King County

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Board of Health

Metropolitan King County Councilmembers: Joe McDermott, Chair; Kathy Lambert, Vice Chair; Julia Patterson
Alternate: Reagan Dunn

Seattle City Councilmembers: Vice Chair Nick Licata; Sally Clark, Richard Conlin
Alternate: Mike O'Brien

Suburban Elected Members: Vice Chair David Hutchinson; Ava Frisinger,
Alternate: Dan Sherman

Health Professionals: Vice Chair Ben Danielson, MD; Frankie T. Manning, RN, M.A, Ray M. Nicola, MD, MHSA, FACPM

Director, Seattle-King County Department of Public Health: Dr. David Fleming
Staff: Maria Wood, Board Administrator (263-8791)

1:30 PM **Thursday, July 21, 2011** **Room 1001**

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of June 16, 2011** pg 5
5. **Public Comments**
6. **Director's Report**

Discussion and Possible Action

7. R&R No. BOH11-03 pg 9

A RULE AND REGULATION relating to approved water sources for on-site sewage systems, amending R&R 99-01, Section 2 (part), as amended, and BOH 2.18.020, R&R 3, Part 13, Section 3, as amended, and BOH 13.04.070, and adding a new section to BOH chapter 13.08; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

Larry Fay, Section Manager, Environmental Health Division, Public Health – Seattle & King County

Public Hearing Required on Item 7

Briefings

8. BOH Briefing No. 11-B14 pg 45

2010 Healthcare for the Homeless Annual Report

Natalie Lente, Manager, Healthcare for the Homeless Network, Public Health – Seattle & King County
Greg Francis, Healthcare for the Homeless Network Advisory Council Co-Chair
Charissa Fotinos, MD, Medical Director, Healthcare for the Homeless Network, Public Health – Seattle & King County

9. BOH Briefing No. 11-B15 page 79

Communities Putting Prevention to Work - Review of the first year, and what the future holds

James Krieger, MD, Chief of Chronic Disease Prevention, Public Health – Seattle & King County

10. BOH Briefing No. 11-B16

Legislative Update

Jennifer Muhm, Legislative Affairs Officer, Public Health – Seattle & King County

11. Chair's Report

12. Board Member Updates

13. Administrator's Report

14. Other Business

15. Adjournment

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

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King County

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Meeting Minutes

Board of Health

Metropolitan King County Councilmembers: Joe McDermott, Chair;
Kathy Lambert, Vice Chair; Julia Patterson
Alternate: Reagan Dunn

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Alternate: Mike O'Brien

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Health Professionals: Vice Chair Ben Danielson, MD; Frankie T. Manning, RN, M.A, Ray M. Nicola, MD, MHSA, FACPM

Director, Seattle-King County Department of Public Health: Dr. David Fleming
Staff: Maria Wood, Board Administrator (263-8791)

1:30 PM **Thursday, June 16, 2011** **Room 1001**

-draft minutes-

1. Call to Order

The meeting was called to order at 1:39 p.m.

2. Roll Call

Present: 10 - Ms. Lambert, Ms. Clark, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. Licata, Ms. Patterson, Mr. McDermott, Mr. Conlin and Dr. Danielson

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmembers Manning and Sherman were also in attendance at the meeting.

4. Approval of Minutes of May 19, 2011

Boardmember Hutchinson moved approval of the minutes of May 19, 2011. THe motion passed unanimously.

5. Public Comments

6. Director's Report

Dr. David Fleming, director, Department of Public Health, reported on a tour with the Mayor of Seattle of healthy eating sites in the city; a new Communities Transformation grant that the Department is applying for; that Harborview Medical Center has adopted a smoke-free policy; the Public Health Center in White Center is moving to Greenbridge housing development; and the Emergency Management Services (EMS) computerized system, developed by the Department, has been purchased by the state of Montana.

Discussion and Possible Action

7. Resolution No. 11-07

A RESOLUTION making a commitment to apply the countywide strategic plan's principle of "fair and just" intentionally in health policy development in order to achieve health equity for all people and communities.

Sandy Ciske, regional health officer with the Department of Public Health, and Glenn Harris, Seattle Office for Civil Rights, briefed the Board on equity and social justice efforts in both the CIty and the County and made a Powerpoint presentation.

A motion was made by Mayor Hutchinson that this Resolution be Passed. The motion carried by the following vote:

Yes: 13 - Ms. Lambert, Ms. Clark, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. Licata, Ms. Patterson, Mr. McDermott, Mr. Conlin and Dr. Danielson

8. Resolution No. 11-08

A RESOLUTION supporting Public Health-Seattle & King County's proposed risk-based program to enable food cart vendors to serve a wider variety of menu options to the public.

Mark Rowe, manager, Food and Facility Protection program, Department of Public Health, briefed the Board on changes to the Department's policies to allow mobile food vendors to serve a greater diversity of street food.

A motion was made by Boardmember Clark that this Resolution be Passed. The motion carried by the following vote:

Yes: 13 - Ms. Lambert, Ms. Clark, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. Licata, Ms. Patterson, Mr. McDermott, Mr. Conlin and Dr. Danielson

Briefings

9. BOH Briefing No. 11-B12

Rainwater Harvesting as it Relates to Board of Health Title 13

Larry Fay, manager, COmmunity Health Section, briefed the Board on proposed changes to TItle 13 of the Board of HEalth Code relating to storage and use of rainwater.

This matter was Presented

10. BOH Briefing No. 11-B13

2011 End of Legislative Session Report

Len McComb, King County Government Relations Consultant, briefed the Board on the final results of the 2011 state legislative session. He reported on actions taken regarding federally qualified health centers, maternity support services, adult dental services, the Basic Health Plan, disability lifeline, tobacco programs and family planning grants.

This matter was Presented

11. Chair's Report

The chair reported that he, Jennifer Muhm and Nick Federici participated in an outreach workshop for the Department, specifically aimed at exploring the policymaking process behind public health legislation in Washington State. There were approximately twenty-five in attendance and the program was very successful.

12. Board Member Updates

There were no boardmember updates.

13. Administrator's Report

There was no administrator's report.

14. Other Business

15. Adjournment

The meeting was adjourned at 3:27 pm.

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

Approved this _____ day of _____.

Clerk's Signature

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King County

King County Board of Health

Staff Report

Agenda item No: 7
Rule & Regulation No. BOH11-03

Date: July 21, 2011
Prepared by: Larry Fay, Maria Wood

Subject

Action on proposed amendments to Board of Health Title 13, Onsite Sewage Systems addressing the use of rainwater catchment systems for potable water supply.

Purpose

This briefing serves as the second reading for amendments to Board of Health Title 13 relating to rainwater catchment systems.

Summary

Board of Health Title 13, Onsite Sewage Systems requires that anyone constructing or expanding an onsite sewage system assure that all plumbing fixtures that will drain into the onsite sewage system must be supplied with water from an approved source. Currently, approved sources include:

- connection to an approved public water system,
- connection to a drilled well, or
- a connection to a spring (only on lots exceeding 5 acres)

This proposal would add rainwater catchment systems as an approved source of water if certain conditions are met.

Background

The use of roof-top rainwater catchment systems for both potable and non-potable water supply has been gaining increasing interest as a means of managing water resources in a manner that reduces demand on public infrastructure, reduces storm water run-off and lessens impacts to Puget Sound water quality. Interest has arisen at a policy level through sustainability initiatives such as Seattle's living building challenge and other green construction certifications as well as from individuals. Recent action by the Washington Department of Ecology to lift water right permit requirements for these types of systems makes rainwater a viable water source.

Public Health has had a rule and regulation in place for a number of years that sets standards for rainwater systems intended for non-potable uses. In 2010, the rule and regulation was updated to establish standards for rainwater catchment systems for potable purposes, however, the policy limits the use of potable rainwater systems as supplementary or secondary to an otherwise approved water source (typically connection to a utility or a private well). The intent of the proposed code changes is to allow the use of and set standards for rainwater catchment systems as the only source of potable water.

Catchment System Components:

- Roof Area and Materials-determines the annual water production and influences water quality (coated metal compared to shake)
- Gutters and downspouts
- Roof Washer or First Flush Diverter
- Cistern-Generally above ground with overflow-potable water compatible
- Pumps and Controls
- Treatment components

Key Issues to be addressed in the Code:

- Applicability
    - Applies only to single family residences connected to an onsite sewage system
- Restrictions
    - Rainwater catchment systems as the only source of supply is only allowed if connection to public water or a well places an undue hardship;
    - Must be designed by a qualified person. "Qualified person" includes a licensed professional engineer, a registered sanitarian, a King County licensed water system designer, or an individual certified by the American Rainwater Catchment System Association;
    - Rainwater systems intended for potable purposes must include treatment system designed to filter to 2 microns and provide disinfection in order to reduce the risk of illness from contaminants flushed off the roof surface

Analysis

Recent changes in the Washington Department of Ecology interpretation allow for roof-top rainwater catchment systems without the necessity of obtaining a water right permit, and there is increased public interest in water conservation and alternative water management systems. Several other jurisdictions in Washington State already have regulations in place allowing rainwater catchment systems for potable supply including San Juan, Jefferson, and Whatcom counties. The proposed regulation change applies to homes connected to onsite sewage systems

anywhere in King County; however, functionally the main application will be in rural King County outside existing water utility service areas.

There are potential risks of public health concern. These include potential failure of treatment equipment or failure of homeowners to follow the maintenance requirements that could result in contaminated water. An additional risk could occur in dry years with low rainfall resulting in an inadequate water supply for onsite sewage systems.

Recommendation

The proposed rule revision has been reviewed by the Prosecuting Attorney's Office and changed have been included reflecting their comments. At this time, it would be reasonable for the Board of Health to take action on the proposed revisions to Title 13, Onsite Sewage Systems concerning the use of rainwater harvest systems as an only source of potable water supply for a single family residence.

Attachments

1. Rule & Regulation No. BOH11-03
2. Flow Chart for Rainwater Catchment System Eligibility
3. Rainwater Catchment Components

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1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

July 12, 2011

R&R

Proposed No. BOH11-03.1 **Sponsors**

A RULE AND REGULATION relating to approved water sources for on-site sewage systems, amending R&R 99-01, Section 2 (part), as amended, and BOH 2.18.020, R&R 3, Part 13, Section 3, as amended, and BOH 13.04.070, and adding a new section to BOH chapter 13.08; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

BE IT ADOPTED BY THE KING COUNTY BOARD OF HEALTH:

SECTION 1. R&R 99-01, Section 2 (part), as amended, and BOH 2.18.020 are each hereby amended to read as follows:

Fee schedule.

((~~Part 1 - Fees Pertaining to Title 13~~

~~Effective Through December 31, 2009.~~

~~Persons shall pay permit fees, application review fees, reinspection fees, monitoring report filing fees, variance request fees, special service fees and miscellaneous fees under Title 13 as set forth in the following fee schedule:~~

~~1.~~	~~On-site sewage system construction permit fee~~	
~~a.~~	~~single-family, new pressurized~~	~~$772.00~~

~~b.~~	~~single-family, new gravity~~	~~$665.00~~
~~c.~~	~~single-family, repair or modification~~	~~$596.00~~
~~d.~~	~~single-family, limited repair~~	~~$212.00~~
~~e.~~	~~non-single-family~~	~~$1,035.00~~
~~f.~~	~~delinquent submittal of record drawing~~	~~$173.00~~
~~2.~~	~~On-site sewage system maintainer certificate of competency fee~~	
~~a.~~	~~Issued July 1 or before~~	~~$277.00~~
~~b.~~	~~Issued after July 1~~	~~$139.00~~
~~c.~~	~~Maintainer competency examination~~	~~$277.00~~
~~3.~~	~~Master installer certificate of competency fee~~	
~~a.~~	~~Issued July 1 or before~~	~~$277.00~~
~~b.~~	~~Issued after July 1~~	~~$139.00~~
~~c.~~	~~Master installer competency examination~~	~~$277.00~~
~~4.~~	~~Associate installer certificate of competency fee~~	
~~a.~~	~~Initial and renewal certificate~~	~~$104.00~~
~~b.~~	~~Associate installer competency examination~~	~~$173.00~~
~~5.~~	~~On-site sewage system pumper certificate of competency fee~~	
~~a.~~	~~Business owner~~	~~$208.00~~
~~b.~~	~~Pumper employee~~	~~$104.00~~
~~c.~~	~~Vehicle inspection tab~~	~~$87.00/vehicle~~

~~d.~~	~~Pumper competency examination~~	~~$173.00~~
~~6.~~	~~Site design application review fee~~	
~~a.~~	~~Gravity system, new~~	~~$442.00~~
~~b.~~	Pressurized system, new	~~$749.00~~
~~c.~~	~~Revision review~~	~~$173.00 base fee plus $173.00/hour after one hour~~
~~7.~~	~~Community and large on-site sewage systems review fees~~	
~~a.~~	~~Preliminary engineering report, new and replacement~~	~~$659.00~~
~~b.~~	~~Plans and specifications, new~~	~~$763.00~~
~~c.~~	~~Plans and specifications, repaired and replacement~~	~~$520.00~~
~~d.~~	~~Management agreement review~~	~~$243.00~~
~~8.~~	~~Subdivision review fees~~	
~~a.~~	~~Pre-application review~~	~~$696.00 + $115.00/lot~~
~~b.~~	~~Final application review~~	~~$1,214.00 + $175.00/lot~~
~~9.~~	~~Sewage review committee fees~~	
~~a.~~	~~Appeal review~~	~~$1,279.00~~
~~b.~~	~~Refunds, non refundable amount~~	~~$75.00~~

~~10.~~	~~Miscellaneous fees~~	
~~a.~~	~~Building remodel review~~	~~$451.00~~
~~b.~~	~~Wastewater tank manufacturers standards review~~	~~$173.00 base fee plus $173.00/hour after one hour~~
~~c.~~	~~On-site sewage system maintainer's maintenance and performance monitoring inspection report filing:~~	
	~~(1) Periodic maintenance and performance monitoring~~	~~$25.00~~
	~~(2) Monitoring and performance inspection before transfer of title to property~~	~~$95.00~~
~~d.~~	~~Alternative, community, commercial system monitoring by the health officer~~	~~$173.00~~
~~e.~~	~~Review of new proprietary device, method or product~~	~~actual cost~~
~~f.~~	~~Disciplinary/performance review conference for certificate of competency holder~~	~~$173.00~~
~~g.~~	~~Reinstatement of certificate after suspension~~	~~Applicable certificate fee~~
~~h.~~	~~Reinspection fee~~	~~actual cost/$173.00 minimum~~

