Tacoma-Pierce County
Board of Health

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Regular Meeting Agenda
August 5, 2026
3 - 5 p.m.

Tacoma-Pierce County Health Department - Auditorium
Hybrid Format with in-person and remote attendance

Dial in: 253 215 8782 Meeting ID: 852 6383 2261
Passcode: 038473
Webinar Link:
https://us06web.zoom.us/j/85263832261?pwd=a1crSUJscWFkTFhJcGl0N0VkSjZDZz09

3629 South D Street, Tacoma, WA 98418
Board of Health Clerk, (253) 649-1502

I. CALL TO ORDER

II. ROLL CALL

III. COMMENTS BY THE PUBLIC

The Board will consider written and oral public comments. Submit written comments any time prior to when a Board of Health meeting adjourns at director@tpchd.org. Written comments we receive prior to noon on the date of a Board of Health meeting will go to Board members before the meeting.

Oral comments can be in person or remote. To make oral comments remotely call 253-215-8782 and use Meeting ID: 852 6383 2261 Passcode: 038473 when you join the meeting by phone with the number, meeting ID, and passcode at the top of the agenda. Press *9 to raise your hand and signal you wish to make a comment. You will be announced by your name or the last four digits of your phone number.

Comments unrelated to specific agenda items have a two-minute limit per person. The Chair has the authority to change the time limits as deemed necessary.

All written and oral comments will become part of the meeting record.

IV. CONSENT AGENDA

1. Approval of the meeting minutes for **July 1, 2026, and July 15, 2026.**

V. REGULAR AGENDA

VI. COMMENTS BY DIRECTOR OF PUBLIC HEALTH

[Chantell Harmon Reed, Director of Public Health]

1. **Food Safety Program**
   [Christina Sherman, Food & Community Safety Program Manager]
   [Chantell Harmon Reed, Director of Public Health, MS-HCM, Doula, FACHE]

VII. COMMENTS BY BOARD OF HEALTH MEMBERS

VIII. EXECUTIVE SESSION

The Board of Health will meet in executive session pursuant to RCW 42.30.110(1)(i) to discuss potential litigation; RCW 42.30.110(1)(f) to discuss complaints brought against a public employee; and RCW 42.30.110(1)(g) to discuss the performance review for a public employee.

IX. ADJOURNMENT

Tacoma-Pierce County
Board of Health

Regular Meeting Minutes

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Call to Order
Chair Hitchen called the July 1, 2026, Tacoma-Pierce County Board of Health regular meeting to order at 3:00 p.m.

Roll Call
Board of Health Members Present: Joe Bushnell, Paul Herrera, Jani Hitchen, Dave Olson, Sandesh Sadalge, Bryan Yambe, Nicholas Rajacich, Ryan Mello. **Alternate Board Members:** Steve Cook, LeighBeth Merrick.

Board of Health Members Excused:

Comments by the Public (not related to a specific agenda item)

Dewey Gibson: Calling to discuss the free DIY septic inspection program on how the department is moving towards a program that costs significantly more and that no one will use. This is not a responsible use of taxpayers' dollars if they are not going to use the program from the DIY pilot program. Questioning the leadership of Chantell and the Waste Management team, they have been working on this program for 3 years yet there is no program in place at this time. The proposal being discussed seems more expensive and less accessible than the free option that has already been proven successful. Why will Ryan Mello not speak to his constituents about this issue? Many people in the Key Peninsula are concerned about the septic inspection costs and want answers. Taxpayers' money should be spent on programs that people will actually use and provide real value to the community.

Consent Agenda

Approval of meeting minutes for **June 3 and June 17, 2026** .

Chair Hitchen read the title into the record. Vice Chair Bushnell moved to approve the Consent Agenda as presented with an amendment for the arrival of Board Member Rajacich arriving late on June 17, 2026, study session. Seconded by Board Member Sadalge.

The motion passed unanimously on a voice vote.

Regular Agenda

Resolution No. 2026-4934 – Authorization to spend up to $750,000 with Software House International LLC Inc for Microsoft Office 365 licensing and Windows Server licenses for the period of July 1, 2026, through Aug 31, 2029.

Brian Moore, IT Director, presented the resolution.

There was no public comment.

The resolution passed unanimously on a voice vote.

Comments by Director of Public Health

[Chantell Harmon Reed, Director of Public Health]

Last month, the Health Department along with Pierce County, the City of Tacoma, and Elevate Health started to wind down the Opioid Task Force and shifted into a sustained behavioral health response housed in our existing programs. Our Public Health Clinic and our Behavioral and Emotional Health program will build on the Task Force work as we continue to help people struggling with opioid use disorder. The opioid crisis continues to cause harm to many groups including our unhoused residents, but the wind down comes as we see a decline in deaths, emergency room visits, and emergency response calls involving overdoses in Pierce County. You can read more about this on our news release on our website. Thank you to several members of our Board and members of the community and everyone who has worked towards accomplishing the goals of the Task Force. At our last convening we made an effort to collate all the information we have gained over the years and how we are using resources across the Department. Now we are looking to partner in different ways to work towards ending this opioid crisis, as it is our top priority.

In July we will be celebrating our area's biggest Pride celebration, the Tacoma Pride Festival. The July celebration guarantees attendees nice weather and allows attendees to visit other Pride celebrations around the Sound in June. The Health Department will be present at Tacoma Pride so look for us at multiple booths including information about our reorganized Public Health Clinic and Street Medicine team. We recognize Pride as a reminder that solidarity and activism is essential to creating a more just and inclusive society.

I'd like to take this time to address a comment regarding our upcoming Do it Yourself septic inspection program. Earlier this year we wrapped up a pilot DIY septic inspection program. We invited Mr. Gibson who spoke earlier to participate in this pilot. Unfortunately, he was the only participant who did not complete the work. That said we are very happy because we had several members of the community who participated in the pilot who gave a lot of feedback and opportunities to course correct and do some things differently from what we presented. The pilot was a success, so thank you to everyone who participated and gave their time to provide input. You can expect to see an announcement soon about our DIY septic inspection launch. We are expecting this to be a great option for folks along with reduced inspection frequency programs and flexible alternatives that we have to keep our environment safe and to save everyone in the county money. We are very proud of the work that our Environmental team is doing around septic systems and especially around rolling out new initiatives and innovative practices and programs that are not just new here in Pierce County but across the country. There is so much more happening, so check out our website for additional details. Thank you.

