceptable. Check with your Program Manager before accepting any gifts.
- C. Outside Employment: Health District employees who choose to have an additional job, contractual commitment or self-employment, may do so provided that before accepting the outside employment, they are required to notify their Program Manager about such employment. No employee may engage in any occupation which:
1. Is incompatible with the proper discharge of official Health District duties.
 2. May impair independence of judgment or action in the performance of such official duties.
 3. May subject the Health District to adverse criticism or adverse publicity.
 4. May encroach upon regular Health District work hours and duties, or necessitate long hours, which might adversely affect the employee's physical or mental abilities to perform Health District work.
 5. Utilizes Health District telephones, computers, supplies or any other resources, facilities or equipment.
 6. May reasonably be perceived by members of the public as a conflict of interest or otherwise discredit public service.
- D. Political Activities: Health District employees have the same right to campaign in support of, or in opposition to, a candidate or a ballot proposition as any other citizen. However, public employees are restricted in their political activities while at work. Public funds and facilities may not be used, nor may an employee campaign on Health District time or while representing the Health District in any way. Examples of prohibited activities include, but are not limited to:
1. Using Health District stationery, letterhead, postage, or copying equipment to prepare and mail campaign literature.
 2. Publishing a statement supporting a candidate or issue in the Health District newsletters or other communications.
 3. Campaigning by Health District employees on Health District time.
 4. Using Health District telephones to make calls in support of a candidate at any time.

5. Using Health District vehicles, or the employees' personal vehicle with Health District signs attached to it, to attend political rallies, drop off mailers at a printer, or distribute campaign materials.
 6. Holding campaign strategy meetings in any Health District building or office.
 7. Wearing Health District identification badges while campaigning or using the employee's title or position to campaign.
- E. Nepotism: Employees shall not give, in the performance of official duties, preferential treatment to relatives or friends or to organizations in which relatives or friends have an interest, financial or otherwise. Furthermore, relatives of current Health District employees and Board members will not be employed by the Health District where:
- i. One of the parties would have authority (or practical power) to supervise, appoint, remove, or discipline the other;
 - ii. One party would handle confidential material that creates inappropriate access to that material by the other;
 - iii. One party would be responsible for auditing the work of the other; or
 - iv. Other circumstances that might lead to actual or reasonably foreseeable conflict among the parties or conflict between the interest of one or both parties and the best interests of the Health District.

For purposes of this section, relatives include: mother, father, son, daughter, brother, sister, husband, wife, aunt, uncle, niece, nephew, grandfather, grandmother, grandson, granddaughter, daughter-in-law, son-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law, step-brother, step-sister, stepmother, stepfather, and individuals residing with a Health District employee.

If two (2) employees marry, become related, or begin sharing living quarters with one another, and in the Health District's judgment, the potential problems noted above exist or reasonably could exist, only one of the employees will be permitted to stay with the Health District, unless reasonable accommodations, as determined by the Administrator can be made to eliminate the potential problem. (See Washington Administrative Code 162-16-250). The decision as to which employee will remain with the Health District must be made by the two (2) employees within thirty (30) calendar days of the date they marry, become related, or begin sharing living quarters with each other. If no decision is made during this time, the Health District reserves the right to terminate either employee.

- F. Affect on Employment: The existence of a conflict of interest precludes the hiring, or the continued employment, of one of the parties when such conflict is created. When it is necessary to exclude a person because of a conflict, the persons involved will be given the opportunity to determine who of the two remains employed. Should the persons involved be unable to determine who will remain employed, the Administrator will make the determination.

10.8.11 Use of Health District Resources

- A. It is the policy of the Health District to restrict the use of Health District resources, including Health District time, to the authorized conduct of official business and to such services as are available to the public generally. Employees may not use Health District property, systems or work time for personal reasons. However, occasional and limited personal use of Health District resources is permissible, but only if specifically allowed by Health District policy and in accordance with WAC 292-110-010, as follows: such use must be brief, infrequent, at no cost to the Health District, and must not interfere with the performance of the employee's duties, disrupt other employees, disrupt or distract from the conduct of Health District business, or compromise the security or integrity of the Health District. Violations of this policy may result in disciplinary action up to and including discharge and/or prosecution as appropriate
- B. Such occasional and limited personal use is not allowed for items designated by the Internal Revenue Service as "listed property." Listed property includes items obtained by the Health District for business use but designated by the IRS as lending themselves easily to personal use. Refer to Internal Revenue Code Section 280F(d)(4), as amended.

10.8.12 Electronic Communications

The Health District provides telephones, cell phones, voice mail systems, e-mail, faxes, and access to the Internet for internal and external business communication purposes. The Health District's electronic communications are for official business and are not to be used for employee personal gain or to support or advocate for non-Health District related business. The Health District reserves the right to monitor the use and content of electronic communications. Electronic communications are not private or confidential. Employees are expected to comply with the Health District's procedures regarding electronic communications. For details about information technology resources and communications, see Appendix J, Information Technology Resources Policy. For details about cell phones, see Appendix K, Cellular Telephones Policy.

10.8.13 Personal Internet Communications

- A. The District recognizes that in today's environment, with the increasing prevalence of the Internet, employees will use the Internet at home to communicate with friends and associates. The Health District views Internet venues as an employee's right to self-expression and generally regards them in a positive light. However, employees should be mindful that the Health District's policies and procedures can apply to off-duty conduct as described herein, including online social networking and blogging activities.
- B. Social networking communications can appear in several forms, including, but not limited to, blogs, message boards, chat rooms, postings of comments, pictures, or videos on websites, or such communications sent by email from a desktop computer, laptop, or other device such as a smart phone or mobile phone.

