



ISLAND COUNTY BOARD OF HEALTH

AGENDA

REGULAR SESSION

January 21st, 2025, 1:00 p.m.

Commissioners Hearing Room B102

Coupeville Annex Building

Meetings are available remotely. Those interested in attending the meetings by computer, tablet, or smartphone may use the following link: <https://tinyurl.com/IslandCountyBOH> or by telephone: 1-323-433-2396 Meeting ID 971 2319 5885 Pass code: 626749

Call to Order: January 21st, 2025, Regular Session of the Island County Board of Health

Additions or Changes to the Agenda:

Approval of the Minutes:

- December 17th, 2024, *Minutes*

Public Input/Comments: The Board values the public's input. This time is set aside to hear from the public on subjects of a health-related nature, not on the scheduled agenda. All information given is taken under advisement. Unless emergent in nature no action is taken. To ensure proper recording of comments, state your name and address clearly into the microphone. Limit your comment to two minutes. The Board may entertain public comment on specific agenda items when discussed.

Presentation:

- Board of Health Overview – Roles, Responsibilities and Authority, presented by Taylor Lawson, Deputy Director of Public Health – *20 minutes*
A presentation on the roles of a Local Board of Health, as presented at the WASALPHO Training session in October 2024. – *Attachments*

Presentation:

- Board of Health Docket, presented by Taylor Lawson, Deputy Director of Public Health – *20 minutes*
A review of the 2025 Board of Health Docket items, focusing on priorities, and inviting the Board's input on additional topics they would like to discuss. – *Attachments*

Presentation:

- Joint Opioid Outreach Presentation, presented by Deputy Luke Plambeck and Bill Larsen, Deputy Director of Human Services – *20 minutes*
A presentation on Island County's continued efforts to address opioid outreach. – *Attachment*

Public Health Updates:

- Legislative Updates from Human Services & Public Health, presented by Taylor Lawson, Deputy Director of Public Health, and Lynda Austin, Director of Human Services – *10 minutes*
A review of the legislative priorities from Human Services and Public Health for 2025 – *Attachments*
- General Updates, including PulsePoint, presented by Taylor Lawson, Deputy Director of Public Health. *Attachments* – *5 minutes*

Board Announcements:

Adjourn: The next regular session of the Island County Board of Health will be held on February 18th, 2025, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.



ISLAND COUNTY BOARD OF
HEALTH
MINUTES
REGULAR SESSION
December 17th, 2024

The Island County Board of Health met in Regular Session on December 17th, 2024, in the Board of County Commissioners Hearing Room (Room #102B), Annex Building, 1 N.E. 6th Street, Coupeville, Washington.

Members present:

Commissioner Melanie Bacon, Chair
Commissioner Janet St. Clair
Commissioner Ron Wallin
Capt. Lund

Member present by video:

Members Excused:

Commissioner Jill Johnson
Mayor Ronnie Wright

Others present:

Taylor Lawson
Melissa Overbury-Howland
Chris Kelley
Megan Works
Jennifer Schmitz
Garth Miller

Dr. Howard Leibrand (Online)
Jaime Hamilton
Lynda Austin
Heather Kortuem
Matthew Williams
Rachel Tampa

Call to order:

Commissioner Bacon called the meeting to order at 1:05 p.m.

Approval of Agenda:

A motion to approve the agenda as presented was approved unanimously.

Approval of Minutes:

By unanimous vote, the October 15th, 2024, Regular Session Minutes were approved.

Public Input or Comment:

There was no public comment.

Presentation:

Dr. Garth Miller MD FACS CRHCP, Chief Operations Officer of WhidbeyHealth, and Rachel Tampa RN, Behavioral Health Program Manager at WhidbeyHealth, presented on the WhidbeyHealth Behavioral Health services and gave updates on the Substance Use Treatment program, otherwise known as the Medicated Assisted Treatment therapy (MAT) program.



ISLAND COUNTY BOARD OF
HEALTH
MINUTES
REGULAR SESSION
December 17th, 2024

Presentation:

Capt. Lund, Commanding Officer, NMRTC Oak Harbor, Director of the Naval Health Clinic in Oak Harbor gave an update on the Naval Air Health Clinic, the patient population served, and community integration.

Presentation:

Taylor Lawson, Deputy Director of Public Health, and Lynda Austin, Director of Human Services, gave a presentation on the 2025 Work Plan for Public Health and Human Services.

Presentation:

Taylor Lawson, Deputy Director of Public Health, gave a review of the legislative priorities that WSALPHO will be bringing forward in 2025.

Election of the 2025 Chair to the Board of Health:

Commissioner Ron Wallin motioned to appoint Commissioner St. Clair as the Chair of the Board of Health for 2025. The motion was seconded by Commissioner Bacon.

ACTION TAKEN: By majority vote, Commissioner St. Clair was approved as Chair to the Island County Board of Health for 2025.

Public Health Updates:

- Dr Leibrand gave an update and provided tips on disease prevention.

Board Member Comments and Announcements:

The next *Regular Session* of the Island County Board of Health will be held on January 21st, 2025, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.

SUBMITTED BY:

Taylor Lawson, Deputy Director

Approved this 21st day of January, 2025.

BOARD OF HEALTH
ISLAND COUNTY, WASHINGTON

Janet St. Clair, Chair

YOUR ROLE AS A LOCAL BOARD OF HEALTH MEMBER



OVERVIEW OF ROLES, RESPONSIBILITIES, AND AUTHORITY

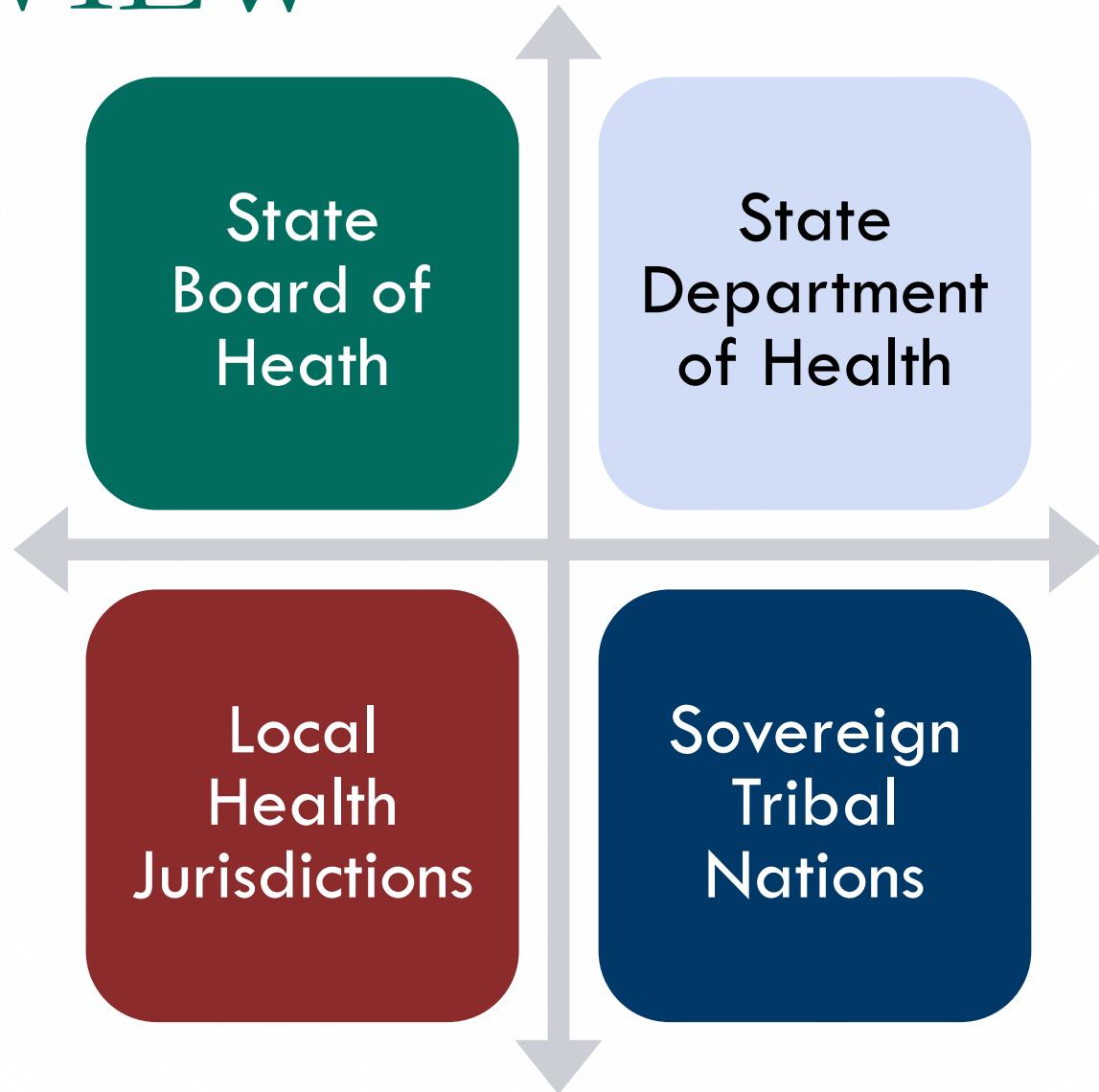
JANUARY 21, 2025 | ISLAND COUNTY BOARD OF HEALTH