~~i.~~	~~Change of designer of record~~	~~$173.00~~
~~j.~~	~~Replacement private well/spring location review~~	~~$225.00~~
~~k.~~	~~Watertable monitoring plan review~~	~~$734.00~~
~~l.~~	~~On-site sewage system operation and maintenance program fee due from buyer or transferee of a property served by on-site sewage system at time of sale or transfer of property ownership~~	~~$40.00~~
~~m.~~	~~Report on the condition of an individual private, nonpublic well~~	~~$366.00~~
~~o.~~	~~Report on the condition of an on-site sewage system and an individual private, nonpublic well on the same premises~~	~~$522.00~~
~~p.~~	~~Annual product development permit~~	~~actual cost of review of permit application, permit issuance and monitoring of product performance data~~

~~Part 2 - Fees Pertaining to Title 13~~

~~Effective January 1, 2010, Through December 31, 2010.~~

~~Persons shall pay permit fees, application review fees, reinspection fees, monitoring report filing fees, variance request fees, special service fees and miscellaneous fees under BOH Title 13 as set forth in the following fee schedule:~~

~~1.~~	~~On-site sewage system construction permit fee~~	
~~a.~~	~~single-family, new pressurized~~	~~$819.00~~
~~b.~~	~~single-family, new gravity~~	~~$692.00~~
~~c.~~	~~single-family, repair or modification~~	~~$619.00~~
~~d.~~	~~single-family, limited repair~~	~~$218.00~~
~~e.~~	~~non-single-family~~	~~$1,092.00~~
~~f.~~	~~delinquent submittal of record drawing~~	~~$182.00~~
~~2.~~	~~On-site sewage system maintainer certificate of competency fee~~	
~~a.~~	~~Issued July 1 or before~~	~~$291.00~~
~~b.~~	~~Issued after July 1~~	~~$146.00~~
~~c.~~	~~Maintainer competency examination~~	~~$291.00~~
~~3.~~	~~Master installer certificate of competency fee~~	
~~a.~~	~~Issued July 1 or before~~	~~$291.00~~
~~b.~~	~~Issued after July 1~~	~~$146.00~~
~~c.~~	~~Master installer competency examination~~	~~$291.00~~
~~4.~~	~~Associate installer certificate of competency fee~~	
~~a.~~	~~Initial and renewal certificate~~	~~$109.00~~
~~b.~~	~~Associate installer competency examination~~	~~$182.00~~
~~5.~~	~~On-site sewage system pumper certificate of competency fee~~	
~~a.~~	~~Business owner~~	~~$218.00~~

~~b.~~	~~Pumper employee~~		~~$109.00~~
~~c.~~	~~Vehicle inspection tab~~		~~$91.00 per vehicle~~
~~d.~~	~~Pumper competency examination~~		~~$182.00~~
~~6.~~	~~Site design application review fee The site design application review fee shall consist of a base fee, plus a potable water review fee as follows, but the potable water review fee shall be waived if a potable water review has been completed in the last two years:~~		
~~a.~~	~~Base fee~~		
	~~(1)~~	~~Gravity system, new~~	~~$455.00~~
	~~(2)~~	~~Pressurized system, new~~	~~$783.00~~
~~b.~~	~~Potable water review fee~~		~~$783.00~~
	~~(1)~~	~~Served by Group A water system with more than 1000 connections~~	~~$0.00~~
	~~(2)~~	~~Served by Group A water system with 1000 or fewer connections~~	~~$91.00~~
	~~(3)~~	~~Served by Group B water system~~	~~$243.00~~
	~~(4)~~	~~Served by individual well~~	~~$121.00~~
~~c.~~	~~Revision review~~		~~$182.00 base fee plus $182.00 per hour after one hour~~

~~7.~~	~~Community and large on-site sewage systems review fees~~	
~~a.~~	~~Preliminary engineering report, new and replacement~~	~~$692.00~~
~~b.~~	~~Plans and specifications, new~~	~~$801.00~~
~~c.~~	~~Plans and specifications, repaired and replacement~~	~~$546.00~~
~~d.~~	~~Management agreement review~~	~~$255.00~~
~~8.~~	~~Subdivision review fees~~	
~~a.~~	~~Pre-application review~~	~~$728.00 plus $115.00 per lot~~
~~b.~~	~~Final application review~~	~~$1,274.00 plus $175.00 per lot~~
~~9.~~	~~Sewage review committee fees~~	
~~a.~~	~~Appeal review~~	~~$1,347.00~~
~~b.~~	~~Refunds, non refundable amount~~	~~$75.00~~
~~10.~~	~~Miscellaneous fees~~	
~~a.~~	~~Building remodel review~~	~~$473.00 base fee plus potable water review fee as delineated in Part 2, subsection 6.b., but the potable water~~

		~~review fee shall be waived if a potable water review has been completed in the last two years~~
~~b.~~	~~Wastewater tank manufacturers standards review~~	~~$182.00 base fee plus $182.00 per hour after one hour~~
~~c.~~	~~On-site sewage system maintainer's maintenance and performance monitoring inspection report filing:~~	
	~~(1) Periodic maintenance and performance monitoring~~	~~$25.00~~
	~~(2) Monitoring and performance inspection before transfer of title to property~~	~~$100.00~~
~~d.~~	~~Alternative, community, commercial system monitoring by the health officer~~	~~$182.00~~
~~e.~~	~~Review of new proprietary device, method or product~~	~~actual cost~~
~~f.~~	~~Disciplinary/performance review conference for certificate of competency holder~~	~~$182.00~~
~~g.~~	~~Reinstatement of certificate after suspension~~	~~applicable certificate~~

		~~fee~~
~~h.~~	~~Reinspection fee~~	~~$182.00 minimum~~
~~i.~~	~~Change of designer of record~~	~~$182.00~~
~~j.~~	~~Replacement private well/spring location review~~	~~$237.00~~
~~k.~~	~~Watertable monitoring plan review~~	~~$819.00~~
~~l.~~	~~On-site sewage system operation and maintenance program fee due from buyer or transferee of a property served by on-site sewage system at time of sale or transfer of property ownership~~	~~$40.00~~
~~m.~~	~~Report on the condition of an individual private, nonpublic well~~	~~$382.00~~
~~o.~~	~~Report on the condition of an on-site sewage system and an individual private, nonpublic well on the same premises~~	~~$546.00~~
~~p.~~	~~Annual product development permit~~	~~actual cost of review of permit application, permit issuance and monitoring of product performance data~~))

Part ((~~3~~)) <u>1</u> - Fees Pertaining to Title 13

Effective ((~~January 1, 2011,~~)) Through December 31, 2011.

Persons shall pay permit fees, application review fees, reinspection fees, monitoring report filing fees, variance request fees, special service fees and miscellaneous fees under Title 13 as set forth in the following fee schedule:

1.	On-site sewage system construction permit fee	
a.	single-family, new pressurized	$860.00
b.	single-family, new gravity	$726.00
c.	single-family, repair or modification	$649.00
d.	single-family, limited repair	$229.00
e.	non-single-family	$1,146.00
f.	delinquent submittal of record drawing	$191.00
2.	On-site sewage system maintainer certificate of competency fee	
a.	Issued July 1 or before	$306.00
b.	Issued after July 1	$153.00
c.	Maintainer competency examination	$306.00
3.	Master installer certificate of competency fee	
a.	Issued July 1 or before	$306.00
b.	Issued after July 1	$153.00
c.	Master installer competency examination	$306.00
4.	Associate installer certificate of competency fee	
a.	Initial and renewal certificate	$115.00
b.	Associate installer competency examination	$191.00

5.	On-site sewage system pumper certificate of competency fee		
a.	Business owner		$229.00
b.	Pumper employee		$115.00
c.	Vehicle inspection tab		$96/vehicle
d.	Pumper competency examination		$191.00
6.	Site design application review fee The site design application review fee shall consist of a base fee, plus a potable water review fee as follows, but the potable water review fee shall be waived if a potable water review has been completed in the last two years:		
a.	Base fee		
	(1)	Gravity system, new	$478.00
	(2)	Pressurized system, new	$821.00
b.	Potable water review fee		
	(1)	Served by Group A water system with more than 1000 connections	$0.00
	(2)	Served by Group A water system with 1000 or fewer connections	$95.00
	(3)	Served by Group B water system	$254.00
	(4)	Served by individual well	$127.00

c.	Revision review	$191.00 base fee plus $191.00/hour after one hour
7.	Community and large on-site sewage systems review fees	
a.	Preliminary engineering report, new and replacement	$726.00
b.	Plans and specifications, new	$840.00
c.	Plans and specifications, repaired and replacement	$573.00
d.	Management agreement review	$267.00
8.	Subdivision review fees	
a.	Pre-application review	$764.00 plus $115.00 per lot
b.	Final application review	$1,337.00 plus $175.00 per lot
9.	Sewage review committee fees	
a.	Appeal review	$1,413.00
b.	Refunds, non refundable amount	$75.00
10.	Miscellaneous fees	
a.	Building remodel review	$497.00 base fee plus potable water review fee as delineated in

		Part ((~~2~~)) 1, subsection 6.b., but the potable water review fee shall be waived if a potable water review has been completed in the last two years.
b.	Wastewater tank manufacturers standards review	$191.00 base fee plus $191.00 per hour after one hour
c.	On-site sewage system maintainer's maintenance and performance monitoring inspection report filing:	
	(1) Periodic maintenance and performance monitoring	$27.00
	(2) Monitoring and performance inspection before transfer of title to property	$105.00
d.	Alternative, community, commercial system monitoring by the health officer	$191.00
e.	Review of new proprietary device, method or product	actual cost

f.	Disciplinary/performance review conference for certificate of competency holder	$573.00
g.	Reinstatement of certificate after suspension	applicable certificate fee
h.	Reinspection fee	actual cost/$191.00 minimum
i.	Change of designer of record	$191.00
j.	Replacement private well/spring location review	$248.00
k.	Watertable monitoring plan review	$860.00
l.	On-site sewage system operation and maintenance program fee due from buyer or transferee of a property served by on-site sewage system at time of sale or transfer of property ownership	$40.00
m.	Report on the condition of an individual private, nonpublic well	$401.00
o.	Report on the condition of an on-site sewage system and an individual private, nonpublic well on the same premises	$401.00
p.	Annual product development permit	actual cost of review of permit application, permit issuance and monitoring of product

		performance data
q.	Rainwater catchment system review	actual cost of review of application for approval of rainwater catchment system source

Part ((4)) 2 - Fees Pertaining to Title 13

Effective January 1, 2012, and Thereafter.

Persons shall pay permit fees, application review fees, reinspection fees, monitoring report filing fees, variance request fees, special service fees and miscellaneous fees under Title 13 as set forth in the following fee schedule:

1.	On-site sewage system construction permit fee	
a.	single-family, new pressurized	$905.00
b.	single-family, new gravity	$764.00
c.	single-family, repair or modification	$683.00
d.	single-family, limited repair	$241.00
e.	non-single-family	$1,206.00
f.	delinquent submittal of record drawing	$201.00
2.	On-site sewage system maintainer certificate of competency fee	
a.	Issued July 1st or before	$322.00
b.	Issued after July 1st	$161.00

c.	Maintainer competency examination		$322.00
3.	Master installer certificate of competency fee		
a.	Issued July 1 or before		$322.00
b.	Issued after July 1		$161.00
c.	Master installer competency examination		$322.00
4.	Associate installer certificate of competency fee		
a.	Initial and renewal certificate		$121.00
b.	Associate installer competency examination		$201.00
5.	On-site sewage system pumper certificate of competency fee		
a.	Business owner		$241.00
b.	Pumper employee		$121.00
c.	Vehicle inspection tab		$101/vehicle
d.	Pumper competency examination		$201.00
6.	Site design application review fee The site design application review fee shall consist of a base fee, plus a potable water review fee as follows, but the potable water review fee shall be waived if a potable water review has been completed in the last two years:		
a.	Base fee		
	(1)	Gravity system, new	$503.00

	(2)	Pressurized system, new	$864.00
b.	Potable water review fee		
	(1)	Served by Group A water system with more than 1000 connections	$0.00
	(2)	Served by Group A water system with 1000 or fewer connections	$101.00
	(3)	Served by Group B water system	$268.00
	(4)	Served by individual well	$134.00
c.	Revision review		$201.00 base fee plus $201.00 per hour after one hour
7.	Community and large on-site sewage systems review fees		
a.	Preliminary engineering report, new and replacement		$764.00
b.	Plans and specifications, new		$884.00
c.	Plans and specifications, repaired and replacement		$603.00
d.	Management agreement review		$281.00
8.	Subdivision review fees		
a.	Pre-application review		$804.00 plus $115.00/lot
b.	Final application review		$1,407.00 plus

		$175.00/lot
9.	Sewage review committee fees	
a.	Appeal review	$1,487.00
b.	Refunds, non refundable amount	$75.00
10.	Miscellaneous fees	
a.	Building remodel review	$523.00 base fee plus potable water review fee as delineated in Part 2, subsection 6.b., but the potable water review fee shall be waived if a potable water review has been completed in the last two years
b.	Wastewater tank manufacturers standards review	$201.00 base fee plus $201.00/hour after one hour
c.	On-site sewage system maintainer's maintenance and performance monitoring inspection report filing:	
	(1) Periodic maintenance and performance	$28.00

	monitoring	
	(2) Monitoring and performance inspection before transfer of title to property	$111.00
d.	Alternative, community, commercial system monitoring by the health officer	$201.00
e.	Review of new proprietary device, method or product	actual cost
f.	Disciplinary/performance review conference for certificate of competency holder	$603.00
g.	Reinstatement of certificate after suspension	applicable certificate fee
h.	Reinspection fee	actual cost/$201.00 minimum
i.	Change of designer of record	$201.00
j.	Replacement private well/spring location review	$261.00
k.	Watertable monitoring plan review	$905.00
l.	On-site sewage system operation and maintenance program fee due from buyer or transferee of a property served by on-site sewage system at time of sale or transfer of property ownership	$40.00
m.	Report on the condition of an individual private, nonpublic well	$422.00

o.	Report on the condition of an on-site sewage system and an individual private, nonpublic well on the same premises	$603.00
p.	Annual product development permit	actual cost of review of permit application, permit issuance and monitoring of product performance data
q.	Rainwater catchment system review	actual cost of review of application for approval of rainwater catchment system source

SECTION 2. R&R 3, Part 13, Section 3, as amended, and BOH 13.04.070 are each hereby amended to read as follows:

Domestic water supply source. No on-site sewage system may be constructed or expanded if the plumbing fixtures draining to the system are not supplied with water from an approved source. An approved water source consists of one of the following:

A. Public water source: A public water source currently in compliance with chapter 246-290 or 246-291 WAC and BOH Title 12.

