



ISLAND COUNTY BOARD OF HEALTH

AGENDA

REGULAR SESSION

August 15, 2023, 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: August 15, 2023, Regular Session of the Island County Board of Health

Additions or Changes to the Agenda:

Approval of the Minutes:

- July 18, 2023, 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.

Nominations:

- CHAB Member Nominations – Michele Cato and Fe Mischo, presented by Taylor Lawson, Assessment Supervisor – *10 Minutes*.

Nomination to welcome Michele Cato and Fe Mischo as members of the CHAB.

Action requested: motion to approve CHAB nominees –Attachments

Contract:

- Consolidated Contract Amendment No. 14 with Washington State Department of Health for the Foundational Public Health Services (FPHS), Immunization Promotion, Onsite Sewage System Implementation, Recreational Shellfish, and Office of Drinking Water Group A Programs. Contract No.; CLH31021 (14); Amount: \$1,683,424. Presented by Public Health Director Dr. Shawn Morris – *10 minutes*
 - **Action:** Review and approve Washington State Department for Health Consolidated Contract CLH31012 Amendment No. 14– *Attachments*

Presentation:

- Climate Health Impacts Presentation, presented by Jason Vogel, University of Washington EarthLab– *30 Minutes*.

Review of “In the Hot Seat” Report, detailing health effects of heat in Washington, including direct and indirect heat-related illness, as well as which individuals and communities are at risk. Examination of how risk is changing in the future, and what actions we can take to prevent illness and death during heat events. Discussion only. – *Attachments*.

Presentation:

- PH Program Overview: Living Environments, presented by Cris Matochi, Living Environments Supervisor, *30 minutes*

Update on Living Environments program areas, including food safety, solid waste, and zoonotic disease programs. Discussion only. – *Attachment*.

Public Health Updates:

- Public Health Update relating to C. Auris and Fall immunizations, presented by Megan Works, Community Health Manager – *10 minutes - Attachments*

Board Announcements:

Adjourn: The next *Session* of the Island County Board of Health will be held on September 19th, 2023, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.



ISLAND COUNTY BOARD OF HEALTH MINUTES

REGULAR SESSION

July 18, 2023

The Island County Board of Health met in Regular Session on July 18, 2023, in the Board of County Commissioners Hearing Room (Room #102B), Annex Building, 1 N.E. 6th Street, Coupeville, Washington.

Members present:

Commissioner Jill Johnson, Chair
Commissioner Melanie Bacon
Commissioner Ron Wallin

Member present by video:

Dr. Howard Leibrand, Commissioner Janet St. Clair

Members Excused:

Capt. Althoff
Mayor Robert Severns

Others present:

Dr Shawn Morris	Taylor Lawson
Melissa Overbury-Howland	Lynda Austin
Tabitha Sierra	Nikki Maier
Susan Wagner	Shannon FitzMaurice
Mariana Nibley	Megan Works

Call to order:

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

Approval of Agenda:

An amendment was presented to have Shawn Morris present the COVID After Action discussion instead of Nikki Maier. An addition was presented to include PowerPoint material to Tabitha Sierra's presentation on the Behavioral Health Program.

By unanimous vote, the agenda was approved.

Approval of Minutes:

By unanimous vote, the June 20, 2023, Regular Session Minutes were approved as presented.

Public Input of Comment:

There were no public comments provided.

Contracts:

- DSHS and Local Health Jurisdiction Agreement on General Terms and Conditions, Contract No.; 2385-48589 Amendment 1 was presented by Public Health Director Dr. Shawn Morris.

ACTION TAKEN:

By unanimous vote, DSHS and Local Health Jurisdiction Agreement on General Terms and Conditions, Contract No.; 2385-48589, (1) was approved.



ISLAND COUNTY BOARD OF
HEALTH
MINUTES
REGULAR SESSION
July 18, 2023

Presentation:

- Public Health Director Dr. Shawn Morris gave a presentation on a Covid After Action review

Presentation:

- Tabitha Sierra, Behavioral Health Program Manager, and Mariana Nibley, Behavioral and Mental Health Provider, presented an update on the WhidbeyHealth Behavioral Health Program.

Public Health Updates:

- Public Health Director Dr. Shawn Morris discussed wildfire smoke prevention measures
- Public Health Director Dr. Shawn Morris gave an update on the RSV Vaccine for older adults.

Board Member Comments and Announcements:

The Regular Session adjourned at 2:45 p.m.

The next *Regular Session* of the Island County Board of Health will be held on August 15, 2023, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.

SUBMITTED BY:

Shawn Morris ND, Public Health Director

Approved this 15th day of August, 2023.

BOARD OF HEALTH
ISLAND COUNTY, WASHINGTON

Jill Johnson, Chair



Island County Public Health

Shawn Morris, ND - Director

P.O. Box 5000, Coupeville, WA 98239

Ph: Whidbey 360-679-7350 | Camano 360-678-8261 | N Whidbey 360-240-5554

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August 9, 2023

TO: Island County Board of Health

FROM: Taylor Lawson, MPH ; Assessment Supervisor

RE: **Community Health Advisory Board Recommendation: Michele Cato**

It is with my pleasure that I recommend Michele Cato to the Island County Board of Health for appointment to sit on the Island County Community Health Advisory Board (CHAB).

Ms. Cato has served as Executive Director in Haiti, Guatemala, and China and led programs in AIDS prevention, family planning, harm reduction, private provider systems improvement, and maternal/child health. She has since been the Director of Health at Cardno Emerging Markets, Chief of Program Development at International Relief and Development, and Director of New Business Development at Project Hope, all in the Metro-Washington DC area. She has also run her own consulting business and a retail nutrition store. Ms. Cato is currently the Executive Director of Island Senior Resources (ISR).

Michele has been searching for the right opportunity here in Island County since she first visited friends on Whidbey 10 years ago and fell in love with this area. Ms. Cato knew that she had found that opportunity after getting to know the board, staff, and work of Island Senior Resources. Michele is excited to be living closer to her adult daughter, Yanglei, in Seattle and extended family and friends throughout the Puget Sound. Along with her four-year-old Cockapoo, Cooper, she is enjoying beach walks and exploring the islands, and getting to know her new community through Leadership Whidbey and as ISR's Executive Director. She looks forward to expanding her island relationships and further contributing to her new community by participating in CHAB.

Ms. Cato's vision for a healthier future for Island County is "a thriving community in which the most vulnerable among us are seen, valued, engaged, and served equitably, and those less vulnerable demonstrate understanding and empathy of those less fortunate."

I am pleased to recommend to the Island County Board of Health the appointment of Michele Cato to sit on the Island County Community Health Advisory Board as a representative of the Health Care Access & Quality.

Sincerely,

Taylor Lawson



Island County Public Health

Shawn Morris, ND - Director

P.O. Box 5000, Coupeville, WA 98239

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Email: Publichealth@islandcountywa.gov | www.islandcountywa.gov

August 8, 2023

TO: Island County Board of Health

FROM: Taylor Lawson, MPH; Assessment Supervisor

RE: **Community Health Advisory Board Recommendation: Fe Mischo**

It is with my pleasure that I recommend Fe Mischo to the Island County Board of Health for appointment to sit on the Island County Community Health Advisory Board (CHAB).

Ms. Mischo has lived on Whidbey Island for 14 years; her spouse serves in the Navy and they have three children. Ms. Mischo has dedicated her time to the community and its organizations. She serves(ed) on the CADA Board of Directors as President, Oak Harbor Library Board, PFLAG Whidbey Island Board as Co-Chair, the CHAB, Oak Harbor Friends of the Library as Vice President, Oak Harbor School District Parents Advisory Committee, Save the Children Action Network, Island County Housing Advisory Board, Island County Housing Project Network, Community Resource Network, City of Oak Harbor Planning Commission, and Indivisible Whidbey Island as a Co-Leader. She is a professionally trained advocate for Education, Mental Health, Family Leave, Environmental Protections, Equal Rights, and Domestic and Sexual Abuse. She has a certificate in Early Childhood Education, Mindfulness, Positive Discipline, Motivational Interviewing, and CPR and First-Aid. Ms. Mischo is the Shelter Manager for SPiN (Serving People in Need) Cafe. She has worked at SPiN for two years assisting guests connect to resources that can help them transition out of homelessness. She plans to continue her service to her community by recommitting to the CHAB.

Ms. Mischo's vision for a healthier future for Island County includes, "access to more mental health and wrap around [services], youth-involved programs, and lower cost of housing."

I am pleased to recommend to the Island County Board of Health the appointment of Fe Mischo to sit on the Island County Community Health Advisory Board as a representative of the Social and Economic Sector.

