

Public Health Emergency Preparedness and Response (PHEPR) Program

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Program Manager



KITSAP PUBLIC HEALTH DISTRICT

Outline

- How KPHD Responds to Emergencies
- PHEPR Program Purpose, Composition, and Key Activities
- Major Partnerships
- Major Accomplishments in the Past Year
- Emerging Issues



How KPHD Responds to Emergencies



KITSAP PUBLIC HEALTH DISTRICT

What is the Health District's Role in an Emergency?

Our Mission:

“Striving to make Kitsap County a **healthy** and **safe** place to live, learn, work, and play.”

Our Mission in an Emergency

“Striving to make Kitsap County a **healthy** and **safe** place to live, learn, work, and play.”

The difference? **Our priorities** depending on how the disaster affects our health.





Emergencies vs. Disasters



Key Response Activities

- Emergency Coordination
- Public Information
- Information Sharing (response partners)
- Healthcare Surge/Support
- Staff Safety
- Continuity of Operations



Emergency Response Team

- Currently have 21 members
48% in EH, 29% in CH, and 24% in Admin
- In the past year, members have participated in:
 - Emergency exercises
 - Emergency trainings (ICS forms course, Incident Action Plan)
 - Notification drills
 - Activations



**Emergency
Coordination
Center (ECC)**



KPHD Emergency Response Team



**Emergency
Operations Center
(EOC)**

*1 KPHD Agency Representative
1 KPHD Health and Medical (ESF 8) Coordinator
1 KPHD Representative for Joint Information Center*



Our Emergency Preparedness Program



KITSAP PUBLIC HEALTH DISTRICT

Program Staff

Jessica, Program Manager



- Plans and procedures
- Contracts/agreements
- Grant management
- Regional coordinator (Kitsap, Clallam, and Jefferson)
- 11 years with KPHD

Amy, Training & Exercises



- Training & Exercise Specialist Staff and community training (local and regional)
- Internal and external exercises/drills, etc. (local and regional)
- 1.5 years with KPHD



Program Funding

- Almost 100% funded by CDC public health emergency preparedness grant
- Yearly budget = approximately \$295,000



How Does the District Prepare?

- Develop and maintain **plans and procedures**
- Conduct staff **training** and **exercises**
- Promote **personal preparedness** among KPHD staff

