



## Grays Harbor County

### Board of Health

PEARSALL BUILDING  
2109 SUMNER AVENUE, ABERDEEN, WA 98520

**January 24, 2019**

### **Board of Health Meeting**

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Commissioner Randy Ross called the Board of Health meeting to order at 8:33. Commissioner Vickie Raines was also in attendance.

**Motion:** Commissioner Ross moved to excuse Commissioner Cormier from the meeting.

**Second:** Commissioner Raines seconded the motion.

**Approval:** Commissioner Cormier was excused from the meeting.

Commissioner Ross called for the Pledge of Allegiance.

**Motion:** Commissioner Raines moved to approve the October 25, 2018 minutes.

**Second:** Commissioner Ross seconded the motion.

**Approval:** The minutes of October 25, 2018 were approved unanimously.

### **Health Officer Report – Dr. John Bausher:**

Dr. Bausher explained that he is obligated, as the Health Officer, to express his concerns regarding the recent Board of Health resolution ending the involvement of the County in providing a syringe services program (SSP). While he understands there are concerns that the program may be seen as enabling illegal drug use, he wanted to share the concerns of health care providers about the probable impact to the community would be if the SSP is discontinued.

- Increased exposure to dirty, improperly discarded needles – by the public, EMS, and first responders.
- Increased burden to the hospital from increased exposure to contaminated needles via an increased in wound infections, including MRSA, and bloodborne diseases such as HIV, hepatitis C and hepatitis B.

Dr. Bausher related that the medical community is already struggling to keep up with demand because resources are very limited, and that our current difficulty keeping physicians on the Harbor will be worsened because ending the SSP will reduce our attractiveness to potential providers. The new of the resolution to eliminate the SSP was not received very well by the medical community.

Dr. Bausher's requested that the decision be revisited and discussed, adding that he believed productive dialog was possible based on previous positive experiences in the County.

Commissioner Raines reiterated what she had recently shared with both Dr. Bausher and Karolyn Holden; that her intent when she supported the SEP resolution was not to see it totally go away, but to see if, similar to

Cowlitz county, it could go under the purview of an outside entity. Going forward, Commissioner Raines made the following requests:

1. That unless completely necessary, the Board of Health discontinue their practice of gaveling out of regular Board of Commissioner meetings to consider and conduct Board of Health business. Instead, she would like these discussions to stay at the regular meetings of the Board of Health, with health professionals present.
2. That Public Health and Social Services Director Karolyn Holden prepare and present information about the development and operation of the SSP since it was implemented (2004) to present. She now has information that was not available to her at the time of the December vote, and believes this is a good opportunity to look at the program and see how it is going and if it needs to change. She did not know, for example, that the naloxone grant was tied to the SSP. That changes how she sees the full program.
3. That, following presentation of that information, the Board of Health consider at the April meeting whether or not to rescind that December 18, 2018 resolution. Meantime, this is a good opportunity to examine what we are doing and why we are doing it and be clear with the public as to why this is or is not a needed program.

Dr. Bausher went on to report that in other health news, we are seeing an increase in STDs – county-wide and state-wide. He shared that if needle exchange were eliminated, it will only further increase these county-wide rates.

Commissioner Ross asked about what we are seeing regarding Fentanyl contamination. Dr. Bausher said it is being included in combination with other illegal drugs and is so potent, that the results are often lethal. In clinical settings, it is under tight scrutiny because of the hazard it presents.

Commissioner Ross asked about rates of flu and pneumonia. Dr. Bausher said we are monitoring these illnesses and there is nothing outside of the norm at this time.

David Melville, MD stood to speak regarding the SSP. Commissioner Ross asked that he hold his comments until they end, when public comment is on the agenda.

## **Public Health Update – Karolyn Holden, Director:**

### **Foundational Public Health Services (FPHS) Update and Draft Resolution:**

Foundational Public  
Health Resolution\_Gra

Karolyn requested that the Board consider passing a resolution expressing their support for a funding package being presented to the Washington State legislature by the Washington State Department of Health called Foundational Public Health Services. The intent of the funding is to shore up provide predictable, sustained support for core public health capacity that has eroded over time, most dramatically with the repeal of the motor vehicle excess tax (MVET) in 1999. The Governor's 2019 – 2021 budget includes \$60M for public health funding.