Sincerely,

Taylor Lawson

CHAB Sectors/Groups		New 2022 Member				Total
1	Health care access and quality	Heidi Beck (Oak Harbor)	Erin Lavery-Mullins (Camano)	Chari McRill (Oak Harbor)	Michele Cato (Clinton)	4
2	Physical environment, including built and natural environments	Bob Uhrich (Camano)	Marine Resource Advisory Committee			2
3	Social and economic sectors, including housing, basic needs, education, an employment	Nicole Rice (Oak Harbor)	Fe Mischo (Oak Harbor)			2
5	Business, Philanthropy	Michele Aguilar Kahrs (Freeland)	Restaurant Business (TBD)			2
4	Government	Kim Williams (Camano)	Ex-Officio BOH Member (TBD)			2
6	Tribal communities and tribal government	Requires outreach				1
7	Consumers of public health services	Deborah Ferguson (Camano)	Water Advisory Committee	Alma Johnser (Oak Harbor)		3
8	Community members with lived experience in any of the areas listed in (a) of this subsection	Beth Rahi (Clinton)	Vacant			2
9	Community stakeholders including non-profit organizations, the business community, and those regulated by public health.	Melissa Brown (Oak Harbor)	WSU- Waste Wise, WSU- Food Systems	Rene Denman (Langley)		3
					Total	21

Proposed positions

**Consolidated Contract with WA State Dept of Health
Contract No.: CLH31012; Amendment No. 14**

- Executive Summary -
July 19th BOCC Work Session

Summary	Consolidated Contract Amendment No. 14 with Washington State Department of Health for the Foundational Public Health Services (FPHS), Immunization Promotion, Onsite Sewage System Implementation, Recreational Shellfish, and Office of Drinking Water Group A Programs. Contract No.; CLH31021 (14); Amount increase of \$1,683,424. Funding supports delivery of FPHS, including all core FPHS capabilities, OSS management plan implementation, vaccine outreach, and support to Group A Water systems.
Policy Context	<ul style="list-style-type: none"> • FPHS Funding: Aligns with supporting the work outlined in the Public Health 2023 Workplan while continuing funding for existing services that address communicable disease, family health, chronic disease, assessment, and environmental health. Funding supports cross-department coordination. One example is providing resources to align health assessment activities with Comprehensive Planning. • Group A Water System, OSS Funding, Recreational Shellfish: Aligns with policy of providing technical environmental health services and assistance.
	<u>Equity Lens</u> <ul style="list-style-type: none"> • FPHS Funding: Enables delivery of a variety of essential services that focus on historically underserved residents through outreach, care linkages, and population health measures that improve social drivers of health. • Group A Water System, OSS Funding, Recreational Shellfish: Ensures access to healthy drinking water and shellfish recreation for communities.
	<u>Climate Lens</u> <ul style="list-style-type: none"> • FPHS Funding: Supports staff to address climate health impacts with marginalized communities through population-scale initiatives, such as supporting indoor air quality measures through community outreach campaigns to prevent health hazard of wildfire smoke. • Group A Water System, OSS Funding, Recreational Shellfish: Increased environmental contaminants from stormwater runoff and seawater intrusion increase the need for timely sanitary surveys, management planning, and shellfish safety.
Fiscal Impact	<p>Overall, Amendment 13 increases allocations by \$1,683,424 for a revised maximum consideration of \$7,948,734. Funding will require a budget amendment.</p> <ul style="list-style-type: none"> • FPHS Funding will support current staff and services staff as well as administrative staff between July 1, 2023 – June 30, 2025. All funding must be utilized prior to June 30, 2025. No significant additional risks from accepting funding, as this funding supports ongoing work. • Group A Water System, OSS Funding, Recreational Shellfish is all anticipated funding that will require a budget amendment.

Recommendations and Desired Outcomes	<p>Overall Recommendation: Accept contract and funding changes based on factors outlined in this Executive Summary and contract review.</p> <ul style="list-style-type: none"> • FPHS Funding: Continue services and programs to improve social drivers of health through evidence-informed, community-driven services and programs within Assessment, Community Health, and Environmental Health Divisions. For vaccine funding, support equitable access to vaccination, treatment, and community guidance. • Group A Water System, OSS Funding, Recreational Shellfish: Safe, healthy drinking water and water quality across Island County. Improved recreational shellfish public information.
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**ISLAND COUNTY PUBLIC HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31012

AMENDMENT NUMBER: 14

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and ISLAND COUNTY PUBLIC HEALTH DEPARTMENT, a Local Health Jurisdiction, hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/siteways/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 Foundational Public Health Services (FPHS) - Effective July 1, 2023
 Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
 OSS LMP Implementation - Effective July 1, 2023
 Recreational Shellfish Activities -Effective July 1, 2023
 - ☒ Amends Statements of Work for the following programs:
 Office of Drinking Water Group A Program - Effective January 1, 2022
 OSS LMP Implementation - Effective January 1, 2022 .
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:
 - ☒ Increase of **\$1,683,424** for a revised maximum consideration of **\$7,948,734**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

This section intentionally left blank.

**ISLAND COUNTY PUBLIC HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31012**AMENDMENT NUMBER: 14**

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

ISLAND COUNTY BOARD OF
COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Chair	Date
Board of County Commissioners	

Signature	Date
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Print Name	Title
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Print Name	Title
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ISLAND COUNTY BOARD OF HEALTH

APPROVED AS TO FORM ONLY
Assistant Attorney General

Chair	Date
Board of Health	

Print Name	Title
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Indirect Rate January 1, 2022 through December 31, 2022: 24%

Indirect Rate January 1, 2023 through December 31, 2023: 23%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Start Date	Period End Date	Funding Start Date	Period End Date			
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$25,804	\$34,405	\$46,696
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,601		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$12,291	\$12,291	
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 11	10.557	333.10.55	10/01/23	12/31/23	10/01/23	12/31/23	\$53,125	\$53,125	\$427,450
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$158,375	\$212,100	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$53,725		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$162,225	\$162,225	
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 11	10.557	333.10.57	01/01/23	09/30/23	10/01/22	09/30/23	\$1,600	\$1,600	\$1,600
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$548	\$548	\$548
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$342,392	\$342,392	\$342,392
PS SSI 1-5 Sub Award Process Task 4	01J18001	Amd 2	66.123	333.66.12	01/01/22	09/30/22	07/01/16	08/31/23	\$57,206	\$57,206	\$57,206
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 12	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$12,000	\$12,000	\$27,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$64,271	\$64,271	\$128,542
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$64,271	\$64,271	
COVID19 Vaccines	NH23IP922619	Amd 13	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$30,569)	\$351,098	\$351,098
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$381,667		
COVID19 Vaccines R4	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$386,667	\$386,667
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$381,667		
FFY24 CDC VFC Ops	NGA Not Received	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$6,024	\$6,024	\$6,024
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$220,357	\$220,357	\$220,357
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$367,314	\$367,314	\$367,314
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$13,429)	\$1,083,320	\$1,083,320
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$1,096,749		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$1,500	\$3,000
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	

Indirect Rate January 1, 2022 through December 31, 2022: 24%

Indirect Rate January 1, 2023 through December 31, 2023: 23%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY23 MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$55,804	\$55,804	\$107,615
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$9,958	\$51,811	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$41,853		
GFS-Group B (FO-NW)		Amd 11	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$2,400	\$2,400	\$5,400
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$3,000	\$3,000	
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$30,000	\$30,000	\$75,000
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$45,000	\$45,000	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$45,000	\$45,000	\$67,500
Wastewater Management-GFS		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 FPHS-LHJ-GFS		Amd 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$100,000	\$1,700,000	\$1,700,000
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,600,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$854,000)	\$0	\$854,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$854,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$854,000	\$854,000	
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,600,000	\$1,600,000	\$1,600,000
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 13	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$250	\$17,750	\$32,250
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$17,500		
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$250	\$14,500	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$500		
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$13,750		
YR 25 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$7,948,734	\$7,948,734	
Total consideration:	\$6,265,310									GRAND TOTAL	\$7,948,734
GRAND TOTAL	\$1,683,424									Total Fed	\$3,556,829
	\$7,948,734									Total State	\$4,391,905

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS-LOCAL HEALTH JURISDICTION	99200840	N/A	336.04.25	07/01/23	06/30/24	0	1,600,000	1,600,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,600,000	1,600,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$674,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse – Infrastructure & Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$360,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$17,000
6	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	EPH Core Team – Safe and Healthy Communities – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$160,000
8	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$149,000

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPHS Steering Committee’s roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ’s contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Deliverables – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater

45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

Special References (i.e., RCWs, WACs, etc.):

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

Targeted Investments to Each LHJ:

2. Assessment Reinforcing Capacity (FPHS definition G.2)

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. Assessment – CHA/CHIP (FPHS definitions G.3)

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:

5. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**

Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

6. **Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**

Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Island is receiving funds to participate in these EPH Core Teams:

7. **EPH Core Team – Safe & Healthy Communities**

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

8. **EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group A Program -
Effective January 1, 2022.

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: January 1, 2022 through December 31, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Contractor	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of this revision is to identify Data Sharing Information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	14,500	0	14,500
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	2,000	0	2,000
YR 25 SRF - LOCAL ASST (15%) (FO-NW) SS	24229225	N/A	346.26.64	01/01/23	12/31/23	17,750	0	17,750
YR 25 SRF - LOCAL ASST (15%) (FO-NW) TA	24229225	N/A	346.26.66	01/01/23	12/31/23	4,000	0	4,000
						0	0	0
						0	0	0
TOTALS						38,250	0	38,250

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. Completed Small Water System checklist. Updated Water Facilities Inventory (WFI). Photos of water system with text identifying features 	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community and non-community Group A water systems.	5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Data Sharing

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

Program Manual, Handbook, Policy References: Field Guide (DOH Publication 331-486).

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$32,000~~ **\$32,250** for **Task 1**, and **\$6,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill to BARS Revenue Code 346.26.64.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **2** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.

- No more than **28** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than **34** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	0	6,024	6,024
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	6,024	6,024

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> Surveys, Questionnaires, Interviews Immunization coverage rates expressed in percentages Observations (i.e., feedback from surveys/interviews, social media posts comments) Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OSS LMP Omplementation - Effective January 1, 2022

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Revision Purpose: The purpose of this revision is to change the period of performance from December 31, 2023 to June 30, 2023 to close out this concon for the end of the 21-23 biennium.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
WASTEWATER MANAGEMENT - GFS	26701100	N/A	334.04.93	01/01/22	06/30/22	22,500	0	22,500
WASTEWATER MANAGEMENT - GFS	26701100	N/A	334.04.93	07/01/22	06/30/23	45,000	0	45,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						67,500	0	67,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Operation and Maintenance (O&M) Program and Local Management Plan Implementation</p> <p>O&M Program activities will include, but will not be limited to, contract/indirect administration, staff training, staff participation in DOH regional projects/meetings, advertising, brochures, surveys, website development, hardware, software, costs and fees associated with all supporting databases.</p> <p>Local management plan implementation includes:</p> <ul style="list-style-type: none"> Enforcement for system deficiencies found during Operations, Maintenance and Monitoring (O&M) inspections O&M program administration Onsite Sewage System (OSS) complaint response O&M data reports about deficiencies 	<p>O&M Program activities will be tracked and reported to demonstrate progress and will detail accomplishments. Local Management Plan implementation will be tracked and reported via an electronic copy of progress report and mapping data to include:</p> <ul style="list-style-type: none"> Number of systems with known system type. Number of septic systems with current inspections. Number of septic failures. 	<p>Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023</p> <p>Task is ongoing throughout the project period.</p>	\$24,975

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Homeowner Septic Training (HOST) Program Continued development, advertisement, and delivery of Septic education classes. Classes are open to all of Island County residents.	Septic classes will be offered in person, if possible, along with links to online classes. All classes, numbers of community members in attendance, and test results will be tracked and reported.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$10,125
3	Onsite Sewage Systems (OSS) Professionals Continued development and delivery of educational information to OSS Professionals through industry meetings and other learning opportunities.	Industry meeting agendas and attendance will be reported.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$10,125
4	OSS Data Quality Control Continue to implement and train staff for all Island County Databases used to organize and easily track OSS data collected. All software utilizes Geographic Information Systems (GIS) to improve reporting accuracy and efficiency.	The continued integration of databases and GIS data into the O&M Program will allow for easily accessible and reportable data.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$22,275

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Restrictions on Funds:

These funds can NOT be used for local match to federal grants.

