

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

October 4, 2022

In Person:

Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337

Remote: Via Zoom (See Information at End of Agenda)

To help reduce the spread of COVID-19, the Kitsap Public Health Board is conducting a hybrid meeting. Board members and staff may participate in the meeting in-person or remotely via Zoom. The public is invited to view and/or participate in the meeting by attending in-person or by remote/virtual connection (please see remote/virtual meeting connection information at the end of the meeting agenda. If planning to attend in person, please be aware of the following:

- *Do not enter the building or meeting room if you are positive for COVID-19 or have COVID-19 symptoms.*
- *Face masks and hand sanitizer will be available at the meeting location and are encouraged to be used.*
- *Maintain adequate spacing between others when possible.*

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|------------|----|---|-----------------------------------|
| 10:30 a.m. | 1. | Call to Order
<i>Mayor Greg Wheeler, Chair</i> | |
| 10:31 a.m. | 2. | Welcome and Introduction of New Board Members
<i>Mayor Greg Wheeler, Chair</i> | |
| 10:45 a.m. | 3. | Approval of September 6, 2022, Meeting Minutes
<i>Mayor Greg Wheeler, Chair</i> | Page 05 |
| 10:46 a.m. | 4. | Approval of Consent Items and Contract Updates
<i>Mayor Greg Wheeler, Chair</i> | External Document |
| 10:47 a.m. | 5. | Public Comment – <u>PLEASE SEE NOTES AT END OF AGENDA</u>
<i>Mayor Greg Wheeler, Chair</i> | |
| 10:57 a.m. | 6. | Health Officer and Administrator Reports
<i>Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator</i> | Page 14 |

INFORMATION & DISCUSSION ITEMS

- | | | | |
|------------|----|--|---------|
| 11:02 a.m. | 7. | Proposed Environmental Health Fee Schedule Adjustments for 2023
(No Action Today; Possible Action during November 1, 2022, Meeting)
<i>Eric Evans, Assistant Environmental Health Director</i> | Page 57 |
|------------|----|--|---------|

- 11:22 a.m. 8. Draft 2023 Legislative & Rulemaking Priorities
Keith Grellner, Administrator
Megan Moore, Healthy Communities Specialist

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- 11:30 a.m. 9. Board Member Comments
Mayor Greg Wheeler, Chair

- 11:45 a.m. 10. Adjourn

All times are approximate. Board meeting materials are available online at

www.kitsappublichealth.org/about/board-meetings.php

Instructions for Virtual Attendance via Zoom

Health Board Meetings Via Zoom

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

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

How to Join the Zoom Meeting

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

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVBHgyWERXRFluTWloQT09>

Password: 109118

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Webinar ID: 861 8605 2497

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Information & Directions for Public Comment

We apologize, but verbal public comment *during the meeting may only be made through a Zoom connection*. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting via Zoom.

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

Written comments may be submitted via regular mail or email to:

Regular Mail:

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

Email:

HealthBoard@kitsappublichealth.org

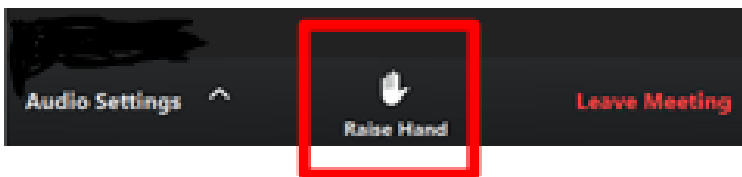
All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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

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




Public Comment Period: Use "Raise Hand" to be called upon by the host. The host will announce your name when it is your turn.

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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
September 6, 2022**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 12:30 p.m.

Chair Wheeler acknowledged that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S'Klallam Tribes.

BOARD CHAIR COMMENTS

Chair Wheeler introduced new board member, Stephen Kutz, of the Suquamish Tribe to the Health Board.

Member Kutz said he is the Health Director for the Suquamish Tribe and is assisting them in getting their primary care clinic up and running. He said he is pleased to represent the Suquamish Tribe on the Health Board and noted he will be working closely with the Tribal Council. He said he has expertise in public health, primary care, and environmental health from his time in the U.S. Army as a nurse, county public health, tribal health and has been a member of the Washington State Board of Health since 2011.

BOARD MEETING MINUTES

Commissioner Rob Gelder moved and Mayor Becky Erickson seconded the motion to approve the minutes for the May 31, 2022, special meeting and July 5, 2022, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The September consent agenda included the following contracts:

- 2054 Amendment 3 (2279), *People's Harm Reduction Alliance, Secondary Syringe Exchange*
- 2203 Amendment 5 (2270), *WA State Department of Health, Consolidated Contract*
- 2203 Amendment 6 (2281), *WA State Department of Health, Consolidated Contract*
- 2203 Amendment 7 (2282), *WA State Department of Health, Consolidated Contract*
- 2229 Amendment 1 (2280), *Bainbridge Island School District, COVID-19 Case Investigation Assistance*
- 2252, *Kitsap County, American Rescue Plan Act (ARPA)*
- 2262 Amendment 1 (2284), *Jefferson County, Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*
- 2274, *Olympic Community of Health, Care Connect Kitsap*

Commissioner Charlotte Garrido 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

There were no public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, deferred his comments to his presentation at the end of today's meeting.

There were no further comments.

Administrator Update:

Mr. Keith Grellner, Administrator, welcomed Member Stephen Kutz to the Health Board as the Tribal representative of the Suquamish Tribe. He said he has served on the SBOH for 11 years with Member Kutz, who is the "hardest working person in public health." Mr. Grellner said Member Kutz is a great ambassador to public health and the board is lucky to have him.

Next, Mr. Grellner gave an update on the 2023 budget planning and said he will present budget information to the board at the October regular meeting. He said the Health District will be presenting to the Kitsap Board of County Commissioners' Budget Committee on September 12 about a few items, but mainly tuberculosis funding.

Next, Mr. Grellner said he and Member Kutz attended a local board of health training through Washington State Association of Local Public Health Officials (WSALPHO) for new members joining local health boards this year due to HB 1152.

Lastly, Mr. Grellner said the Health District had its first family barbeque for staff in two years about two weeks ago. He said it was a good gathering and great to see staff children growing up. He thanked the Health District's Support Our Staff (SOS) committee, a volunteer group of staff who coordinate activities to encourage staff camaraderie, for planning the event.

There were no further comments.

PUBLIC HEARING: ORDINANCE 2022-02, FOOD SERVICE REGULATIONS

Mr. John Kiess, Environmental Health Director, approached the board regarding Ordinance 2022-02, Food Service Regulations. Mr. Kiess explained that the Health Board has a current Ordinance 2014-01, Food Service Regulations, adopted December 2, 2014. The existing ordinance contains some outdated language and is in need of an update to incorporate several

local requirements. At the July 5, 2022, Board meeting, the Board was made aware of the Health District's plans and efforts to update this ordinance.

Ordinance 2022-02, Food Service Regulations, adopts Chapter 246-215 Washington Administrative Code (WAC) Food Service as amended, however, the ordinance also provides some local food service permitting requirements and provides an enforcement framework for program staff. Examples of substantive changes proposed in Ordinance 2022-02 as compared to Ordinance 201-01 include:

- Removing duplicative language between the ordinance and WAC 246-215;
- Adding some local definitions of terms like "seasonal food establishment";
- Adding a requirement for Health District review and approval if an operator changes food service equipment in their establishment; and
- The addition of an appeals section to the ordinance.

Health District staff solicited comments about this proposed ordinance through the Health District's electronic notification system and social media outlets and held an in-person open house on August 4th. Notification was also sent to all existing food service permit holders and a reminder message was attached to all electronic inspection reports during the comment period. Comments on the proposed changes were welcomed through the Health District website, phone, or mail during the period of July 5 - August 12. The proposed ordinance has been reviewed by the Kitsap County Prosecutor's Office and public notice of today's possible action on the changes was posted in the Kitsap Sun on August 26, 2022.

The Health District received one written comment about the ordinance with some questions and suggested grammatical edits, some of which have been incorporated into the document.

Chair Wheeler opened the floor to public comment during the public hearing period. There were no comments. Chair Wheeler closed the public hearing.

Commissioner Gelder moved and Mayor Putaansuu seconded the motion to approve Ordinance 2022-02, Food Service Regulations.

Commissioner Gelder said he appreciates the simplification of the ordinance in ensuring no language is duplicated between the WAC and the ordinance.

Mayor Erickson referenced language in the ordinance regarding equipment changes needing to be approved by the Health Officer. She asked if the Health Officer's authority is being delegated to do this and how this works. Mr. Kiess said, per the WAC, the Health Officer is in charge of approving plans, equipment changes, and permits. The state law delegates the Health Officers' authority to a designee. He said this has been in practice for a long time, and though the language references the Health Officer, it really means Health District staff are doing these reviews and approvals under the authority of the Health Officer.

Mayor Erickson asked if there is a process the Health District goes through for legal delegation. Mr. Kiess said he believed that the language in RCW 70 states that the Health Officer's designee may handle these reviews and approvals. Mr. Grellner added that there are a lot of other medical tasks and signatures that are not delegated, such as signing off on medical decisions and signing birth and death certificates. He said the Health Officer signs off on those directly. However, he noted that in terms of permitting, the WAC is written in a way that gives Health District staff delegation to handle the thousands of permitting needs and other application reviews that arise as part of providing Health District services. He said this is essential because no single person could keep up on all of that work so it must be delegated to a team. He said staff keep the Health Officer apprised of these actions.

The motion was approved unanimously.

There was no further comment.

**RESOLUTION 2022-08 APPROVING PERSONNEL COMMITTEE
RECOMMENDATIONS FOR NONELECTED/NON-TRIBAL HEALTH BOARD
MEMBER NOMINEES**

Councilperson Kirsten Hytopoulos, Personnel Committee member, informed the board of the Personnel Committee's recommendations for nonelected/non-tribal health board nominees. She reminded the board that, in May, it tasked the Personnel Committee with the recruitment, interviews and recommendation of new board member nominees for the new board member position. The Personnel Committee followed recruitment requirements, as established in RCW 70.46.031 and WAC 246-90, including but not limited to:

- Actively recruiting applicants in a manner that solicits a broad pool of applicants that represent a diversity of expertise and lived experience;
- Provide reasonable notice for applicants to apply and post vacancy announcements in public places;
- Work with community organizations to distribute vacancy notices;
- Interview applicants in a panel format of current local board of health members; and
- All applicants were asked the same questions.

Councilperson Hytopoulos said the board received 63 applications for the three nonelected/non-tribal categories of: public health/health care, consumers of public health, and other community stakeholders. The Personnel Committee conducted 15 interviews for the three new board member categories between June and July. As the number of applicants was substantial, the Personnel Committee elected to interview a smaller pool of applicants as allowed under WAC 246-90-020(6)(C).

The Personnel Committee is recommending the full board's approval of the following individuals via resolution 2022-08:

- Dr. Michael Watson, MD, for the public health / health care category;
- Mr. Drayton Jackson for the consumers of public health category; and

- Dr. Tara Kirk Sells for the other community stakeholders category.

For next steps, if the board approves of the committee's recommendations in Resolution 2022-08, the approved resolution will be sent to the Kitsap Board of County Commissioners for final review, approval and appointment.

The County Commissioners have tentatively scheduled their regular meeting on September 26th to consider approval of the Health Board's official nominees. If approved and appointed by the commissioners, the first official meeting for the new members will be at the Health Board's next regular meeting on October 4th.

Councilmember Hytopoulos said it was a pleasure to meet all of the candidates and said the board received an overwhelming response of qualified individuals. She thanked the Health District staff for all their work making this a very streamlined and easy process for the committee.

Chair Wheeler said it was a great process and a heavy lift, but a worthwhile effort.

Commissioner Ed Wolfe mirrored Councilmember Hytopoulos' and Mayor Wheeler's comments and added he feels very comfortable with the number of qualified applicants and even more comfortable with the committee's selections.

Commissioner Wolfe moved and Commissioner Garrido seconded the motion to approve Resolution 2022-08, Approving Personnel Committee Recommendations for Nonelected/Non-Tribal Health Board Member Nominees Dr. Michael Watson, Mr. Drayton Jackson, and Dr. Tara Kirk Sell.

Commissioner Garrido gave her thanks to the Personnel Committee for the work they did on this recruitment process.

Mayor Putaansuu also thanked the committee and said he is thrilled with the quality of candidates joining this board.

Mayor Erickson thanked the new members for joining the board and said she looks forward to hearing their voices and meeting them all in person.

The motion was approved unanimously.

There was no further comment.

MONKEYPOX AND OTHER DISEASES OF CONCERN UPDATE

Dr. Morrow welcomed Member Kutz to the board. He also welcomed the new members and said it's a great, diverse group that will bring a lot of different perspectives, talent and insights to the board.

Dr. Morrow provided the board with an update on monkeypox and other diseases of concern in Kitsap County.

Dr. Morrow said, last week, the Food and Drug Administration (FDA) authorized the new bivalent omicron variant boosters for COVID-19. They are available from Pfizer (12 and over) and Moderna (18 and over). Anyone two months out from their primary series or most recent booster is eligible to get the bivalent booster. This vaccine went through the same reviews as the other COVID-19 vaccines: FDA, Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC) and the Western States Safety Group. Shipments of the bivalent booster are arriving in Kitsap County this week. The previous versions of COVID-19 boosters (non-bivalent) should no longer be used, but if they are, that would need to be reported to VAERS as an adverse event. He noted that Novavax, a non-mRNA vaccine, is available for individuals 18 years and older as a prime vaccine.

Dr. Morrow asked parents to get their children's routine vaccines completed before going back to school. He noted that vaccination rates for school required routine vaccines was lower during the COVID-19 pandemic and he hopes to see an increase this year.

Dr. Morrow provided an update on monkeypox (MPV) in Kitsap County. There have been 49,974 cases globally, 18,400 cases in the U.S., 447 cases in Washington state, and 3 cases in Kitsap County which all occurred in July. There has been one death in the U.S., which just occurred this past week. Kitsap contacts are being vaccinated and monitored. Two thirds of cases in Kitsap have been treated with the antiviral therapy, TP0xx. The World Health Organization (WHO) declared a public health emergency on July 23. The U.S. followed suit on August 4.

Dr. Morrow said transmission has mostly been found through men who have sex with men (MSM). Forty-two percent of cases were coinfecting with HIV. The Health District is asking Kitsap providers who have recently treated individuals for sexually transmitted infections (STI's) to target those individuals for MPV testing. Symptoms include rash, fever, enlarge lymph nodes, fatigue and muscle aches. The Health District has been sending out provider advisories and hosted two webinars with information on identifying MPV, testing and treatment, infection prevention, and vaccination clinics.