C. Online social networking and blogging activities are subject to the Health District's policies and procedures, including, for example, the Health District's policies 1) protecting the confidentiality of information, 2) safeguarding District property, 3) prohibiting any type of employment discrimination or harassment, 4) governing use of the District's property, including electronic communication and computer systems, 5) prohibiting use of position to secure special privileges, 6) restricting outside employment as described in Section 10.8.10, 7) prohibiting solicitation of illegal actions, and 8) prohibiting defamation and slander. For example, the following activities are prohibited:

1. Disclosing or discussing confidential or proprietary information of the Health District or the District's clients, agency partners, or employees.
2. Using the Health District's name, logos, or other identifying marks in any personal online social networking or blogging activities. Employees shall not use their Health District email address in their personal profiles on social networking sites.
3. False and defamatory statements about the Health District, its activities and services, its employees, clients, and agency partners, and its vendors, contractors, and suppliers, and their products and services.
4. Internet communications which harm the Health District's reputation, mission, or functions, renders the employee unable to perform his/her duties, results in other employees being unwilling or unable to work with the employee, or undermines the ability of the District to direct the workforce. As examples, material should not be posted about illegal drugs, or that is obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, or hateful to another person or entity.

D. Employees are personally responsible for the commentary they express and the material they post while engaging in online social networking and blogging activities. Employees must make it clear in any online social networking and blogging activities that the views and opinions they express about work-related matters are their own, have not been reviewed or approved by their employer, and do not necessarily represent the views and opinions of their employer.

10.8.14 Alcohol, Marijuana and Drug-Free Workplace

The Health District is obligated and committed to providing its employees and the citizens of Kitsap County with an alcohol, marijuana, and drug-free, healthful, safe, and efficient workplace. Therefore, in accordance with the federal Drug Free Workplace Act, the manufacturing, distribution, dispensation, possession, and use of alcohol, marijuana or unlawful drugs on Health District premises or during work hours by Health District employees is strictly prohibited. Furthermore, the Health District expects its employees to report to work free from alcohol, marijuana and/or unlawful drug impairment and to remain at work in a condition that enables them to perform their job duties in a safe, efficient, legal and professional manner. For further details, see Appendix L, Alcohol, Marijuana and Drug-Free Workplace Policy.

10.8.15 Prevention of Workplace Violence

The Health District is committed to protecting the safety of its employees and will not tolerate acts or threats of violence which involve or affect its employees. Therefore, it is the Health District's policy to prohibit threatened or actual workplace violence, including the possession of any weapons by employees and volunteers on Health District property or while conducting Health District business. For details, see Appendix M, Workplace Violence Prevention Policy.

10.8.16 No Smoking or Vaping Policy

For health and safety considerations, the Health District prohibits smoking or vaping in or near (within 50 feet of) any Health District facilities including its buildings, vehicles, offices or other facilities rented or leased by the Health District.

10.8.17 Property

The Health District furnishes desks, closets, cabinets, etc. for security of employee personal belongings. The Health District does not, however, assume responsibility for any theft or damage to the personal possessions of employees. Property owned by the Health District, including but not limited to, property used by employees such as desks, cabinets, restrooms, break rooms and lockers, are not private. The Health District reserves the right to search Health District property at its convenience.

10.8.18 Drivers License, Personal Auto Insurance, and Driving Records

- A. Employees using their personal vehicle on Health District business shall be required to maintain auto liability insurance in an amount not less than the Washington State minimum standards pursuant to RCW 46.29.090 and 46.30.020.
- B. Employees using personal vehicles on Health District business shall conform to all applicable laws for vehicles and maintain current Washington State driver's licenses. Any employee whose job duties require driving on a regular basis must notify his or her immediate supervisor no later than the next business day if the employee's driver's license, including any work-related endorsements, is denied, expired, suspended, revoked or otherwise becomes invalid, or if he or she is ticketed by a law enforcement agency for any at-fault accidents or moving violations while conducting District business. Depending on the duration of license suspension, revocation, or other inability to drive, an employee may be subject to disciplinary action, including termination. The Human Resources Office will periodically verify Driver's license status.
- C. Driving Records. Those employees who are required to operate motor vehicles on a regular basis while conducting District business shall have their motor vehicle driving record reviewed by the Health District upon hire and at least once every three (3) years thereafter. Such driving record will be checked, at the Health District's expense and with the employee's knowledge, by having the employee sign a driving record request form from the Washington State Department of Licensing.

10.8.19 Seat Belt and Cell Phone Policy

Per Washington State law, any employee operating or riding in a Health District vehicle or a private vehicle while performing Health District work must wear seat belts at all times. An employee may not perform text messaging or hold a cellular to his or her ear while operating a Health District vehicle or a private vehicle while performing Health District work. See Appendix K, Cellular Telephones Policy, for details regarding cell phone usage.

10.8.20 Solicitation

- A. Most forms of selling and solicitations are inappropriate in the workplace. They can be an intrusion on employees and citizens and may present a risk to employee safety or to the security of Health District property. The following limitations apply:
- B. Persons not employed by the Health District may not solicit, survey, petition, or distribute literature on Health District premises at any time. This includes persons soliciting for charities, salespersons, questionnaire surveyors, labor union organizers, or any other solicitor or distributor. Exceptions to this rule may be made in special circumstances where the Health District determines that an exception would serve the best interests of the agency and its employees. An example of an exception is the United Way campaign or a similar, community-based fund-raising effort.
- C. Employees may not solicit for any purpose during work time. Reasonable forms of solicitation are permitted only during non-work time, such as before or after work or during meal or break periods. Soliciting employees who are on non-work time may not solicit other employees who are on work time. Employees may not distribute literature for any purpose during work time or in work areas. The employee lunchrooms are considered a non-work area under this policy.

10.8.21 Recording of Employee Conversations

- A. Employees shall not record a private conversation between or among individuals without the consent of all the persons engaged in the conversation, in accordance with Chapter 9.73 RCW. The statute also sets forth various exceptions. For example, it is not unlawful to intercept and record emergency calls; extortion, blackmail, and bodily harm calls; or anonymous or repeated calls at extremely inconvenient hours.
- B. Employees should start any such audio recording by identifying everyone participating. When recording a meeting or event, employees should make a statement at the beginning, such as "This conversation is being recorded," and explain the purpose of the recording, so the participants are aware when the microphone has been switched on.
- C. Any conversation by a Health District employee in their official capacity shall **not** be considered a "private conversation" if that conversation is made at an open public meeting or at any other advertised meeting, workshop, study session or similar gathering at which the public is invited to attend. As such, the employee's conversation may be recorded without their permission.

