

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

April 5, 2022
10:30 a.m. to 11:45 a.m.

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

- 10:30 a.m. 1. Call to Order
Mayor Greg Wheeler, Chair
- 10:31 a.m. 2. Approval of March 1, 2022, Meeting Minutes
Mayor Greg Wheeler, Chair Page 5
- 10:33 a.m. 3. Approval of Consent Items and Contract Updates
Mayor Greg Wheeler, Chair [External Document](#)
- 10:35 a.m. 4. Public Comment – **PLEASE SEE NOTES AT END OF AGENDA**
Mayor Greg Wheeler, Chair
- 10:45 a.m. 5. Health Officer and Administrator Reports Page 15
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

INFORMATION & DISCUSSION ITEMS

- 10:55 a.m. 6. 2021 Water Quality Report
*Grant Holdcroft, Pollution Identification & Correction
Program Manager* Page 36
- 11:15 a.m. 7. Local Board of Health Membership Changes in Response to
E2SHB 1152 - Policy Committee Report and Recommendations
*Mayor Becky Erickson, Mayor Rob Putaansuu, Commissioner
Rob Gelder, and Administrator Keith Grellner* Page 50

ACTION ITEMS

- 11:35 a.m. 8. Resolution 2022-05, Adopting Land Acknowledgement Statement
For Kitsap Public Health Board Meetings
Jessica Guidry, Equity Program Manager Page 69
- 11:45 a.m. 9. Adjourn

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

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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

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

Password: 109118

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

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Information & Directions for Public Comment

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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:

HealthBoard@kitsappublichealth.org

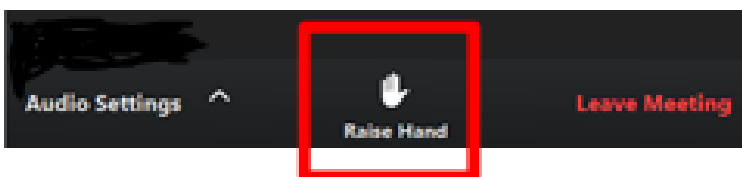
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Raise Hand (pictured below): You have the ability to virtually raise your hand for the duration of the meeting but you will not be acknowledged until you are called on during the public comment period. NOTE: If you have used your telephone to access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




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

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

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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
Regular Meeting
March 1, 2022**

The meeting was called to order by Board Chair, Mayor Greg Wheeler at 10:31 a.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Ed Wolfe moved and Commissioner Robert Gelder seconded the motion to approve the minutes for the February 1, 2022, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 2216 Amendment 1 (2236), *North Kitsap School District, Covid-19 Case Investigation Assistance*
- 2233, *Kitsap County, GIS Services*

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

PUBLIC COMMENT

Chair Wheeler allowed for two minutes of public comment per person.

Yukari Evans commented that she has been living in Washington State for the past 23 years and originally moved here from Japan. She let the board know she has three kids and moved from King County to live in Bremerton. She stated that she is very stressed out about pushing the mandates to order kids to get vaccinations. She thanked the board for listening to her opinion. Ms. Evans said that COVID-19 is all about the restriction of travel and that is not constitutional. She said that COVID-19 has a 99.99% recovery rate and the average age of anyone who has passed away is over 87 years old. She asked the board to not call this a vaccine; she said it is gene therapy. She shared that she spoke with her dad in Japan and he has lost 10 coworkers and neighbors three days after getting the shot. She said this is the reality that media doesn't share.

Yvonne, a resident of Port Orchard, said she was reviewing the contracts that the board has in place that the board recently approved. She does not understand why the board is continuing to put aside money for continuing COVID-19 measures. She said she would also like to know how long this will go on for and when those measures will stop. She asked if the board would ask for

more money from the taxpayers. She feels transparency is important and feels that the financials are not transparent on this subject.

There were no additional public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, provided the Board with information on the Chronic Disease Prevention Program. He shared that this program will be receiving a grant to be used in the cannabis and commercial tobacco prevention program for the Olympic region. Dr. Morrow shared this will be used to plan, coordinate, and implement cannabis and commercial tobacco prevention activities. The Health District will be getting more specifics about the expectations of work, deliverables, and specific amounts in the near future.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, let the board know that the COVID-19 counts have begun to decline in Kitsap County. He said he has been working with the Emergency Operations Center (EOC) implementing a slow demobilization of our emergency response efforts for COVID-19. He reported things are going well and assured the board that things are moving in the right direction.

Mr. Grellner reminded the board that, on March 10th, there will be a policy committee meeting to discuss the implementation of Engrossed 2nd Substitute House Bill 1152 (E2SHB 1152). He said this bill changes the composition of our local board. Mr. Grellner shared that the Health District met with Chair Wheeler of the Health Board, Chair Wolfe of the Board of Commissioners and Karen Goon, the Administrator for Kitsap County, last week to finalize some of the information to present to the policy committee. He hopes that this meeting will firm up some plans and he will be able to bring a full update to the board at the April regular meeting. Mr. Grellner said in April he may include a first look at the revised bylaws to incorporate the plan and direction that the board intends to take for remaking the composition of the board to meet the new state law.

Mayor Becky Erickson stated that she is honored to work on the code and bylaw amendments and asked if the policy committee was a public meeting. Mr. Grellner replied that at this time the meeting is not scheduled as a public meeting and they do not have a quorum of the board, therefore the committee would be unable to vote or make decisions that impact the public. Mr. Grellner stressed that he would bring any of those recommendations forward at the public meeting in April. Mayor Erickson confirmed that she wanted to be transparent with the public and make sure they understood this process and that the findings would be brought forward for the public and full board.

There was no further comment.

**RESOLUTION 2022-04, REPEALING KITSAP PUBLIC HEALTH BOARD
ORDINANCE 2016-02, SECURE MEDICINE RETURN REGULATIONS**

Mr. Steve Brown, Solid and Hazardous Waste Program Manager, approached the board regarding Resolution 2022-04 which would repeal the Kitsap Public Health Board Ordinance 2016-02 regarding secure medicine return regulations. Mr. Brown said recently Washington State passed their own law that preempted Kitsap Public Health's secure medicine return regulation. He shared that this is some regulatory housekeeping. Mr. Brown highlighted the following parts of the program while it was under Kitsap Public Health's purview. Mr. Brown shared information regarding when Kitsap Public Health took over the Secure Medicine Return Regulations in 2016 until the statewide program from the Department of Health began operations and took over. He let the board know that, based on the RCW preemption language, the local ordinance is no longer enforceable. Mr. Brown also showed some stats from the Secure Medicine Return Program which included 3,848 pounds of medicine collected in 14 kiosks in 2018 compared to the 5,333 pounds of medicine collected in 13 kiosks in 2020. He shared that the kiosks will still be accessible, however the project who runs those kiosks will now be reporting to the Department of Health instead of the Kitsap Public Health District. Mr. Brown shared that the Kitsap Public Health website will have links to the MedProject, the company who is currently running the medicine return program. He shared that there are 16 kiosks dispersed around the county.

Mayor Erickson asked if the kiosks are going to be secured, she shared that Poulsbo has had issues with these kiosks being broken into. Mr. Brown shared that these kiosks are under the privy of the State Department of Health. He let Mayor Erickson know that he was surprised there had been issues and he was not aware of them. Mr. Brown let Mayor Erickson know that the kiosks are in high traffic, public areas. He was unaware of any plans to further the security and encouraged Mayor Erickson to relay this to the state Department of Health who is regulating the program.

Commissioner Gelder said when the local ordinance was developed with the policy committee the Health District was tasked with trying to come up with a program when the state wasn't moving forward with a comprehensive approach. He said he would like to give kudos to the Health District for the work done moving products out of circulation and abuse.

Mayor Erickson agreed that we need places for people to dispose of the medicine, however, encourages when the kiosk placement is done the security of the kiosk is considered and put in open and visible places. She suggested treating them like an ATM machine and encouraged this to be done in a safe way.

Commissioner Gelder moved to adopt resolution 2022-04 amending the Kitsap Public Health Board Ordinance 2016-02 amending the third and fifth whereas paragraphs to reflect the Chapter 246-480 in the Washington Administrative Code. Mayor Erickson seconded the motion. The motion was approved unanimously.

There was no further comment.

KITSAP PUBLIC HEALTH CORE INDICATORS: ASSESSMENT AND EPIDEMIOLOGY

Ms. Kari Hunter, Assessment and Epidemiology Program Manager, shared with the board that she would like to introduce her team, talk about the indicator and disparities report, and go over the key findings from the report.

Ms. Hunter introduced her team: Ally Power, who works with COVID-19 and behavioral health; Jordan Arias, who works with Communicable Disease; Amanda Tjemsland, who works with Equity, Maternal Child Health, Program Evaluation and Wendy Inouye who does database management and Chronic Disease Prevention.

Ms. Hunter reviewed the history of indicators and let the board know that the Kitsap Public Health Core indicators is a data product that has been produced annually by the epidemiology team from 2006 to 2018. This report shows the overview of the health and well being of Kitsap County Residents and includes between 40 and 60 indicators that were selected based on topic priority and available data. Ms. Hunter shared that the goal of this report is to identify metrics with the opportunity for improvement.

Ms. Hunter said the latest indicators report could be viewed on the Kitsap Public Health website. In 2018, in addition to indicators Kitsap Public Health District produced a report for Kitsap looking at the differences in health outcomes by subgroup. Ms. Hunter went on to explain that this report can compare groups by age, race, ethnicity, sexual orientation and look for metrics where the outcome is not the same across all groups. She shared that roughly every five years another assessment is done with over one hundred indicators. This assessment is called the Kitsap Community Health Priorities Assessment (KCHP). The last assessment was completed in 2019. Ms. Hunter shared that the plan in 2019 was to continue indicator work yearly, and noted we are currently in year 3 of this cycle.

Ms. Hunter shared that many of the indicators have been sidelined over the past 2 years due to COVID-19 occupying most of the attention in terms of data. She noted the team has made strides over the past two years in technology. Ms. Hunter shared that in 2022 they are going to list some indicators which have changed due to the pandemic. She shared the data comes from many sources such as national, state level, surveys, and Kitsap Public Health. Ms. Hunter shared that there are a few limitations; not all data is real time data and is confusing when reported data changes over days. Generally, the indicators for the survey are 2 years old. Some of the indicators have a little more recent data, which is preliminary data. Ms. Hunter shared that there have been some struggles with collecting data during the COVID-19 pandemic due to schools moving to remote learning and the US Census did not release their data due to collection issues.

Ms. Hunter showed how to find the indicators on the Kitsap Public Health website and how to read those indicators and explained how they change from year to year. Ms. Hunter introduced Ms. Tjemsland to explain the key findings of this report. Ms. Tjemsland identified three areas of concerns. She explained the first area is the economic wellbeing of the county and that, in 2020, Kitsap County saw worsening economic trends including increases in unemployment and student

eligibility for free and reduced lunches. She also said that females were more likely to be living below the poverty level in Kitsap County. The second concern was maternal child health findings. Kitsap County has not seen the same decrease as Washington State in their infant mortality rates. Two maternal risk factors, prenatal care initiation in the first trimester and smoking during pregnancy were significantly higher than the rest of Washington State. Ms. Tjemsland shared that the final area of concern is substance use and abuse. The drug mortality rate is continually increasing each year. Opioids and Fentanyl deaths are rapidly increasing in Kitsap County. She said 2020 had the highest year of Opioid deaths in Kitsap County, and noted one third of all drug related deaths in 2020 were due to Fentanyl.

Chair Wheeler said he is very interested in the economic indicators due to the government stimulus in the past year. He strongly believes it could be a lot worse without the federal intervention.

Commissioner Gelder asked if there is a COVID-19 lens that can be attributed to the economic factors that provided a safety net. He would like to know how it's all factored into this. Ms. Hunter replied that this was straight data on people pulling unemployment. She hopes that as we move forward, we can analyze the 2020 data better.

COVID-19 VACCINE COMMUNITY ENGAGEMENT PROJECT REPORT

Ms. Siri Kushner, Assistant Director of the Community Health Division, gave the board an update on the COVID-19 outreach project. Ms. Kushner thanked Ms. Holly Bolstad for her amazing work on this project. She shared that, through the COVID-19 response, there was an embedded equity approach across all vaccine delivery models, focusing on those who are the most at risk or are impacted working with communities sharing factual, culturally appropriate information and looking to ensure equitable access to everyone. She said that there have been gaps in vaccine rates and shared data that showed the differences over time. Ms. Kushner shared that, while we know that long-standing systemic health and social inequities have put many groups at increased risk of getting sick and suffering from COVID-19, those same inequities impact the vaccine initiation in many communities.

