



ISLAND COUNTY BOARD OF HEALTH

AGENDA

REGULAR SESSION

December 17th, 2024, 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: December 17th, 2024, Regular Session of the Island County Board of Health

Additions or Changes to the Agenda:

Approval of the Minutes:

- October 15th, 2024, *Minutes*

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

Presentation:

- WhidbeyHealth Behavioral Health & SU Treatment Updates (MAT program), presented by Dr. Garth Miller MD FACS CRHCP, Chief Operations Officer, and Rachel Tampa RN, Behavioral Health Program Manager— *20 minutes*

A presentation and discussion on the status of WhidbeyHealth's new Behavioral Health and Medicated Assisted Treatment therapy programs— *Attachment*

Presentation:

- Naval Air Health Clinic Update, presented by Capt. Lund Commanding Officer, NMRTC Oak Harbor, Director, Naval Health Clinic Oak Harbor— *20 minutes*

A discussion on the Naval Air Health Clinic patient population served and community integration— *Attachment*

Presentation:

- 2025 Work Plan: Public Health and Human Services, presented by Taylor Lawson, Deputy Director of Public Health, and Lynda Austin, Director of Human Services – *30 minutes*

A presentation of the Public Health and Human Services work plan items for 2025 and an invitation for the Board of Health to provide input and discussion. – *Attachment*

Presentation:

- WSALPHO Legislative Priorities 2024, presented by Taylor Lawson, Deputy Director of Public Health – *15 minutes*

A review of the legislative priorities that WSALPHO will be bringing forward in 2025 – *Attachment*

Board Announcements:

- Discussion and nomination of Commissioner St. Clair as the 2025 Chair of the Island County Board of Health – *5 minutes*

Action: Nominate and approve the 2025 Chair of the Island County Board of Health

Public Health Updates:

- General Public Health Updates from Dr. Leibbrand, Island County Health Officer, and Taylor Lawson, Deputy Director of Public Health – *10 minutes*

Adjourn: The next regular session of the Island County Board of Health will be held on January 21st, 2024, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.



ISLAND COUNTY BOARD OF HEALTH MINUTES

REGULAR SESSION

October 15th, 2024

The Island County Board of Health met in Regular Session on October 15th, 2024, in the Board of County Commissioners Hearing Room (Room #102B), Annex Building, 1 N.E. 6th Street, Coupeville, Washington.

Members present:

Commissioner Melanie Bacon, Chair
Commissioner Jill Johnson
Commissioner Ron Wallin

Member present by video:

Members Excused:

Capt. Lund
Mayor Ronnie Wright
Commissioner Janet St. Clair

Others present:

Taylor Lawson	Melissa Overbury-Howland
Melissa Hartmann	Lynda Austin
Cheryl Duncan	Heather Kortuem
Cecily Doyle	Lauri Johnson (Online)

Call to order:

Commissioner Bacon called the meeting to order at 1:01 p.m.

Approval of Agenda:

A motion to approve the agenda as presented was approved.

Approval of Minutes:

By unanimous vote, the September 17th, 2024, Regular Session Minutes were approved.

Public Input or Comment:

Lauri Johnson from South Whidbey CARES Coalition announced that the October 19th Fall Festival and Cider Press in Langley will be holding a drug takeback/safe disposal event.

Presentation:

Cheryl Duncan, Island County VGAL Program Coordinator, gave an overview of the Voluntary Guardian Ad Litem (VGAL) program.

Presentation:

Melissa Overbury-Howland, Island County Public Health Office Lead and Cecily Doyle, president of Blueprint Media, presented an update on the Communications and Social Media project, including metrics and future plans for this essential public health service.



ISLAND COUNTY BOARD OF

HEALTH

MINUTES

REGULAR SESSION

October 15th, 2024

Presentation:

Eric Brooks, Director of Emergency Management, gave a presentation on Winter Storm Readiness and the resources available to the public in preparation for the cold season.