B. Private individual well source: A private well on a lot five acres or greater in size or a lot created prior to May 18, 1972, which complies with all of the following conditions:

1. ((~~Source~~)) Well location approval: Any proposed new or replacement individual private well location shall be submitted to the health officer and receive approval prior to construction of the ((~~water source~~)) well.

a. All private water system development in the urban growth area or in the rural area as defined by the King County Comprehensive Plan is subject to the provisions of King County Code Sections 13.24.140 and 13.24.138, respectively.

b. Proposed new initial water ((~~source~~)) well locations shall be accurately specified upon an OSS site design application and shall be submitted for review by the health officer in conjunction with evaluation of the proposed OSS design. If the protective well radius is within ten feet of any lot line, easement line or any source of contamination, the health officer may require the well site to be surveyed.

c. Application for replacement water ((~~source~~)) well locations shall be made on forms obtained from the health officer and shall be accompanied by a review fee as specified in the fee (([~~schedule~~])) schedule.

d. The new or replacement well location shall be clearly identified at the site.

e. Information shall be provided as part of the ((~~source~~)) well location application to include, at minimum, a completely dimensioned plot plan, drawn to a scale not smaller than one inch equals one hundred feet accurately showing the location of the proposed water ((~~source~~)) well relative to property boundary lines, existing and proposed OSS components including OSS reserve area, existing and proposed structures, roads and driveways, surface water, direction of surface drainage, a designated ((~~source~~)) well protection sanitary control area and any other features relevant to the siting of a water ((~~source~~)) well location.

f. A water well ((~~source~~)) site approval is valid for two years from the date of approval or until the expiration of a building permit issued by the building official for construction of the primary structure to be served by the new well, whichever period is longer.

2. ((~~Source~~)) Water well protection covenant: The property owner shall establish a ((~~source~~)) water well protection sanitary control area by providing a recorded protective covenant prohibiting, within a horizontal distance of not less than one hundred feet of the well, potential sources of contamination as described in BOH 12.24.010 and WAC 173-160-171.

3. Demonstrate adequate water quantity by:

a. Drilling, in known or suspected areas of low production, the well and conducting a four hour pump test that demonstrates that the proposed ((~~source~~)) well is capable of providing water to a residential dwelling in the amount of not less than four hundred gallons per day. This pump test may be required to be performed during the months of August, September or October at the health officer's discretion; or

b. Providing, in all other areas, adequate information to the satisfaction of the health officer to demonstrate the aquifer's capability to provide four hundred gallons per day. This information may include well logs or pumping reports from neighboring wells utilizing the same aquifer. The neighboring well or wells shall be shown on a map of the surrounding area identifying both the subject property and the location of the well or wells identified as neighboring. The map shall be included with the OSS site design application submittal.

4. Demonstrate adequate water quality by submitting results of all tests taken for the following and showing:

a. At least one bacteriological analysis from the ((~~source~~)) well water which does not exceed the maximum contaminant level prescribed in WAC 246-291-320; and

b. At least one chemical test for nitrate and arsenic from the ((~~source~~)) well water described in table 1, WAC 246-291-330, which does not exceed the maximum contaminant level ((~~per~~)) under WAC 246-291-330.

5. Provide a copy of well driller's report ((~~per requirements of WAC 173-160-050~~)) under WAC 173-160-141.

6. Construction of the well must meet Washington state Department of Ecology's construction standards ((~~as per requirements of WAC~~)) under chapter 173-160 WAC.

C. A private spring on a lot five acres or greater or a lot created prior to May 18, 1972, that complies with all of the following conditions prior to application for OSS site design approval:

1. Application for an individual private spring water source shall be made on forms provided by the health officer and shall be accompanied by a fee as specified in the fee schedule.

2. The application shall include: a recorded protective covenant of no less than two hundred feet up slope and one hundred feet down slope from the spring prohibiting any potential sources of contamination as described in BOH ((~~Section~~)) 13.04.070 B.2., a spring location plot plan, a detailed spring construction plan, and information

demonstrating acceptable water quality and quantity as specified in BOH 12.20.040 and chapter 246-291 WAC.

3. Within thirty ((~~(30)~~)) days of receiving a complete application the health officer shall approve, deny or notify the applicant that the application is pending. Reasons for denial or pendency of the application shall be stated in writing.

D. A rainwater catchment system that serves as the only source of drinking water for a single family residence and that complies with each of the following conditions:

1. The health officer finds that requiring connection of the plumbing system to an approved public water source or to an approved private well would cause undue hardship.

2. Application for a rainwater catchment system source approval shall be submitted for review on forms provided by the health officer. The applicant shall pay to the health officer the rainwater catchment system review fee as specified in the fee schedule, payable after completion of the application review.

3. Application for a rainwater catchment system source approval shall be prepared by any one or more of the following:

a. a professional engineer authorized under a current, valid license to practice in Washington state;

b. an environmental health professional holding a current, valid registration from either the Washington State Environmental Health Association or the National Environmental Health Association;

c. a King County licensed water system designer holding a current, valid license to design water systems in King County; and

d. a rainwater system designer holding a current, valid accreditation from the American Rainwater Catchment System Association.

4. Rainwater catchment system source design shall conform to Part III of Chapter 16 of the Uniform Plumbing Code, 2009 edition, as amended, and shall include, at a minimum, the following information:

a. estimated daily and weekly and annual demand;

b. available catchment area and estimated annual rainwater capture;

c. roofing materials used;

d. storage capacity of and materials used in the construction of the rainwater catchment system;

e. treatment specifications including filtrations and disinfection system specifications; and

f. operation and maintenance requirements.

5. Composite or shake shingles or other materials determined by the health officer to present a risk of contamination may not be approved or used as roofing materials for a rainwater catchment system source.

6. Before using a rainwater catchment system source, the property owner shall file in the county recorder's office a notice on title advising that the property is served by a rainwater catchment system and including the following information:

a. the estimated daily, weekly and annual water supply furnished by the rainwater catchment system;

b. that the water supply from the rainwater catchment system may be limited due to variations in rainfall or usage; and

c. that regular maintenance of the treatment system and components is required in order to minimize the risk of consuming contaminated water.

E. Lot area designated in whole or in part as a critical area may be included in the computation of the minimum five-acre lot size required ((~~by~~)) under subsections B. and C. of this section.

NEW SECTION. SECTION 3. There is hereby added a new section to BOH chapter 13.08 to read as follows:

Rainwater catchment system. "Rainwater catchment system" means a cistern or cisterns, pipe, fittings, pumps and other plumbing appurtenances required for or used to harvest and distribute rainwater.

SECTION 4. **Severability.** If any provision of this rule or its application to any

person or circumstance is held invalid, the remainder of the rule or the application of the provision to other persons or circumstances is not affected.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Larry Gossett, Chair

ATTEST:

_____

Anne Noris, Clerk of the Council

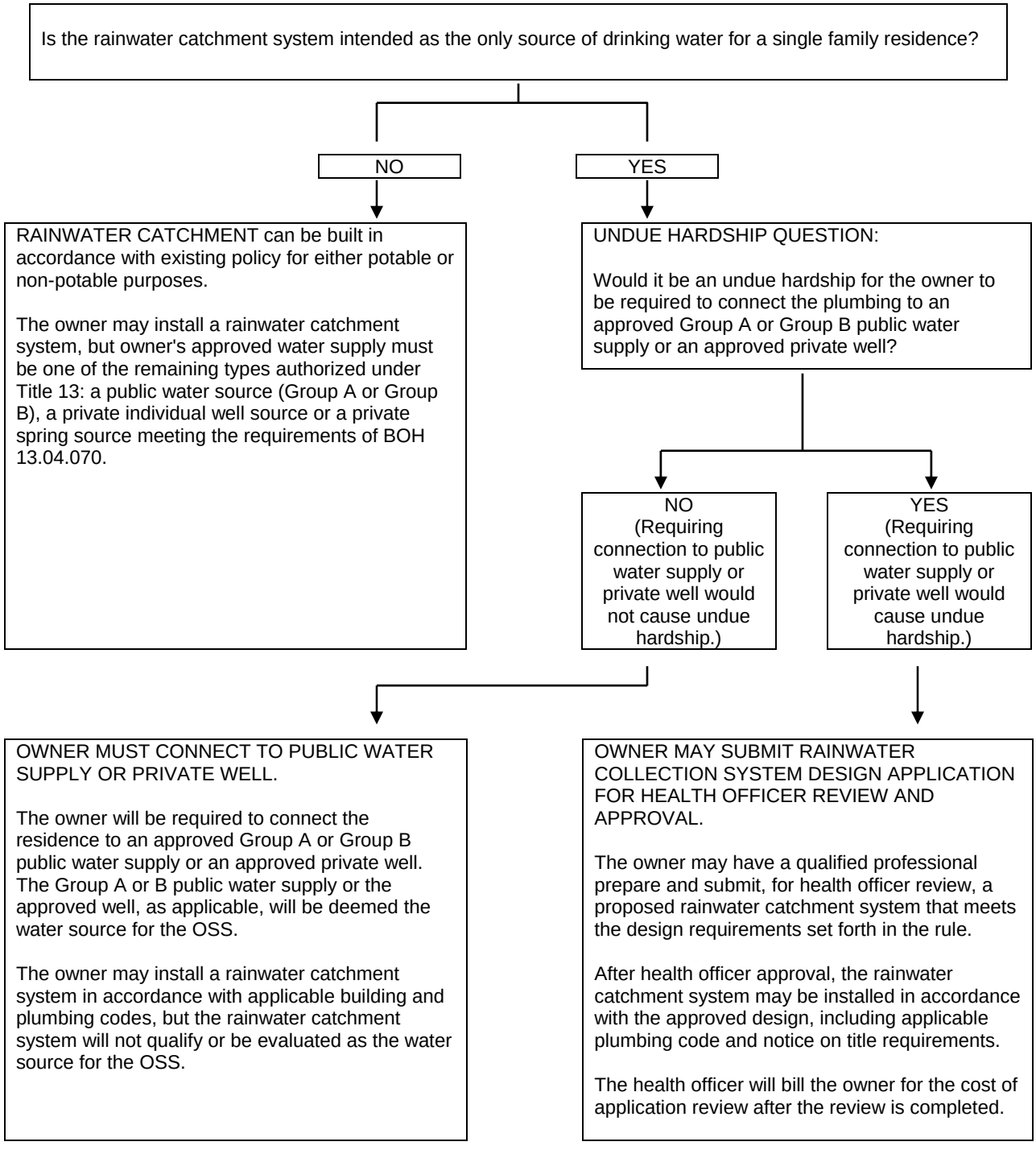
APPROVED this _____ day of _____, _____.

_____

Dow Constantine, County Executive

Attachments: None

FLOW CHART FOR RAINWATER CATCHMENT SYSTEM ELIGIBILITY UNDER BOH 13.04.070 DOMESTIC WATER SUPPLY SOURCE



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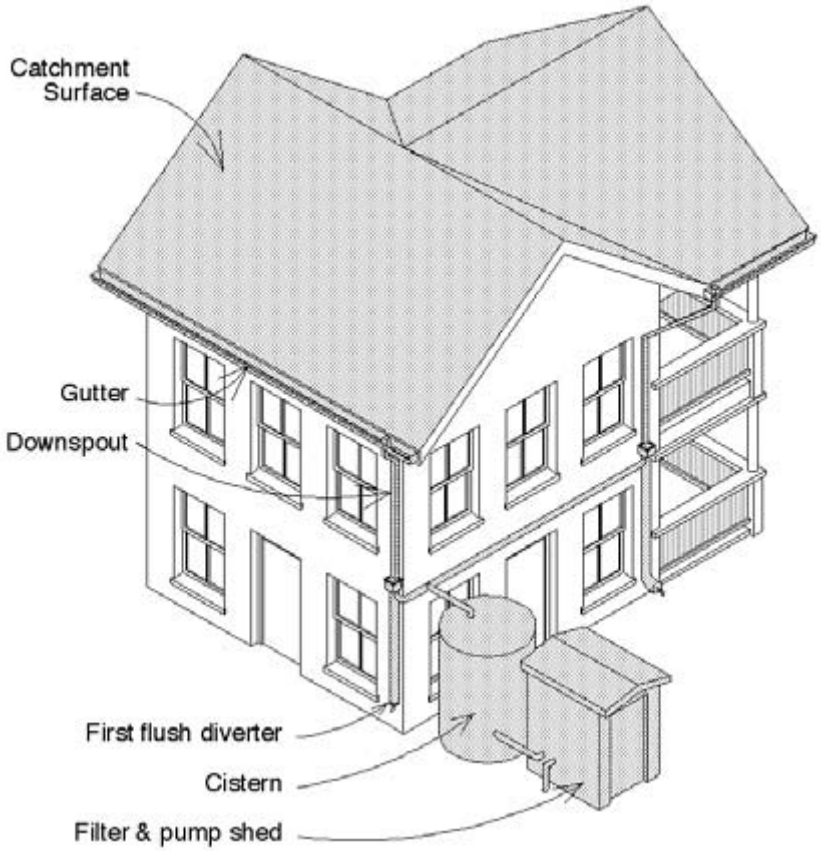
Rule and Regulation No. BOH11-03
Attachment 3
Rainwater Catchment Components



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King County

King County Board of Health

Staff Report

Agenda item No: 8
Briefing No: 11-B14

Date: July 21, 2011
Prepared by: Natalie Lente

Subject

2010 Health Care for the Homeless Network Annual Report

Summary

Per resolution number 9-03.2 passed by the King County Board of Health Board of Health in March 2009, the Board of Health is the formal governance board for the Public Health-Seattle & King County Health Care for the Homeless grant under section 330(h) of the Public Health Services Act. The meeting proceedings of the Board of Health must reflect a review of the Health Care for the Homeless Network Annual Report each year.