Ms. Kushner said the Kitsap Vaccine Equity Collaborative has worked to bring access to their communities. Ms. Kushner shared that the COVID-19 vaccine outreach project and key informant interviews grew from an identified need to better understand vaccine uptake, such as barriers, motivators, and reasons for hesitancy. This project partnered with the Washington State Department of Health and Village Reach (a non-profit DOH contractor). Ms. Kushner explained that the questionnaire was based on behavioral and social drivers of vaccination framework by the World Health Organization (WHO). Ms. Kushner explained that the WHO framework looks at four different domains that influence the vaccine uptake. She explained that those domains are what people think and feel, social processes, motivation, and practical issues. The interview populations were based on those who had gaps in vaccine uptake which included: adults ages 19-34, Hispanic/LatinX, Black/African American and in the subcounty areas of Bremerton and South Kitsap.

Ms. Kushner explained the different interview sections. She said Kitsap Public Health developed the questions and conducted test interviews with several people in Kitsap County to figure out what was going to work. Ms. Kushner said many of the people who participated in the survey were referred from the Kitsap Public Health Vaccine Collaborative. She shared that Health District also included the opportunity to participate in the interview in their social media and general online communications.

Ms. Kushner said that after recruitments, in partnership with Village Reach, they began conducting interviews in November and December of 2021. Village Reach helped with the analysis of results, and they are currently in the dissemination and implementation phase of this model. She shared that there were 25 interviews, 3 were conducted in-person. Ms. Kushner shared the demographics of those who were interviewed with the board and noted each interviewee had their time recognized via a gift card funded by a COVID-19 grant. Ms. Kushner explained that the interviewees were given the opportunity to request an interviewer of their same linguistic or cultural group.

Ms. Kushner discussed the key learnings and recommendations which included provider support, messaging, addressing misinformation and external factors such as incentives and problems larger than COVID-19. She shared that the findings of these interviews will be published on the Kitsap Public Health website and shared with the Kitsap Public Health Board. The Health District will implement potential next steps through process of prioritization, talk to communities and continue to engage community members to ensure the Health District is on the right track.

Commissioner Gelder asked Ms. Kushner, in terms of sample size, if 25 people is statistically significant and what validity that carries. Ms. Kushner replied that in qualitative assessment we can look for the repetition of themes which help us to decide whether we are continuing to hear similar information across interviews.

Mayor Erickson asked if there were more people than 25 interviewed and informed Ms. Kushner that there is no way 25 people is statistically significant. Ms. Kushner explained that these interviews were considered a community sampling of individuals and was not meant to be statistical information. She shared that the interviews reflected the input and perceptions from those interviewed, so we are not generalizing it to the entire full population. Ms. Kushner went on to explain that we are able to learn from the information that was provided by these individuals, not generalizing the experience of all people but of the people who gave us input.

Chair Wheeler shared that the first half of his career he was a nuclear worker and noted that job was based on a lot of protections, preventative measures and the effects of radiation based on years of science. Chair Wheeler was curious about diving deeper into the reasons people who have used science as a basis to make decisions in the past and didn't use science to make decisions now regarding the vaccine. He shared a study like that would carry a lot of weight and would like to see this survey broken down even further. He shared that this was very useful work to put all the comments we have been hearing into one survey. Ms. Kushner replied that there was an executive summary in the board packet for Mayor Wheeler to refer to.

COVID-19 UPDATE

Dr. Gib Morrow, Health Officer, said the staff who spoke today have provided a tremendous amount of information and encouraged the board members to reference the data page on the website. He also shared that most of that data is quantitative data which will be useful going forward to understand the impacts of COVID-19. Dr. Morrow shared that the recent venture into the more qualitative research was geared toward why people do not pursue a very safe and effective vaccine. Dr. Morrow said vaccination is truly the best public and personal health intervention any of us can take to get out of this pandemic.

Dr. Morrow said he plans to update the board on the CDC community indicators and levels, Western State masking requirements, Universal case investigation and contact tracing, shifting the responsibility from governmental requirements to individual responsibility, along with a vaccination, testing and therapeutics update.

Dr. Morrow let the board know that the CDC community indicators and levels are low for Kitsap County. He shared that this incorporates case rate data and hospital capacity. He explained that case rates have been split into two groups, either above or below seven-day case rates of 200 per 100,000 and then adding 2 health systems measures which include hospital admissions as well as hospital beds occupied by COVID-19 patients. He shared that these indicators are used to protect the most vulnerable in Kitsap County through vaccination and individualized masking for those who most need it.

Dr. Morrow explained that Kitsap is currently at a low 7-day case rate. He explained this is subject to change as we add cases on a regular basis. Dr. Morrow showed a graph which provided the board with information on a slight bump to 52 new COVID-19 hospitalizations over the past 7-day period within Kitsap County. He let the board know that, currently, Kitsap County is averaging about 31 COVID-19 patients out of the 150 staffed acute care beds in Kitsap County. This makes the percent of hospitalized patients who have Covid at about 25%.

Dr. Morrow said that due to the numbers the Kitsap County, community level is still barely in the high zone, however the case counts are rapidly dropping and expected to be into the medium and low levels in the coming days. Dr. Morrow discussed the discrepancies between the Kitsap Public Health data and the CDC COVID Data tracker. He believes that this discrepancy comes from the CDC getting their hospital data from health service areas and noted our health services area crosses multiple county lines. Dr. Morrow strongly feels we are headed toward the green zone.

Dr. Morrow explained that as we drop out of the high zone, we know these metrics are valid and have impacts on our health care system. The CDC will review each county's data on Thursdays of every week. Kitsap Public Health will be doing the same thing to make sure the data is accurate. Dr. Morrow shared that these metrics would have been beneficial during the courses of the Alpha, Delta and Omicron surges, he shared that this really shows the tool is a more refined, useful measure to show the risks to the healthcare systems.

Dr. Morrow shared some information on community levels and encouraged everyone to talk to their medical provider if they have questions. He stated if we evolve into the high zone again masking will be advised again. Dr. Morrow showed Governor Inslee's slide on masking requirements that will end on March 12, 2022. Dr. Morrow said that this will occur in California, Washington, and Oregon. He said masking is still required in health care, public transportation, and other federally regulated guidelines. Dr. Morrow shared businesses can make their own rules regarding masking and the Kitsap Public Health District has no current plans to enact any mandates which would be more stringent than the current government mandates on state and federal levels. He stressed that it is important to remember that many individuals who are immunocompromised or unvaccinated may elect to continue to wear masks. He asked all residents to be kind and respect those wishes.

Dr. Morrow explained that the emergency response to COVID-19 is scaling back and as COVID continues to evolve into an endemic, it's at the level of individuals to test and self-isolate. Dr. Morrow commented that public health will assist in high-risk disease places and continue to support those facilities who need the support such as schools, jails and congregate living facilities. He strongly encouraged those who feel ill to inform those they have exposed, stay up to date on their vaccination status and have plans in place for testing if they are exposed or symptomatic. He recommended that people wear a mask if they come out of isolation after 5 days, noting people can test positive during days 5-9 through the shortened isolation period. He shared that public health is a good investment and a much better investment versus ICU level care at the individual level.

Dr. Morrow thanked the health board for all their support.

Chair Wheeler mentioned the idea of meeting in person in the future. He suggests deciding in April and figuring out a timeline then.

Mayor Erickson let Dr. Morrow know that she is doing research on the vaccines and if they are going to start modifying them to degrees for potential new strains. She asked if Dr. Morrow has seen anything along these lines. Dr. Morrow replied that there are some issues with the waning immunity with respect to antibody titers. He feels that those who are vaccinated and boosted are in pretty good shape at this point. He stated the other issue is immune evasion, which if a new variant emerges that is even more reconfigured on spike proteins than the Omicron variant, he believes that the development of production and distribution of variant specific vaccines should happen relatively quickly. He let Mayor Erickson know that at this point we are waiting to see what happens and to consider herself protected.

Mayor Erickson thanked the health district for all they have done in the last two years.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 11:59 a.m.

Greg Wheeler
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *See Attached.*

Staff Present: *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; Dana Bierman, Program Manager, Chronic Disease Prevention; Holly Bolstad, COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response; Steve Brown, Program Manager, Solid and Hazardous Waste; Stephanie Byrd, Confidential Secretary, COVID-19; April Fisk, Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration; Yolanda Fong, Director, Community Health Division; Callie Ford, Secretary Clerk 2, Environmental Health Permitting; Keith Grellner, Administrator, Administration; Jessica Guidry, Program Manager, Equity; Gabrielle Hadly, Program Manager, Public Health Emergency Preparedness and Response; Sarah Henley, COVID Emergency Operations Coordinator, Public Health Emergency Preparedness and Response; Grant Holdcroft, Program Manager, Pollution Identification and Correction; Karen Holt, Program Manager, Human Resources; Talia Humphrey, Disease Intervention Specialist, COVID-19; Kari Hunter, Manager, Assessment and Epidemiology; Wendy Inouye, Epidemiologist 2, Assessment and Epidemiology; Sarah Kinnear, Community Liaison, Chronic Disease Prevention; Siri Kushner, Assistant Director, Community Health Division; Melissa Laird, Manager, Accounting and Finance; Anne Moen, Public Health Educator, Public Health Emergency Preparedness and Response; 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; Carin Onarheim, Disease Intervention Specialist, Communicable Disease; Ally Power, Epidemiologist 1, Assessment & Epidemiology; Barbara Steusloff, Environmental Health Specialist, Solid and Hazardous Waste; Amanda Tjemslund, Epidemiologist, Assessment and Epidemiology; Mindy Tonti, Community Health Worker, HIV Case Management; Hannah Vinyard, Environmental Health Specialist 1, Solid and Hazardous Waste.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	3/1/2022 10:07	76
NAME	NAME	JOIN BY PHONE
Alex M	Karen Goon# Kitsap County BoCC	13607282265
Ally Power	Karen Holt	13607282265
Amanda Tjemsland	Karen Kushner	
Andrew Johnson	Kari Hunter	
Angie Berger (she / her)	Katharine Shaffer	
Anne	Keith Grellner	
Anne Moen - KPHD	Kirsten Hytopoulos	
April Fisk	Kris Avery	
Barb Steusloff	Leslie Banigan	
Becky Erickson	Lisa	
Michael Spencer (BKAT)	Liz Davis# Kitsap Public Health	
Callie Ford	marci burkel (she/her)	
Carin Onarheim	Megan Moore (she/her)	
carol larsen	Melissa Laird	
Charlotte Garrido	Mindy Tonti	
Cindy	mother	
Dana Bierman	Patty Lyman	
Dave	PHEPR Team	
Doug Washburn	Rob Putaansuu	
DSH	Robert Gelder	
Earl Smith	Ruth Miller	
Ed Wolfe	Sarah Henley# KPHD (she/her)	
Gabby Hadly	Sarah Kinnear# KPHD	
Gib Morrow	Shannon Schroeder	
Greg Wheeler	siri kushner	
Hannah Vinyard	Stacey Smith	
Heather	Stephanie Byrd# Kitsap Public Health	
Holly Bolstad (she/her)	Steve Brown	
Ivy Edmonds-Hess	Susan Brooks-Young	
Jakob	Talia Humphrey	
Jen W	Tatiana	
Jessica Guidry (she/her)	Taura Deford	
John Clauson	VillageReach	
Kandice Atismé-Bevins	Wendy Inouye (Kitsap Public Health)	
	Yolanda Fong	
	Yukari	
	Yvonne	

MEMO

To: Kitsap Public Health Board
From: John Kiess, Environmental Health Director
Date: April 5, 2022
Re: Updating Ordinance 1999-6 Environmental Health Enforcement Regulations

Background

The Health Board has a current [Environmental Health Enforcement Regulation, Ordinance 1996-9](#), originally promulgated as Ordinance 1992-15. The existing ordinance contains outdated language and is in need of an update. This ordinance is relevant to enable Health District staff to enforce Washington State public health laws and rules that have not been codified locally. Some examples of State public health rules that have been enforced using this ordinance in the past include:

- Chapter 246-203 Washington Administrative Code (WAC) *General Sanitation*
- Chapter 246-260 WAC *Water Recreation Facilities*
- Chapter 246-271 WAC *Public Sewage*

The Health District plans to present the Board with an updated ordinance at the May 3, 2022 regular meeting after a public comment period.

Summary of Proposed Ordinance 2022-XX

The proposed enforcement language in this ordinance has already been incorporated into other, more modern Health Board ordinances: *Drinking Water Supply Regulations, Solid Waste Regulations, Food Service Regulations*, etc. This ordinance provides an updated, clear enforcement process for the Health District if Washington State public health laws or rules need to be enforced.

Recommended Action

None at this time, informational only.