Surface Water Program: Protect Public Health Associated with Surface Water Recreation

[Tanya Truong, Environmental Health Specialist II]

Ms. Truong began her presentation with an overview of the agenda. She described how the work helps protect the health of everyone in our community and how the work intersects with other programs like Septic Operations and Maintenance and Food Safety. It links to our strategic plan in a variety of ways—these are two they wanted to highlight:

- We support Measure I: Increase public access to public health measures and data by 2029. **by providing water quality information through advisories and messaging.**
- We support Measure J: Improve trust in the Health Department among community partners from 77% in 2020 to 90% in 2029. **You will hear more about this through our success stories with partners.**

Ms. Truong asked the following questions to the Board: How many of you have checked the beach advisory before swimming? How many of you have seen a toxic algae sign at a lake?

Ms. Truong described how an important aspect of public health is protecting the water we swim in, recreate in, and harvest shellfish from. The surface water team works year-round to protect public health in freshwater and marine water environments. During the summer, we monitor freshwater and marine water beaches and issue health advisories where water qualities present a risk to beach goers. We also monitor freshwater lakes for the presence of toxic algae. We also establish shellfish protection districts and monitor quality for shellfish containing districts for protection against contamination. We support the state Department of Health's shellfish program by collecting shellfish and issue biotoxin advisories.

Toxic algae blooms impact public health year-round, not just in the warmer months. Algae are an important part of the ecosystem and have been around longer than humans. But under the right conditions, the harmful algae or what we call toxic algae grow quickly and produce toxins. Human activity can contribute to the nutrients such as excess nitrogen and phosphorus in fertilizer, sewage, and run-offs help toxic algae grow. What we do is monitor the water, report any findings, educate people about health risks, and advocate for practices that reduce nutrient pollution.

We post advisory signs at public access locations like the boat launch or the swimming area to alert people about the potential health risks. On the left, you'll see the caution sign that we use. The message is simple and clear with graphics. On the right is an example of the warning sign we would post for a sewage spill advisory. These signs are developed internally with our communication team, and we also use signs developed by the state for shellfish biotoxins and marine beaches.

Before we post an advisory, we follow the established protocol to ensure consistency and proper implementation of rules and regulations. Elevated toxin levels or bacteria results would trigger an advisory. While the advisory is up, we investigate the source of pollution and resolve the issue.

Imagine that it's a summer sunny day, you plan to visit your favorite park, so you pack and drive more than 30 minutes there. When you arrive, you find that there's a caution toxic algae sign informing you that lake may be unsafe. That would not be fun, right? That's why ensure our communications are on time. When we post a physical advisory sign, we send the gov delivery message and update the website and social media. We let our leadership and external partners know. Our communication strategies are accurate and transparent information, time-sensitive advisories, accessible messaging, and community engagement. Having a clear and accurate message is important, especially when the media outlets spread the message.

Ms. Truong asked the following questions to the Board: How many of you have heard of the shellfish protection district? They are one of the most important tools that we have to improve water quality.

When water quality declines in shellfish harvest areas, state law requires the county authority must create a shellfish protection district and implement a program to find and correct the pollution source(s) that are causing water quality to decline. This map shows the five shellfish protection districts in Pierce County. They are Burley Lagoon, Minter Bay, Vaughn Bay, Rocky Bay, and Filucy Bay. The shellfish protection districts are proven to be very effective to stop pollution, prevent new pollution sources, and result in reopening of shellfish areas for harvesting.

When a Shellfish Protection District has been created, we focus on finding and fixing pollution sources. We walk the shoreline and collect water samples. We review septic system records, conduct sanitary surveys, and follow up on elevated bacterial results. In some cases, we conduct dye tests to identify the source of pollution and work with homeowners to resolve the issue.

Our partnerships with the community, external agencies, and different departments at the Health Department have allowed us to successfully identify and correct pollution sources through the years.

We work with property owners to access the shoreline via their houses, or the shellfish industry on their insights on issues associated with quality water and shellfish harvesting. The relationship we have with the community has been established for many years through trust and transparent communication, and we work hard to maintain that trust and communication with our community.

With our state, local, tribal, and non-profits organizations, we rely on their expertise and help with enforcement. For example, the Department of Health can place a pocket closure on a shellfish harvesting area around the elevated bacteria sample location. The Department of Ecology non-point pollution team is willing to work with us to send warning letters and mandate the responsible party resolve the pollution sources. There are many external agencies that we work with, including but not limited to the Pierce County Pollution Correction and Response team and City of Tacoma.

Within the Health Department, we work closely with our Onsite Sewage and Drinking Water team on onsite septic repairs and application, Food and Community Safety when we find parcels that have food permits like the Minterbrook Oyster Company case that I will talk about later, and General Communicable Disease Investigation team on illness reports associated with toxic algae.

Ms. Truong shared success stories regarding the partnership with Blue Water Task Force that helps to cover areas that they are not able to cover on their own. Ms. Truong introduced Stena Troyer, Science Director at Harbor Wild Watch and member of the Blue Water Task Force.

Ms. Troyer shared how important the partnership with the Health Department is, especially during moments when there are needs for advisories. When they get high hits of the harmful bacteria, they inform the Health Department who will then come to verify and issue an advisory as needed.

Ms. Truong presented an example of identifying and correcting water quality issues and discussed a case involving Minterbrook Oyster Co. where they confirmed an 800-900 gallon settling tank was connected to outfall on the beach. They worked with the owner, designer, and installer to resolve the issue. Minterbrook conducted the watertight test, submitted the repair application, and completed the repair.

Ms. Truong shared who the members of the Surface Water team are before she concluded her presentation.

Board Member Mello expressed appreciation of leading with an educational mindset and working with the community. He asked the following questions:

- What regulatory tools do we have?
    - Ms. Truong answered they first try all efforts to work with the homeowners directly. If the home owner refuses to work with the Health Department, then they would reach out to the state Department of Health to issue a pocket closure. The Department of Ecology can also help with enforcement.
- Does the Department of Ecology have enforcement authority?
    - Ms. Truong said yes, they do have enforcement authority if it's a non-port pollution source. The state Department of Health also has enforcement authority.
    - Jessica Gehle, Environmental Health Division Director, added that if it is a specific home's septic system, we can issue notices of violation which can progress to recording on a title. We also have broad Health Officer authority as a last resort. There are other situations when we have worked with other municipalities for a joint effort.
- Can you share another critical partner, Pierce County Conservation District, and how we work with other partners?
    - Ms. Truong said their approach is like the health department's approach using an educational standpoint. When homeowners aren't using the best practices, they reach out to the Pierce County Conservation District to help guide the owner on creating a best practice management plan.

