

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
October 4, 2016**

The meeting was called to order by Board Vice-Chair, Commissioner Ed Wolfe at 1:46 p.m.

**REVIEW AND APPROVE AGENDA**

There were no requested changes to the agenda.

**BOARD MEETING MINUTES**

Commissioner Robert Gelder moved and Councilperson Sarah Blossom seconded the motion to approve the minutes for the September 6, 2016, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The October consent agenda included the following contracts:

- 1199 Amendment 1, *Department of Ecology, Port Orchard Restoration Project, Phase 2*
- 1353 Amendment 2, *Washington State Department of Health, Healthy Community Lead Organization*
- 1596, University of Washington, *Professional Services Agreement*

Commissioner 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 was no public comment.

**HEALTH OFFICER/ADMINISTRATOR'S REPORT**

Health Officer Update:

Dr. Susan Turner, Health Officer, deferred her comments until her later presentation on fentanyl.

Administrator Update:

Keith Grellner, Administrator, addressed the Board regarding the District's 2015 audit. The audit went well and there were no identified deficiencies or material weaknesses. Mr. Grellner applauded the District's accounting staff and managers for a job well done. The formal exit conference with the Washington State Auditor is Thursday, October 6, 2016 at 2:00 p.m. Commissioners Wolfe and Gelder volunteered to represent the Board at the exit conference.

Mr. Grellner also updated the Board on the 2017 budget. On September 21, 2016, the District gave its budget presentation to the Kitsap County Board of Commissioners. The District asked the county for a 2.4% increase in general public health funds. The District is also preparing

letters to each of the cities to request the same percentage of an increase in general public health funding. The total dollar amount increase requested from the County is about \$35,000 more than 2016. This local money is critical to the District's discretionary programs.

At the upcoming October 19, 2016, Finance Committee meeting, the District will discuss the status quo 2017 budget they have prepared, which is very similar to the 2016 budget. The 2017 budget reflects decreases in non-personnel expenditures, but there will be increases in personnel expenditures, such as the 2% increase in salaries, as negotiated in the Professional and Technical Employees Local 17 Collective Bargaining Agreement, which is common around the county and state. There will also be an increased cost for health benefits. The \$35,000 increase the District is requesting from the County, in addition to the other decreases previously mentioned regarding non-personnel expenditures, will help offset roughly \$265,000 in increases.

The 2017 budget will be addressed in detail with the Board at two upcoming Finance Committee meetings.

- October 19, 2016 – Health Board Finance Committee meeting,
- November 22, 2016 – Finance Committee follow-up meeting (if needed).

Mr. Grellner also reminded the Board of a Policy Committee meeting scheduled for October 20, 2016.

Lastly, Mr. Grellner informed the Board that the District received word on October 3, 2016, that the Centers for Medicare and Medicaid Services (CMS) approved the state's request for a five year demonstration waiver. The waiver, worth \$1.5 billion statewide, is intended to drive Medicaid transformation in the state. Any local waiver funds will flow through the Olympic Community of Health (OCH), our region's local Accountable Community of Health (ACH). The OCH is working in earnest to put our three counties (Clallam, Jefferson and Kitsap) and seven tribes in a position to be able to use this funding, once available. At a future meeting, Dr. Elya Moore, Executive Director of the OCH and Director at the District, will present to the Board and provide additional information regarding this waiver and the work of the OCH. The OCH will also be discussed further in another presentation during this meeting.

There were no further comments.

## **NEW HEALTH RISKS POSED BY ILLICIT MANUFACTURE AND USE OF FENTANYL**

Dr. Turner gave a PowerPoint presentation regarding new health risks posed by the illicit manufacture and use of fentanyl. The Board has expressed concern about drug misuse in Kitsap County, illustrated by its support of the 1/10<sup>th</sup> of 1% sales tax. Additionally, Mayor Erickson had asked Dr. Turner to facilitate a discussion with the Board during this meeting. The purpose of this discussion was to raise the Board's awareness to the presence and dangers of fentanyl.

Dr. Turner introduced a few key partners on the issue who attended the meeting:

- Kitsap County Sheriff Gary Simpson

- Bremerton City Police Chief Steven Strachan
- Kitsap County Human Services Director Doug Washburn and his staff, Gay Neal.