Background

Oversight of the Health Care for the Homeless Network (HCHN) and consumer input required by the federal grantor is provided by a community-based advisory Planning Council with representation from throughout King County. The purpose of the Health Care for the Homeless Network Planning Council is to provide programmatic guidance and policy direction to HCHN administrative staff, Public Health-Seattle & King County management, and the King County Board of Health. The HCHN Planning Council is not a governing body and operates in an advisory function only.

In this role, the HCHN Planning Council is responsible for the presentation of the HCHN Annual Report to the Board of Health which provides an evaluation of health center activities, including services utilization patterns, productivity, patient satisfaction, achievement of project objectives, and quality improvement.

In coordination with its 15-member Planning Council, the Health Care for the Homeless Network (HCHN) conducted a needs assessment in late 2008 to gather input from individuals impacted by HCHN services, those not accessing services, and front line providers.

The results of the needs assessment led to the subsequent adoption of the following HCHN priority actions for 2009-2014:

1. Ensure the application of evidence based practices that promote human dignity, empower participants, and improve health outcomes.
2. Continue to provide services "where people are" including day centers, shelters, streets, and supportive housing, working to improve access across all geographic areas of King County where people are experiencing homelessness.
3. Address the increasing acuity and complexity of health problems.
4. Increase access to information about health care resources and benefits.
5. Expand awareness and focus on trauma informed care in recognition and response to the high prevalence of cognitive and emotional impairments in the homeless population.

HCHN continues to align investment strategies with those of the Ten-Year Plan to End Homelessness in King County including alignment with the goal of the housing first/supportive housing model to increase housing stability for persons with histories of chronic homelessness.

The priority actions above guided much of the work of HCHN in the first year of the grant project period and significantly contributed to the outcomes achieved by the program in 2010.

2010 Accomplishments

In 2010, Health Care for the Homeless Network served 21,516 unduplicated homeless people. This includes homeless people seen through contract partner agencies as well as homeless people seen in public health centers. Of the 21,516 people, 44 percent were from communities of color. 46% of our clients lacked insurance of any kind, and 40% were on Medicaid.

In spite of the competing priorities that homeless people struggle with on a daily basis, in 2010, with assistance from HCHN providers:

♦ 2,076 people were linked to primary care services
♦ 829 people were linked to mental health services
♦ 490 people were linked to chemical dependency treatment
♦ 2,020 people were linked to dental services at the Downtown Public Health Dental clinic
♦ 2,226 households completed Medicaid and other entitlement applications

The following list of activities and programs represent a subset of activities described in the full 2010 Health Care for the Homeless Annual Report.

Prevention of Discharge Back to the Streets
HCHN-contracted programs target high risk, vulnerable people who are often high utilizers of hospitals, jails, and other public institutions.

- Harborview's Medical Respite program, operated by the Pioneer Square Clinic at the

Salvation Army's William Booth shelter and YWCA's Angeline's Center, served 300 people discharged from hospitals or clinics. They placed 81 clients into transitional or permanent housing at the completion of their respite stay.

- The Tuberculosis (TB) program social worker assisted ten homeless TB patients attain permanent housing after completing TB treatment.

- With the Mental Illness and Drug Dependency (MIDD) funds initially secured by HCHN in 2009, mental health providers from Harborview and Valley Cities Counseling & Consultation provided a total of 1,841 visits to 455 individuals discharged from jails, hospitals and other institutions throughout King County in 2010. They provided direct mental health therapy and case management while assisting clients in connecting with mainstream mental health and substance abuse services. Thirty-eight clients moved to permanent housing. Through these enhanced mental health services and the services provided by Public Health's Mobile Medical Van the proportion of visits for homeless patients has increased in south and east King County.

Prioritization of housing and services to end chronic homelessness
HCHN participates in King County's Client Care Coordination initiative that seeks to prioritize housing for the most vulnerable people living homeless in King County. Eligibility is based on high utilization of public services and input from case managers in the community. Out of the 222 housing units filled in 2010, 40 were HCHN clients. HCHN providers have noted that without this system, many of these clients would have never moved into housing.

- HCHN's REACH (Evergreen Treatment Services) and Housing Health Outreach Team (HHOT) teams focus heavily on housing placements and stability. The REACH outreach team, a newer program of the interdisciplinary REACH case management team, responds to police, emergency room, and other community referrals to assist high-need chronically homeless adults to access services. In 2010, the team served 210 people. Forty eight obtained permanent housing, 45 enrolled in case management and 44 were seen by a team nurse. The case management team assisted an additional 148 clients into permanent housing, and helped 94 maintain housing for over a year.

- The HHOT team, sited in twelve supportive housing buildings in downtown Seattle, provided interdisciplinary health services to 960 formerly homeless clients, and linked 263 of them into primary care services.

Participation in Safe Harbors County Wide Homeless Data System
This year, for the first time, Health Care for the Homeless Network Providers used Safe Harbors, King County's Web based Homeless Management Information System (HMIS), to extract data for the annual report that is submitted to the Department of Housing and Urban Development (HUD) at the end of April. Safe Harbors, operated and managed by the Seattle Human Services Department, generates data that is used to measure the extent of homelessness in our community

and is a key component of the Ten-Year Plan to End Homelessness in King County. Over the past year HCHN staff worked closely with the team at Safe Harbors to develop the reports and ensure the accuracy of the 2010 Safe Harbors data for the two HUD-funded programs, Pathways Home (aka Medical Case Management for Children) and the Seattle-King County Medical Respite Program.

Expanded Nursing Services in Supportive Housing
In 2010, HHOT services were expanded to three new sites bringing the total number of HHOT service sites to twelve. New sites are staffed by the more experienced providers to provide home-based care and health education and prevention to people with co-occurring disorders and complex chronic health conditions, many with previously unaddressed health issues complicated by years of neglect and living homeless. Clinical leadership is built in through training and expertise in specialty areas such as wound care, foot care and diabetes health education.

Medical Respite Expansion
In 2010, HCHN completed the final stages of a process that will lead to the opening of an expanded Medical Respite program in summer of 2011. The existing program will move from the Salvation Army William Booth and YWCA Angeline's shelters to occupy an entire floor at Seattle Housing Authority's Jefferson Terrace. Planning began in 2007 when King County-area hospitals identified the need for improved discharge options for homeless patients. Harborview Medical Center, the current operator of the respite program, was selected through a competitive process to operate the expanded program.

Increased Support for Homeless Dental Patients
In 2010, PHSKC's downtown Seattle dental clinic continued to increase the percentage of homeless individuals served (81%) as it shifts to providing care to only homeless adults. The clinic saw an increase in homeless patients, totaling 1,673 homeless patients in 2010, during 5,944 dental visits. The number of homeless users at Downtown Public Health has more than tripled since 2005.

Production of "Stop Germs!" Video
In Coordination with Public Health's Emergency Preparedness Program and Vulnerable Populations Action Team, funding from the Centers for Disease Control was used to produce a health education video to reduce the risk of communicable diseases in settings that serve homeless people. The 45-minute version is directed toward homeless service providers. The 15-minute version is geared toward homeless people to generate discussion about ways to reduce the threat of communicable diseases while living homeless. The videos are available at: www.kingcounty.gov/healthservices/health/personal/HCHN/videos.aspx

Attachments

1. 2010 Health Care for the Homeless Network Annual Report
2. 2011 Health Care for the Homeless Advisory Council Roster

Health Care for the Homeless Network

ANNUAL REPORT

2010

Public Health
Seattle & King County

Acknowledgements

We gratefully acknowledge the following for their support in 2010

HCHN Contract Partners

- Country Doctor Community Health Centers
- Evergreen Treatment Services
- HealthPoint
- Neighborcare Health
- Pioneer Square Clinic – Harborview Medical Center
- Salvation Army William Booth Center
- Seattle Indian Health Board
- University of Washington Adolescent Medicine
- Valley Cities Counseling & Consultation
- YWCA Seattle | King | Snohomish

Public Health - Seattle & King County

- Assessment, Policy Development and Evaluation Unit
- Downtown Public Health Dental Clinic
- Emergency Preparedness
- King County Medical Examiners Office
- Public Health Centers and the Community Health Services Division
- Robert Clewis Center and the HIV/AIDS Program
- Tuberculosis Control Program

HCHN Funders

- City of Seattle Human Services Department
- King County Veterans and Human Services Levy
- King County Mental Illness and Drug Dependency Sales Tax
- Microsoft Giving Program
- Phoebe W. Haas Charitable Trust
- United Way of King County
- U.S. Dept of Health & Human Services, HRSA, Bureau of Primary Health Care
- U.S. Dept of Housing & Urban Development
- Washington State Department of Health

In-Kind Support

- HCHN Planning Council members (Appendix A)
- Homeless service agencies throughout King County (Appendix B)
- National Health Care for the Homeless Council
- Seattle-King County Coalition on Homelessness
- Small Changes (calendars for clients)

Mission:
To provide quality, comprehensive health care for people experiencing homelessness in King County and to provide leadership to help change the conditions which deprive our neighbors of home and health.

Table of Contents

Questions about this report may be directed to:
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www.kingcounty.gov/health/hch

Office of the Director
401 Fifth Avenue, Suite 1300
Seattle, WA 98104-1818
206-296-4600 Fax 206-296-0166
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

Greetings,

The economy has been unkind to most people over the last several years. Requests for rental and utility assistance, food stamps, and general assistance for families, TANF, have all increased since 2008. Home foreclosures, unemployment rates and the numbers of people needing to use food banks have also increased.[1]

The One Night Count of 2011 demonstrated 233 fewer people living homeless than did the count of 2010. Despite the lower numbers, most providers serving people living homeless report seeing larger numbers of young adults, youth, refugees and elders who are living homeless. While progress has been made in some areas to help support and reduce the number of people living homeless, much work remains to be done.

In the United Kingdom the term 'sleeping rough' is used for people living on the streets. Having recently volunteered at United Way of King County's Community Resource Exchange at Qwest Field, the term seems to aptly describe the lives of persons living homeless. As a physician working with a team of outstanding nurses and support staff at the event, we saw a number of people with a variety of health issues, from minor to extremely serious. I was struck by the grace with which most people handled their health problems. I left that day reminded of the fact that one of the most healing things we as human beings have to offer each other is a listening, non-judgmental ear. Everyone has a story worth telling and being heard.

This report highlights the work of a group of committed people who provide this type of healing every day to the people living homeless in our county. Health Care for the Homeless providers are tireless advocates and problem solvers for the community of persons living homeless. Their kindness, compassion, and commitment help to sustain some of the most vulnerable persons in King County.

I hope as you read this report you will gain a better understanding of the tremendous work being done to help support those living homeless in King County. More importantly, I hope it provokes some thought – and action.

Charissa Fotinos, MD

Medical Director
Public Health Seattle & King County

1 United Way of King County. Requests for Utility and Rent Assistance, 2007-2010. www2.uwkc.org/kcca/BasicNeeds/BasicNeeds.asp#211 Updated 6/15/2011. Accessed 6/24/2011.

A. Overview

In 2010, the Health Care for the Homeless Network (HCHN) completed its 25th year of health service coordination for people currently, or previously, living homeless in King County. HCHN, a program of Public Health – Seattle & King County, was one of the first demonstration projects conducted in 19 cities nationwide through funding from the Robert Wood Johnson/Pew Memorial Trust. HCHN is now supported fully by federal and local funds.

HCHN is organized through contracts with community-based agencies to help people connect to primary care, and mental health, chemical dependency, and social service programs. HCHN providers are currently located in over 60 sites throughout King County, primarily in shelter settings (see Appendix B). Most services are provided in the City of Seattle (87% in 2010). HCHN also encompasses the medical, dental, and case management services provided to homeless people through Public Health centers and programs.

In 2010, HCHN contractors provided 51,661 health care visits to over 9,600 unduplicated homeless individuals throughout King County. This represents a 9% increase in clients served over 2009. This increase was due, in part, to the expansion of services supported by new local and federal revenue.

HCHN providers deliver patient-centered care that considers people's cultural traditions, personal preferences and values, family situations, and lifestyles. They adapt their practice to consider the special challenges faced by homeless people that may limit their ability to adhere to a plan of care. Of the clients served across all HCHN projects in 2010, 44% were people of color, and 46% lacked medical coverage of any kind.

In spite of the competing priorities that homeless people struggle with on a daily basis, in 2010, with assistance from HCHN providers:

- 2,076 people linked to primary care services
- 829 people linked to mental health services
- 490 people linked to chemical dependency treatment
- 2,020 people linked to dental services at the Downtown Public Health Dental clinic
- 2,226 households completed Medicaid and other entitlement applications

Medical Respite — Kevin's Story

55-year-old Kevin had a family history marked by drug use and frequent chaos. His parents' choices left the family frequently homeless, running from the law or from disgruntled drug associates. Abuse by of a contact of his parents' drove him to strike out on his own, with only a ninth grade education.

Since the age of 12, he used drugs and drank heavily. He was able to find intermittent employment, and as a young adult was remarkably successful as a caterer. By mid-life, drinking, over-eating and chaotic life situations had taken a toll: Kevin developed diabetes, which he was not able to manage well.

Kevin suffered from deep depression, post-traumatic stress disorder, panic attacks and pervasive anxiety and obsessive-compulsive behavior. He was also overweight. When he became homeless, he developed a serious diabetic foot ulcer.

After surgery for the ulcer, he was referred to the men's respite program, where he was engaged by the HCHN team. The team listened to Kevin's history and helped him identify issues he wanted to work on:

- Kevin began receiving psychiatric care and successfully adhered to a medication regimen. His social worker continued to help him talk through his various problems.
- Kevin was put in touch with the REACH team and accessed substance abuse treatment.
- With help from the HCHN nurse, Kevin's diabetes became controlled and his foot ulcer healed. Now that he can walk more, he has begun to lose weight. He acquired a dog which has motivated him to increase his activity.
- Kevin has sought connection with family members, re-united with his siblings and cousins, and is now a mentor and inspiration to them. He has helped some of them work on their own sobriety, and has learned to set boundaries with those who are still struggling with their addictions. Grateful for the help he has received, Kevin continues to give back and heals himself by encouraging others toward sobriety and health.