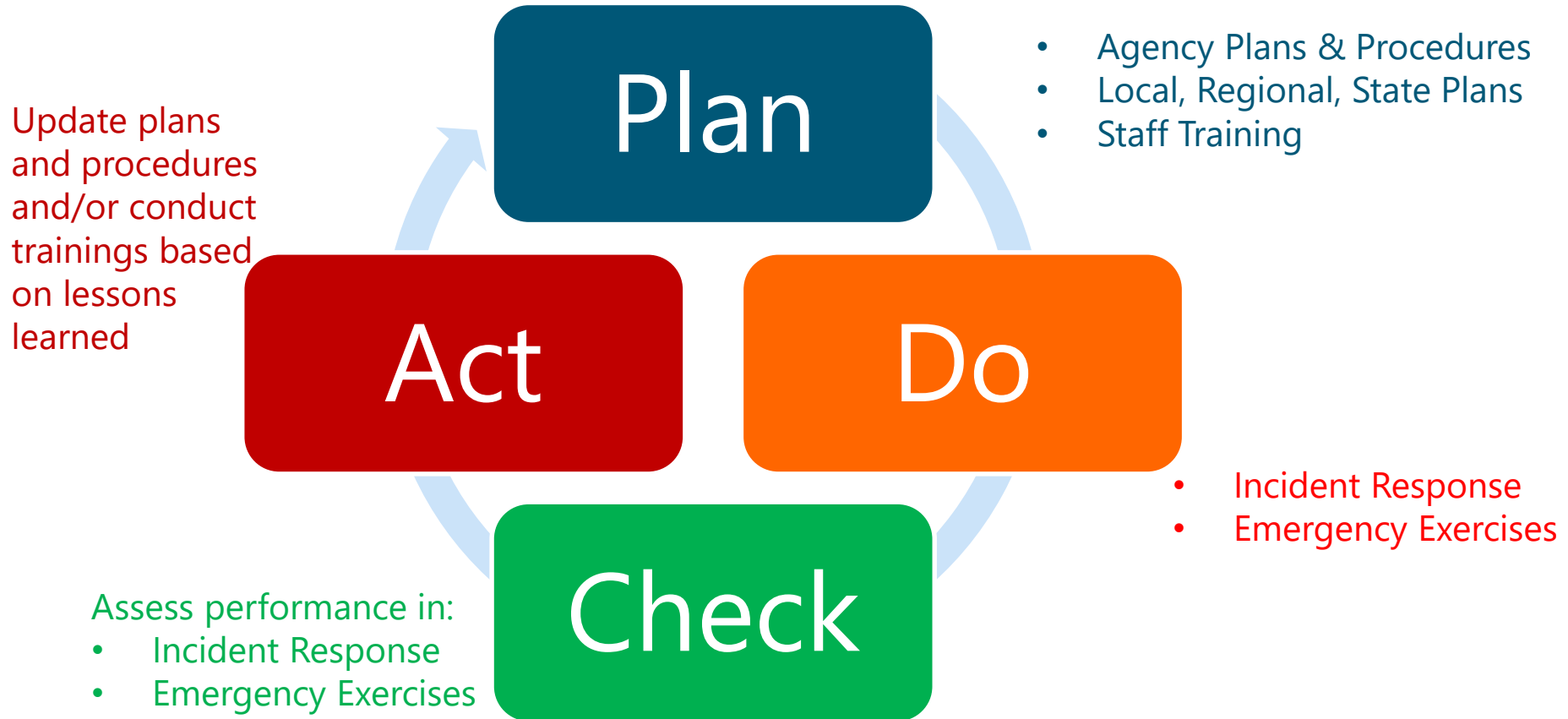


How Does the District Prepare?

- Build and maintain key local, tribal, regional, and state **partnerships**
- Maintain **emergency communications** systems
- **Stay informed** about best practices, lessons learned from other responses and national guidance
- **Learn** from our activations/drills and address gaps



Continuous Quality Improvement



Relationships
are
everything

#TRUTHBOMB

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KITSAP PUBLIC HEALTH DISTRICT

Tribes on Kitsap Peninsula

- Olympic Regional Tribal Public Health Mutual Aid Agreement
- Partner with Suquamish Tribe and Port Gamble S'Klallam Tribe
 - Conducting staff training
 - Share plans and training opportunities
 - Plan and participate in joint exercises



Navy

- Have established relationship with Naval Hospital Bremerton and Radiation Emergency Planners (Propulsion)
 - Share plans
 - Attend trainings together
 - Coordinate meetings together (e.g. Radiation event)
 - Participate in exercises together (e.g. Manchester Depot exercise, radiation exercises)
 - Collaborate in response (e.g. H1N1, Ebola)



Healthcare Partners

- Work collaboratively on plans, e.g. via Health and Medical Workshops
- Plan and participate in joint exercises
- Attend Harrison's Joint Commission meetings and support exercises
- Network with other healthcare partners (clinics, dialysis center, mental health, EMS, etc.)
- Participate in Northwest Healthcare Response Network (incl. Disaster Advisory Committee)



County Department of Emergency Management

- Strong partnership, especially pertaining to health and medical coordination
- Member (and steering committee member) of Kitsap County Vulnerable Populations Taskforce
- Collaborate on various meetings, trainings, and exercises



Department of Emergency Management



KITSAP PUBLIC HEALTH DISTRICT

City of Bainbridge Island

- Member of newly formed Emergency Management Advisory Council
- Provide technical assistance re: development of COBI unit of Medical Reserve Corps
- Have cohosted trainings in the past; shared information with new EM Coordinator
- Attended COBI planning meetings



Clallam and Jefferson LHJs

- Grant management – interpretation of grant deliverables
- Plans – share our Kitsap plans as templates, connect them with other planning resources
- Training and exercises