To provide some context, Dr. Turner presented data pertaining to opioid use in Kitsap County and Washington State. She explained that it is not just the users of the drugs that are affected by them, but also babies in utero, and noted there has been an increase in drug-associated maternal and neonatal hospitalizations. There has also been an increase in opioid death rates across the state since 2011, though Kitsap's rate has not changed since 2004. Clallam, Snohomish, Mason and Cowlitz counties have the highest rates of opiate related deaths in the state. Within our county, North Kitsap has the highest rates of opioid hospitalizations and deaths. Bainbridge Island has the lowest rates. Lastly, she noted that the numbers of syringes exchanged in Kitsap at the District and Ostridge Bay Needle Exchange are on the rise.

A new risk, Dr. Turner explained, in the form of a higher potency opiate that is often sold as heroin or other opiates, is posed by illicitly manufactured fentanyl (IMF). In March, 2015, The Drug Enforcement Agency (DEA) issued a nationwide alert on fentanyl as a threat to health and public safety, and they have subsequently released two warnings to the public and police about fentanyl and carfentanil, one of its very powerful and deadly analogs. Carfentanil is used by veterinarians for large animals and is about one hundred times more potent than fentanyl, which is one hundred times more potent than heroin.

Exposure to IMF via purposeful consumption, accidental consumption, or accidental contact with powders or liquids may more likely result in overdose than other opiates. This puts not only drug users at risk, who might not know they are being exposed to this powerful opiate, but also others in the vicinity, first responders and medical personnel. In June and September, the DEA issued warnings to the public and police about IMF and the more powerful form, carfentanil. The Centers for Disease Control and Prevention (CDC) published a Health Alert Network Health Update in September, warning healthcare personnel and public health officials about the risks posed by IMF in all its forms. IMF is used as a less expensive filler agent in heroin and also produced to look exactly like oxycodone, hydrocodone and prescription tranquilizers like Xanax.

Earlier this year, law enforcement raids in Snohomish County and in Seattle resulted in the confiscation of products containing IMF. Law enforcement officials in Kitsap are taking precautions, but have not reported similar findings as yet. Unfortunately the coroner has noted an increased number of deaths associated with fentanyl in 2015.

Fentanyl, in its licit form, is used for anesthesia in microgram doses. Due to its potency, IMF is very dangerous, and a lethal dose is considered to be 2 mg, the equivalent of 2 grains of salt. IMF comes in many forms including powder, blotting paper, tablets and spray, and it can be absorbed through the skin or inadvertently inhaled. An overdose is more difficult to reverse than other opiates and may require several doses of naloxone, even many hours later.

The overall supply of IMF appears to have substantially increased, and the amount of IMF seized has nearly doubled, in the United States from 2014 to 2015. According to the Kitsap County

Coroner's office, there were four fentanyl related deaths in Kitsap County in 2015, and one in 2014. Although, all of those deaths may not be in residents of the county.

Persons who inject, sniff, or snort drugs, and those who misuse prescription drugs are at risk from IMF. Additionally, because IMF can be accidentally absorbed through the skin or inhaled, others in the environment of users, babies in utero, law enforcement and first responders are also at risk.

In the CDC's recently issued health update, they made two broad recommendations;

The first recommendation: Improve detection of presence of IMF such as:

- Exploring methods for more rapidly detecting drug overdose outbreaks, including fentanyl,
- Making opiate overdose a notifiable condition,
- Coroners screen for fentanyl in expected opioid over cases in regions seeing increasing fentanyl confiscation or high spikes in overdose deaths,
- Identify and respond to increases in the distribution and use of IMF,
- Using extreme caution when handling suspected IMF, white powders and unknown substances,
- Prioritize and expedite lab testing,
- Share data on fentanyl and fentanyl analog drug confiscations with local health departments, medical examiners, and coroners,
- Carry a supply of naloxone so that it can be administered immediately.

The second recommendation: Expand Use of Naloxone and Substance Use Disorder Treatment:

- Multiple dosages of Naloxone may be needed per overdose event,
- Discuss treatment options with overdose victims when they are stable,
- Facilitate access to Medication Assisted Treatment (MAT),
- Conduct trainings on naloxone use to persons at risk for opioid-related overdose, and their friends and family,
- Emphasize the need to call 911 immediately after recognition of an overdose.