Board Member Rajacich asked the following questions:

- There are a lot of lakes in our county, how do you cover testing all of them, and how often do you test the popular lakes?
    - Ms. Truong said we rely on our partnerships and volunteers for the lakes, and we are unable to ensure regular testing.

- Do we do any saltwater testing or is that only the state department?
    - Ms. Truong said the state Department of Health comes in by boat to test the water, and we come in through shorelines to collect any discharge that comes into the bay.

Board Member Sadalge asked the following questions:

- What is the frequency of testing?
    - Ms. Truong said weekly.
- I see septic systems being a main source of pollution, are there other polluters?
    - Ms. Truong said we investigate different pollution sources—the proximity of the house, age of the systems, and any other activities around the area.
- Is there a dedicated funding source for this group?
    - Ms. Truong said we are funded through Pierce County and the state Department of Health.

Board Chair Hitchen asked the following questions:

- If I'm on a lake without an advisory and I notice something, can I call to report it? What is the process?
    - Ms. Truong said you can email their general inbox or call their phone line to report.

Street Medicine Update

[Bianca Shell, Street Medicine Program Manager]

Bianca Shell shared how their team does its work in meeting people where they physically are: living on the streets, roadsides, empty lots, and forests of the City of Tacoma and soon to be Pierce County.

The Street Medicine program is comprised of a diverse, interdisciplinary team, who are present here today. We currently have two teams: 1 supporting the City of Tacoma and 1 supporting Pierce County.

Each team has a medical provider. In our case, an Advanced Registered Nurse Practitioner (ARNP), who under the direction of our Medical Director, Dr. Miller, can fulfill the same functions as a Medical Doctor (MD).

The next role is that of a Public Health Nurse, who is a Registered Nurse (RN) who can assess and clean wounds, draw labs, follow-up with patients, provide health education to those we serve, and keep our medical supplies in order.

We have a Certified Peer Support Specialist who is also a trained navigator through the Washington Health Benefits Exchange. They lead outreach efforts identifying locations, fielding calls, working with community partners, reinstating health insurance benefits, and distributing supplies.

Finally, almost every time we deploy, we are joined by a member of the Medical Reserve Corps with licensures such as MD, ARNP, and RN, who help with data collection and patient visits.

Then, I, as Program Manager, am the main administrative support for planning, logistics, budget management, presentations, data, and reporting.

We began the program in earnest in May of 2025, after building this rockstar team to service the City of Tacoma with funds from the Health Care Authority. Now, we are also contracted through Pierce County Human Services to expand into the county.

Our mission is to provide medical care to people living unhoused and unsheltered within Pierce County. To successfully engage this population, we lead with respect for their dignity and their decisions on how best to care for their own health. To carry that out, is physically, mentally, and emotionally taxing for our staff to be knowledgeable, engaged, and caring in every interaction. So, on a typical deployment day, the team fetches the vehicles and supplies at our off-site storage facility, comes back to the Health Department for other supplies, and works together to figure out where they will go that day. These decisions are based on organizational partner requests, referral lines, follow-up care needs, and past location cycles. We then create a list of prioritized locations, while keeping in mind that we have no way of knowing how many people will be at any one location, how many people will opt-in to a medical visit, nor how long a visit will last.

After a deployment, the team does the reverse, cleaning the vehicles, disposing of trash, returning the vehicles, and doing a deployment debrief. This is an important step to not only care for the emotional responses we may have in a day, or find clarity about certain patient needs, but also a method of continuous quality improvement. Then, on the teams' one administrative day, we have meetings, count and organize inventory, enter data, attend trainings, and every once in a while take some time off to take care of ourselves, like go to our own doctors' appointments.

Often living outside means making a decision between which risky behavior to engage in. And losing housing can be the impetus for people to start using substances chaotically.

Getting into treatment may not be their priority. Most people we engage with who report substance use declined to enter treatment. However, the number of those who do is growing.

Because of this, we distribute naloxone to anyone who wants it that is living unsheltered with the messaging of "It's hard to Narcan yourself – save a life." People who may be sober are more likely to administer this life-saving drug.

We tell people to never use alone so that if they start overdosing, someone will know and can give them naloxone, and we encourage people to smoke instead of injecting because of how variable the potency of fentanyl may be from batch to batch.

But for people who are interested in treatment, we're there. One of our most productive partnerships is with Greater Lakes Mental Healthcare. If we call them for a patient who is interested in treatment, they can find a bed for that patient same-day and transport them to treatment facilities all over the state of Washington. When needed, we can prescribe drugs to help people complete the detoxing required for certain treatment facilities. For people who don't want to enter a treatment facility, our providers can prescribe suboxone on a weekly basis.

So what have we accomplished this far? Every person that we talk to and hand even a bottle of water counts as an outreach encounter. We have distributed more than 44,000 items to those we serve. That includes Narcan, shoes, socks, hygiene, food, water, menstrual products, tarps, sleeping bags. To date, we've delivered more than 800 patient visits, 64% of which resulted in at least one prescription being sent in. When this programming was coming to Tacoma, advocates mentioned a lot of foot care and wound care needs. While that's true, we find people can do their own foot care when we give them the supplies. Along with treating wounds, until they heal, as a way of preventing hospitalizations or even amputations, we prescribe a lot of doxycycline for infections, and albuterol inhalers for respiratory issues. But our providers also do a lot of chronic disease management and send in prescriptions for things like diabetes, high blood pressure, or heart issues.

Let's look at some of our most important key performance indicators. Each bar represents our monthly encounters – they have more than tripled since the inception of the program from around 130 in May of 2025 to roughly 400 this past May. The orange displays the share of those encounters that turned into hands-on care through a provider visit. It started near 2% and climbed to about a third by this spring. In other words, 1 in 3 contacts led to actual medical care with a provider in the field. The scale on the left are outreach encounters for the green lines and the scale on the right correspond to the orange line for patient visits with a provider. Then the actual numbers are at the bottom. What this shows is that we are not only reaching out to people and giving out supplies, but we are also increasingly delivering care where people are and when they need it.

What makes the team excited about this graph is that we see the numbers reflecting the increase in trust and recognition among people living unsheltered in Tacoma. Providing consistent care, being non-judgmental, being trauma informed, and meeting them in the community are all keys to this success. For example, as often happens, we were conducting outreach and offered medical care a man who was not interested. Yet, a few weeks later, we saw him on his bike looking for us to help with friend with leg wounds. This is an example of our reliance on people in their community to spread the word that our services are available, useful, and effective.