Next, Dr. Morrow provided an update on Tuberculosis (TB) cases in Kitsap County. TB is currently high compared to cases since 2015. TB symptoms can be suppressed and when not found early, TB can be difficult to treat. Some of the latent TB cases recently have been drug-resistant. The U.S. has very low TB rates compared to the Philippines, Kenya, India, Ukraine and Guam. The Health District has been doing case management for a household cluster of high public health priority. Dr. Morrow gave kudos to the Health District's Communicable Diseases team, who has been coordinating housing, transportation, and generalized social services for these cases. He said this has been a costly outbreak that has resulted in a lot of extra work for staff and specialists. He also said there have been outbreaks in the correctional system.

Dr. Morrow said TB is an equity issue. He said it can happen anywhere, to anyone, however Native Hawaiian or other Pacific Islander persons are 47 times more likely to test positive for TB compared to white persons. It is also higher for Asian, Hispanic or Latino, American Indian or Alaska Native, and Black or African American persons.

Next, Dr. Morrow provided an update on rabies in Kitsap County. A bat tested positive for rabies in August. There is a webpage on the Health District website with data on bats that test positive for rabies in the county. He said 2.4% of bats tested in Kitsap and 5.5% of bats tested in Washington are positive for rabies. He said rabies has a nearly 100% fatality rate in humans. When individuals notify the Health District of a bat exposure, they are directed to receive a series of rabies immune globulin and rabies vaccination, which can be an expensive and uncomfortable course of treatments. If a household pet, who has not been vaccinated for rabies, comes in contact with a bat, there is a relatively high likelihood that they were exposed to rabies and will either need to be euthanized or quarantined and closely monitored. Dr. Morrow said the Health District will send off any bat brought in by the public for testing. He said rabies is a rare but deadly disease that can be prevented with vaccination in most exposures.

Lastly, Dr. Morrow discussed healthcare access in Kitsap. He said when individuals use the emergency room (ER) for things other than emergencies, it can cause a backup for other patients. He said there have been stories of ambulances waiting outside the ER for an hour or so or rerouting to a different ER. He said this is part of some longer-term issues that need to be addressed. He also shared data that shows the shortage of primary care physicians as well as in non-primary care specialties. Dr. Morrow said Kitsap County is below the state average for the ratio of population to primary care physicians. Additionally, he said Kitsap has less than half the national average for hospital beds per 1,000 population. He emphasized the need to improve healthcare access in the county.

Mayor Erickson asked Dr. Morrow to elaborate on the shortage of hospital beds in Kitsap. Dr. Morrow said there is about one hospital bed for every thousand people in the county. State and national averages are between 1.6 and 2.4. He said a lot of this issue is historical and related to Medicaid reimbursement and noted Washington is historically shortchanged.

Member Kutz asked if individuals who had the Johnson & Johnson (J&J) primary vaccine are able to get the bivalent booster. Dr. Morrow said there is no issues with mix and matching these vaccines, so anyone who received the J&J can get any other booster, but he suggested individuals get the bivalent booster. Member Kutz said if it's not explicitly state in communications, individuals who got J&J may not seek the new booster.

Member Kutz asked about difficulty getting primary care doctors to prophylactically treat TB. He said he sees this being a widespread issue. Dr. Morrow said the Health District is only notified of active TB cases, and said latent TB cases are at the discretion of the doctor whether they treat or get the Health District involved, because latent TB is not transmissible, so the Health District doesn't know most of the time how primary care doctors are handling this.

Member Kutz said it can be really difficult to get a bat out of your home if it has found ways to get in. He also said he worked on the case of the last individual in Washington state who died from rabies in the 1990s and noted it was undetermined how they contracted it.

Lastly, Member Kutz asked about ER backups. Dr. Morrow said it is unpredictable because you can't schedule a medical emergency. He said the ER staff need to be really good at triage to get time critical patients out of the ambulance immediately. He also noted the concern with backups causing ambulances to be held up at the hospital. He said this issue is not unique to Kitsap County.

Chair Wheeler said Bremerton Fire Department reports to him on this issue. He's interested to see more information on this and learn how decisions are made.

There was no further comment.

ADDITIONAL BOARD DISCUSSION

Chair Wheeler said the new respite center coming to Bremerton will have 22 beds for individuals who have been discharged from a hospital and don't have anywhere to go. He said this will help free up beds in the hospital. He said this will be a large project. He said he will be looking for partnerships to help with this project and said the project will need funding and political support.

Mayor Erickson asked Chair Wheeler if he is still working on pushback to the state requirement for certificate of need. Chair Wheeler said it is a political effort, the conversations have happened, and he's organizing a meeting of himself and the Bremerton City Council to visit MultiCare facilities. He said this is becoming a public health issue. Mayor Erickson said it is a supply barrier and it is not acceptable to have a shortage of hospital beds.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:54 p.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; Member Stephen Kutz, Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *None.*

Community Members Present: *See attached.*

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; James Archer, *Accounting Assistant, Finance and Accounting*; Jami Armstrong, *Case Manager, HIV Prevention*; Kandice Atismé-Bevins, *Program Manager, Case and Contact Investigation, COVID-19*; Angie Berger, *Administrative Assistant, Administration*; Lenore Burke, *Secretary Clerk 2, Environmental Health Permitting*; Xinia Ebbay, *Public Health Nurse, Communicable Disease*; Eric Evans, *Program Manager, Drinking Water and Onsite Sewage*; April Fisk, *Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration*; Anna Gonzalez, *Public Health Nurse, Communicable Disease*; Keith Grellner, *Administrator, Administration*; Jessica Guidry, *Program Manager, Equity*; Karen Holt, *Program Manager, Human Resources*; Dayna Katula, *Manager, Food and Living Environment*; John Kiess, *Director, Environmental Health Division*; Sarah Kinnear, *Community Liaison, Chronic Disease Prevention*; 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*; Gib Morrow, *Health Officer, Administration*; Sydney Perales, *Public Health Educator, Chronic Disease Prevention*; Ally Power, *Epidemiologist 1, Assessment & Epidemiology*; Kelsey Stedman, *Program Manager, Communicable Disease*; Mindy Tonti, *Community Health Worker, HIV Case Management*; Laura Westervelt, *Environmental Health Specialist 1, Water Pollution Identification and Correction*.

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	9/29/2022 13:39	43

NAME	JOINED BY PHONE
Alex Moore	13605091007
Ally Power (she/her)	13607282027
Amy Anderson	
Anna Gonzalez	
Anne Moen	
April Fisk	
Becky Erickson	
BKAT	
Charlotte Garrido	
Colleen Miko	
Dave	
Doug Washburn	
Drayton Jackson	
Ed Wolfe	
Eric Evans	
Hannah	
Jami Armstrong	
John Clauson	
Kandice Atismé-Bevins	
Karen Holt	
Kelsey Stedman (she/her)	
Kirsten Hytopoulos	
Laura Westervelt	
Lenore Burke	
Lisa	
Melissa Laird	
Michael Watson	
Mindy Tonti	
Nathan	
Patty Lyman	
Rob Putaansuu	
Sarah Kinnear	
Shannon Schroeder	
Steve Brown	
Sydney Perales	
Tara Kirk Sell	
Xinia Ebbay	

MEMO

To: Kitsap Public Health Board
From: Keith Grellner
Date: October 4, 2022
Re: Summary Notes from Finance & Operations Committee Meeting of September 21, 2022

Meeting Attendees: Mayor Wheeler, Mayor Erickson, Commissioner Garrido (Committee Members); Keith Grellner, Yolanda Fong, John Kiess, Siri Kushner, Melissa Laird, Angie Berger (District Employees)

Meeting Overview. Finance Committee members were supportive of the District's 2023 budget proposals as outlined below. The Committee instructed the District to continue fine-tuning the draft budget and present the draft budget to the full Health Board for review at the November 1, 2022, regular meeting.

Summary Notes by Agenda Item:

Draft 2023 Budget: The District provided the Committee with brief report on the District's 2022 budget status through the end of July to preface the 2023 budget discussion:

- 2022 budget status is on track for both revenues and expenditures;
- The District's COVID-19 (COVID) response is still affecting the 2022 budget, but work and revenues are winding down; and
- The District's fund balance is healthy (approximately \$8.5 M), in excess of the minimum required two months of cash operating reserves (approximately \$3.1 M), and is expected to increase by year's end.

For the draft 2023 budget, the District presented the following:

- Draft Budget is Balanced. The draft 2023 budget is balanced at approximately \$18.7 M with the use of approximately \$1.5 M of cash reserves if needed.
- Expenditures. As is typical, the main expenditure in the draft budget is personnel (83%). Personnel are budgeted at 142.5 FTEs, an increase of 1.0 FTE from 2022. The draft budget also includes a \$200 K investment in the new medical respite facility that Peninsula

Community Health Services is building in Bremerton; the investment will help build two negative pressure rooms and establish a “use reserve” for future communicable disease emergency cases that the District is required to handle (e.g., tuberculosis, COVID, measles, etc.).

- **Revenues.** Revenues are stable. The District’s slow ramp-down of COVID work and COVID funding is being replaced by a slow build-up of Foundational Public Health Services (FPHS) work (communicable disease; chronic disease, injury prevention, and the reestablishment of child death review; assessment and epidemiology; food and living environment; and communications) and state FPHS funding (\$2.4 M for FY2023 and forward with additional FPHS revenues expected for FY 2024 forward). Local funding requests to the Board’s member jurisdictions is status quo with 2022. The draft budget also includes \$374 K of ARPA dollars from the county for the District’s Nurse-Family Partnership Program.

Draft 2023 Environmental Health Fees: The District provided the Committee with some background and its analysis of Environmental Health (EH) fees for 2023 and asked for Committee input for a recommendation for the full Board:

- The District reminded the Committee that the Board passed a fee resolution in 2017 (Resolution 2017-03) to “true-up” fees to better cover the full costs of providing service. The resolution called for annual Consumer Price Index (CPI) adjustments from 2018 – 2026 to gradually increase fees as needed to recover actual costs.
- The Board modified the 2017 fee plan via Resolution 2019-06 to allow for individual fees to be excluded from the annual CPI increases when it is determined that they are sufficient to cover costs and to allow less than the full CPI adjustment when fees do not need the full CPI adjustment. The District also reminded the Committee that due to the COVID-19 pandemic, EH Fees have been held at 2020 levels (i.e., no CPI adjustments) for both 2021 and 2022.
- Per Resolution 2019-06, the District reported that the CPI adjustment (from April 2022) for 2023 fees is 9.1%.
- For 2023, the District recommended to the Committee to continue to hold most EH fees for Drinking Water, On-site Sewage Systems, and Solid & Hazardous Waste at the 2020 rates as they are covering the costs of service. The District also recommended reductions to or removal of several On-site Sewage System fees and to increase Food fees by the full 9.1% CPI as Food fees are still insufficient to cover the cost of service.
- The Committee expressed concern about raising fees by 9.1% to the local restaurant industry as they have been hit hard by the pandemic and now the recession.

The District will provide the full Board with an EH Fee proposal at the October 4 meeting in preparation for possible action at the Board’s November 1 meeting.

Tuberculosis Program Funding: The District shared with the Committee a recent presentation that it gave to the County Commissioners concerning the Tuberculosis (TB) response, treatment, and control program. The District shared information about new local trends in TB (increases in

October 4, 2022

Page 3

the number and complexity of cases) that are stretching staffing capacity and current TB funding from the County. The District also reminded the Committee that the County is statutorily obligated to provide funding for TB response, treatment, and control ([RCW 70.30](#)).

The District is not requesting any action at this time and will continue to track workload and costs through 2022 and early 2023, and then approach the Board and Commissioners again in mid-2023 if funding adjustments are needed.

Peninsula Community Health Services (PCHS) Respite Facility Proposal: Lastly, the District presented a proposal that is currently included in the draft 2023 budget to provide \$200 K in funding to PCHS to partner with them in the development of their new medical respite facility.

The District's \$200 K contribution would pay for upgrades to two of the facility's patient rooms to be retrofitted to make the "negative pressure" rooms, improve isolated ingress and egress to these two rooms, and establish a "care reserve fund" to cover costs (e.g., food, laundry, medical care, etc.) for any District-related patients that are admitted to the facility.

The District feels this investment is needed and appropriate as it occasionally must manage and treat patients with highly contagious communicable diseases (e.g., TB, COVID, measles, etc.) and having a facility on standby to take these patients would be a huge improvement over the current system which requires staff to search for hotel rooms or other housing situations on short notice that are suitable to accept these patients.

The District will present this proposal as part of its draft 2023 budget presentation at the November 1 regular meeting of the Board.

Please let me know if you have any questions or comments. I can be reached at (360) 728-2284 or keith.grellner@kitsappublichealth.org.



Office of the Washington State Auditor
Pat McCarthy

Financial Statements and Federal Single Audit Report

Kitsap Public Health District

For the period January 1, 2021 through December 31, 2021

Published September 29, 2022

Report No. 1031241



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**Office of the Washington State Auditor
Pat McCarthy**

September 29, 2022

Board of Health
Kitsap Public Health District
Bremerton, Washington

Report on Financial Statements and Federal Single Audit

Please find attached our report on the Kitsap Public Health District's financial statements and compliance with federal laws and regulations.

We are issuing this report in order to provide information on the District's financial condition.

Sincerely,

Pat McCarthy, State Auditor
Olympia, WA

Americans with Disabilities

In accordance with the Americans with Disabilities Act, we will make this document available in alternative formats. For more information, please contact our Office at (564) 999-0950, TDD Relay at (800) 833-6388, or email our webmaster at webmaster@sao.wa.gov.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Kitsap Public Health District January 1, 2021 through December 31, 2021

SECTION I – SUMMARY OF AUDITOR’S RESULTS

The results of our audit of the Kitsap Public Health District are summarized below in accordance with Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Financial Statements

We issued an unmodified opinion on the fair presentation of the District’s financial statements in accordance with its regulatory basis of accounting. Separately, we issued an adverse opinion on the fair presentation with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared using a basis of accounting other than GAAP.

Internal Control over Financial Reporting:

- *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over financial reporting that we consider to be significant deficiencies.
- *Material Weaknesses:* We identified no deficiencies that we consider to be material weaknesses.

We noted no instances of noncompliance that were material to the financial statements of the District.

Federal Awards

Internal Control over Major Programs:

- *Significant Deficiencies:* We reported no deficiencies in the design or operation of internal control over major federal programs that we consider to be significant deficiencies.
- *Material Weaknesses:* We identified no deficiencies that we consider to be material weaknesses.

We issued an unmodified opinion on the District’s compliance with requirements applicable to each of its major federal programs.

We reported findings that are required to be disclosed in accordance with 2 CFR 200.516(a).

Identification of Major Federal Programs

The following programs were selected as major programs in our audit of compliance in accordance with the Uniform Guidance.