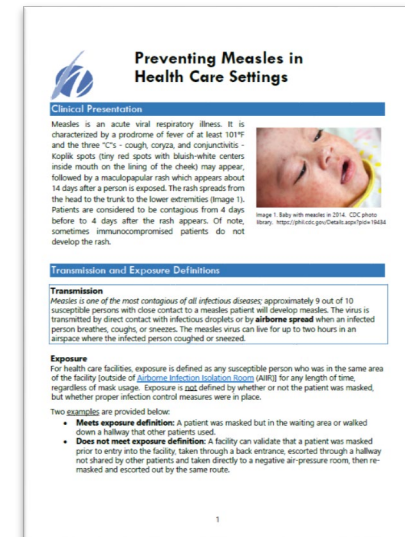
Some Recent Accomplishments



KITSAP PUBLIC HEALTH DISTRICT

Planning and Response Activities

- Horseshoe Lake Norovirus response (2018)
- Measles Preparedness (organized through Incident Command System, 2019)



Community Readiness

- Supported health and medical coordination during February snow event; conducted debrief with healthcare partners
- With Kitsap DEM convened mass casualty incident planning meeting with EMS, Sherriff's Office, Harrison Medical Center, and Naval Hospital Bremerton
- Hosted intern who wrote a report on how KPHD can better support communities with access and functional needs during an emergency



Emerging Issues

- Wildfire Smoke
- Health and Other Inclement Weather Events





THE PEOPLE'S HARM REDUCTION ALLIANCE (PHRA)

Kitsap Public Health Board
07 May 2019

INTRODUCTIONS

Tom Fitzpatrick

Treasurer, Board of Directors

Curt Eckman

President, Board of Directors

Shantel Davis

Director of Development

Lisa Al-Hakim

Director of Operations



Introduction to PHRA



Our history in Kitsap County

Current services in Kitsap County

Q&A

OVERVIEW

PHRA: BACKGROUND

Founded in 2007 to provide high-quality services to people who inject drugs (PWID)

Partnership of public health professionals, concerned community members, current and former drug users

Today provides services in four counties (King, Kitsap, Snohomish, Multnomah) across two states

Guided by two philosophies:
(1) harm reduction, (2) peer involvement



GUIDING PHILOSOPHIES: HARM REDUCTION

Accepts—for better or worse—drug use is part of our world, works to minimize its harmful effects

Acknowledges some ways of using drugs are safer than others

Calls for non-judgmental, non-coercive services to reduce harms associated with drug use

Uses health and well-being of individuals and communities, not necessarily cessation of drug use, as criteria for success

GUIDING PHILOSOPHIES: HARM REDUCTION

Syringe services program (SSP)

- Reduces HIV and viral hepatitis transmission, soft tissue infections

Naloxone distribution

- Reduces overdose deaths

Medication-assisted treatment

- Effective strategy to reduce or stop using opioids

GUIDING PHILOSOPHIES: PEER INVOLVEMENT



Not all harm reduction programs are equally impactful

Actively involving drug users, making programs as easy to access as possible, are keys to maximizing impact

Allows for development of crucial secondary exchange networks

The more drug users we convince to use our services, the better we protect the whole community



PHRA: HISTORY IN KITSAP

Historically Kitsap County was served by two syringe exchanges

- Kitsap Public Health District exchange (fixed site)
- Ostrich Bay exchange (fixed site)

Ostrich Bay closed in 2016

Kitsap Public Health District contracted with PHRA to provide a mobile delivery to service the entire county

A dark, textured background featuring a map of Kitsap County, Washington. The map shows the county's coastline, major waterways like the Duwamish and Cowlitz rivers, and surrounding land areas. The text is overlaid on the left side of the map.