B. Priority Actions for 2010–2014

HCHN participates in and aligns its activities with the goals and community-wide planning and implementation of the Ten-Year Plan to End Homelessness in King County and United Way of King County's Blueprint to End Chronic Homelessness. Activities in 2010 were guided by the five priorities identified by the community and summarized in HCHN's five-year strategic plan:

- Provide services where people are located, including day centers, shelters, streets, and supportive housing, working to improve access in all geographic areas of King County.
- Apply evidence-based practices that promote human dignity, empower participants, and improve health outcomes by using and participating in approaches such as harm reduction, motivational interviewing, trauma-informed care, and housing first.
- Address the increasing acuity and complexity of health problems.
- Increase access to information about health care resources and benefits.
- Expand awareness and focus on trauma-informed care, in recognition and response to the high prevalence of cognitive and emotional impairments in the homeless population.

C. Major Accomplishments in 2010

The following accomplishments reflect HCHN's priority actions:

- Expanded services in south and east King County through mental health outreach and Public Health's mobile medical van. The proportion of HCHN visits in south and east King County demonstrated a slight increase over 2009 from 11% to 13%.
- Expanded nursing services to three new permanent supportive housing sites in Seattle through the Housing Health Outreach Team. This interdisciplinary team also expanded clinical capacity in areas of wound and foot care.
- Applied for federal funding to formalize the mobile medical van pilot project in south King County and to create a new homeless health clinic in Ballard.
- Initiated use of Safe Harbors, King County's web-based Homeless Management Information System mandated by the Department of Housing and Urban Development, for Pathways Home and the Medical Respite program.
- Enhanced trauma-informed care to homeless individuals through intensive training received by Harborview Medical Center's mental health providers located in Seattle shelters.
- Provided training to 426 shelter and supportive housing staff and volunteers to reduce risks associated with communicable disease.
- Supported 80% of City of Seattle-funded shelters in meeting best practice standards for communicable disease risk reduction, and provided technical assistance to the remaining.
- Delivered over 1,200 doses of seasonal flu vaccine to people living homeless through coordination between community agencies and King County's Public Health Reserve Corps.

"Stop Germs!" video

In coordination with Public Health's Emergency Preparedness Program and Vulnerable Populations Action Team, funding from the CDC was used to produce a health education video to reduce the risk of communicable diseases in settings that serve homeless people. The 45-minute version is directed toward homeless service providers. The 15-minute version is geared toward homeless people to generate discussion about ways to reduce the threat of communicable diseases while living homeless. The videos are available at: *www.kingcounty.gov/healthservices/health/personal/HCHN/videos.aspx*

D. Program Updates

Medical Respite expansion

In 2010, HCHN completed the final stages of a process that will lead to the opening of an expanded Medical Respite program, recuperation services for homeless people who need a safe place to heal following an illness or injury, in summer of 2011. The existing program will move from the Salvation Army William Booth and YWCA Angeline's shelters to occupy an entire floor at Seattle Housing Authority's Jefferson Terrace. Planning began in 2007 when King County-area hospitals identified the need for improved discharge options for homeless patients.

Harborview Medical Center, the current operator of the respite program, was selected through a competitive process in 2010 to operate the expanded program. The existing program served 300 people in 2010, most of them discharged from hospitals. Fifty-nine clients were discharged to transitional housing and 19 to permanent housing. The program will continue to rely on funding from HUD McKinney and HRSA Health Care for the Homeless 330H grants. New financial support is committed from seven local hospitals, the American Recovery and Reinvestment Act (ARRA), King County Mental Illness and Drug Dependency (MIDD) funds, and United Way of King County.

Mental Illness and Drug Dependency (MIDD) programs

With MIDD sales tax funds initially secured by HCHN in 2009, mental health providers from Harborview and Valley Cities Counseling & Consultation provided a total of 1,841 visits to 455 individuals discharged from jails, hospitals and other institutions throughout King County in 2010. They provided direct mental health therapy and case management while assisting clients in connecting with mainstream mental health and substance abuse services. Thirty-eight clients moved to permanent housing.

Prioritizing housing and services to end chronic homelessness

HCHN participates in King County's Client Care Coordination initiative that seeks to prioritize housing for the most vulnerable people living homeless in King County. Eligibility is based on high utilization of public services, and input from case managers in the community. Out of the 222 housing units filled in 2010, 40 were HCHN clients. HCHN providers have noted that without this system, many of these clients would have never moved into housing.

HCHN's REACH and HHOT teams focus heavily on housing placements and stability. The REACH outreach team, a newer program of the interdisciplinary REACH case management team, responds to police, emergency room, and other community referrals to assist high-need chronically homeless adults to access services. In 2010, the team served 210 people. Forty-eight obtained permanent housing, 45 enrolled in case management, and 44 were seen by a team nurse. The case management team assisted an additional 148 clients into permanent housing, and helped 94 maintain housing for over a year.

The HHOT team, sited in twelve supportive housing buildings in downtown Seattle, provided interdisciplinary health services to 960 formerly homeless clients, and linked 263 of them into primary care services.

Living Outside—Jane

Jane's story illustrates the "magic" behind persistently kind, respectful client-focused care.

When the REACH outreach worker first met Jane, she was sleeping outside in a concrete tube near the railroad tracks in South Seattle, under bridges, or at times, in an encampment commonly known as the "Jungle," she had been homeless, continuously, for over 30 years. Elusive and wary, Jane looked on as the team worked with other clients. The team would watch for her, acknowledge her gently and let her grow accustomed to their presence.

Jane was reluctant to engage with outreach workers, not surprising for a woman who spent her entire adult life surviving outdoors. She scavenged most of her food from dumpsters, and poor nutrition contributed to her other health problems. She had a documented history of violence and profound alcohol abuse, and abused other drugs when they were available.

Jane suffered from multiple, untreated chronic health conditions. When the REACH outreach nurse first met her, he treated her painful, swollen legs and provided her with new socks and shoes.

He worked with Jane for more than a year before introducing her to a REACH case manager, who built a relationship with Jane. Eventually, Jane agreed to work with both of them to address some of her issues. With Jane central to the planning process, they worked to connect her with ongoing healthcare, maintain her DSHS benefits, and find housing. When supportive housing became available at DESC's Canaday House, Jane applied with the support of the REACH case manager, and was accepted into the program. Thrilled to have a place to live after being homeless since the 1970's, Jane wept when she was given the keys for her apartment. The last time she had a roof over her head was when she was in prison.

Jane has remained in housing for over six months. An exemplary tenant, she pays her rent on time and gets along with housing staff and her neighbors. She keeps her medical appointments, takes her medication daily, and has improved her nutrition and gained needed weight. She has cut her alcohol consumption to half of what she drank when she first met the REACH team. She hasn't shown any violent behavior, quit using illicit drugs entirely, and continues to improve her life. Jane expresses sincere gratitude for all the help she has received.

New partnership for homeless children and their families

In 2010, the Downtown Public Health Nursing program joined in partnership with Valley Cities Counseling & Consultation and Pathways Home, a case management program for high-need homeless children and their families. Providers work with families to address the health and social needs of both the parents and their children. The team provides mental health, chemical dependency, and nursing services. They assist families in obtaining permanent housing, and services continue for up to six months after housing is obtained. Pathways served 76 families in 2010. The program moved 22 families into permanent housing, and 9 families into transitional housing.

Ana's story illustrates how building trust with families takes patience and skillful listening:

When the HCHN nurse on the Pathways team first met with Ana, she was struck by how overwhelmed this single mother was by her situation. With no partner and no social supports, Ana was alone, raising three children. One of the children had severe developmental delays, but Ana was unable to accept this, and defended her baby by saying "he's just very bright." The nurse could easily see that the child had special needs and that Ana was wary, defensive, suffering from depression and in dire need of support. Her inability to trust the system and accept help for her child and herself presented a formidable barrier.

By spending time with her, gently listening to her and providing necessities such as a warm, winter coat, the nurse was able to establish a trusting bond. Eventually Ana accepted mental health services for herself and speech therapy for her child. She has come to enjoy weekly visits from Pathways Home Providers. Ana is no longer fearful, depressed and isolated. She expresses trust and confidence in the HCHN staff, and her family is finally receiving vital services.

E. Featured Program: Robert Clewis Center

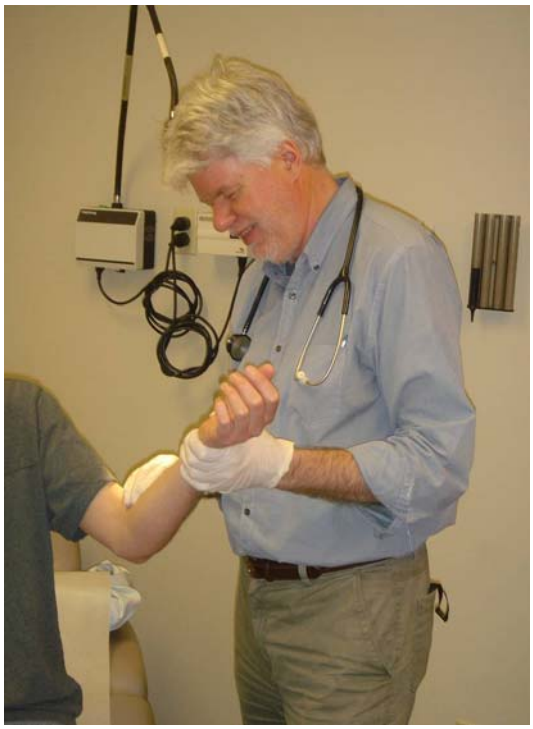
HCHN contracts with Harborview Medical Center's Pioneer Square Clinic to deliver health care services on-site to clients of Public Health's Robert Clewis Center. The center is a needle exchange program co-located at the Downtown Public Health Center. The program safely exchanges used syringes for sterile syringes to decrease the transmission of HIV and infectious hepatitis among people who inject drugs. Approximately 50% of the clients who use the center are homeless. The atmosphere is one of non-judgmental acceptance and compassion.

Such a welcoming approach is vital to a population whose addictions commonly preclude them from attending to their health needs. Two of the health care providers have been at the center for over ten years. This consistency enhances trust-building with this often wary and vulnerable population. Skin infections, such as cellulitis and abscesses, are quite common among those who inject drugs. Clients of Robert Clewis typically seek health care only when problems are bad enough to require an emergency room visit. By treating problems early, the providers at Robert Clewis help avoid worsening health and costly emergency services. In 2010, Harborview provided 586 health visits to 223 clients of Robert Clewis.

Harborview's services at Robert Clewis were expanded in 2010 to include blood pressure monitoring, hepatitis and influenza vaccinations, tuberculosis skin tests, and treatment for upper respiratory infections, musculoskeletal issues, and peripheral vascular disease. Progress was also made in helping clients establish ongoing primary care and accessing prevention services such as cervical and breast cancer screening.

"Adherence to medical care plans is very challenging for homeless people, particularly if they suffer from mental illness, a brain injury, developmental delay or substance use disorders. For example many have no place to store medications and must carry them, resulting in lost or stolen medications or pills that crumbled in pockets. Despite these and many other impediments, experienced homeless service providers and their clients have demonstrated that emergencies can be prevented and health outcomes improved with a comprehensive, client-centered approach to care and self management." [2]

2 Homelessness and Health: The Effect of the Course of Homelessness on Health Status and Health Care Use, American Journal of Public Health, March 2007, Vol. 97, No. 3.

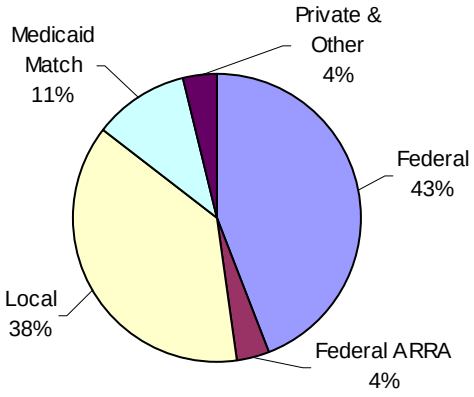


F. Financial Resources

Federal funding for Health Care for the Homeless projects is appropriated annually in the Consolidated Health Center account, which is administered by the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA).

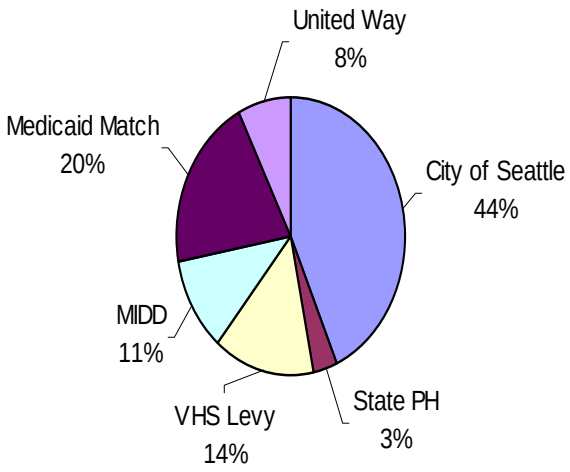
The total HCHN program budget for 2010 was $7.3 million. Federal sources comprised almost half the revenue, made up of a Health Care for the Homeless 330h grant from the Department of Health and Human Services (HHS), two HUD/McKinney grants, and two American Recovery and Reinvestment Act (ARRA) grants. HHS funds are spread across multiple contracts, whereas HUD funds are designated for the Pathways Home case management program for children and their families and the Medical Respite program for adults. HHS funds are allocated according to the annual application and plan submitted to HHS-Bureau of Primary Health Care. The majority of funds were contracted to community health clinics and behavioral health agencies.

2010 HCHN Revenue ($7.3 million)



Local funding comprised 38% of HCHN funding in both 2009 and again in 2010, up from 22% in 2005 ($986,625). Local funders include the City of Seattle (HCHN's second largest funder), King County Veterans and Human Services (VHS) Levy, Mental Illness Drug Dependency (MIDD) sales tax revenue and United Way of King County. This increase in local funds allowed HCHN to leverage additional Medicaid Administrative Match for eligible services.