TODAY'S DISCUSSION

- Overview Of Washington State Governmental Public Health System
- Recent Local Board Of Health (LBOH) Changes
- Who Do You Serve?
- Drivers Of Local Health Jurisdiction (LHJ) Work
- Where Public Health Authority Lies
- LBOH Primary Roles
- Case Study
- Success Stories & Key Takeaways



OVERVIEW



OVERVIEW



State Board of Health

- Public Health rule-making and policy
- Health Impact Reviews

State Department of Health

- Led by the Secretary of Health
- Funds, administers, and directs statewide public health programs

Local Health Jurisdictions (LHJ)

- Washington is a HOME RULE state – and has a decentralized public health system
- LHJs are governed by a local board of health (LBOH)
- County departments
- Authority is given to LBOH and Local Health Officers (LHO)

Tribal Nations, Health Centers, Urban Indian Health Institutes

RECENT LBOH CHANGES



Pre-2021

County Legislative Authority served as the LBOH and could pass ordinance to expand membership

2021

HB 1152 was passed

Requires LHJs to expand their LBOH unless certain criteria met

Island County Community Health Advisory Board (CHAB)

Additional categories of membership

Public health / medical expertise

Community member/partner

Lived experience

Tribal government

LBOH & CHAB

LBOH & CHAB

LBOH & CHAB

Vacant

YOUR LBOH ROLE



LBOH “Hat”

Your “everyday” role might have different responsibilities or interests

- Your role is to bring this perspective to the LBOH while simultaneously working together to fulfill the responsibilities and authorities of the board.

Process

Talking through and developing operating procedures

- Provides consistency and clear expectations
- LBOH and LHJ unity principles, engagement, and values

Systems Thinking

Understand larger systems and processes

- State roles and responsibilities
- County & city responsibilities
- LHJ funding or policy restrictions

“One County” Model

Cross-department communication and collaboration for complex issues

- Where other functions have authority or can be leveraged

YOUR LBOH ROLE



RCW 70.05 “Each local board of health shall have supervision of all matters pertaining to the preservation of life and health of the people within its jurisdiction...”

YOUR LBOH ROLE



Fulfill Mandates: Policy & Administration

Enforce state and local laws, rules, and codes

Control and prevent disease and injury

Prevent and control nuisances and health hazards

Appoint and supervise the local health officer and administrator

Establish appropriate fees



WHAT IS A MANDATE?

Requirement by law – RCW and/or WAC

Directly charges LBOH and/or LHO with authority to act

- Could give discretion as to how and the process
- Can be prescriptive and explicit in implementation

“Shall” versus “May” language

- Shall = there is no option to not respond
- May = option to take on additional role and responsibility

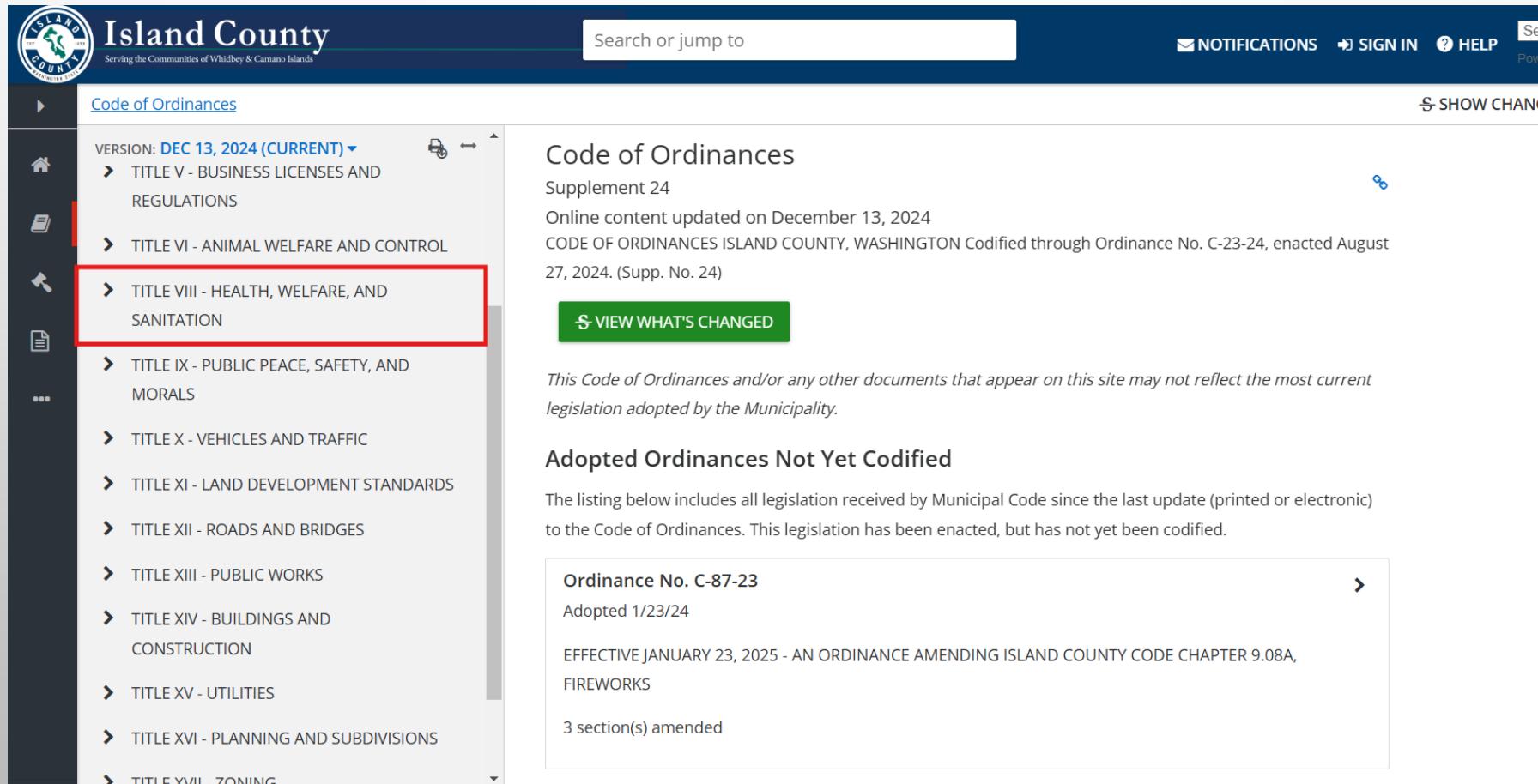
May be funded or unfunded

- State appropriation
- Ability to set fees
- County burden (unfunded)