Presentation:

Taylor Lawson, Deputy Director of Public Health presented a draft of the 2023-2024 Impact Report for Public Health. This report included metrics shared with the Board of Health in July, and also mapped metrics back to the priorities set in the Public Health Strategic Vision report.

Public Health Updates:

- The board was invited to give a debrief and general discussion of the Board of Health WSALPHO training in October.
- An update on the South Whidbey Care-a-Van was briefly discussed as meeting a need in our community, with a plan to set up additional opportunities in the future.

Board Member Comments and Announcements:

The Board announced that the November 2024 Board of Health is canceled due to quorum issues.

The Regular Session adjourned at 2:35 p.m.

The next *Regular Session* of the Island County Board of Health will be held on December 17th, 2024, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.

SUBMITTED BY:

Taylor Lawson, Deputy Director

Approved this 17th day of December, 2024.

BOARD OF HEALTH
ISLAND COUNTY, WASHINGTON

Melanie Bacon, Chair

Behavioral Health Services at WhidbeyHealth

Rachel Tampa, BSN, RN
Program Manager
tampar@whidbeyhealth.org

12/17/2024

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1. Introduction – Who are we and what do we do?
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Who are we and what do we do?

We are a growing and diverse team of nurse practitioners, therapists, social workers, nurses, and administrative support staff here to provide comprehensive behavioral health services to Whidbey Island.

Cultural and Inclusive



Personalized Treatment

We recognize the complex interplay between biological, psychological, social, cultural factors that can contribute to mental health challenges and uses a wider range of treatments and interventions tailored to the individual's unique needs.

Evidence-based Care

Locations

*Behavioral health services are co-located at
WhidbeyHealth Primary Care and Walk-In Clinics*

WhidbeyHealth Primary Care – 275 SE Cabot Dr B101, Oak Harbor

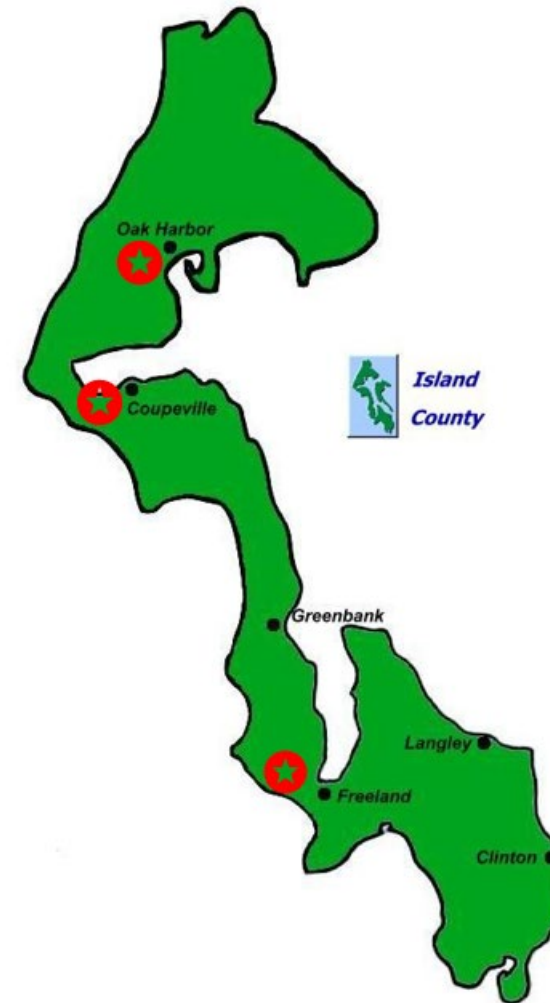
- 3 Nurse Practitioners
- 1 In-Person Therapist
- 1 Social Worker/Therapist
- 1 Telehealth Therapist
- 1 RN Case Manager

WhidbeyHealth Primary Care – 77 N Main St., Coupeville

- 1 Nurse Practitioner

WhidbeyHealth Primary Care – 5486 S Harbor Ave, Freeland

- 1 Nurse Practitioner
- 1 Therapist



Services – Overview

Holistic and evidence-based mental healthcare seeks to address the whole person – mind, body, and spirit – to promote overall well-being, resilience, and recovery.