CURRENT SERVICES IN KITSAP COUNTY

Syringe service program

Safer drug use education

Naloxone distribution

Hepatitis C testing and linkage to care

Referral to addiction treatment

CURRENT SERVICES: SYRINGE SERVICE PROGRAM

Mobile delivery model

Hours of operation

- Tuesday, Thursday, Saturday 9am – 5pm

Countywide

Comprehensive syringe exchange services

- Sterile syringes
- Clean drug use supplies
- Syringe disposal
- Training and education during each 10-15 minute delivery



CURRENT SERVICES: SYRINGE SERVICE PROGRAM

Successes in 2018

- Total number syringes distributed: 2,243,850
- Total number deliveries: 4,217

Successes in 2019 (January – April)

- Total number syringes distributed: 799,701
- Total number deliveries: 2,181

Syringe disposal rate: 95-100%

CURRENT SERVICES: NALOXONE DISTRIBUTION

Successes in 2018

- Total doses Naloxone distributed: 1,250
- Total reported overdose reversals: 952

Successes in 2019 (January – April)

- Total doses Naloxone distributed: 380
- Total reported overdose reversals: 328

Overdose prevention education and training

Fentanyl test strips

Not supported by current contract



CURRENT SERVICES: HEPATITIS C TESTING AND LINKAGE TO CARE

In October 2018 PHRA, Hepatitis Education Project (HEP), Salvation Army partnered to implement monthly hepatitis testing events

This year PHRA began providing at-home Hepatitis C testing with deliveries

January – March 2019

- 18 at-home initial tests
- 10 positive initial tests
- 8 successful referrals to confirmatory testing and care

Not supported by current contract

CURRENT SERVICES: ADDICTION TREATMENT REFERRAL



PHRA clients are educated about addiction treatment options during deliveries

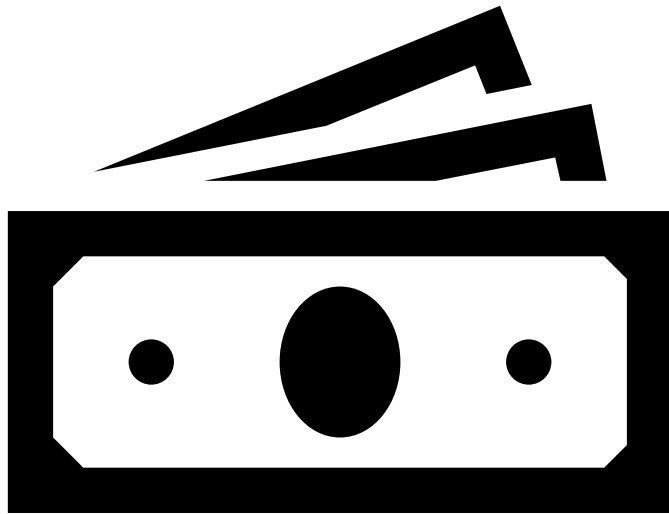
2018: 461 total referrals

This year we partnered with Dr. Lisa Pratt (Suquamish Tribe Wellness Center) to link clients to low-barrier suboxone

2019 (January – April): 1,220 total referrals

PHRA, Community Psychiatric Clinic (CPC) provides low-barrier access to suboxone treatment at our Seattle syringe exchange

COST EFFECTIVE SERVICE



2018 total cost to Kitsap County - **\$81,811**

Syringe exchange and disposal (2.2 million syringes, 4,200 deliveries)

Health education

Naloxone distribution and overdose prevention (1,250 doses)

Hepatitis C testing

Addiction treatment referrals

CONCLUSIONS

SSPs reduce drug use

- People who inject drugs (PWID) are **5 times as likely to enter treatment** for substance use disorder when they use an SSP

SSPs reduce needlestick injuries among first responders

- One in three officers may be stuck with a needle during their career

SSPs do not increase local crime in the areas where they are located

CONCLUSIONS

SSPs reduce overdose deaths by teaching PWID how to prevent and respond to drug overdose

SSPs reduce new HIV and viral hepatitis infections by decreasing the sharing of syringes and other injection equipment

- 1 in 3 young PWID (aged 18–30) have hepatitis C

SSPs save health care dollars by preventing infections

- The lifetime cost of treating one person living with HIV is more than \$400,000