<u>CFDA No.</u>	<u>Program or Cluster Title</u>
93.268	COVID-19 – Immunization Cooperative Agreements
93.268	Immunization Cooperative Agreements
93.323	COVID-19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

The dollar threshold used to distinguish between Type A and Type B programs, as prescribed by the Uniform Guidance, was \$750,000.

The District did not qualify as a low-risk auditee under the Uniform Guidance.

SECTION II – FINANCIAL STATEMENT FINDINGS

None reported.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

See Finding 2021-001.

SCHEDULE OF FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

Kitsap Public Health District January 1, 2021 through December 31, 2021

2021-001 The District improperly charged payroll expenditures that did not comply with federal cost principles.

CFDA Number and Title:	93.268 COVID-19 – Immunization Cooperative Agreements 93.323 COVID-19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Federal Grantor Name:	U.S. Department of Health and Human Services
Federal Award/Contract Number:	N/A
Pass-through Entity Name:	Washington State Department of Health
Pass-through Award/Contract Number:	CLH18248
Questioned Cost Amount:	93.268 – \$30,897 93.323 – \$113,607

Background

The purpose of the Immunization Cooperative Agreements (ICA) program is to reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage. During fiscal year 2021, the District spent \$1,031,914 of its ICA funds as part of its COVID-19 response program.

The purpose of the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) program is to protect the public's health and safety by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or reemerging) infectious diseases. During fiscal year 2021, the District spent \$2,661,987 in ELC funds as part of its COVID-19 response program.

The District used both of these awards to assist with COVID-19 public health emergency preparedness and response activities. It spent a combined total of

\$2,785,423 on direct personnel costs and \$744,546 in related indirect costs during fiscal year 2021.

The District prepares an annual indirect cost proposal that the Washington State Department of Health approves. The District bases the proposal on a pool of budgeted direct personnel costs and modified direct non-personnel costs for each division in the Health District. Personnel costs included in the indirect cost pool are based on key positions within the District, the staff members filling those positions at the time of the proposal, and the portion of their time allocated for tasks included in the rate.

Description of Condition

The District's internal controls were adequate for ensuring it materially complied with these programs' allowable activities and allowable costs requirements. However, our audit found the District included the payroll costs for two employees in the indirect cost rate and also directly charged a portion of these payroll costs to the programs.

Additionally, staff entered one employee's hours into the incorrect line in the spreadsheet used to calculate costs charged to the program. This resulted in the time being charged at a higher pay rate than the employee's actual pay rate.

These issues were not reported as a finding in the prior audit.

Cause of Condition

Historically, the roles for employees included in the indirect cost rate were relatively stable and did not require additional monitoring. However, in response to the COVID-19 pandemic, the District deployed a preparedness and response program that required employees to often work on projects that were unplanned and outside of their normal duties. Additionally, employees regularly filled in for each other while someone temporarily worked in a different role. The District did not update its process to evaluate the effect of these changes, and did not establish a method of determining whether employees included as part of the indirect cost rate charged a reasonable amount of direct costs to the programs.

Additionally, when transferring data from the payroll system to their tracking spreadsheet, District employees made a clerical error for one employee. They input the employee's hours worked on the program into another employee's payroll line. This resulted in an error in the pay rate and caused the District to overcharge the program for these payroll costs.

Effect of Condition and Questioned Costs

We found 11 District employees included in the indirect cost pool also charged direct time to federal programs. For two of these employees, the combination of direct time charges and time included in the indirect costs charged to the program exceeded 100 percent of the employees' total payroll costs for the year. We are questioning all costs exceeding 100 percent of their payroll for the year because the District is unable to demonstrate that the costs were reasonable and that it did not charge the employees' time as both direct and indirect costs. We are questioning \$30,897 in costs charged to the ICA program and \$113,607 in costs charged to the ELC program, including related indirect costs.

We used a statistical sample to select and test 15 employees charged to the program. We found that staff manually entered one employee's hours for one month into the incorrect line in the supporting spreadsheet, which had a higher rate of pay than the employee's actual pay rate. The error resulted in \$2,344 in unallowable payments charged to the ELC program. Based on the projection of our statistical sample, we identified an additional \$15,313 in estimated overpayments.

The District may jeopardize its eligibility for future federal assistance if it is unable to demonstrate payroll charges comply with federal requirements.

Recommendation

We recommend the District:

- Establish and maintain adequate internal controls to ensure employees included in the indirect cost rate are not also directly charging the same payroll costs to federal awards
- Establish and maintain adequate internal controls to ensure direct charges to the grant are accurately calculated

District's Response

The District would like to thank the State Auditor's Office for their guidance. The District is in process to submit revised invoices to the State for the unallowable costs. In addition, the District will update the Cost Allocation and Timekeeping policy to include the review of indirect and direct costs allocated to each funding source.

Auditor's Remarks

We thank the District for its cooperation throughout the audit and the steps it is taking to address these concerns. We will review the status of the District's corrective action during our next audit.

Applicable Laws and Regulations

Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), section 516, Audit findings, establishes reporting requirements for audit findings.

Title 2 CFR Part 200, Uniform Guidance, section 303, Internal controls, describes the requirements for auditees to maintain internal controls over federal programs and comply with federal program requirements.

Title 2 CFR Part 200, Uniform Guidance, section 403, Factors affecting allowability of costs, describes the cost principles for how direct and indirect costs should be charged to federal programs

The American Institute of Certified Public Accountants defines significant deficiencies and material weaknesses in its *Codification of Statements on Auditing Standards*, section 935, Compliance Audits, paragraph 11.

INDEPENDENT AUDITOR'S REPORT

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Kitsap Public Health District January 1, 2021 through December 31, 2021

Board of Health
Kitsap Public Health District
Bremerton, Washington

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the Kitsap Public Health District, as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated September 26, 2022.

We issued an unmodified opinion on the fair presentation of the District's financial statements in accordance with its regulatory basis of accounting. We issued an adverse opinion on the fair presentation with regard to accounting principles generally accepted in the United States of America (GAAP) because the financial statements are prepared by the District using accounting practices prescribed by state law and the State Auditor's *Budgeting, Accounting and Reporting System* (BARS) manual described in Note 1, which is a basis of accounting other than GAAP. The effects on the financial statements of the variances between the basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material.

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described above and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

REPORT ON COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

PURPOSE OF THIS REPORT

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. However,

this report is a matter of public record and its distribution is not limited. It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

A handwritten signature in black ink that reads "Pat McCarthy". The signature is written in a cursive, flowing style.

Pat McCarthy, State Auditor

Olympia, WA

September 26, 2022

INDEPENDENT AUDITOR'S REPORT

Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance in Accordance with the Uniform Guidance

Kitsap Public Health District January 1, 2021 through December 31, 2021

Board of Health
Kitsap Public Health District
Bremerton, Washington

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM

Opinion on Each Major Federal Program

We have audited the compliance of the Kitsap Public Health District, with the types of compliance requirements identified as subject to audit in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended December 31, 2021. The District's major federal programs are identified in the auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the District complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2021.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on

compliance for each major federal program. Our audit does not provide a legal determination on the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards* and the Uniform Guidance will always detect a material noncompliance when it exists. The risk of not detecting a material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgement made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

Performing an audit in accordance with GAAS, *Government Auditing Standards* and the Uniform Guidance includes the following responsibilities:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances;
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed; and

- We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying Schedule of Federal Award Findings and Questioned Costs as Finding 2021-001. Our opinion on each major federal program is not modified with respect to these matters.

Government Auditing Standards requires the auditor to perform limited procedures on the District's response to the noncompliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The District's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

District's Response to Findings

The District's response to the noncompliance findings identified in our audit is described in the accompanying Schedule of Federal Award Findings and Questioned Costs. The District's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

REPORT ON INTERNAL CONTROL OVER COMPLIANCE

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that have not been identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose. However, this report is a matter of public record and its distribution is not limited. It also serves to disseminate information to the public as a reporting tool to help citizens assess government operations.

A handwritten signature in black ink that reads "Pat McCarthy". The signature is written in a cursive, flowing style.

Pat McCarthy, State Auditor

Olympia, WA

September 26, 2022

INDEPENDENT AUDITOR'S REPORT

Report on the Audit of the Financial Statements

Kitsap Public Health District January 1, 2021 through December 31, 2021

Board of Health
Kitsap Public Health District
Bremerton, Washington

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Unmodified and Adverse Opinions

We have audited the financial statements of the Kitsap Public Health District, as of and for the year ended December 31, 2021, and the related notes to the financial statements, as listed in the table of contents.

Unmodified Opinion on the Regulatory Basis of Accounting (BARS Manual)

As described in Note 1, the District has prepared these financial statements to meet the financial reporting requirements of state law and accounting practices prescribed by the State Auditor's *Budgeting, Accounting and Reporting System* (BARS) manual. Those accounting practices differ from accounting principles generally accepted in the United States of America (GAAP). The differences in these accounting practices are also described in Note 1.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the cash and investments of the Kitsap Public Health District, and its changes in cash and investments, for the year ended December 31, 2021, on the basis of accounting described in Note 1.

Adverse Opinion on U.S. GAAP

The financial statements referred to above were not intended to, and in our opinion, they do not, present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Kitsap Public Health District, as of December 31, 2021, or the changes in financial position or cash flows thereof for the year then ended, because of the significance of the matter discussed below.

Basis for Unmodified and Adverse Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and *Government Auditing Standards*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit unmodified and adverse opinions.

Matter Giving Rise to Adverse Opinion on U.S. GAAP

Auditing standards issued by the American Institute of Certified Public Accountants (AICPA) require auditors to formally acknowledge when governments do not prepare their financial statements, intended for general use, in accordance with GAAP. As described in Note 1 of the financial statements, the financial statements are prepared by the District in accordance with state law using accounting practices prescribed by the BARS manual, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The effects on the financial statements of the variances between the regulatory basis of accounting and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material and pervasive.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of state law and the BARS manual described in Note 1. This includes determining that the basis of accounting is acceptable for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and

Government Auditing Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Performing an audit in accordance with GAAS and *Government Auditing Standards* includes the following responsibilities:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements;
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time; and
- We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's financial statements. The Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The Schedule of Liabilities is also presented for purposes of additional analysis, as required by the prescribed BARS manual. These schedules are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures,

including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedules are fairly stated, in all material respects, in relation to the financial statements taken as a whole.

OTHER REPORTING REQUIRED BY GOVERNMENT AUDITING STANDARDS

In accordance with *Government Auditing Standards*, we have also issued our report dated September 26, 2022 on our consideration of the District's internal control over financial reporting and on the tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

A handwritten signature in black ink, reading "Pat McCarthy". The signature is fluid and cursive, with the first name "Pat" and last name "McCarthy" clearly distinguishable.

Pat McCarthy, State Auditor

Olympia, WA

September 26, 2022

FINANCIAL SECTION

Kitsap Public Health District January 1, 2021 through December 31, 2021

FINANCIAL STATEMENTS

Fund Resources and Uses Arising from Cash Transactions – 2021
Notes to the Financial Statements – 2021

SUPPLEMENTARY AND OTHER INFORMATION

Schedule of Liabilities – 2021
Schedule of Expenditures of Federal Awards – 2021
Notes to the Schedule of Expenditures of Federal Awards – 2021

**Kitsap Public Health District
Fund Resources and Uses Arising from Cash Transactions
For the Year Ended December 31, 2021**

		001 General
Beginning Cash and Investments		
308	Beginning Cash and Investments	4,242,835
388 / 588	Net Adjustments	-
Revenues		
310	Taxes	-
320	Licenses and Permits	1,470,266
330	Intergovernmental Revenues	11,771,448
340	Charges for Goods and Services	5,351,023
350	Fines and Penalties	-
360	Miscellaneous Revenues	33,938
Total Revenues:		18,626,675
Expenditures		
510	General Government	-
520	Public Safety	-
530	Utilities	-
540	Transportation	-
550	Natural/Economic Environment	-
560	Social Services	15,597,655
570	Culture and Recreation	-
Total Expenditures:		15,597,655
Excess (Deficiency) Revenues over Expenditures:		3,029,020
Other Increases in Fund Resources		
391-393, 596	Debt Proceeds	-
397	Transfers-In	-
385	Special or Extraordinary Items	-
381, 382, 389, 395, 398	Other Resources	617,100
Total Other Increases in Fund Resources:		617,100
Other Decreases in Fund Resources		
594-595	Capital Expenditures	-
591-593, 599	Debt Service	302,748
597	Transfers-Out	-
585	Special or Extraordinary Items	-
581, 582, 589	Other Uses	650,545
Total Other Decreases in Fund Resources:		953,293
Increase (Decrease) in Cash and Investments:		2,692,827
Ending Cash and Investments		
50821	Nonspendable	-
50831	Restricted	30,293
50841	Committed	3,387,943
50851	Assigned	-
50891	Unassigned	3,517,428
Total Ending Cash and Investments		6,935,664

The accompanying notes are an integral part of this statement.

KITSAP PUBLIC HEALTH DISTRICT

Notes to the Financial Statements for the year ended December 31, 2021

Note 1 – Summary of Significant Accounting Policies

The Kitsap Public Health District was incorporated on November 19, 1947 and operates under the laws of the state of Washington applicable to a local public health agency. The District is a special purpose local government and provides public health services to support its mission. The Health District's mission is to prevent disease and protect and promote the health of all persons in Kitsap County. To accomplish this mission, the Health District, in partnership with the community, assesses community health needs, develops health policies, and programs, and assures that necessary health services are available. The Health District operates under various legal mandates for communicable diseases, vital statistics, sewage disposal, food service sanitation, public water supplies, swimming pool operations, solid waste management, general sanitation, schools, camps and parks, family planning and several other public health mandates.

The District reports financial activity in accordance with the *Cash Basis Budgeting, Accounting and Reporting System* (BARS) Manual prescribed by the State Auditor's Office under the authority of Washington State law, Chapter 43.09 RCW. This manual prescribes a financial reporting framework that differs from generally accepted accounting principles (GAAP) in the following manner:

- Financial transactions are recognized on a cash basis of accounting as described below.
- Government-wide statements, as defined in GAAP, are not presented.
- All funds are presented, rather than a focus on major funds.
- The Schedule of Liabilities is required to be presented with the financial statements as supplementary information.
- Supplementary information required by GAAP is not presented.
- Ending balances for proprietary and fiduciary funds are presented using classifications that are different from the ending net position classifications in GAAP.

A. Fund Accounting

Financial transactions of the government are reported in individual funds. Each fund uses a separate set of self-balancing accounts that comprises its cash and investments, revenues, and expenditures. The government's resources are allocated to and accounted for in individual funds depending on their intended purpose. Each fund is reported as a separate column in the financial statements, except for fiduciary funds, which are presented by fund types. The total column is presented as "memo only" because any interfund activities are not eliminated. The following fund types are used:

GOVERNMENTAL FUND TYPES:

General Fund

This fund is the primary operating fund of the government. It accounts for all financial resources except those required or elected to be accounted for in another fund.