The District sent out a health advisory last week to health care professionals, first responders, law enforcement, coroner, behavioral health treatment providers, and syringe exchange programs to be aware of the presence of IMF in our community, use Personal Protective Equipment (PPE) when handling items from the scene, including victims clothing, and be aware that more than one dose of naloxone may be required.

Dr. Turner handed out examples of small red pocket cards to the board, which the District is developing to warn of fentanyl's risk, for those who are using syringe exchange services.

Per CDC recommendation, the District is exploring the use of real-time data, in partnership with law enforcement and the coroner's office, and exploring the use of ESSENCE emergency department data. The District has been communicating federal recommendations to local

providers, and is one of the local champions for implementation of the state opiate plan. Ostrich Bay Needle Exchange is making naloxone kits available to syringe exchange clients. The KPHD would be very interested in providing naloxone to its syringe exchange clients as well. Additionally, Kitsap County Human Services has been able to obtain grant funding to provide naloxone locally, and the Salish Behavioral Health Organization will be issuing letters of intent for a nursing model that supports MAT in doctors' offices.

Several local physicians have become certified to provide Suboxone therapy, and organizations are creating more availability within their clinics for Suboxone therapy, however there is a notable gap in our community with the absence of a substance use disorder treatment center.

Dr. Turner noted the District is expecting an Executive Order from the Governor's Office to be issued on Friday, October 7, 2016 that will likely instruct his agencies to implement the state opiate response plan. As the Board is aware, she explained, the Salish BHO applied for and received Olympic Community of Health (OCH) funding for the planning and launch of a local three-county opiate response plan in line with the state's plan. Dr. Turner introduced Dr. Lisa Rey Thomas with the University of Washington (UW), who has been contracted by the OCH to lead this effort.

Dr. Thomas introduced herself as a member of the Tlingit Tribes and research scientist at the UW Alcohol and Drug Abuse Institute. She was also the Director of the Suquamish Tribe's Wellness Center for nearly two years. She noted that there is no longer a physician providing Suboxone therapy at the Wellness Center. Dr. Thomas reminded the Board that the OCH is one of nine ACHs in the state. The OCH Executive Board selected the Salish BHO's opioid project proposal as the most critical project for the OCH to demonstrate to the state and CMS that the OCH can mobilize the three-county, multi-sector collaboration to address an important issue. The Three-County Coordinated Opioid Response Project: Assessment and Planning Phase is on fast-track due to a state requirement to spend funds and complete the project before January 31, 2017. Dr. Thomas provided the Board a one-page summary of the project.

The three primary tasks of the project are:

- to identify and engage key stakeholders and collaborators across the three counties and allow for multiple ways for all the communities to engage and provide input on this project,
- provide a three-county assessment into the scope of the issue,
- and identify and nurture what is already working.

Ideally, the outcome will be to produce an implementation plan for 2017 and measures for shared success. The proposed implementation plan looks much like the state and Kitsap county plan, but will be multi-county and multi-sector to fill the gaps that exist.

Dr. Turner turned the conversation over to the Board for discussion.

Commissioner Wolfe summarized the presentation and asked Dr. Turner for clarification: Oxycontin is an opioid, and instead of lacing Oxycontin with heroin, it is being produced in pill-

form and laced with fentanyl which is a hundred times stronger than heroin. Dr. Turner agreed with these statements and clarified that IMF is originating in Mexico and China, and that pills may be comprised entirely of IMF, rather than laced. She also recently read an article that said law enforcement found a drug lab in Seattle that was manufacturing fentanyl pills looking just like prescription medications.

Commissioner Wolfe asked for clarification that this is an illicit drug that is not legally prescribed by a physician, likely coming from another country. Dr. Turner agreed and also noted the drug could also be manufactured here and that all street forms of oxycodone and hydrocodone are illicit when they are sold without prescription.

Commissioner Gelder asked if fentanyl is safe in pharmaceutical drugs. Dr. Turner clarified that it is only legally used as anesthesia and only in very tiny doses, it is also high regulated by the DEA, therefore it is safely used by medical professionals.