CHAPTER II - PERFORMANCE EVALUATIONS

11.1 POLICY

Employee performance evaluation is intended to promote productivity and strengthen employer/employee relations. The performance evaluation system provides employees and Program Managers with a tool for establishing communication regarding performance standards and expectations, identification of problems and concerns, identification of training needs, and the provision of positive reinforcements for areas of excellence. The evaluation is part of an employee's personnel record and may be a factor in determining the employee's conversion to regular status, whether the employee receives a step increase, or is to be promoted, transferred, demoted, laid off, or terminated.

11.2 PERFORMANCE EVALUATION SYSTEM

- 11.2.1 The Administrator may develop and maintain performance evaluation systems as appropriate.
- 11.2.2 The performance evaluation system should be based on standards related to an employee's individual work assignments.
- 11.2.3 The performance evaluation system provides the employee with an opportunity to submit a written response to the contents of his or her evaluation.

11.3 PERFORMANCE EVALUATION PROCESS

- 11.3.1 Probationary employees are to be evaluated by their Program Manager three times prior to completion of their probation period. One evaluation should be performed approximately three months after the date of appointment to clarify goals, provide feedback, and compare perceptions about performance. This initial evaluation may be informal and use of the formal evaluation is optional.
- 11.3.2 Regular employees are evaluated at six months (6) at twelve (12) months, or after successful completion of their probationary period and once every twelve (12) months thereafter. If an employee remains in the same position for three (3) years or more, the employee's performance evaluation should be conducted every three (3) years.
- 11.3.3 The Supervisor or Program Manager may deem additional performance evaluations appropriate in some circumstances. An employee may also request an additional evaluation if a work-related problem exists that may be resolved through the formal evaluation process.
- 11.3.4 The employee may file a rebuttal statement. The statement becomes a permanent part of the personnel file.
- 11.3.5 Employees are encouraged to be active participants in the evaluation process.
- 11.3.6 The performance evaluation, together with related correspondence, is placed in the employee's official personnel file. A copy will be provided to the employee.

11.4 ADJUSTMENTS TO EVALUATION DATES

Evaluation dates will be adjusted forward due to periods in which an employee is on unpaid leave for fifteen (15) calendar days or more. Step increase eligibility dates will also be adjusted based on unpaid leaves of fifteen (15) calendar days or more.

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CHAPTER 12 – WORKING CONDITIONS

12.1 WORKING HOURS

The Health District's standard workweek is forty (40) hours beginning and ending at midnight on Friday. The Health District may redefine the workweek as prescribed by the Fair Labor Standards Act. Due to the nature of the Health District's operations, the workday may be adjusted, and longer hours may be necessary in some instances. Each employee's Program Manager will advise the employee regarding his/her specific working days and hours. Part-time and temporary employees will work hours as specified by their Program Manager. Flexible hours within a particular workweek may be made by mutual agreement between the Program Manager and the affected employee. Alternative work schedules on a regular basis, such as flextime schedules, compressed workweeks, teleworking, or other alternative work arrangements require written authorization as specified in Section 12.5 below.

12.2 ATTENDANCE AND ABSENTEEISM

Employees are responsible for complying with policies and procedures regarding hours of work, attendance, timeliness, leaves of absence, and the like. An essential function of Health District positions is the ability to appear regularly for work and report to work on time. Absenteeism causes low morale and reduces productivity. Tardiness or absenteeism may result in discharge depending on the frequency and duration of the absence. Absences covered by the federal Family and Medical Leave Act (FMLA), the Washington Paid Sick Leave Law or other leave laws (referred to as "protected leave"), will not be counted in evaluating absenteeism. Accrued extended leave is a protection against risk; it is like a disability insurance policy designed to give an employee financial protection due to an extended illness. Extended leave use may, in some circumstances, be considered in determining excessive absenteeism.

12.2.1 Absenteeism: Absenteeism is the voluntary or involuntary absence from work for failure to report to work, for failure to report to work on time, leaving work before the end of the shift, and absences from the work area during the day.

A. Degree of Absenteeism

1. Routine Absences - Occur infrequently and are of short duration.
2. Chronic Absenteeism - Absences that occur frequently for valid or invalid reasons. Use of leave due to illness or otherwise unscheduled leave in excess of one day per month and/or occurring in an established pattern such as the day before or after days off, holidays, scheduled general leave, or weekends. Unless protected leave, such absences may be grounds for disciplinary action.

B. Controlling Absenteeism

1. Supervisors and Program Managers are encouraged to enforce consistent and fair attendance/absenteeism standards within their work groups. It is recognized that the nature of each position's requirements needs to be evaluated in determining these standards.

2. Records of absenteeism should be maintained and monitored for all employees in the work group.
- C. Authorized Absences - An authorized absence requires the employee to comply with all the reporting requirements specified in this Manual. In addition, for an authorized absence, the employee must have available accrued leave to cover the absence and/or the absence must constitute protected leave.
- D. Unauthorized Absences
1. If invalid reasons are given for an absence or an employee fails to comply with applicable notification requirements for the type of leave sought, the employee will not be compensated for the absence. Such absences may be grounds for disciplinary action. Subject to approval of Human Resources, an employing official may establish different notification standards for various work units.
 2. Three consecutive workdays of unauthorized, unjustified absence will result in dismissal.

12.3 REST PERIODS/BREAKS

Per WAC 296-126-092 rest periods of not less than ten (10) minutes shall be scheduled for each four (4) hours of working time. However, where the nature of the work allows employees to take intermittent rest periods equivalent to ten (10) minutes for each four (4) hours worked, scheduled rest periods are not required. As a matter of policy, however, the Health District allows a 15-minute rest period for each four (4) hours of working time. Rest periods will be arranged so that they do not interfere with Health District operations and will be scheduled as closely as possible to the midpoint of each four-hour work period. Rest periods may not be accumulated nor used to shorten the workday or to make up time for tardiness, to extend the lunch period, or to leave early, or as a replacement for general leave or leave without pay.

12.4 MEAL PERIODS

The Health District will allow each employee working five (5) or more consecutive hours per day an unpaid meal period of at least thirty (30) minutes midway in the workday.

