

**KITSAP PUBLIC HEALTH BOARD
AGENDA**

April 7, 2015
1:45 p.m. to 2:35 p.m.
Norm Dicks Government Center, First Floor Chambers
Bremerton, WA

- | | | |
|-----------|----|--|
| 1:45 p.m. | 1. | Minutes, March 3, 2015 |
| 1:46 p.m. | 2. | Consent Items and Contract Updates: See Consent Agenda Agreement Summary, Warrant and EFT Registers, and Contracts Signed Report |
| 1:48 p.m. | 3. | Public Comment |
| 1:53 p.m. | 4. | Health Officer's Report / Administrator's Report |

DISCUSSION ITEMS:

- | | | |
|-----------|----|---|
| 2:00 p.m. | 5. | Community Health Division Fee Schedule Revisions
<i>Suzanne Plemmons, Community Health Division Director</i> |
| 2:05 p.m. | 6. | Strategic Plan 2014 Progress Report
<i>Scott Daniels, Administrator</i> |

ACTION ITEM:

- | | | |
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| 2:25 p.m. | 7. | Resolution 2015-03: Appointing Deputy Health Officers
<i>Susan Turner, Health Officer</i> |
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ADJOURN:

- | | | |
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| 2:35 p.m. | 8. | Adjourn |
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Immediately following the adjournment of the regular Board Meeting, the Board Personnel Committee will meet in the Pre-Function Room (adjacent to the Chambers Room) from 2:35 to 2:45 p.m.

KITSAP PUBLIC HEALTH BOARD

Regular Meeting

March 3, 2015

The meeting was called to order by the Board Chair Commissioner Robert Gelder, at 1:47 p.m.

MINUTES

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the February 3, 2015, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The contracts on the consent agenda included:

- 1353, Washington State Department of Health, *Healthy Communities Lead Organization*
- 1350, Washington State Department of Ecology, *Directed PIC for Burley and Lofall Creek Watersheds*
- 1080, Amendment 1, Washington State Department of Ecology, *Centennial Clean Water Dyes Inlet Pathogen Removal Project*
- 1310, Spectra Laboratories, *Environmental Laboratory Services*
- 1046, Amendment 1, Kitsap Conservation District, *PIC Project – Yukon Harbor*
- 1012, Amendment 1, Jefferson County Public Health, *Data Review – Chemical & Drug Dependency*

Mayor Erickson moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the contracts update and Warrant and Electronic Funds Transfer Register. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER'S REPORT/ADMINISTRATOR'S REPORT

Dr. Susan Turner, Health Officer, provided a brief update on recent infectious disease outbreaks in Kitsap County. She reported that according to Washington State laboratory data, respiratory syncytial virus (RSV) peaked at the end of January and is now falling, while influenza has returned to near baseline levels. Coronavirus infections are still present and elevated above baseline levels. The District continues to receive reports of pertussis infection, a total of 118 cases to date. The majority of cases reside in Bainbridge Island, but a few cases have been reported in North Kitsap and in Bremerton. Additionally, there have been four cases of measles reported in Clallam County. Dr. Turner assured the Board that the District has been working with local schools, hospitals, and clinics to put an emergency preparedness response plan into place so that any cases of measles in Kitsap County could be dealt with quickly, minimizing the outbreak potential. A brief discussion by the Board followed.

Dr. Turner also provided an update on the Kitsap Community Health Priorities (KCHP) work. The sponsor group which includes United Way-Kitsap, the Kitsap County Human Services Division, the Kitsap Community Foundation, and Harrison Medical Center-Franciscan Health Services have a meeting scheduled for April 6, 2015. She provided workgroup updates from

three of the four priorities. The group addressing the priority “Prevent...ACEs”, held their second community forum in February to identify a common community agenda. Fifty-one people attended representing 30 agencies. She reported that the Kitsap Community Foundation, Suquamish Tribe, and United Way-Kitsap have committed funds to hire a full-time Project Coordinator to manage the daily operations of the work. The workgroup addressing “Ensuring mental health care is accessible, available and timely for all”, is planning to hold a community mental health summit in the spring, which will provide an excellent link with the community to provide a format for discussion about youth suicide and opiate addiction. Finally, the workgroup addressing affordable housing, the Continuum of Care Coalition, is meeting to talk about different potential collective impact projects and conducting informal analyses of their feasibility. The group will then provide feedback to the District and work to identify next steps.

Mr. Scott Daniels, Administrator, first addressed an email that was forwarded to him in February from Mayor Tim Matthes and Commissioner Garrido from a concerned citizen, Mr. Parker, regarding sharps found in Port Orchard. Mr. Daniels stated that upon receiving that email, the District immediately responded and did not find any sharps at the reported location. To further address Mr. Parker’s email concerning the accessibility of public information on syringe disposal, he stated that the sharps section on the District’s website has been made more accessible and includes a document that explains to the public what to do when they find sharps in a public area. Daniels noted that the District tracks and monitors trends for illegally dumped syringes; the District’s data indicates the number of reports are up over the last month, and include areas of Bremerton, South Kitsap and Poulsbo. Several types of brands of sharps were found indicating they are not from one source. Mr. Daniels stated that the District responds immediately when they receive a phone call that a syringe has been found. Daniels assured the Board that the District will continue to monitor all sites to make sure there is not a growing problem of illegally disposed sharps in the community. Following a brief discussion, Mayor Matthes thanked the District for their prompt response.

Next, Mr. Daniels brought the Board up-to-date on the District’s strategic planning process. He reminded the Board that the strategic plan was developed in 2010 as a ten-year plan. Although it has only been five years, many of the goals have been accomplished and it is time to review and update the plan. The Board will be asked to approve the plan and possibly asked to participate in the process. He will report back to the Board next month.

Mr. Daniels next announced that the State Board of Health, will be meeting in Bremerton on October 14, 2015. Keith Grellner, the District’s Environmental Health Division Director serves as the Chair of the State Board of Health. Mr. Grellner announced that the State Board of Health will invite the local health jurisdiction to talk about what is going on in their community. The State Board of Health members represent all parts of Washington State. Mr. Grellner remarked that he would like this Board to participate if available.

Lastly, Mr. Daniels said the District’s leadership recently met with Commissioner Wolfe to provide a new Board member orientation. He announced that all of the orientation materials are now available on the District’s website.

HEALTH DISTRICT 2015 LEGISLATIVE PRIORITIES UPDATE

In January, the Board approved the 2015 Legislative Priorities. Mr. Daniels provided an update on the seven priorities:

HB 1545: Statutory Clarity for Pharmaceutical Prescribing and Dispensing by Local Public Health Jurisdictions. He explained that State legislation is needed to establish statutory clarity for current practices allowing public health nurses to dispense communicable disease and family planning vaccines and medications to patients in a timely manner using standard protocols established by the Health Officer. This bill has been passed out of Committee and is currently in House Rules Committee.

Adverse Childhood Experiences (ACEs) Resolution. Mr. Daniels noted that the goal of this resolution is to provide education and elevate awareness, at the legislative level, around the issue of ACEs. Some Republican House members have voiced concerns about the length of the resolution and as a result, some language has been stripped. If there is agreement on the revised language, it will be introduced for House vote prior to the end of session.

HB 1645/SB 5573: Vaping /E-Cigarette Legislation; the use of electronic nicotine delivery systems, known as vaping, is increasing rapidly and the District is concerned because the growing market includes children. There are several bills addressing this issue, but the District is focusing on HB 1645. This bill would provide for controls in advertising, marketing, and sales to prevent access to youth and minors. This bill also includes a tax structure that would apply taxes toward e-cigarettes which are not currently taxed like cigarettes.

HB 1715: Protecting Puget Sound through Funding and Implementing Local Onsite Sewage Program Management Plans. This bill creates a \$30 per year onsite sewage system fee to help local counties implement the state-mandated sewage system plan. Mr. Daniels explained that the bill passed out of House Appropriations and has been sent on to House Rules.

HB 1620/SB 5716: Biotxin Testing for Diarrhetic Shellfish Poisoning. Biotxin data is used to ensure shellfish harvest areas are healthy and produce safe shellfish for human consumption. HB 1620 made it out of House Appropriations and is now headed to the floor.