FIDUCIARY FUND TYPES:

Fiduciary funds account for assets held by the government in a trustee capacity or as a custodian on behalf of others.

Custodial Funds

These funds are used to account assets that the government holds on behalf of others in a custodial capacity.

B. Basis of Accounting and Measurement Focus

Financial statements are prepared using the cash basis of accounting and measurement focus. Revenues are recognized when cash is received, and expenditures are recognized when paid.

C. Cash and Investments

See Note 4 – Deposits and Investments.

D. Capital Assets

Capital assets are assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of three years. Capital assets and inventory are recorded as capital expenditures when purchased.

E. Compensated Absences

Eligible employees earn 18 to 31 days per year of general leave depending upon the employee's length of service and FTE but may not exceed the maximum accrual of 360 hours of general leave as of December 31st of each year without approval of the Division Director. General leave is payable upon separation or retirement up to a maximum of 240 hours. The liability for general leave as of December 31, 2021 is \$664,585.

Non-exempt employees may opt to receive compensatory time at a rate of time and a half for time worked in excess of 40 hours in lieu of overtime pay. Part-time non-exempt employees working more than their regular workweek, but less than 40 hours per week, earn compensatory time on an hour-for-hour basis. The maximum compensatory time accrual is 40 hours; any additional overtime hours must be paid. The liability for compensatory time as of December 31, 2021 is \$1,834.

Exempt employees receive administrative time off on an hour-for-hour basis for hours worked in excess of their regular workweek, subject to approval. The maximum accrual of administrative time is 40 hours at any time, except during the emergency proclamation by the Governor for COVID-19, as provided by Board of Health Resolution 2020-02. Unused administrative time off is not paid upon separation or retirement.

Eligible full-time employees earn 6 days of extended leave per year and a prorated percentage thereof for part-time employees for use for qualifying absences such as extended illness. Unused extended leave is not paid upon separation or retirement.

F. Long-Term Debt

See Note 6 – Long-term Debt (Formerly Debt Service Requirements).

G. Restricted and Committed Portion of Ending Cash and Investments

Beginning and Ending Cash and Investments are reported as restricted or committed when it is subject to restrictions on use imposed by external parties or due to internal commitments established by the Kitsap

Public Health Board. When expenditures that meet restrictions are incurred, the District intends to use the most restricted resources first.

Restrictions and commitments of Ending Cash and Investments consist of:

- \$30,000 restricted by the grant requirements of the Clear Water Kitsap grant (formerly Surface and Stormwater Management) with Kitsap County. These funds are reimbursable to Kitsap County should the grant be discontinued.
- \$293 is restricted for payment of Use Taxes payable to the Washington State Department of Revenue due in January 2022.
- \$2,983,853 committed by Board Policy for Operating Reserve.
- \$159,695 committed by Board Policy for General Leave Payout.
- \$50,000 committed by Board Policy for Insurance Deductibles and Co-Pays.
- \$94,395 committed by Board Policy for Unemployment Insurance Payments.
- \$100,000 committed by Board Policy for Tuberculosis Services.

Note 2 - Budget Compliance

The District adopts an annual appropriated budget for the General Fund. This budget is appropriated at the fund level. The budget constitutes the legal authority for expenditures at that level. Annual appropriations for these funds lapse at the fiscal year end.

The annual appropriated budget is adopted on the same basis of accounting as used for financial reporting.

The appropriated and actual expenditures for the legally adopted budget was as follows:

Fund/Department	Final Appropriated Amounts	Actual Expenditures	Variance
General Fund:	\$17,903,119	\$16,550,948	\$1,352,171
Total General Fund	\$17,903,119	\$16,550,948	\$1,352,171

Budgeted amounts are authorized to be transferred between departments within any fund/object classes within departments; however, any revisions that alter the total expenditures of a fund, or that affect the number of authorized employee positions, salary ranges, hours, or other conditions of employment must be approved by the District's legislative body.

Actual expenditures for 2021 were less than budgeted. The level of COVID work fluctuated throughout the year and staffing was pulled from other departments to cover the workload. Non-labor costs for the District were also less than budgeted due to cost-savings and deferral of expense to 2022.

Note 3 – COVID-19 Pandemic

In February 2020, the Governor of the state of Washington declared a state of emergency in response to the spread of COVID-19. Precautionary measures to slow the spread of the virus continued throughout 2021. These measures included limitations on business operations, public events, gatherings, travel, and in-person interactions.

The District's Emergency Coordination Center (ECC) was activated on February 3, 2020 to coordinate planning and response activities. On March 4, 2020, the District elevated the response activities and

expanded the response team. The size of the response has expanded and contracted through the various phases of the response. The 2022 budget was approved in which the COVID Program was separated out from the Communicable Disease Program. It includes additional staffing for both contact tracing and vaccine administration. The District has funding to cover the bulk of these expenses for the 2022-2023 fiscal years.

The length of time these measures will continue to be in place, and the full extent of the direct or indirect financial impact on the District is unknown at this time.

Note 4 – Deposits and Investments

Investments are reported at fair value. Deposits and investments by type at December 31, 2021 are as follows:

Type of deposit or investment	District's own deposits and investments	Deposits and investments held by the District as custodian for other local governments, individuals, or private organizations	Total
Bank deposits	\$ 1,309,065	\$	\$ 1,309,065
Kitsap County Investment Pool	5,626,599		5,626,599
Total	\$ 6,935,664	\$	\$ 6,935,664

It is the District's policy to invest all temporary cash surpluses. The interest on these investments is maintained in the General Fund.

Investments in Kitsap County Investment Pool

The District is a voluntary participant in the Kitsap County Investment Pool, an external investment pool operated by the County Treasurer. The pool is not rated or registered with the SEC. Rather, oversight is provided by the County Finance Committee in accordance with RCW 36.48.070. The District reports its investment in the pool at fair value, which is the same as the value of the pool per share.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in event of a failure of a depository financial institution, the District would not be able to recover deposits or would not be able to recover collateral securities that are in possession of an outside party. The District's deposits are mostly covered by federal depository insurance (FDIC) or by collateral held in a multiple financial institution collateral pool administered by the Washington Public Deposit Protection Commission (PDPC).

All investments are insured, registered or held by the District or its agent in the government's name.

Note 5 – Related Parties

Kitsap County Commissioners serve as members of the Board of Health and have significant influence in the management of the District. In 2021, the District provided the following funding to Kitsap County:

Department of Admin Services	\$302,748
Human Services	34,442
Information Services	13,813
Prosecuting Attorney's Office	<u>10,988</u>
Total	<u>\$361,991</u>

In 2021, Kitsap County provided the following funding to the District:

General Public Health	\$1,338,964
SW Tipping Fees	1,033,996
Clean Water Kitsap	899,544
Maternal Support Services	214,774
Septage Tipping Fees	182,436
Tuberculosis Control	140,205
NDGC Debt Payment	39,831
Kitsap Connect	36,648
Epidemiology	<u>15,702</u>
Total	<u>\$3,902,100</u>

Note 6 – Long-Term Debt *(formerly Debt Service Requirements)*

The accompanying Schedule of Liabilities provides more details of the outstanding debt and liabilities of the District and summarizes the District's debt transactions for year ended December 31, 2021.

The District's long-term debt consists solely of general obligation debt for a loan from Kitsap County per Real Estate Contract and Security Agreement # KC-304-04 to purchase 2 units in the condominium property of the Norm Dicks Government Center, \$1 million payable upon execution of the agreement, and the balance payable in monthly installments per Schedule, maturing July 2034.

The debt service payment for the fiscal year being reported and future payment requirements, including interest, are as follows:

Year	Principal	Interest	Total
2022	190,000	115,548	305,548
2023	195,000	107,952	302,952
2024	200,000	100,152	300,152
2025	210,000	92,148	302,148
2026	225,000	83,748	308,748
2027-2031	1,235,000	283,464	1,518,464
2032-2034	850,000	61,104	911,104
Total	\$3,105,000	\$844,116	\$3,949,116

Note 7 – OPEB Plans

The District is a participating employer in the state’s Public Employees Benefits Board (PEBB) program, a defined benefit plan administered by the Washington State Health Care Authority. The plan provides medical, dental, and life insurance benefits for public employees and retirees and their dependents on a pay-as-you-go basis. The plan provides OPEB benefits through both explicit and implicit subsidies. The explicit subsidy is a set dollar amount that lowers the monthly premium paid by members over the age of 65 enrolled in Medicare Parts A and B. PEBB determines the amount of the explicit subsidy annually. The implicit subsidy results from the inclusion of active and non-Medicare eligible retirees in the same pool when determining premiums. There is an implicit subsidy from active employees since the premiums paid by retirees are lower than they would have been if the retirees were insured separately.

The District had 94 active plan members and 4 retired plan members as of December 31, 2021. As of December 31, 2021, the District’s total OPEB liability was \$3,375,165 as calculated using the alternative measurement method. The District contributed \$1,209,984 to the plan for the year ended December 31, 2021.

Note 8 – Pension Plans

A. State Sponsored Pension Plans

Substantially all District’s full-time and qualifying part-time employees participate in the following statewide retirement systems administered by the Washington State Department of Retirement Systems (DRS), under cost-sharing, multiple-employer public employee defined benefit and defined contribution retirement plans PERS 1, PERS 2, and PERS 3.

The State Legislature establishes, and amends, laws pertaining to the creation and administration of all public retirement systems.

The Department of Retirement Systems, a department within the primary government of the State of Washington, issues a publicly available Annual Comprehensive Financial Report (ACFR) that includes financial statements and required supplementary information for each plan. The DRS ACFR may be obtained by writing to:

Department of Retirement Systems
Communications Unit
P.O. Box 48380
Olympia, WA 98540-8380

Also, the DRS ACFR may be downloaded from the DRS website at www.drs.wa.gov

At June 30, 2021 (the measurement date of the plans), the District’s proportionate share of the collective net pension liabilities, as reported on the Schedule of Liabilities, was as follows:

Plan	Employer Contributions	Allocation %	Liability (Asset)
PERS 1	\$ 386,771	0.051924%	\$ 634,114
PERS 2/3	\$ 632,093	0.066728%	(\$ 6,647,182)

Note 9 – Risk Management

Kitsap Public Health District is a member of the Enduris Washington (Pool). Chapter 48.62 RCW provides the exclusive source of local government entity authority to individually or jointly self-insure risks, jointly purchase insurance or reinsurance, and to contract for risk management, claims, and administrative services. The Pool was formed July 10, 1987 pursuant to the provisions of Chapter 48.62 RCW, Chapter 200-100 WAC, and Chapter 39.34 RCW when two counties and two cities in the State of Washington joined together by signing an interlocal governmental agreement to fund their self-insured losses and jointly purchase insurance and administrative services. For the Pool’s fiscal year ending August 31, 2021, there were 539 Enduris members representing a broad array of special purpose districts throughout the state.

The Enduris’ program provides for various forms of joint self-insurance and reinsurance coverage for its members: Liability coverage, which includes: General Liability, Automobile Liability, Public Officials’ Errors and Omissions liability, Terrorism liability and Employment Practices liability; Property coverage, which includes: Building and Contents, Mobile Equipment, Boiler and Machinery, and Business Interruption/Extra Expense; Automobile Physical Damage coverage; Cyber coverage; Crime blanket coverage; Named Position coverage; and an Identity Fraud reimbursement program. Pollution coverage is provided on a “claims made” coverage form. All other coverage is provided on an “occurrence” coverage form.

Members are responsible for a coverage deductible or co-pay on each covered loss. Each policy year members receive a Memorandum of Coverage (MOC) outlining the specific coverage, limits, and deductibles/co-pays that are applicable to them. In certain cases the Pool may allow members to elect to participate in the programs at limits, coverage, deductibles, and co-pays that are specific to their needs. Enduris is responsible for payment of all covered losses above the member retention, up to the Pool self-insured retention (SIR). Enduris acquires excess/reinsurance from unrelated insurance companies to cover losses above the Pool’s SIR up to the coverage maximum limit of liability. The tables below reflect the Pool’s SIR, reinsurance limits and member deductibles/co-pays by coverage type.

Coverage	Coverage Type	Pool Self-Insured Retention	Excess/ Reinsurance Limits	Member Deductibles/ Co-Pays ⁽¹⁾
Liability:				
Comprehensive General Liability	Per Occurrence	\$1 million	\$20 million	\$1,000 - \$100,000
Automobile Liability	Per Occurrence	\$1 million	\$20 million	\$1,000 - \$100,000
Public Officials Errors and Omissions Liability	Each Wrongful Act Member Aggregate	\$1 million	\$20 million \$20 million	\$1,000 - \$100,000
Terrorism Liability ⁽²⁾	Per Occurrence Pool Aggregate	\$500,000 \$1 million	\$0 Fully funded by Pool	\$1,000 - \$100,000
Employment Practices Liability	Per Occurrence Member Aggregate	\$1 million	\$20 million \$20 million	20% Copay ⁽³⁾

- (1) Members may request or be required to pay a higher deductible than the minimum for certain coverage and certain types of losses require a specific co-pay or deductible
- (2) Terrorism liability is fully funded by the Pool i.e. no excess/reinsurance is procured.
- (3) Members pay a 20% co-pay of costs up to a maximum of \$100,000. By meeting established guidelines, the co-pay may be waived.