Special References:

WAC 246-272A and RCW 70A.110

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Definitions:

Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Billing Requirements:

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions:

Semi-annual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to mail to: Roger.Parker@doh.wa.gov and taylor.warren@doh.wa.gov. Progress Report Due Dates: January 15, 2022, June 15, 2022, December 31, 2022 June 15, 2023 *and December 31, 2023*.

The report format will be provided by DOH and may be modified throughout the contract period via email announcement.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
---	---	---

Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Note: Statements of work with GFS funds must exhaust those funds before billing ALEA funds. GFS funds in the 07/01/23-06/30/24 funding period cannot roll over into the next funding period. This funding allocation is for the 2023-2025 state biennium. New statements of work with a period of performance of January 1, 2025 to June 30, 2025 will be issued in the next consolidated contract term.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SMALL ONSITE MANAGEMENT (GFS)	26701100	N/A	334.04.93	07/01/23	06/30/24	0	45,000	45,000
SMALL ONSITE MANAGEMENT (GFS)	26701100	N/A	334.04.93	07/01/24	12/31/24	0	30,000	30,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	75,000	75,000

GOALS & MEASURABLE OBJECTIVES

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA)	Number of OSS	185	500
OSS compliant with inspections countywide	Number of OSS	3500	5000
OSS failures identified/corrected in MRA/SA	Number of OSS failures identified and repaired/replaced	2/5	5/10
OSS failures identified/corrected countywide	Number of OSS failure identified and repaired/replaced	54/97	50/100

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1. Grant Administration This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.				
1.1	Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. LHJ will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to \$7,500 based on actual costs.
1.2	Semi-Annual Progress Reports Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.	Data about the following: <ul style="list-style-type: none">• Qualitative:<ul style="list-style-type: none">○ Summary of work○ Barriers to LMP Implementation• Quantitative:<ul style="list-style-type: none">○ OSS inventory metrics○ Enforcement actions○ Outreach and Education efforts	Due July 15 and December 31 for the duration of the contract period	
Task 2. Local Management Plan Implementation This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	Database Maintenance and Quality Assurance/Quality Control Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none">• Import and maintain records from OnlineRME and SmartGOV data management systems• Monitor data input and output for accuracy	<ul style="list-style-type: none">• Supports quality of all reporting associated with this SOW		Reimbursement up to \$54,000 based on actual costs.
2.2	Operations and Maintenance Program Administration <ul style="list-style-type: none">• Mail inspection reminders to homeowners as needed.• Inspection Compliance tracking/mapping• Failure and repair tracking/mapping• Compliance enforcement• Complaint response• O&M data reports about inventory and deficiencies• Collaborate with Surface Water Quality team to notify homeowners in identified risk areas of inspection requirements	a. Enforcement Protocol b. Data on the following: <ul style="list-style-type: none">• Number of OSS with current inspections• Number of OSS failures and calculated risk using DOH-provided risk assessment.• Number of repairs	a. September 1, 2023 b. Report in semi-annual progress report in Subtask 1.2.	
2.3	Education and Outreach Education and outreach are conducted for OSS owners, realtors, builders and consultants. Specific tasks include:	Report attendance	With semi-annual reporting	

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none">EHD led realtor classesBuilders' discussion forum with EHDOutreach and flyers to support consultants & owners			
2.4	Professional Development and Coordination <ul style="list-style-type: none">The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties.The LHJ will support professional development through:<ul style="list-style-type: none">Attending DOH OSS Program trainingsWashington On-Site Sewage Association (WOSSA) Septicon for up to six (6) staffORENCO in person week for one (1) staff – if offered	a. Attendance and contribution at four (4) meetings per year b. Conference and Training participation as available	a-b. Report attendance semi-annually, as scheduled in Task 1.2	
Task 3. Indirects Indirects rates can only be charged to this work if the County has a current approved rate on file with DOH.				
3.1	Indirect rate on __\$51,300__ at a rate of __24%__ . Annual rate may change during contract period.	Submit current approved indirect rate to DOH Grants Management Office for approval.	Before indirects can be approved for reimbursement	Reimbursement up to \$13,500 based on actual costs.

Budget	
Category	Amount
Personnel/Salaries	\$36,615
Fringe Benefits	\$19,875
Travel	\$4,500
Supplies	\$510
Contracts	\$0
Other <ul style="list-style-type: none"> Registration Fees 	\$0
Total Direct Charges	\$61,500
Indirect Charges (federally approved rate)	\$13,500
TOTAL – Not to Exceed	\$75,000

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Recreational Shellfish Activities -
Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	07/01/23	12/31/24	0	2,400	2,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	2,400	2,400

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Conduct emergency biotoxin sampling when needed. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. Issue biotoxin news releases during biotoxin closures in Island County. This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2024 (See Special Instructions below.)	\$1,900
2	Outreach <ul style="list-style-type: none"> Staff educational booths at local events. Distribute safe shellfish harvesting information. 	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2024 (See Special Instructions below.)	\$500

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Program Manual, Handbook, Policy References:

Department of Health's Biotxin Monitoring Plan

Special References (i.e., RCWs, WACs, etc.):

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health/environmental-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

Special Instructions:

Report for work performed in 2023 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2024.

The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.

IN THE HOT SEAT:

SAVING LIVES FROM EXTREME HEAT IN WASHINGTON STATE

Key points

Extreme heat is serious. Heat events kill people, exacerbate chronic health issues like heart and kidney disease, drive injuries, and lead to adverse pregnancy outcomes. These impacts increase 911 calls, ambulance transports, emergency department visits, and hospital admissions. Extreme heat also causes significant individual and collective economic costs.

Some populations are more vulnerable to extreme heat: the elderly; children; pregnant people; those with chronic medical conditions; people living unsheltered, in marginal housing, or in urban heat islands; outdoor workers; people in poverty; and people not fluent in English. Extreme heat has an outsized impact on socially and politically marginalized populations such as low-income households and communities of color.

More Washingtonians will be vulnerable to extreme heat in the future due to the state's aging population, urbanization, and climate change. Climate models project 4 to 6°F summer warming in the Pacific Northwest in the 2050s relative to the last half of the 20th century and the number of extreme heat days is projected to increase on the order of five-fold by the 2050s.

We know enough about the risks of extreme heat, the drivers of vulnerability, and ways to protect people to take immediate action.

Recommendations

We recommend individuals, families, health professionals, community-based organizations, and local and state government officials across many agencies take immediate action where they have the authority and resources to act, and sustain a commitment to mitigating extreme heat as an ongoing part of their work, especially people and organizations not driven by a public health mandate.

We recommend maintaining a dual focus on shorter-term emergency response actions to save lives during an extreme heat event and on longer-term opportunities to reduce extreme heat health risks like those described in Section 3.

We recommend pursuing a portfolio of strategies to address extreme heat health risks for a number of reasons: most strategies protect only one vulnerable population while insufficiently protecting others; extreme heat can lead to cascading disasters, like power failures, that limit the effectiveness of some strategies; and redundancy is crucial when lives are at stake.

We recommend accessing and using tools and approaches like those profiled in Section 4 when additional information is needed before implementing strategies to address extreme heat health risks.

We recommend embracing the governance challenge of coordinating and empowering the diverse participants involved in implementing the health protective strategies described in Section 3 as fundamental to saving lives from extreme heat.



AVAILABLE JUNE 20, 2023

Scan the QR code or visit: cig.uw.edu/hot-seat-2023

W

IN THE HOT SEAT: SAVING LIVES FROM EXTREME HEAT IN WASHINGTON STATE



To access the full report, scan the QR code or visit:
cig.uw.edu/hot-seat-2023

CLIMATE IMPACTS GROUP
UNIVERSITY of WASHINGTON
An EarthLab Member Organization

CHaNGE
Center for Health and the Global Environment
An EarthLab Member Organization

 **HEALTH**
Washington State Department of




GONZAGA
UNIVERSITY
Center for Climate, Society,
and the Environment

Published June 2023

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UNIVERSITY of WASHINGTON



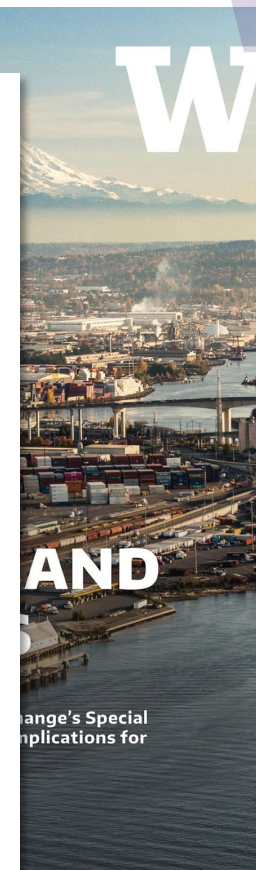
PREPARING FOR CLIMATE CHANGE

A Guidebook for Local, Regional, and State Governments



Written by
Center for Science in the Earth System (The Climate Impacts Group)
Joint Institute for the Study of the Atmosphere and Ocean
University of Washington
King County, Washington