12.5 ALTERNATIVE WORK SCHEDULES

The Health District recognizes that there are circumstances where non-traditional alternative working arrangements can be a benefit to both the Health District and the employee. Alternative arrangements, such as flextime schedules, compressed workweek schedules, and teleworking, may increase productivity, reduce commuter trips, eliminate workspace congestion in Health District offices, and more efficiently provide services throughout the county. In order to avoid overtime, some schedules may require different workweek designations other than the standard workweek.

An employee or the District may request consideration of an alternative work schedule and both parties will investigate the feasibility of the request. Alternative work arrangements will be mutually agreed upon in writing by the Program Manager and the employee in accordance with this Manual,

subject to approval by the Division Director in consultation with the Human Resources Manager. Approval will be contingent upon Health District policies, guidelines, and any applicable collective bargaining agreements. In addition, the following criteria must be met.

- 12.5.1 The alternative work schedule/arrangement does not adversely affect the Health District, program assignments or projects, customer relations, or other work units, and the quantity and quality of work is maintained or exceeded.
- 12.5.2 The employee has demonstrated sustained high performance. For example, there has been no excessive or unexcused absences, no observed problems with productivity, no observed need for close supervision including the employee's consistent need for guidance on technical matters, and no disciplinary action taken during the employee's employment with the Health District.
- 12.5.3 Types of Alternative Work Schedules/Arrangements: What follows is a non-exclusive list of alternative work schedules and work arrangements.
 - A. Flextime Work Schedule: An alternative work schedule on a regular basis with different starting and quitting times for the employee other than the standard work day.
 - B. Compressed Workweek Schedule: An alternative work schedule on a regular basis with agreed upon work hours that permit employees to increase the length of each day, to provide one day off every week or every other week.
 - C. Teleworking: An arrangement in which employees are permitted to work at home, or to access work remotely, for at least part of the workweek on a regular basis in accordance with a Health District teleworking agreement. See Appendix N, Teleworking Policy, for details.

12.6 JOB-SHARING

Upon agreement by the Program Manager and the employee with the approval of the Administrator, a job-sharing arrangement may be established. All rights, terms, and conditions of the job-sharing agreement will be in writing.

12.7 EMERGENCY HEALTH DISTRICT CLOSURE

During times of inclement weather, natural disasters or other emergencies, it is essential that the Health District continue to provide vital public services. Therefore, it is expected that employees will make every reasonable effort to report to work without endangering their personal safety.

An employee who is unable to get to work or leaves work early because of unusual weather conditions may charge the time missed to general leave, personal holiday, compensatory time, or leave without pay. The employee shall advise the supervisor by phone as in any other case of late arrival or absence.

In the event of an official Health District closure and/or late opening due to severe weather conditions or other extraordinary events (earthquake, power outage, and the like), the closure or late opening will be announced on the District's Weather Line (360-728-2200) and via a text alert

system. The text alert system requires employees to sign up for this service. It is recommended that all employees sign up for the text alert system.

If the District offices are closed for one (1) or more full business day(s) due to weather conditions or for some other emergency as declared by the Administrator, employees scheduled to work will be provided paid administrative leave for a maximum of two (2) full consecutive days per occurrence of such closure and/or assigned to work from home or another location as provided by the Health District's policy. For details, see Appendix C, Inclement Weather and Emergency Closures Policy.

12.8 EMERGENCY DUTIES

All Health District employees may be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to their job classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

12.9 CALL-BACK

All employees are subject to call-back in emergencies or as needed by the Health District to provide necessary services to the public. A refusal to respond to a call back is grounds for immediate disciplinary action, including possible termination. When non-exempt employees are called back to work after completion of their regular workday, they will be compensated in either pay or compensatory time at the rate of one-and-one-half (1½) times the actual hours worked; a minimum callback will be two (2) hours, and the employee must physically report to a worksite.

12.10 REMOTE CALL-BACK

When it is necessary to call back employees without advance notice to perform unscheduled work outside of their regular shift hours to handle an emergency, system failure, or other urgent situation, and they are able to perform such duties without physically reporting to a worksite, they will be compensated for the actual hours worked for the particular incident, or a minimum of one-half hour of straight time, whichever is greater. If such remote call-back time results in overtime, normal overtime pay, or compensatory-time provisions will apply. Directors and Program Managers who authorize remote call-back must ensure that it is noted as such on the employee's time card.

Remote call-back does not apply to work performed remotely for non-urgent matters, regular telework or otherwise scheduled remote access. Refer to the Information Technology Resources Policy (Appendix J), the Teleworking Policy (Appendix N), and the Compensatory Time, Overtime and Flextime Policy (Appendix P).

12.11 PAYDAYS

Health District employees are paid monthly on the last working day of the month or on a more frequent schedule as determined by the Administrator. If a regularly scheduled payday falls on Saturday, Sunday, or holiday, paychecks will be distributed the last regular working day prior to such day.

CHAPTER 13 – DISCIPLINE AND DISCHARGE

13.1 DISCIPLINE

The goal of corrective action and discipline is to change or improve an employee's behavior by providing guidance and strengthening an employee's self-discipline. Rules and standards are needed to help everyone get the job done quickly, safely, and well. The Health District encourages those forms of disciplinary actions that teach rather than punish, when appropriate. Follow-up and observation of performance by the supervisor often helps to correct an unsatisfactory situation. However, in the case of more serious infractions, a progressive approach may not be suitable, and the Health District may proceed directly to the appropriate disciplinary action, including termination.

Note: Program Managers should consult with the Human Resources Manager in order to maintain consistency of discipline.