Property ⁽²⁾:

Buildings and Contents	Per Occurrence	\$250,000	\$800 million	\$1,000 - \$250,000
Mobile Equipment	Per Occurrence	\$250,000	\$800 million	\$1,000 - \$250,000
Boiler and Machinery ⁽³⁾	Per Occurrence	Varies	\$100 million	Varies
Business Interruption (BI)/ Extra Expense(EE) ⁽⁴⁾	Per Occurrence	\$250,000	\$100 million (BI)/ \$50 million (EE)	\$1,000 - \$250,000
Sublimit ⁽⁵⁾:				
Flood	Per Occurrence	\$250,000	\$50 million (shared by Pool members)	\$1,000 - \$250,000
Earthquake	Per Occurrence	5%; \$500,000 maximum	\$10 million (shared by Pool members)	\$1,000 - \$250,000
Terrorism Primary	Per Occurrence Pool Aggregate	\$250,000	\$100 million/ Pool member \$200 million	\$1,000 - \$250,000
Terrorism Excess	Per Occurrence APIP Per Occurrence APIP Aggregate	\$500,000	\$600 million/Pool member \$1.2 billion/APIP \$1.4 billion/APIP	\$0
Automobile Physical Damage⁽⁶⁾	Per Occurrence	\$25,000; \$100,000 for Emergency Vehicles	\$800 million	\$250 - \$1,000
Crime Blanket ⁽⁷⁾	Per Occurrence	\$50,000	\$1 million	\$1,000
Named Position ⁽⁸⁾	Per Occurrence	\$50,000	\$1 million	\$1,000
Cyber ⁽⁹⁾	Each Claim APIP Aggregate	\$100,000	\$2 million \$25 million	20% Copay
Identity Fraud Expense Reimbursement ⁽¹⁰⁾	Member Aggregate	\$0	\$25,000	\$0

- (1) Members may request or be required to pay a higher deductible than the minimum for certain coverage and certain types of losses require a specific co-pay or deductible.
- (2) Property coverage for each member is based on detailed property schedule. Scheduled items are covered to the extent of the cost of repair or replacement pursuant to the excess/reinsurance policy terms. Under the Alliant Property Insurance Program (APIP) Reinsurance carriers cover insured losses over \$250,000 to the limit of \$800 million except for certain types of sub-limited property losses such as flood, earthquake, and terrorism.
- (3) Boiler and Machinery self-insured retention for the Pool varies depending on motor horsepower.
- (4) Business Interruption/ Extra expense coverage is based on scheduled revenue generating locations/operations. A limited number of members schedule and the rest are limited to \$500,000 of coverage with a \$2.5 million Pool maximum for undeclared exposure. The waiting period (deductible) is typically 24 hours but there are exceptions specific to the type of exposure covered.

- (5) This sublimit list is simplified and is not all-inclusive. In addition, sub-limits are often shared or aggregated by all pool members and, in a few cases, are shared by all APIP members. Deductibles often vary by coverage sub-limit.
- (6) Auto Physical Damage coverage includes comprehensive, named perils and collision. Coverage for each member is based on a detail vehicle schedule.
- (7) Crime Blanket coverage (also referred to as "Employee Dishonesty Coverage with Faithful Performance" of \$2,500 is provided to each member. Member's may elect to "buy-up" the level of coverage from \$5,000 to \$1 million.
- (8) Named Position coverage is optional. Members may elect to schedule various employees, directors, and commissioners, with individual limits of between \$5,000 and \$1 million.
- (9) Cyber coverage is included under the Pool's Property program. Members are subject to a 20% co-pay per loss and the Pool's SIR is tiered between \$50,000 and \$100,000 depending on the insured/members property TIV with an 8 hour waiting period. By meeting established guidelines, the co-pay may be waived. The reinsurance maximum limit of liability is \$2 million, with various declared sub-limits.
- (10) Identity Fraud Expense Reimbursement coverage is purchased by Enduris. Member claims do not have a deductible. There is a \$25,000 limit per member.

Members make an annual contribution to fund the Pool. Since Enduris is a cooperative program, there is joint liability among the participating members. There were no claim settlements in excess of the insurance coverage in any of the last three policy years.

Upon joining the Pool, members are contractually obligated to remain in the Pool for a minimum of one year and must give notice 60 days before renewal in order to terminate participation. The Interlocal Governmental Agreement (formerly known as the Master Agreement) is automatically renewed each year unless provisions for withdrawal or termination are applied. Even after termination, a member is still responsible for contribution to Enduris for any unresolved, unreported and in process claims for the period they were a signatory to the Interlocal Governmental Agreement.

Enduris is fully funded by its member participants. Claims are filed by members with the Pool who determines coverage and administers the claims.

The Pool is governed by a Board of Directors which is comprised of seven board members. The Pool's members elect the Board, and the positions are filled on a rotating basis. The Board meets quarterly and is responsible for overseeing the business affairs of Enduris and providing policy direction to the Pool's Executive Director.

**Kitsap Public Health District
Schedule of Liabilities
For the Year Ended December 31, 2021**

ID. No.	Description	Due Date	Beginning Balance	Additions	Reductions	Ending Balance
General Obligation Debt/Liabilities						
263.83	KITSAP COUNTY REAL ESTATE CONTRACT KC-304-04	12/1/2034	3,285,000	-	180,000	3,105,000
263.83	CAPITALIZATION GRANTS FOR CLEAN WATER STATE REVOLVING FUNDS; CRAFT3 SEPTIC	6/30/2022	344,350	-	228,992	115,358
Total General Obligation Debt/Liabilities:			3,629,350	-	408,992	3,220,358
Revenue and Other (non G.O.) Debt/Liabilities						
259.12	GENERAL LEAVE LIABILITY (1)		638,778	27,641	-	666,419
264.30	NET PENSION LIABILITY		2,303,087	-	1,668,973	634,114
264.40	OPEB LIABILITIES		3,960,905	-	585,740	3,375,165
Total Revenue and Other (non G.O.) Debt/Liabilities:			6,902,770	27,641	2,254,713	4,675,698
Total Liabilities:			10,532,120	27,641	2,663,705	7,896,056

Kitsap Public Health District

Expenditures

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2021**

Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	Expenditures			Note
				From Pass- Through Awards	From Direct Awards	Total	
DEPARTMENTAL OFFICES, TREASURY, DEPARTMENT OF THE (via Washington Department of Health)	COVID 19 - Coronavirus Relief Fund	21.019	CLH18248	732,196	-	732,196	1235
ENVIRONMENTAL PROTECTION AGENCY, ENVIRONMENTAL PROTECTION AGENCY (via Hood Canal Coordinating Council)	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	66.123	CBO24134/208 1	4,963	-	4,963	1235
ENVIRONMENTAL PROTECTION AGENCY, ENVIRONMENTAL PROTECTION AGENCY (via Washington Department of Health)	Beach Monitoring and Notification Program Implementation Grants	66.472	CLH18248	23,944	-	23,944	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Public Health Emergency Preparedness	93.069	CLH18248	195,406	-	195,406	1235
FOOD AND DRUG ADMINISTRATION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Association of Food & Drug Officials)	Food and Drug Administration Research	93.103	FDA09013	750	-	750	15

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2021**

Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Injury Prevention and Control Research and State and Community Based Programs	93.136	CLH18248	66,717	-	66,717	-	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Immunization Cooperative Agreements	93.268	CLH18248	1,027,214	-	1,027,214	-	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	CLH18248	625	-	625	-	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	0069-41987	811	-	811	-	4
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Immunization Cooperative Agreements	93.268	CLH18248	3,264	-	3,264	-	1235
Total CFDA 93.268:				1,031,914	-	1,031,914	-	

The accompanying notes are an integral part of this schedule.

Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2021

Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH18248	195,354	-	195,354	-	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH18248	1,145,035	-	1,145,035	-	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	CLH18248	1,321,598	-	1,321,598	-	1235
Total CFDA 93.323:				2,661,987	-	2,661,987	-	
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	National and State Tobacco Control Program	93.387	CLH18248	37,068	-	37,068	14,944	1235
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via National Association of County and City Health Officials)	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	2020- 022401/2064	20,000	-	20,000	-	15

**Kitsap Public Health District
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2021**

Federal Agency (Pass-Through Agency)	Federal Program	CFDA Number	Other Award Number	Expenditures			Passed through to Subrecipients	Note
				From Pass- Through Awards	From Direct Awards	Total		
CENTERS FOR DISEASE CONTROL AND PREVENTION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	State Physical Activity and Nutrition (SPAN	93.439	CLH18248	67,550	-	67,550	-	1235
	Medicaid Cluster							
	Medical Assistance Program	93.778	K4648/2118	36,516	-	36,516	-	1235
Total Medicaid Cluster:				36,516	-	36,516	-	
HEALTH RESOURCES AND SERVICES ADMINISTRATION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	COVID 19 - HIV Care Formula Grants	93.917	CLH18248	20,807	-	20,807	-	15
HEALTH RESOURCES AND SERVICES ADMINISTRATION, HEALTH AND HUMAN SERVICES, DEPARTMENT OF (via Washington Department of Health)	Maternal and Child Health Services Block Grant to the States	93.994	CLH18248	134,602	-	134,602	-	1235
Total Federal Awards Expended:				5,208,660	-	5,208,660	681,918	

The accompanying notes are an integral part of this schedule.

Kitsap Public Health District

Notes to the Schedule of Expenditures of Federal Awards For the Year Ended December 31, 2021

Note 1 – Basis of Accounting

This schedule is prepared using a modified accrual basis of accounting which is a departure from the basis used to prepare the financial statements. The district uses a cash basis of accounting where revenues are recognized only when cash is received, and expenditures are recognized when paid.

Note 2 – Federal De Minimis Indirect Cost Rate

The District has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

Note 3 – Federal Indirect Cost Rate(s)

The amount expended includes \$875,954 claimed as an indirect cost recovery using an approved indirect cost rate of 31.80 percent for Administration, 31.80 percent for Community Health, and 37.71 percent for Environmental Health.

Note 4 – Noncash Awards

The amount of vaccine reported on the Schedule is the value of vaccine received by the district during the current year and priced as prescribed by the Washington State Department of Health.

Note 5 – Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs, including the District's portion, are more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

CORRECTIVE ACTION PLAN FOR FINDINGS REPORTED UNDER UNIFORM GUIDANCE

Kitsap Public Health District January 1, 2021 through December 31, 2021

This schedule presents the corrective action planned by the District for findings reported in this report in accordance with Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Finding ref number: 2021-001	Finding caption: The District improperly charged payroll expenditures that did not comply with federal cost principles
Name, address, and telephone of District contact person: Melissa Laird, Finance Manager 345 6th Street, Suite 300 Bremerton, WA 98337 (360) 728-2283	
Corrective action the auditee plans to take in response to the finding: <i>The District would like to thank the State Auditor's Office for their guidance. The District is in process to submit revised invoices to the State for the unallowable costs. In addition, the District will update the Cost Allocation and Timekeeping policy to include the review of indirect and direct costs allocated to each funding source.</i>	
Anticipated date to complete the corrective action: 6/30/2023	

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MEMO

To: Kitsap Public Health Board Finance Committee
From: Eric Evans, Assistant Environmental Health Director
Date: October 4, 2022
Re: Environmental Health Fee Schedule Update

Background and Introduction

At the December 2017 regular meeting, the Board adopted an updated Environmental Health (EH) fee schedule for 2018 – 2026 (see Attachment 1). The Board supported the Finance Committee recommendations related to EH fees:

1. The EH Fee Schedule should be adjusted to recover the actual cost of service;
2. The base hourly rate should be increased from \$109 to \$145 over a two-year period (2018 and 2019); and
3. An annual automatic escalator, tied to increases (if any) in the Seattle Consumer Price Index (as of April in the current year for the following year's fees), should be applied to the EH Fee Schedule for budget years 2020 – 2026. For the 2023 fee schedule review, the 2022 CPI was 9.1% (see Attachment 2).

The Board amended the EH Fee “escalator” concept in 2019 (see Attachment 3) to allow for individual fee adjustments for specific fee items when other fees were already adequate to cover the actual cost of service.

Overall, the Food and Living Environment program continues to lag behind in fee revenue as compared to the cost of providing inspection services for food service establishments and water recreation facilities. Typically, the program lags behind approximately \$350,000 - \$500,000 in revenue as compared to the costs of providing inspection services for permit holders. Food establishment and water recreation facility fees have not been increased since 2019, and in 2020, fees were reduced to 75% and 50% of their approved rate by Board resolution (see Attachment 4).

Conversely, over the last few years the Drinking Water and Onsite Sewage (DWOSS) Program has been able to reduce the costs of service for many fees through program process efficiencies

while revenues have been steadily increasing due to a surge in development and permitting activity within the County. This has led to a current reserve balance of 3.3 million dollars, and fee reductions and fee “holds” are proposed and recommended for DWOSS.

The Solid and Hazardous Waste (SHW) program fee structure associated with permits for solid waste handling facilities appears to need no revisions based on the balance of costs versus revenue for these permitting services and facility inspections. No increase in fees (a fee “hold”) is proposed and recommended for SHW.

Proposed Changes to the 2023 Environmental Health Fee Schedule

General Recommendations

- All fees held at 2022 rate except for the Food program and other exceptions noted below.
- For Food, an increase per the established CPI escalator (9%) and other specific program fees adjustments as noted below.
- Add a pre-application review meeting fee for all programs (\$150).

Drinking Water and Onsite Sewage Systems Fee Recommendations

- Remove drinking water system designer certification fee (no longer a certification that is available).
- Add a private water supply review fee for the review of private water treatment systems. We have been charging an hourly rate for these applications over the last few years.
- Add a septic drainfield aeration application review fee (\$115), we have been billing these as miscellaneous for the last several years.
- Due to increased efficiency, we propose reducing the septic system installation permit fee from \$735 to \$600. **An approximate revenue decrease of \$65,000 based on projected application numbers for 2023.**
- Based on the current level of effort and the increased septic inventory in the County, we propose reducing the Septic System Monitoring and Maintenance Annual Contract Fee from \$60 to \$30. **An approximate revenue decrease of \$330,000.**

Food and Living Environment Fee Recommendations

- An overall increase is proposed using the CPI escalator, a full 9% increase would have an **approximate revenue increase of \$70,000**. The Finance Committee expressed some concern about implementing this full increase in 2023.
- Add a Seasonal Food Establishment fee rate – 75% of applicable fee type.
- Clarify the grocery store fee rate structure based on the number of checkouts at the store.
- Eliminate different temporary event fees for inspections during work/non-work hours to simplify the fee schedule.

- Eliminate the high priority inspection fee as this was no longer applicable to reinspections.
- Remove the low-risk plan review fee - Our current plan review fees are \$295 (low-risk) and \$370 (high-risk). We do not spend less time on low-risk than we do high-risk establishments.
- Plan review fee increase to \$775, which is based on average costs over the last few years of time accounting data. Our review time has increased as brick & mortar/catering reviews are more robust; the fee include two site visits and in-office review.
- Adding a new separate mobile food unit plan review fee of \$900 as mobile food unit plan review is highly complex and is taking more staff time.
- Added a new, lower cost reinspection fee for reinspection work that can be performed without a site visit.
- Simplify the fee structure for temporary event fees, to remove the fees based on when the event is held.
- Add new fees for school construction plan reviews based on the type of school and our historical costs associated with these reviews. These reviews used to be billed at an hourly rate, but establishing a fee associated with the plan submittal will decrease the administrative costs associated with time accounting and billing and simplify the application and payment for schools and school districts.

Solid and Hazardous Waste Fee Recommendations

- Remove Secure Medicine Return program related fees as this work has now transitioned to the Washington State Department of Health.

Recommended Action

An overall fee increase in the Food and Living Environment program in accordance with the Board's EH Fee policy is recommended as well as adjustments to specific program fees as noted by the highlighted sections (see Attachment 5).

Based on the Board's decision, the Health District will plan on bringing a final fee schedule to the regular November Board meeting for adoption. Please feel free to contact me at any time regarding these proposed fee revisions. I can be reached at (360) 728-2225, or eric.evans@kitsappublichealth.org with any questions or comments.