With an introduction by King County Executive Ron Sims

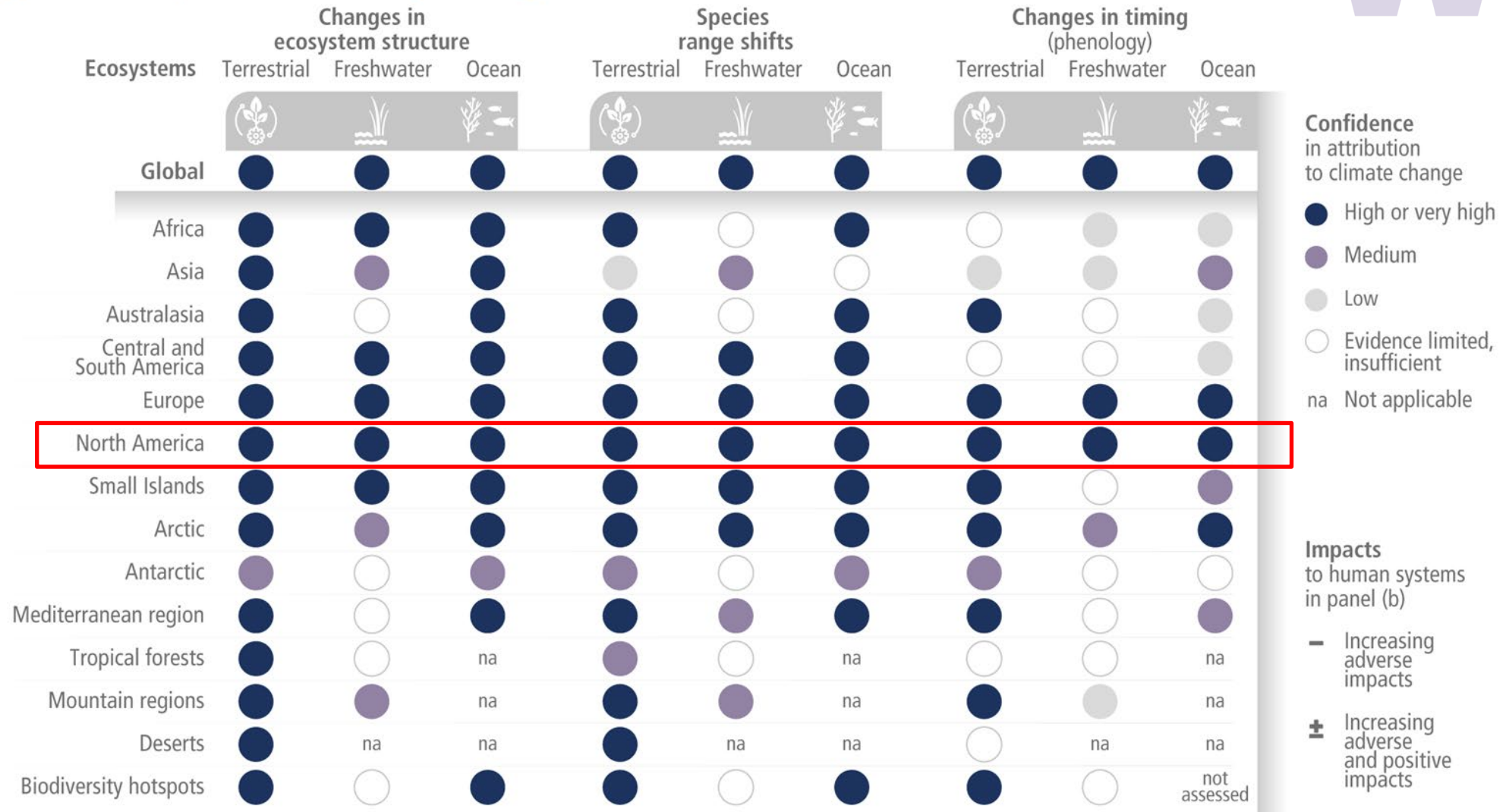


Impacts of climate change are observed in many ecosystems and human systems worldwide

(a) Observed impacts of climate change on ecosystems

Climate change is happening

Ecosystem impacts



Impacts of climate change are observed in many ecosystems and human systems worldwide

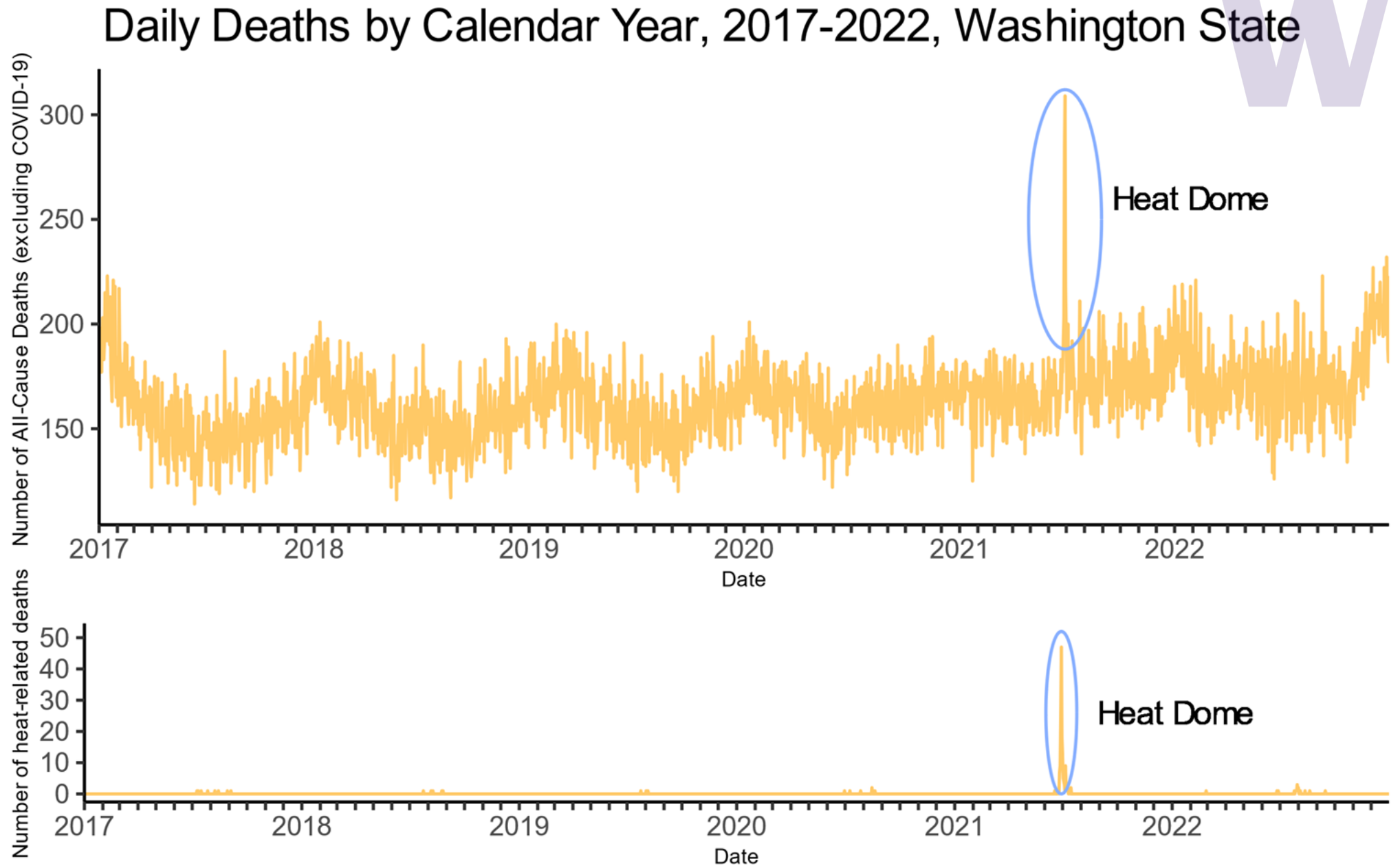
(b) Observed impacts of climate change on human systems