13.1.1 Causes for Disciplinary Action: The following is a non-inclusive list provided for illustration of cause for disciplinary action:

- A. Incompetence or inefficiency - Failure to meet minimum requirements set forth in the job classification or failure to meet reasonable work performance standards.
- B. Neglect of duty or dereliction of duty - Engaging in any activity or personal business which causes the employee to neglect or be inattentive to his/her job responsibilities.
- C. Conduct unbecoming a Health District employee.
 - 1. Discourteous treatment or wantonly offensive conduct toward clients, the public or fellow employees.
 - 2. The use of indecent, obscene, or otherwise coarse or offensive language, including but not limited to racist or sexist slurs, directed toward the public or fellow employees.
 - 3. Threat of physical harm directed toward the public or fellow employees.
 - 4. Misuse or abuse of power when dealing with members of the public for personal gain.
 - 5. Violations of the Health District's dress and grooming standards.
- D. Unauthorized use of Health District property or equipment.
- E. Deliberately or recklessly destroying, damaging, or defacing Health District property.
- F. Misappropriation or theft of Health District property, funds or services; or the property/funds of the public or co-workers in the workplace.
- G. Bribery - Making a bribe, accepting a bribe, or soliciting a bribe in the course of Health District business.

- H. False Statements - False or misleading statements, intentional misrepresentations, or fraudulent conduct by an employee or such actions by others with his/her collusion. Falsifying records or reports.
- I. Violation of the Health District Drug, Marijuana and Alcohol-Free Workplace Policy.
- J. Violation of the Information Technology Resources Policy.
- K. Violation of the Prevention of Workplace Violence Policy.
- L. Violation of the Health District's Code of Conduct or related policies.
- M. Violation of work rules - Violation of state, Health District, or program work rules, policies, safety rules or regulations.
- N. Solicitation of illegal actions - The attempt to induce an employee of the Health District to commit an illegal act or violate any lawful and reasonable Health District regulation.
- O. The commission of a crime.
 - 1. The commission of a felony, the offense of which is directly related to the responsibilities of the position held or so disruptive to the work relationship between the Health District and the employee or the employee and their coworkers that the Health District feels compelled to discharge the employee rather than tolerate the disruptions and inefficiencies that continued employment may cause. Such conduct may include child molestation, sex crimes, and others.
 - 2. The commission of a misdemeanor during the performance of Health District business.
 - 3. The commission of a misdemeanor, the offense of which is directly related to the responsibilities of the position held.
- P. Insubordination - Disobedience, unwilling to submit to established authority, the refusal to perform assigned work unless such performance would constitute a safety hazard or illegal act.
- Q. Absences without authorization - Failure to report for work, failure to give actual reasons for an absence, or failure to return to work upon the expiration of a vacation or authorized leave.
- R. Chronic tardiness or excessive absenteeism.
- S. Violation of the Harassment and Discrimination Prevention Policy.
- T. Smoking in any unauthorized areas.
- U. Creating fire hazards in any area.

13.2 DISCIPLINE PROCESS

The following is a list of corrective and disciplinary actions. It is not intended to be an all-inclusive list, nor is there any intent that discipline necessarily start at the lowest level and be sequential. The District will tailor discipline to respond to the nature and severity of the offense, and the employee's prior corrective/disciplinary record.

- 13.2.1 Oral Warning: Inappropriate conduct or performance may initially be brought to the attention of the employee by oral discussion or reprimand. The employing official is to take reasonable precaution not to embarrass the employee before other employees or the public. The Program Manager is encouraged to keep a record of the date and subject of oral warnings. An oral warning is not subject to the notice and hearing requirements set forth below nor the grievance procedure set forth in this Manual.
- 13.2.2 Written Reprimand: When inappropriate conduct or performance is continual, or when in the judgment of the Program Manager the severity of such conduct or performance warrants it, a written reprimand may be issued to an employee. A copy of the written reprimand will be kept in the employee's official personnel file. A written reprimand is not subject to the notice and hearing requirement set forth below nor the grievance procedure set forth in this Manual.
- 13.2.3 Performance Improvement Plan: When unsatisfactory work performance or inappropriate work behavior is continual following disciplinary action or an unsatisfactory performance evaluation, the employee may be issued a document outlining areas of improvement required within a designated time frame. Work performance and/or work behavior will be closely monitored and may require frequent performance evaluations.
- 13.2.4 Setback in Range: The Program Manager may move an employee backward to a lower step in his/her salary range for disciplinary reasons. The employee must be provided with five days or more advance notice of such action. The notice must include the cause for action and a new evaluation date.
- 13.2.5 Delay of Step Increase: The Program Manager may delay an employee's step increase based on performance evaluation ratings. The employee must be given advance notice of such action five days in advance of the effective date, and the notice must include the cause for action and a new step increase date.
- 13.2.6 Suspension with Pay: The employing official may remove an employee from work with pay for a specific period of time when necessary to investigate a situation pending a pre-disciplinary hearing/pre-termination hearing, or for business necessity.
- 13.2.7 Suspension Without Pay: The Program Manager may remove an employee from work without pay for a specific period of time for continuing inappropriate conduct or performance of any one severe offense, or to investigate complaints of employee misconduct in accordance with the process set forth in Section 13.3 of these Rules.

Employees who are exempt from the overtime laws are not subject to unpaid disciplinary suspensions except in increments of full workweeks unless the infraction leading to the suspension is for a violation of a safety rule of major significance.

- 13.2.8 Demotion: The Program Manager may demote an employee to a classification that has a lower salary range. This type of action is usually only taken where an employee is unable or

unwilling to perform the duties required for his/her current position but meets the qualifications for the position to which he/she is being demoted or in lieu of discharge. Demotion for any cause can only be made to a vacant position. An employee demoted for disciplinary reasons has no right to displace a subordinate or junior regular employee. The employee must be provided with a minimum of five days notice of such action.

- 13.2.9 Discharge: Discharge is the termination of the employment relationship. Discharge is the most severe form of disciplinary action and should only be used after previous attempts at corrective discipline have failed or when the offense is very serious. Instances which warrant discharge without prior written notice or suspension may include, but are not limited to, such conduct as insubordination, assault, theft, being under the influence of alcohol or drugs, and illegal or destructive acts on the job. Employees discharged will be paid all accrued general leave and compensatory time.