Approving Environmental Health Division Fee Schedule

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

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

WHEREAS, a fee schedule has been operative and essential to cover expenses incurred by the Environmental Health Division when conducting and maintaining programs that implement and enforce state public health laws and rules and local ordinances within Kitsap County; and

WHEREAS, the Environmental Health Division has not adjusted its base rate of \$109 per hour since 2009 and is projected to have an estimated budget deficit of up to \$591,000 for 2018 with the existing fee schedule; and

WHEREAS, the actual base hourly rate for the Environmental Health Division's service fee programs for 2018 is calculated to be \$145 per hour, and the Board wishes to phase-in service fee increases with respect to the base hourly rate over a two-year period in 2018 and 2019 so as not to unreasonably burden the public; and


WHEREAS, the Board wishes to keep the Environmental Health Division fee schedule current with annual market increases for years 2020 through 2026 by automatically adjusting fees each January 1, by the increase, if any, in the April Consumer Price Index - Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton, for the previous year, rounded to the nearest \$5.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board does authorize and approve Resolution 2017-03, Approving Environmental Health Division Fee Schedule, effective January 1, 2018, and until further notice.

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

APPROVED: December 5, 2017

EFFECTIVE: January 1, 2018



Commissioner Ed Wolfe, Chair
Kitsap Public Health Board

Kitsap Public Health Board Resolution 2017-03
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2018)

Item No.	<u>GENERAL</u> ^{1,2,3}	2018 Fee	2019 Fee
1	Administrative Meetings or Appeal Hearings:		
	Administrative Review Meeting with Environmental Health Director	130	145
	Appeal Hearing with Health Officer	390	435
	Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite)	520	580
2	Standard Hourly Rate	130	145
3	Delinquent Service/Payment > 30 days Overdue	1%/day up to 30 days	1%/day up to 30 days
	Non-Sufficient Funds (NSF) Fee	25	25
	Refund Handling Fee ⁴	25	25
4	Photocopies (Plus postage and handling when applicable)	\$0.15/copy	\$0.15/copy
5	Work without Permit Investigation Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee.	Project Specific	Project Specific
Item No.	<u>WATER</u> ^{2,3}	2018 Fee	2019 Fee
	(*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.)		
6	Group B public water system annual operating permit (RESERVED)	TBD	TBD
7	Water Status Reports - Public Water Supply:		
	Group A or B	130	145
	Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample)	280	310
	Water Status Reports - Private Individual and Private Two-Party (Includes bacteria and nitrate water samples)	310	340
	Amended Water Status Report (following correction of items of non-compliance - includes a site inspection to collect a bacteriological water sample)	150	165
	Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling)	100	110
8	Building Clearances for Sewered Properties		
	Properties with a public water supply	80	90
	Properties with a private water supply	130	145
9	Water System Plan Reviews:		
	New or Existing Unapproved Group B ⁶	910	1,015
	Expanding Group B or Group A ⁷	130	145
10	Sanitary Surveys:		
	Group A	650	725
	Group B	390	435
11	Surface Seal Inspection	130	145
12	Well Decommissioning	195	220
13	Waiver Applications	130	145
14	Irrigation Well Waiver Applications	260	290
15	Well Site Inspections (Not Associated with BSA):		
	Replacement, Group A or B Public Well Site, Irrigation or other Non-Potable Well	520	580
	Amended Well Site Inspection	130	145
16	Coordinated Water System Plan Review	130	145
17	Miscellaneous:		
	Copy of local regulations (Plus postage and handling when applicable)	12	12
	Re-inspection for Compliance	130	145

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18	Water System Designer Certifications:	2018 Fee	2019 Fee
	Annual Renewal ⁸	195	220
	Delinquent Certification Renewal Fee	325	365
19	Environmental Monitoring Services:		
	Environmental Monitoring/Reporting ⁷ (Labor Only).	130	145
Item No.	<u>ONSITE SEWAGE</u> ^{2,3}	2018 Fee	2019 Fee
	New/Alteration/Expansion Building Site Applications (BSA) ⁹ (Total includes mandatory Drinking Water service charges as shown):		
20	Single Family Residential Onsite Sewage System w/ Private Water Supply (Existing or proposed water source):		
	Onsite Service Charge	500	555
	Drinking Water Service Charge	460	515
	Total	960	1,070
21	Single Family Residential Onsite Sewage System on Public Water Supply:		
	Onsite Service Charge	500	555
	Drinking Water Service Charge	230	255
	Total	725	810
22	Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply:		
	Onsite Service Charge	650	725
	Drinking Water Service Charge	455	510
	Total	1,105	1,235
23	Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply:		
	Onsite Service Charge	650	725
	Drinking Water Service Charge	195	220
	Total	845	945
24	Redesign BSA:		
	Onsite Service Charge	165	180
	Drinking Water Service Charge	130	145
	Total	295	325
25	Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s)		
	Onsite Service Charge	390	435
	Drinking Water Service Charge	100	110
	Total	490	545
26	OSS Remediation Application	260	290
27	Pre-Application Meeting for BSA	130	145
28	BSA Revisions (Minor Site Plan changes)	65	75
29	BSA Wet Weather Review ¹⁰	260	290
30	Building Clearance (BC) - Residential		
	Onsite Service Charge	195	220
	Drinking Water Service Charge	100	110
	Total	295	330
31	Building Clearance - Commercial		
	Onsite Service Charge	390	435
	Drinking Water Service Charge	100	110
	Total	490	545
32	Building Clearance Exemption ¹¹	100	110
33	Commercial Building Clearance Exemption ¹¹	130	145
34	Accepted BSA/BC Records Replacement for Building Permit	10	10
35	BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently; Does not include Drinking Water review)	260	290

Kitsap Public Health Board Resolution 2017-03
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36	Sewage System Permits: ¹²		
	New, Replacement, or Repair Installation	650	725
	Tank Replacement/Connection, Component Repair/Replacement, Remediation	195	220
37	Re-Inspection for Sewage Disposal Permit Violation	195	220
38	OSS Installation Wet Weather Review	130	145
39	Monitoring and Maintenance Fees: ¹³		
	Annual Contract fee	50	60
	Incomplete/Erroneous Report Resubmittal Fee	50	60
40	Pumping or Inspection Report Submittal Fee (RESERVED)	TBD	TBD
41	OSS Waiver Requests (New, Redesign, Alteration BSA, Building Clearance, Building Compliance, Building Permit, and Sewage Disposal Permits)	130	145
42	Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications:		
	Initial Certification	390	435
43	Annual Renewals of Valid Certifications: ⁸		
	Installer, Maintenance Specialist & Pumper (1st Truck)	195	220
	Annual Pumper Renewal for Each Additional Truck	65	75
	Homeowner Monitoring & Maintenance	130	145
	Delinquent Certification Renewal Fee	260	290
44	Administrative Conference Fee	260	290
45	State Licensed Designer/Engineer		
	Local Referral List Publishing & Maintenance (Optional)	65	75
46	Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴	260	290
47	Property Conveyance Inspection and Evaluation Report for Onsite Sewage System for property connected to a Group A public water system (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴ (RESERVED)	TBD	TBD
48	Property Conveyance Inspection and Evaluation Report for Onsite Sewage System for property connected to a Group B public water system or private water supply (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴ (RESERVED)	TBD	TBD
49	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance when no site visit is needed)	100	110
50	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance - includes a site inspection)	130	145
	Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ¹⁵		
51	Subdivision with Public Sewer:		
	Onsite Service Charge	95	10
	Drinking Water Service Charge	95	105
	Total	190	210
52	Subdivision with Onsite Sewage Systems (OSS):		
	Onsite Service Charge	395	440
	Drinking Water Service Charge	175	195
	Total	570	635
53	Amended Subdivision with OSS:		
	Onsite Service Charge	130	145
	Drinking Water Service Charge	130	145
	Total	260	290
54	Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews)	130	145
55	Conditional Use/Other Land Use Applications	130	145
56	Miscellaneous:		
	Copy of Local OSS Regulations (Plus Postage and Handling if Applicable)	12	12
	Technical Assistance ⁷	130	145
	Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified).	130	145

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Item No.	FOOD ^{2,3,16,17}	2018 Fee	2019 Fee
57	Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or a full plan review fee will be required)	130	145
58	Bakeries	360	400
59	Bed & Breakfasts/Hotel/Motel (Breakfast Only)	295	325
60	Caterers:		
	With Commissary	585	655
	With Restaurant	260	290
61	Demonstrators	260	290
62	Food Handler Permits:		
	(Set by State BOH)	10	10
	Duplicate for Lost Card	10	10
	Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20)	200	200
63	Groceries:		
	1-3 checkouts	260	290
	3 or more checkouts	555	615
64	High Priority Inspections	195	220
65	Limited Menus	295	325
66	Meat/Fish Markets	360	400
67	Mobile Units	585	655
68	Plan Review and Pre-Op Inspections: ¹⁸		
	Change in Menu and/or Equipment Review	195	220
	Food Establishment Plan Review - Low Risk Establishments	260	290
	Food Establishment Plan Review - High Risk Establishments	325	365
	Variance Request Review	195	220
	Special Process Plan Review	325	365
69	Reinspections - Each Re-Inspection after First Re-Inspection ¹⁹	130	145
70	Restaurants (No Lounge):	585	655
	Seasonal (9 months or less) 75% fee schedule menu	440	365
	Special Process Permit	260	290
71	Restaurants (With Lounge):	650	725
	Special Process Permit	260	290
	Taverns (No Food)	255	280
72	Schools:		
	Central Kitchen	585	650
	Preschools/Headstart/ECAP	260	290
	Warming Kitchen	295	325
	Temporary Permits (due 14 days prior to event): ²⁰		
73	Bake Sale/Exempt Food Application Review	No Charge	No Charge
74	Limited Menu - Single Event	55	55
75	Limited Menu - Seasonal Multiple Events	95	95
76	Non-Complex Menu:		
	During Work Hours Single Event	85	85
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	95	95
	Seasonal Multiple Events	125	125
77	Complex Menu:		
	During Work Hours Single Event	110	110
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	115	115
	Seasonal Multiple Events	175	175
78	Single Menu, Single Event, Multiple Vendors	350	350

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Item No.		2018 Fee	2019 Fee
	<u>LIVING ENVIRONMENT</u> ^{2,3,16}		
	Public or Semi Public Swimming Pools and Hot Tubs: ²¹		
79	One Pool - Year Round Operation	880	980
	Each Additional Year Round Pool	165	180
80	One Pool - Seasonal Operation	685	760
	Each Additional Seasonal Operation Pool	130	145
81	Residential Neighborhood Private Pools ⁷	195	220
82	Pre-op Inspections Pools, Camps ^{7,18}	195	220
83	Reinspections: Each Re-Inspection after First Re-Inspection ¹⁹	130	145
84	School Plan Reviews ⁷	130	145
85	Camps ²²	390	435
Item No.	<u>SOLID AND HAZARDOUS WASTE</u> ^{2,3}	2018 Fee	2019 Fee
86	Permit Application/Permit Modification Service Charges: ^{7,23}		
87	Compost Facilities	130	145
88	Land Application Facilities	130	145
89	Energy Recovery/Incineration	130	145
90	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes	130	145
91	Storage/Treatment Piles	130	145
92	Surface Impoundments/Tanks	130	145
93	Waste Tire Storage Facility	130	145
94	Mixed Municipal Waste Landfill	130	145
95	Limited Purpose Landfill	130	145
96	Inert Waste Landfills	130	145
97	Other Methods of Solid Waste Handling	130	145
	Annual Permit Renewal Service Charges: ²⁴		
98	Recycling Facilities Conditionally - Exempt Facility Fee ²⁵	130	145
99	Compost Facilities:		
	Conditionally Exempt Facility Fee ²⁵	130	145
	Commercial Compost Facilities	2,600	2,900
100	Land Application Facilities:		
	Sites Without Monitoring	780	870
	Sites With Monitoring	1,560	1,740
101	Energy Recovery/Incineration	1,560	1,740
102	MMSW Haulers	160	180
	Plus Per Truck	15	15
103	Site Restoration Haulers	130	145
104	Biomedical Waste Hauler	235	260
	Plus Per Truck	15	15
105	CRT Haulers	160	170
106	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes		
	Conditionally Exempt MRF Facility Fee ²⁵	130	145
	Transfer Stations	2,600	2,900
	Compaction/Baling Sites	1,560	1,740
	Drop Boxes	1,430	1,595
	Decant Facilities	780	870

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107	Storage/Treatment Piles:	2018 Fee	2019 Fee
	Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵	130	145
	Piles	1,560	1,740
108	Surface Impoundments/Tanks:		
	Tanks	780	870
	Surface Impoundments With Leak Detection	1,560	1,740
	Surface Impoundment With GW Monitoring	2,340	2,610
109	Waste Tire Storage Facility	780	870
110	Moderate Risk Waste Handling Facility:		
	Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities)	130	145
	Moderate Risk Waste Facility	2,340	2,610
111	Mixed Municipal Waste Landfill: ⁷	130	145
112	Limited Purpose Landfill	2,340	2,610
113	Inert Waste Landfills > 250 CYDS Landfill	2,600	2,900
114	Landfill Closure Permit ⁷	130	145
115	Landfill Post Closure Permit ^{7,26}	130	145
116	Secure Medicine Return Plan Annual Operating Fee ²⁷	6,500	7,250
117	Secure Medicine Return Plan Review Fee ²⁸	15,600	17,400
118	Secure Medicine Return Revised Plan Review Fee ²⁹	390	435
119	Secure Medicine Return Plan Enforcement Fee ⁷	130	145
120	Secure Medicine Return Plan Alternative Disposal Review Fee ²⁹	390	435
121	Other Methods of Solid Waste Handling ⁷	130	145
	Plan Reviews ³⁰	130	145
	Site Development Activity Permit (SDAP-Fill & Grading)	130	145
	Bio-Solids State Permit, Plan, and Report Reviews ³¹	130	145
	Environmental Monitoring Activities (Labor Only)	130	145
	Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review	130	145
122	Copy of Local Regulations (Plus Postage and Handling if Applicable)	12	12

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FOOTNOTES

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

Kitsap Public Health Board Resolution 2017-03
Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2018)

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

CONSUMER PRICE INDEXES PACIFIC CITIES AND U. S. CITY AVERAGE

APRIL 2022

(All items indexes. 1982-84=100 unless otherwise noted. Not seasonally adjusted.)