ISLAND COUNTY CODE OF ORDINANCES



[HTTPS://LIBRARY.MUNICODE.COM/WA/ISLAND COUNTY/CODES/CODE OF ORDINANCES](https://library.municode.com/wa/island%20county/codes/code%20of%20ordinances)



The screenshot shows the "Code of Ordinances" page for Island County. The left sidebar lists various titles from "TITLE V - BUSINESS LICENSES AND REGULATIONS" to "TITLE XVII - ZONING". The "TITLE VIII - HEALTH, WELFARE, AND SANITATION" link is highlighted with a red box. The main content area displays the "Code of Ordinances" for "Supplement 24", updated online on December 13, 2024. It mentions the "CODE OF ORDINANCES ISLAND COUNTY, WASHINGTON Codified through Ordinance No. C-23-24, enacted August 27, 2024. (Supp. No. 24)". A "VIEW WHAT'S CHANGED" button is present. A note at the bottom states: "This Code of Ordinances and/or any other documents that appear on this site may not reflect the most current legislation adopted by the Municipality." The "Adopted Ordinances Not Yet Codified" section lists "Ordinance No. C-87-23" (Adopted 1/23/24) which "EFFECTIVE JANUARY 23, 2025 - AN ORDINANCE AMENDING ISLAND COUNTY CODE CHAPTER 9.08A, FIREWORKS". It also notes "3 section(s) amended".

ISLAND COUNTY CODE OF ORDINANCES



[HTTPS://LIBRARY.MUNICODE.COM/WA/ISLAND COUNTY/CODES/CODE OF ORDINANCES](https://library.municode.com/wa/island%20county/codes/code%20of%20ordinances)

Island County
Serving the Communities of Whidbey & Camano Islands

Search or jump to

NOTIFICATIONS SIGN IN HELP Select Language Powered by Google

Code of Ordinances

VERSION: DEC 13, 2024 (CURRENT) ▾

- ▶ TITLE V - BUSINESS LICENSES AND REGULATIONS
- ▶ TITLE VI - ANIMAL WELFARE AND CONTROL
- TITLE VIII - HEALTH, WELFARE, AND SANITATION
 - ▶ Chapter 8.01 - Definitions and General Provisions
 - ▶ Chapter 8.02 - Food and Beverage Service Workers
 - ▶ Chapter 8.03 - Mobile Homes and Mobile Home Parks
 - ▶ Chapter 8.03A - Mobile Homes and Mobile Home Parks
 - ▶ Chapter 8.04 - Tourist Accommodations and Sanitation Facilities
 - ▶ Chapter 8.06 - Sewage and/or Waste Removers

Code of Ordinances

Supplement 24

Online content updated on December 13, 2024

CODE OF ORDINANCES ISLAND COUNTY, WASHINGTON Codified through Ordinance No. C-23-24, enacted August 27, 2024. (Supp. No. 24)

[VIEW WHAT'S CHANGED](#)

This Code of Ordinances and/or any other documents that appear on this site may not reflect the most current legislation adopted by the Municipality.

Adopted Ordinances Not Yet Codified

The listing below includes all legislation received by Municipal Code since the last update (printed or electronic) to the Code of Ordinances. This legislation has been enacted, but has not yet been codified.

▶ **Ordinance No. C-87-23**
Adopted 1/23/24

EFFECTIVE JANUARY 23, 2025 - AN ORDINANCE AMENDING ISLAND COUNTY CODE CHAPTER 9.08A, FIREWORKS

3 section(s) amended

LBOH PRIMARY ROLES

****Setting Vision and Direction****

Set local health jurisdiction priorities

Approve LHJ programming and services

Make local and state policy recommendations

Participate in long-term agency planning and vision

Community Engagement



WHY DO YOU SERVE?

- Why are you on the local board of health?
- What public health issues are most important for you?
- What are your motivations when making decisions?



DRIVERS OF LHJ WORK



RAC and
WAC

Federal and
State Grants

Public Health
3.0
Framework

CHA/CHIP

WHERE PUBLIC HEALTH AUTHORITY LIES



State Constitution

State Code of Washington (RCW)

- **Title 70: Public Health and Safety**
- **Title 43: State Government - Executive**
- **Title 36: Counties**

State Administrative Codes & Rules (WAC)

- **Title 246: Department of Health (and SBOH)**
- **Title 173: Department of Ecology**

IMPORTANT RCW AND WAC



Structure & 70.05 – Local health departments, boards, health officers
Governance

70.08 – City-County Departments

70.46 – Health Districts

43.20.300 – Local Board of Health, Membership

Funding 70.12 – Public health funds

70.05.130 – Expenses of state, health district, or county

43.515 – Foundational Public Health Services



ADDITIONAL EXAMPLES

RCW 70.28 – Control of tuberculosis

WAC 246-170; Tuberculosis

RCW 70.24 – Control and treatment of sexually transmitted diseases

WAC 246-100; Duties of Health Officers

WAC 246-101; Notifiable Conditions

RCW 70.118 – On-site sewage disposal systems

WAC 246-270 through 274; Sewer Systems

RCW 70.58 & 43.70.150 – Vital statistics

WAC 246-490 through 492; Vital Statistics

Legislature Home Chapter 246-217 WAC: wa doh air quality - Search Smoke From Fires | Washington

leg.wa.gov **LEG.WA.GOV**

WASHINGTON STATE LEGISLATURE

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Email Updates (GovDelivery)

Interested in helping to improve the Legislature website? We want to hear from you!
We are redesigning our website and want your feedback. We are looking for volunteers to participate in research, and some opportunities may be paid. We especially welcome participants with disabilities or assistive technologies. [Sign up to get involved here!](#)

What's happening on the floor?
The 2024 Regular Session adjourned sine die on March 7, 2024.
[House Floor Calendar](#) | [House Display Board](#) | [Senate Floor Calendar](#) | [Senate Display Board](#)

Please check the [Committee Schedules](#) website for the most up-to-date information concerning individual committee meeting dates and agendas.

Scheduled hearings and floor sessions: [10/04/2024](#)

Committee	Agenda	Date/Time	Location	View Video	Last Updated
Joint Select Committee on Civic Health (J)	Agenda	10/04/2024 9:00 AM	Virtual	View Video	9/30/2024

Highlights

Legislative Hotline: 1.800.562.6000

 **TVW Picture in Picture Broadcast Pilot for Committee Hearings**
For information about the 2024 session pilot program providing broadcast ASL interpretation for select committee hearings, see the [Accessibility Information](#) page. For those planning to testify and require an American Sign Language interpreter or reader, please contact the [ADA Coordinator](#) in advance.