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

BREMERTON-KITSAP COUNTY BOARD OF HEALTH
RESOLUTION NO. 1996-9

A RESOLUTION ESTABLISHING ORDINANCE 1996-9 ENVIRONMENTAL HEALTH
ENFORCEMENT REGULATIONS
AND REPEALING ORDINANCE NO. 1992-15

WHEREAS, Title 70.05.060 of the Revised Code of Washington requires that local boards of health shall enforce the public health statutes of the state and regulations promulgated by the State Board of Health and enact such local regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof; and

WHEREAS, regulations governing environmental health exist to provide for and promote the health, safety and welfare of the general public, and to prevent pollution; and

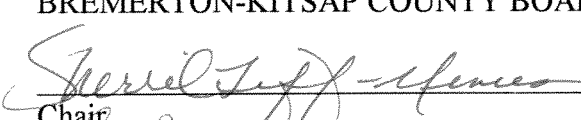





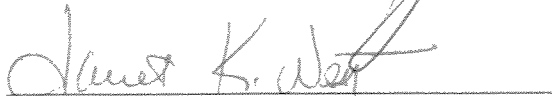
WHEREAS, existing regulations are not always enforceable in a timely manner nor provide for adequate enforcement procedures; and

WHEREAS, all violations of public health regulations are detrimental to the public health, safety, and welfare.

NOW, THEREFORE, BE IT RESOLVED that the Bremerton-Kitsap County Board of Health Ordinance 1996-9, Environmental Health Enforcement Regulation, is hereby adopted and Ordinance No. 1992-15 is hereby repealed.

ADOPTED this 1st day of May, 1996.

BREMERTON-KITSAP COUNTY BOARD OF HEALTH

 Chair	
	
	
	
	

Effective May 1, 1996

**BREMERTON-KITSAP COUNTY BOARD OF HEALTH
ORDINANCE 1996-9**

ENVIRONMENTAL HEALTH ENFORCEMENT REGULATIONS

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**BREMERTON-KITSAP COUNTY BOARD OF HEALTH
ORDINANCE 1996-9**

ENVIRONMENTAL HEALTH ENFORCEMENT REGULATIONS

SECTION I. DECLARATION OF INTENT

The intent of these regulations is to provide enforcement procedures for state public health regulations which the Bremerton-Kitsap County Health District has the responsibility and authority to enforce. Additionally, the intent of these regulations is to provide enforcement procedures for other local public health regulations with enforcement procedures that do not provide adequate public health protection.

All violations of public health regulations are detrimental to the public health, safety, and welfare and are hereby declared to be public nuisances. All conditions which are (as determined by the Health Officer) to be in violation of any public health regulation may be subject to the provisions of these regulations and may be corrected by any reasonable and lawful means as provided herein.

SECTION II. AUTHORITY AND PURPOSE

These regulations are promulgated under the authority of Chapter 70.05 Revised Code of Washington (RCW) to protect the public peace, health, safety and welfare of the citizens of Kitsap County through the enforcement of the public health statutes of the state and regulations promulgated by the State Board of Health and the Bremerton-Kitsap County Board of Health.

It is the express purpose of these regulations to provide for and promote the health of the general public, and not to create or otherwise establish or designate any particular class or group of persons who will or should be especially protected or benefited by the terms of these regulations.

It is the specific intent of these regulations to place the obligation of complying with its requirements upon persons, businesses or companies required to meet provisions of health regulations, and no provision of nor term used in these regulations is intended to impose any duty whatsoever upon the Bremerton-Kitsap County Health District (hereinafter referred to as the District) nor any of its officers or employees, for whom the implementation or enforcement of these regulations shall be discretionary and not mandatory.

Nothing contained in these regulations is intended to be nor shall be construed to create or form the basis for any liability on the part of the District or its officers, employees or agents, for any injury or damage resulting from the failure of any person subject to these regulations to comply with these regulations, or by reason or in consequence of any act or omission in connection with the implementation or enforcement of these regulations on the part of the District.

SECTION III. DEFINITIONS

- A. **District:** The Bremerton-Kitsap County Health District.
- B. **Health Officer:** The Health Officer or the Health Officer's representative, of the Bremerton-Kitsap County Health District.
- C. **Nuisance:** Consists in unlawfully doing an act, or omitting to perform a duty, which act or omission either annoys, injures, or endangers the comfort, repose, health or safety of others, or in any way renders other persons insecure in life, or in the use of property.
- D. **Permit:** An authorization by the Health Officer that provides for a specific activity under provisions of public health regulations.
- E. **Person:** An individual, firm, association, partnership, political subdivision, government agency, municipality, industry, public or private corporation, or any other entity whatsoever.
- F. **Public Nuisance:** A nuisance which affects the rights of an entire community or neighborhood, although the extent of the nuisance may be unequal.
- G. **Public Health Regulation:** This regulation, and all other existing, amended, or future regulations of the Bremerton-Kitsap County Board of Health, or other existing, amended, or future state and local public health statutes, regulating the public health.

SECTION IV. GENERAL ADMINISTRATION AND ENFORCEMENT

A. Other Laws, Regulations and Agency Requirements

1. Nothing in these regulations is intended to abridge or alter the rights of action by the state or by any person which exist in equity, common law, or other statutes to abate pollution or to abate a nuisance.
2. If a conflict exists in the interpretation of any public health regulation and these regulations, the more stringent requirement shall apply.

B. Enforcement Authority

The Health Officer shall have the authority to enforce the provisions of these regulations equally on all persons. The Health Officer is also authorized to adopt rules consistent with

the provisions of these regulations for the purpose of enforcing and carrying out its provisions.

C. Commencement of Proceedings

1. Whenever the Health Officer has reason to believe that a use or conditions exist in violation of any public health regulation, he/she may initiate abatement or enforcement proceedings or commence an administrative notice proceeding under Section V. or Section VI. to cause the enforcement and correction of each violation.
2. The Health Officer is authorized to utilize the procedures of these regulations in order to enforce public health regulations. These regulations are not the exclusive procedural remedies.

D. Right of Entry

1. **Reasonable Cause/Right to Enter:** Whenever necessary to make an inspection to enforce or determine compliance with the provisions of these regulations, and other relevant laws and regulations, or whenever the Health Officer has cause to believe that a violation of these regulations has been or is being committed, the Health Officer or his/her duly authorized inspector may enter any building, structure, property or portion thereof at reasonable times to inspect the same.
2. If such building, structure, property or portion thereof is occupied, the inspector shall present identification credentials, state the reason for the inspection, and demand entry. Entry shall not be unreasonably denied by the owner or his/her agent.
3. **Conditions of Entry:** If such building, structure, property or portion thereof is unoccupied, the inspector shall present identification credentials, state the reason for the inspection, and request entry. Entry shall not be unreasonably denied by the owner or his or her agent, but may be conditioned on the owner or an agent of the owner escorting the inspector, said escort to be provided immediately upon request.
4. **Failure to Allow Prompt Entry:** It is unlawful for any owner or occupant or other person having charge, care or control of any building, structure, property or portion thereof to fail or neglect after proper demand to permit prompt entry thereon where the inspector has reason to believe that conditions therein create an immediate and irreparable health hazard. If entry is refused, the Health Officer shall have recourse to the remedies provided by law to secure entry, including but not limited to search warrants.

5. **Disclosure Of Authorization And Limits Of Inspection:** The Health Officer or his or her designee shall, upon request, disclose to the property owner, or to the person in effective charge of the property, the laws that govern the facilities or systems subject to inspection and these regulations relating to inspections and searches.

SECTION V. VIOLATIONS AND PENALTIES - PERSONS NOT REQUIRING A PERMIT

A. Applicability

The requirements in this section apply to any and all persons which are not required to obtain a permit under regulations referenced in Section III.G. The violation of any provision of a public health regulation shall constitute an infraction. Each such violation shall constitute a separate infraction for each and every day or portion thereof during which such violation is committed and continued.

B. Violations - Investigations - Evidence

An authorized representative of the District may investigate alleged or apparent violations of these regulations. Upon request of the authorized representative of the District, the person allegedly or apparently in violation of these regulations shall provide information identifying themselves. Willful refusal to provide information identifying a person as required by this section is a misdemeanor.

C. Notice and Order to Correct Violation

1. Issuance. Whenever an authorized representative of the District determines the existence of a violation, he/she may issue a written notice and order to correct violation to the property owner and/or to any person causing, allowing or participating in the violation.
2. Content. The notice and order to correct violation shall contain:
 - a. The name and address of the property owner and/or other persons to whom the notice and order to correct violation is directed;
 - b. The street address or description sufficient for identification of the building, structure, premises, or land upon or within which the violation has occurred or is occurring;
 - c. A description of the violation and a reference to that provision of the regulation which has been violated;

- d. A statement of the action required to be taken to correct the violation and a date or time by which correction is to be completed; and
- e. A statement that a monetary penalty in an amount per day for each violation shall be assessed against the person to whom the notice and order to correct violation is directed for each and every day, or portion of a day, on which the violation continues following the date set for correction.

D. Service of Order

The notice and order to correct violation shall be served upon the person(s) to whom it is directed, either personally or by mailing a copy of the order to correct violations by certified mail, postage prepaid, return receipt requested, to such person(s) at his/her last known address. Proof of service shall be made at the time of service by a written declaration under penalty of perjury executed by the persons effecting the service, declaring the time and date of service and the manner by which service was made.

E. Extension

Upon written request received prior to the correction date or time, the authorized representative may extend the date set for corrections for good cause. The authorized District representative may consider substantial completion of the necessary correction or unforeseeable circumstances which render completion impossible by the date established as a good cause.

F. Notice of Civil Infraction - Service

An authorized representative of the District may issue a notice of civil infraction pursuant to Chapter 7.80 RCW if the authorized representative has reasonable cause to believe that the person has violated these regulations or has not corrected a violation as required in the written notice and order to correct violation. A notice of civil infraction may be served either by:

- 1. The authorized representative serving the notice of civil infraction on the person named in the notice of civil infraction at the time of issuance; or
- 2. The authorized representative filing the notice of civil infraction with the court, in which case the court shall issue the notice and the authorized representative shall have it served, either personally or by mail, postage prepaid, on the person named in the notice of infraction at his/her last known address.

G. Notice of Civil Infraction - Forum - Contents

The notice of civil infraction shall include the following:

1. A statement that the notice represents a determination that the infraction has been committed by the person named in the notice and that the determination shall be final unless contested as provided in this regulation;
2. A statement that the infraction is a noncriminal offense for which imprisonment shall not be imposed as a sanction;
3. A statement of the specific infraction for which the notice was issued;
4. A statement that monetary penalties as set forth below have been established for each infraction;
5. A statement of the options provided in these regulations for responding to the notice and the procedures necessary to exercise these options;
6. A statement that at any hearing to contest the determination that the District has the burden of proving by a preponderance of the evidence that the infraction was committed; and that the person may subpoena witnesses, including the authorized representative of the District, who issued and served the notice of infraction;
7. A statement that at any hearing requested for the purpose of explaining mitigating circumstances surrounding the commission of the civil infraction, the person will be deemed to have committed the civil infraction and may not subpoena witnesses;
8. A statement that the person must respond to the notice as provided in this section within fifteen (15) days; and
9. A statement that failure to respond to the notice or a failure to appear at a hearing requested for the purpose of contesting the determination or for the purpose of explaining mitigating circumstances will result in a default judgment against the person in the amount of the penalty and that this failure may be referred to the prosecuting attorney or city attorney for criminal prosecution for failure to respond or appear.

H. Notice of Civil Infraction - Filing - Hearing in Court

A notice of civil infraction shall be filed in Kitsap County District Court or municipal court within forty-eight (48) hours of issuance, excluding Saturdays, Sundays, and holidays. Kitsap County District Court and municipal courts shall have jurisdiction to hear and determine violations occurring under these regulations.

I. Notice of Civil Infraction - Determination Infraction Committed

Unless contested in accordance with this regulation, the notice of civil infraction represents a determination that the person to whom the notice was issued committed the infraction.