SB 5458: Authority for Public Health Districts in Washington State to Act as Their Own Fiscal Agents. Mr. Daniels explained that under current State law, a health district lacks authority to act as its own fiscal agent. This bill passed the House last session and must pass the Senate and House again this session before it can become a law.

A brief discussion followed.

EVIDENCED BASED PRACTICES UPDATE

Mr. Daniels prefaced by stating the Shellfish Protection and Restoration Project is an evidenced-based project created through almost five years. He introduced Ms. Eva Crim, Environmental Health Specialist from the Pollution Identification and Correction Program (PIC), who provided an update on the project.

Ms. Crim stated that in 2010, the Water PIC Program was awarded a \$997,000 grant by the U.S. Environmental Protection Agency (EPA). Two-thirds of those funds were awarded to the District by the EPA with matching funds through Clean Water Kitsap. The project's overall goal is shellfish restoration and protection.

Ms. Crim reviewed the measurable outcomes for the project. She stated that the PIC Program Team conducted 85 miles of shoreline monitoring and investigation while conducting education and outreach activities throughout the County. The team collected samples of freshwater flows from shorelines to consider all sources of pollution, not only failing septic systems. Beach areas that were surveyed ranged from Point No Point to south Hood Canal and Yukon Harbor to Prospect Point as well as 22 miles of Bainbridge Island; which covered approximately 340 miles of shoreline. This survey resulted in the identification of 126 shoreline hot spots, completion of 558 property inspections, identification of 56 septic system failures, and increased participation of community shellfish farms. Ms. Crim outlined the many accomplishments from the survey and noted that the result of the work done in Miller Bay was shared with the Department of Health (DOH) who will in turn use the data to upgrade this area to allow shellfish harvesting within the next few years. Ms. Crim acknowledged her staff for their hard work and asked them to stand. The Board and audience gave the team a round of applause for their hard work.

Ms. Suzanne Plemmons, Director of the Community Health Division, introduced the Nurse-Family Partnership (NFP), an evidenced-based program backed by 37 years of research. Over time, research data has shown NFP programs to be effective in transforming the lives of first-time mothers living in poverty. Because of a relationship that a mother has with the visiting nurse, mothers do better educationally, have better employment opportunities, and are more successful parents. Research studies show for every dollar invested five dollars is saved.

Kitsap County is able to provide NFP services because of the regional partnership with Healthy Start Kitsap, Jefferson County Public Health and Port Gamble S'Klallam Tribe. Ms. Plemmons introduced Ms. Marge Herzog, President of Healthy Kitsap. She also introduced Ms. Mindi Outhwaite and Ms. Nancy Acosta, both public health nurses working in the District's NFP program as well as Ms. Yuko Umeda, NFP nurse supervisor from Jefferson County.

Ms. Outhwaite was joined at the podium by a NFP graduate, Sandra and her family. Sandra shared her story about the success she has had in as a participant in the NFP program. She thanked the Board for the time given to her by her nurse and the many benefits of the NFP program. The audience gave Sandra and her family a round of applause.

ADJOURN

There was no further business; the meeting was adjourned at 2:50 p.m.

Robert Gelder, Chair
Kitsap Public Health Board

Scott Daniels
Administrator

Board Members Present: *Council Member Sarah Blossom; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Patty Lent; Mayor Tim Matthes; Mayor Becky Erickson; Commissioner Edward Wolfe.*

Staff Present: *Karen Bevers, Communications Coordinator/Public Information Officer; Scott Daniels, Administrator; Susan Turner, Health Officer; Katie Eilers, Assistant Director, Community Health Division; Kathy Greco, Confidential Secretary, Administration; Keith Grellner, Director, Environmental Health Division; Leslie Hopkins, Program Coordinator 2, Administration; Suzanne Plemmons, Director, Community Health Division; Shelley Rose, Public Health Educator, In-Person Assister Program; Dana Brainerd, Public Health Nurse, Clinical Services; Eva Crim, Environmental Health Specialist 3, Water Pollution Identification and Correction; Sarah Collins, Environmental Health Specialist 3, Water Pollution Identification and Correction; Shawn Ultican, Senior Environmental Health Specialist, Water Pollution Identification and Correction; Susan Walther, Environmental Health Specialist 1, Water Pollution Identification and Corrections; Anna Gonzales Public Health Nurse, Clinical Services Program; Nancy Acosta, Public Health Nurse, Parent Child Health, Community Health Program; Mindi Outhwaite, Public Health Nurse, Parent Child Health, Community Health Program; Karen Holt, Human Resources Manager, Administration; Betti Ridge, Social Worker, Clinical Services; Lisa Linden, Social Worker, Clinical Services; Linda Tourigny, Public Health Nurse Supervisor, Parent Child Health, Community Health.*

Public Present: *Monte Levine, self; Robert Parker, self, Marge Herzog, President, Healthy Start Kitsap; Yuko Umeda, NFP Nurse Supervisor, Jefferson County Public Health.*

MEMO

To: Kitsap Public Health Board
From: Suzanne Plemmons, Community Health Division Director
Date: March 20, 2015
Re: Revisions to Community Health Division Schedule of Service Charges

The Community Health Division “Schedule of Service Charges” establishes charges for services provided by the District’s Immunization, Family Planning, HIV/AIDS, and Communicable Disease (including Tuberculosis) clinics, and for related laboratory services.

Our Family Planning, Communicable Disease, and Immunization programs have been, and remain, an important safety net providing care for those who don’t have the ability to pay. As required by law, the fees for our Family Planning and Childhood Immunization clinics slide to \$0, and we do not turn people away because of inability to pay. Services provided by our clinics reduce unintended pregnancies, reduce the transmission of infectious diseases, and increase immunization rates.

In the past, it’s not been necessary to update the Community Health Fee Schedule on a frequent basis for two reasons. First, the schedule has always included a provision that allows the District to increase or decrease the fees or charges for vaccines, drugs, and medical supplies when vendors increase and decrease the cost of these items. This provision is an efficiency that eliminates the need to change the entire fee schedule every time a vendor changes its charges to the District. Second, given the relatively stable payor environment for public health agencies over the past two decades regarding payment for clinical services (Medicaid), it has only been necessary to update this fee schedule as office visit fees changed within that system.

With the implementation of the Affordable Care Act in Washington State in 2013, the State expanded access to Medicaid to many low-income residents who previously were not eligible, and access to private insurance through the Health Benefit Exchange. These changes brought public health agencies that provide services to low-income residents more in line with private providers who have always billed private insurance.

In response to this changing environment, the Health District has spent the last two years credentialing our providers, contracting with insurance companies, and initiating medical insurance billing.

In 2014, our Clinical Services Programs were 72% supported by local flexible funds (non-fee related). While fees paid by patients or insurers remain a small part of the revenue supporting our clinical services programs, our goal is to ensure that we capture appropriate insurance reimbursements wherever possible.

As part of this process, District staff consulted with neighboring local public health jurisdictions who bill for a similar range of services and a local medical billing specialist to evaluate and adopt best practices to evaluate our fee schedule. Additionally, our staff have completed a cost analysis to determine the actual cost for providing services in our clinics.

The purpose of my presentation on this topic at the Board's April 7th meeting is to provide the Board with background on, and answer questions about, these service charges. We propose to bring a revision to the Community Health Division Fee Schedule to the Board for consideration at the Board's May 5th meeting. This revision will include the following changes:

- Adjustment of our fees for service based on actual costs, bringing them in line with usual and customary charges in this area.
- Housekeeping changes, e.g., improving format, updating references and procedure codes, deleting service charges that no longer apply, footnote clean-up, etc.

If you have any questions or comments, please let me know.

MEMO

To: Kitsap Public Health Board
From: Scott Daniels, Administrator
Date: March 25, 2015
Re: 2011-2021 Strategic Plan 2014 Year-End Progress Report

At the April 7, 2015, Kitsap Public Health Board meeting, members of the District's Executive Leadership Team will review progress on the objectives established in the District's 2011-2021 Strategic Plan.

To assist with this review, included in the packet are the following documents:

1. The Summary: 2011-2021 Strategic Plan 2014 Progress Report
2. The Details: 2014 Year-End Progress-to-Goal Monitoring Logs for Implementation Plan Goals One through Five

The Strategic Plan was initially approved by the Board, by resolution, in November 2011. Five goals were initially established in the Strategic Plan, and objectives and activities for each goal were later detailed in implementation plans. The five goals were:

GOAL 1: We will strengthen our ability to prevent and control communicable diseases.