Employment Opportunities

Find

Laws & Rules (circled in red)

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Bills

Committee Meeting Schedules & Agendas

Audio & Video on TVW

January 2025

4:13 PM 9/30/2024



Laws and Agency Rules Chapter 246-217 WAC: wa doh air quality - Search Smoke From Fires | Washington

WASHINGTON STATE LEGISLATURE

Laws and Agency Rules

Legislature Home > Laws and Agency Rules

Office of the Code Reviser/Statute Law Committee - Links to the Bill Drafting Guide, Codification Tables, Session Laws, and archives for the RCW and WAC.

Statutes and Constitution **RCWs**

[Revised Code of Washington \(RCW\)](#) — View the table of contents of the RCW. You can navigate the statutes by title, chapter, and section.

[RCW Dispositions](#) — Notes of which sections have been repealed, decodified, and recodified, arranged by title and chapter.

[Session Laws](#) — Enactments of the legislature, compiled year by year, beginning with the 1854 territorial legislature.

[State Constitution](#) — The plan for the operation of Washington State government, describing the three branches of government (executive, legislative and judicial) and defining the rights of the people. The online version of the State Constitution is updated once a year.

Agency Rules and Rulemaking **WACs**

[Washington Administrative Code \(WAC\)](#) — Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency. The online version of the WAC is updated twice a month.

[Washington State Register \(WSR\)](#) — The Washington State Register is a biweekly publication. It includes notices of proposed and expedited rules, emergency and permanently adopted rules, public meetings, requests for public input, notices of rules review, executive orders of the governor, court rules, summary of attorney general opinions, juvenile disposition standards, the state maximum interest rate, an index, and WAC to WSR table.

Reference Tables Relating Bills to Laws

The following cross reference tables are available on the [Bill/Law Cross Reference](#) page.

[RCW to Bill Table](#) — A list of RCWs and which bills this session propose changes. The table also notes the action to be taken, for example, amend, add, repeal.

[Bill to RCW Table](#) — A list of bills this session and which RCWs they propose to change. The table also notes the action to be taken, for example, amend, add, repeal.

[Sections Affected Table](#) — A list of RCW sections and which Session Law affected that section. The table notes which section of the Session Law affects the RCW and notes the action taken, for example, amend, add, repeal.

January 2025

Quick Reference Links

Go to the [RCW](#) page or enter a citation number (e.g. 4.04.010):

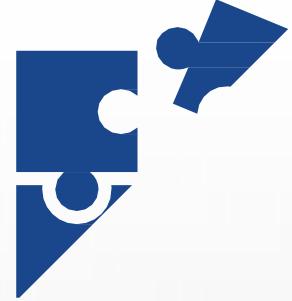
Go to the [WAC](#) page or enter a citation number (e.g. 1-04-010):

Go to the [WSR](#) page or enter a register number (e.g. 01-01-000):

Go to [Bill/Law/Cross Reference](#) page

4:16 PM 9/30/2024

WORKING WITH YOUR LOCAL HEALTH OFFICIALS



“The administrative officer shall act as executive secretary and administrative officer of the local board of health, and shall be responsible for administering the operations of the board...except for duties assigned to the health officer.” RCW 70.05.045

Health Officers:

- Threats and emergencies
- Health hazards
- Enforcement and orders

“The local health officer shall control and prevent the spread of any dangerous or contagious or infectious disease that may occur in his/her jurisdiction.” RCW 70.05.070

WORKING WITH YOUR LOCAL HEALTH OFFICIALS

LBOH provides direction,
recommendations, supervision

Administration implements
LBOH direction and vision

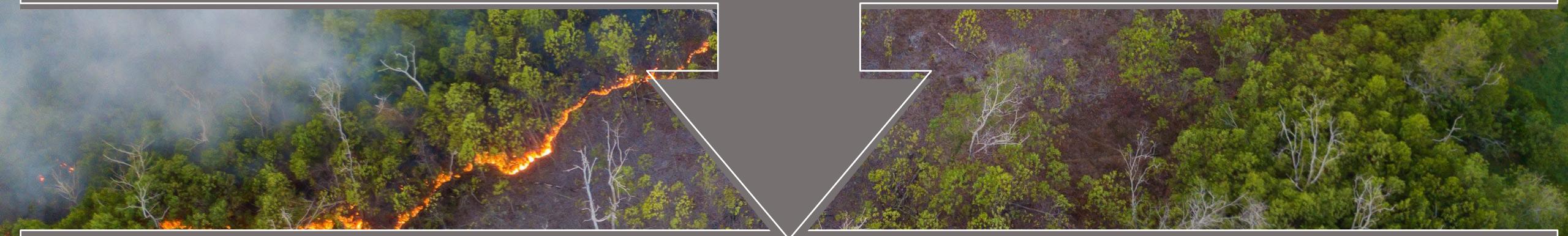
LHO oversees enforcement
and issues orders



CASE STUDY DISCUSSION

The county fair is in two days, and is a BIG deal for your community as a place for social gathering and economic resources. You are preparing for additional visitors into your communities. Due to an on-going wildfire producing a lot of smoke in your area, the air quality in your area has been extremely poor, with tomorrow and the follow day's forecast predicting hazardous air quality. Your local health jurisdiction has received a lot of phone calls for the public asking for the fair to be canceled and asking for the fair to stay open.

Exposure to wildfire smoke can cause or worsen several health problems that range from minor to severe. The worst symptoms more often occur in people with chronic conditions, though everyone can have symptoms or health problems. Some symptoms include: Eye, nose, and throat irritation, headache and coughing, wheezing and shortness of breath, and aggravation of existing conditions, particularly heart and lung diseases. People with existing heart and respiratory illness are at particular risk, as are pregnant women, seniors, and children. This weekend, there will likely be hundreds if not thousands of people of all ages in attendance.



What should be done? As a member of the local health board, what is your role? How do you work with the local health jurisdiction and members of the public in addressing this issue?

CONSIDERATIONS

Does the LBOH and/or LHO have statutory authority and responsibility to respond?

What is the magnitude and threat to the public?

How do decisions get made – who orders them?

Is there any possible fallout from your decision?

Who should be engaged in this process? State? Local? Public? Private?

How do you communicate to the public?

Is there a larger issue that needs addressing?

SUCCESSFUL LBOH & LHJS

Good Communication

- Risk Communication; emerging issues and threats
- Health outcomes and health factors for communities
- Larger PH areas and agency programs

Clear Roles & Responsibilities

- Enforcement and action
- Informed of budget and funding considerations for program/services
- Policy-making

Procedures & Processes

- Navigating challenging and complex issues

Community Engagement

- Local government, community partners, public

KEY TAKEAWAYS

01

Public health means different things to everyone.

02

Local health has a wide range of responsibilities and services.

03

LBOH members play a critical role in local health's ability to serve communities.