What this graph also partly depicts is the seasonality of our work. The demand fluctuates in large part due to the weather. In the summer months, it may be easier to find people, but they're less likely to opt for medical care. When the rain comes back, people were more motivated to get inside and take advantage of any services being offered. In the winter, we saw more respiratory illnesses. However, in February, cold weather shelters were opened because of inclement weather, so it was harder to find people.

Here each bar represents the patients we saw that month where the green bar are new patients and the orange on top are follow-up patients. These are individuals who have been seen before and are returning for continued care.

You can observe the orange band, over time, grew from zero at the start of the program to about 12 a month in the spring. It is small but slowly climbing.

Most months are still mostly new patients, which is to be expected given that this is a highly mobile population. Follow-up visits will naturally be a smaller share.

We don't see some patients again because they have experienced improved health outcomes; some find housing. Sometimes we do not see a patient for follow up for weeks if not months. Always happy to see them. Even happier when we learn that they have become housed.

We are building trust for people to come back to us for care and refer others. Overall we are seeing not only our reach expanding but also that continuity of care is beginning to take root and that our model of care for this specific population is working.

This is a map of where we have conducted outreach and patient visits. When we began the program, one of the first questions we had was "where are people experiencing homelessness?" Based on data obtained from 311, the City of Tacoma HEAL team, community input, and our own reconnaissance, we identified various areas in Tacoma. We have made sure that our outreach and patient visits reflected that initial data. There are hotspots all over the city of Tacoma, but especially in Dome district, Hilltop, Central Tacoma, South Tacoma, and the South End. Next year, when I give this presentation again, we look forward to showing a similar map of all of Pierce County.

We don't do this work alone. We really enjoy working with other teams with bi-directional referrals. Within the Health Department, we work closely with staff in the Public Health Clinic. Opioid treatment counselors and nurses refer their patients who are experiencing homelessness to us and report that we see them much faster than when referred to traditional healthcare settings. The Sexually Transmitted Infections team often joins us in the field on deployments. If we call them for a patient who is experiencing symptoms, they will meet us in the field to conduct testing and begin treatment on the same day. We've also helped with searches for tuberculosis patients who may be living unhoused. And should one of our patients become pregnant, we connect them our Parent Child Family Health team.

Externally, we could not do this work without the partnership of the Medical Reserve Corps (MRC). We currently have 7 regularly scheduled MRC volunteers with another volunteer orientation for 5 more next week. We meet weekly with the City of Tacoma's HEAL and work with the HOPE team on occasion. Our partnership with the HOPE team helped inform our own safety practices in the field. We deploy to St. Vincent de Paul weekly, where we serve the many people who already frequent their case management offices. They have reported that our provider's help in certifying disability paperwork has resulted in many of their clients becoming housed. We attend the weekly Pierce County Coalition to End Homelessness. Lifting Spirits sources durable medical equipment for us, such as canes, crutches, or wheelchairs. Next week, our county team will begin piloting deployments weekly, under a newly established MOU, to Pierce County libraries. We currently have a nursing intern from Pacific Lutheran University's School of Nursing. And finally, Comprehensive Life Resources can transport patients to medical specialists.

As you saw from the staffing slide, we are growing our county expansion team and have already hired our ARNP and Public Health Nurse. The position of outreach worker is posted, and we currently have more than 20 applicants. We purchased a 32-foot mobile exam vehicle from Pacific Lutheran University's School of Nursing, which already has an exam table and an ADA lift and can seat up to 10 additional people. Our first deployment is scheduled for July 10 at the South Hill library.

We are also currently looking for the best locations to serve people living unsheltered in Lakewood and Fife. We are working with many community partners for suggestions on where to start.

Our first 5 priority areas are Lakewood, Parkland, Spanaway, South Hill, and Fife. This is due to the population density and requests from partner organizations over the last year while we've been focusing on Tacoma. That said, should the team receive a referral from outside of these priority areas, we will still deploy to the individual in question.

In anticipation for this outreach, we have been building partnerships and gathering information about these communities. In January, the Health Department had the largest number of volunteers from any organization for the Point-in-Time Count. Our team trained 39 staff to help conduct surveys in these exact locations. Some of you got to see our city vehicle that night too.

In the next few weeks, Fife Mayor Roscoe and Chair Hitchen will be coming on ride-alongs with our city team, so they can better understand the services we will be bringing to these communities. You all are also cordially invited to join us on a ride-along. If that interests you, feel free to reach out to me directly. In October, we anticipate adding 2 more teams with the Congressionally Directed Spending of $2.6 million secured by Senator Patty Murray.

For folks who want to know how to help or how to get help, we've distributed 4000 of these cards to more than 30 community organizations that serve people experiencing homelessness, as well as all our outreach encounters and patients. We're in the process of ordering 5000 more. There is a QR Code that leads to an online form, which is mostly used by other organizations. Then, we have a phone number that we answer during business hours for people to call and request our assistance. But the best thing about these cards is that we get them printed on rain-proof paper, so even when they inevitably get wet is someone's pocket, they still know how to get in touch with us.

Bianca Shell concluded their presentation.

Board Chair Hitchen expressed gratitude for taking an idea and turning it into something that is saving lives. People being seen could have potentially died or ended up in our emergency transportation system for something that could've been prevented. This program is rebuilding hope and trust within the community.

Board Member Mello expressed his enthusiasm for this program and the county's involvement with providing additional funding to continue the work. He asked the following questions:

- In your presentation you mentioned if someone is looking for detox services, the partner we lean on is Greater Lakes Mental Health. Can you share what the capacity is and what our partnerships look like for obtaining those services?
    - Christie Steele (ARNP for Street Medicine) said Greater Lakes is able to place people all throughout our state and connect with various organizations. Often those submitted into a treatment program are able to translate that into a housing program after completing treatment.
- Are the clients going to wherever is available or closer to family? What is the decision regarding where they are placed?
    - Ms. Steele said Greater Lakes is an expert in determining what facilities specialize in regarding treatment and how that identifies with that particular patient.
- When the team is in the field, what is the connection to offering housing services?

- Bianca Shell said they rely on their outreach partners to make the connection based on their identity and family situation.