GOAL 2: We will decrease chronic diseases and their impacts in our community.

GOAL 3: We will prevent and reduce environmental threats to public health from contaminated water, food, land, and air.

GOAL 4: We will promote healthy child development and health equity by ensuring all children have healthy starts.

GOAL 5: We will strengthen our financial and technological resources and ensure our workforce has the new skills required in our changing environment. We will also increase the extent to which community members and policy makers perceive public health to be an essential asset in their lives.

The Strategic Plan is a critical component of the District's Strategic Management System (SMS) which informs how the District creates, implements, monitors and adjusts its Strategic Plan

(and implementation plans), Quality Improvement Plan, individual program work plans, and ultimately, employee performance evaluation objectives. The District's plans are each informed, in part, by the Kitsap Community Health Priorities (KCHP), the county's community health improvement plan, health indicator data for Kitsap County, and other related planning documents. As part of the SMS process, the Kitsap Public Health Board, working jointly with the Executive Leadership Team, is responsible for monitoring progress on the Strategic Plan annually.

The ultimate goal of the SMS is to help the District fulfill its mission and vision. Specifically, the District uses the SMS to:

1. Improve the health and wellbeing of the people of our community.
2. Ensure our customers have a good experience while receiving quality, safe and effective services.
3. Optimize the cost, effectiveness and efficiency of the services we provide.
4. Provide a workplace environment that allows staff at all levels to use performance management practices to improve our outcomes and demonstrate accountability to the public we serve.

It's also important to note that the SMS process allows for adjustments to the Strategic Plan every three to five years, as needed. With the KCHP priorities now updated, the District will be revising its own Strategic Plan this summer to reflect changes in the public health landscape. The revised Strategic Plan will be brought back to the Board later this year for approval.

This will be an informational presentation on April 7th. No Board action is needed at this time.

GOAL 1 Strategic Plan		BY 2021, WE WILL STRENGTHEN OUR ABILITY TO PREVENT AND CONTROL COMMUNICABLE DISEASES BY ACHIEVING THE OBJECTIVES BELOW.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
1.1	12-31-14	We will implement an effective communication strategy with our healthcare provider partners (medical providers, veterinarians, hospitals, pharmacies, laboratories, and public school nurses) that strengthens their awareness and action in disease prevention and reporting. Our success will be demonstrated by a 10% increase in medical providers' perceived value of our messages and a 90% medical provider message recall.	4		
1.2	12-31-14	We will enhance the healthcare provider pages on our website to provide easy access for current information on communicable disease prevention, case definitions, screening/testing, reporting requirements, and treatment recommendations. Our success will be demonstrated by a 75% favorable rating on our provider survey and a 20% increase in utilization measured by hits per month.			4 Deferred to 2015 due to new PIO hire

2011-2021 STRATEGIC PLAN

2014 PROGRESS REPORT

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GOAL 2 Strategic Plan		BY 2021, WE WILL DECREASE CHRONIC DISEASES AND THEIR IMPACTS IN OUR COMMUNITY BY MEETING THE OBJECTIVES NOTED BELOW.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
2.1	12-31-14	At least six KPHD staff will have been trained in and able to educate our stakeholders about the causes and prevention of chronic disease, life course theory, and social determinants.			1 Staff have informally integrated ACES into their work
2.2	12-31-14	We will be participating actively in all five of our county and city community planning processes to promote and support a healthy environment.	3		
2.3	12-31-14	We will create a Chronic Disease Prevention Program (CDPP) that is integrated across three KPHD programs and is harmonized with the related goals in the Kitsap Community Health Priorities work plan.	1		1 To be completed in 2015

GOAL 3 Strategic Plan		BY 2021, WE WILL PREVENT AND REDUCE ENVIRONMENTAL THREATS TO PUBLIC HEALTH FROM CONTAMINATED WATER, FOOD, LAND, AND AIR BY ACHIEVING THE OBJECTIVES LISTED BELOW.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
3.1	2021	We will ensure safe and reliable drinking water for Kitsap County by increasing the number of public water systems that meet the total coliform bacteria standards to 95% or better on an annual basis.	1		2 Delayed pending hiring of Assistant EH Director
3.2	2017	We will decrease the annual rate of illnesses commonly related to unsafe food, unsafe water, or poor hygiene to less than 25 per 100,000.	1	1	1 Delayed due to pending revision of KPHD Strategic Plan
3.3	2017	We will increase the percentage of streams meeting standards for acceptable levels of fecal coliform bacteria and the number of marine shoreline miles classified as “open” for shellfish harvesting to better than 50% and better than 95%, respectively.	1		1 Delayed due to DOH’s Puget Sound OSS Funding Project & Legislature’s HB 1715
3.4	01-01-14	We will ensure the proper handling and disposal or recycling of solid and hazardous wastes by increasing timely compliance rates to 100%.	3		1 Due to wide variability in investigations referred from Dept. of Ecology, this performance measure needs to be revised

2011-2021 STRATEGIC PLAN

2014 PROGRESS REPORT

GOAL 4 Strategic Plan (Continued)		BY 2021, WE WILL PROMOTE HEALTHY CHILD DEVELOPMENT AND HEALTH EQUITY BY ENSURING ALL CHILDREN HAVE HEALTHY STARTS BY ACHIEVING THE OBJECTIVES LISTED BELOW.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
4.1	07-31-14	We will partner with neighboring Local Health Jurisdictions (LHJs) to implement a Nurse Family Partnership (NFP) program in Kitsap County and will serve the maximum NFP caseload of 25 families per 1.0 FTE nurse home visitor. 12 NFP families will be enrolled.			1 NFP client recruitment has taken longer than anticipated
4.2	12-31-14	We will complete and evaluate an educational program that will foster increased understanding of and intent to advocate for NFP and the Healthy Start Kitsap program among at least 50% KPHD Staff as evidenced by pre-post staff surveys.			2 Re-evaluate for 2015
4.3	12-13-14	We will complete an educational program that will strengthen community support of and advocacy for NFP amount healthcare providers, schools, community agencies and others.			1 Re-evaluate for 2015

GOAL 5 Strategic Plan		BY 2021, WE WILL ACHIEVE THE FOLLOWING OBJECTIVES TO STRENGTHEN OUR FINANCIAL AND TECHNOLOGICAL RESOURCES; ENSURE OUR WORKFORCE HAS THE NEW SKILLS REQUIRED IN OUR CHANGING ENVIRONMENT; AND INCREASE THE EXTENT TO WHICH COMMUNITY MEMBERS AND POLICY MAKERS PERCEIVE PUBLIC HEALTH TO BE AN ESSENTIAL ASSET IN THEIR LIVES.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
5.1	12-31-14	We will gain consensus on a new Public Health Board (the Board) local funding formula.			3 Survey completed, Board report delayed pending State policy decisions regarding Foundational Public Health Services
5.2	2021	We will work with our State Legislators and partners and will achieve stable dedicated State public health funding.	4		2 Process has been changed
5.3	03-01-15	We will have formally applied to achieve national accreditation from the Public Health Accreditation Board (PHAB) to position ourselves for future federal funding.	1		
5.4	12-31-13	We will be skilled and experienced in applying policy development to effect community-level change in using strategic partnerships that produce results.	1		
5.5	10-01-14	We will develop a mentoring program wherein at least two subject matter experts disseminate skills to other staff.	2		
5.6	04-01-16	The Public Health Board will establish a list of priority public health policies, and will adopt the highest priority policy.	2	1	