13.3 DISCIPLINARY PROCEDURE

- 13.3.1 Hearing Required: Prior to imposing discipline involving a reduction in pay, suspension, or discharge, a notice and a hearing are required. A Program Manager in consultation with the Human Resources Manager provides and arranges for a pre-disciplinary or pre-termination hearing prior to the imposition of a disciplinary action that may result in suspension without pay, demotion, or discharge.
- 13.3.2 Notice: The Program Manager in consultation with the Human Resources Manager will provide the employee with a written notice of the hearing described above. The notice informs the employee of:
- The reasons for the disciplinary action or possible discharge, including any specific policies and procedures, which have been violated.
 - A summary of any previous incidents or disciplinary actions, if applicable.
 - A date, time, location of the hearing
 - The opportunity to respond to the reasons discipline is being considered at the pre-disciplinary hearing.
- 13.3.3 Pre-Disciplinary or Pre-Termination Hearing: The hearing is conducted by the Administrator or designee and is informal. The purpose of the hearing is to allow the employee to present information that would assist the Administrator or designee in reaching a final determination.
- 13.3.4 Final Disciplinary Action: As a result of the pre-disciplinary or pre-termination hearing, the Administrator or designee will issue a determination within a reasonable period of time and include the following:
- The discipline imposed, if applicable.
 - The effective date and duration of the discipline imposed, if applicable.
 - The required corrective action by the employee, if applicable.
- 13.3.5 Discipline During Trial Service: An employee who is on trial service following a promotion has the same right of appeal as any other regular employee with the exception that during his/her trial service, he/she may be returned to the job class held prior to promotion without receiving notice of cause or have a right to appeal.

- 13.3.6 Discipline During the Probation Period: Employees undergoing their probation period may be subject to any of the aforementioned disciplinary actions without notice of cause or right of appeal. The minimum advance notice of such action need not be more than the normal time requirement for dismissal of a probationary employee.
- 13.3.7 Placement in Personnel File: It is recommended that the employee acknowledge the disciplinary action taken by signature on the final notice of the disciplinary action. The disciplinary action notice is forwarded to the Human Resources Office for placement in the employee's official personnel file. If the employee refuses to acknowledge the final disciplinary action notice, the employee may be subject to further disciplinary action. Further, the Program Manager may fulfill this obligation by securing the signature of a witness.

CHAPTER 14 – GRIEVANCE PROCEDURE

14.1 PURPOSE

The purpose of this process is to provide an orderly method for resolving grievances. The objective of this process is to provide an opportunity for employees to understand and resolve matters where the employees believe they have received inequitable treatment. A determined effort should be made to settle any such differences at the lowest possible level in the grievance procedure.

14.2 GRIEVANCE DEFINED

A grievance is a dispute or disagreement arising between the employee and the Health District in regard to the interpretation or application of the specific provisions of this Personnel Manual, or other Health District policies or procedures. Specifically excluded from further recourse to the grievance procedure are grievances that have been processed and decided and grievances not presented within the time limits established. Oral warnings and written reprimands are not grievable.

14.3 WHO MAY GRIEVE

Any employee who believes he/she has a grievable dispute as defined above and which directly affects the employee has the right to file a grievance. Probationary employees do not have the right to grieve dismissal or the extension of the probationary period.

14.4 TIME LIMITS

In order to maintain good employee relations and employee morale, it is important that grievances be handled promptly and fairly. If an employee fails to submit a grievance within the time schedule in the steps below, the employee waives his right to grieve. If the Program Manager or Division Director fails to respond within the time limits established in the steps below, the next step in the grievance process will apply. If mutually agreed upon, the time limits established in the steps below and any individual step in the grievance procedure may be waived. Where time limits are expressed in working days in these Rules, working days are defined as Monday through Friday, excluding holidays.

Note: It is recommended that the Program Manager and Division Director work with the Human Resources Manager as soon as any grievance is submitted.

14.5 PROCEDURE

Step 1 - Oral Discussion

Within ten (10) working days after the occurrence of the situation, condition, or action giving rise to an alleged employee grievance, the employee affected may personally present a grievance to his/her Program Manager. The Program Manager shall have ten working days after the date of this initial meeting to respond to the employee's grievance.

Step 2 - Written Grievance

If the employee believes that the matter has not been settled or cannot be adjusted to his/her satisfaction by the Program Manager, the employee may present his/her grievance in writing to his/her Division Director within ten (10) working days after the delivery of the response or expiration of the timeframe for response or if the employee elects to bypass step one. The written grievance is to include the following:

- The facts upon which the grievance is based.
- Reference to the policy or policies alleged to have been violated or misapplied.
- The date of the circumstances leading to the grievance or the date when the employee first became aware of those circumstances.
- The remedy sought.

Upon receipt of the written grievance, the Division Director will review the grievance along with all documents and evidence provided and may if deemed appropriate meet with the employee and Program Manager. The Division Director will usually provide a written response within ten (10) working days of receipt of the employee's written grievance if possible.

Step 3 - Administrator

If a satisfactory settlement is not reached in the above steps, the grievance may be delivered in writing to the Administrator within ten (10) working days after the date of the response from the Program Manager. Within five (5) workdays after receipt of the written grievance, the Administrator may schedule a meeting to hear the grievance. This meeting may be held within ten working days. The Administrator may render a decision within fifteen (15) working days after such hearing.

Step 4 – Board

In the event the grievance is not satisfactorily settled in Step 3 above, the employee may deliver a written grievance to the Board within seven (7) working days of the written response from the Administrator. The Board will render a written decision within thirty (30) days. The Board, at its discretion, may appoint a hearings examiner to hear the grievance and render a decision on its behalf. The decision of the Board or its designee is binding.

Note: Employees represented by a bargaining unit should follow grievance procedures set forth in their respective labor contracts.

CHAPTER 15 – SEPARATION FROM EMPLOYMENT

15.1 RESIGNATION

Employees may voluntarily terminate their employment at any time. To resign in good standing, a regular employee will give the Health District at least two (2) weeks written notice of separation. Management and professional staff are requested to give at least thirty (30) days notice. Employees who terminate without two (2) weeks' notice forfeit up to ten (10) days of accrued general leave.

15.2 RETIREMENT – REGULAR

A written application must be filed with the Public Employees' Retirement System (PERS). The effective retirement date from which benefit payments accrue is always the first day of a calendar month. PERS will make the employee's effective date of retirement at least thirty (30) days after the application is filed with them. The retiree should take this into consideration in planning for retirement. Potential retirees are required to fill out medical conversion forms two (2) months prior to the effective date of retirement. Those retirees who are eligible for COBRA (continued health care coverage for former employees and their eligible dependents) will receive information and forms in the mail after the Health District receives the separation notice.