04

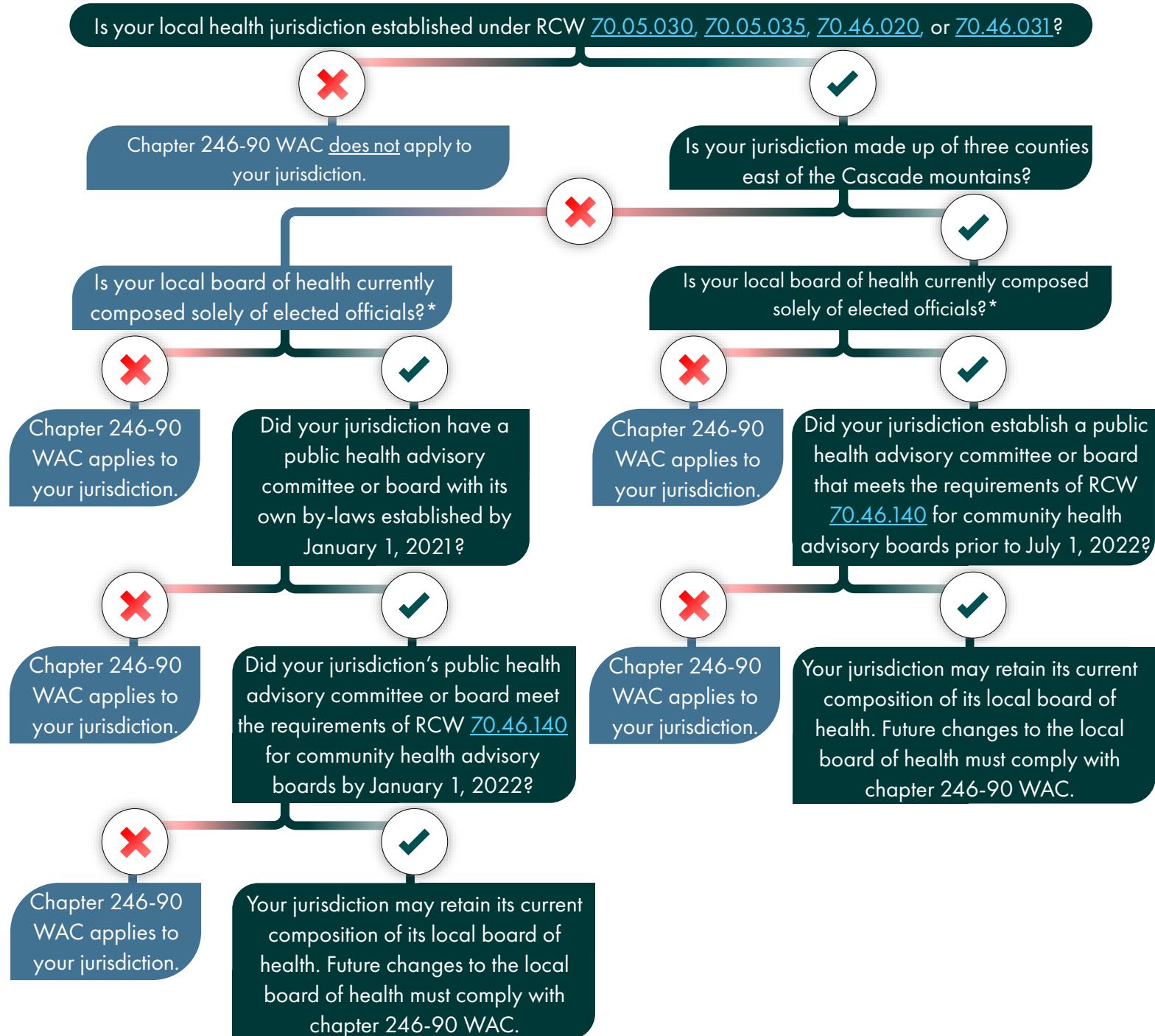
Coordination with staff and local government is critical to successful governance.

THANK YOU



QUESTIONS?

27



*Per WAC 246-90-010(3), an elected official means any person elected at a general or special election to public office representing a city or county, and any person appointed to fill a vacancy in any such office.

2025 Board of Health

January '25							February '25							March '25							April '25							
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All Meetings

Time: 1:00 pm - 3:30 pm

Commissioners Hearing Room, Island County Annex Building, 1NE 6th St. or [Online via Zoom](#)

BOH

County Holiday

A Review of Board of Health 2024

Date	Topic and presenter
January	Mayor Ronnie Wright joined the BOH Comprehensive Plan and element review timeline. PH 2025 Docket, Community Health Assessment process Opioid Response Program
February	Housing Continuum Comprehensive Plan review on housing and land use. Community Health Assessment Update Wastewater Proviso Contract
March	Appeal: Permit Application #PT2023-070, and Waiver request #WA2023-062 Overview of the Department of Natural Resources Comprehensive Plan overview of the Natural Resources and Climate Element Goals.
April	Response to the Stanwood-Camano School Board Community Health Worker Overview Hydrogeology update on EPA and PFAS Water Recreational Safety, H5N1 and CHAB
May	Resolution to designate May as Mental Health Awareness Month in IC Noxious Weed Control Program Update WSALPHO Policies Hydrogeology Monitoring Program Wastewater Proviso Project Comprehensive Plan and economic development goals
June	Health Officer Contract Renewal Superintendents discussion on behavioural needs of Island County students Healthy Youth Survey data Heat and wildfire smoke readiness
July	Capt. Mark Lund, MD joined the Island County BOH Presentation from the regional DOH office Group A Water Systems FPHS Funding
August	Cancelled
September	Community Health Assessment Report CHA Dissemination and Outreach Plan CHA Nomination
October	Voluntary Guardian Ad Litem Program Public Health Communications and Social Media Winter Storm Readiness 2023-2024 Impact Report for Public Health
November	Cancelled
December	WhidbeyHealth Behavioural Health services and MAT program Naval Health Clinic Update 2025 Work Plan for PH and HS WSALPHO Policies

Island County Board of Health 2025 Docket

Date	Topic	Presenter
January	SPOTLIGHT: Opioid Response	Bill Larsen and Deputy Luke Plambeck
	BOH PROGRAM: BOH Overview - Roles, Responsibilities, & Authority	Taylor Lawson
	PH Update: 2025 Docket	Taylor Lawson
	PH Updates: Legislative Updates from Human Services & Public Health	Taylor Lawson and Lynda Austin
February	SPOTLIGHT: Community Health Improvement Plan Timeline & Activities	Taylor & Heidi
	PH PROGRAM: Environmental Health & Water Availability	Chris Kelley & Emily Neff
	HS PROGRAM: BHASO Update	Lynda Austin & JanRose
	BOH: NaCo Health Policy Priorities Discussion	Commissioner St. Clair
	PH UPDATES: Social Connection & Health; Legislative Update, Food Team Industry Meeting	Taylor Lawson
March	SPOTLIGHT:	
	EH PROGRAM: OSS Updates	Heather Kortuem
	EH PROGRAM: Food Fee Schedule Updates	Heather Kortuem
	PH UPDATES Legislative Update; Finance Update	Taylor Lawson
April	SPOTLIGHT: STI Awareness Week and STI prevention program	Lauren Solbakken & Jen Krenz
	DNR PROGRAM: Noxious Weeds	Seth Luginbill
	CHAB/CHA UPDATE: Quarterly Update	Taylor Lawson and CHAB Rep
	PH UPDATES: Finance Update	
May	SPOTLIGHT: Vaccination Availability Mapping - Island County	Taylor Lawson and Megan Works
	DNR PROGRAM: PIC Program	Jen Schmitz, Quinn Farr
	HS PROGRAM: Mental Health Awareness Month - Behavioural Health Update	Lynda Austin
	PH UPDATES: Communications update	Melissa O. and Taylor