**Motion:** Commissioner Raines moved to approve RESOLUTION NO. 2019-001

**Second:** Commissioner Ross seconded the motion.

Under Discussion: Commissioner Ross called out the paragraph:

“WHEREAS, Grays Harbor County is experiencing rates of death from opioid overdose that are higher than the State average - and that have increased over 70% in the past 13 years – but lacks the resources needed to adequately address the crisis;”

Stating that it speaks clearly to what we have been talking about today, as well as the upcoming crisis with fentanyl.

Commissioner Raines, as the assigned commissioner to the Washington Association of Counties, sits on the Legislative Steering Committee. Foundational public health is a legislative priority. She is happy to support this.

**Approval:** Resolution 019-001 was approved.

**Syringe Exchange Program (SEP) Update:**

SEP handouts.pdf

In response to the commissioners’ request, Karolyn provided an update on the planning that the Public Health and Social Services Department (PHSS) has done since the BOH passed the resolution on 12/18/2018 that PHSS would discontinue providing the SSP by June 30, 2019. Program background: PHSS’ SSP has been in operation since 2004. The only significant change in programming since then has been adding overdose prevention education and Naloxone distribution of Naloxone kits. We have made some changes in the data we collect from people who use the SSP and have been planning to make additional changes in order to get a richer evaluation. The attention to the SSP since October 2018 has caused us to move this work up on the list of our priorities and Public Health Manager Kristina Alnajjar is in the process of drafting and implementing a new evaluation process for the program.

There are two reasons why our service model has not changed significantly:

- 1) Historically there has been a shortage of treatment services for substance use disorder in our local community and there were bottlenecks in the system of referral that could result in missed opportunities for intervention and treatment. Since Great Rivers Behavioral Health Organization (GRBHO) was established however, more providers have moved into the area who provide treatment for substance use disorders. .
- 2) Although negative feedback about the program has been infrequent, we know SSPs can be contentious issue. Because we value the service and want to preserve its availability, we have chosen to ‘fly under the radar’. The current public dialog offer the opportunity to examine what has occurred and to explore all of our options.

The work we have done this past month is actually an extension of work that started in October 2018 when we learned that people were recording video of people using the SSP and posting it on social media.

At that time we developed a communication plan that had three objectives:

- 1) Engage the members of the community who were expressing their dissatisfaction so that we could learn from them what their concerns are. In one case, we learned that there was a concern about trash being generated at the distribution site. As a result, we added a trash bin (for non-syringe waste);
- 2) Ensure that the public officials involved in the situation were updated on these issues, as they evolved. This included the County Commissioners; and Aberdeen's Mayor and Chief of Police.
- 3) Ensure that we were providing science-based information about syringe service programs and addiction.

At the regular October Board of Health meeting, Commissioner Cormier introduced a draft resolution requiring PHSS to label syringes, in order to either prove or disprove that the number of syringes being distributed was contributing to the inappropriately discarded syringes being found in public areas. Commissioner Cormier followed up by sending PHSS Director Karolyn Holden information about a labeling system he had identified. Karolyn had her staff do some rough cost estimates based on that information.

There was ultimately no hearing scheduled on that draft resolution.

In November, we decided that it was important to make providers of substance use treatment aware of the situation so they had the facts and could discuss it with their partners and clients.

In December, Commissioner Cormier let Karolyn know that he would be introducing a resolution to end syringe services. At that point, Karolyn sent the Commissioners some additional information, including statistics on hepatitis C and HIV, and the number of syringes exchanged by year, the public health response to the opioid crisis and Governor Inslee's directive to eliminate hepatitis C by 2030

On December 18<sup>th</sup>, Karolyn learned that the resolution had been passed with the June 30 deadline. With the go ahead from the BOH, Karolyn began exploring to transition the SSP to a community partner.

This work was split into two parts: Developing a strong strategic communication plan to support sharing of accurate information, in a rapidly evolving information landscape; and identifying potential partners to accomplish a smooth transition of the SSP to another entity.