J. Notice of Civil Infraction - Response Requesting A Hearing - Failure To Respond Or Appear - Order To Set Aside

1. Any person who receives a notice of civil infraction shall respond to the notice as provided in this section within fifteen (15) days of the date of the notice.
2. If the person named in the notice of civil infraction does not contest the determination, the person shall respond by completing the appropriate portion of the notice of civil infraction and submitting it, either by mail or in person to the court specified in the notice. A check or money order in the amount of the penalty prescribed for the infraction must be submitted with the response. When a response which does not contest the determination is received, an appropriate order shall be entered in the court's records and a record of the response shall be furnished to the District.
3. If the person named in the notice of civil infraction wishes to contest the determination, the person shall respond within fifteen (15) days by completing the portion of the notice of civil infraction requesting a hearing and submitting it either by mail or in person with the court specified on the notice. The court shall notify the person in writing of the time, place, and date of the hearing and that date shall not be earlier than seven (7) days nor more than ninety (90) days from the date of the notice of hearing except by agreement.
4. If the person named in the notice of civil infraction does not contest the determination, but wishes to explain mitigating circumstances surrounding the infraction, the person shall respond by completing the portion of the notice of civil infraction requesting a hearing for that purpose and submitting it either by mail or in person with the court specified in the notice. The court shall notify the person in writing of the time, place, and date of the hearing, and that date shall not be earlier than seven (7) days nor more than ninety (90) days from the date of the notice of the hearing, except by agreement.
5. The court shall enter a default judgment assessing the monetary penalty prescribed for the infraction, and may notify the prosecuting attorney or city attorney of the failure to respond to the notice of civil infraction or to

appear at a requested hearing if any person issued a notice of civil infraction:

- a. Fails to respond to the notice of civil infraction as provided in Section V.J.2.; or
- b. Fails to appear at a hearing requested pursuant to either Section V.J.3. or Section V.J.4.

K. Notice. Failure To Sign, Non-Appearance - Failure To Satisfy Penalty

1. A person who fails to sign a notice of civil infraction is guilty of a misdemeanor.
2. Any person willfully violating his/her written and signed promise to appear in court or his/her written and signed promise to respond to a notice of civil infraction is guilty of a misdemeanor regardless of the disposition of the notice of civil infraction; provided that a written promise to appear in court or a written promise to respond to a notice of civil infraction may be complied with by appearance by counsel.
3. A person who willfully fails to pay a monetary penalty or to perform community service as required by a court under these regulations may be found in civil contempt of a court after notice and hearing.

L. Representation by Attorney

1. A person subject to proceedings under these regulations may appear or be represented by counsel.
2. The prosecuting attorney or city attorney representing the District may, but need not, appear in any proceedings under these regulations, notwithstanding any statute or court rules to the contrary.

M. Infraction - Hearing - Procedure - Burden of Proof - Order - Appeal

1. A hearing held to contest the determination that an infraction has been committed shall be without a jury.
2. The court may consider the notice of civil infraction and any sworn statements submitted by the District's authorized representative who issued the notice or whose written statement was the basis for the issuance of the notice in lieu of his/her representative's personal appearance at the hearing. The person named in the notice may subpoena witnesses,

including the authorized representative who has issued and served the notice, and has the right to present evidence and examine witnesses present in court.

3. The burden of proof is on the District to establish the commission of the infraction by a preponderance of the evidence.
4. After consideration of the evidence and argument, the court shall determine whether the infraction was committed. If it has not been established that the infraction was committed, an order dismissing the notice shall be entered in the court's records. If it has been established that a civil infraction has been committed, an appropriate order shall be entered in the court's records.
5. An appeal from the court's determination or order shall be to the Superior Court in the manner provided by the Rules of Appeal of Decisions of Courts of Limited Jurisdiction. The decision of the Superior Court is subject only to discretionary review pursuant to the Rules of Appellate Procedure.

N. Infraction - Explanation of Mitigating Circumstances

1. A hearing held for the purpose of allowing a person to explain mitigating circumstances surrounding the commission of an infraction shall be an informal proceeding. The person may not subpoena witnesses. The determination that an infraction has been committed may not be contested at a hearing held for the purpose of explaining mitigating circumstances.
2. After the court has heard the explanation of the circumstances surrounding the commission of the infraction, an appropriate order shall be entered in the court's records.
3. There shall be no appeal from the court's determination or order.

O. Monetary Penalties - Restitution

1. In addition to or as an alternative to any other judicial or administrative remedy provided in this regulation or by law or other regulations, any person found to have committed an infraction shall be assessed a monetary penalty. All violations of this ordinance shall be denominated Class I Civil Infractions. The maximum penalty and the default amount shall be two hundred fifty dollars, not including statutory assessments.
2. Whenever a monetary penalty is imposed by court under this ordinance it is immediately payable. If the person is unable to pay at that time the court

may grant an extension of the period in which the penalty may be paid. If the penalty is not paid on or before the time established for payment, the court may proceed to collect the penalty in the same manner as other civil judgments and may notify the prosecuting attorney or city attorney of the failure to pay. The court shall also notify the District of the failure to pay the penalty, and the District shall not issue the person any future permits or approvals until the monetary penalty has been paid.

3. The court may also order a person found to have committed a civil infraction to make restitution.

P. Order of Court - Civil Nature - Modification of Penalty - Community Service

1. An order entered after the receipt of a response which does not contest the determination, or after it has been established at a hearing that the civil infraction was committed, or after a hearing for the purpose of explaining the mitigating circumstances is civil in nature.
2. The court may waive, reduce, or suspend the monetary penalty prescribed for the civil infraction. If the court determines that a person has insufficient funds to pay the monetary penalty, the court may order performance of a number of hours of community service in lieu of a monetary penalty, at the rate of the current state's minimum wage per hour.

Q. Costs and Attorney's Fees

Each party in a civil infraction case is responsible for costs incurred by that party, but the court may assess witness fees against a non-prevailing respondent. Attorney's fees may be awarded to either party in a civil infraction case.

R. Written Assurance of Discontinuance

The Health Officer may accept a written assurance of discontinuance of any act in violation of this regulation from any person who has engaged in such act. Failure to comply with the assurance of discontinuance shall be a further violation of this regulation.

S. Stop-Work and Abatement Orders

1. Stop Work Orders. The Health Officer may cause a stop-work order to be issued whenever the Health Officer has reason to believe that a violation of a public health regulation is occurring. The effect of the stop-work order shall be to require the immediate cessation of such work or activity until authorized by the Health Officer to proceed. The stop work order shall be

posted upon the property where the violation is occurring, and shall be served upon the owner of the property either personally or by certified mail, return receipt requested, at the owner's last known address.

2. Abatement Orders. In addition to or as an alternative to any other judicial or administrative remedy provided in public health regulations or by law or other regulations, the Health Officer may order a violation of these regulations to be abated. The effect of the abatement order shall be to require work to be done to correct the violation within a reasonable time period. If the required corrective work is not commenced or completed within the time specified, the Health Officer will proceed to abate the violation and cause the work to be done. The abatement order shall be posted upon the property where the violation is occurring, and shall be served upon the owner of the property either personally or by certified mail, return receipt requested, at the owner's last known address. The property owner is responsible for the costs of all corrective action, whether done by the owner or the District. The District shall have the right to collect the amount expended for abatement through appropriate legal action.

T. Other Legal or Equitable Relief

Notwithstanding the existence or use of any other remedy, the Health Officer may seek legal or equitable relief to enjoin any acts or practices or abate any conditions which constitute or will constitute a violation of these regulations, or regulations adopted under them.

SECTION VI. VIOLATIONS AND PENALTIES - PERSONS REQUIRING A PERMIT

A. Applicability

The requirements in this section apply to all persons which are required to obtain a permit under public health regulations.

B. Violations - Investigations - Evidence

An authorized representative of the District may investigate alleged or apparent violations of these regulations. Upon request of the authorized representative of the District, the person allegedly or apparently in violation of public health regulations shall provide information identifying themselves. Willful refusal to provide information identifying a person as required by this section is a misdemeanor.

C. Notice and Order to Correct Violation

1. Issuance. Whenever an authorized representative of the District determines that a violation has occurred or is occurring, he/she may issue a written notice and order to correct violation to the property owner or to any person causing, allowing or participating in the violation.
2. Content. The notice and order to correct violation shall contain:
 - a. The name and address of the property owner or other persons to whom the notice and order to correct violation is directed;
 - b. The street address or description sufficient for identification of the building, structure, premises, or land upon or within which the violation has occurred or is occurring;
 - c. A description of the violation and a reference to that provision of the regulation which has been violated;
 - d. A statement of the action required to be taken to correct the violation and a date or time by which correction is to be completed; and
 - e. A statement that a monetary penalty in an amount per day for each violation shall be assessed against the person to whom the notice and order to correct violation is directed for each and every day, or portion of a day, on which the violation continues following the date set for correction.

D. Service of Order

The notice and order to correct violation shall be served upon the person to whom it is directed, either personally or by mailing a copy of the order to correct violations by certified mail, postage prepaid, return receipt requested, to such person at his/her last known address. Proof of service shall be made at the time of service by a written declaration under penalty of perjury executed by the persons effecting the service, declaring the time and date of service and the manner by which service was made.

E. Extension

Upon written request received prior to the correction date or time, the authorized representative may extend the date set for corrections for good cause. The authorized District representative may consider substantial completion of the necessary correction or

unforeseeable circumstances which render completion impossible by the date established as a good cause.

F. Administrative Conference

An informal administrative conference may be conducted at any time by the Health Officer for the purposes of bringing out all the facts and circumstances related to an alleged violation, promoting communications between concerned parties, and providing a forum for efficient resolution of any violation. The Health Officer may call a conference in response to a request from any person aggrieved by the Health Officer's order or the Health Officer may call a conference on his/her own motion. Attendance at the hearing shall be determined by the Health Officer and need not be limited to those named in an order to correct violations. As a result of information developed at the conference, the Health Officer will issue findings and an order. The administrative conference is optional with the Health Officer and is not a prerequisite to utilization of any of the enforcement provisions described in these regulations.

G. Supplemental Order to Correct Violation

The Health Officer may at any time add to, rescind in part, or otherwise modify a notice and order to correct violation. The supplemental order shall be governed by the same procedures applicable to all notice and order to correct violations procedures contained in these regulations.

H. Finality of Order

1. Any order duly issued by the Health Officer pursuant to the procedures contained in this regulation shall become final thirty (30) days after service of the order unless a written request for hearing or statement of appeal is received by the Health Officer within the thirty (30) day period.
2. An order which is subjected to the appeal procedure shall become final twenty (20) days after mailing of the Board of Health's decision unless within that time period an aggrieved person initiates review by writ of certiorari in Kitsap County Superior Court.

I. Enforcement of Final Order

1. If, after any order duly issued by the Health Officer has become final, the person to whom such order is directed fails, neglects, or refuses to obey such order, the Health Officer may:
 - a. Cause such person to be prosecuted under these regulations; and/or
 - b. Institute any appropriate action to collect a civil penalty assessed under these regulations; and/or
 - c. Abate the health violation using the procedures of these regulations; and/or
 - d. Pursue any other appropriate remedy at law or equity under these regulations.
2. Enforcement of any notice and order of the Health Officer pursuant to these regulations shall be stayed during the pendency of any appeal under these regulations, except when:
 - a. The Health Officer determines that the violation will cause immediate and irreparable harm and so states in the notice and order issued.

J. Written Assurance of Discontinuance

The Health Officer may accept a written assurance of discontinuance of any act in violation of this regulation from any person who has engaged in such act. Failure to comply with the assurance of discontinuance shall be a further violation of this regulation.

K. Violation of Permit Conditions - Misdemeanor Penalty

Any person who (a) fails, neglects, or refuses to obey a final order of the Health Officer to correct a violation as set forth in Section VI.I. above; or (b) fails, neglects, or refuses to comply with a written assurance of discontinuance pursuant to Section VI.J. above; or (c) operates without a permit; or (d) operates after a permit has been revoked, is guilty of a misdemeanor, and upon conviction, shall be punished by imprisonment in the county jail for a maximum term fixed by the court of not more than ninety (90) days, or by a fine in an amount fixed by the court of not more than one thousand dollars (\$1,000), or by both such imprisonment and fine. The court may also impose restitution.

L. Stop-Work and Abatement Orders

1. Stop-Work Orders. The Health Officer may cause a stop-work order to be issued whenever the Health Officer has reason to believe that a violation of this regulation is occurring. The effect of the stop-work order shall be to require the immediate cessation of such work or activity until authorized by the Health Officer to proceed. The stop work order shall be posted upon the property where the violation is occurring, and shall be served upon the owner of the property either personally or by certified mail, return receipt requested, at the owner's last known address.
2. Abatement Orders. In addition to or as an alternative to any other judicial or administrative remedy provided in these regulations or by law or other regulations, the Health Officer may order a violation of public health regulations to be abated. The effect of the abatement order shall be to require work to be done to correct the violation within a reasonable time period. If the required corrective work is not commenced or completed within the time specified, the Health Officer will proceed to abate the violation and cause the work to be done. The abatement order shall be posted upon the property where the violation is occurring, and shall be served upon the owner of the property either personally or by certified mail, return receipt requested, at the owner's last known address. The property owner is responsible for the costs of all corrective action, whether done by the owner or the District. The District shall have the right to collect the amount expended for abatement through appropriate legal action.

M. Other Legal or Equitable Relief

Notwithstanding the existence or use of any other remedy, the Health Officer may seek legal or equitable relief to enjoin any acts or practices or abate any conditions which constitute or will constitute a violation of public health regulations, or regulations adopted under them.