GOAL 5 Strategic Plan (Continued)		BY 2021, WE WILL ACHIEVE THE FOLLOWING OBJECTIVES TO STRENGTHEN OUR FINANCIAL AND TECHNOLOGICAL RESOURCES; ENSURE OUR WORKFORCE HAS THE NEW SKILLS REQUIRED IN OUR CHANGING ENVIRONMENT; AND INCREASE THE EXTENT TO WHICH COMMUNITY MEMBERS AND POLICY MAKERS PERCEIVE PUBLIC HEALTH TO BE AN ESSENTIAL ASSET IN THEIR LIVES.			
Objective Number	Completion By	Implementation Plan Objective	Activities		
			Completed	On Target	Modify
5.7	07-01-15	We will implement the top three Kitsap Community Health Priorities (KCHP) priorities.	6	4	
5.8	04-30-14	We will provide education to 100% of our staff and Public Health Board so they will be knowledgeable about all we do and able to convey compelling messages about our mission to the community.	6		
5.9	05-01-14	We will execute a comprehensive public communication strategy to raise public awareness of the functions and value of public health.	2		4 Need to refine strategy in collaboration with new PIO
5.10	12-31-14	We will have effective data collection and monitoring systems in place and the analytical resources necessary to provide timely, actionable information that will: <ul style="list-style-type: none"> • 5.10.1 Measure the prevalence of communicable and chronic diseases. • 5.10.2 Identify environmental threats to human health from water, food, sewage, land and air. • 5.10.3 Measure the effectiveness of home visiting by public health nurses. • 5.10.4 Enhance the efficiency and effectiveness of our administrative and business functions. 	2	2	4 Activities related to routing Employee Evaluations are being re-evaluated; Advised by County that activities related to the County's financial system data exports were not possible
5.11	12-31-2014	We will complete implementation of an electronic medical record (EMR) system so we can lead the formation of a community-level electronic health information exchange (HIE) that by 1-1-15 will improve communicable disease threat tracking capability, increase mandated reporting compliance, and provide chronic disease data.	2		1 Modified due to changes at Harrison Medical Center



**KITSAP PUBLIC
HEALTH DISTRICT**

IMPLEMENTATION PLAN GOAL 1 MONITORING LOG
2014 Annual Review
DIRECTORS REVIEW: 03/24/2015

Monitor work each July and December. Identify status of all activities: completed (on time or late) or pending (on target or modify). If an activity or performance measure is at risk or modified, describe this information in the Comments section and describe any specific tools or methods used to analyze problems and/or improve efforts. Be prepared to produce electronic documentation of all tool and method use. Add rows/sections as needed.

GOAL 1 Strategic Plan	BY 2021, WE WILL STRENGTHEN OUR ABILITY TO PREVENT AND CONTROL COMMUNICABLE DISEASES BY ACHIEVING THE OBJECTIVES BELOW.					
Objective 1.1	By 12-31-14 we will implement an effective communication strategy with our healthcare provider partners (medical providers, veterinarians, hospitals, pharmacies, laboratories, and public school nurses) that strengthens their awareness and action in disease prevention and reporting. Our success will be demonstrated by a 10% increase in medical providers' perceived value of our messages and a 90% medical provider message recall.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
1.1.1. We will create and distribute a semi-annual Communicable Disease newsletter.	Newsletter will be distributed as noted 100% of the time semi-annually.	✓				
1.1.2. We will develop a comprehensive, standard medical provider survey that will measure satisfaction with KPHD performance.	Survey drafted by 5-31-14.	✓				
	Survey sent by 6-1-14.	✓				
	Survey analyzed and reported by 10-1-14.	✓				

IMPLEMENTATION PLAN GOAL 1 MONITORING LOG

2014 Annual Review

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Objective 1.2		By 12-31-14, we will enhance the healthcare provider pages on our website to provide easy access for current information on communicable disease prevention, case definitions, screening/testing, reporting requirements, and treatment recommendations. Our success will be demonstrated by a 75% favorable rating on our provider survey and a 20% increase in utilization measured by hits per month.				
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
1.2.1. Investigate system solutions for online reporting of communicable diseases.	Provide Directors a report of available options by 12-31-14.				✓	Washington State Department of Health is in the process of looking for a new vendor to create a reporting system statewide.
1.2.2. Benchmark peer websites to find best practices in provider sites.	Provide Directors a report of best practices, recommendations for KPHD by 6-30-14.				✓	PIO reviewed websites in 2014 and discussed ideas with Health Officer. They have a list of changes to the website which will be done by 5-30-15. Recommend change to performance measure: "Report website changes to Directors by 8-30-15."
1.2.3. Survey healthcare providers re: customer requirements and document recommendations.	Provide Directors a report of recommendations by 6-30-14.				✓	Community Liaison and PIO worked on plan in 2014 to conduct survey with healthcare providers. This plan will be revisited after the changes in 1.2.2 are implemented. Goal is to conduct surveys by 7-30-15.
1.2.4. Revise website using recommendations from 1.2.2 and 1.2.3.	Completed by 12-31-14.				✓	The PIO will be revising the website based on 1.2.2 and 1.2.3, by 9-30-15.



Monitor work each July and December. Identify status of all activities: completed (on time or late) or pending (on target or modify). If an activity or performance measure is at risk or modified, describe this information in the Comments section and describe any specific tools or methods used to analyze problems and/or improve efforts. Be prepared to produce electronic documentation of all tool and method use. Add rows/sections as needed.

GOAL 2 Strategic Plan	BY 2-2021, WE WILL DECREASE CHRONIC DISEASES AND THEIR IMPACTS IN OUR COMMUNITY BY MEETING THE OBJECTIVES NOTED BELOW.					
Objective 2.1	By the end of 2014, at least six KPHD staff will have been trained in and able to educate our stakeholders about the causes and prevention of chronic disease, life course theory, and social determinants.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
2.1.1. Evaluate training.	Evaluation completed by 7-1-14.				✓	No formal evaluation was completed but staff have successfully integrated life course concepts and adverse childhood experiences research into their programmatic design and decision making.

Objective 2.2	By the end of 2014, we will be participating actively in all five of our county and city community planning processes to promote and support a healthy environment.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
2.2.1. Build staff and agency capacity, knowledge, and skills around the role of public health in community and transportation planning.	Complete training for Katie Eilers and Danielle Schaeffner on healthy planning for chronic disease prevention by 7-31-14.	✓				
2.2.2. Meet with Port Orchard community development and planning officials to gather information (regulations, plans, processes, etc.) about existing built environment provisions for each jurisdiction with regard to chronic disease prevention, and discuss their perspective on KPHD participation in the transportation and community planning processes.	Meet with Port Orchard planning director by 6-30-14.		✓			KPHD met with Port Orchard community development and planning officials in October 2014 to gather information about existing built environment provisions and the potential role of KPHD in participating in their comprehensive plan revisions process. Port Orchard planners requested comments to their comprehensive plans due mid-February 2015.

IMPLEMENTATION PLAN GOAL 2 MONITORING LOG

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Objective 2.2 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
2.2.3.. As requested, provide comments to Kitsap County, City of Bremerton, and City of Port Orchard local planning officials on local jurisdictional transportation and comprehensive plans to improve community health.	Submit comments on plans according to the schedule established by the issuing jurisdictions.	✓				Comments to comprehensive plans were submitted on-time in response to requests by jurisdictions. KPHD provided health language and policy recommendations for incorporation in the comprehensive plans to Kitsap County in May 2014 (with ongoing technical assistance throughout the year). The City of Bremerton requested comments to their comprehensive plan due January 2015 and the City of Port Orchard requested comments to their comprehensive plans due mid-February 2015.

Objective 2.3		We will create a Chronic Disease Prevention Program (CDPP) that is integrated across three KPHD programs and is harmonized with the related goals in the Kitsap Community Health Priorities work plan by 12-31-14.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
2.3.1. Create a KPHD integrated, multi-disciplinary CDPP framework and budget.	Complete program integration by 12-31-14.				✓	The budget for the integrated, multi-disciplinary CDPP was completed and work begun on creating a comprehensive framework integrating life course theory. The framework will be completed in 2015.	
2.3.2. Ensure on-going KPHD participation in Kitsap Community Health Priorities (KCHP) workgroups that relate to chronic disease prevention.	Number of staff participating and number of meetings for each workgroup reported quarterly beginning 3-31-12.	✓				KPHD staff have continued engagement in KCHP's 5210 obesity prevention workgroups, and began engagement in focused workgroups on mental health access and affordable housing.	



Monitor work each July and December. Identify status of all activities: completed (on time or late) or pending (on target or modify). If an activity or performance measure is at risk or modified, describe this information in the Comments section and describe any specific tools or methods used to analyze problems and/or improve efforts. Be prepared to produce electronic documentation of all tool and method use. Add rows/sections as needed.