Board Member Yambe expressed his excitement for the program and the relation of how receiving basic care can help save not only lives but dollars in the long run. He asked the following questions:

- Some people conflate Street Medicine with safe injections as it relates to harm reduction. What is the best way to address that?
  - Bianca Shell responded that often Street Medicine is mistaken for the Tacoma Needle Exchange. However, the harm reduction supplies that we provide is only Naloxone.

Board Member Saldage shared the importance of how providing treatment for minor issues can help prevent it from escalating into a large issue that could cost more especially for those who are uninsured. He asked the following questions:

- Tacoma Public Library has social workers, is that a resource you use?
  - Bianca Shell said they did explore going to the downtown library, but the logistics would be difficult. However, we keep the library stocked with outreach cards, which is useful since the library has a phone there that people can use to call us should they need it.
- Is there a reason why we don't use HMIS as part of our outreach?
  - Bianca Shell said the county team has been using HMIS from the start; we are on our 6th iteration of the data we've collected and how we collect it and have not gotten there yet. They are hoping to align both the city and the county teams' activities along with data collection.
- Do we bill Medicare or Medicaid in any way?
  - Director Melanie Lopez said we are currently collecting data and working through our internal systems to be able to bill for that.

Vice Chair Bushnell asked the following questions:

- For follow ups, what does that look like? Do they request a follow up, or do you reengage with them? What types of services are they looking for with a follow-up?
  - Public Health Nurse Gabriela Olguin-Nguyen said whenever they deem it critical that the patient should see them again, they set up an appointment at the same time and same place. Majority of the time they can reconnect with patients. If they need services, they will use our card to call us so that we can meet them where they are.
  - Ms. Steele responded that they provide ongoing care and prescriptions for some patients based on their situation.
  - Dr. Jay Miller, Health Officer, said when they first began, they focused more on urgent care needs and have now been able to broaden their care services and hoping to continue to move towards a full spectrum of primary care.

Board Chair Hitchen asked the following questions:

- When you come across a patient outside the scope of your team, what's the process? Do you call 911 or do you let the patient call?
  - Ms. Steele responded that it varies. When we approach clients, we respect their own bodily autonomy. If the patient is alert and able to give consent and decline 911 services, they do not call.

If the patient is unable to consent or decline due to unconsciousness or minimally responsive, then we will call 911.

- What about a behavioral health crisis?
    - Ms. Steele responded that it depends on the level of behavioral health that we are seeing. The more common things you will see in primary care are anxiety, depression, insomnia, etc. Those are ones that we can treat. For other cases where the patient is experiencing psychosis, we will meet them where they are if they want our services. If not, we will reapproach on a later date.

Comments by Board of Health

Vice Chair Bushnell acknowledged the 250th anniversary of our Independence Day. Within the City of Tacoma, fireworks are illegal and please be safe.

Chair Hitchen added that the parts of the county that are not Tacoma, that rules are different depending on which jurisdiction you are in. Fireworks can only be sold within the jurisdiction they are in. The air quality may be impacted and please be thoughtful. Tacoma Pride is coming up July 11th and will be held in Wright Park. If you are swimming in our lakes, be aware that they are still very cold.

EXECUTIVE SESSION

No Executive Session.

ADJOURNMENT

The meeting adjourned at 4:27 p.m.

ATTEST:

_____
Jani Hitchen
Chair, Board of Health
August 5, 2026
Date of Adoption

ATTEST:

_____
Yuliana Ambriz
Interim Clerk, Board of Health

Tacoma-Pierce County
Board of Health

Study Session Minutes
July 15, 2026
3-5 p.m.

Tacoma-Pierce County Health Department - Auditorium
Hybrid Format with in-person and remote attendance

Dial in: 253 215 8782 Meeting ID: 879 2956 5840
Passcode: 593189
Webinar Link:
https://us06web.zoom.us/j/87929565840?pwd=a3FPWHlDckFXSC9EaHdlUnh0U01qdz09

3629 South D Street, Tacoma, WA 98418
Board of Health Clerk, (253) 649-1502

CALL TO ORDER

Board Chair Hitchen called the July 15, 2026, Tacoma-Pierce County Board of Health Study Session to order at 3:07 p.m.

ROLL CALL

Members Present: Jani Hitchen, Joe Bushnell, Ryan Mello, Sandesh Sadalge, Nicholas Rajacich, Bryan Yambe.
Alternate Board Member: Rosie Ayala.

Members Excused: Paul Herrera, Dave Olson

Also present: Chantell Harmon Reed, Director of Public Health; Jessica Gehle, Environmental Health Division Director; Katie Lott, Assistant Division Director; Laurel Jellison, On-site Sewage & Drinking Water Resources Program Manager; Benjii Bittle, Strategic Planning Director; Jennifer Thompson, Grant Manager; Cindan Gizzi, Deputy Director.

DIY Septic Program

Jessica Gehle, Environmental Health Division Director; and Katie Lott, Assistant Division Director, presented information regarding the Do-It-Yourself (DIY) Septic Inspection program including the link to increase efficiency & effectiveness of department operations, focusing on process improvement. Ms. Gehle shared there are about 92,300 permitted septic systems in 2025 with 492 that have reported failures.

WAC 246-272A-3040 allows local health officers to establish a homeowner on-site sewage system certification process. It doesn't specify details of what it should look like, nor does it require a local health jurisdiction to have one.

Katie Lott, Assistant Division Director, presented the DIY Septic Inspection Pilot Project. The pilot project launched in September 2025 with participant criteria that the home is owner occupied and served by gravity septic systems, no outstanding septic system issues, and on shoreline as defined by Pierce County Title 18S.10.030.

Ms. Lott shared they connected with 25 community members for a DIY Septic System Inspection Pilot, enrolling six participants. Nineteen individuals didn't participate because their system type was ineligible, they lived close to a shoreline, or they preferred our reduced inspection frequency option that had just launched. In the end, we enrolled 6 participants who lived in the Gig Harbor–Key Peninsula area. In a formal scope of work, participants agreed to classes, study material, and take a test. They reviewed septic documents, completed a homeowner inspection with checklist while a technical expert observed, gave permission for an O&M inspection by a certified professional, and participated in a feedback session.

Ms. Lott shared the participant timeline to complete the project and the feedback they received. Overall participants said that the videos and checklist were helpful and easy to follow, appreciated having department staff available to answer questions, and to keep the DIY option affordable to help homeowners save money.