N. Permit Suspension, Revocation, and Appeal

1. Suspension of Permits.
 - a. The Health Officer may temporarily suspend any permit issued under public health regulations for:
 - (1) Failure of the holder to comply with the requirements of the permit; or

- (2) Failure of the holder to comply with any notice and order issued pursuant to the regulations related to the permitted activity; or,
 - (3) The dishonor of any check or draft used by the permit holder to pay any fees associated with the permit.
- b. Permit suspension shall be carried out through the notice and order provisions specified in Section VI.C., and the suspension shall be effective upon service of the notice and order upon the holder or operator. The holder or operator may appeal such suspension as provided in Sections VI.N.3. through VI.N.6.
- c. Notwithstanding any other provision of this regulation, whenever the Health Officer finds that a violation of a public health regulation has caused or causes an unsanitary, dangerous or other condition which, in his/her judgment, constitutes an immediate and irreparable hazard, he/she may, without service of a written notice and order, suspend and terminate operations under the permit immediately.

2. Revocation of Permits.

- a. The Health Officer may permanently revoke any permit issued by him/her for (a) failure of the holder to comply with the requirements of the permit, or (b) failure of the holder to comply with any notice and order issued pursuant to these regulations related to the permitted activity, or (c) interference with the Health Officer in the performance of his/her duties, or (d) discovery by the Health Officer that a permit was issued in error or on the basis of incorrect information supplied to him/her, or (e) the dishonor of any check or draft used by the holder to pay any fees associated with the permit.
- b. Such permit revocation shall be carried out through the notice and order provisions specified in Section VI.C. and the revocation shall be effective upon service of the notice and order upon the holder or operator. The holder or operator may appeal such revocation, as provided in these regulations.
- c. A permit may be suspended pending its revocation or a hearing relative to revocation pursuant to the provisions of Section VI.N.1. above.

3. Permit Appeal.
 - a. Subject to Appeal. Any denial, suspension or revocation of a health permit by the Health Officer may be appealed.
 - b. Appellant Defined. The appellant shall be the applicant for the health permit or holder of a health permit who appeals a decision denying, suspending or revoking a health permit.
4. Appeal Procedure.
 - a. Appeal of Health District Action - Health Officer Administrative Hearing. Any person aggrieved by the contents of a notice of violation, any portion of Bremerton-Kitsap County Board of Health regulations or by any inspection or enforcement action conducted by the Health District may request, in writing, a hearing before the Health Officer or designee. Such request shall be presented to the Health Officer within ten (10) days of the action appealed; except in the case of a suspension, the request for a hearing must be made within five (5) days. Upon receipt of such request together with hearing fees, the Health Officer shall notify the person of the time and date of such hearing, which shall be set at a mutually convenient time not less than five (5) working days nor more than fifteen (15) working days from the date the request was received.
5. Appeal from Administrative Hearing. Any person aggrieved by the findings or required actions of an administrative hearing shall have the right to appeal the matter by requesting a hearing before the Board of Health. Such notice of appeal shall be in writing and presented to the Health Officer within five (5) calendar days of the findings and actions from the administrative hearing.
 - a. Stay of Action. Notice of appeal shall operate as a stay of the required action pending outcome of the Board of Health hearing except in those cases where the Health Officer determines that failure to take the required action constitutes an imminent health hazard. If a stay is not granted, the Health Officer shall so notify the appellant, in writing, at the time of notification of the hearing date and time. The Health Officer must set forth, in writing, the reasons for denial of the stay.
6. Hearing Date. Upon receipt of an appeal pursuant to this section the Health Officer shall set a time and place for the requested hearing before the Board of Health and shall give the appellant written notice thereof.

The hearing shall be commenced within thirty (30) days of the Health Officer's receipt of the appeal.

7. Judicial Review. All decisions of the Board of Health shall be final unless review is sought by filing an action in any court of competent jurisdiction, as provided by the laws of this State.

SECTION VII. IMMINENT AND SUBSTANTIAL DANGERS

Notwithstanding any provisions of these regulations, the Health Officer may take immediate action to prevent an imminent and substantial danger to the public health by the violation of public health laws and regulations.

SECTION VIII. ADDENDUM INCORPORATION

The Health Officer shall have the authority to adopt or incorporate any addendums or amendments to these regulations, provided such addendums or amendments are in accordance with due process of law.

SECTION IX. SEVERABILITY

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

SECTION X. EFFECTIVE DATE

The effective date of these regulations shall be May 1 , 1996.

MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director
Grant Holdcroft, PIC Program Manager

Date: April 5, 2022

Re: 2021 Water Quality Annual Report and PIC Program Update

Each year, the Health District's Pollution Identification and Correction Program (PIC) releases an annual report summarizing the previous year's water quality monitoring and clean-up work results. The *2021 Annual Water Quality Report* has recently been completed and is now available on our website at www.kitsappublichealth.org/environment/water_reports.php. The majority of the Health District's water quality monitoring and clean-up work is funded through [*Clean Water Kitsap*](#), Kitsap County's storm water utility, along with supplemental funds through temporary federal and state grants.

At the April 5th regular meeting, Grant Holdcroft, PIC Program Manager, will provide a brief PIC program overview and present the background and notable findings of the *2021 Annual Water Quality Report*, including but not limited to the following:

- Our ongoing work in the Chico Creek area to address the shellfish classification downgrade.
- A discussion of the impact of the changes in the State's water quality standards.
- An overview of stream water quality status - Of the 69 streams monitored, only 6 failed both parts of the bacteria standard.
- A review of Public Health Advisory policy for streams – this year only 1 stream has a Public Health Advisory in place due to elevated fecal coliform bacteria (FC) levels – Lofall Creek.

Recommended Action

None at this time --- for information and discussion only.

Please contact me at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

kitsappublichealth.org



2021 | Water Quality Report



Protecting public health,
preventing pollution





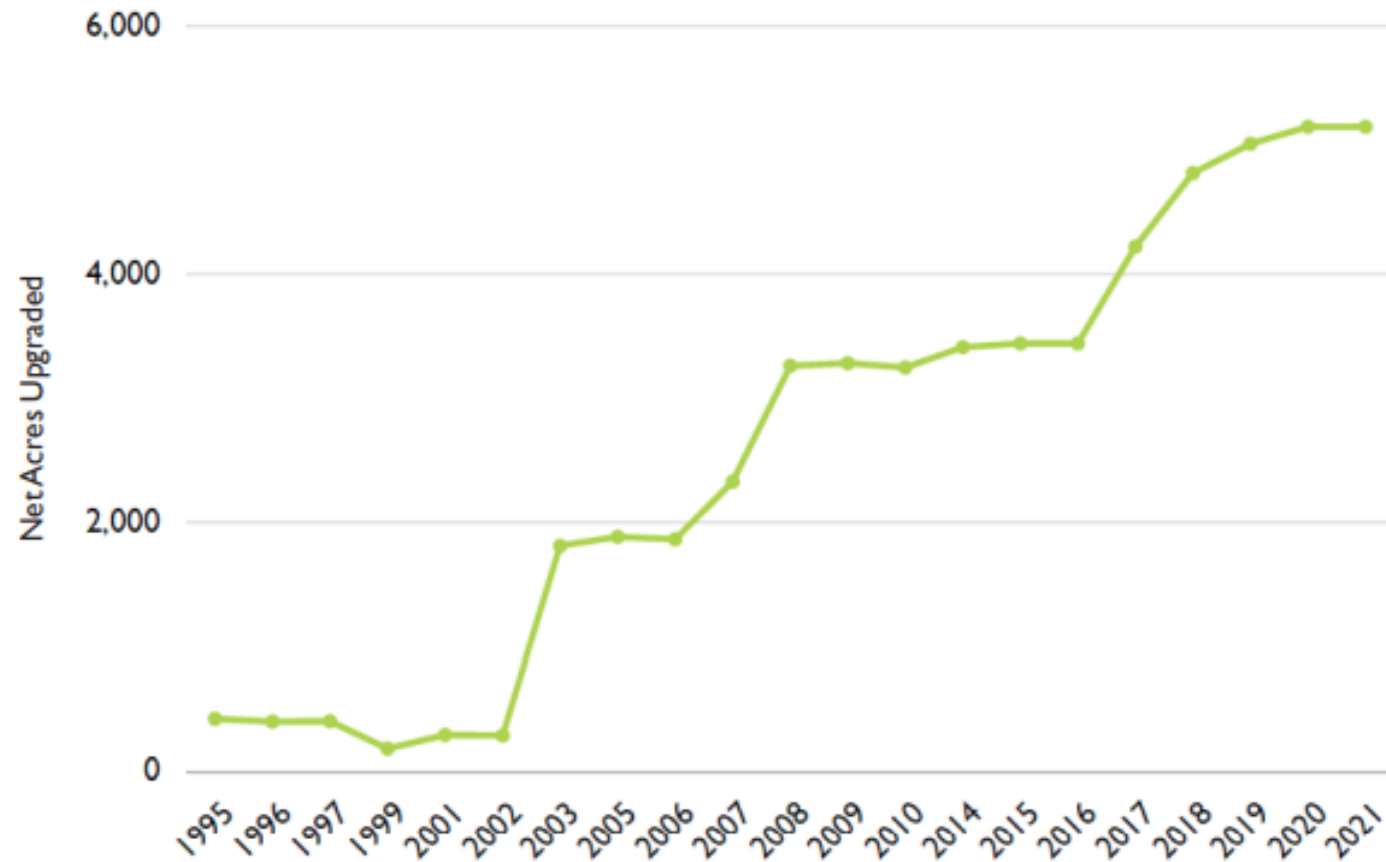




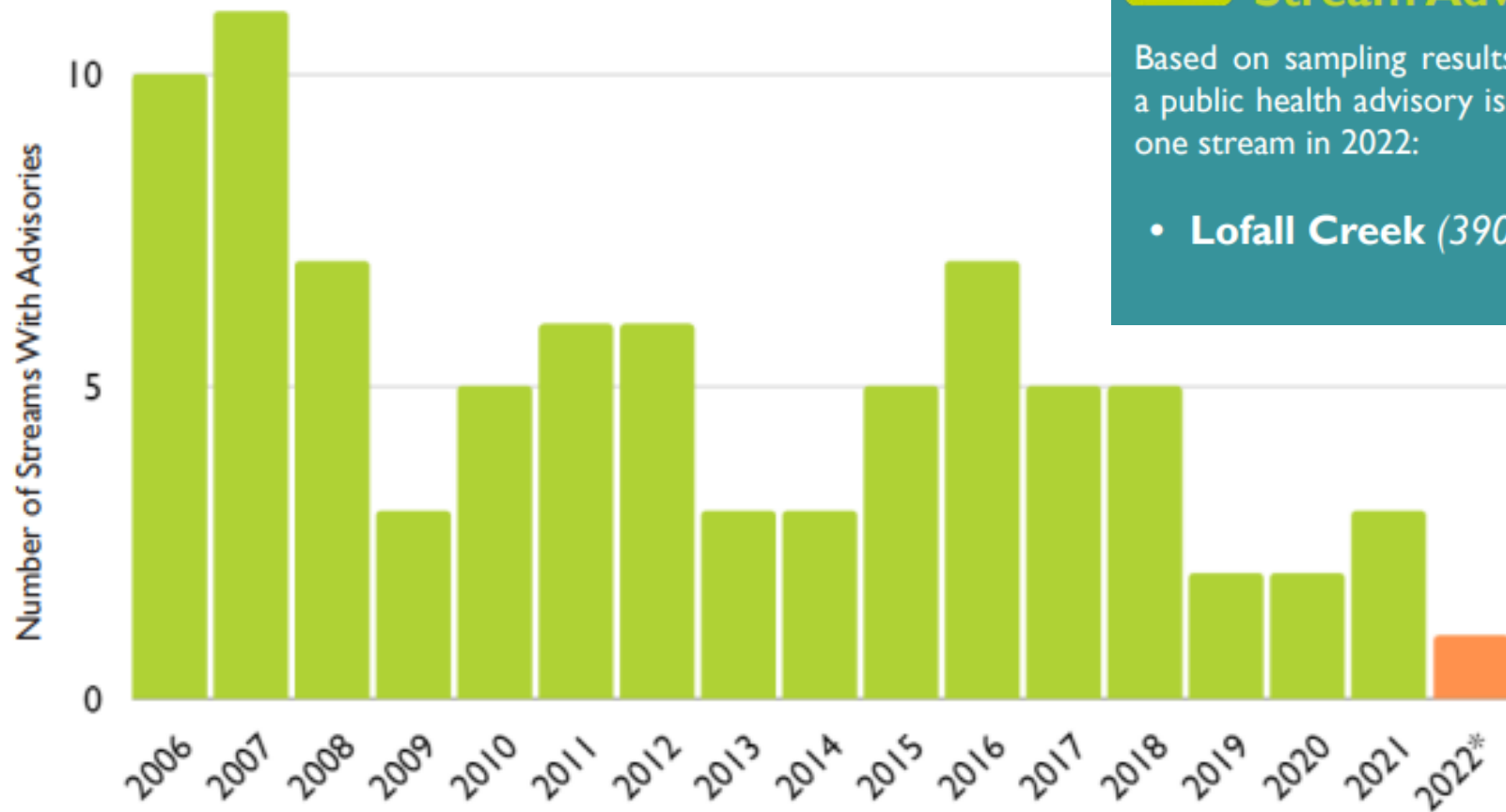
IN THIS REPORT

- 2021 PIC Program Highlights
- Health Advisories for Streams
- 2021 Water Quality Monitoring Results and Standards
- Water Quality in Lakes
- Pollution Sources and Prevention

Shellfish Harvesting Areas Approved



Public Health Stream Advisories



**based on new advisory threshold (see explanation above).*



2022 Public Health Stream Advisories

Based on sampling results from 2021 a public health advisory is in effect for one stream in 2022:

- **Lofall Creek** (390 gmv)

The Freshwater Standard

Part 1: Annual GMV <100 EC per 100 ml

Part 2: Not more than 10% of all samples collected for calculating geomean > 320 EC/100 ml

This report notes how each stream performed under the state standard based on bacteria levels:



Met standard: The stream had **low bacteria** levels and met both parts of the standard.