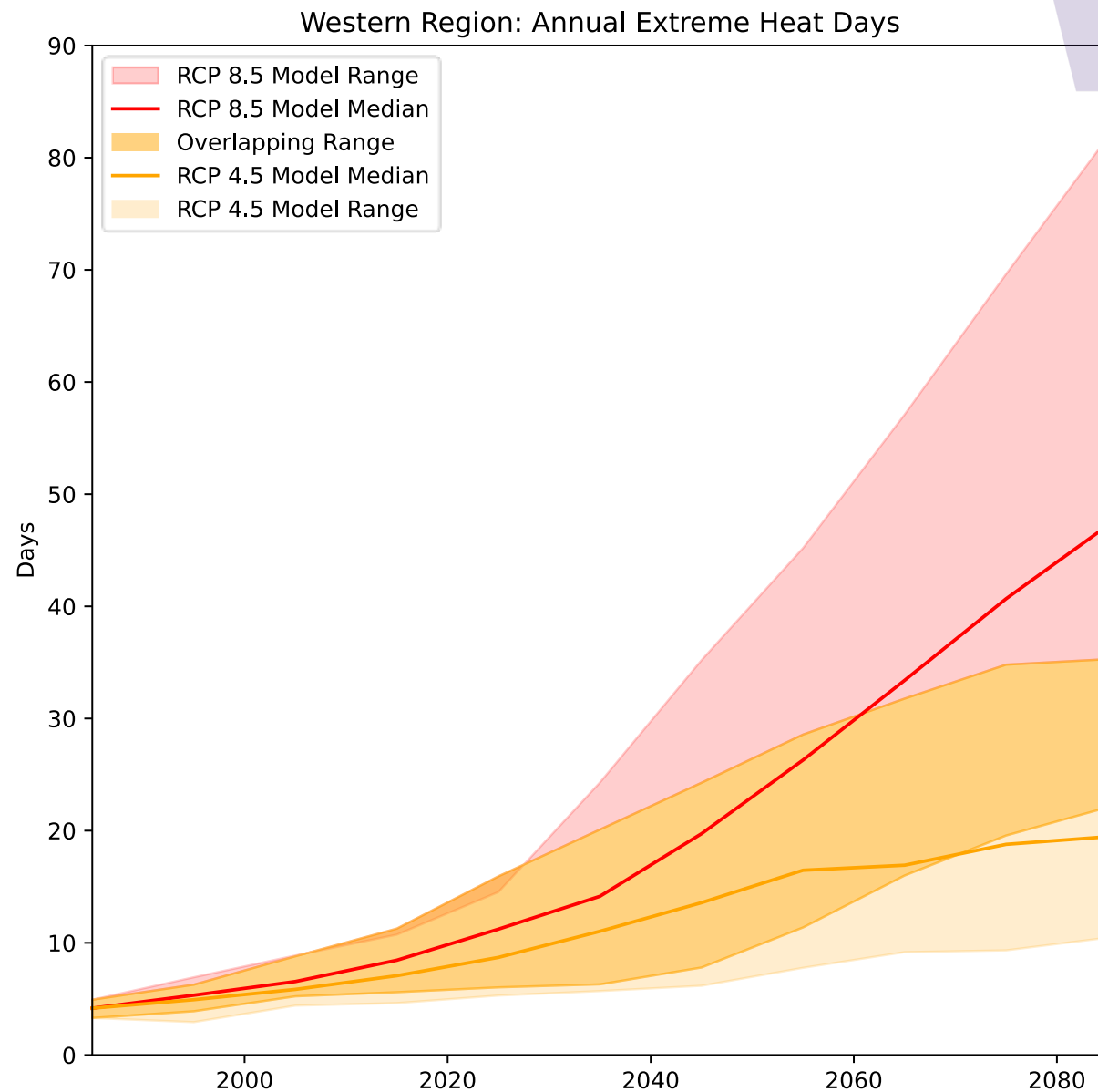
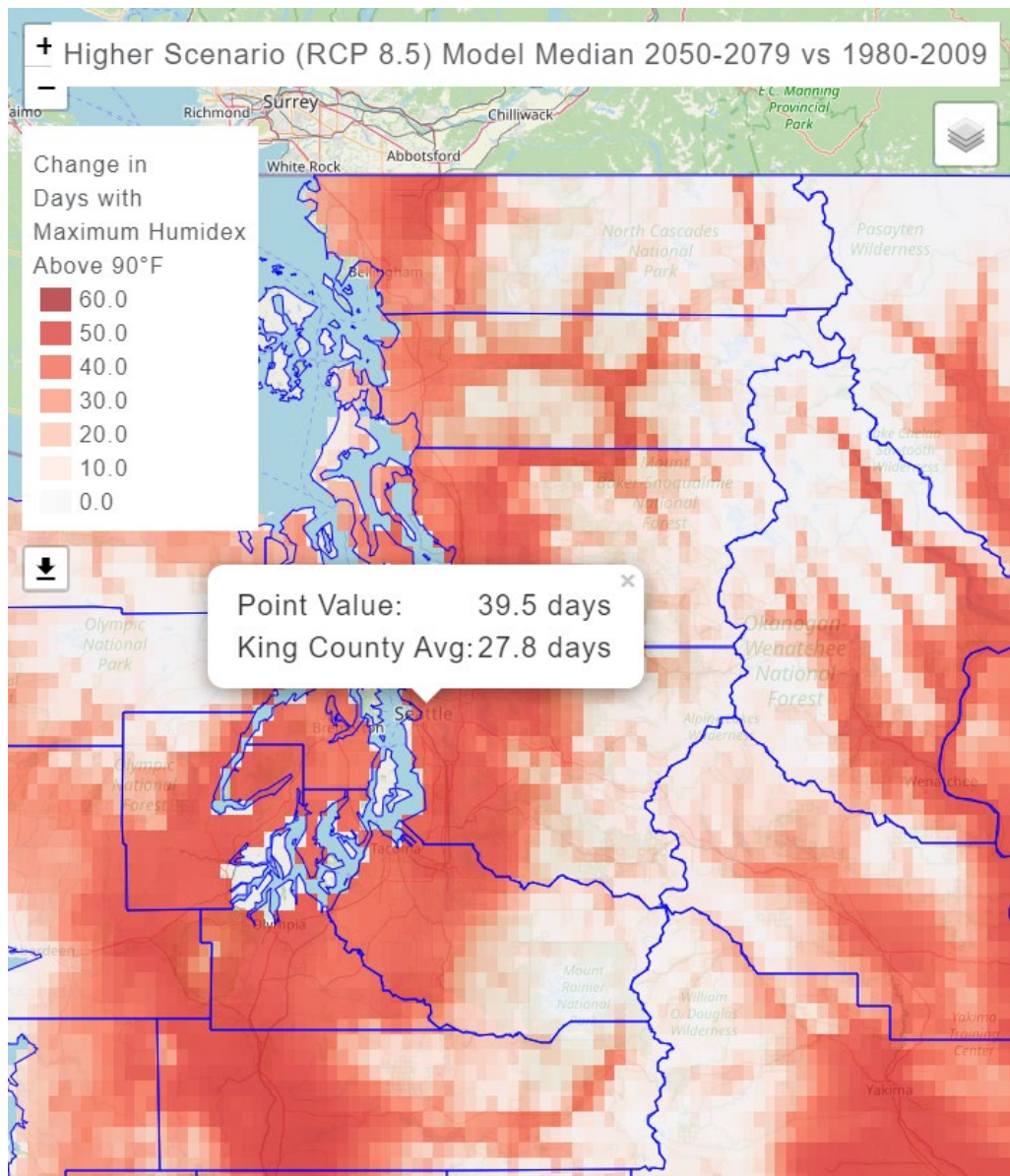
Climate change is happening

Human impacts

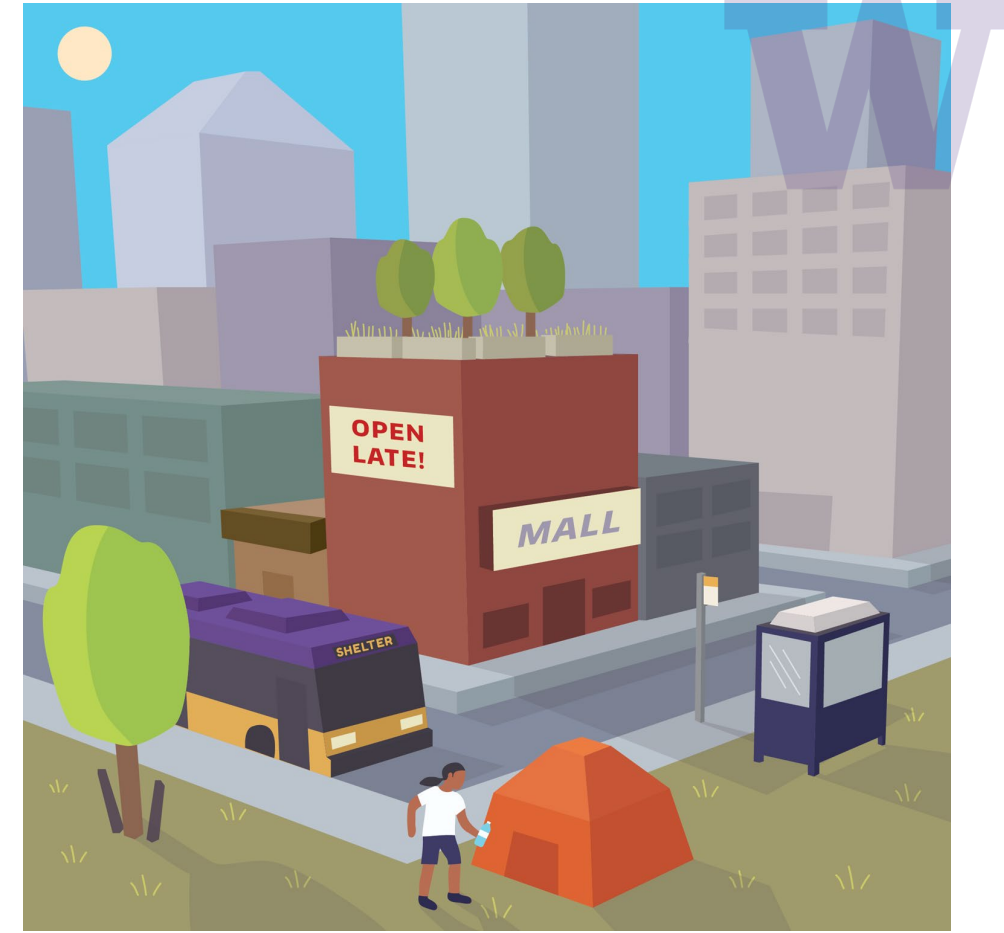
Human systems	Impacts on water scarcity and food production				Impacts on health and wellbeing				Impacts on cities, settlements and infrastructure			
	Water scarcity	Agriculture/crop production	Animal and livestock health and productivity	Fisheries yields and aquaculture production	Infectious diseases	Heat, malnutrition and other	Mental health	Displacement	Inland flooding and associated damages	Flood/storm induced damages in coastal areas	Damages to infrastructure	Damages to key economic sectors
Global	±	-	○	-	-	-	-	-	-	-	-	-
Africa	-	-	-	-	-	-	-	-	-	-	-	-
Asia	±	±	-	-	-	-	-	-	-	-	-	-
Australasia	±	-	±	-	-	-	-	not assessed	-	-	-	-
Central and South America	±	-	±	-	-	-	not assessed	-	-	-	-	-
Europe	±	±	-	±	-	-	-	-	-	-	-	-
North America	±	±	-	±	-	-	-	-	-	-	-	-
Small Islands	-	-	-	-	-	-	-	-	-	-	-	-
Arctic	±	±	-	-	-	-	-	-	-	-	-	±
Cities by the sea	○	○	○	-	○	-	not assessed	-	○	-	-	-
Mediterranean region	-	-	-	-	-	-	not assessed	-	±	-	○	-
Mountain regions	±	±	-	○	-	-	-	-	-	na	-	-

**How bad
was the
2021
heat
dome?**





**We know
what to
do!**



Greening urban spaces, providing shade,
culturally-appropriate outreach and making AC available

**We know
what to
do!**



Shade buildings with trees, shade windows,
install AC, conduct wellness checks

**We know
what to
do!**



Encourage rehydration, schedule breaks,
make bathrooms accessible, provide shade, shift working hours



E. Increase tree canopy and shade structures

Shade can drastically reduce surface temperatures, making individuals more comfortable and reducing the urban heat island effect. Several studies found that the shade provided by trees or surface-covering vegetation such as vines can reduce surface temperatures of buildings and pavement as much as 20-40°F relative to fully sun-exposed surfaces.[38] Non-natural shade performs just as well.[39] However, the cooling effect of shade from an individual tree or canopy is localized, so effectively reducing heat stress necessitates strategic siting of shade structures and vegetation where people are most likely to be subjected to excessive heat — in buildings without AC and exposed public spaces.[40] Putting shade outside of building windows is particularly effective, and also reduces AC energy costs. Actions to increase the urban tree canopy can require collaboration among a wide array of actors, including individual homeowners, homeowner associations, commercial property owners and multiple local and state agencies (e.g., city/county parks departments, planning agencies, transportation agencies, sustainability offices). The multiple benefits of tree planting campaigns mean they take advantage of a wide array of funding streams, including Hazard Mitigation Grants administered by Washington's Emergency Management Division.