June	SPOTLIGHT: PHEPR/DEM programs and Heat & Fire Preparedness	Eric Brooks and Mason Parizo
	EH PROGRAM: Summer Food precautions	Todd Appel & Heather Kortuem
	HS PROGRAM: Housing Assistance and Homeless Housing Plan	Lynda Austin
	PH Update: Finance Update, Coordinated Water System Plan	
July	SPOTLIGHT:	
	CH PROGRAM: TB Program	Shannon FitzMaurice
	DNR PROGRAM: Shore Friendly Program	Jen Schmitz
	PH Update: Finance Update	
August	SPOTLIGHT:	
	CH PROGRAM: National Breastfeeding Month - New Baby New Family Update	Megan Works
	EH PROGRAM: One Health Program Update	Jamie Hamilton
	PH Update: Finance Update	
September	SPOTLIGHT:	
	EH PROGRAM: School Inspections Program	Susan Wagner and Jamie Hamilton
	CHAB/CHA UPDATE: Quarterly Update	Taylor Lawson or CHAB Rep
	PH Update: Seasonal Respiratory Illness, Falls Prevention Month	Jen Krenz
October	SPOTLIGHT:	
	DNR PROGRAM:	
	CH PROGRAM: Respiratory Illness Report	Melissa Hartmann & Jamie Hamilton
	PH UPDATES: Finance Update, Breast Cancer Awareness Month/ National Health Education Week	Taylor Lawson
November	Proposed Cancellation	
December	SPOTLIGHT: Looking Forward to 2026 - setting priorities	Taylor Lawson
	CH PROGRAMS: Prevention Services	Jen Krenz
	CHAB/CHA UPDATE: Quarterly Update	Taylor Lawson or CHAB Rep
	PH UPDATES: Finance Update, New Chair	Taylor Lawson



Opioid Outreach Program

Island County Human Services



Opioid Outreach Program

Case Manager Roles

- Outreach to individuals and families where they are!
- Conduct weekly syringe services (exchanges) at the North Whidbey Family Resource Center, South Whidbey Services Center and Camano Island.
- Engage community members and their families, struggling with opioid addiction utilizing harm reduction methods.

What is Harm Reduction?

SAMHSA (Substance Abuse and Mental Health Services Administration) defines harm reduction as an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.



Opioid Outreach Program

Case Manager Roles (cont'd)

- Provide direct service to individuals including connection to treatment and recovery services.
- Reduce/eliminate barriers in order to move clients into the next phase of acceptance and goal achievement.
- Community outreach and education.

In 2024, The Opioid Outreach Team:

- facilitated 24 presentations to schools and local businesses on awareness, prevention, and overdose recognition and immediate actions to be taken in the event of an overdose. 569 individuals benefitted from these presentations.
- Participated in National Night Out and other venues, providing education and Narcan distribution.

2024 Snapshot

- 962 nasal and intramuscular Narcan kits were distributed.
 - 148 overdose reversals utilizing Narcan have been reported to syringe services staff.
 - Of these 148 reversals, 911 was reportedly called only 7 times.
- The Opioid Outreach Team facilitated 753 total individual encounters.
 - 26 individuals were referred/accompanied for assessments
 - 31 individuals entered treatment
 - 10 entered medication assisted treatment (MAT).
- Assisted State and local law enforcement by making multiple trips to offer services prior to the closing of the Ault Field homeless encampment.

Questions?

WSALPHO's mission is to foster an effective and efficient public health system in Washington State, advance local public health interests, and improve local health jurisdictions' quality, capacity, and leadership. WSALPHO is a non-profit that serves the 35 local health jurisdictions in Washington State through policy and advocacy, partnerships, and workforce development and training.



Satellite Management Agencies (SMA) and Group B Water Systems

WSALPHO supports changing RCW 70A.125.060 to clarify when a SMA is most appropriately needed to ensure clean and safe drinking water. The blanket requirement of SMA operations for all Group B systems is overly burdensome, including a large cost to homeowners. Proposed changes rebalance the public health benefit with the cost to maintain systems, putting the ability for more stringent requirements to local governments that administer Group B programs through a joint plan of responsibility.

A Satellite Management Agency would still be required when:

- Treatment is needed to meet water quality standards
- Has atmospheric storage
- The system provides fire flow
- Has between 10-14 connections



SB 6110: Child Fatality Review Teams

WSALPHO supports modernizing Washington's child fatality review statute (RCW 70.05.170) to:

- Expand the age for reviews to include 18 years of age
- Provide clarification for participants who are mandated reporters
- Strengthen the language for LHJs to collect or access records and data from other sources to aid in the review process
- Enhance local and state collaboration to inform statewide prevention initiatives and recommendations



Washington
FPHS

Foundational Public Health Services

Local health jurisdictions (LHJs) are the frontline defenders against public health threats, responding to natural disasters and emergencies, and preventing exposures to environmental hazards.

Strong core programs and services assures everyone, everywhere in Washington State has a nimble and responsive public health system that works to achieve vibrant and thriving communities. **WSALPHO supports the \$45 million funding request to:**

- Equitably fund tribal FPHS efforts
- Preserve current FPHS investments
- Fund critical system needs



Critical Public Health Preventive Care

LHJs fill gaps in services due to providers pulling immunization services, STI treatment and case management, and other clinical services.

Given recent pertussis outbreaks, the H5N1 emergency, and the potential for additional outbreaks, **WSALPHO supports investing in preventative healthcare services and addressing critical barriers in accessing basic health care.**

- In 2024, at least 5 local health jurisdictions (LHJs) responded to pertussis outbreaks, totaling over 1200 cases, a 2,200% increase from 2023.
- Replicating Snohomish County's STI clinic will further reduce the burden of STIs, particularly syphilis.

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Securing Accountability in the Behavioral Health Continuum of Services

THE CHALLENGE

As HCA plans for the future of Medicaid health care including reprocuring its managed care health plan partners, we must address systemic gaps and barriers that prevent people from accessing the services they need and make Medicaid work for community behavioral health care.

THE FIX

Now is the time to improve contractual standards through Medicaid reprocurement.



1. Conduct robust statewide community behavioral health system gaps/ barriers/ access analysis
2. Ensure that **county and regional voices are central in informing contractual standards** in the next statewide reprocurement and in an ongoing way.
3. Require a **statewide Medicaid reprocurement**, within the next three years.
4. Ensure that Washington's managed care plans have the **experience to address a wide range of behavioral health needs**.
5. Reward **reduction of administrative burdens** for community providers.
6. Promote **paying for outcomes and access** over just service hours or visits.
7. Promote **innovative regional partnerships** that can integrate other solutions to the **root causes** of behavioral health challenges.
8. **Maximize federal Medicaid dollars** available for crisis and long-term inpatient care that have been overly reliant on state funds.
9. Promote helping people **avoid long-term involuntary care** through increased accountability for managed care plans.



Vote Yes!
and support the
passage of
**HB XXXX/SB
XXXX**



Securing Accountability in the Behavioral Health Continuum of Services

BEHAVIORAL HEALTH PRIORITY



Inadequate Behavioral Healthcare

People covered by Medicaid across our state endure chronically inadequate behavioral health care. People are waiting too long for services. The workforce is stretched thin. Facilities are closing their doors instead of opening them. Medicaid payment structures are fundamentally flawed, leaving community providers unable to deliver needed access to treatment.