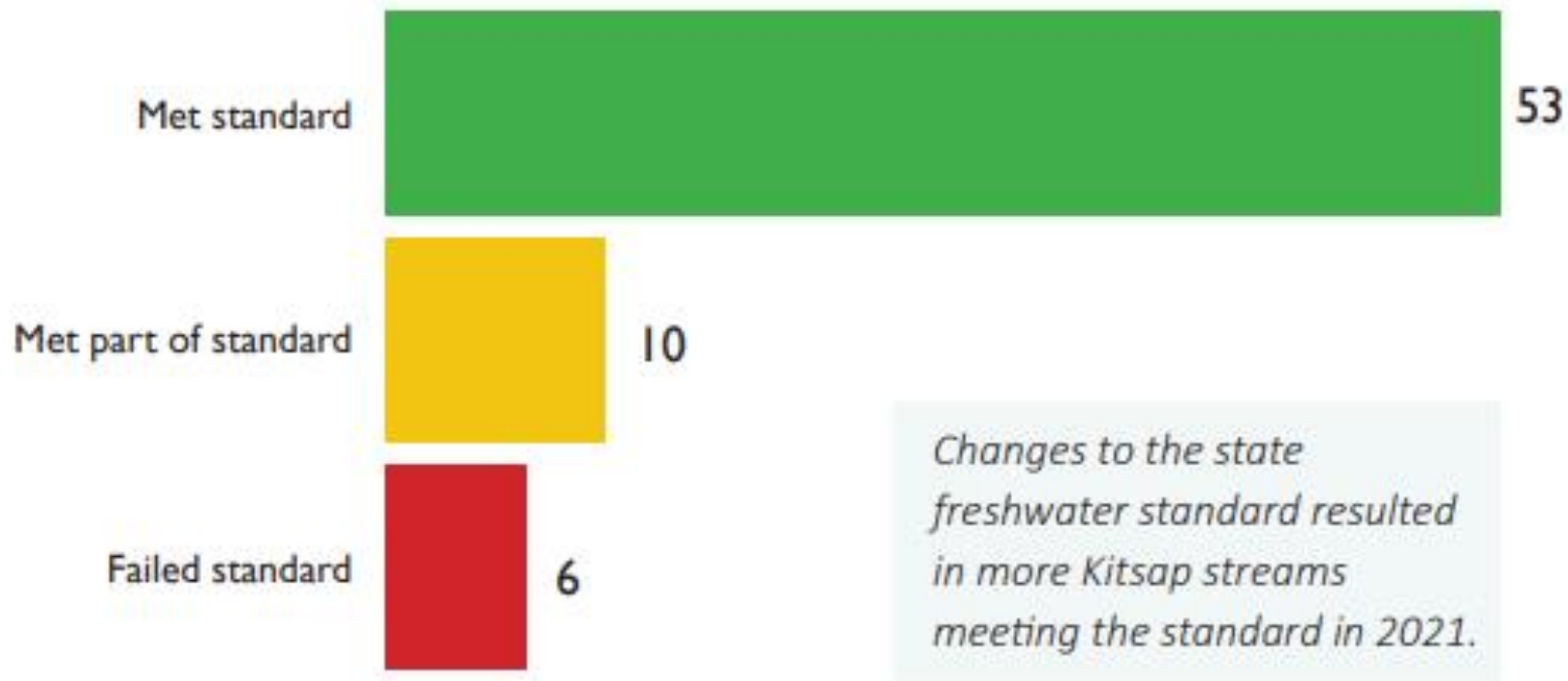


Met part 1 of standard: The stream had **periodic high bacteria** levels and failed part 2 of the standard.



Failed standard: The stream had **high bacteria** levels and failed both parts of the standard.

Water quality status for Kitsap streams in 2021



Tracking pollution for a healthier Chico Creek watershed



Water Quality in Kitsap Lakes



Public Health Advisories for Lakes

The table below shows advisories issued during calendar year 2021.

Lake	Advisory	Dates
Wildcat Lake County Park	<i>E. coli</i> bacteria	6/3/21 - 6/4/21
Island Lake County Park	<i>E. coli</i> bacteria	7/9/21 - 7/14/21
Mission Lake	Toxic cyanobacteria	6/24/21 - 7/7/21

Common Sources of Fecal Pollution



Illustration by Angie Berger

Simple steps to prevent water pollution



If your home has a septic system, be sure it's properly maintained.



Properly dispose of medications. Go to MED-Project.org to find free disposal sites.



Manage waste from your farm, garden or livestock.



Pick up after your pets at home and in public.



Use natural lawn care products.



Find more great ideas at CleanWaterKitsap.org.



Questions ?

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: April 5, 2022

Re: Local Board of Health Membership Changes in Response to E2SHB 1152 – Policy Committee Report and Recommendations

The Health Board’s Policy Committee (Members Erickson, Putaansuu, & Gelder) met on March 10, 2022, to discuss and plan for the implementation of [E2SHB 1152](#) (and soon to be adopted [WAC 246-90](#), Local Board of Health Membership) and to consider a land acknowledgement statement for Kitsap’s local Indian Tribes as an action item from [Resolution 2021-01](#), Declaring Racism a Public Health Crisis.

The purpose of this memorandum is to record the minutes and summarize the outcomes of the March 10 PC meeting, especially with respect to implementation of E2SHB 1152. Attached, please find the following:

1. “Kitsap Public Health Board Expansion” graphic
2. Draft amended Kitsap Public Health Board Bylaws
3. Draft Non-Elected Health Board Member Position Description
4. Draft interview questions for new community Health Board members.

Implementation of E2SHB 1152/ WAC 246-90

The Policy Committee (PC) reviewed E2SHB 1152, Draft WAC 246-90, the expanded Health Board graphic, and draft amended Health Board Bylaws, followed by discussion and review of timelines and deliverables (i.e., revised Health Board Bylaws, revised Kitsap County Code [Chapter 9.52](#), new member recruitment process, etc.). The PC revisited and agreed to recommend to the full Health Board the Health Board member composition shown in the “Kitsap Public Health Board Expansion” graphic.

The Policy Committee acknowledged the following specificities of E2SHB 1152 and WAC 246-90 for the selection of non-elected members to the Health Board:

1. The number of elected members must not exceed the number of non-elected members;
2. Tribal representatives will be selected and appointed by the American Indian Health Commission;
3. Non-elected members must be selected from the following categories:
 - a. Public health, health care facilities, and providers;
 - b. Consumers of public health; and
 - c. Other community stakeholders.
4. The Health Board must assess the following when considering applicants:
 - a. Current or past service on other local boards or commissions;
 - b. Whether the applicant's background meets the qualifications of the applicant's selected category/categories (see #3, above);
 - c. Potential conflict of interest;
 - d. Demonstrated commitment to public health;
 - e. Whether the applicant represents a diversity of experience and lived experience;
 - f. Whether the applicant represents the geographical diversity of the community; and
 - g. Whether the applicant identifies with a historically underrepresented community when being considered for the "other community stakeholders" category.

The PC then reviewed and discussed additional changes to the draft amended Bylaws; those proposed changes are included in the attached draft amended Bylaws document for full Health Board review and comment.

The PC next turned their attention to the draft Position Description for Non-Elected Health Board Members and suggested some additional edits; those edits are included in the attached draft Non-Elected Health Board Member Position Description.

Following, the PC reviewed timelines and discussed the recruitment process and how that will be managed between the Health Board, Board of County Commissioners, and the Health District. In summary, the PC recommends the following (see **Figure 1**). Further:

- The Health District will work with the County/BOCC to recruit applicants.
- The PC recommends that the Health Board's Personnel Committee (Members Hytopoulos, Wheeler, and Wolfe) conduct the interviews of applicants and make recommendations to the full Health Board for referral to the BOCC for review and appointment.
- The amendment of KCC Chapter 9.52 and Health Board Bylaws should occur concurrently, and target dates for adoption are May or June BOCC and KPHB meetings.
- Recruitment should begin by the end of April; interviews to be held in May and/or June.

Through its Equity Program, the Health District has started to create a list of community organizations to distribute the recruitment notice to in order to attract applicants from historically underrepresented communities in Kitsap, including but not limited to:

- League of Women Voters
- Kitsap Strong
- Kitsap Immigrant Assistance Center
- Professional Leaders of Color
- Kitsap Equity, Race, and Community Engagement Coalition
- NAACP Bremerton
- Standing Up for Racial Justice
- Kitsap Community Foundation
- United Way
- Bremerton City Council's Racial Equity Advisory Committee
- Bainbridge Island City Council's Race Equity Advisory Committee
- Leadership Kitsap
- Kitsap Advocating for Immigrant Rights & Equality
- Kitsap County Human Rights Council
- Kitsap County Accessible Communities Advisory Council
- Kitsap County's Community Councils
- Olympic College/School of Nursing
- La Mesa Redonda
- Kitsap Pride

The PC is looking for comments or suggestions from the Health Board members today for the:

- Draft amended Health Board Bylaws;
- Draft Non-elected Position Description; and
- Draft Interview questions.