Ms. Lott shared what they had observed. Other local health jurisdictions (LHJs) require different levels of training and certification based on county needs. There are about a dozen out of 35 LHJs that we are aware of that offer DIY. The cost varies. Some that have DIY shared they are reviewing their programs to see if they still meet their needs. Videos available from DOH have adequate basic education but were never intended to certify homeowners to do their own inspections. Property owners need help finding and understanding septic records. Those with lived technical hands-on experience were more able to independently complete inspections. Inspections require physical movement and strength. Differences in measurements between homeowners' and professional measuring tools were minimal.

Ms. Lott mentioned partnering with the Washington On-site Sewage System Association (WOSSA), which gives homeowners access to experienced septic professionals who are also skilled trainers on this topic, hands-on resources which happen to also be in Pierce County, and a DIY course available for other counties.

We knew it was going to be important to still have a regular cadence of inspections completed by certified professionals. For DIY, we recommend alternating between DIY trained homeowners and certified professionals.

We will also continue to require that property transfer inspections be completed by a certified professional. This is an important opportunity to discover and fix issues before passing these problems to a new homeowner.

If homeowners are interested in the DIY option, we want them to contact us before they do anything else. We want to make sure homeowners qualify before they sign up for a WOSSA course. We'll also work with homeowners who may have an inspection due soon.

Ms. Gehle said options for homeowners include hiring a certified professional, enrolling in the Department's 3-5 year reduced inspection frequency, and the DIY program. Ms. Gehle said financial assistance options are available to help offset the cost of septic system maintenance. We also remind homeowners every time we can about the importance of secondary safety devices for septic systems. These devices save lives and prevent injuries.

Vice Chair Bushnell asked the following questions:

- Are safety devices optional? Do you share the availability of financial assistance to obtain one?
    - Ms. Gehle said the safety devices are shared as an option when people are signing up for financial assistance along with our septic professionals. Some manufacturers only make septic tanks with a safety device in place. The reminder for safety devices is more for older systems. All inspections are reported in an online database and have added a checkbox to include if there were secondary safety devices installed or not.
- How much would it typically cost to install something like this?
    - Ms. Lott said costs range from $50-$100, and the cost of installing can vary based on the company and what they must do to install them.

Board Member Rajacich asked the following questions:

- Out of the 92,000, how many septic systems in the county qualify for these programs? How many people do you expect to take advantage of these opportunities?
    - Laurel Jellison, On-site Sewage & Drinking Water Resources Program Manager, said they estimate about 50,000 qualify; it varies from county to county if they will take advantage of these opportunities.

Chair Hitchen asked the following question:

- We had a community member bring up a different program than the one we've gone with. Can you help us understand the decision behind this program?
    - Ms. Gehle said they did adapt Kitsap County's model. Kitsap had more steps than our first iteration of the DIY pilot. A Kitsa health pdepartment person goes to the homeowner's house to go through a homeowner certified program, but we do not have staffing to do this. This is why there was a focus on homeowners having hands-on in-depth training and not just education.

Strategic Plan Update

Benjii Bittle, Strategic Planning Director, presented a Strategic Plan Update to review process improvements in Grants Management, Human Resources, and Environmental Health to meet our goal of 100 process improvements by 2029 (Priority III Measure G).

Accreditation isn't just a seal of approval, it's a commitment to continuous improvement. Though accreditation status lasts for five years, to ensure that accredited health departments continue to evolve, improve, and advance their public health practice to serve their community, health departments demonstrate ongoing accountability through annual reporting to the Public Health Accreditation Board (PHAB), as well as through its reaccreditation process.

The purpose of Priority III Measure G is to evaluate the health department's ongoing efforts to strengthen its quality improvement (QI) and performance management (PM) capacity and to embed continuous improvement into its culture.

Jennifer Thompson, Grant Manager, presented grants management processes and tools. Grants management created tools and processes to increase transparency, visibility, and accountability. Some of these processes consisted of centralizing grants management, created easy to use visuals, dashboards and reports, developed standardized policies and procedures, improvements in data, spenddowns, and leadership awareness. This has helped to better track federal funding and cuts and to continually assess risk.

Board Member Saldage asked the following questions:

- What is the time frame for these grants?
    - Ms. Thompson said most grants are for a year and get renewed yearly to a couple of years. Some range from 3-5 years, and some are less than a year, and those are typically smaller grants.
- Have you already started applying this to the budgeting process on a regular basis? How are you managing the end of life of a grant if it is the end of the year?
    - Ms. Thompson said this is future work we intend to do, for example, reviewing the ones that have been completed to see how much was spent and if deliverables were met.

Cindan Gizzi, Deputy Director, presented process improvement work within Human Resources (HR). Our organization thrives because of the dedication, skill, and passion of our staff. Last year, Human Resources staff, Assessment/Evaluation/ Epidemiology (AEE) staff, and Communications staff developed a five-year workforce development plan for the Health Department. That plan outlines several improvements and enhancements for how we invest in and train our staff and improve our organizational culture, which supports strategic priority 2 in our strategic

plan. The workforce development plan outlines many ways that we currently or will provide opportunities for professional growth and that create a workplace where employees feel they are valued and belong. Ms. Gizzi highlighted three areas where we've made improvements:

1. Volunteer intern program: We can help shape the next generation of professionals while strengthening our own team by hosting students and volunteers at the Health Department. We enhanced our volunteer & intern program with a Volunteer Program Support Portal on our internal SharePoint site with resources, success stories, and request forms to make it easier for staff to request and hire volunteers and interns. And for the first time, this summer we will pay two graduate level interns to work in our AEE program. Prior to this, we relied on volunteer interns. This is an equity issue. Paying interns removes a barrier for students who don't have the means to work without getting paid so they can gain valuable work experience with us.

2. Recruitment and selection process: HR has been continually updating and improving our recruitment and selection process. Recently, we have been working with an HR expert at Nash Consulting to review, assess, and improve our current recruiting process in real time as she helps us fill our vacancy for an HR Manager. Once we hire that person, priorities for that person within the HR workplan include leading formal process improvement projects for recruitment to include a revision of our policy and procedure, for our onboarding process, and for our learning management system.

3. Workforce development, specifically new training opportunities: Later this month, all Health Department program managers and supervisors will begin a 6-session series of best practice management skills, also provided by Nash Consulting. We're excited to share the learnings that our senior Leadership Team adopted when we participated in this training this past year. Extending this training to the next level of management throughout the entire organization invests in our staff and builds a healthy, productive work environment. In addition to this training, our new workforce development plan includes a quarterly learning plan that identifies required safety trainings, trainings that reinforce our policies and procedures, anti-bias training for those involved in recruitment processes, records retention refreshers, and other trainings that meet needs identified by staff. Potential Unleashed consultants are also working with us to identify training needs related to equity. Finally, we've been re-thinking how we provide employees with information about all the resources and benefits we provide. We used to do one big benefits fair in October of every year. Based on some employee feedback that the once-a-year event was pretty overwhelming, we've separated these into a benefits fair, an employee resource event with EAP, wellness resources, resume and interview tips, and we even added a financial wellness event this year to spread out the information and provide more info about particular resources and benefits throughout the year.