Example: Shade tree policy in Chula Vista (CA)

The City of Chula Vista (CA) City Council adopted an ordinance that required shade trees to be incorporated into all new public and private streets as well as all new

private development parking lots. The ordinance requires development plans to achieve 50% canopy cover over parking spaces within five to fifteen years of planting. This ordinance provides an example of using regulations strategically to harness the power of private development to reduce heat vulnerability locally. Read Chula Vista's shade tree policy ordinance: <https://www.chulavistaca.gov/home/showdocument?id=8093>

EQUITY IN SPOTLIGHT: GREENING WITHOUT GENTRIFICATION

Tree plantings and investments in historically marginalized urban areas can contribute to "green gentrification," a process in which resulting property values increase, thereby pricing out the vulnerable low-income communities these efforts are meant to serve. To limit this effect, several states and cities have paired anti-displacement strategies such as rent control, inclusionary zoning and affordable housing projects with urban greening initiatives. A cross-sectional survey of parks-related anti-displacement strategies across the United States found that starting anti-displacement strategies before announcing greening initiatives had the best outcomes for greening without gentrification. Learn more about this study: <https://www.ioes.ucla.edu/project/prads/>



Households



Community-based Organizations



Faith-based Organizations



City/County Health or Regional Health District



City/County Emergency Management



Legislators



Governor's and/or Mayor's Office



Municipal building code, planners



Municipal/Regional parks



Washington State Building Code Council



Washington State Department of Commerce



Washington State Department of Health



Washington State Department of Ecology



Washington State Department of Labor & Industries



Washington State Department of Natural Resources

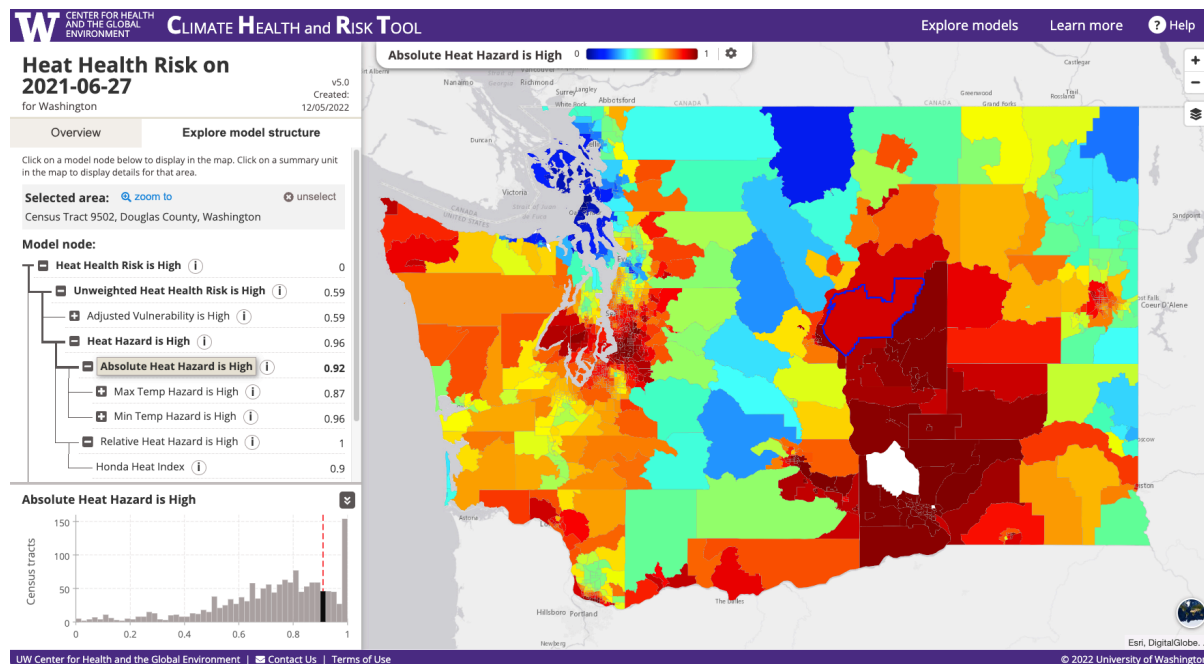


Washington State Emergency Management Division

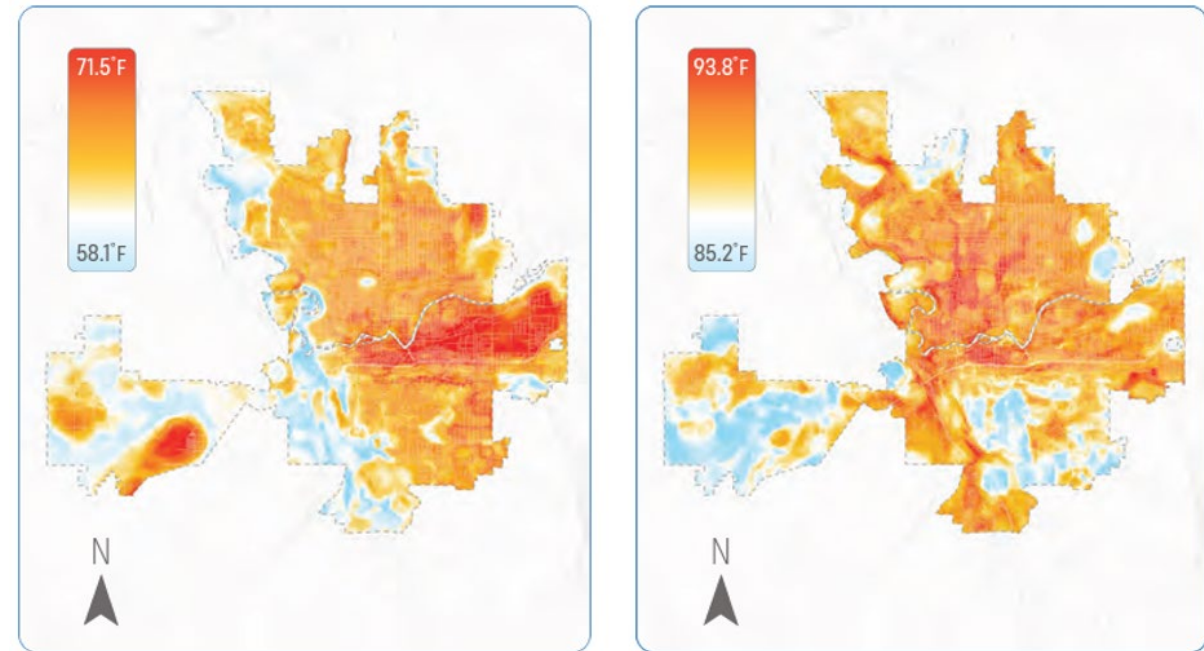
Figure 5: Participant icons for strategy implementation