GOAL 3 Strategic Plan	BY 2021, WE WILL PREVENT AND REDUCE ENVIRONMENTAL THREATS TO PUBLIC HEALTH FROM CONTAMINATED WATER, FOOD, LAND, AND AIR THROUGH ACHIEVING THE OBJECTIVES LISTED BELOW.					
Objective 3.1	By 2021, we will ensure safe and reliable drinking water for Kitsap County by increasing the number public water systems that meet the total coliform bacteria standards to 95% or better on an annual basis.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
3.1.1. Prepare draft evaluation report, recommendations, and implementation plan for KPHD to increase the number of Group B public water systems routinely sampled for total coliform bacteria and increase the number of Group B public water systems in compliance with the total coliform bacteria standards.	Plan review and evaluation completed by 6-1-14.	✓				
3.1.2. Gain agreement on KCCWSP/Group B draft evaluation report, recommendations, draft Group B Water System Regulations, and implementation plan with Water Purveyors Association of Kitsap County.	Support and approval of evaluation report, Group B Regulations and implementation plan from Water Purveyors Association of Kitsap County obtained by 9-1-14.				✓	Delayed until 6-1-15.
3.1.3. Present KCCWSP and Group B evaluation report, recommendations, draft Group B Water System Regulations, and implementation plan to Kitsap Public Health Board for adoption.	Obtain Board adoption of Group B Regulations and implementation plan by 2-28-15.				✓	Delayed until 10-1-15

IMPLEMENTATION PLAN GOAL 3 MONITORING LOG

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Objective 3.2		We will decrease the annual rate of illnesses commonly related to unsafe food, unsafe water, or poor hygiene to less than 25 per 100,000 residents by 2017.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
3.2.1. Produce a proposed draft of local water recreation facilities rules in accordance with State Board of Health water recreation facility regulations, and present to the Kitsap Public Health Board for approval.	Adoption of local water recreation facility regulations by Kitsap Public Health Board by 12-31-15.				✓	Delayed indefinitely pending revision of KPHD Strategic Plan; ongoing implementation of state regulations will continue.	
3.2.2. Attain 100% adherence with the required inspection schedule for all food service establishments and water recreation facilities.	100% inspection rate for all food service establishments and water recreation facilities by 7-1-14.		✓			100% inspections achieved within 60 days of 07/01/14	
	100% passing scores for all food service establishments and water recreation facilities on an annual basis by 1-1-21.			✓			

Objective 3.3		We will increase the percentage of streams meeting standards for acceptable levels of fecal coliform bacteria and the number of marine shoreline miles classified as “open” for shellfish harvesting to better than 50% and better than 95%, respectively, by 2017.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
3.3.1. Prepare a revised Local Onsite Septic System Management Plan and present to the Kitsap Public Health Board for approval.	Kitsap Public Health Board adoption and implementation of revised Local Onsite Septic System Management Plan by 6-30-15.				✓	Delayed pending resolution of WDOH’s Puget Sound OSS Funding project and Legislature’s HB 1715.	
3.3.3. Ensure repair of all failing septic systems, failing sewer systems, and contaminated storm water systems within 12 months of confirmation.	Correction and elimination of failing septic, sewer, and storm water systems within 12 months of confirmation on an annual basis.		✓			There are nine open complaints more than one year old; seven of these nine are under enforcement action.	

IMPLEMENTATION PLAN GOAL 3 MONITORING LOG

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Objective 3.4		On an annual basis, we will ensure the proper handling and disposal or recycling of solid and hazardous wastes by increasing timely compliance rates to 100%.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
3.4.1. Attain 100% adherence with the required inspection schedule for all solid waste handling facilities.	100% inspection and compliance rate for all solid waste handling facilities on annual basis.	✓					
3.4.2. Respond to and implement enforcement of 100% of confirmed illegal dumping incidents within 7 business days.	100% response and enforcement rate within 7 days for all confirmed illegal dumping incidents on an annual basis.	✓					
3.4.3. Complete 100% of scheduled Site Hazard Assessment (SHA) investigations and Local Source Control (LSC) site visits on annual basis.	100% completion rate of scheduled SHA investigations and LSC site visits on annual basis.	✓					
3.4.4 Respond to all Initial Investigation (II) referrals from Ecology within 3 days and submit reports for each II within 90 days by 1/1/2015	100% response within 3 days and reports within 90 days for Ecology II referrals by 1/1/2015.		✓			6/13 (46%) II received were completed within 90 days. 10/18 (55%) initial responses within 3 days. Due the wide variability of IIs and the varying response required, current performance measure need to be revised. 22 IIs were received and 14 IIs were completed this period.	



IMPLEMENTATION PLAN GOAL 4 MONITORING LOG
2014 Annual Review
DIRECTORS REVIEW DATE: 03/24/2015

Monitor work each July and December. Identify status of all activities: completed (on time or late) or pending (on target or modify). If an activity or performance measure is at risk or modified, describe this information in the Comments section and describe any specific tools or methods used to analyze problems and/or improve efforts. Be prepared to produce electronic documentation of all tool and method use. Add rows/sections as needed.

GOAL 4 Strategic Plan	WE WILL PROMOTE HEALTHY CHILD DEVELOPMENT AND HEALTH EQUITY BY ENSURING ALL CHILDREN HAVE HEALTHY STARTS.						
Objective 4.1:	Increase number of NFP clients served to 37 families by 7/31/14.						
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
4.1.1. New NFP nurse home visitor enrolls maximum NFP caseload.	12 NFP clients are enrolled by 7-31-14.				✓	NFP client recruitment has taken longer than anticipated, partially due to time constraints of the NFP nurse who continued to carry an MSS caseload until November 2014, when she was able to transition clients to the new MSS PHN. The new NFP PHN had 5 clients by the end of 2014. This objective will be added to the 2015 workplan.	
Objective 4.2:	We will complete and evaluate an educational program by 12-31-14 that will foster increased understanding of and intent to advocate for NFP and the Healthy Start Kitsap program among at least 50% KPHD Staff as evidenced by staff surveys.						
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
4.2.1. Develop, administer and analyze results from a survey that will measure support for the program and intent to advocate for it.	Evaluation survey completed by 8-30-14.				✓	Pre & post surveys not completed. Will reevaluate when developing 2015 Goal 4 implementation plan.	
4.2.2. Evaluate NFP presentation.	Completed by 12-31-14.				✓	Pre & post surveys not completed. Will reevaluate when developing 2015 Goal 4 implementation plan.	
Objective 4.3:	We will complete an educational program by 12-31-14 that will strengthen community support of and advocacy for NFP among healthcare providers, schools, community agencies, and others. At least 50% of stakeholders will demonstrate increased support and intent to advocate as evidenced by pre-post surveys.						
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
4.3.2. Develop, administer and analyze results from a survey that will measure support for the program and intent to advocate for it.	Evaluation survey completed by 12-31-14.				✓	Pre & post surveys not completed. Will reevaluate when developing 2015 Goal 4 implementation plan.	



IMPLEMENTATION PLAN GOAL 5 MONITORING LOG
2014 Annual Review
 DIRECTORS REVIEW DATE: 03/24/2015

Monitor work each July and December. Identify status of all activities: completed (on time or late) or pending (on target or modify). If an activity or performance measure is at risk or modified, describe this information in the Comments section and describe any specific tools or methods used to analyze problems and/or improve efforts. Be prepared to produce electronic documentation of all tool and method use. Add rows/sections as needed.

GOAL 5 Strategic Plan	TO ACCOMPLISH OUR GOAL BY 2021, WE WILL ACHIEVE THE FOLLOWING OBJECTIVES TO STRENGTHEN OUR FINANCIAL AND TECHNOLOGICAL RESOURCES; ENSURE OUR WORKFORCE HAS THE NEW SKILLS REQUIRED IN OUR CHANGING ENVIRONMENT; AND INCREASE THE EXTENT TO WHICH COMMUNITY MEMBERS AND POLICY MAKERS PERCEIVE PUBLIC HEALTH TO BE AN ESSENTIAL ASSET IN THEIR LIVES.					
Objective 5.1	By 12-31-14, we will educate the Board on Public Health Board (the Board) local funding formula options.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.1.1. Research other local jurisdictional health district funding models in Washington State.	Complete a written assessment report for the Board by 9-30-14.				✓	Health District funding research completed. Report to Board delayed pending State policy decisions regarding Foundational Public Health Services which may recommend State responsibility for funding Foundational Services and local funding be focused on Non-Foundational public health services. Expecting report early 2015.
5.1.2. Educate the Board on the history and importance of local governmental funding to the District, and available formula options.	Make a presentation on funding options to the Board in their regular monthly meeting by 12-31-14.				✓	Delayed, see above.
5.1.3. Gain consensus and implement a new Health District local funding formula for Board members.	The Board will adopt a resolution implementing the formula by 12-31-14.				✓	Delayed, see above.