Alternate Board Member Ayala asked the following questions:

- You named 3 different departments that helped inform the workforce development plan. Can you walk us through the rationale behind why those 3?
    - Ms. Gizzi clarified those were the programs that helped write the report, and she wanted to recognize their efforts. The report was informed by several different assessments and staff surveys, a lot of the recommendations and work plan came from what we learned directly from staff.

Jessica Gehle, Environmental Health Division Director, presented process improvements within the Environmental Health division.

Better Communication: Making sure customers understand what's happening and what they need to do.
Action: Using simpler language in letters and putting more helpful guides on the website.

Example: Improve our customer payment portal because customers were having a hard time knowing how to find and pay their invoices online. The updated portal is more clearly labeled and supports customers paying their invoices on time to avoid a late fee. This applies to all customers who need to pay an Environmental Health invoice.

Consistent Workflows: Doing things the same way every time to ensure high quality. Creating standard "step-by-step" guides (SOPs) and adding quality checks to prevent mistakes.
Example: We now have a report in our database that helps our food safety team capture any data entry errors when we've missed entering the date for the next routine inspection. This helps us make sure we're consistently getting to routine inspections, and a facility doesn't inadvertently fall off our list. We're also digging deep into the details on our inspection processes, enforcement practices, and training procedures for our food safety work—you'll hear more about that in the future.

Managing the Workload: Action: Cross training staff so we are better able to handle our busy season.
Example: One example is making sure all field staff, leads, and supervisors in our Onsite Sewage and Drinking Water Resources program know how to conduct a property transfer inspection. We can then call on all those staff when we see an increase in the number of home sale applications.

Modernizing Tech: Moving away from old systems to faster, digital ones.
Action: Moving paper records to digital folders (SharePoint) and updating the main database (Accela) to keep information organized and more quickly accessible.
Example: We're now linked to parcel data, so it pre-populates for our customers instead of them having to enter it manually.

Faster "Right-First-Time" Intake: Catching errors early so applications aren't delayed later.
Action: Using online forms that guide people to provide the right information immediately, reducing the need for back-and-forth meetings.
Example: Recently we launched a website that lists all permitted commissary kitchens, their operator's contact information, and amenities available. This allows a mobile food truck operator who is looking for a commissary kitchen to choose the best fit the first time they submit their application. This also helps the mobile vendor not enter into a contract with a commissary that doesn't meet their needs. We've heard this webpage has also increased business for commissary kitchen operators as well. Reduces the number of public records requests, which is how someone would obtain the entire list before we made it available publicly.

Policy and Team Alignment: Making sure rules are clear and that different agencies work together.
Action: Updating EH code and coordinating with neighboring partners (like Pierce County), so everyone follows the same playbook. Example: You've heard us talk a couple of times about how we petitioned the state to reduce routine inspection frequency for certain types of septic systems throughout Pierce County. We were the first in the state to do this and are proud and excited to offer this option to our residents to reduce the financial burden related to maintaining their systems.

Mr. Bittle discussed next steps to combine process improvement work with performance measures. Performance measures and quality improvement are complimentary but serve different functions. Performance measures focuses on tracking and monitoring progress toward goals, while quality improvement uses that information to test and implement changes that improve results. We really are doing a number of meaningful improvements throughout the organization that will add up to more than the sum of their parts by 2029.

Chair Hitchen asked the following question:

- How have you supported staff as you've implemented these changes?
    - Mr. Bittle said applying and following change management principles helps.

- Ms. Gizzi said involving the people that are a part of the processes and staff doing the work helps gain their buy-in. We are here to make their work easier to get programs and services out to the community. It helps staff navigate through change if they are part of creating it themselves. Another aspect is to look at data and share with staff so they can see the rationale and the why behind improvements we need to make.

Executive Session

The interim clerk announced the Board will go into Executive Session pursuant to RCW 42.30.110(1)(i) to discuss potential litigation; RCW 42.30.110(1)(f) to discuss complaints brought against a public employee; and RCW 42.30.110(1)(g) to discuss the performance review for a public employee. The executive session will last 30 minutes, and no action will be taken following the executive session.

The Chair adjourned the Board meeting for 30 minutes to return at 4:40 p.m. The board extended the executive session an additional 20 minutes.

Adjournment

The meeting adjourned at 5:01 p.m.

ATTEST:

_____

Jani Hitchen
Chair, Board of Health

August 5, 2026
Date of Adoption

ATTEST:

_____

Yuliana Ambriz
Interim Board Clerk

Food Safety Program

Tacoma-Pierce County Board of Health

Aug. 5, 2026

Christina Sherman,
Food & Community Safety Program Manager

Chantell Harmon Reed,
Director of Public Health

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

Agenda

- Strategic Plan connection.
- Food Safety Program—Who we are, what we do, and why.
- A closer look at food safety violations.
- Partnership and Self Inspection Program.
- Unpermitted vendors.
- What we've done—2025 data.
- Food Safety Inspection Project.

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2025-2029

Strategic Plan

Vision

Healthy People in Healthy Communities.

Mission

We protect and improve the health of all people and places in Pierce County.

Values

- Equity.
- Integrity.
- Respect.
- Leadership.

Strategic Initiative

Improve health outcomes

Measure:

- Improve trust in the Health Department among community partners from 77% in 2020 to 90% in 2029.

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Who we are

On any given day, our inspectors might play the role of:

- Teacher.
- Detective.
- Scientist.
- Diplomat.
- Negotiator.
- Behavioral analyst.

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What we do

Food Safety Inspector

What my mom thinks I do.

What the public thinks I do.

What food establistments think I do.

What I think I do.

What I actually do.

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What we do

Inspections and investigations:

- Food establishments.
- Fair and festival booths.
- Complaints.
- Foodborne illnesses.

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Why we do it

- CDC estimates each year:
  - 1 in 6 Americans (48 million people) get foodborne illness.
  - 128,000 hospitalized.
  - 3,000 die.
- It's all preventable.
- Education and enforcement save lives.