2010 HCHN Local Revenues ($2.7 million)



The Needs of Homeless Children and their Families

This story about an immigrant family shows how a severely disabled child was finally able to get much needed multidisciplinary care with the help of the east King County HCHN Team.

Natalie and Paul desperately wanted help for their seven-year-old son, Nicolai, who was unable to receive the care he needed in the country of his birth. One month after immigrating to the United States, their sponsor family stopped providing them assistance; thus, Natalie and Paul sought help at the local shelter.

Exposed to the toxoplasmosis virus prenatally, Nicolai suffered from multiple severe neuro-developmental problems. He was unable to walk, feed himself, or speak, and had a seizure disorder and profound vision problems. As is often the case with disabled children, Nicolai had extreme dental decay. Due to difficulty feeding, he had extreme growth retardation. At age seven, he was still smaller than his healthy two-year-old brother. This very vulnerable child required constant assistance from his parents.

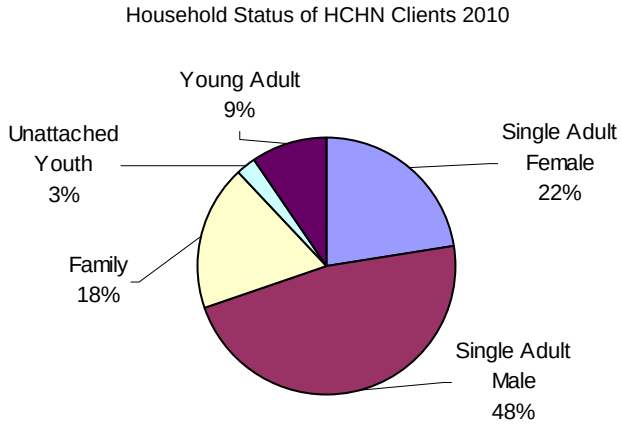
The HCHN nurse and client services representative immediately helped the family access specialty care for Nicolai and well-child care for his baby brother.

Nicolai was referred for developmental evaluation at Seattle Children's Hospital. He was seen by a multidisciplinary team including neurology, physical therapy, occupational therapy, specialty dental care, and nutrition. A feeding tube was placed allowing him to increase his caloric intake and gain weight. His wheelchair was updated, and he was given an appropriate fitting car seat.

His father obtained part-time employment, and the family recently secured stable housing. The HCHN team is grateful that Nicolai will be able to continue receiving multidisciplinary care at Seattle Children's Hospital.

G. People Served through HCHN Contracted Programs

Age, gender, and household composition



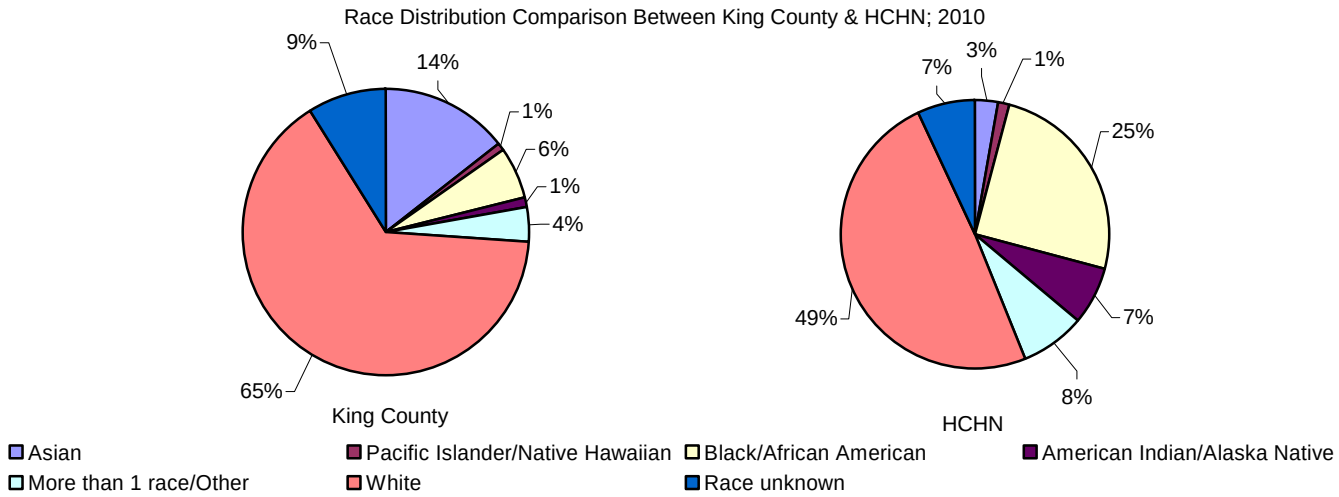
In 2010, HCHN provided contracted services to 9603 individuals. Men continue to comprise the largest portion (68%) of adults not in families. Across all age groups and household compositions combined, females comprise a significant percentage (40%) of all clients served.

The largest number of individuals receiving care were men between the ages of 40-54 years. According to the National Alliance to End Homelessness, the elderly homeless population will increase dramatically between 2010 and 2020.

Race and ethnicity

People of color continue to be over-represented among HCHN clients compared to the population of King County (44% vs. 26%, respectively). HCHN serves a disproportionately high percent of Native Americans (7% HCHN vs. 1% King County).[3] Native Americans experience among the most severe health disparities of any group in the United States and they are disproportionately represented among numerous high-need groups including the homeless population.

Although 7% of individuals served by HCHN in 2010 were not identified by race, the majority of those individuals were of Hispanic ethnicity with race not identified. In total 14% of HCHN clients were Hispanic as compared to 8.9% of the Hispanic population in King County.



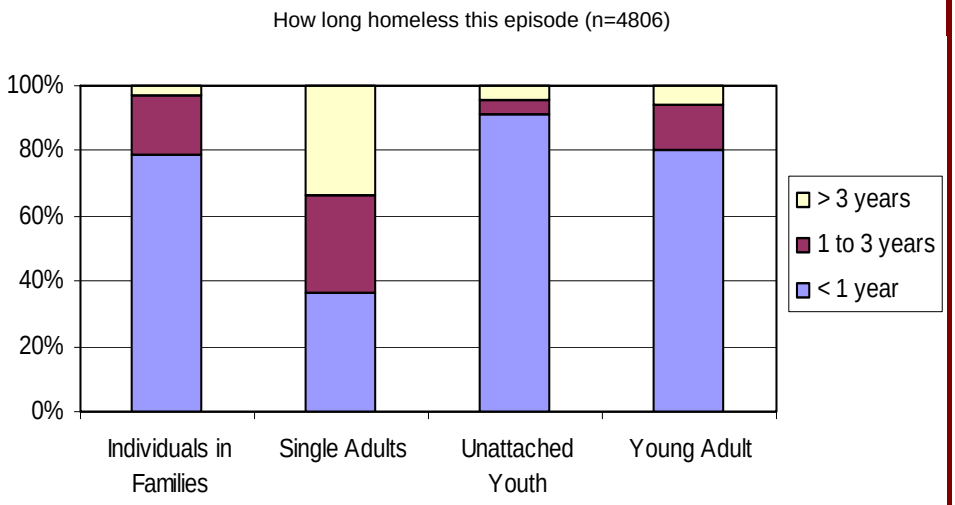
3 U.S. Census Bureau: State and County Quickfacts. http://quickfacts.census.gov/gfd/states/53/53033.html. Updated June 3, 2011. Accessed June 21, 2011.

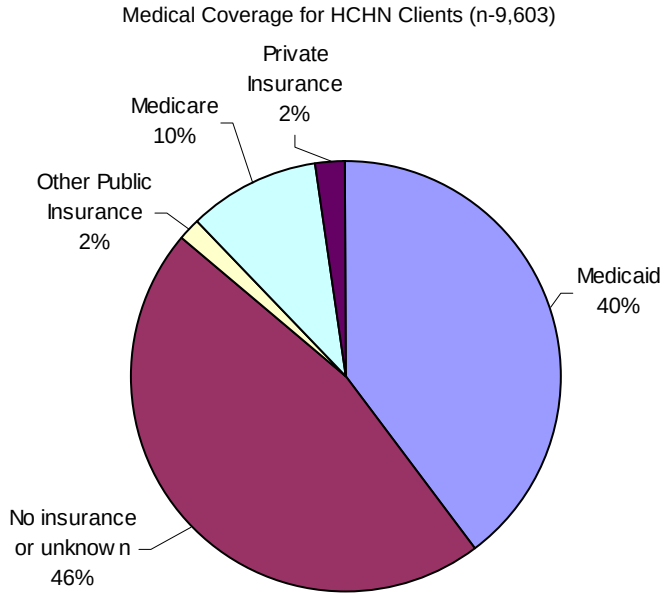
US military service

Of adult programs with the highest number of visits per client (REACH, HHOT, and Medical Respite), 17-24% of clients were veterans within each program. However, the actual proportion of veterans may be much higher than what is currently reported, since data for veteran status generally takes longer to collect among this particular subset.

Length of time homeless

History of homelessness is collected by HCHN providers where feasible. Similar to prior years, 91% of those homeless over 3 years were single adults. 56% of all population groups had been homeless less than one year. Chronically homeless individuals are targeted by a number of HCHN programs.[4]





Medical coverage for HCHN clients

Most HCHN clients are either uninsured or covered through Medicaid, which is available mainly to families with children or people with long term disabilities. The number of people on Medicare has increased from 6% in 2004 to 10% in 2010.

4 The Federal Definition of a "chronically homeless" person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

H. People Served at Public Health Centers

Public Health Centers provided 50,646 visits to 13,076 homeless individuals in 2010, representing 55% of all HCHN clients served. The majority of clients were female (64%). Most services are targeted to pregnant women, children, and the mothers of young children.

In 2010, Public Health's Downtown Public Health Dental Clinic continued to increase the percentage of homeless individuals served (81%) as it shifts to providing care to only homeless adults. The clinic saw an increase in homeless patients, totaling 1,673 homeless patients in 2010, during 5,944 dental visits. The number of homeless users at the Downtown Public Health Dental Clinic has more than tripled since 2005.

Adapting practice, providing patient-centered care

Gary's Story

Living in an encampment under a bridge for five years, Gary faces enormous challenges managing his diabetes.

As he pointed out, "No one chooses to be homeless." He tried to get into subsidized housing, but due to unaddressed mental health issues, he had no patience with lengthy forms and long lines. The system itself was a barrier for Gary, as he believed "they're out to get me."

Diabetes is a demanding disease, extremely challenging for the most organized and resource-rich person. Diabetics are expected to self-test blood glucose levels several times a day, manage medication, properly dispose of used syringes and lancets, prepare healthy meals, track caloric intake, and take special care of their feet, and exercise. Gary is trying to do this while living under a bridge and coping with mental illness.

The clinical team at Downtown Public Health's Family Medicine Clinic provided patient-centered care and has adapted their practice for Gary by having patience when he has lost his diabetic equipment, prescribing a form of insulin that he has to take once a day, and helping him set realistic self-management goals with regard to his limited range of food choices. A natural researcher, Gary reads all the information his provider gives him and he uses the library to access websites to which she directs him. Participating actively in his care motivates Gary to keep his appointments faithfully.

By taking a non-invasive, gentle approach, Gary's provider continues to build trust with him, hoping that soon he will be able to accept outreach assistance to address his mental health issues and help him obtain stable housing.

I. Health Problems

The living conditions experienced by homeless patients on the streets or in shelters often exacerbate existing health conditions or create new ones, and complicate medical treatment plans. It has been well documented that homeless people experience health problems at rates higher than housed people. Poor diet, chemical dependency, chronic daily stress and exposure to the elements increase displaced people's risk for complications of chronic illness and premature mortality. Health conditions requiring regular, uninterrupted treatment, such as tuberculosis, HIV, addiction, and mental illness, are extremely difficult to manage without a stable residence.

Rank	Women Age 25+	Men Age 25+	Children Age 0-11	Youth Age 12-7	Young Adults Age 18-25
1	Mental health	Substance abuse	Preventive care	Screenings	Screenings
2	Substance abuse	Mental health	Screenings	Preventive care	Mental health
3	Skin	Cardiovascular	Respiratory	Mental health	Skin
4	Musculoskeletal	Skin	Mental health	Skin	Genitourinary
5	Respiratory	Musculoskeletal	Skin	Respiratory	Preventive care

The table above lists the five most common health problems seen by medical providers (nurses, nurse practitioners, doctors, and physician assistants).

The most common health problems for adult men and women were mental health and substance abuse related. Mental health increased in rank among children, youth and young adults as they got older. Skin conditions appeared in every population group. Eczema, diaper rash, and fungal conditions were common problems among children. Cellulitis, abscesses, lice, and scabies were common among adults.

"Preventive care" for children and youth refers to visits that include well-child checks, health education and immunizations. Screening usually refers to a test or exam done to find a condition early or before symptoms begin such as vision and hearing, height and weight, and developmental and behavioral appraisals.

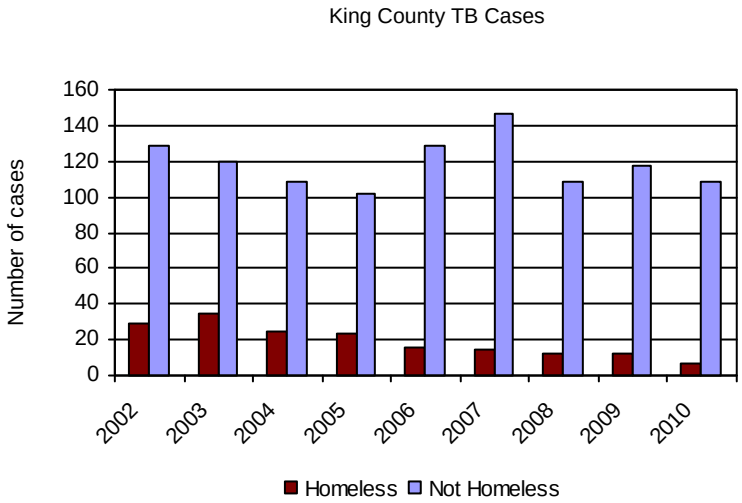
Cardiovascular disease is the third most frequent health problem for adult men receiving HCHN services and is increasingly common for women as they get older. For women ages 25 –54, cardiovascular disease was the 6th most frequent health problem, but for women over 55 it was the second highest. Cardiovascular disease includes hypertension, high cholesterol, congestive heart failure, and stroke.