Objective 5.2	We will work with our State Legislators and partners and will achieve stable dedicated State public health funding by 2021.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.2.1. Develop annual District legislative priorities, to include need for stable dedicated State funding.	Annual legislative priorities document completed by 12-31-14.	✓				

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.2 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.2.2. Gain Board consensus approval of annual legislative priorities.	Board approval documented by 1-31-15.	✓				
5.2.3. Share annual legislative priorities with Kitsap County's State elected officials and discuss impacts.	Documentation of this communication with state legislators completed by 4-1-15.				✓	The District is no longer sending a list of priorities to all legislators, and instead is opting to use the list to advocate directly on specific bills with specific legislators. This activity will need to be modified in the 2015 plan.
5.2.4. Participate as a member of the Washington State Association of Local Public Health Officials' Legislative Committee advocating for public health funding.	Participation on committee documented by 12-31-14.	✓				Administrator currently serving as the Co-Chair of this Committee.
5.2.5. Attend meetings with state legislators representing the County at least once annually to communicate the value of public health.	Itinerary documenting scheduled visits completed by 4-1-15.				✓	The District is now opting to meet directly with all legislators outside of session. Session meetings are too short and of little value. The District works directly with specific legislators on specific bills in session. The completion date for this activity will need to be changed in the 2015 plan.
5.2.6. As allowed under law, support legislation and State budgets that preserve State funding for the District, and oppose legislation and budgets which remove funding that supports core services.	Documentation of communications with state legislators completed by 4-1-15.	✓				The bulk of the communications handled by WSALPHO lobbyist and other LHJ partners.

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.3	By 3-1-15, we will have formally applied to achieve national accreditation from the Public Health Accreditation Board (PHAB) to position ourselves for future federal funding.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.3.1. Complete the PHAB accreditation process and complete all steps, concluding with the site visit.	Success measured by meeting deliverables per work plan schedule and achieving accreditation.	✓				Site visit scheduled for 2/10/15 and 2/11/15.

Objective 5.5	By 10-1-14, we will develop a mentoring program wherein at least two subject matter experts disseminate skills to other staff.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.5.1. Seek policy development mentors and match them to staff members who express interest in being mentored.	A list of policy development subject matter experts who are willing to serve as mentors will be compiled by 12-31-14.	✓				
	A list of District staff members matched to mentors will be compiled by 12-31-14.	✓				Completed but we still have five mentoring requests that are not yet matched up. Will resolve those in 2015.

Objective 5.6	By 4-1-16, the Public Health Board will establish a process to identify priority public health policies, and then follow the process to adopt the highest priority policy.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.6.1. Develop policy analysis and prioritization guidelines for Board consideration.	Complete written policy guidelines by 1-30-14.	✓				
5.6.2. Obtain Board Policy Committee approval of policy analysis and prioritization guidelines.	Obtain Board Policy Committee approval of policy guidelines by 3-31-14.	✓				
5.6.3. Use the policy analysis and prioritization guidelines to identify a high priority policy for Board consideration and adoption.	Document use of policy guidelines to assess a policy proposed for Board consideration by 6-30-15.			✓		In discussion on the priority policy.

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.7	We will implement the top three Kitsap Community Health Priorities (KCHP) priorities by 7-1-15.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.7.1. Fully implement "Ready, Set, Go, 5-2-1-0!" as a county-wide initiative including maintaining a 5-2-1-0 implementation committee and website.	By 12-31-14, 10 awareness activities will be used to promote the 5210 message.	✓				
	By 6-30-15, ten schools will implement the 5210 framework.			✓		
	By 12-31-15, six workplaces will implement the 5210 workplace wellness practices.			✓		
	By 12-31-14, 80% of people surveyed at intervention sites will correctly identify what 5210 means.	✓				
	By 12-31-15, 50% of the general population surveyed will indicate awareness of 5210 message.			✓		
	By 6-30-15, students at interventions schools will have a positive change in healthy behaviors, indicated by an increase in adherence to at least 2 of the 5210 messages.			✓		

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.7 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.7.2. Develop a network of community support groups for new parents.	New Parent Support Drop-In sessions will continue weekly in Silverdale throughout 2014.	✓				
	By 3-31-14, bilingual English-Spanish breastfeeding support groups will be offered weekly in Poulsbo and Bremerton.	✓				
	By 6-30-14, 100% of the OB/GYN offices will have printed materials on the NPSP and the two bilingual breastfeeding support groups.	✓				
	By 6-30-14, 70% of family practice offices will have printed materials on the NPSP and the two bilingual breastfeeding support groups.	✓				

Objective 5.8		By 12-31-14 we will provide education to 100% of our staff and Public Health Board so they will be knowledgeable about all we do and able to convey compelling messages about our mission to the community.					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>	
		On Time	Late	On Target	Modify		
5.8.1. Update our Board orientation materials and make it available online.	Updated manual completed by 4-1-14 and posted online by 6-1-14.		✓				
5.8.2. Conduct an annual Board orientation at a regular monthly Board meeting.	Annual Board orientation at a regular monthly Board meeting completed by 4-1-14 and 4-1-16.	✓				Full Board orientation completed in February 2014. No full Board orientation required in 2015.	
5.8.3. Offer individual orientation to new Board members.	Individual orientations completed as requested and documented by 6-1-14 and 6-1-16.	✓				Completed new Commissioner Ed Wolfe's orientation in February 2015.	

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.8 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.8.4. Ensure KPHD staff remain informed and engaged by providing opportunities for them to meet with leaders to receive information and provide feedback. <ul style="list-style-type: none"> • Directors will plan and hold All Staff meetings. • EH, CH and Admin Directors will meet jointly with all Managers monthly to share information and receive feedback. • Managers will carry information to their staff meetings and seek feedback that will be carried to the Manager’s meeting. 	We will hold at least one all staff meeting per year. [Note: Consider ACES, Succession Planning, and introductions of new staff as possible agenda items.]	✓				
	Director and Management Team meetings will be documented at least 6 months per year.	✓				
	In 2014, two Program Staff Meetings will show that information was conveyed from Management Team Meeting and feedback was sought from staff.	✓				

Objective 5.9		By 6-1-15, we will execute a comprehensive public communication strategy to raise public awareness of the functions and value of public health.				
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.9.1. Recruit and hire District Communications Coordinator/PIO.	Hire PIO by 5-1-14.		✓			Hired June 2014.
5.9.2. Research best practices, successful efforts and measures from other public health or government entities regarding effective comprehensive communication strategies.	Completed by 9-1-14.				✓	This task will be modified in the next plan, too broad and vague an activity.

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.9 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.9.3. Form District Communications Committee to identify agency needs and specific roles for Team Members, Directors, Managers and others who are needed to implement a successful and sustainable communication plan.	Committee formed by 6-1-14.		✓			
5.9.3. Complete agency communication plan with input from staff.	Plan completed by 3-31-15. Plan approved by Directors and implemented by 6-1-15.				✓	Will be modified in the next plan, it's too broad and vague an activity. More targeted communications planning activities are underway.
5.9.4. Execute plan, monitor results, adjust and improve plan as data indicates over time.	Beginning 6-1-15, there will be an ongoing execution and PDCA of a continuous work plan. Directors will ensure Managers are meeting deliverables on individual work plans.				✓	See above.
	Measure change in awareness at each calendar year-end by documenting changes in Website hits, incidence of earned media, and survey data if applicable. Set targets once baseline measures are established.				✓	See above.