15.3 RETIREMENT – DISABILITY

Employees who may be eligible for disability retirement should contact PERS by telephone to obtain the appropriate forms to be filed. The Retirement System Medical Review Board will approve or disapprove the request for disability retirement.

15.4 REDUCTION IN FORCE – FURLOUGH AND LAYOFF PROCEDURES

The Health District may declare a mandatory furlough, reduction in hours and or layoff in the event that a reduction in force is necessary due to lack of work, lack of funds, or reorganization.

15.4.1 Furlough Procedure. Involuntary unpaid furlough days or reduction in hours may be imposed on a uniform basis agency-wide or by job classification.

15.4.2 Layoff Procedure

- A. No regular Health District employee will be laid off while another person in the same classification is employed in a probationary status.
- B. In determining who, in an affected classification, is to be laid off, consideration is to be given to ability, performance, special skills, and seniority. When ability, performance, and special skills are substantially equal, seniority will be the determining factor. Ability and performance will be determined using the employee's performance evaluations within the last two years within the affected classification.
- C. Employees laid off will be given thirty (30) days' notice in writing, or at the option of the Administrator, thirty (30) days separation pay.

- D. Laid off employees are eligible for recall for a period of eighteen (18) months from their effective date of layoff. For re-employment beyond the eighteen (18) month recall period, refer to Section 4.1.4 of this Manual.
- E. In the event of a shutdown of state/federal government and associated elimination of District funding, the District may temporarily reduce the hours of, or furlough, employees whose positions are affected. Such temporary reductions/furloughs require a minimum of seven (7) calendar days' notice to the affected employees and will last no longer than fourteen (14) calendar days. Employees affected by a temporary reduction/furlough under this section will not have the option to displace another employee and will not be placed on a recall list. Such employees will continue to receive medical and other insurance benefits on the terms applicable immediately prior to the temporary reduction/furlough and will maintain the leave balances accrued at the time of the temporary reduction/layoff.

15.4.3 Recall From Layoff

- A. When the Health District rehires after a layoff has occurred, the Health District will first attempt to rehire those employees who were laid off from the affected classification in the reverse order of layoff. Laid off employees will also be considered, if available for work, for positions at the same salary classification or lower classifications. Laid off employees must meet the minimum qualifications for the position to be considered for recall.
- B. Recalled employees will return with credit for seniority at time of layoff.
- C. Notification of recall will be by registered mail and the employee response is required within seven (7) calendar days of notification.
- D. Laid off employees will be eligible for recall for eighteen (18) months following the effective date of layoff.

15.5 INVOLUNTARY SEPARATION

Employees may be involuntarily separated. In addition to other grounds listed elsewhere in this Manual, employees may be separated involuntarily if they no longer meet the minimum qualifications of their position. Accrued general leave will be paid at the end of the next pay period after the effective date of separation.

15.6 RETURN OF HEALTH DISTRICT PROPERTY

All employees terminating employment with the Health District whether by resignation, retirement, discharge, or layoff are required to turn in all Health District property to their Program Manager on their last day worked or on a day mutually agreed upon with the Program Manager. Failure to return Health District property may result in legal action.

15.7 FINAL PAYCHECK

The employee will receive pay for accrued general leave or compensatory time or work-related expenses if applicable. If an employee received an overpayment of wages and/or benefits in a previous paycheck in error or the employee otherwise owes monies to the Health District, the full amount will be deducted from the employee's final paycheck. If the final paycheck is not adequate to cover the monies owed the Health District, the employee is required to remit payment to the Health District within thirty (30) days of separation, or otherwise by mutual agreement with the Health District.

15.8 INQUIRIES REGARDING EMPLOYMENT REFERENCES

All requests whether formal (written) or informal (verbal) for employment references, or verifications of employment must be referred to the Human Resources Office. Programs are asked not to complete such forms prior to contacting the Human Resources Office. Without the written consent and release of an employee or a former employee, the Health District will only verify an employee's name, job title, salary, and employment dates, unless additional information is required by federal or state law or a court order. Upon receipt of a signed release, and after consultation with the Human Resources Office, employees may provide the following reference information, pursuant to RCW 4.24.730: the individual's ability to perform his or her job; the diligence, skill or reliability with which the employee carried out the duties of his or her job; and any illegal or wrongful act committed by the individual when related to the duties of his or her job. For details, see Appendix O, Providing Personnel References Policy.

15.9 UNEMPLOYMENT CLAIMS

There are very restrictive time limitations for responding to claims from any State Employment Security office. In order to guarantee that information is processed quickly and accurately, programs must immediately submit to the Human Resources Office any requests for information. The Health District is a self-funded employer and a lack of response may cause unnecessary expenditures.

CHAPTER 16 – RECORDS AND REPORTS

16.1 PERSONNEL RECORDS AND FILES

The Human Resources Office will establish and maintain a personnel records system, which becomes the Health District's official records for each employee. Reporting procedures and forms are established by the Human Resources Manager. Information compiled and retained in the official personnel file consists of records and reports deemed pertinent which will include, but is not limited to:

Personal Data: Legal name, mailing address, home telephone number, date of birth; copies of Social Security Card, driver's licenses (if required), certifications (if required); emergency contact information.

Basic Employment Information: Job title, program assignment, employee's application, salary range and step, dates of employment, benefit selection forms, retirement information.

Personnel Actions: Reports of personnel actions will be reported to the Human Resources Office in writing in the manner, time, form, and method as determined by the Human Resources Manager. Examples of personnel actions are:

- Appointments
- Transfers
- Promotions
- Demotions
- Resignations
- Dismissals
- Disciplinary actions
- Performance evaluations and other reports of work performance
- Commendations and awards
- Leaves of absences
- Changes of salary ranges and/or steps
- Temporary or permanent changes in an employee's status
- Employment history and other such records and reports as deemed pertinent.

Other Information: Authorization to release information and verifications of employment.