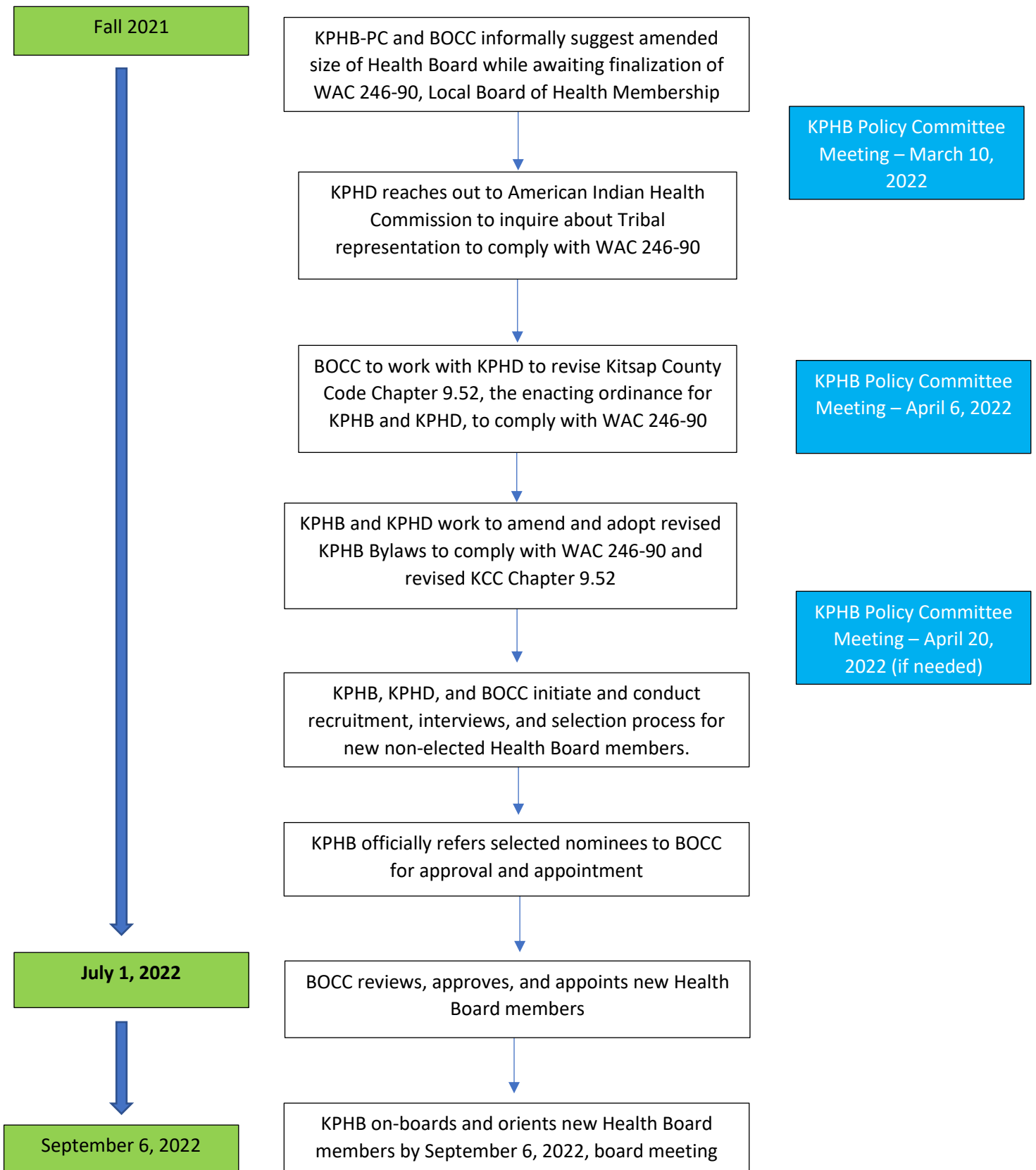
Land Acknowledgement Statement

The PC reviewed and agreed with the draft Land Acknowledgement Statement that was adopted by Kitsap County and consented to by the Chairs of the Suquamish Tribe and Port Gamble S'Klallam Tribe. More detail can be found with the material for Agenda Item 8 in today's meeting packet.

If you have any questions or comments, please call Keith Grellner at (360) 728-2284, or email him at keith.grellner@kitsappublichealth.org.

Attachments (4)

Figure 1
Expansion of Local Boards of Health:
General Sequence of Events



KITSAP PUBLIC HEALTH BOARD EXPANSION

The Kitsap Public Health Board will be restructured and expanded per E2SHB 1152 (WAC 246-90). Changes will take effect after July 1, 2022. For additional information, see RCW 70.05 and 70.46.

CURRENT BOARD STRUCTURE

Seven-member board. Meets monthly.

(3) Kitsap County Commissioners (elected officials)



(4) City Mayors or Councilpersons (elected officials)

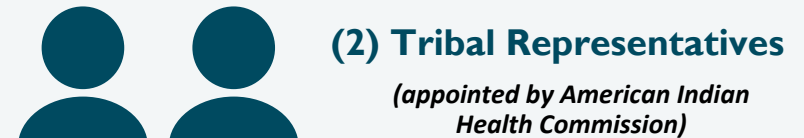


NEW BOARD STRUCTURE

Ten-member board. Meets monthly.



(4) City Mayors or Councilpersons (elected officials)



(3) Non-Elected Members

(appointed by Board of County Commissioners; must include healthcare professionals and community members who engage with public health)



KITSAP PUBLIC HEALTH BOARD

BYLAWS

DRAFT (MARCH 2022)

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ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereafter referred to as "Public Health Board".

ARTICLE II - PURPOSE

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health; and (4) to create and promote prudent public health policy within the District (See RCW 70.05, Local Health Departments, Boards, Officers – Regulations).

ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County.

The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health.

Kitsap County reaffirmed the existence of the District in 2010 through Ordinance 455-2010. The District's name was changed to the Kitsap Public Health District by Kitsap County Ordinance ~~Number~~ 475-2011 in 2011. In 2011, the Public Health Board also approved this name change for the District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance ~~524~~ in 2015.

Commented [KG1]: KC Ord. 524 (KC Code 9.52) will need to be amended to reflect 1152/RCW 70.46.031/WAC 246-90.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, amending subsections to both RCW's 70.05 and 70.46 --- and codified as WAC 246-90 --- requiring local boards of health to add persons who are not elected officials to the local board of health, and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. Kitsap County passed Ordinance (TBD) in 2022 to establish and affirm the new state requirements for local board of health membership.

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ARTICLE IV – MEMBERSHIP

1. In accordance with Chapter ~~524-2015~~ 70.46.031, Revised Code of Washington, and Kitsap County Ordinance ~~524-2015~~, the Public Health Board shall consist of ~~the following seven (7) voting ten (10) members, five (5) electeds and five (5) non-electeds. The number of electeds must be equal to and not exceed the number of non-elected positions. three~~
2. ~~The five elected members shall be comprised of one (31) Kitsap County Commissioner; and the mayor- from each of Kitsap's four (4) cities the Mayor or a Councilmember as appointed by each of the cities of (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).~~
3. ~~The five (5) non-elected members shall be comprised of the following: two (2) tribal representatives from federally recognized tribes that hold reservation, trust lands, or have usual and accustomed areas within Kitsap County selected by the American Indian Health Commission; and three (3) non-elected members selected from the categories specified in RCW 70.46.031(1)(a). The non-tribal, non-elected members shall be appointed by the county legislative authority (i.e., the Board of County Commissioners).~~
4. Each ~~city-elected member jurisdiction~~ may also appoint an alternate Public Health Board member ~~from its legislative authority~~. An ~~alternate~~ may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member to whom the alternate is delegated is not present during the committee meeting. ~~The Public Health Board shall have the authority to establish and define non-voting categories of community members on the Public Health Board~~
- ~~4.5. Non-elected board members shall not be allowed to vote on decisions before the Public Health Board related to the setting or modification of permit, licensing, and application fees pursuant to RCW 70.46.031(1)(l).~~
6. The term of each ~~elected~~ Public Health Board member ~~(and each or alternate)~~ shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as approved annually by ~~the individual cities' city's legislative bodiesbody~~.
7. The term of the tribal representative shall be determined by the American Indian Health Commission.
8. ~~The terms of the non-elected and non-tribal members will be four (4) years except for the first term of one of the three non-elected/non-tribal positions . One of the three (3) non-elected/non-tribal positions shall initially have a 2-year term in order to stagger the terms of the non-elected/non-tribal members. Staggered terms are intended to help preserve continuity of the board membership.~~
- ~~2.9. Non-elected/Non-tribal Public Health Board members shall be limited to two (2), 4-year terms, but may be appointed to additional terms after at least a 1-year break following the conclusion of the second term.~~

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10. In order to assure representation as outlined in Article IV, ~~Section 1,~~ vacancies on the Public Health Board shall be filled ~~within 30 days~~ as soon as possible by appointment ~~by of~~ the respective legislative body ~~of the City or County~~ whose representative is vacating a Board position. ~~(Note: See RCW 70.05.040)~~

11. If a vacancy occurs, an appointee will complete the term of the position vacated.

12. Non-Tribal/Non-Elected members of the Public Health Board may be removed from membership by the county legislative authority for unexcused absences of three (3) consecutive regular Public Health Board meetings.

13. Non-elected members of the Public Health Board shall be entitled to compensation of eighty-five dollars (\$85) for attending formal/regular Public Health Board meetings or committee meetings, or other Public Health Board-approved activities provided that such members are not receiving compensation from their employer or another entity to attend Public Health Board meetings.

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ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

1. The authority of the Public Health Board shall be as prescribed by RCW 70.05.060 and RCW 70.46.060.
2. The Public Health Board shall appoint a Health Officer pursuant to RCW 70.05.050 who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The Public Health Board may appoint an Administrative Officer pursuant to RCW 70.05.040 in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board in accordance with RCW 70.05.045. ~~If an Administrator is appointed, the~~ The Public Health Board shall evaluate the performance of the Administrator biennially.
5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry ~~on-out~~ public health services.
7. The elected members, only, of the Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060 (7) and RCW 70.46.031(1)(l), and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the Health District.

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9. The Public Health Board shall enforce through the local Health Officer ~~and-or~~ Administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as are necessary to preserve, promote and improve the public health and provide for the enforcement thereof (See RCW 70.05.060).
10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction.
11. The Public Health Board shall make reports to the state board of health through the local health officer and administrator as required by the state board of health.
12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.
13. Through the Health District, the Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Public Health Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by, or against, the District. The Public Health Board may defer legal matters to the Health District's risk pool after consultation with the Health Officer and Administrator.
14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

ARTICLE VI ~~—~~ OFFICERS AND THEIR DUTIES

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair ~~(or Vice Chair)~~ shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances to do so. ~~The City and County Board members will alternate terms as Chair and Vice Chair.~~ The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.
2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill

the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform.

2. ~~***~~

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3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board unless such role is assigned to the Health Officer.
 - A. It shall be the duty of the Executive Secretary to (1) record minutes of all meetings of the Public Health Board; (2) maintain a book of numbered and dated resolutions and ordinances passed by the Board; (3) be custodian of all records, books and papers belonging to the Board; and (4) carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.
 - B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, ~~Section 3~~, the Administrator may delegate such duties to other personnel employed by the Health District.
4. The Administrator shall be responsible for administering the operations of the Public Health Board including such other duties as required by the Public Health Board, except for duties assigned to the Health Officer pursuant to RCW 70.05.070 and other applicable state law.
5. The Administrator shall also serve as the Chief Executive Officer for the Health District, unless such role is expressly assigned to the Health Officer, and is responsible for the administration of all programs and functions of the district including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment.
6. The Administrator's appointment shall be at the will of the Public Health Board. No term of office shall be required to be established for the Administrator, but the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

Commented [KG10]: This provision is local, not state mandated (like HO). Retain?

ARTICLE VII - HEALTH OFFICER

1. The Health Officer, acting under the direction of the Public Health Board, shall enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances as authorized in RCW 70.05.070. The Health Officer is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County.

2. The Health Officer shall be responsible to the Public Health Board for his/her official actions.
3. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may act as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and considering the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.
4. The Health Officer's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Health Officer, but the Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Health Officer's removal is provided (See RCW 70.05.050).

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ARTICLE VIII - MEETINGS AND QUORUM

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the current calendar year.
2. Special meetings may be called by the Chair at his/her discretion, at the request of the Health Officer, Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. ~~Four-Six (46)~~ members of the Public Health Board shall constitute a quorum for conducting the regular business of the Public Health Board and Health District, subject to the exceptions noted below.
4. Approval of ~~all~~ actions taken by the Public Health Board shall be by a majority of the votes cast of members officially in attendance. Only those Public Health Board members, ~~or a City's appointed alternate,~~ present and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 70.46.030(1)(i), only elected members shall vote on matters related to setting or modifying permit, licensing, and application fees, and a simple majority will prevail.
6. For approval of the Health District's annual budget, a majority of the quorum present shall be obtained for the budget vote to pass.
- 4.7. For tied votes on matters other than fees or budget, a 100% voting block of elected members present shall break the tie; when a 100% block of electeds present is not obtained, the tied vote/action shall fail.
- 5.8. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

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ARTICLE IX - BUSINESS OF REGULAR MEETINGS

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda and the amount of time allotted to each item.

ARTICLE X - COMMITTEES

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two (2), but no more than ~~three~~ five (5). Public Health Board members so as not to create a quorum of the Public Health Board. A maximum of three members is considered optimum so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all the above committees as desired.

ARTICLE XI - RULES OF BUSINESS

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

ARTICLE XII - AMENDMENTS TO THESE BYLAWS

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.

DEFINITION

In accordance with Revised Code of Washington (RCW) Chapters [70.05.030](#), [70.46.031](#) and [Chapter 246-90](#) Washington Administrative Code (WAC), the membership of the Kitsap Public Health Board (Board) shall be comprised of elected officials and non-elected members. Non-elected members must equal the number of elected officials on the Board. Pursuant to RCW 70.46.031, Board Bylaws (add link after amended Bylaws adopted), and Kitsap County Code Chapter (add number and link after adoption by BOCC). Effective July 1, 2022, the Board shall be comprised of ten (10) members as follows:

Elected Officials (5)

- One (1) county commissioner appointed by the Board of County Commissioners; and
- Four (4) city mayors or appointed councilperson(s) from Kitsap's four cities (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).

Non-Elected Members (5)

- One (~~12~~) tribal representative selected by the American Indian Health Commission from a federally recognized Indian tribe holding reservation, trust lands, or usual and accustomed areas in Kitsap County; and
- Four (~~43~~) non-elected persons with no conflict of interest with the Board, appointed by the Kitsap County Board of County Commissioners from the following groups:
 1. Public health, health care facilities, and providers;
 2. Consumers of public health; and/or
 3. Other community stakeholders.