Psychiatric evaluation for medication management

Follow up psychiatric care for medication management

Telehealth for follow up psychiatric care

Individual in-person psychotherapy

Individual telehealth psychotherapy

Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD)

Integrated Collaborative Care with our Primary Care Teams

Medication Assisted Treatment (MAT)



MAT is a comprehensive approach to treating substance use disorders (SUD) using a combination of medications, counseling, and behavioral therapies



Goal – to provide holistic treatment that reduces cravings and withdrawal symptoms, thereby improving the chances of recovery and reducing the risk of overdose

MAT can be tailored to meet individual needs based on severity of addiction, personal history, and co-occurring disorders

The Rural Communities Opioid Response Program – Medication Assisted Treatment Access, Department of Health and Human Services provided financial support for this program at WhidbeyHealth. The contents are this PowerPoint is that of the author. They may not reflect the policies of the Department of Health and Human Services or the U.S. government.

Benefits of Medication Assisted Treatment

Improved Retention in Treatment

- Patients are more likely to stay in treatment when receiving MAT
- More effective than abstinence only approaches

Reduction in Opioid Use

- Studies show that individuals on MAT have lower rates of opioid use and overdose incidences, and overdose related deaths

Enhanced Quality of Life

- MAT can improve overall well-being, including physical health, mental health, and social functioning

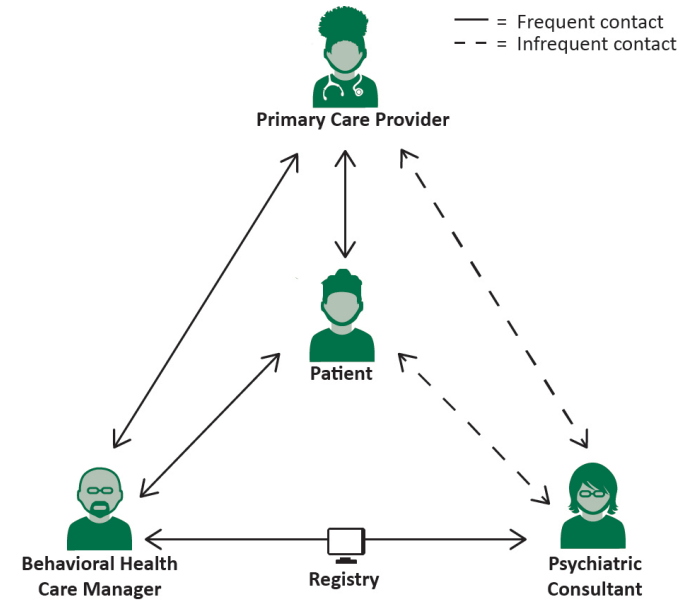
Decreased Criminal Activity

- Effective treatment can lead to reduced criminal behavior often associated with substance use



Integrated Collaborative Behavioral Healthcare

- Collaborative Care is an integrated approach to delivering mental health and substance use treatment, where a multidisciplinary team works together to provide comprehensive treatment
- The UW AIMS Model aims to improve mental health outcomes through systematic collaboration among healthcare providers



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Core Components



Patient Centered Care Team



Population Based Care



Measurement Based Treatment to Target



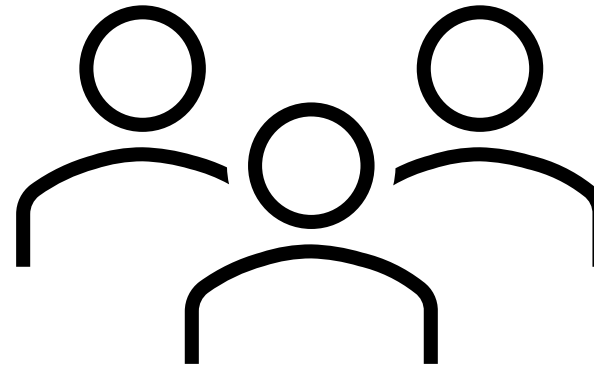
Evidence Based Care



Accountable Care

Partnership – Island County Human Services

- Jail Residential Substance Use Treatment (RSAT) Program – direct pipeline 3-5 individuals already receiving MAT at the jail prior to release
- Jail Transition Program – direct pipeline – unknown number but several released who are already receiving MAT at Jail prior to release
- Opioid Outreach Program
- Co-Responder Program
- Recovery Navigator Program
- Behavioral Health Court Coordinator Program
- Outreach Behavioral Health Program
- Housing Case Management Program



Questions?