Inadequate Networks

Current Medicaid managed care policy defining adequate networks of behavioral health care **does not recognize the full range and scope of behavioral health capacity needs** in Washington's communities. This in turn limits needed service expansion and access improvements.



Inadequate Service Delivery

The lack of strong policy direction to reduce provider burdens, make the most of effective payment models, and reinforce innovative partnerships **slows essential service delivery transformation.**



BEHAVIORAL HEALTH SYSTEM BACKGROUND

In January 2020, all regions of the state transitioned to an integrated system for physical health, mental health, and substance use disorder (SUD) services in the Washington Apple Health (Medicaid) program. This is called integrated managed care (IMC). Under the IMC program, most services for Apple Health clients are provided through managed care organizations (MCOs). However, some services in the community, such as services for individuals experiencing a mental health crisis, must be available to all individuals, regardless of their insurance status or income level. For this reason, Behavioral Health Administrative Services Organizations (BHASOs) exist in each region to provide these critical crisis services.

Role of Medicaid in Community Behavioral Health

Medicaid is at the center of community behavioral health care. Nearly two million Washingtonians depend on Medicaid managed care health plans to access health care through the state's Apple Health program, and at least 80 percent of people with mental health conditions or substance use disorders served by community-based providers rely on Medicaid.





Enhancing Housing Access and Affordability in Counties

THE CHALLENGE

Washington's counties have limited tools to address our ongoing housing crisis.

Most strategies for improving housing access and affordability rely on funding subsidies for developments requiring urban services, increases in allowed density or housing types for new development and redevelopment, or are limited to projects within city limits. Obviously, such tools are more easily deployed in cities with urban services. *However, with legislative help, counties could implement strategies to improve housing access and affordability, too.*

THE FIX

County Housing Policy Priority Recommendations:



1. Allow detached accessory dwelling units (ADU) on all residential lots.

HB XXXX/SB XXXX authorizes detached ADUs on all rural residential lots with appropriate restrictions to prevent sprawl and protect the environment along with strict enforcement requirements.



2. Expand authority for counties to increase housing development potential in appropriate areas.

HB XXXX/SBXXXX Authorizes increased development potential in more urbanized areas for middle and multi-family housing to provide greater opportunity for more housing without any risk of increasing rural sprawl.



3. Make all counties planning under the Growth Management Act (GMA) eligible to utilize the Multi-family Tax Exemption (MFTE) program.

HB XXXX/SB XXXX removes the limitations on GMA counties and makes this tool available for a majority of our state's counties.



4. Expand state investment in infrastructure that supports housing development.

HB XXXX/SB XXXX creates a new competitive grant program that can be utilized to develop and improve infrastructure to support housing. The lack of adequate infrastructure is a significant barrier to increased density and new housing development in many areas. The program is funded by a new tax on short-term rentals, having no impact on the state's existing revenues.



5. Invest in a pilot program for counties to provide pre-designed and pre-approved housing plans.

Counties request funding to support a four-county pilot program offering predesigned, preapproved plans for efficient single-family homes, accessory dwelling units, and duplexes. The plans would be designed to meet state and local development and construction requirements and offered free of charge, improving the permitting process and reducing applicants' costs.



Enhancing Housing Access and Affordability in Counties

“...the state needs to add 1.1 million new homes over the next 20 years, and more than half of them need to be affordable for residents at the lowest income levels.”

Washington State Department of Commerce, March 2023

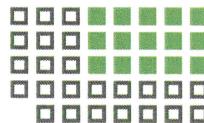
Many of the homes our state needs will NOT be built in cities...

34%
of residents
live outside
cities.



Outside King
County, **44% of**
residents live
outside cities.

40%
of residents
in 26 counties
live outside
cities.



In 15
counties, the
majority of
residents live
outside cities.

Lack of infrastructure is a major obstacle for housing developers

“Major infrastructure investments promote efficiencies in transportation, land use, and public works that spur investments, ease regulatory barriers to construction, reduce costs for owners and operators, and support a healthy housing market. Such investments will relieve stress on the housing market, open up new development opportunities, and promote housing affordability across the income spectrum.”

National
Apartment
Association





PRESS RELEASE

PulsePoint Arrives in Island County

OAK HARBOR, WA, January 15, 2025 – Island County Emergency Communications Center better known as I-COM 9-1-1 announced today the county-wide launch of PulsePoint, a free life-saving mobile app that notifies users when someone nearby is in cardiac arrest and needs immediate help.

PulsePoint is like an AMBER alert for sudden cardiac arrest victims. It uses location-based technology to alert community members to a sudden cardiac arrest in their immediate vicinity so they can get to the victim first and start hands-only CPR in those critical, life-saving minutes before first responders are able to arrive. The app only alerts individuals to a cardiac arrest in public locations, not a private residence, and will now be available for the first time county-wide. **Island County Medical Program Director Dr. Krystal Baciak** commented, “The EMS community is really excited to further partner with the community to improve early access to bystander CPR and defibrillation which is integral to the survival of patients experiencing an out of hospital cardiac arrest.” In addition, the companion app, PulsePoint AED, allows users to report and update public AED locations so that community members can find a nearby AED when a cardiac emergency occurs. I-COM 9-1-1 Dispatchers will also be able to access and share these AED locations with 9-1-1 callers.

“The foundation with which we achieve the very best cardiac arrest survivability starts with the true first responder, the ‘Good Samaritan.’ As firefighters, we respond as quickly as possible, but it matters greatly to the patient that citizens immediately step in when the heart stops. Calling 9-1-1, then administering hard and fast compressions and using an AED are essential to a successful outcome,” stated **Retired Fire Lieutenant Derek Stabell**. He went on to say “Every minute counts as 10% survivability per minute is lost, without CPR, when the heart stops. Because it can take several minutes for firefighters to arrive, what you do as a Good Samaritan counts heavily. Having the PulsePoint App on your phone is essential to be alerted of a need for public CPR, to locate an AED and to get to work prior to the FD and medics arrival.”

I-COM 9-1-1 Executive Director Sofia Kohfield says “It is a joint effort to recruit and empower as many community members as possible throughout Island County to download the free app and become PulsePoint responders. Whether or not someone from the public responds is completely optional. We are building a more informed community with it, empowering everyday citizens and making our community heart safe.” Kohfield went on to say that bringing PulsePoint to Island County was made possible through grant funding and a donation from the Island County Fire Chiefs Association. Island County joins Skagit, Whatcom, Snohomish County, and other agencies in Western Washington that participate in PulsePoint.

“With the implementation of PulsePoint, I-COM’s team continues to deliver on being ‘the First, First Responder.’ PulsePoint facilitates rapid citizen response to sudden cardiac arrest with CPR and early defibrillation – essential at helping people survive and recover. We are grateful for ICOM’s partnership as we integrate AED activation into the Island County 9-1-1 system.” – **Nic Wildeman, Rotary Club of Whidbey Westside AED Team**.

The free PulsePoint app is available for iPhone and Android and can be [downloaded here](#). Both PulsePoint and PulsePoint AED are also available for free download at the Apple App Store and on Google Play. For more information, visit I-COM on social media or our website www.icom911.org.