HCHN contracted services were provided by approximately 118 full-time equivalent staff. Approximately half of the providers were medical staff, including nurses and nurse practitioners, physicians and physician assistants. The other half were mental health counselors, substance abuse counselors, case managers, outreach and engagement workers, and Medicaid enrollment specialists.

Tuberculosis

The number of cases of tuberculosis (TB) diagnosed in people living homeless in King County has been decreasing since the 2002-03 outbreak. However, these numbers do not tell the whole story. Many people who were living homeless during the outbreak are now housed. And, some of them are developing active TB from infections they likely got when they were homeless. None of the TB outbreaks across the US have been as large, long-lasting, or impactful on the community as the 2002-03 outbreak in Seattle.

Efforts to prevent and treat tuberculosis (TB) among people living homeless are coordinated by the City of Seattle, Public Healths's TB Control program, HCHN, and homeless service providers. In 2010, the HCHN TB prevention nurse provided TB training to over 300 staff of homeless service agencies.



HCHN supports a social worker in the TB Control program to provide case management to people with TB who are homeless, and helps them into permanent housing. In 2010, four (80%) of those patients remained in housing six months after completing treatment. HCHN providers are skilled in developing trusting relationships with their clients and assist the TB Control program in locating and engaging with clients exposed to TB to ensure evaluation and treatment.

Preventative care and chronic disease management

Homeless patients face barriers that make accessing preventive care and managing chronic health conditions challenging. Often an acute problem that needs immediate attention is the motivating reason for people to seek medical care for themselves or their children. Frequent moves make continuing care with one provider difficult. Key components of chronic disease management are medication, and life style changes such as a healthy diet and exercise. For people living homeless, there are clear challenges.

Recognizing this, Public Health and HCHN providers try to maximize every patient contact and take the opportunity to provide needed preventive care "on the spot" while encouraging and educating the client about the need for regular preventive care, and helping them develop self-management goals for chronic disease management.

J. Measuring Quality of Services

Quality improvement activities for HCHN-contracted services

In 2010, HCHN contracted providers each reviewed a sampling of client records maintained by other HCHN providers within their agency. Each agency prepared a report of their findings, including their recommendations for improved care. The purpose of these bi-annual peer reviews is to assure documentation of eligibility for services, improve the care and services delivered to clients, and identify changing practice needs and emerging issues.

HCHN also values the input of clients and patients in quality improvement activities. In 2010, each contracting agency also prepared a report to HCHN describing how they have collected feedback from their patients, and any changes the agency is considering as a result. HCHN also conducts periodic focus groups, and in 2010 met with a group of people at a local day program to learn more about their challenges in managing chronic health conditions while living homeless.

Quality improvement activities for Public Health services

HCHN monitors clinical outcomes of Public Health homeless patients routinely, and provides status reports for the federal funding which supports Public Health's services to homeless patients. Such measures allow providers to monitor the effectiveness of their interventions, and to make necessary adjustments to their practice.

Based on samples of Public Health homeless patient records in 2010:

- 73% of two-year-olds were fully immunized (n=168 records, sample size=70). This is slightly lower than the 77% of two-year-olds (regardless of homeless status) who were fully-immunized and seen in Washington state community health centers in 2009.[5]
- 66% of women were current with their PAP tests (n=814 records, sample size=70). This is higher than the 58% screening rate for Medicaid-covered women in the Puget Sound region between 2009-10, and identical to the national rate of cervical cancer screening for all women (regardless of homeless status) who were covered by Medicaid in 2009.[6]
- 54% of hypertensive patients had controlled blood pressure (<140/90) (n=118 records, sample size=70). This is lower than the 60% rates of blood pressure control for patients with hypertension, regardless of housing status, seen in Washington state community health centers in 2009, and for patients nationally with hypertension (regardless of homeless status) covered by Medicaid in 2009.[7]

5 HRSA Uniform Data System (UDS) Reports. http://bphc.hrsa.gov/healthcenterdatastatistics/statedata/2009/WA/2009_wa_qualityofcare.html. Updated 5/12/2010. Accessed 6/29/2011.

6. National Committee for Quality Assurance: The state of health care quality report. http://www.ncqa.org/Portals/0/State%20of%20Health%20Care/2010/SOHC%202010%20-%20Full2.pdf. Updated 2011. Accessed 6/29/2011.

7. National Committee for Quality Assurance: The state of health care quality report. http://www.ncqa.org/Portals/0/State%20of%20Health%20Care/2010/SOHC%202010%20-%20Full2.pdf. Updated 2011. Accessed 6/29/2011.

K. Death Data

The following information is available thanks to the King County Medical Examiner's Office (KCME) which investigates all deaths in King County that are due to unintentional injuries, homicides, and suicides, as well as natural deaths that are sudden, unexpected, and without medical attendance.

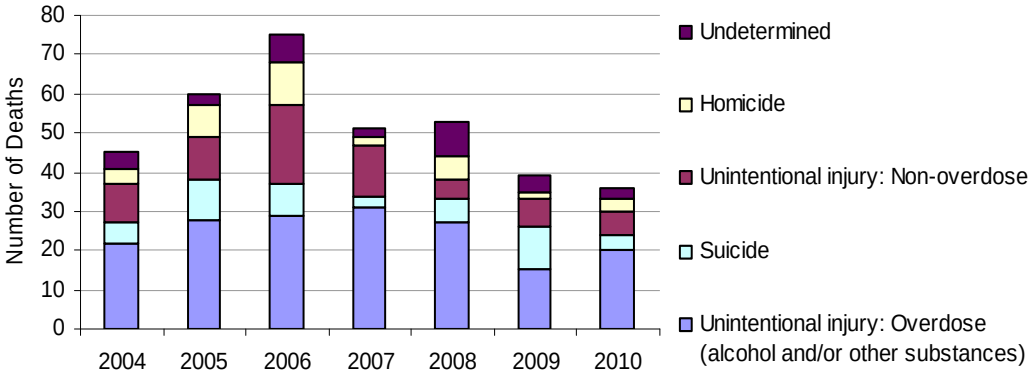
When the investigators determine a decedent is likely to have been living homeless when they died, their homeless status is documented in the record. This information has allowed community groups to plan memorials, provided data for annual summaries of deaths, and makes it possible to look more closely at such deaths if funding becomes available in the future.

In 2010, 47 individuals under KCME jurisdiction died homeless. **The 2010 number is the lowest number since this information started to be collected in 2004**. The highest year was 2006, with 110 homeless deaths reported. Between 2004 and 2010, KCME records show that 573 decedents were presumed homeless, the majority (84%) of which were men. This data represents all areas of King County, although the majority of deaths occurred in Seattle.

The leading single cause of unintentional deaths in homeless persons for the period 2004–10 was acute intoxication (29% of deaths). Intoxication includes alcohol and/or overdose from prescription or non-prescription substances.

Similar to prior years, the average age of death in 2010 was 47 years for both men and women, despite a higher life expectancy for women compared to men in the US.[8] Ages ranged from infancy to 93 years. James O'Connell of the Boston Health Care for the Homeless Program has made comparisons with other cities nationally and internationally, and has noted a similar age of death. Studies have also shown that homeless individuals are three to four times more likely to die compared to people who are housed. This is especially noteworthy among younger homeless women, who have from 4 to 31 times a greater risk of dying compared to similarly-aged housed women, as measured in seven large cities worldwide including the US and Canada.[9]

Homeless deaths (excluding natural causes), King County WA (2004-10)



8This number includes some individuals who were determined to have died of natural causes after investigation, and may exclude others whose deaths were otherwise confirmed as natural and therefore did not fall within KCME jurisdiction.

9 Cheung AM, Hwang SW. Risk of death among homeless women: a cohort study and review of the literature. *CMAJ Canadian Medical Association Journal.* 2004;170(8):1243-1247. Available at: http://www.cmaj.ca/cgi/reprint/170/8/1243

L. The Changing Health Care System

Looking forward, the passage of the Patient Protection and Affordable Care Act (PPACA) that passed in 2010 will provide $11 billion to Health Centers over the course of five years from 2011 to 2015. This legislation will have significant impacts on the homeless population in the years ahead. It is expected that nearly all homeless people, except those who are undocumented, will be eligible for Medicaid coverage in 2014. HCHN will focus on anticipating and understanding the changes, participating in community conversations regarding homeless health services in light of reform, and communicating with policy makers about such impacts.

Health reform also provides an opportunity for the HCH model of service to be a national example of integrated, patient-centered care focused on holistic needs. Improvements in hospital discharge planning and the establishment of health homes and accountable care organizations open new opportunities for HCH projects, medical respite providers, and others who deliver care for individuals experiencing homelessness. HCHN is already working to ensure that the unique needs of our clients are met in the implementation efforts as they unfold in the months to come.

Appendix A. HCHN Planning Council Members

Carole Antoncich, Social Services Director, Plymouth Housing Group

Maureen Brown, MD, Swedish Family Practice Residency Program, Downtown Public Health Center, **Co-chair**

Leticia Colston, ND MSW

Sinan Demirel, Executive Director, Elizabeth Gregory Home

Charissa Fotinos, MD, Medical Director, Public Health - Seattle & King County

Greg Francis, Community advocate, **Co-chair**

Jerry DeGrieck, Public Health Policy Manager, City of Seattle Human Services Department

MJ Kiser, Program Director, Compass Center

Katy Miller, Supportive Housing Planner, King County Housing and Community Development

Ed Dwyer O'Connor, RN, Pioneer Square Clinic Practice Manager, Harborview Medical Center

Linda Rasmussen, Regional Director, South King County, YWCA Seattle | King | Snohomish

Eva Ruiz, Community advocate

Sheila Sebron, Veterans advocate

Judy Summerfield, City of Seattle Human Services Department

Appendix B. HCHN Major Service Sites

Single Adults

- 1811 Eastlake (DESC)
- Angeline's (YWCA)
- Adult Service Center (Compass Housing Alliance)
- Chief Seattle Club
- Compass Center & Compass Cascade
- Downtown Emergency Service Center
- Downtown YWCA
- Dutch Shisler Sobering Support Center
- Katherine's House
- Markham Building
- Mary's Place
- Robert Clewis Center (formerly Second Avenue Clinic at Needle Exchange)
- Sound Mental Health Housing First
- St. Martin de Porres Shelter (Catholic Housing Services – CHS)
- Third Avenue Center (at YWCA Opportunity Place)
- William Booth Center (Salvation Army)

Housing Health Outreach Team (HHOT)

- Canaday House (DESC)
- Frye Apartments (LIHI)
- The Gatewood (Plymouth Housing Group-PHG)
- Humphrey House (PHG)
- Kerner-Scott House (DESC)
- The Lewiston (PHG)
- The Morrison (DESC)
- Plymouth on Stewart (PHG)
- Scargo Apartments (PHG)
- Simons Apartments (PHG)
- The Westlake (CHS)

Families

- Avondale Park
- Broadview Shelter
- Catherine Booth House (Salvation Army)
- Domestic Abuse Women's Network
- Eastside Domestic Violence Program
- Family & Adult Service Center
- First Place School
- Hopelink sites
- Morningsong Family Support Center
- New Beginnings
- Providence Hospitality House
- Sacred Heart
- South King County Multi-Service Center sites
- Union Gospel Mission Family Shelter
- YWCA East Fir Street Shelter
- YWCA family sites countywide

Certain visits also take place in the client's home (once housed), streets, encampments, and other sites.

Youth and Young Adults

- 45th Street Clinic (Neighborcare Health)
- Country Doctor Youth Clinic (through UW Adolescent Medicine Clinic)
- YouthCare Orion Center

Appendix C. HCHN-Contracted Services

Programs for Families

Valley Cities Counseling & Consultation: Mental health, chemical dependency and medical case management services to families in shelters, transitional housing in King County.

Carolyn Downs Family Medical Center – Homeless Team: Nursing services to women and families in shelters, transitional housing sites in central Seattle.

HealthPoint: Nursing and benefits assistance to women and families in shelters and transitional housing sites in north, east and south King County.

Neighborcare Health/45th Street Clinic: Nursing and mental health services to women and families in shelters and transitional housing sites in north Seattle.

YWCA Health Care Access: Benefits assistance and linkage to medical care for women and families.

Programs for Youth and Young Adults

Neighborcare Health/45th Street Clinic Homeless Youth Clinic: Medical clinic services to youth and young adults age 12-23 years.

University of Washington Adolescent Medicine Section/Country Doctor Teen Clinic: Medical clinic services to youth and young adults age 12-23 years.

Programs for Single Adults - Services in Seattle unless otherwise noted

Pioneer Square Clinic (Harborview Medical Center): Mental health and nursing services to adults in shelters, day centers, and transitional housing.

Pioneer Square Clinic (Harborview Medical Center)/Medical Respite Program: Medical, case management, mental health and chemical dependency services for adults.

HealthPoint: Nursing services for formerly homeless adults living in units supported by Sound Mental Health in south King County.

Valley Cities Counseling and Consultation: Mental health and referral services to individuals living homeless in north, east, and south King County.

Salvation Army/William Booth Center: Beds, meals and laundry services for the Medical Respite Program.

Seattle Indian Health Board: Nursing services at Chief Seattle Club.

Evergreen Treatment Services/REACH Program: Outreach and Engagement to people living outdoors in Seattle. Case management to chronically homeless and chemically addicted adults.

Evergreen Treatment Services/Housing Health Outreach Team: Chemical dependency services for formerly homeless adults living in supportive housing.

Neighborcare Health/REACH program: Nursing and nurse outreach services to chronically homeless and chemically addicted adults.

Neighborcare Health/Housing Health Outreach Team: Medical and mental health services for formerly homeless adults living in supportive housing.