NHCOH Overview of Services

Island County Public Health

Dec. 17, 2024



**NHCOH serves active duty, family members, and retirees,
totaling approx. 16,700 beneficiaries**

NHCOH LEADERSHIP



CAPT. Chris Keith
Executive Officer



CAPT. Mark Lund
Commanding Officer



HMCM Mark Naluz
Command Master Chief

Summary of Services Available

▪ PRIMARY CARE

- Deployment Health
- Flight Medicine
- Family Medicine
- Pediatrics

▪ DENTAL

- General Dentistry
- Endodontics
- Oral Surgery
- Periodontics
- Prosthodontics and Lab

▪ SPECIALTY SERVICES

- Immunizations
- Mental Health/SARP
- Nutrition
- Optometry
- Orthopedics
- Walk in Contraception
- Physical Therapy

▪ CLINICAL SUPPORT

- Laboratory
- Limited Diagnostic Imaging
- Pharmacy

▪ PREVENTIVE SERVICES

- Occupational Health
- Preventive Medicine
- Industrial Hygiene
- Health Promotion

**SAR- Only SAR unit that operates in a
Defense Support for Civil Activities**



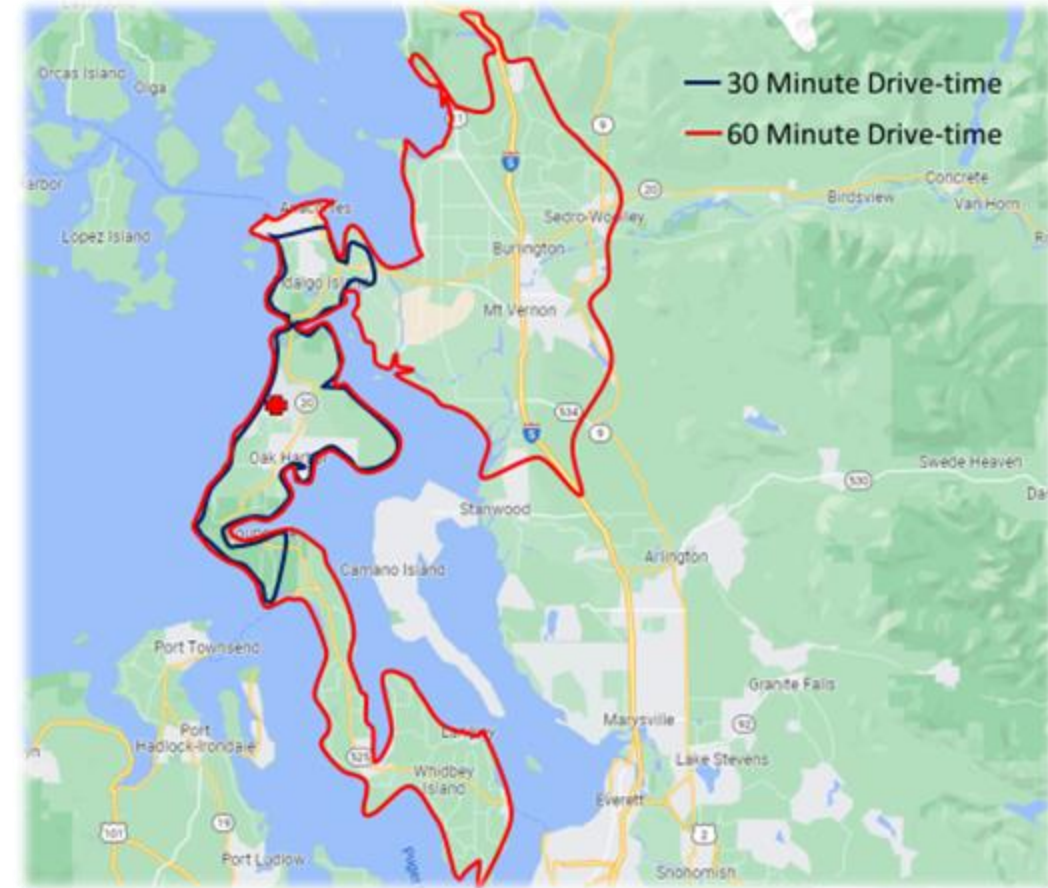
Big Changes In The Last Few Years

- The Department of Defense (DoD) transferred management and administration of our military treatment facilities (MTFs) from the Army, Navy, and Air Force – to the Defense Health Agency (DHA)