Commissioner Gelder also asked Dr. Turner to explain, in more detail, how the District is obtaining information from ESSENCE. Dr. Turner explained that the Department of Health (DOH) has data from local emergency departments, however it is not currently being analyzed by DOH. They can provide the data to the District for review, but it is not a streamlined process yet. The District is currently looking into getting this data real-time. She also gave an example of multiple cases over four days of suspected fentanyl overdoses in British Columbia, and explained the District would like access to this information as it happens. Additionally, if fentanyl overdose is a notifiable condition, others will be informing the District, rather than the District needing to contact outside organizations to inquire about fentanyl cases.

Commissioner Gelder asked what systems are in place to proactively gather this information and if local agencies are screening for fentanyl when an overdose case arises, or if the Board needs to take action to make this a notifiable condition. Dr. Turner agreed this would be helpful and said Clallam and Jefferson counties have both found real-time data to be useful. She also noted that the Health Officer has the power to make a condition notifiable if it is to control a public health hazard. Other Health Officers have asked their Board to advise. The District would very much like the Board's guidance on where to go from here to collect information.

Commissioner Wolfe asked Dr. Turner to explain to the public if this presentation is online and where to find it. Dr. Turner explained that the meeting materials are on the District's website.

Commissioner Wolfe asked Dr. Turner what the District is proactively doing to warn the public of the dangers of IMF. Dr. Turner said the District has been working to collect, track and monitor the data to be informed, and inform others about the data, bring others into the discussion about finding solutions, and mainly letting those at risk know what level of risk they are at.

Dr. Thomas noted that the OCH has met with DOH and is strategizing with them on how to collect the data in a way that is useful across the three counties. She also said this discussion is useful to help inform the OCH with what kind of information the Board is looking for.

Sheriff Simpson noted that he, Chief Strachan, Dr. Turner, and others have been communicating on this issue a lot recently. They know that opiate and substance abuse is a problem in our communities, and are now also very aware of the impacts on law enforcement and first responders. They are actively working to get kits for first responders and those in drug enforcement to address their exposure, if it should occur. He also noted it will take everyone's participation to solve this problem and additional conversations must take place regarding opiate abuse, over-prescriptions, drug take-back programs and issues of similar nature. He explained that those that are dealing with substance abuse are creative, which is why fentanyl has made its way into our community. He said we need to be proactive and prepared for this problem, and to save the lives of not only first responders, but also community members, with naloxone kits. He noted the Suquamish Tribe has applied naloxone at least twice in the last six months and successfully saved lives. Sheriff Simpson looks forward to working with Dr. Turner and the District to solve these problems.

Commissioner Garrido thanked the District for addressing this issue and commented that fentanyl is a very dramatic new introduction to our community, and emphasized the importance of sharing information with the public about the dangers of this drug.

Councilperson Blossom asked Dr. Turner if there is anything the District can do to facilitate a MAT treatment center in our community. Dr. Turner replied that there will need to be interest from an outside entity, but that she doesn't believe the District can currently do much on its own in that aspect. It will also take the support of the Board, the community and the BHO to make this happen.

Commissioner Garrido noted that a discussion about the difference between methadone and Suboxone would be helpful.

Commissioner Wolfe asked Dr. Turner if this was informational only, or if the District needed the Board to take action today. Dr. Turner confirmed that the point of today's presentation was to provide the Board with information and to allow the Board to make recommendations for the District moving forward on the kinds of information and action they would like to see.

Commissioner Gelder commented that we need to get better data and the Board would help with this however possible. He also asked if an IMF overdose will present differently than other drug overdoses, or if the only sign is that the naloxone may not work immediately and may need to be administered multiple times. Dr. Turner confirmed that IMF overdoses are not easily recognizable, and that lab testing can be somewhat complex and confirmation of diagnoses may come a day later. She spoke with Dr. Locke and Dr. Frank recently about this issue and they have developed an experimental case definition. If the District were to move forward, it would likely do something similar. Emergency Departments would need to use the clinical data at their disposal to suspect that a patient was experiencing an IMF related overdose, so the District would need to rely on ED's assessment.

Mr. Grellner noted two things the District could use the Board's consideration of, and possibly support on, which could be discussed at the upcoming Policy Committee meeting:

- What it would take to look into making opiate (including IMF) overdose a notifiable condition, and
- Allow the District to provide naloxone through its syringe exchange program.

He also suggested that Dr. Moore could give an update on results of the OCH's opioid project at a future meeting.

Commissioner Wolfe supports making opiate overdose a notifiable condition, but he would need to know more about administering naloxone to make a decision about the District providing it in its clinic, and lastly he would like to hear from the OCH on their opioid project progress.