MONTHLY DATA	All Urban Consumers (CPI-U)						Urban Wage Earners and Clerical Workers (CPI-W)					
	Indexes			Percent Change			Indexes			Percent Change		
				Year ending		1 Month ending				Year ending		1 Month ending
	Apr 2021	Mar 2022	Apr 2022	March 2022	Apr 2022	Apr 2022	Apr 2021	Mar 2022	Apr 2022	Mar 2022	Apr 2022	Apr 2022
U. S. City Average.....	267.054	287.504	289.109	8.5	8.3	0.6	261.237	283.176	284.575	9.4	8.9	0.5
West.....	283.507	305.082	307.145	8.7	8.3	0.7	275.807	298.396	300.350	9.4	8.9	0.7
West – Size Class A ¹	292.049	313.718	315.653	8.4	8.1	0.6	282.854	305.249	306.906	8.9	8.5	0.5
West – Size Class B/C ²	165.088	178.019	179.339	9.0	8.6	0.7	165.227	179.210	180.584	9.8	9.3	0.8
Mountain ³	110.748	120.670	121.551	10.4	9.8	0.7	111.541	121.928	122.867	10.8	10.2	0.8
Pacific ³	109.951	117.774	118.546	8.1	7.8	0.7	110.444	119.079	119.811	8.9	8.5	0.6
Los Angeles-Long Beach-Anaheim, CA.....	285.808	306.679	308.302	8.5	7.9	0.5	277.126	297.870	299.436	8.7	8.1	0.5
BI-MONTHLY DATA (Published for odd months)	Indexes			Percent Change			Indexes			Percent Change		
				Year ending		2 Months ending				Year ending		2 Months ending
	Mar 2021	Jan 2022	Mar 2022	Jan 2022	Mar 2022	Mar 2022	Mar 2021	Jan 2022	Mar 2022	Jan 2022	Mar 2022	Mar 2022
	Mar 2021	Jan 2022	Mar 2022	Jan 2022	Mar 2022	Mar 2022	Mar 2021	Jan 2022	Mar 2022	Jan 2022	Mar 2022	Mar 2022
Riverside-San Bernardino-Ontario, CA ³	110.981	118.963	122.127	8.6	10.0	2.7	111.823	119.557	122.861	8.5	9.9	2.8
San Diego-Carlsbad, CA.....	315.035	332.990	339.852	8.2	7.9	2.1	298.292	317.043	324.430	8.8	8.8	2.3
Urban Hawaii.....	290.361	304.988	312.158	6.0	7.5	2.4	288.147	303.163	309.323	6.4	7.3	2.0
BI-MONTHLY DATA (Published for even months)	Indexes			Percent Change			Indexes			Percent Change		
				Year ending		2 Months ending				Year ending		2 Months ending
	Apr 2021	Feb 2022	Apr 2022	Feb 2022	Apr 2022	Apr 2022	Apr 2021	Feb 2022	Apr 2022	Feb 2022	Apr 2022	Apr 2022
	Apr 2021	Feb 2022	Apr 2022	Feb 2022	Apr 2022	Apr 2022	Apr 2021	Feb 2022	Apr 2022	Feb 2022	Apr 2022	Apr 2022
Phoenix-Mesa-Scottsdale, AZ ⁴	150.787	163.261	167.396	10.9	11.0	2.5	149.951	162.418	167.209	11.1	11.5	2.9
San Francisco-Oakland-Hayward, CA.....	309.419	320.195	324.878	5.2	5.0	1.5	302.294	316.463	322.021	6.5	6.5	1.8
Seattle-Tacoma-Bellevue, WA.....	290.068	310.078	316.525	8.1	9.1	2.1	286.700	305.702	310.928	8.1	8.5	1.7
Urban Alaska.....	233.519	246.369	251.041	7.4	7.5	1.9	233.438	246.084	251.441	7.4	7.7	2.2

1 Population over 2,500,000 2 Population 2,500,000 and under, Dec 1996 = 100 3 Dec 2017=100 4 Dec 2001=100

NOTE: In January 2018, BLS introduced a new geographic area sample for the Consumer Price Index (CPI): www.bls.gov/regions/west/factsheet/2018cpirevisionwest.pdf

1967=100 base year indexes and tables with semiannual and annual average data are available at: www.bls.gov/regions/west/factsheet/consumer-price-index-data-tables.htm

Release date May 11, 2022. The next release date is scheduled for June 10, 2022. For questions, please contact us at BLInfoSF@bls.gov or (415) 625-2270.

Approving Amended Environmental Health Division Fee Schedule

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

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

WHEREAS, the Board previously passed resolution 2017-03 amending the fee schedule and providing for yearly increases based on the April Consumer Price Index – Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton (“CPI”) for years 2020 through 2026; and

WHEREAS, the Board has determined, and may determine in the future, that some of the fees do not need to be increased by the CPI due to efficiencies within the programs.

NOW, THEREFORE, BE IT RESOLVED by the Kitsap Public Health Board that:

1. The fee schedule adopted by Resolution 2017-03 remains in effect until December 31, 2026.
2. The individual fees listed in the fee schedule may be modified yearly each November for the following calendar year by the Board for years 2020 through 2026. The fee amounts may only be raised by the percent increase, if any, in the April Consumer Price Index - Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton, for the previous year, rounded to the nearest \$5.
3. If, by the Board’s regular November meeting each year through 2026, the Kitsap Public Health District determines that any individual fee amounts are adequate to recover the cost of services for those fee related activities for the following year, the Health District shall request the Board’s concurrence to hold such fee amounts as identified by the Health District at the current rate and not be increased for the following year.
4. On or before December 1 of each year through 2026, the Health District will publish and make publicly available a new fee schedule with the updated fee amounts for the following year.

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

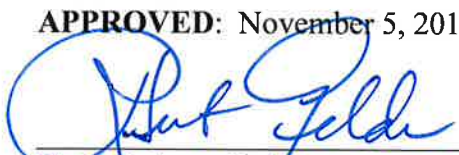
Kitsap Public Health Board Resolution 2019-06

November 5, 2019

Page 2

APPROVED: November 5, 2019

EFFECTIVE: November 5, 2019



Commissioner Rob Gelder, Chair
Kitsap Public Health Board

**Approving Amended Environmental Health Division Fees for
Food Establishments and Public or Semi-Public Swimming Pools
and Hot Tubs for 2020 Permit Cycle Due to COVID-19 Pandemic**

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

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

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

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

WHEREAS, the COVID-19 pandemic and Governor Inslee’s Stay Home, Stay Healthy and Safe Start proclamations, to help keep Washingtonians safe from transmission of the SARS-CoV-2 virus, have impacted and interrupted the regular operations of many types of businesses; and

WHEREAS, two business sectors that Kitsap Public Health District is required to regulate and permit, namely food establishments and public and semi-public swimming pool and hot tubs, have experienced significant disruptions to regular business operations, including, but not limited to, reduced hours, restricted operations, or closure; and

WHEREAS, also due to the COVID-19 pandemic and disease activity in Kitsap County, the Health District has needed to temporarily reassign most Health District employees from their regular job duties to assist with COVID-19 emergency response operations; and

WHEREAS, the disruptions to regular business operations of food establishments and public and semi-public swimming pools and hot tubs, coupled with the reassignment of duties for most employees of the Health District, has also resulted in significant disruptions to the regular inspections of food establishments and public pools that are open for business by the Health District; and

WHEREAS, the annual Health District permit fees for food establishments and public and semi-public swimming pools and hot tubs are based upon the real costs of administering the permits and conducting the inspections of these facilities; and

WHEREAS, the Board's Finance and Operations Committee considered this issue on August 4, 2020, and recommends to the full Board an adjustment of fees for food establishments and public and semi-public swimming pools and hot tubs for the 2020 permit cycle.

NOW, THEREFORE, BE IT RESOLVED by the Kitsap Public Health Board that:

1. The 2020-21 annual permit period for food establishments shall be reduced and modified from July 2020 through June 2021 to October 2020 through June 2021, or seventy-five percent (75%) of the regular annual permit cycle;
2. 2020-21 permit period fees for all food establishments shall be prorated to seventy-five percent (75%) of the published 2020 permit cycle fee to correspond with the reduced permit period;
3. The public and semi-public swimming pools and hot tubs annual permit period for the 2020-21 permit period shall be reduced and modified from July 2020 through June 2021 to July 2020 through December 2020, or reduced by fifty percent (50%);
4. 2020-21 permit period fees for public and semi-public swimming pools and hot tubs shall be prorated to fifty percent (50%) of the published 2020 permit cycle fee to correspond with the reduced 2020 permit period; and
5. The public and semi-public swimming pools and hot tubs annual permit period for 2021 and beyond shall be modified to correspond to the calendar year, or January through December of each year.

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

APPROVED: September 1, 2020

EFFECTIVE: September 1, 2020



Mayor Robert Putaansuu, Chair
Kitsap Public Health Board

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)**

Item No.		2022 Fee	2023 Fee		
	<u>GENERAL</u> ^{1,2,3}				
1	Administrative Meetings or Appeal Hearings:				
	Pre-Application 1 Hour Conference Review Fee		150		
	Administrative Review Meeting with Environmental Health Director	150	150		
	Appeal Hearing with Health Officer	450	450		
	Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite)	600	600		
2	Standard Hourly Rate	150	150		
3	Delinquent Service/Payment > 30 days Overdue	1%/day up to 30 days	1%/day up to 30 days		
	Non-Sufficient Funds (NSF) Fee	25	25		
	Refund Handling Fee ⁴	25	25		
4	Photocopies (Plus postage and handling when applicable)	\$0.15/copy	\$0.15/copy		
5	Work without Permit Investigation Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee.	Project Specific	Project Specific		
Item No.	<u>WATER</u> ^{2,3}	2022 Fee	2023 Fee		
	(*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.)				
6	Group B public water system annual operating permit	75	75		
7	Water Status Reports:				
	Water Status Reports - Public Water Supply - Group A or B	145	145		
	Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample)	315	315		
	Water Status Reports - Private Individual and Private Two-Party (Includes bacteriological and nitrate water samples)	345	345		
	Water Status Reports - Private Individual and Private Two-Party (no water samples)	295	295		
	Amended Water Status Report (following correction of items of non-compliance - includes a site inspection to collect a bacteriological water sample)	165	165		
	Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling)	110	110		
8	Building Clearances for Sewered Properties:				
	Properties with a public water supply	90	90		
	Properties with a private water supply	145	145		
9	Water System Plan Reviews:				
	New, Expanding, or Existing Unapproved Group B ⁵	1,030	1,030		
	Expanding Alterations to Approved Group B or Group A ²	145	145		
10	Sanitary Surveys:				
	Group A	735	735		
	Group B	440	440		
11	Surface Seal Inspection	145	145		
12	Well Decommissioning	225	225		
13	Waiver Applications	145	145		
14	Irrigation Well Waiver Applications	295	295		
15	Well Site Inspections (Not Associated with BSA):				
	Replacement, Group A or B Public Well Site, Irrigation or other Water Well	590	590		
	Amended Well Site Inspection	145	145		
16	Coordinated Water System Plan Review	145	145		
17	Miscellaneous:				
	Copy of local regulations (Plus postage and handling when applicable)	10	0		
	Re-inspection for Compliance	145	145		
18	Water System Designer Certifications: Private Water Supply Review				
	Annual Renewal ⁸ -Private Water Supply Treatment Design Review ⁶	290	290		
	Delinquent Certification Renewal Fee- Private Water Supply Treatment Completion of Construction Review	145	145		
19	Environmental Monitoring Services: Environmental Monitoring/Reporting ⁷ (Labor Only).				

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)**

Item No.	<u>ONSITE SEWAGE</u> ^{2,3}	2022 Fee	2023 Fee		
	New/Alteration/Expansion Building Site Applications (BSA) ⁹ (Total includes mandatory Drinking Water service charges as shown):				
20	Single Family Residential Onsite Sewage System w/Private Water Supply (Existing or proposed water source)	1,085	1,085		
21	Single Family Residential Onsite Sewage System on Public Water Supply	820	820		
22	Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply	1,250	1,250		
23	Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply	955	955		
24	Redesign BSA	330	330		
25	Redesign BSA: (Design package change only, no site visit)	145	145		
26	Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s)	550	550		
27	OSS Remediation Application	295	295		
28	Pre-Application Meeting for BSA– Drainfield Aeration Report	115	115		
29	BSA Revisions (Minor Site Plan changes)	75	75		
30	BSA Wet Weather Review ¹⁰	295	295		
31	Building Clearance (BC) - Residential	335	335		
32	Building Clearance - Commercial	550	550		
33	Building Clearance Exemption ¹¹	110	110		
34	Commercial Building Clearance Exemption ¹¹	145	145		
35	Accepted BSA/BC Records Replacement for Building Permit	10	10		
36	BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently; Does not include Drinking Water review)	295	295		
37	Sewage System Permits: ¹²				
	New, Replacement, or Repair Installation	735	600		
	Tank Replacement/ Connection, Component Repair/ Replacement, Remediation	225	225		
38	Re-Inspection for Sewage Disposal Permit Violation	225	225		
39	OSS Installation Wet Weather Review	145	145		
40	Monitoring and Maintenance Fees: ¹³				
	Annual Contract fee	60	30		
	Incomplete/Erroneous Report Resubmittal Fee	60	30		
41	Pumping or Inspection Report Submittal Fee (RESERVED)	0	0		
42	OSS Waiver Requests (New, Redesign, Alteration BSA, Building Clearance, Building Compliance, Building Permit, and Sewage Disposal Permits)	145	145		
43	Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications:				
	Initial Certification	440	440		
44	Annual Renewals of Valid Certifications: ⁸				
	Installer, Maintenance Specialist & Pumper (1st Truck)	225	225		
	Annual Pumper Renewal for Each Additional Truck	75	75		
	Homeowner Monitoring & Maintenance	145	145		
	Delinquent Certification Renewal Fee	295	295		
45	Administrative Conference Fee for Health District Certified Contractors	295	295		
46	State Licensed Designer/Engineer: Local Referral List Publishing & Maintenance (Optional)	75	75		
47	Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴	295	295		
48	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance when no site visit is needed)	110	110		
49	Amended OSS and/or Drinking Water Supply Evaluation Report (Following correction of items of non-compliance - includes a site inspection)	145	145		
	Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ¹⁵				
50	Subdivision with Public Sewer	215	215		
51	Subdivision with Onsite Sewage Systems (OSS)	645	645		
52	Amended Subdivision with OSS	295	295		
53	Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews)	145	145		
54	Conditional Use/Other Land Use Applications	145	145		
55	Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified).	145	145		