- **Communication Plan:** Karolyn reviewed the communication plan that identified stakeholder groups (PHSS staff, commissioners, treatment providers, community partners such as police, EMS, cities, faith, Tribes, funding partners, health officer, harm reduction experts, internally organized boards and coalitions, and the general population) and outlined the primary messages, medium, communication frequency, and method of feedback for each group.
- **Partnering to Assess Service Delivery Options and Opportunities:** Karolyn explained that PHSS is working with local providers of substance use treatment services and harm reduction experts and she

acknowledged two people attending that have been part of those discussions: Sarah Deutsch, DOH and Aaron DeBard, SPMC Opioid Response Program.

Since that time, PHSS has had two meetings with the group of identified treatment providers.

Key takeaways from those meetings:

- Services need to continue
- Very collaborative partners
- Some specific co-location (syringe exchange and treatment) and other opportunities discussed.
- It may be good to have services more spread out geographically
- Providers are very concerned and alarmed with the number of people injecting drugs.
- Providers are eager to collaborate but they believe the responsibility remains with public health.
- Treatment providers have a lot of challenges – starting new services, expanding services, retraining staff and preparing for the 2020 Medicaid transformation.

Karolyn drew comparisons between this epidemic and the AIDS epidemic. Although opioid addiction is not contagious, there are a lot of parallels that can be drawn concerning moralization of a biological condition, stigmatization and the negative impact of misinformation.

Karolyn discussed a study of a 2014 HIV outbreak in Scott County that suggests that transmission could have been significantly reduced if syringe services had been in place.

Karolyn discussed the contractual tie-in between our syringe exchange program and the Naloxone project and how these partnerships put us in a good position to receive funding to address other issues like the emerging fentanyl crisis.

Next steps: PHSS will continue to keep the BOH updated on this and seek their counsel as we identify a plan.

Karolyn concluded her comments. Commissioner Ross recommended having BOH workshop on this topic (before our April meeting). Commissioner Raines like the communication plan

## **Housing – Cassie Lentz**

County Housing Plan  
Update HHSAB 12.18.

Cassie outlined her handouts, summarizing what if being done to update our 10-year plan to end homelessness. She has been working on updating her stakeholder groups and get feedback on the most recent update on the 10-year plan to address homelessness. That plan was drafted in 2015 and published in 2016. In 2018, DOC then made consistent all counties' requirements for their respective homeless housing plans. The new plan time period will be 2019 – 2024. Cassie summarized that they have to use the Specific, Measurable, Achievable, Relevant and Time-bound (SMART) goals. Of the four goals mandated by the state, Grays Harbor County

already has three of them in their plan already. Projection of the impact of the fully implemented plan on number of households housed and number still left unsheltered

The plan we create is the roadmap for how we invest our local housing funds, which is why it is so important.

Commissioner Ross asked about what it mean to prioritize for the highest needs. Cassie explained that her department and stakeholders have mapped out what must be included in the plan both to meet the required goals objectives, the related RCWs and statutes, as well as our contracts. This mapping of activities that will go into the budget. The place we have room for input from our partners is around this concept of 'highest need'. There are two possible strategies we can take: 1) set general policy in terms of who is our highest priority (ex – most vulnerable, medically fragile, families) or 2) prioritize around available programming 'slots'. Many time funding is earmarked for specific populations (example – 75% or more of our homeless housing funding comes from a program called Housing and Essential Needs (HEN) and is intended for clients who have been verified by DSHS to be temporarily disabled and enrolled in a specific program). Therefore, while our community may prioritize families as being our highest priority, that is just highest priority for the remaining 25% (or less) available funding.

County puts our community's policy in the CCAP contract, since CCAP provides those direct housing services.

Our proposal is to complete our plan update by end of May so that the updated plan can inform how we will administer our upcoming biennium funding.

Commissioner Raines asked if BOH will need to meet in March. Cassie explained their process for eliciting stakeholder input and yes, she will ensure the BOH is alerted to those sessions. She will then bring a draft of that plan to either a commissioner workshop or another stakeholder group before the revised plan is adopted.

My only edit would be under the paragraph that references Vickie's inquiry about the BOH needing to meet in March. I may be misremembering but I recall that conversation was more around the Health and Human Services Advisory Board and then it would be brought to the Board of Commissioners (which is the BOH but has a different context). Otherwise it looks good.