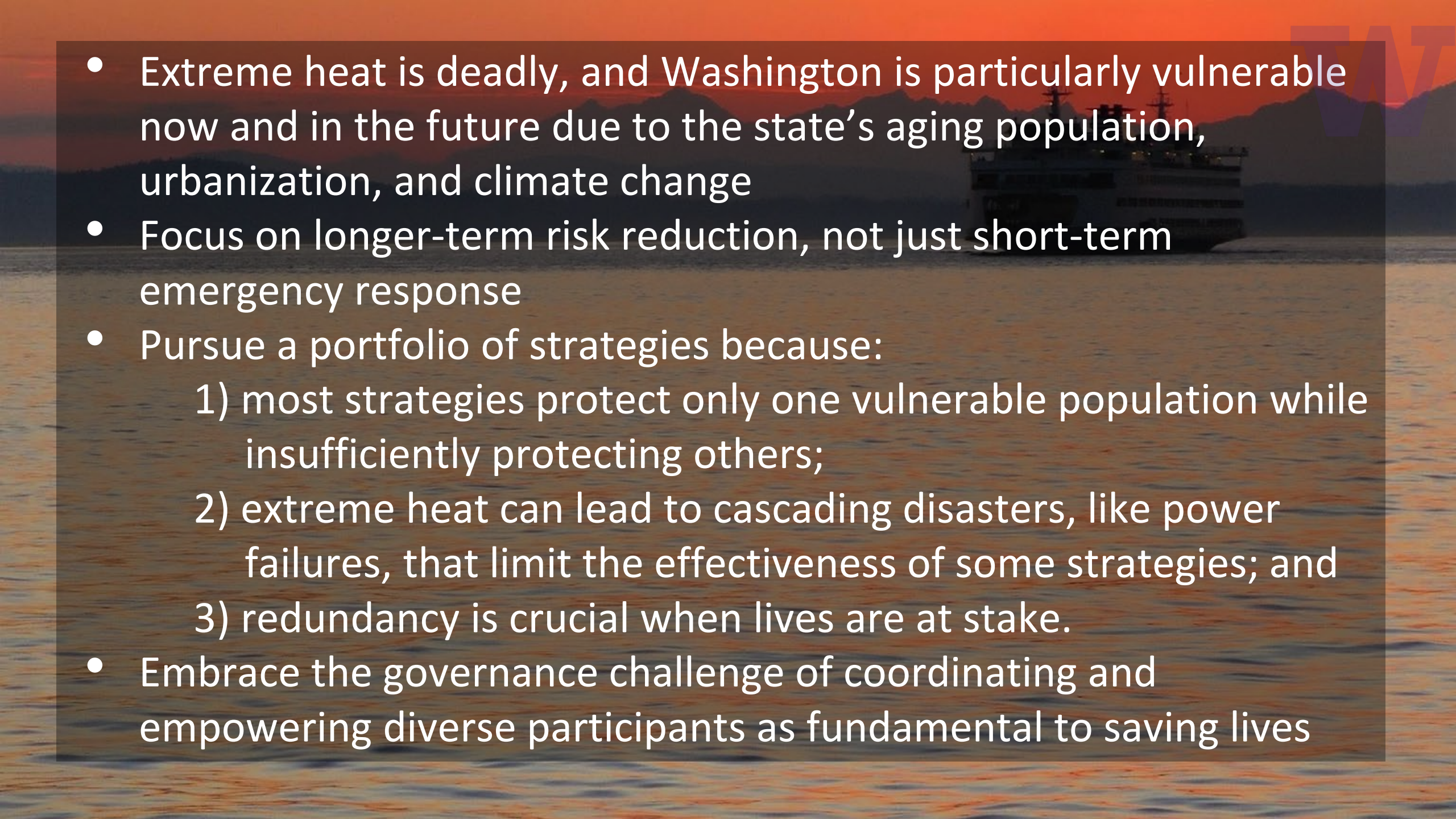
Tools and approaches from the report

- Climate Mapping for a Resilient Washington:
cig.uw.edu/resources/analysis-tools/climate-mapping-for-a-resilient-washington/
- Climate Health and Risk Tool (CHaRT):
climatesmarthealth.org/



- Spokane Beat the Heat initiative:
gonzaga.edu/BeatTheHeat



- 
- Extreme heat is deadly, and Washington is particularly vulnerable now and in the future due to the state's aging population, urbanization, and climate change
 - Focus on longer-term risk reduction, not just short-term emergency response
 - Pursue a portfolio of strategies because:
 - 1) most strategies protect only one vulnerable population while insufficiently protecting others;
 - 2) extreme heat can lead to cascading disasters, like power failures, that limit the effectiveness of some strategies; and
 - 3) redundancy is crucial when lives are at stake.
 - Embrace the governance challenge of coordinating and empowering diverse participants as fundamental to saving lives



To access the full report,
scan the QR code or visit:
cig.uw.edu/hot-seat-2023

Urban Climate paper: <https://doi.org/10.1016/j.uclim.2022.101392>



Dr. Jason Vogel
Climate Impacts Group
University of Washington
jmvogel@uw.edu



Island County Public Health Living Environments

Cris Matochi – Living Environments Supervisor



Living Environments Program

What is the Living Environments Program?

- Encompasses many programs relating to public environments.
- Covers a broad variety of environmental issues
- Works in tandem with many other IC programs
- Works with different governmental agencies at local, state and federal levels.



Washington
State Department of
Agriculture





Living Environments Program

What is the goal of the Living Environments Program?

- Improve health and safety in the places where people live, work, learn, and play
- Focuses on the relationship between people, animals, and the environment where they live
- Promotes the prevention and remediation of diseases
- Sanitation, safe food and water, proper disposal of wastes and toxics, air quality and healthy environmental conditions throughout Island County.



Living Environments Program

What are the programs under Living Environments?





Living Environments Program

Food Safety



Quiz:

What is the number one foodborne illness risk factor in the US?

Quiz:

What is the number one foodborne illness risk factor in the US?

Personal hygiene

Quiz:

What are the top 5 foodborne illness risk factors in the US?

1. Personal hygiene
2. Improper holding temperatures
3. Improper cooking temperatures
4. Food from unsafe sources
5. Contaminated equipment/cross-contamination



Living Environments Program

Food Safety

The Food Safety Program's mission: To protect and promote the health and well-being of Island County's residents and visitors through regulation and education for establishments that serve food to the public.

- Works to ensure the provision of safe food served in food establishments and events within the county
- Permitting and routine inspections of retail food establishments
- Foodborne illness investigations
- Unsanitary conditions complaint investigations
- Consulting with current and future establishment owners and staff
- Educating industry and the public about safe food handling

Quiz:

What is the number one most littered item in the world?

Quiz:

What is the number one most littered item in the world?

Cigarette Butts

Quiz:

Most littered items in the world

1. Cigarette Butts
2. Food Wrappers (Candy Wrappers, Energy Bar Wrappers)
3. Plastic Bottles
4. Plastic Bottle Caps
5. Plastic Grocery Bags
6. Other Plastic Bags
7. Straws
8. Plastic Takeout Containers
9. Plastic Lids
10. Foam Takeout Containers



Living Environments Program

Solid Waste





Living Environments Program

Solid Waste

- Issues permits and inspects solid waste handling facilities
- Staff review plans for new or expanding facilities
- Monitor environmental quality adjacent to solid waste facilities
- Investigates and resolves solid waste complaints
- Responds to a variety of public and private requests for technical assistance
- Ensure the proper collection, storage, transfer, recycling, and disposal of solid waste in Island County.



Living Environments Program

Pollution Prevention Assistance





Living Environments Program

Pollution Prevention Assistance

- Comprised of representatives from cities, counties, and health districts
- Provides free hands-on assistance to Small Quantity Generators (typically small businesses and organizations) who wish to improve their practices by reducing impacts on human health and the environment.
- Provides technical assistance visits that are designed to reduce or eliminate hazardous waste and pollutants at the source.
- Meets with businesses to evaluate current activities and practices
- Helps to solve common challenges around dangerous wastes, stormwater, solid waste, and spill prevention
- Limits liability, reduces risk and improves work environments

Quiz:

What is a greater threat to life expectancy more than smoking, HIV, or war?

Quiz:

What is a greater threat to life expectancy more than smoking, HIV, or war?

Air Pollution



Living Environments Program

Outdoor Burning/Air Quality





Living Environments Program

Outdoor Burning/Air Quality

- Focuses on preserving, protecting, and enhancing air quality in Island County
- One of the major roles of the program is to regulate and enforce recreational, residential, and land-clearing burns
- Responds to complaints regarding burns in both Whidbey and Camano Islands
- Monitors air quality in the region and provides information to the public
- Provides technical support and resources for mold and asbestos complaints

Quiz:

**What is the most common death among children
between 1 and 4 year-olds?**

Quiz:

What is the most common death among children between 1 and 4-year-olds?

Drowning



Living Environments Program

Water Recreation





Living Environments Program

Water Recreation

- Ensure the health and safety of the public when using public pools and spas in both Camano and Whidbey Islands
- Responsible for permitting all public water recreation facilities annually
- Living Environments staff inspects public pools and spas at a minimum of once per year
- Monitors water quality, water clarity, pool safety equipment, facility maintenance, and a variety of other safety and facility requirements
- All water recreational-related complaints are investigated by Public Health staff.



Living Environments Program

School Health and Safety





Living Environments Program

School Health and Safety

- Provides annual inspections and works with the staff of public and private K-12 schools.
- Ensures safe and healthy school buildings and grounds for students.
- Each school facility is inspected using the Health and Safety Guide for K-12 Schools in Washington.
- Staff reviews plans for the construction of new, remodeled, or expanded school buildings and play areas to ensure their consistency with state requirements
- Investigate complaints from teachers, staff, parents, or children concerning school health and safety issues

Quiz:

What is the leading cause of human rabies deaths in the US?

Quiz:

What is the leading cause of human rabies deaths in the US?

Bats



Living Environments Program

Zoonotic Diseases





Living Environments Program

Zoonotic Diseases

- Works closely with Island County's Communicable Disease Program
- Both programs collaborate and are responsible for the prevention, remediation, and surveillance of zoonotic and vector-borne diseases
- The largest and most visible part of this program is handling potential exposures to:
 - Rabies
 - Animal Bites
 - West Nile Virus
 - Rodents
 - Avian Influenza

Quiz:

What is the most common type of RWI (Recreational Water Illness)?

Quiz:

What is the most common type of recreational water illness?

Diarrhea

The most common symptoms of RWI:

- Diarrhea (sometimes bloody),
- Vomiting
- Stomach cramps
- Loss of appetite
- Weight loss
- Fever
- Other RWIs can cause skin, ear, eye, respiratory, or neurologic symptoms.



Living Environments Program

Beach Swim





Living Environments Program

Beach Swim

- Mission: to reduce the risk of illness for people who swim at marine or freshwater beaches
- Sample waters and provide testing for high levels of indicator bacteria
- When levels are too high for recreational use, the public is notified through press releases and posting signs on the site
- When high bacteria levels are found, staff re-sample and test again
- Warning signs are posted when repeat samples continue to show high levels of bacteria
- Staff inspects and tries to identify a pollution source
- We also notify and work with the community to identify and fix a problem.



Living Environments Program

Beach Swim



Quiz:

What two shellfish species in Island County retain toxins longer than others?

Quiz:

What two shellfish species in Island County retain toxins longer than others?