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)**

Item No.		2022 Fee	2023 Fee	5% increase	9% increase
	FOOD ^{2,3,16,17}				
56	Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or a full plan review fee will be required)	155	155	165	170
	Seasonal Food Establishment (9 months or less) 75% of applicable fee type		project specific	project specific	project specific
57	Bakeries	425	425	445	465
58	Bed & Breakfasts/Hotel/Motel (Breakfast Only)	340	340	355	370
59	Caterers:				
	With Commissary	695	695	730	760
	With Restaurant	305	305	320	330
60	Demonstrators	305	305	320	330
61	Food Handler Permits:				
	(Set by State BOH)	10	10	10	10
	Duplicate for Lost Card	10	10	10	10
	Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20)	210	200	200	200
62	Groceries:				
	1-2 checkouts	305	305	320	330
	3 or more checkouts	650	650	685	710
63	High Priority Inspections-	235	235	#REF!	#REF!
64	Limited Menus	340	340	355	370
65	Meat/Fish Markets	425	425	445	465
66	Mobile Units	695	695	730	760
67	Plan Review and Pre-Op Inspections: ¹⁸				
	Change in Menu and/or Equipment Review	235	235	245	255
	Food Establishment Plan Review - Low Risk Establishments-Mobile Units			990	1,020
	Food Establishment Plan Review - High Risk All Other Establishments	610	610	640	665
	Variance Request Review	235	235	245	255
	Special Process Plan Review	390	390	410	425
68	Additional Inspections				
	Reinspection with a site visit (after first reinspection) ¹⁹		165	175	180
	Reinspection without a site visit (at Health District discretion)		85	90	95
69	Restaurants (No Lounge):	695	695	730	760
	Seasonal (9 months or less) 75% fee schedule menu	390	390	#REF!	#REF!
	Special Process Permit	305	305	320	330
70	Restaurants (With Lounge):	765	765	805	835
	Special Process Permit	305	305	320	330
	Taverns (No Food)	295	295	310	320
71	Schools:				
	Central Kitchen	690	690	725	750
	Preschools/Headstart/ECAP	305	305	320	330
	Warming Kitchen	340	340	355	370
	Temporary Permits (due 14 days prior to event): ²⁰				
72	Bake Sale/Exempt Food Application Review	No Charge	No Charge	Charge	Charge
73	Limited Menu - Single Event	55	55	60	60
74	Limited Menu - Seasonal Multiple Events	100	100	105	110
75	Non-Complex Menu:				
	During Work Hours Single Event	90	90	95	100
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	100	100	105	110
	Seasonal Multiple Events	135	135	140	145
76	Complex Menu:				
	During Work Hours Single Event	115	115	120	125
	Non-Work Hours (Weekends, Holidays, etc.) Single Event	120	120	125	130
	Seasonal Multiple Events	185	185	195	200
77	Single Menu, Single Event, Multiple Vendors	365	365	385	400

Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)

Item No.		2022 Fee	2023 Fee	5% increase	9% increase
	<u>LIVING ENVIRONMENT</u> ^{2,3,16}				
	Public or Semi Public Swimming Pools and Hot Tubs: ²¹				
78	One Pool - Year Round Operation	1,035	1,035	1,085	1,130
	Each Additional Year Round Pool	190	190	200	205
79	One Pool - Seasonal Operation	800	800	840	870
	Each Additional Seasonal Operation Pool	155	155	165	170
80	Residential Neighborhood Private Pools ⁷	235	235	245	255
81	Pre-op Inspections Pools, Camps ^{7,18}	235	235	245	255
82	Reinspections: Each Re-Inspection after First Re-Inspection ¹⁹	155	155	165	170
83	School Plan Reviews ⁷	150			
	Primary School Construction Plan Review (hourly rate will apply after the first 10 hours)		1,500	1,000	1,000
	Secondary School Construction Plan Review (hourly rate will apply after the first 14 hours)		2,100	1,500	1,500
	Playground Construction Plan Review (hourly rate will apply after the first 4 hours)		600	600	600
	Portable School Building Plan Review (hourly rate will apply after the first 3 hours)		450	450	450
	Other School Project (hourly rate will apply after first 3 hours)		450	450	450
84	Camps ²²	460	460	485	500
Item No.	<u>SOLID AND HAZARDOUS WASTE</u> ^{2,3}	2022 Fee	2023 Fee		
	Permit Application/Permit Modification Service Charges: ^{7,23}				
85	Compost Facilities	145	145		
86	Land Application Facilities	145	145		
87	Energy Recovery/Incineration	145	145		
88	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes	145	145		
89	Storage/Treatment Piles	145	145		
90	Surface Impoundments/Tanks	145	145		
91	Waste Tire Storage Facility	145	145		
92	Mixed Municipal Waste Landfill	145	145		
93	Limited Purpose Landfill	145	145		
94	Inert Waste Landfills	145	145		
95	Other Methods of Solid Waste Handling	145	145		
	Annual Permit Renewal Service Charges: ²⁴				
96	Recycling Facilities Conditionally - Exempt Facility Fee ²⁵	145	145		
97	Compost Facilities:				
	Conditionally Exempt Facility Fee ²⁵	145	145		
	Commercial Compost Facilities	2,940	2,940		
98	Land Application Facilities:				
	Sites Without Monitoring	880	880		
	Sites With Monitoring	1,765	1,765		
99	Energy Recovery/Incineration	1,765	1,765		
100	MMSW Haulers	180	180		
	Plus Per Truck	15	15		
101	Site Restoration Haulers	145	145		
102	Biomedical Waste Hauler	265	265		
	Plus Per Truck	15	15		
103	CRT Haulers	170	170		
104	Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes				
	Conditionally Exempt MRF Facility Fee ²⁵	145	145		
	Transfer Stations	2,940	2,940		
	Compaction/Baling Sites	1,765	1,765		
	Drop Boxes	1,615	1,615		
	Decant Facilities	880	880		

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)**

105	Storage/Treatment Piles:			
	Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵	145	145	
	Piles	1,765	1,765	
106	Surface Impoundments/Tanks:			
	Tanks	880	880	
	Surface Impoundments With Leak Detection	1,765	1,765	
	Surface Impoundment With GW Monitoring	2,645	2,645	
107	Waste Tire Storage Facility	880	880	
108	Moderate Risk Waste Handling Facility:			
	Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities)	145	145	
	Moderate Risk Waste Facility	2,645	2,645	
109	Mixed Municipal Waste Landfill: ⁷	145	145	
110	Limited Purpose Landfill	2,645	2,645	
111	Inert Waste Landfills > 250 CYDS Landfill	2,940	2,940	
112	Landfill Closure Permit ⁷	145	145	
113	Landfill Post Closure Permit ^{7,26}	145	145	
114	Secure Medicine Return Plan Review Fee ²²	17,625	17,625	
115	Secure Medicine Return Plan Annual Operating Fee ²⁸	7,345	7,345	
116	Secure Medicine Return Revised Plan Review Fee ²⁹	440	440	
117	Secure Medicine Return Plan Enforcement Fee ²	145	145	
118	Secure Medicine Return Plan Alternative Disposal Review Fee ²⁹	440	440	
119	Other Methods of Solid Waste Handling ⁷	145	145	
	Disposal Plan Reviews ³⁰	145	145	
	Site Development Activity Permit (SDAP-Fill & Grading)	145	145	
	Bio-Solids State Permit, Plan, and Report Reviews ³¹	145	145	
	Environmental Monitoring Activities (Labor Only)	145	145	
	Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review	145	145	
120	Copy of Local Regulations (Plus Postage and Handling if Applicable)	10	10	

FOOTNOTES

¹	Fees and applications are not transferable.
²	The Health Officer may waive all, or part, of any service charge on a case-by-case when just cause is demonstrated. When written application for waiver to a service charge is made and granted, the new service charge shall be based at the standard hourly rate.
³	Activities not specifically identified in this Service Charge Schedule will be billed at the hourly rate.
⁴	Refunds are at the discretion of the Health Officer; the handling fee will be subtracted from any Health Officer-approved refund.
⁵	The hourly rate will apply after the first seven (7) hours. Fee includes final inspection.
⁶	The hourly rate will apply after the first two (2) hours.
⁷	The hourly rate will apply after the first hour.
⁸	If the certification is not paid prior to the due date, the applicant must pay, in addition to the certification service charge, a Delinquent Certification Renewal Fee. After a 90 day delinquent period, a retest for certification will be required. On July 1 of each year all certifications, unless renewed, shall become void and of no effect.
⁹	New Building Site Applications (BSA) are valid for a period of three (3) years and 30 days from the date of submittal.
¹⁰	Wet Weather Review for BSA pays for the number of site visits required in the current review policy.
¹¹	Building Clearance Exemption service charge covers staff time to conduct records search, plan review, and record processing; subject to the Health District's policy covering Building Clearance Exemption Referrals.
¹²	The Sewage Disposal Permit expires within a period of one (1) year from the date of issuance unless a current valid Building Permit has been obtained for the property site.
¹³	For each system dispersal component.

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2023)**

14	Duplexes will require full fees for each address unless the duplex shares an individual drainfield. Duplexes with shared drainfields will receive one report for both addresses. If separate Property Conveyance Reports are requested for each address when a drainfield is shared, separate applications must be submitted and full service charges paid for each report.
15	Plat Review service charges are minimum charges. Time records will be maintained on all plats with onsite sewage reviews. Any costs over the deposit paid will be billed at the hourly rate. Plats will not be signed as approved until the Health District receives payment in full.
16	If a permit service charge is not paid prior to the due date, the applicant must pay, in addition to the permit service charge, a late penalty equal to 1% of the regular service charge for each day payment is late. The late penalty of 1% will be assessed only for thirty (30) days. If payment is not made within thirty (30) days of the due date, the establishment will be subject to closure in accordance with food service rules and regulations. The Health Officer may waive penalties, in whole or in part, where it is determined that the delay in payment has been caused by mistake or excusable neglect on the part of the person billed.
17	Inspections of establishments will be made in accordance with provisions of Kitsap Public Health Board Ordinance 2014-01 Food Service Regulations. The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local food regulations.
18	Minimum one (1) hour.
19	The first re-inspection during the permit year will be conducted at no charge. Any additional re-inspections shall be charged at the Standard Hourly Rate. Payment of re-inspection service charges must be made within thirty (30) days of the billing date. If payment is not made prior to annual licensing renewal time, a new permit will not be issued.
20	Single event temporary permits are good for a maximum of 21 days. Applications and service charges for temporary permits are due fourteen (14) calendar days prior to the event to allow for weekend inspection scheduling and coordination with participants for approval. There is a 25% permit fee surcharge for applications submitted from 13 to 2 days prior to an event. There is a 50% permit fee surcharge for applications submitted 48 hours or less prior to an event. Non-complex menu permits are for one-step food preparation procedures for temporary permits. Complex menu permits are for operations that have multiple steps in food preparation.
21	Inspections will be made in accordance with provisions of rules and regulations of the State Board of Health governing swimming pool facilities. The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local regulations.
22	Camps, which are serving food year round are required to license the food service facility according to the Food Program Service Charge Schedule in effect at the time of application. It is the intent to provide two (2) food service facility inspections per year for those operating year round. Camps operating on a seasonal basis shall license the food service facility according to the seasonal Food Program Service Charge Schedule. Camp pool facilities shall be licensed and inspected according to this Service Charge Schedule. Camp inspections include a bathing beach and one sanitary facility inspection.
23	Charge covers completed permit application review, new or modified permit drafting/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review.
24	Charges cover annual permit renewal/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review. Charges are assessed based on staff hours expended at the hourly rate approved by the Kitsap County Board of Health for that year. Charges will be billed at a frequency agreed to by the permittee.
25	Conditionally exempt hourly fees are assessed to evaluate conditional exemption status, annual reports, and to conduct annual inspections, as needed. These fees include time expended on non-compliance and re-inspection and will be based on the hours spent regulating the facility the previous calendar year.
26	A permit issued to a facility once closure construction activities are completed, which governs the requirements placed upon a facility after closure to ensure its environmental safety for at least a twenty-year period or until the site becomes stabilized (i.e., little or no settlement, gas production, or leachate generation).
27	The hourly rate will apply after the first one hundred twenty (120) hours.
28	The hourly rate will apply after the first fifty (50) hours.
29	The hourly rate will apply after the first three (3) hours.
30	Service charges will be assessed for the review of plans or proposals not specifically associated with a facility permit application.
31	Fees for Biosolid facilities include time to review permits, review reports and to conduct inspections. Non-compliance issues would be billed separately. In addition to review charges for Bio-Solids State Permit, Plan and Report Reviews, charges are assessed for non-routine regulatory activities associated with facility noncompliance.

2023 Environmental Health Fee Update

Presented by:
Eric Evans
Assistant Environmental Health Director



KITSAP PUBLIC HEALTH DISTRICT

Current Fee Schedule History

- **Board Resolution 2017-03** – adjusting the hourly rate used in fee calculation and establishing a CPI escalator to recover the actual costs of service
- **Board Resolution 2019-06** – creating flexibility in the application of the CPI escalator and allowing for individual fee adjustment when necessary
- **Board Resolution 2020-06** – Food establishment and water recreation facility fees are reduced for the 2020-2021 permit cycle to 75% and 50% of their established fees
- **Board Resolution 2021-02** – fees for 2022 are held at their established level without a CPI increase



Proposed 2023 Fee Adjustments

- **Increase** Food and Living Environment Program fees using the CPI escalator
- **Increase** specific Food and Living Environment Program fees which are significantly out of alignment with cost of providing the service
- **Reduce** Drinking Water and Onsite Sewage Program specific fees
- **Hold** Solid and Hazardous Waste Program fees at current levels



2023 LEGISLATIVE POLICY PRIORITIES

Kitsap Public Health District supports policies that will protect the health of Kitsap residents, opposes any policies that reduce local health authority, and supports efforts to maintain funding to local public health services and programs.

PUBLIC HEALTH FUNDING



Recent funding from the legislature has been critical in building back the local public health infrastructure.

Support maintaining existing levels of funding for Foundational Public Health Services (FPHS).

Support exploring a dedicated revenue source for FPHS funds.

Support ongoing and additional funds for communicable disease investigation, such as Covid-19, Monkeypox Virus (MPV), or Sexually Transmitted infections.

Support ongoing funds for Commercial Tobacco and Vaping Prevention.

PUBLIC HEALTH AUTHORITY



Efforts to reduce public health authority are detrimental to the health of our community.

Oppose efforts to reduce or eliminate local public health authority.



Efforts that add authority *without adequate funds* further degrade local public health infrastructure.

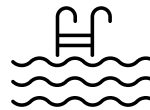
Oppose bills that include unfunded mandates for enforcement, such as legalizing Hemp in Foods.

ENVIRONMENTAL HEALTH



Public Health is charged with ensuring the public does not come into contact with potentially hazardous foods (PHF).

Oppose bills which would allow PHF to be prepared and sold from residential kitchens.



Public Health is charged with ensuring the proper sanitation of commercial swimming pools.

Support efforts to restrict the use of pool-sharing apps in Washington State.



For more information: please contact Keith Grellner, KPHD administrator, at keith.grellner@kitsappublichealth.org.