Contact

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Executive Director Sofia Kohfield

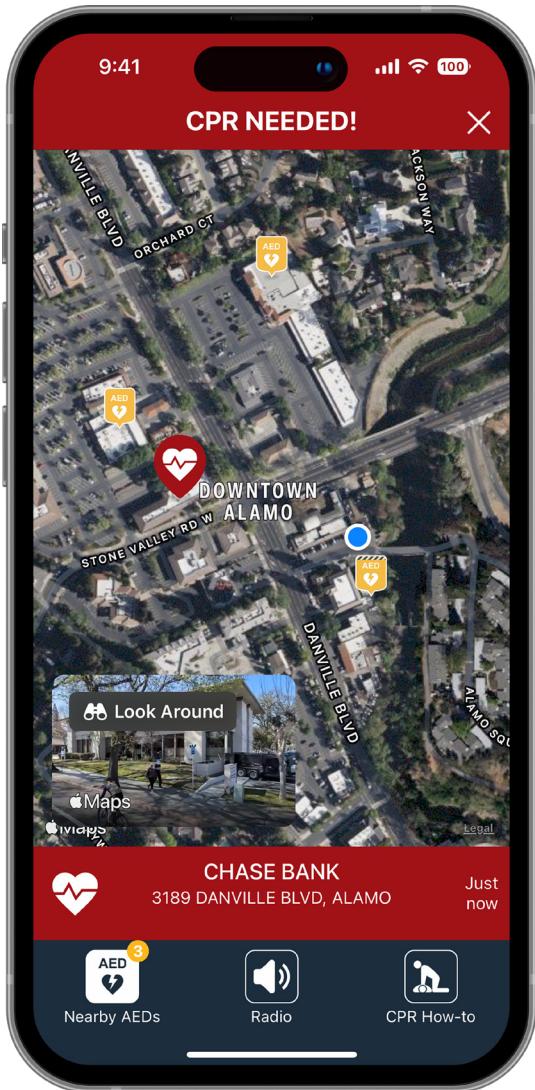
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PulsePoint

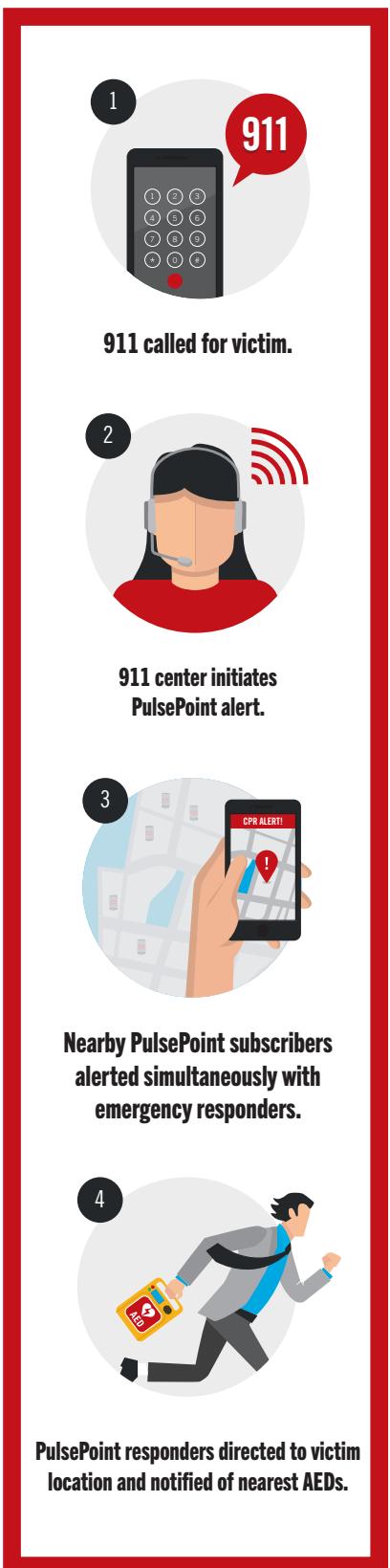
PULSEPOINT RESPOND

PulsePoint Respond is a 911-connected mobile app that alerts CPR/AED-trained individuals to someone nearby having a sudden cardiac arrest.

PulsePoint Respond supports multiple responder types, including community members, healthcare professionals, and public safety personnel. Specialized app capabilities are available for professional, on-duty use.

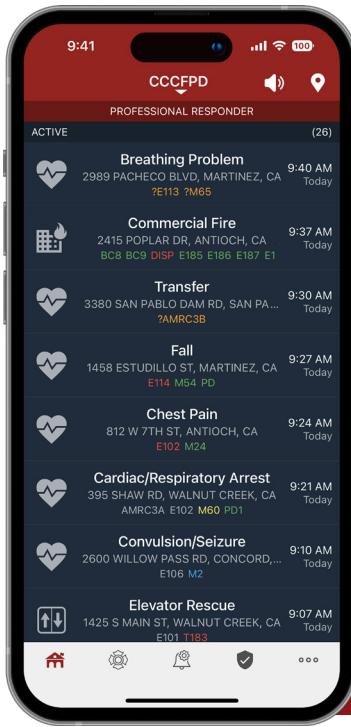


- PulsePoint aims to initiate CPR earlier and more often as well as increase the use of automated external defibrillators (AED), prior to emergency responders arriving on scene.
- PulsePoint is integrated directly into the public safety communications center. When a call taker determines CPR may be needed, an alert is sent to nearby app subscribers simultaneously with the dispatch of emergency responders.
- To promote daily app usefulness and encourage program participation, community users are shown select emergencies occurring in the community and offered notifications of public interest events such as traffic collisions and wildland fires.
- According to the latest AHA guidelines, emergency dispatch systems should alert willing bystanders to nearby events that may require CPR or AED use through mobile phone technology.



Learn more at pulsepoint.org
Download PulsePoint Respond





RESPONDER TYPES

PulsePoint Respond offers three responder types. Deploying a combination of these types can maximize PulsePoint's community impact.

Public CPR Responders

are typically community members trained in CPR and automated external defibrillator (AED) use and willing to assist if an incident occurs near them. These community first responders are only notified of nearby cardiac arrest events occurring in public places.

See the comprehensive overview.



Registered CPR Responders

are agency-invited members of the community with medical or rescue training, such as public safety retirees, CERT members, medical professionals, and residential security staff or residents with special neighborhood responsibilities. These community responders are alerted to all nearby cardiac arrest events, including private residences. With nearly 70% of cardiac arrest events occurring in the home, this difference is significant.

Professional Responders

are active public safety employees, typically firefighters, paramedics, and law enforcement officers assigned Professional Responder status by their organization. Typically these employees respond and care for patients in residential settings while on duty. To encourage adoption, professional users are provided with specialized app capabilities for on-duty use. When off-duty, Professional Responders are alerted to all nearby cardiac arrest events in the jurisdiction.



PULSEPOINT AED

Next Generation AED Management

PulsePoint AED is a powerful tool to help build and maintain the AED registry in your community. AEDs managed with PulsePoint AED are accessible to emergency dispatchers during cardiac arrest call processing and disclosed to emergency responders, including nearby individuals trained in CPR and AED use.

- Agency-authorized users can edit the complete AED record using their mobile device — no desktop needed.
- Manage and display colocated resources such as Bleeding Control Kits, Naloxone and Epinephrine, including dressing and drug expiration dates.
- Extensive AED device and consumable information supporting expiration reminders and manufacturer notices.
- Includes business open/closed details based on linked public data sources and support for 24/7 “always available” AEDs.
- PulsePoint AED is integrated with leading emergency medical dispatch protocol systems, including Priority Dispatch ProQA®, PowerPhone Total Response® and APCO IntelliComm®.

Community members can also report AED locations on the website, aed.new.



Learn more at pulsepoint.org
Download PulsePoint Respond

