



Health and Human Services - Operations 11301.511.

Mission Statement

Our mission is to safeguard and enhance the well-being of our community by promoting public health, preventing diseases, and ensuring equitable access to healthcare resources. Through evidence-based practices, community engagement, and collaborative partnerships, we strive to create a healthier and more resilient society.

Function

- Provide Important Public Health Programs: Communicable Disease Control, Chronic Disease and Injury Prevention, Maternal Child and Family Health, Vital Records, WIC Nutrition Services, Childhood and Adult Vaccinations, protecting the community from TB, harm reduction, including syringe exchange and overdose prevention, increasing access to care and other important community health programs and services.
- Monitoring Public Health Threats: A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions, and appropriate enforcement actions. Public health staff, primarily the public health nurses, support staff and epidemiologist, spend varying amounts of time depending on the type of illness, the risk to the public, and the extent of what is required by Washington State law. For example, a standard case of chlamydia may take several days to a week to work, including phone interviews, documentation, and contact tracing. In contrast, one case of tuberculosis requires 6 to 9 months of staff time and involves multiple home visits per week for directly observed therapies as well as continual collaboration with patient care teams and extensive contact tracing.

- The PH Team provides extensive long term case management, contact investigation and consultative support for pulmonary tuberculosis. The department also provides as-needed infection prevention and consultation for TB services in both inpatient and outpatient healthcare settings. TB takes an extensive amount of time and resources to work. It requires multiple home visits frequently throughout the week, collection of multiple sputum samples that have to be packaged and sent to the Public Health Lab, daily observation of the patient taking their medications for 6-9 months, and repeated consultations with pulmonologists, the Washington State Department of Health, and TB specialists. This year has been extra challenging with TB due to difficult circumstances with our TB patients. One case being at the west end of our county and requiring extensive in person care and interviews due to the complexity of the circumstances. Providing the patient with deliveries of nutritional support, access to reliable communications by purchasing a disposable cell phone in order to be able to observe them taking their medications everyday and so we would be able to get in contact with them. Our second case being on the east end of the county having trouble with taking his medications everyday and requiring staff to go in person to assist with them taking their medications. Patient also had comprehension issues and required an extra amount of support to properly manage the case.
- Prevention and Health Education:** Prevention and education is a planned component of all public health programs and activities. Prevention, health promotion, health education, and early intervention outreach services are provided. The PH department provides multiple Narcan trainings throughout the year and provides safe sex education to public when needed.
- Program Planning and Evaluation:** Public health programs and activities identify specific goals, objectives, and performance measures and establish mechanisms for regular monitoring, reporting, and use of results. The epidemiologist and public health support specialists track data weekly and continuously update the data tracker. They also provide information and present at many different boards and committees to keep them up to date on trends and data.
- Responding to Public Health Emergencies:** Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters, and other events that threaten the health of the people. There has been an increase in vaccine preventable diseases due to vaccine hesitancy. There was a pertussis outbreak that the PH department had to manage which required extensive collaborative work with local health clinics to get them the most accurate information and guidance we could provide. This outbreak also required extensive contact tracing with long line lists of contacts to call and interview. There were also outbreaks of Measles cases popping up around the state and the country that required constant monitoring and planning in the case of our county experiencing an outbreak. There is an emerging strain of Avian Influenza that is starting to jump species, including into humans. The Health Department has been monitoring the situation and attending multiple meetings with the state and trying to update the public with the most accurate information we have to date. We have also been preparing in the event of needing to test by stocking up on lab supplies and PPE and learning new testing and specimen shipping processes.

- **Outbreak Management:** The PH team is responsible for managing all disease outbreaks. Last year the team collaborated with the local infection preventionists, Washington State Department of Health, CDC and partner local health jurisdictions (LHJ) in the course of two separate highly antibiotic resistant organism (HARO) outbreak investigations. The team provided outbreak consultation and support for numerous COVID, influenza and RSV outbreaks in long term care facilities, often concomitantly. Additionally, the team provided extensive infection prevention support for multiple facilities with gastrointestinal illness outbreaks. A sizable common-source foodborne outbreak occurred within our jurisdiction as well.

Trends/Events

Opioid (illicit and prescription) use and overdoses continue to be a public health epidemic in Clallam County.

We are seeing an increase in STIs in our county and around the state, particularly chlamydia, syphilis and HIV/AIDS.

Seeing an increase in vaccine preventable diseases. There was a pertussis outbreak in Clallam County, measles outbreaks across the country, covid outbreaks in skilled nursing facilities.

The Health Department continues to see an increase in tuberculosis due to a mass exposure at a department of corrections facility.

Improve overdose response through expanded harm reduction hours and access to free Narcan boxes around the county. Also, expansion of partnerships with OPCC/Rediscovery and Community Paramedics.