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A closer look at violations

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Violation

- Red violation #6: Hand sinks blocked/not accessible.
- Why: Can cause food workers to skip handwashing.
- Risk: Increases cross-contamination and spread of foodborne pathogens.

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Violation

- Red violation #9: Produce not rinsed before peeling/cutting.
- Why: Can drag surface bacteria and dirt into flesh of produce.
- Risk: Increases potential for consuming pathogenic bacteria like Salmonella or E.coli, viruses or parasites.

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No violation

- Foods properly cooled before being covered/recombined into a deeper pan.
- Prepared/cooked foods properly date marked.
- Raw meat stored away from ready to eat foods.

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Focus on partnerships

- We emphasize education to keep customers safe and help businesses thrive.
- How they rate:
  - Great: 91.3%.
  - OK: 3.8%.
  - Needs improvement: 0.02%.
  - New: 4.88%.
- Food Advisory Board.
- Translation and interpretation facilitate equitable communication.

Self-Inspection Program

- Certified Food Protection Manager (CFPM) became a new state food code requirement March 1, 2023.
- CFPM completes own inspection each month.
  - Sends in their inspections quarterly.
- Pass all routine inspections for 1 year.
- After 1 year, get a 25% discount on food establishment permit fee.

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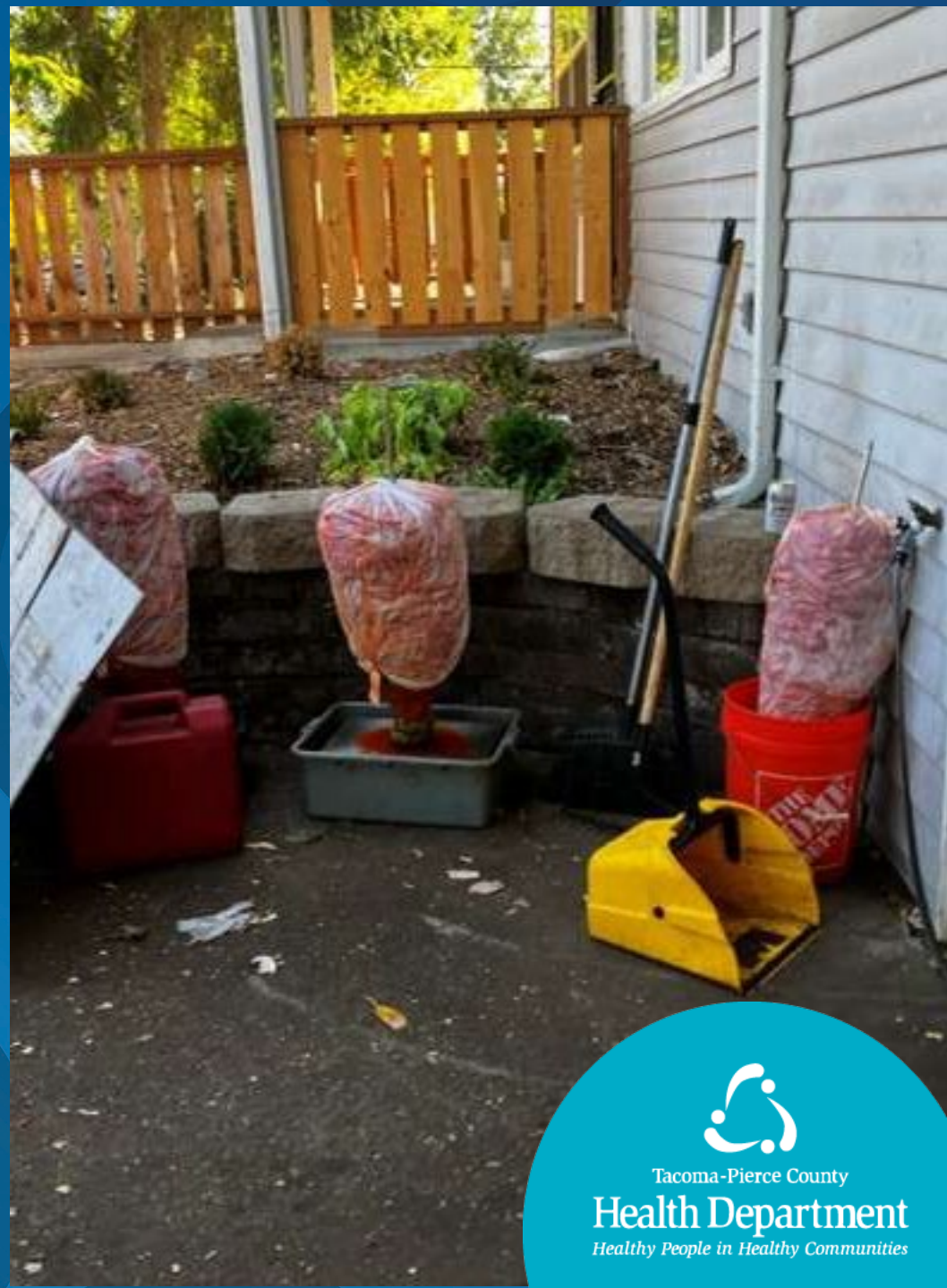
Unpermitted vendors

What does it look like when people sell food with no permits or inspections?

- 2025: 143 complaints.
  - Up 700% from 2024.
- 2026: 51 closed so far.
  - We find them most commonly in late spring and summer.



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What we've done—2025 data

- Permits: 4,265.
- Field areas: 12.
- Inspections: 6,276.
  - Follow-ups: 581.
- Complaint investigations: 1,516.
- Temporary event inspections: 1,949.
- Plan reviews: 542.

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Food Safety Inspection Project

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Food Safety Inspection Project update

- Program and Division leaders are:
  - Reviewing Tacoma-Pierce County Food Safety regulations, fees, and practices.
  - Comparing them to the WAC and neighboring counties.
  - Looking for opportunities to improve processes and customer experience.

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Food Safety Inspection Project update

- Pierce, King, Kitsap, Snohomish, and Thurston.
- WAC governing retail food safety.
- County-specific:
  - Code and enforcement procedures.
  - Permit, service, and enforcement fees.
  - Inspection and violation data.

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Food Safety Inspection Project update

- Project timeline: June–December 2026.
  - June–August: Research and make recommendations.
  - September–December: Prioritize, design, and implement improvements.
- Team submitted mid-project progress report to Leadership in July.
- Team will submit complete research and recommendation report to the Health Director in early September.

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Questions?

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