Dr. Turner also noted the District would look for guidance concerning bringing a MAT facility to the community. Commissioner Gelder recommended the District explore different delivery models, such as a not for profit provider, for a MAT facility, which could also be discussed at the Policy Committee Meeting. He also said perhaps we could create our own and look into what that would cost. Dr. Turner suggested the District may be able to partner with Kitsap County Human Services to provide that information.

There were no further comments.

## **ONSITE SEWAGE SYSTEM DESIGN, CONSTRUCTION, AND PERMITTING**

John Kiess, Environmental Health Director, addressed the Board about onsite sewage (OSS) system design, as requested by the Board during the 2015 interest survey. Mr. Kiess also introduced Eric Evans, Onsite Sewage and Drinking Water Program Manager.

Due to time constraints, he gave a brief overview of the septic system regulatory structure in Kitsap County. In Washington State, wastewater disposal rules and regulations are implemented and enforced through a multi-layered system addressing a broad range of wastewater disposal systems, from large, public utilities, to private, individual sewage systems. The presentation focused on several key topic areas:

1. How septic systems are regulated in Kitsap County.
2. The Health District's Onsite Sewage Program services.
3. An overview of onsite sewage system permitting process.

Mr. Kiess explained that the District operates in coordination with the State DOH, and handles most septic systems operating below 3,500 gallons of sewage per day. OSS has been regulated in Kitsap County since 1961, 15 years before state regulation began. A majority of OSS work is directly tied to development. Another important aspect is managing the existing OSS infrastructure for long term service. The OSS program is primarily fee based, though some state contract money supports records updates and management activities.

There was no further comment.

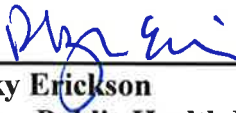
## **EXECUTIVE SESSION: PURSUANT TO RCW 42.30.110(1)(G), DISCUSSION RELATED TO REVIEW OF PERFORMANCE OF A PUBLIC EMPLOYEE**



At 2:51 p.m., Commissioner Wolfe announced that the Board would adjourn for approximately 10 minutes for an Executive Session for discussion related to the review of performance of a public Employee. At 3:03 p.m., Commissioner Wolfe announced that the Executive Session had ended and opened the meeting to regular session.

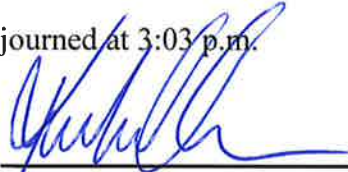
## ADJOURN

There was no further business; the meeting was adjourned at 3:03 p.m.



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**Becky Erickson**  
Kitsap Public Health Board



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**Keith Grellner**  
Administrator

**Board Members Present:** *Council Member Sarah Blossom; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Rob Putaansuu; Commissioner Ed Wolfe.*

**Community Members Present:** *Mark Briant, Bremerton Patriot; Jerry McDonald, Bremerton City Council; Gay Neal, Kitsap County Human Services; Emily Peterson, Kitsap Peninsula Housing Association; Maisie Rogers, Naval Hospital Bremerton; Sheriff Gary Simpson, Kitsap County; Tad Sooter, Kitsap Sun; Chief Steven Strachan, Bremerton City Police; Lisa Rey Thomas, PhD, University of Washington Alcohol and Drug Abuse Institute; Christian Vosler, Kitsap Sun; Doug Washburn, Kitsap County Human Services; Greg Wheeler, Bremerton City Council.*

### **Staff Present:**

*Karen Bevers, Public Information Officer; Kerry Dobbelaere, Program Manager 2, Clinical Services; Eric Evans, Program Manager, Onsite Sewage and Drinking Water; Keith Grellner, Administrator; Jessica Guidry, Program Manager, Public Health Emergency Preparedness and Response; Karen Holt, Program Manager, Human Resources; John Kiess, Division Director, Environmental Health; Angie Larrabee, Confidential Secretary, Administration; Akiko Miller, Public Health Nurse, Community Health; Kaela Moontree, Community Health Worker, Community Health; Beth Phipps, Public Health Nurse, Community Health; Suzanne Plemmons, Division Director, Community Health; Shelley Rose, Community Liaison, Navigator Program; Susan Turner, MD, Health Officer.*