Appendix D. HRSA UDS Clinical Quality Measures for homeless patients for measurement year 2011 (to be reported in early 2012)

2010 Continuing measures:

- Trimester of Entry into Prenatal Care
- Birth weight of babies born to prenatal patients
- Cervical cancer screening for adult women
- Blood pressure control of patients with hypertension (by race & ethnicity)
- Dental patients who have completed their treatment plans
- Homeless inebriates engaged in substance abuse treatment

2010 measures—revised for 2011:

- Immunization rates of 2 year olds
  - revision to number & type of vaccines required to be considered up-to-date
- Diabetic control
  - revision of HbA1c values reporting

New measures for 2011:

- Weight assessment and counseling for children & adolescents
  - Percentage of patients (2-17 yrs old) who had BMI percentile documented, counseling for nutrition, and counseling for physical activity.
- Adult Weight Screening and Follow-up
  - Percentage of adult patients who had BMI calculated, a determination made if they were overweight or underweight, and a follow up plan made.
- Tobacco Use Assessment and Counseling
  - Percentage of adult patients who were asked about tobacco use
  - Percentage of adult tobacco users who received advice to quit tobacco use.
- Asthma – pharmacological therapy
  - Percentage of patients (5-40 yrs) with asthma who were prescribed a long term control medication or an acceptable alternative

The US Dept of Health and Human Services (HHS) considers this group of measures to be highly relevant to health center patients.

All of the new and revised measures are aligned with the HHS' meaningful use measures (part of the Medicare and Medicaid EHR Incentive Program) which we will be reporting on.

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Public Health
Seattle & King County

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Chair: Gregory Francis and Maureen Brown, MD
Membership Committee Chair: Sheila Sebron

Board Members by Sex: F = 13 M = 3
of Members who are consumer representatives: 4
Board Members by Race/Ethnicity:
White: 10
Hispanic/Latino: 1
Black/African American: 4
Asian/Pacific Islander: 0
American Indian & Alaska Native: 0

Grant # H80CS00056

Areas of Expertise / Interest

Antoncich	Shelter/housing, balance of county issues, domestic violence
Brown	Medical care, public health
Colston	Alternative & complementary care, mental health
DSHS Rep	State assistance programs, support services, single adults
Summerfield	Seattle issues, regional continuum of care planning
Demirel	Youth issues, families, research
Fotinos	Medical care, public health, youth issues, mobile medical
Francis	Mental health, supportive housing, consumer perspective
Kiser	Shelter & transitional, services, single adults
Miller	Supportive Housing
O'Conner	Single adult issues, clinic services, public hospital, downtown Seattle
Rasmussen	South King County issues, families, domestic violence
Rogel	Youth issues, families, east King County
Ruiz	Hispanic/Latino issues; domestic violence issues
Sebron	Veteran's issues, trauma issues
Smith	

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King County

King County Board of Health

Staff Report

Agenda item No: 9
Briefing No: 11-B15

Date: July 21, 2011
Prepared by: Matias Valenzuela, Katie Ross

Subject

An update on the Communities Putting Prevention to Work (CPPW) grant activities.

Purpose

The purpose of this briefing is to update the Board on the CPPW grant awarded to Public Health in March 2010 to prevent tobacco- and obesity-related diseases and improve the health of King County through sustainable policy, systems and environment changes.

Summary

Public Health - Seattle & King County was awarded two highly competitive grants in spring 2010 to address the leading causes of death in our region: tobacco ($9.9 million) and obesity ($15.5 million). More than a third of the deaths in King County – about 4,000 each year — result from smoking, unhealthy eating and lack of physical activity. More than halfway through the CPPW grant period, Public Health and our CPPW partners have established many new programs aimed at improving the health of King County , with support from the Board of Health and other local jurisdictions. Now in June 2011, Public Health has applied for a Community Transformation Grant from the CDC to expand and implement select CPPW efforts beyond the March 2012 grant period and begin new activities.

Background

In spring 2010, Public Health - Seattle & King County was awarded two highly competitive federal stimulus grants to address the leading causes of death in our region as part of the Centers for Disease Control & Prevention's CPPW initiative. Through a competitive process, Public Health - Seattle & King County awarded 55 sub-grants totaling $8.9 million to fund school districts, community-based organizations, and local governments to improve nutrition and physical activity, and decrease tobacco use and exposure in King County. These grants support and fund activities that will produce long-lasting changes and improve the community conditions that impact residents' health.

Tobacco is the leading cause of death in King County, causing an estimated 1,990 deaths and $343 million in economic costs annually. Statistics about obesity in our region are equally grim. Fifty-four percent of adults in King County are overweight and 20 percent are obese. Being overweight or obese leads to many health problems, including Type 2 diabetes and high blood pressure. These "adult" diseases are now affecting children. In fact, one in five children in

middle and high school in King County are overweight or obese. The rates are even higher in low income communities and communities of color. Annually, 2,500 deaths in the state are associated with obesity and almost $2 billion in adult medical expenditures are attributable to obesity.

People who live in south Seattle and south King County bear a disproportionate burden of poor health. The highest rates of obesity, obesity-related health problems and tobacco use are found in south Seattle and south King County. Fifteen percent of all Seattle residents are obese, while the rates are as high as 31 percent in the south Seattle and south King County communities where our CPPW work is focused. Low-income and racial/ethnic populations in King County use tobacco at two to three times the rate of more affluent, white residents. Thirteen percent of all Seattle residents are current cigarette smokers, while 14-20 percent of residents in the focus communities smoke.

For **obesity prevention**, Public Health funded 41 grants to schools, local governments and community organizations. These grantees are working on the following goals:

- Comprehensive planning approaches that create communities where people can safely and easily walk and bicycle and access healthy foods
- Reducing consumption of soda and other sugary drinks
- Supporting corner stores and other small food retail businesses in providing healthy options
- Increasing healthy eating and active living for children in schools and childcare, including: Safe Routes to Schools, increased physical education/physical activity, enhanced nutrition standards, Farm-to-School programs, and certification of food service staff in preparing healthy meals
- Increasing access to opportunities for physical activity through joint-use agreements and affordable and culturally appropriate recreation programs
- Supporting low-income immigrant urban farmers who sell produce in low-income communities

For **tobacco prevention**, Public Health funded 15 grants to schools, local governments and community organizations. These grantees are working on the following goals:

- Tobacco-free and smoke-free environments, including multi-family housing, schools, childcare, public places, hospitals, colleges and universities
- Systems changes to increase access to help quitting tobacco from employers, childcare providers, hospitals, and mental health and chemical dependency treatment centers
- Policies that reduce youth access to tobacco

Analysis

More than halfway through the grant period, Public Health and our CPPW partners have established many new programs aimed at improving the health of King County. A sample of CPPW "success stories" follows:

Obesity Prevention

- A new program gives 70,000 food stamp recipients and 20,000 women and children on WIC better access to fresh fruits and vegetables by allowing them to use their benefits at 10 farmers markets in south Seattle and south King County. (*June 2011)*
- A total of 27 establishments and businesses have signed on to participate in Healthy Foods Here, a program to increase access to healthy food options through small corner and convenience stores. To support this effort, the Healthy Foods Here Produce Manual provides basic care information on nearly 50 types of popular fruits and vegetables, making it easier for small stores to sell fresh produce. (June 2011)
- New campaigns are spreading the word about the health impacts of consuming soda and other sugary drinks. An education campaign aimed at parents and featuring local online ads, a video in English and Spanish, and downloadable posters in seven languages launched in October. In addition, the community-led Soda Free Sundays campaign encourages King County residents to take a break from sugary drinks for one day a week. More than 50 organizations, including the YMCA of Greater Seattle, Seattle Children's, and the City of Federal Way, have taken the Soda Free Sundays pledge. *(Ongoing)*
- Bicycle Alliance, in partnership with Feet First, is working with schools to implement Safe Routes to School in six school districts in King County. Ultimately, Safe Routes to School will be implemented in six low-income school districts serving 124,000 students, so kids can walk and bike to school safely. *(Ongoing)*
- Land use and transportation plans in eight of our poorest cities incorporate specific elements of King County Board of Health Planning for Healthy Communities Guidelines, providing long term improved access to healthy food and physical activity for 600,000 residents. *(Ongoing)*

Tobacco

- Seattle Public Schools adopted a new tobacco-free environment policy, in part modeled on the Board of Health's December 2010 e-cigarette regulation. The new school policy closes loopholes for tobacco and smokeless products and has a new provision for student use of nicotine replacement therapy on campus. Puget Sound Educational Service District is working with eight other King County school districts serving 105,000 students to enact similar policies. (*June 2011*)
- While state budget cuts forced the elimination of the Washington State Tobacco Quit Line for the general Washington population, King County residents continue to receive benefits through CPPW funding until March 2012. In just the last year, the Quit Line has served 23,000 tobacco users statewide and connected more than 18,100 people to tobacco cessation *(June 2011)*
- A CPPW-funded media campaign increased calls to 1-800-QUIT-NOW, a free resource to help people quit tobacco, by 40 percent. *(February 2011)*
- Gay City Health Project worked with 128 registered PrideFest vendors to implement some form of tobacco prevention policy as part of their participation in the festival. Their work is supported by a media campaign to increase awareness about tobacco targeting in the LGBT community. As part of its partnership with Gay City and One Degree Events around Pridefest, Seattle Gay News committed to not running tobacco advertising targeting the LGBT community. (*June 2011*)

- Harborview and UW Medical Center joined Highline Medical Center in implementing a campus-wide smoke-free policy and implementing high-quality protocols for addressing tobacco dependence. Highline Medical Center serves around 10,000 in-patients and over 50,000 emergency room patients each year. UWMC, Harborview and their affiliated clinics account for 41,000 patient admissions and 1 million outpatient and emergency room visits each year. These UW hospitals have over 8,000 employees and 3,000 physicians. *(May 2011)*
- Nine King County housing providers—including Seattle Housing Authority, King County Housing Authority, and Housing Resources Group—plan to implement smoke-free policies by March 2012. Properties will officially begin converting 9,000 units to smoke-free in July. *(Ongoing)*
- All 49 publicly funded mental health and chemical dependency treatment sites in King County will become tobacco-free campuses with integrated treatment protocols for tobacco addiction by March 2012. Combined, these agencies serve nearly 60,000 clients per year. *(Ongoing)*

In addition to tobacco and obesity prevention efforts, CPPW successes also include:

- A CPPW Coalition of nearly 200 members meets quarterly to collaborate on chronic disease prevention and the elimination of health disparities. The Coalition has developed its own governance team, values and objectives, and its work will continue beyond the CPPW grant.
- An education campaign, to be launched in August, designed to increase awareness of how people can get involved in improving their community's health. The campaign will run for four months through King County, with a particular focus on adults in south King County.

The Board of Health has supported and acted on key policy and priority areas for CPPW, including:

- **Comprehensive e-cigarette regulations**. The December 2010 regulation restricts the sales of e-cigarettes or any other unapproved nicotine delivery products only to people 18 and older; prohibits free or highly discounted electronic smoking devices or unapproved nicotine delivery products; and prohibits the use of e-cigarette devices in places where smoking is prohibited by law.
- **Planning for Healthy Communities Guidelines.** The September 2010 guidelines inform planning decisions and promote health by creating environments that allow people to be physically active, eat healthy food, and live in safe and healthy places.
- **Healthy Vending Guidelines**. The April 2011 guidelines encourage organizations to provide healthier choices in vending machines. The voluntary King County Healthy Vending Guidelines support businesses, community-based organizations and local governments that want to offer healthier food and beverages options.
- **Soda Free Sundays Resolution**. The May 2011 resolution encourages King County residents to join Soda Free Sundays, a community-wide effort to not drink soda and other sugary drinks for at least one day each week and promote changes in organization practices that discourage consumption of sugary drinks.
- **Smoke-free Housing Resolution.** The September 2010 resolution encourages owners, developers and managers of multi-unit housing to implement smoke-free

policies to protect residents from secondhand smoke and fires and includes a model lease addendum.

While Public Health and its CPPW partners have made great progress toward achieving our CPPW goals, there are always challenges with an initiative the size and scope of CPPW. In particular, it is a very difficult budget environment, and many of our partner organizations struggle with limited budget and capacity, despite their CPPW grant funding. Further, many of our partners have limited capacity to develop and implement policy and systems changes.

Next Steps: Community Transformation Grant

Public Health is applying for a Community Transformation Grant (CTG) from the U.S. Department of Health and Human Services. Funded through the Prevention and Public Health Fund, Community Transformation Grants will support prevention programs in up to 75 communities across the country. CTG will be a five-year grant with significantly less funding than CPPW.

If awarded, the CTG grant will allow Public Health to build on select CPPW efforts and develop some new activities. It will specifically focus on tobacco-free living; active living and healthy eating; evidence-based quality clinical and other preventive services (specifically prevention and control of high blood pressure and high cholesterol); and healthy and safe physical environments. Award notices will be issued in mid-September.

Attachments

1. CPPW Grantees 2011

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CPPW Grantees 2011

- Auburn School District
- Bicycle Alliance of Washington
- Cascade Bicycle Club Education Foundation
- Center for MultiCultural Health 105
- Childhood Obesity Prevention Coalition
- Children's Home Society - Burst for Prosperity
- City of Burien
- City of Des Moines
- City of Federal Way
- City of Kent
- City of Redmond
- City of SeaTac
- City of Snoqualmie
- Community Pediatric Foundation of WA/Coalition for Safety and Health in Early Learning (C-SHEL)
- Cornish College of the Arts
- ECOSS
- Entre Hermanos
- Gay City Health Project
- Good Food Coalition
- Highline School District
- Horn of Africa Services
- Housing Resources Group (HRG)
- Kent School District - Farm to School
- Kent School District Safe Routes to School
- King County (MCADS)
- King County DNRP - Farmer's Market
- King County DNRP - Food Access Mapping
- King County Housing Authority
- King County Parks
- My Service Mind
- Northshore School District
- One America
- Puget Sound ESD (PSESD)
- Puget Sound Regional Council
- Refugee Woman's Alliance (ReWA)
- Renton School District
- SeaMar Community Health Centers
- Seattle Children's
  Seattle Chinatown International District Preservation & Development Authority (SCIPDA)
- Seattle DPD
- Seattle Housing Authority
- Seattle HSD-ADS
- Seattle HSD-ELFS
- Seattle Public Schools
- Seattle School District
- Treeswing
- Tukwila School District
- University of Washington Medical Center (UWMC)
- University of Washington NW Center/ Boys & Girls Club of KC/ Seattle Schools
- University of Washington Office of Sponsored Programs (School of Nursing)
- UW: NW Center for Livable Communities
- WAPI Community Services (APICAT)
- Washington State University
- YMCA of Greater Seattle

Materials for item 10 will be distributed at the meeting.