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.10	<p>By the end of 2014, we will have effective data collection and monitoring systems in place and the analytical resources necessary to provide timely, actionable information that will:</p> <p>5.10.1 Measure the prevalence of communicable and chronic diseases.</p> <p>5.10.2 Identify environmental threats to human health from water, food, sewage, land and air.</p> <p>5.10.3 Measure the effectiveness of home visiting by public health nurses.</p> <p>5.10.4 Enhance the efficiency and effectiveness of our administrative and business functions.</p>					
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
<p>5.10.1. SharePoint Workflow: Improve workflow by implementing SharePoint to improve collaboration on documents and better manage project tasks by implementing business processes on documents and items in a Microsoft Office SharePoint site. This will help us adhere to consistent business processes, and improve organizational efficiency and productivity by managing the tasks and steps involved in business processes.</p>	<p>Implement SharePoint workflow for the three initial workflows (personnel evaluations, contracts, and training forms) and train staff by 8-1-14.</p>				✓	<p>The Personnel Evaluation is nearly complete. We are in the final stages of testing and fine tuning as of 02/09/15. Once complete we will re-evaluate the Contracts and Training Forms to see if Sharepoint is the right platform for these.</p>
	<p>Complete all three initial SharePoint projects by 12-31-14.</p>				✓	<p>The Personnel Evaluation is nearly complete. We are in the final stages of testing and fine tuning as of 02/09/15. Once complete we will re-evaluate the Contracts and Training Forms to see if Sharepoint is the right platform for these.</p>
<p>5.10.2. Dot.Net Conversion: Redevelop all Microsoft Access ADP/SQL databases at the Health District into an ASP.NET/SQL architecture due to loss of support for the Access ADP product by Microsoft.</p>	<p>By 12-31-14, develop a scope of work for redeveloping seven Environmental Health databases: Logger, Water Quality, Solid and Hazardous Waste, Pollution Identification, Complaints, and Food and Living Environment.</p>	✓				<p>Terri Smith has assessed the project and has already completed the Water Quality database conversion and is currently working on the Logger Parcel Management system.</p>
	<p>By 12-31-17, redevelop the seven Environmental Health databases identified above.</p>			✓		
	<p>By 12-31-17, redevelop three administrative databases: Brochures, Contracts and Offsite Records.</p>			✓		

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.10 (Continued):

Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.10.3. JD Edwards Finance Exports: To improve efficiency and avoid additional data entry, develop and implement processes to push accounts payable (AP) and payroll data from the District's accounting system in Microsoft Dynamics to Kitsap County's accounting system in JD Edwards.	By 1-1-15, develop and implement a process to push AP data from Dynamics to JD Edwards allowing the District to fully utilize Dynamics functionality and produce AP checks from JD Edwards.				✓	The County is unable to support this action. The passage of SB 5458 in the Washington State Legislature, a bill championed by the Health District, may alleviate the need for this action by granting health districts the authority to be their own bankers and issue their own checks.
	By 6-30-15, evaluate viability of pushing payroll data from MS Dynamics or other payroll processor to JD Edwards to produce payroll checks that eliminate multiple steps necessary to post payroll and related allocations and improve tracking of labor costs down to the grant/contract level.				✓	See above.
5.10.4. PeopleTrak: Complete personnel database conversion to PeopleTrak HRIS to track staff credentials, training, demographics, benefits, etc.	By 9-1-14, implement PeopleTrak.		✓			Completed January 2015.

IMPLEMENTATION PLAN GOAL 5 MONITORING LOG

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Objective 5.11		By 12-31-14 we will complete implementation of an electronic medical record (EMR) system so we can lead the formation of a community-level electronic health information exchange (HIE) that by 1-1-15 will improve communicable disease threat tracking capability, increase mandated reporting compliance, and provide chronic disease data.				
Activity	Performance Measures	Completed		Pending		Comments <i>Required for Modifications in Activities and Measures</i>
		On Time	Late	On Target	Modify	
5.11.1. Implement use of updated EHR at KPHD.	Agreement in place with 3 rd party vendor to support Centricity by 8-31-2014.	✓				Agreement with HealthCo to transition Centricity vendor support from HMC was signed on May 20, 2014; final transition occurred on October 31, 2014.
	Meaningful Use measures completed for Stage 1 Year2 Meaningful Use requirements by 12-31-14.	✓				Meaningful use measures for 2014 (Stage 1, Year 2) were completed successfully by 12/31/2014; attestation for payment was completed on 2/28/2015.
5.11.2. Formalize our data-sharing process with Harrison Medical Center (HMC) and state agencies.	We will be connected to the HIE at a state and local level by 12-31-14.				✓	<p>The District’s collaboration with Harrison Medical Center with regard to the EMR ended on October 31, 2014.</p> <p>On December 31, 2014, the District completed its first test to transmit syndromic surveillance messaging with the Washington State’s Department of Health Syndromic Surveillance system as part of its meaningful use requirements.</p> <p>Collection of syndromic surveillance data at the state level will enable public health in Washington State to monitor healthcare utilization for infectious diseases, non-infectious conditions such as heart disease, diabetes, and injuries, or natural disasters or environmental exposures.</p> <p>These expanded data sets will improve public health capacity to detect, characterize, and tract events of public health significance.</p>

MEMO

To: Kitsap Public Health Board

From: Susan Turner, MD, MPH, MS, Health Officer

Date: March 24, 2015

Re: Deputy Health Officer Coverage

In 2004, through Kitsap Public Health Board Resolution 2004-17, the Kitsap County Board of Health appointed Dr. Tom Locke, Health Officer for Jefferson and Clallam Counties, and Dr. Frank James, Health Officer for San Juan County, as Deputy Health Officers for the Kitsap Public Health District, allowing either of them to legally serve in that capacity in the short-term absence of our Health Officer who at the time was Dr. Scott Lindquist. Since then, we have determined that a new Board resolution is needed to address some liability concerns about my service as a Deputy Health Officer in other jurisdictions, and to broaden the Board's access to a larger statewide pool of qualified local Health Officers, allowing them to serve as the Deputy Health Officer in Kitsap County in my absence.

To accomplish that, the Health District is recommending that the Kitsap Public Health Board adopt Resolution 2015-03 which accomplishes the following:

1. Rescinds Kitsap County Board of Health Resolution 2004-17, Appointing Deputy Health Officers;
2. Appoints a Local Health Officer duly appointed by any other local public health jurisdiction, and meeting the requirements of RCW 70.05.050, to serve as Deputy Health Officer for Kitsap County during times of absence of the Kitsap Public Health District Health Officer and to act with the full legal authority of the Kitsap Public Health District Health Officer, upon the agreement of both local public health jurisdictions; and
3. Approves the revised Kitsap Public Health District Health Officer Classification, as set forth in Attachment A attached hereto and incorporated herein by this reference, identifying coverage as Deputy Health Officer to another local public health jurisdiction in Washington State as an essential function.

Recommended Board Action: Approve Kitsap Public Health Board Resolution 2015-03, including approval of an amended Health Officer Classification. Both documents are attached.

Appointing Deputy Health Officers

WHEREAS, RCW 70.05.040 authorizes Local Boards of Health to appoint a Health Officer to carry out the powers and duties specified in RCW 70.05.070; and

WHEREAS, Kitsap Public Health District periodically requires the services of a physician qualified under RCW 70.05.050 to serve as local Health Officer during periods when the appointed Kitsap Public Health District Health Officer is not available due to such things as scheduled leave, illness, or other excused absences of relatively short duration; and

WHEREAS, public health protections and public health emergency preparedness and response plans require that Kitsap Public Health District have a local Health Officer with full legal authority to take all necessary actions for the protection of public health 24 hours a day, 7 days a week, and 365 days a year; and

WHEREAS, Health Officers meeting the requirements of RCW 70.05.050, who are legally appointed in other local public health jurisdictions in Washington State are fully qualified to serve as local Health Officers anywhere in Washington State; and

WHEREAS, Health Officers in nearby local public health jurisdictions have expressed an interest and desire to serve as Deputy Health Officers for the Kitsap Public Health District during the short-term periods of Kitsap Public Health District Health Officer non-availability; and

WHEREAS, there will be times when nearby local public health jurisdictions may request the assistance of the Kitsap Public Health District Health Officer to serve as their local County Health Officer during periods when the appointed local County Health Officer is not available due to such things as scheduled leave, illness, or other excused absences of relatively short duration.