- This transition is complete; we now report to Network 2- PACIFIC RIM, RDML Valdes, who is dual-hatted as the Commander, Navy Medical Forces Pacific
- Still rely on Puget Sound Enhanced Multi-Service Market and Madigan Army Medical Center within our geographic region to improve coordination and delivery of health services for beneficiaries
- Exploring virtual specialty care with Madigan Army Medical Center and Naval Medical Center San Diego



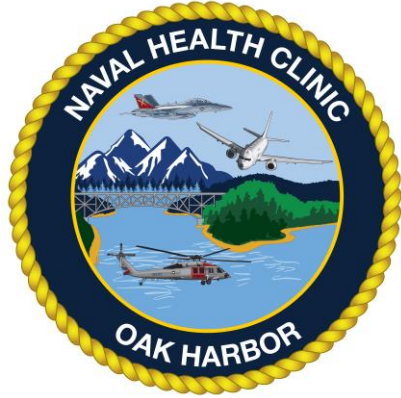
Challenges

- Rightsizing of our MTF over time
CURRENT STATUS = OUTPATIENT CLINIC
Mon-Fri Primary Care clinic with ancillary services (Lab, Rad, Pharmacy)
- Remote location
 - *Stretched local resources*
 - *Challenges hiring staff*
- Fiscal Environment



Highlights

- Honorable Shawn G. Skelley, Assistant Secretary of Defense for Readiness, visited to discuss highlights and challenges for the clinic
- Resource Sharing Agreements with PeaceHealth and WhidbeyHealth: expanding resources to patients and increasing training opportunities for staff
- MED IG visit
- The Joint Commision Visit
- VA is planning a soft opening Jan. 2025, official opening April 2025



Questions?

Naval Health Clinic Oak Harbor:

Matthew Williams

Public Affairs Officer/Patient Advocate

matthew.d.williams135.civ@health.mil

360-257-9554

2025 Public Health Department Work Plan								
						Updated on: 11/13/2024		
Project Title	Description	Staff Assignment	Quarters	Dept. Crossover	Status	Climate	Equity	Mandated
OSS Code Revisions	State WAC 246-272A was revised and has a stepped implementation plan. IC must update OSS code (8.07D) to minimum standards set by state or elect to adopt WAC by reference and then utilize Division Policy to define instances where IC is more stringent than WAC.	HK, OSS staff	Q1-Q4	Planning, Public Works, Special Projects Coordinator Mary Engle	Not Started	Yes	Yes	Yes
Coordinated Water System Plan (CWSP) Review	The purpose of this project is to develop a comprehensive set of recommendations for updating the CWSP for sustainable water resource management.	EH Manager, CK	Q1-Q4	Planning	Not Started	Yes	Yes	No
Community Health Improvement Plan	Coordinate, plan, and develop a Community Health Improvement Plan that address prioritized needs identified in the Community Health Assessment.	TL, MH, MR	Q1 - Q4	Human Services, Planning, Public	In Progress	Yes	Yes	No
Island County Sewage Solution Study	Island County is working with Biohabitats to complete a sewage solutions study to inform an analysis for innovative sewage solutions to support affordable housing in unincorporated Island County.The comprehensive project analysis and report will outline legislative barriers, financial barriers, and other obstacles to implementing innovative solutions, and include case study examples of specific technologies in practice.	HK, SM, EH Staff	Q1 - Q4	Planning, Public Works	In Progress	Yes	Yes	No
SmartGOV permitting software coordination	Align public health approaches to SmartGOV to leverage available tools and streamline permitting processes across departments.	EH Manager, OSS staff, Permitting Software Manager	Q1 - Q4	Planning, Public Works	In Progress	Yes	Yes	No
Food Fee Schedule	Ongoing work to align licensing categories with food code and adjust fee schedule accordingly.	EH Manager, TA, MM	Q1-Q2	Budget & Risk	In Progress	No	Yes	No
Health, Climate & Natural Resources-Focused Comprehensive Plan Updates	Apply climate resilience and health equity lens to Comprehensive Plan, including technical assistance and community engagement support. Focus on environmental and community health related elements following outline provided by long range planning.	SM, JS, TL, CK, MW, HK	Q1 - Q4	Planning	In Progress	Yes	Yes	No
Community Health Data Management & Infrastructure	Work with Human Services to implement Julota with Community Health services.	MW, TL, MR, Community Health Staff	Q1-Q4	Human Services, IT	In Progress	No	Yes	No
Update Chapter 11.03 Storm Water Code.	Update Chapter 11.03 of ICC for Storm Water	CK, HK	Q1-Q4	Public Works	In Progress	Yes	No	No

2025 Human Services Department Work Plan								
						Updated on: 11/13/2024		
Project Title	Description	Staff Assignment	Quarters	Dept. Crossover	Status	Climate	Equity	Mandated
Community Health Worker position to work with children and families of court-involved individuals	Develop clear goals and objectives for new program, write job description, post for position.	Kathryn Clancy	Q 1	Superior Court	Not Started	No	Yes	No
Homeless Housing Plan	Update required by Commerce every 5 years.	Emily Wildeman	Q1 - Q4	Planning	Not Started	No	Yes	Yes
Update Interlocal Agreement with local jurisdictions on administration of local housing funds and the role of Housing Advisory Board	Update to include 1406 and 1590 funds.	Emily Wildeman	Q1 - Q4	Planning	Not Started	No	Yes	No
Community Health Improvement Plan	Actively participate Community Health Improvement Plan that address prioritized needs identified in the Community Health Assessment.	All	Q1 - Q4	Public Health	Not Started	Yes	Yes	Yes
Comp Plan	Active participation in Comprehensive Plan process to ensure human services values and policies are embedded in the plan.	All	Q1 - Q4	Planning	In Progress	Yes	Yes	Yes
Opioid Settlement Funds plan	Lead a project team to provide a plan for the use of opioid mitigation funding.	Bill Larsen	Q1 - Q4	Prosecuting Attorney, Sheriff	In Progress	No	Yes	No

Promoting Public Health Through Governor Transition



The Strength of Public Health Frameworks

- Centers equity as a critical outcome and health impact of policy decisions
- Focuses on prevention and upstream solutions
- Promotes multi-disciplinary and multi-pronged approaches

Critical Public Health Issues

Foundational Public Health Services (FPHS):

- Ongoing state funding that adapts to economic changes is vital for maintaining a responsive public health workforce in Washington.
- Current initiatives focus on modernizing data systems, improving disease control, and implementing community-centered prevention programs.

Opioid Response and Substance Use:

- Harm reduction strategies are essential public health interventions that help prevent the costs and dangerous diseases associated with substance use.
- By integrating prevention, treatment, and support, these strategies have been crucial in saving lives and mitigating the impact of the opioid crisis in Washington.

Injury and Violence Prevention:

- Preventable deaths and disabilities from accidents, interpersonal violence, and self-harm, which are exacerbated by social and environmental conditions.
- Injury and violence prevention should be addressed through policy changes and community-based strategies.