Commissioner Ross asked about the Point in Time count, which is occurring January 25, 2019 at the Aberdeen Sr. Center. Cassie explained that it is a state requirement that we administer this survey, which is then combined with coordinated entry, DSHS and school district data and used at the state and federal level to policy development and funding decisions. CCAP is pairing this event with Project Connect, a resource fair. CCAP will additionally conduct some outreach to places where people are less likely to attend this event. Our trend has been pretty steady over the past two years.

### **Jail-Based Behavioral Health Services – Vera Kalkwarf:**

jail based services  
handouts.pdf

Background: Prior to 2016, GHC administered the federal funds for state mental health and chemical dependency treatment services. Then in 2016 (Health Care Reform) Regional Support Networks (RSNs) went away, Behavioral Health Organizations (BHOs) evolved. The BHO continued the RSN-established mental health service that went into the Aberdeen, Hoquiam, and County jails. That service was to assess and provide medication to patients in jail. After about a year, there was a funding glitch, and then in spring 2018, GHC was asked to come back into the partnership (with the BHO) to provide this service. BHO provided GHC with an award for these services. That grant is good until December of 2019. Vera has been exploring a couple of different models. There is a company, Insight, interested in provided telepsychiatry in our jails – they can do dx and prescribe the meds and either continue the treatment (continuity of care) or if identified, can start it.

Vera and the BHO have facilitated a call between Insight and the Aberdeen Police Department (APD). APD believes this service would meet their needs. Similar meetings are forthcoming for the Hoquiam Police Department and then with the County Jail. All three of the jails have a medical provider already. This service would provide them with a psychiatric provider, which could collaborate with their medical provider, so that individuals can either begin or continue their treatment. What will make it most successful long term is if there a transition plan from the jail back into the community for their next level of treatment. The information provided outlines the financial savings, which has been significant in rural communities. Also provided is some studies of the empirical evidence of the effectiveness of this services. Because this is an entity currently under contract with GRBHO, it allows us to contract with them at a reduced rate (\$188/hour) Commissioner Raines shared that the county currently pays for medications prescribed in these jails, with the funding from the BHO grant, which we would continue to do. Commissioner Raines mentioned that the jails are looking at a common electronic medical record (EMR) which also will help with continuity of care should someone be arrested

Regarding Insight, Chief Shumate (APD) is very supportive of this plan, along with Travis Davis, the county's Chief Corrections Deputy. They are also working on setting up a meeting with Chief Myers (HPD).

Being able to leverage the service of Insight Telepsychiatry through the BHO, saves the county money is less intrusive on the jails.

### **Environmental Health Update – Jeff Nelson:**

Environmental Health  
handouts.pdf

Jeff updated the commission on key rules being implemented and proposed changes to those rules.

- Solid Waste handling rule, which will require an update to the Board of Health at our April meeting.
- Sewage/septic system rules changes regarding local on-site management programs (needs to be added to code language) State DOH needs to approve county-developed plan. Such plans in the past have posed a resource issue, as these plan mandates are not tied to any funding sources. While the bulk of these requirements will impact the 12 Puget Sound counties, our Health Officer still has an 'as needed' obligation (albeit vaguely written)
- Food rule changes:
  - use of home kitchens for retail sales;
  - mandatory manager certifications for restaurants; and

- temporary food permits, which due to the ongoing year-round popularity of events needing these permits, we felt the need to do some policy updates for regulation and to drive more consistency of how these permits are issued. The ultimately plan is to create some policy documents for BOH affirmation.
- **Temporary Food Permits:** Kristina Hollatz, R.S., Environmental Health Specialist III and Program Lead, who is currently sitting as an alternate on the Food Safety Advisory Council (FSAC)) then updated on the following: The FDA Food Program Standardization grant was again awarded this year. Part of the grant was to provide policy updates to the BOH to review and approve plans. Once the shutdown is over, she'll seek guidance from the FDA on creating these policy documents.
- Kristina referenced her handouts – a coordinated events list and the three types/descriptions of temporary food permits issued.
  - Single
  - Recurring
  - Multiple
- Other policy areas include: reinspection fees for temporary events; outdoor grilling permits; and mobile food prep, which is becoming more popular in rural areas; and caterers.