Butter and Varnish Clams



Living Environments Program

Shellfish Harvesting



Photo Credit: Maryland Seafood



Living Environments Program

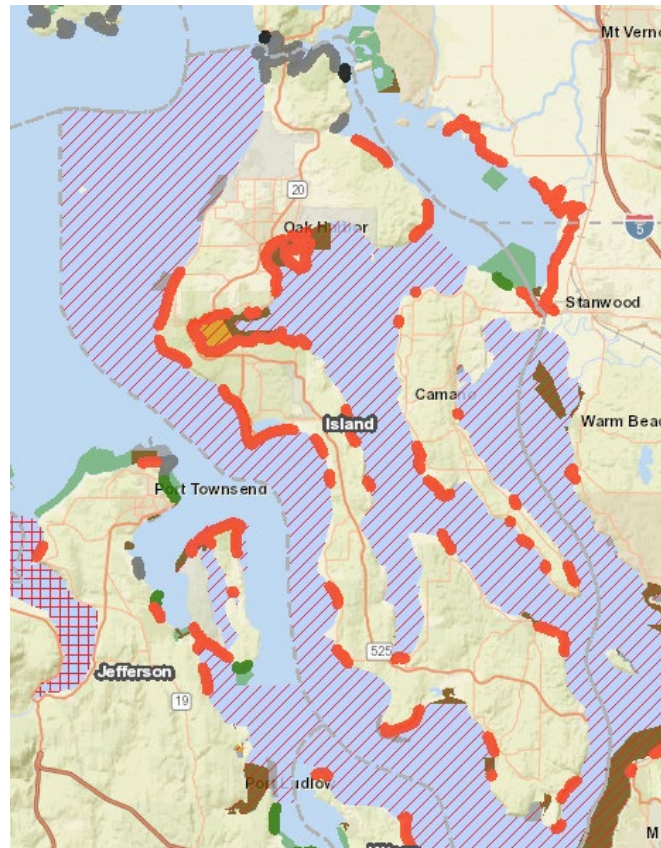
Shellfish Harvesting





Living Environments Program

Shellfish Harvesting



<https://fortress.wa.gov/doh/biotoxin/biotoxin.html>



Living Environments Program

Shellfish Harvesting

- Works to ensure the safe harvest of shellfish for all residents and visitors of Island County
- Staff coordinates beach posting and media notification if necessary for Marine Biotoxin or pollution closures with the Washington State Department of Health, Office of Shellfish and Water Protection
- Coordinates shellfish sampling volunteers with the Washington State Department of Health.
- Responds to a variety of public inquiries regarding shellfish harvesting and the current status of all shellfish harvesting sites in the county
- Staff will also respond and investigate any report of illness associated with eating shellfish

Questions?



For More Information:

Island County Public Health Living Environments Program

<https://www.islandcountywa.gov/Health/EH/Pages/Home.aspx>

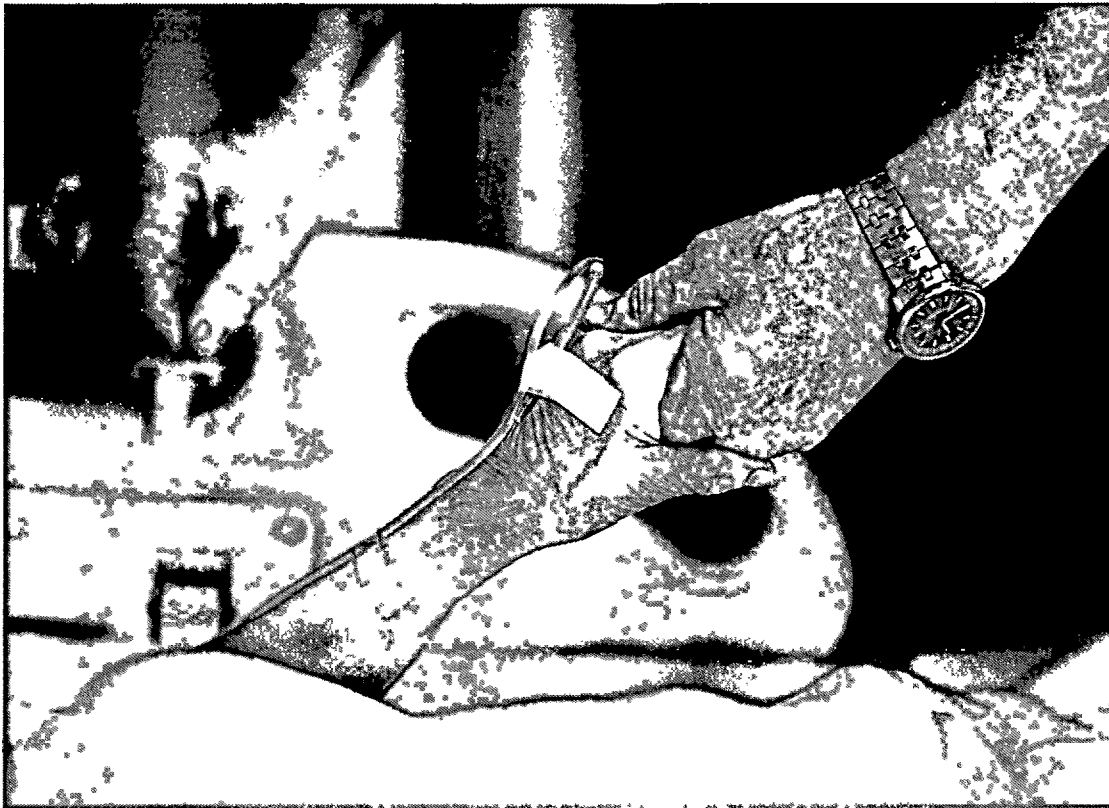
C.Matochi@islandcountywa.gov



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07/19/23: The first case of *Candida auris* diagnosed in Washington

[Provider Resources WA](#) | July 19, 2023



A Pierce County man was diagnosed July 13 with colonization due to *Candida auris* (*C. auris*), a multidrug-resistant fungus that can cause serious infections. This is believed to be the first locally acquired case in Washington.

C. auris is a type of yeast that can cause severe illness, especially in those suffering from serious medical conditions who have spent time in hospitals—particularly ICUs—and nursing homes. Patients who are colonized can carry and spread *C. auris* even if it's not making them sick.

The man tested positive at Kindred Hospital Seattle–First Hill during an admission screening, which is a standard of care at the hospital. Before that, he was a patient at St. Joseph Medical Center in Tacoma for about 6 weeks. He suffers from multiple comorbidities and has not recently traveled out of state.

From 2013 through 2022, Centers for Disease Control and Prevention (CDC) reported 5,654 infections of *C. auris* across the United States, including cases in Oregon, California and other Western states.

Washington State Department of Health (DOH) issued a health alert about this case on Tuesday, July 18. This patient will remain isolated while he continues to receive care.

CDC says people most at risk are patients who:

- Already have many medical problems.
- Have had frequent hospital stays or live in nursing homes.
- Have a central venous catheter or other lines or tubes entering their body.
- Have weakened immune systems.

CDC says the risk of *C. auris* infection to otherwise healthy people, including healthcare personnel, is extremely low.

The fungus can cause serious infections in blood and wounds. More than 1 in 3 patients with *C. auris* infection dies.

CDC considers *C. auris* an emerging pathogen because of increasing numbers of infections in multiple countries since it was first identified in 2009 in Japan.

Call Island County Public Health

- Main line: (360) 678-7888, Monday–Friday, 8 a.m.–4:30 p.m.
- After Hours Communicable Disease Report Line: (360) 914-0837 or Washington State Department of Health: (206) 418-5500
- (360) 678-2301 COVID-19 line, Monday–Friday, 8 a.m.–4:30 p.m.

Categories: Emerging Diseases and Conditions, News and Alerts, News and Update, Provider Resources

←

07/06/23 Health Advisory: Syphilis
Treatment Impacted by Bicillin L-A
Shortage



FREE CHILDHOOD IMMUNIZATIONS

GET READY FOR SCHOOL!

Thursday, August 31, 2023

Coupeville High School
11 AM - 3 PM
501 S Main St
Coupeville, WA 98239

Oak Harbor High School
5 PM - 8 PM
1 Wildcat Way
Oak Harbor, WA 98277

- **Pre-registration is encouraged, and registration details will be announced later.** Walk-ins will be accepted as space allows.
- DTaP, DTaP-IPV-Hib-HepB, DTaP-IPV, HepA, HepB, Hib, HPV9, IPV, MenACWY-TT, Pneumoccal (PCV13), Tdap, Varicella, MMR, and MMRV will also be available based on age and previous doses.
- Childhood Vaccines are for those ages 3 years to 19 years.
- Pfizer will be available for COVID-19 primary series and Pfizer and Moderna bivalent boosters will be available. All COVID-19 doses available for those 6 months and up.
- No ID or insurance required.
- Please bring vaccine card or record, if possible. Vaccine records can be found at WAverify.doh.wa.gov & WA.MyIR.net

[Check out Required Immunizations for School Year 2023-2024](https://doh.wa.gov/community-and-environment/schools/immunization/families)

Visit:
<https://doh.wa.gov/community-and-environment/schools/immunization/families>
or use the QR code.





Island County Public Health Childhood Immunizations Locations in Island County

Contact provider for latest vaccine or appointment availability.

Provider	Appts Req'd?	Accepting New Patients?
Pediatric Associates of Whidbey Island https://www.pediatricsofwhidbey.com Freeland (360) 331-1314 / Oak Harbor (360) 675-5555	Y	N
Saar's Super Saver Pharmacy https://www.saarssupersaverfoods.com Oak Harbor (360) 675-4511	Limited Hours/ Call Ahead	
Skagit Regional Health https://www.skagitregionalhealth.org/home/location-landing/skagit-regional-clinics-camano-island Camano (360) 387-5398	Y	Y
Whidbey Health Primary Care https://whidbeyhealth.org/primary-care Freeland (360) 331-5060 / Oak Harbor (360) 675-6648	Y	Y
Naval Health Clinic Oak Harbor https://oakharbor.tricare.mil/health-services/preventive-care/immunizations NASWI (360) 257-9591	For Military Dependents	
WA Dept. of Health Childhood Provider Map https://fortress.wa.gov/doh/vaccinemap/	All Childhood Vaccine Providers in WA	



Scan for more information

or visit our website at

<https://www.islandcountywa.gov/180/Community-Health-Services>

05/17/2023



Questions?

Call (360) 678-2301

Mon-Fri, 8:00 am - 4:30 pm



@ICPubHealth