Disaster and Emergency Readiness:

- Local health leads disease response efforts and is currently responding to outbreaks of pertussis and tuberculosis.
- During larger crises, local health coordinates resources, monitors health risks, and implements preventive measures to safeguard populations and enhance community resiliency.



Key Priorities with Public Health Nexus

Access to care: Public health provides basic preventative healthcare, such as prenatal care, reproductive care, and immunizations, when providers are limited. Community-based prevention strategies help reduce treatment needs. Public health also addresses social factors affecting health outcomes, such as food security, utility affordability, and transportation access.

Housing: Affordable, accessible, and safe housing is one of the biggest determinants of a person's health outcomes. Creating a safe, healthy, and economically vibrant built environment around them also nurtures positive health outcomes.

Public Safety: Public health is a critical partner that implements community-based strategies that target the social and economic drivers of violence. Public health uses data to improve community safety awareness and provides rapid testing in emergencies.

Climate: Climate change significantly challenges our health, livelihoods, and well-being. By leveraging data, public health can help identify the groups most impacted by climate policies. Integrating public health into comprehensive climate response strategies addresses health impacts, bolsters community resilience, and supports vital efforts toward environmental justice.

State Leadership Characteristics

Intentional co-creation and development:



- Local health is crucial in responding to statewide threats and health issues. Uniting with our state agencies around shared challenges and addressing public health issues as one system leverages the unique strengths among public health system partners.
- Leveraging local responsibilities and authority ensures tailored solutions, accountability, and responsiveness to communities' needs.

Transparency and accountability:



- Knowing what decisions are being made, by who, and for what purposes at the state level helps partners understand larger system goals, creates alignment in purpose and service, and reduces confusion in operations.
- Acknowledging and clarifying questions, misconceptions, and points of conflict also demonstrates a desire for partnership and collaboration with local governments.

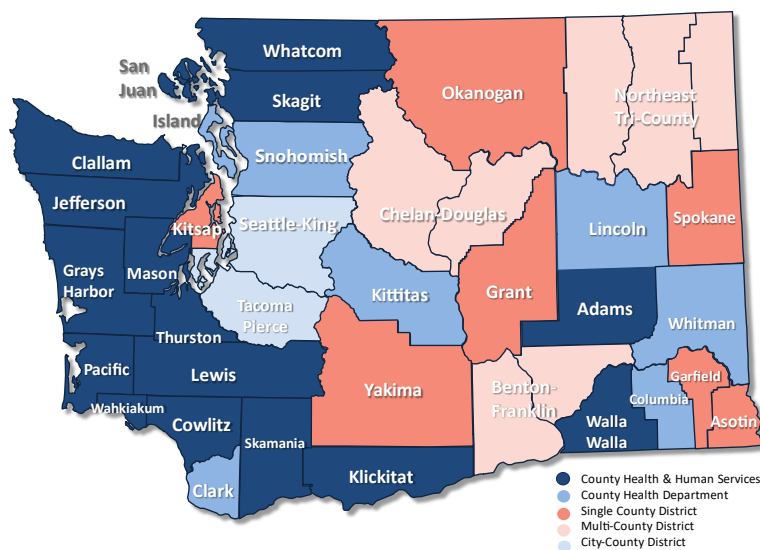
Stability and presence:



- Communicating a clear direction when changes occur assures that there is a larger plan and helps temper concerns about impacts on local governments, budgets, and partners.
- Building strong, meaningful relationships with our local, tribal, and private partners throughout the state is vital. When partners feel valued and are consistently engaged, there are fewer conflicts about state roles and responsibilities with local agencies.
- Public health requires a strong advocate to champion its mandates and core functions, highlighting responsibilities that have historically been under-resourced.

About WSALPHO:

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



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jbodden@wsac.org

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



Satellite Management Agencies (SMA) and Group B Water Systems

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

A Satellite Management Agency would still be required when:

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



SB 6110: Child Fatality Review Teams

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

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



Washington
FPHS

Foundational Public Health Services

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

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

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



Critical Public Health Preventive Care

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

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

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

POLICY CONTACTS

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