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

1. Rescinds Kitsap County Board of Health Resolution 2004-17, Appointing Deputy Health Officers;
2. Appoints a Local Health Officer duly appointed by any other local public health jurisdiction, and meeting the requirements of RCW 70.05.050, to serve as Deputy Health Officer for Kitsap County during times of absence of the Kitsap Public Health District Health Officer and to act with the full legal authority of the Kitsap Public Health District Health Officer, upon the agreement of both local public health jurisdictions; and

Kitsap Public Health Board Resolution 2015-03

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3. Approves the revised Kitsap Public Health District Health Officer Classification, as set forth in Attachment A attached hereto and incorporated herein by this reference, identifying coverage as Deputy Health Officer to another local public health jurisdiction in Washington State as an essential function.

APPROVED: April 7, 2015

Robert Gelder, Chair
Kitsap Public Health Board

HEALTH OFFICER

DEFINITION

Under policy direction from the Kitsap Public Health Board (“Board”), the Health Officer is responsible for and empowered to enforce the provisions of RCW 70.05.070 and other applicable state law. The incumbent is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County. The incumbent is expected to apply a thorough and complete knowledge of procedures related to the field of medicine, and local public health programs, laws and regulations, to varied and complex work situations. Duties require innovative leadership and active collaboration with a wide range of strategic partners and stakeholders to address public health issues in a rapidly changing community environment.

DISTINGUISHING CHARACTERISTICS

Appointed by and reporting directly to the Board, the incumbent serves as the District’s Health Officer, responsible for the powers and duties assigned to the Health Officer under state law. This classification is distinguished from the Administrator who serves as executive secretary and administrative officer for the Board, and who is responsible for administering the operations of the District including such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law. Although the Health Officer may delegate some responsibilities to fellow members of the Executive Leadership Team, the powers and duties set forth in RCW 70.05.070 are ultimately the responsibility of the Health Officer. This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

ESSENTIAL FUNCTIONS

Duties of the Health Officer are specifically delineated in RCW 70.050.070. The Health Officer is responsible and accountable for the performance of those duties in accordance with statutes. Additionally, the Health Officer is responsible to perform such typical duties as listed below:

- Participates in developing, recommending and implementing the District’s long-term and short-range goals and objectives.
- Participates as a member of the Executive Leadership Team, overseeing the planning, development, and implementation of District administrative, legal, and personnel policies, procedures, and regulations.
- Participates in assessing the health status of the community. Provides oversight on comprehensive studies of potentially systemic threats to public health; researches, analyzes, compiles, prepares and presents conclusions, reports and recommended actions. Evaluates the causes of communicable diseases; determines appropriate evaluation and intervention strategies.

- Develops and implements public health policy, develops regulations, and provides information and recommendations regarding public health issues and activities.
- Takes actions as necessary to educate the community on public health issues to control and prevent the spread of dangerous, contagious or infectious diseases.
- Provides guidance and leadership in the development of diverse public health promotion and education programs and the prevention of environmental hazards.
- Provides consultation and direction of communicable disease protocols.
- Provides a leadership role in preparedness and response to biological, chemical terrorism.
- Coordinates public health responses with other public health jurisdictions as appropriate, including but not limited to providing short-term Deputy Health Officer coverage in the event of the absence of the Health Officer in another jurisdiction in Washington State, upon the agreement of both jurisdictions.
- Provides medical supervision of the Juvenile Detention Facility Adolescent Health Program including consultation and direct patient care.
- Develops and issues public health advisories to medical providers, hospitals, and community agencies, and the public.
- Responds to media inquiries regarding County public health issues, disease outbreaks, and other health-related concerns.
- Consults with physicians in the diagnosis, investigation and treatment of communicable disease.
- Conducts or supervises medical and physical examinations, makes diagnoses and administers treatments as needed. Provides medical oversight of clinical programs. Reviews, revises or writes standing orders and protocols for clinical services.
- Makes recommendations on personnel actions such as hiring, terminations, discipline and size and composition of staff.
- Hires, trains, supervises and evaluates staff; establishes work priorities and performance standards; monitors performance and provides effective feedback.
- Works with staff to correct deficiencies; implements any necessary disciplinary action after appropriate consultation with the Administrator and Human Resources Manager.
- Coordinates resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public.
- Participates in administrative appeals regarding environmental health permit denials.
- Serves on various District and other municipal management teams and related community-wide committees. Provides high-level public health expertise and perspective regarding a wide range of issues.
- Identifies emerging medical and environmental issues and confers with and makes recommendations to appropriate staff on health-related issues.
- Provides public information in a courteous manner and emphasizes public accountability and a positive service approach with staff. Makes oral presentations and functions as District representative at meetings, hearings and conferences.
- Balances fiscal impact, objectives and community input when developing public health strategies, making recommendations and providing advice.
- Participates in the development and implementation of the District budget.
- Reports for scheduled work with regular, reliable and punctual attendance.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE & ABILITIES**Knowledge of:**

- Principles and practices of public health and the social determinants of health, including current trends in policy, research, treatment, prevention, education and related issues.
- Current principles and practices of public health administration, incorporating knowledge of community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology and emergency preparedness.
- Communicable disease management and mitigation.
- Community needs, resources and organizations related to public health and medical care.
- Current principles and practices of general and preventive medicine; and clinical protocols.
- Major types of services performed and responsibilities in public health and environmental health activities.
- Principles of disaster and emergency preparedness and response, including biological, chemical terrorism and weapons of mass destruction.
- Applicable laws, rules, regulations, ordinances and policies.
- Safety precautions, practices and procedures applicable to public health.

Ability to:

- Communicate effectively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, including oral presentations before groups on a variety of complex and sensitive public health issues.
- Use tact, discretion and courtesy to gain the cooperation of others and establish and maintain positive, effective working relationships and rapport with physicians, attorneys, media representatives, coworkers, volunteers, representatives of other agencies and businesses, officials and diverse members of the public.
- Demonstrate cultural competency, interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences.
- Fulfill the commitment of the District to provide outstanding and effective customer service.
- Maintain high standards of personal and professional integrity and commitment to quality patient care at the highest level consistent with standards and regulations.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Make timely decisions considering relevant factors and evaluating alternatives, exercising discretion and sound independent judgment.
- Read, understand, interpret and apply appropriately the terminology, instructions, policies, procedures, legal requirements and regulations pertinent to area of assignment.
- Organize, prioritize and coordinate work assignments; work effectively in a multi-task environment; take appropriate initiative; apply good judgment and logical thinking to obtain potential solutions to problems; resolve complex public health problems and make major decisions involving the implementation or interpretation of policies and regulations within the scope of knowledge and authority or refer to the appropriate person.
- Initiate, prepare and direct preparation of comprehensive charts, records, reports, materials, correspondence and other documents relevant to area of assignment.
- Proficiently operate computers, related software and other office equipment with sufficient speed and accuracy to accomplish assignments in a timely manner.

- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well and work for consensus.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with frequent travel to provide medical services, and to attend meetings, conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, and climbing (to stack, store or retrieve supplies or various office equipment).
- Frequently assigned to respond to on-call coverage, including evenings, weekends and holidays.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends and holidays.
- This is an overtime-exempt position, which may require working beyond the normally scheduled workweek, modifying existing work schedules, or flexing hours.
- Duties require carrying a cell phone or other electronic device as well as being on call on a 7/24-hours basis for Regional Duty Officer (RDO) assigned shifts.
- Exposure to individuals from the public who are upset, angry, agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

EDUCATION & EXPERIENCE REQUIREMENTS

- Doctor of Medicine or Osteopathy degree and previous related experience in both the medical field and public health field (see license requirement below); and
- Masters degree in Public Health or its equivalent as required in RCW 70.05.051.
- Must be qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- A valid license to practice medicine and surgery or osteopathic medicine and surgery in Washington State is required.
- Registration with the Drug Enforcement Agency for prescription of controlled substances.

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle, and proof of appropriate auto insurance.

JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status	Exempt
EEO Category	Officials and Administrators
Bargaining Unit Status	Executive Management

Classification History	The "Director of Health/Health Officer" job classification formerly held by one individual was replaced by two classifications, "Administrator" and "Health Officer," effective October 1, 2013
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Adopted	November 5, 2013
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The statements contained herein reflect general details as necessary to describe the principal functions for this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or to balance the workload.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.