16.2 CONFIDENTIALITY AND PUBLIC DISCLOSURE

Each employee's personnel records will be kept confidential to the maximum extent permitted by law and will not be open to inspection by any person other than the employee's supervisor, Program Manager, Division Director, and Human Resources staff in the conduct of their jobs prescribed by this Manual, unless such person has obtained the written consent of the employee.

Although personnel files are considered confidential, the Health District may be obligated to release certain personnel information to labor organizations or other entities or individuals who make a valid request under state or federal law, (i.e., Washington State's Public Disclosure Act, Chapter 42.56

RCW; the Public Employee Collective Bargaining Act, Chapter 41.56 RCW; subpoenas). Information relating to employees will be maintained in a restricted-access file separate from the employee's personnel file in order to be consistent with the requirements of federal laws including the Americans With Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA). The decision to release or not release information is made by the Human Resources Manager.

Any employee who fails to maintain the confidentiality of personnel records and files will be subject to disciplinary action.

16.3 EMPLOYEE ACCESS TO PERSONNEL FILES

Each employee may review the contents of his/her own official personnel file. Requests for inspection of personnel files are made to the Human Resources Office. An authorized staff member will set aside a time and place for the employee to review the file during the employee's rest or meal break, during normal and customary office hours for the Human Resources Office. Official personnel files are not to be removed from the Human Resources Office without prior specific approval from the Human Resources Manager.

16.4 CHALLENGES TO THE PROPRIETY OF DOCUMENTS IN PERSONNEL FILES

An employee may challenge the propriety of any document in his or her personnel file. If, after discussion, the Health District retains the material in the file, the employee will have the right to insert contrary documentation into the file. If the affected employee believes that a deficiency has been corrected by later action, he/she may request in writing to have a review of this action included in the file.

APPENDICES

<u>Appendix</u>	<u>Title</u>
A	Harassment and Discrimination Prevention Policy
B	General Leave Donation Policy
C	Inclement Weather and Emergency Closures Policy
D	Domestic Violence Prevention Policy
E	Family and Medical Leave Policy
F	Reasonable Accommodation for Disabilities Policy
G	Risk Management Policy
H	Whistleblower Protection Policy
I	Personal Appearance and Signage Policy
J	Information Technology Resources Policy
K	Cellular Telephones Policy
L	Drug, Marijuana and Alcohol-Free Workplace Policy
M	Workplace Violence Policy
N	Teleworking Policy
O	Providing Personnel References Policy
P	Compensatory Time, Overtime and Flextime Policy

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DRAFT



KITSAP PUBLIC HEALTH DISTRICT

ACKNOWLEDGMENT RECEIPT

Receipt for the Kitsap Public Health District Personnel Manual

I hereby acknowledge that I have reviewed a copy of the *Kitsap Public Health District Personnel Manual*, revised effective July 2, 2019. I understand that the *Personnel Manual* is not a contract of employment and may be modified by the Health District at any time.

I further acknowledge my responsibility for adhering to the contents of the *Personnel Manual* and understand that any questions regarding the contents should be directed to the Human Resources Manager for explanation or clarification. I understand that this *Personnel Manual* supersedes all other prior versions.

My signature below further signifies that I have reviewed this *Personnel Manual* and that I accept and will abide by the provisions therein.

Printed Name _____

Date _____

Signature _____

Employee: Submit original to Human Resources for placement in personnel file.

MEMO

To: Kitsap Public Health Board
From: Siri Kushner, Assistant Community Health Director
Date: November 2, 2021
Re: COVID-19 Vaccine Key Informant Interview Plan

This memo provides an introduction to a COVID-19 Vaccine Key Informant Interview project that the Health District will conduct in partnership with the Washington State Department of Health and their sub-contractor, Village Reach.

The Health District is committed to an equity approach throughout our COVID-19 vaccine strategies. We convene the Kitsap Vaccine Equity Collaborative with a shared goal to ensure vaccine distribution prioritized in communities most impacted by COVID-19. Through ongoing conversations in the Collaborative, we determined a need to better understand vaccine uptake - barriers, motivators, and reasons for hesitancy. To learn about these topics, we plan to conduct around 30 key informant interviews with individuals from populations identified as having lower rates of COVID-19 vaccination to date.

The interview questions are based on the Behavioral and Social Drivers of vaccination framework developed by the World Health Organization based on research on vaccine uptake. This framework is a means for immunization programs and partners to collect context-specific information on how people think, feel and act in relation to vaccination. With these insights, local and national health departments can devise solutions to generate acceptance and uptake for vaccines. The framework measures four domains that influence vaccine uptake: what people think and feel about vaccines; social processes that drive or inhibit vaccination; individual motivations (or hesitancy) to seek vaccination; and practical factors involved in seeking and receiving vaccination. Assessing all domains will enable more comprehensive planning and evaluation.

The framework and tools have been validated and used in the context of routine immunization and were quickly adapted to support implementers in understanding COVID-19 vaccine uptake and how to improve it. By leveraging this existing framework in Kitsap County, we can gather insights from the community that will inform potential interventions/strategies for addressing the four domains that have been shown to influence vaccination uptake.

Overview of interview sections:

- Thoughts and feelings
 - COVID-19 risk
 - COVID-19 vaccination
- Motivation & Social processes re: COVID-19 vaccination
- Practical issues: Accessing COVID-19 vaccine
- Input on community engagement and resources in Kitsap
- Pediatric vaccinations (if relevant)
- Demographics
- Closing and next steps

Interviews will be conducted by District staff and if requested, by trained community members who are from the same cultural/linguistic group. Interviewees will receive an incentive for participation; trained community members conducting interviews will as well. We will fund these incentives using a COVID recovery award from the Olympic Community of Health.

The populations of focus for interviews are: adults age 19-34, Hispanic/Latinx, Black/African American, geography Bremerton and South Kitsap.

We are scheduling interviews for the month of November. The Village Reach data team will compile results and work with the District and Department of Health to interpret and develop recommendations for vaccine program planning and implementation. We will also integrate our findings into plans for a longer-term vision of hosting listening sessions/community conversations to hear additional input from the community related to COVID-19 vaccination, prevention and recovery.

Please contact me with any questions or concerns, 360-633-9239 or siri.kushner@kitsappublichealth.org