Non-elected members shall reside within Kitsap County. Non-elected members shall also sign a Conflict of Interest acknowledgement statement at the outset of each year they are appointed to serve on the Health Board.

The public health, health care facilities, and providers group means persons who reside and practice, or are employed, in Kitsap County in the following areas:

1. Medical ethicists;
2. Epidemiologists;
3. Environmental public health;
4. Community health workers;
5. Holders of master's degree or higher in public health or another field with emphasis or concentration in health care, public health, or health policy; or
6. Any of the following providers holding an active or retired license in good standing under Title 18 RCW:
 - a. Physicians or osteopathic physicians;
 - b. Advanced registered nurse practitioners;
 - c. Physician assistants or osteopathic physician assistants;
 - d. Registered nurses;
 - e. Dentists;
 - f. Naturopaths; or

g. Pharmacists.

The consumers of public health group means county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs

The other community stakeholders group means persons who reside in Kitsap County and represent the following types of organizations in the county:

1. Community-based organizations or nonprofits that work with populations experiencing health inequities in the county;
2. Active, reserve, or retired armed services members;
3. The business community; or
4. A community group regulated under environmental public health regulations.

Non-elected members are recruited, evaluated, selected, and recommended by the Board to the county commissioners for appointment. Non-elected/non-tribal members shall be approved and appointed by a majority vote of the county commissioners. No more than one non-elected member shall be selected and appointed from each of the groups listed above.

Non-elected members approved by the county commissioners will generally have a term of four (4) years, and be limited to two 4-year terms. Following a gap of 1-year after the first two terms (eight years), a non-elected member may be reappointed for one (1) additional 4-year term. Exception: For the initial implementation year of 2022, two (2) of the non-elected member positions will be appointed to an initial term of only two (2) years so that half of the non-elected members have staggered terms with the other half.

Non-elected members shall have all rights and responsibilities afforded to elected officials except that non-elected members shall not be allowed to vote on any decision related to the setting or modification of permit, licensing, and application fees (see RCW 70.46.031 (1)(l)).

Non-elected members will be compensated for their time (and travel) to attend meetings or other official Board gatherings in accordance with the Board Bylaws.

DISTINGUISHING CHARACTERISTICS

Incumbents for non-elected/non-tribal Board member positions will demonstrate attributes from the following distinguishing characteristics:

- Demonstrated time, expertise, and experience in one of the non-elected member groups.
- Service time, current or past, on other local boards or commissions.
- Professional, calm, and articulate demeanor and a commitment to promote civil discourse.
- Demonstrated ability to get along with others and possess a working experience to find consensus or compromise.
- A strong understanding of, and commitment to, public health.
- Representation of diversity and lived experience.
- Geographic representation of Kitsap County.
- Representation of historically underrepresented populations in Kitsap County.
- No significant or ongoing conflict of interest with Kitsap Public Health District.
- Demonstrated commitment to diversity, equity, and inclusion.

This is a non-employment volunteer position and is exempt from the minimum wage and overtime requirement of the Washington Minimum Wage Act and Fair Labor Standards Act (FLSA).

ESSENTIAL BOARD MEMBER FUNCTIONS

As a member of the Board, works within the full Board to:

- Adhere to, follow, and uphold the Board's Bylaws and the public health statutes and rules of the Washington state, per [RCW 70.05](#).
- Supervise all matters pertaining to the preservation of life and health of the people in Kitsap County.
- Enforce the public health statutes of the state, and rules promulgated by the state board of health and the secretary of health, through the local health and the administrative officers of Kitsap Public Health District.
- Supervise the maintenance of all health and sanitary measures for the protection of the public health in Kitsap County.
- Enact such local rules and regulations as are necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof.
- Provide for the control and prevention of any dangerous, contagious, or infectious disease within Kitsap County.
- Provide for the prevention, control, and abatement of nuisances detrimental to public health.
- Make reports to the state board of health through the local health or administrative officers as the state board of health may require.
- Regularly and actively attend all Board meetings and applicable committee meetings. Attend special or emergency meetings called by the Chair.
- Appoint a health and administrative officer for the Health District as needed.
- Set the compensation of the health and administrative officers as needed.
- Review and approve the Health District's finances and annual budget to carry out public health services.
- Approve an annual Board meeting schedule.
- Elect a Board Chair and Vice Chair on an annual or as-needed basis.
- During Board meetings, adhere to the business conduct specified in the most current edition of *Robert's Rules of Order*.
- Work effectively with leaders of the community representing many diverse cultural, ethnic, and social groups.
- Listen attentively and communicate effectively and persuasively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, concerning complex or sensitive matters, including making presentations to diverse audiences.
- Use tact, discretion, respect, and courtesy to gain the cooperation of others and establish and maintain effective working relationships with rapport with co-workers, volunteers, other programs, representatives of other agencies and businesses, and diverse members of the public.
- Adheres to the Open Public Meetings Act ([RCW 42.30](#)), Public Records Act ([RCW 42.56](#)), and Administrative Procedures Act ([RCW 34.05](#)).
- Become familiar with and knowledgeable about [Board Resources](#).
- Performs other duties as requested by, and agreed with, the Chair.

Kitsap Public Health District

BOARD MEMBER

INTERVIEW QUESTIONS

NAME: _____ DATE: _____

RATER: _____ SCORE: _____

The Interview Process:

1. Beginning the Interview:

- Greet and provide an overview of the position and explain the process.

2. The Interview:

- Ask each candidate all questions and ask follow up questions that are relevant.
- Do not ask any questions about any protected class.

Documentation:

- Take notes on all questions, but document only the information provided that is relevant to the position.
- **Do not** document any information that is not relevant or is related to a protected class.
- **Do** document any inappropriate statements or language used by candidate.

Score:

- Score every rated question for each candidate using the following rating key:

RATING KEY	
0 = Has no knowledge or experience in this area	Very Weak Answer
1 = Has limited knowledge and/or experience	Weak Answer
2 = Has satisfactory knowledge and/or experience	Acceptable Answer
3 = Has considerable knowledge/experience	Strong Answer
4 = Experience and/or knowledge at top level	Excellent Answer

Score and documentation should support each other!!!

- **Low scores**- the documentation should indicate limited experiences and significant missed issues and weaknesses.
- **Average scores**- the documentation should indicate adequate experience and indicate some strengths and weaknesses.
- **High scores**- the documentation should indicate above average experience and significant strengths.

Interviewing Tip:

Use Behavioral Interview Questions: Questions that ask the candidate to provide an example of something they have done or situation that they specifically faced. These questions allow the panel the ability to see what a candidate has done in similar situations or tasks. But the questions are only beneficial if the panel gets the complete picture. Use the STAR Method to guide you through the interview to get the full picture. The STAR method is asking the candidate for the following:

- (S/T) Situation faced or Task they had to achieve.
- Actions that the candidate took to achieve a task or in that specific situation to achieve the end result
- Result

Below are some sample follow up questions for the STAR Method:

Situation or Task Questions	Action Questions	Result Questions
Describe a situation when . . . Why did you . . . ? What were the circumstances surrounding. . . ? What was the most memorable time when that happened?	Exactly what did you do? Describe specifically how you did that. What did you do first . . . second? Describe your specific role in the project.	What was the result? How did it work out? What problems/successes resulted from . . . ? What feedback have you gotten?

3. End the interview

Provide information on next steps and time frames for hiring decision. Thank the candidate for the interview.

1. _____ Describe your background, skills, and experience and how they have prepared you for service on the Kitsap Public Health District Board. Why is this appointment interesting to you?

2. _____ This position involves working closely with elected officials, non-elected board members, Health District leadership, and interacting with the community. Please tell us about an example from your work, academic or personal life (church, social, service organization, etc.) where you have been part of a decision-making process. Can you provide some specific examples of times when you have developed new cooperative relationships with partners outside your organization? What did you do to strengthen those relationships over time?

3. _____ The COVID Pandemic has been hard for any number of reasons. Please give specific examples of the your response to the pandemic and your advice to others. What did you find to be the biggest challenges and how did you work to overcome these challenges?

4. _____ Please describe your experience with the mission and programs of the Health District.

5. _____ As a board member, you will have a fiduciary responsibility to ensure the District is financially strong and is able to mitigate risk. Please provide some specific examples of your experience in a similar role.

6. _____ This position will require a significant amount of interaction with the public, including responding to public complaints regarding the District's policies and things outside of the District's

control. How would you respond to an angry member of the public who is emailing to complain that the District is overreaching in their authority or action, or on the flip side not doing enough?

CLOSING QUESTIONS:

7. Is there anything we haven't asked you about that you want to make sure we know about your background and experience as it relates to this board appointment.

8. Do you have any questions for us?

RATER'S COMMENTS:

MEMO

To: Kitsap Public Health Board

From: Jessica Guidry, Equity Program Manager
Gib Morrow, Health Officer
Keith Grellner, Administrator

Date: April 5, 2022

Re: Resolution 2022-05, Adopting Land Acknowledgement Statement for Kitsap Public Health Board Meetings

Kitsap Public Health Board Resolution 2021-01 has the following statement:

“Board members commit to consulting with Tribal governments on a government-to-government basis to further understand tribal history and culture, cultural competency, and indigenous practices tied to health outcomes to incorporate that knowledge in Kitsap Public Health District's policies to improve the well-being and future public health of Tribal peoples and Black, Indigenous, and People of Color.”

On behalf of the Health District's Executive Leadership Team, we are recommending that the Kitsap Public Health Board adopt a tribal land acknowledgement statement. As stated by the [U.S. Department of Arts and Culture](#), a grassroots action network:

“Acknowledgement is a simple, powerful way of showing respect and a step toward correcting the stories and practices that erase Indigenous people's history and culture and toward inviting and honoring the truth. [...] Acknowledgment by itself is a small gesture. It becomes meaningful when coupled with authentic relationship and informed action. But this beginning can be an opening to greater public consciousness of Native sovereignty and cultural rights, a step toward equitable relationship and reconciliation.”

This action will not only support the commitment listed above from Resolution 2021-01. It honors and expresses gratitude to the Indian ancestors whose lands we live, learn, work and play on and to their descendent tribes as well.

Commissioner Gelder has reached out to the Council Chairs of the Port Gamble S’Klallam Tribe and Suquamish Tribe about this issue. Both Tribal Chairs support Kitsap Public Health Board adopting a land acknowledgement statement and both have stated that they support the statement that Kitsap Board of County Commissioners has adopted:

“The Kitsap Peninsula is the home of sovereign Indian nations, namely the Suquamish and Port Gamble S’Klallam Tribes.”

The Commissioners include the above statement on their written meeting agenda masthead.

The Health Board Policy Committee met on March 10, 2022, to discuss this matter and recommends that the full Health Board consider adopting a land acknowledgement statement.

Draft Resolution 2022-05, Adopting Land Acknowledgement Statement for Kitsap Public Health Board Meetings, is attached for your review and consideration.

If you have any questions, please contact Dr. Morrow or Keith Grellner.

Attachment

Adopting Land Acknowledgement Statement for Kitsap Public Health Board Meetings

WHEREAS, since time immemorial the Suquamish Tribe, Port Gamble S’Klallam Tribe, and other Indian tribes of Puget Sound, who are independent sovereign nations, have and currently live, fish, hunt, and gather on the lands and waters now known as Kitsap County; and

WHEREAS, Kitsap Public Health Board and Health District are committed to maintaining strong partnerships with tribes in Kitsap County and beyond, recognizing tribal sovereignty, and working together to protect and promote the health of all people in Kitsap County; and

WHEREAS, in Kitsap Public Health Board Resolution 2021-01, Declaring Racism as a Public Health Crisis, the Kitsap Public Health Board committed to consulting with tribal governments on a government-to-government basis to further understand tribal history and culture, cultural competency, and practices tied to health outcomes and to incorporate that knowledge into Kitsap Public Health District's policies to improve the well-being and future public health of tribal peoples and Black, Indigenous, and People of Color; and

WHEREAS, a land acknowledgement is a formal statement that recognizes and respects Indigenous Peoples as traditional stewards of the land and expresses gratitude and appreciation to those Indian tribes of Puget Sound for whose territory the people of Kitsap County now live, learn, work and play.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board formally adopts the following land acknowledgement statement to include in the masthead of Health Board agendas and other written correspondence to demonstrate its commitment to consulting with tribal governments on a government-to-government basis, and to maintain and foster an equitable relationship with Indian tribes so to protect and promote the health of all persons in Kitsap County:

“The Kitsap Peninsula is the home of sovereign Indian nations, namely the Suquamish and Port Gamble S’Klallam Tribes.”

APPROVED: April 5, 2022

Mayor Greg Wheeler, Chair
Kitsap Public Health Board