**Public Comment:**

*Note: all of the public comment was on the Syringe Exchange Program (SEP)*

**David Melville, MD, private citizen:**

- 15 years in the harbor – ER physician.
- When he came to this community he was astonished with the amount of heroin in use
- Often saw 4 and 5 figure cases at GHCH for complications resulting from unclean needles, as well as others that were 6 figures.
- The number one complication is cellulitis and abscesses.
- He compared the cost of providing clean needles (relatively low) to the community to pay for these patients' care)

Commissioner Raines responded to comment regarding newspaper article. The discussion that the commissioners had was that there was a concern that the funds were not being used to statute and it caused a conflict to provide what some term as drug paraphernalia at the same time that we are funding the sheriff's office to combat drug use. She emphasized it is a small amount but that it was not a cost measure it was the belief that the \$ would be better spent elsewhere. What Grays Harbor County is spending is a fraction of what some other counties spent. Thurston County spent >\$.25M last year, for example.

Dr. Melville acknowledged understanding of this, but underscored his intent in testifying was to explain the impact to health care providers of caring for people with abscesses.



Commissioner Raines was very appreciative of Dr. Bausher's explanation to her of the public health impact.

Commissioner Ross asked that the following letter received from Shawn Andrews, MD at Summit Pacific Medical Center be added to our minutes as part of the record:

letter from Dr Shawn  
Andrews at SPMC 012

**Aaron DeBard**, private citizen:

- Aaron explained that he represents a consortium of providers who are all very concerned about the SEP ending, however he is not speaking on their behalf, but here to speak on his own.
- He brought up the potential unintended consequence shared recently by a UW SEP expert that well-intentioned groups/individuals, in the event that our county's SEP program was terminated might come down here (from Seattle) and distribute needles (and not collect any)

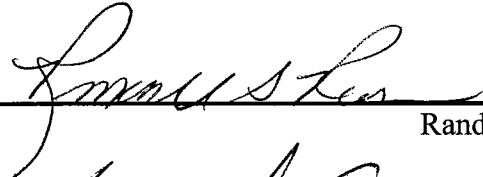
Commissioner Raines had questions about the consortium he referenced. Karolyn explained that the meeting Aaron was referring to was the most recent meeting to share information with local treatment providers and not related to Mr. DeBard's consortium. Aaron explained also that SPMC had received a 200K grant to facilitate a county-wide effort to address the opioid epidemic, and that he is the project manager for that effort.

**Sara Deutsch, Washington State DOH**, was asked by Commissioner Ross to explain how our program is like/unlike other programs.

- DOH has been funding these programs since 1992. There are currently 28 programs across the state. Last year they received funding from the state legislature specifically for the purchase of injection equipment (for the first time).
- In 2016, the CDC authorized the use of federal funds for syringe services programs. After submitting determination of need, Washington State was issues statewide authorization to use these CDC funding for two things:
  1. County-level vulnerability assessments, using 50 indicators (they are also County-level vulnerability to overdose). We are seeing conditions in Grays Harbor County that are not unlike what we saw before the Scott County HIV outbreak in 2015. That outbreak spurred much of the current movement to supporting syringe services programs to prevent HIV. She compared the dramatic reduction in HIV rates since the syringe exchange program was implemented, compared to the rate it was before that implementation.
  2. A state plan amendment to CMS to look at implementing billable harm reduction services in the context of syringe service program. This would enable syringe services to provide this service and then bill for these services. HCA posted this position earlier this week, and they will work closely with Sara to consult with SSPs to consult with program to find out what they'd like to bill for in the future.
- Sara closed by explaining that the people who use these programs are not people who are readily engaged by traditional health care providers. It is at the syringe exchange that linkage to care is provided.

Hearing no additional public comment, the meeting adjourned at 10:36 AM.

Approved on this 25 day of April, 2019



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Randy Ross, Chair

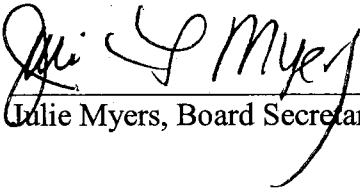


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Wes Cormier, Commissioner First District



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Vickie Raines, Commissioner Third District

ATTEST:



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Julie Myers, Board Secretary