HHS is going to provide more community outreach and education regarding the WIC Nutrition Program. HHS will increase the WIC caseload for pregnant women and children under the age of five by 5 percent by the end of 2023.

HHS will work in partnership with schools and daycares to assure compliance with the new State Law. Provide at least one onsite vaccination clinic at a school or daycare location to provide children's vaccinations, including the MMR vaccine. Public Health Nurses will respond to inquiries from the public and the schools/daycares as needed.

Continue rapid response to emerging public health threats, including COVID, Avian Flu, Measles, Pertussis, and Rabies.

Final publication of the 2022-2023 Community Health Assessment was done in June of 2024, including three Issue Profiles to help focus and steer the subsequent Community Health Improvement Plan (CHIP). These included Vaccine Preventable Disease, Injury-Related Mortality, and Access to Care.

Goals

1. Increase number of Narcan boxes around the county.
2. Continue to work closely with Jefferson and Kitsap County (Region 2) Health Departments on services and projects that can be effective if implemented from a regional perspective (sharing resources).
3. Continue quality management leadership team and evaluate programs as per priorities.
4. Create SOPs for daily operations of the department.
5. Work with Forks School District to increase student immunization rates.

6. Start doing more vaccine clinics around the county to help
7. Provide vital records out of the Forks Department.
8. Implementing the CHIP workgroup.
9. Improving preventable death rates.
10. Increase access to care.
11. Data modernization.
12. Partner with NOHN to have wraparound services provided for HRHC participants.
13. Community Paramedics leave behind buprenorphine program.
14. Increase lead testing for children.
15. Placement of vending machine that provides free Narcan and covid tests and planned expansion
16. Implementing systems and protocols for rabies.

Workload Indicators

	2022 Actual	2023 Actual	6/30/24 Actual
WIC - number of individual clients enrolled	1,489	not available	637
WIC - number of client visits	5,079	not available	2,602
Number of visits to Children with Special Health Care Needs	346	263	116
Immunizations - total number given	2,038	636	155
Immunizations - non COVID	541	474	151
Off-site vaccine clinics	-	-	-
COVID Vaccines	1,497	162	4
COVID outbreaks	32	48	added in total b
Cases Investigated - General CD	57	71	9
Cases Investigated - STI	182	133	84
Cases Investigated - Hepatitis	55	75	52
Cases Investigated - Enterics	-	-	45
Cases Investigated - Vaccine Preventable Disease	-	-	9
Cases Investigated - Zoonotics	-	-	6
Outbreaks Reported	-	-	13
HRHC - Average weekly participant encounters	60 per week	60 per week	100
Naloxone doses distributed	3,084	3,116	2,220
Naloxone training to community partners	15	98	28
Overdose reversals reported by participants	132	104*	50*
OPCC staff wound care encounters	5,425		50
REdisCOVERY staff assessments	1,437		23
Death certificates issued	5,425	5,174	2,533
Deaths Certified			510
Birth certificates issued	1,437	1,590	597

Grant Funding Sources

1. Department of Health Consolidated Contract
State and Indirect Federal Funding Sources

Revenues

	2022 Actual	2023 Actual	6/30/24 Actual	2025 Budget
Beginning Fund Balance	988,837	1,022,515	1,203,484	1,588,999
Taxes	1,796	2,061	1,328	1,600
Licenses and Permits	0	0	0	0
Intergovernmental Revenues	1,298,140	923,828	363,227	706,238
Charges for Goods and Services	457,228	1,224,930	462,013	1,052,255
Fines and Forfeits	0	0	0	0
Miscellaneous Revenues	376,825	293,878	-18	197,370
Other Financing Sources	0	11,000	0	0
Transfers In	530,000	125,000	125,000	0
Total	3,652,826	3,603,211	2,155,035	3,546,462

Expenditures

	2022 Actual	2023 Actual	6/30/24 Actual	2025 Budget
Ending Fund Balance	1,022,515	1,203,484	648,494	853,851
Salaries and Wages	736,159	829,703	447,554	1,161,136
Personnel Benefits	339,516	353,526	186,884	537,491
Supplies	71,888	123,064	93,727	127,345
Other Services and Charges	464,281	398,139	165,097	241,468
Intergovernmental Services	0	0	0	0
Capital Outlays		350,142	364,366	0
Interfund Payments for Services	1,018,468	345,152	248,912	625,171
Transfers Out	0	0	0	0
Total	3,652,826	3,603,211	2,155,035	3,546,462

Staffing

	2022 Actual	2023 Actual	6/30/24 Actual	2025 Budget
Full Time Equivalents	15.28	14.28	15.88	15.88