

Partnering with OES/EM and Others Before, During and After an Emergency

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Key Messages

1. Provide support and leadership to PHEP/HPP staff
2. Prioritize EM activities within your organization
3. Engage program staff in preparedness and response (5% rule)
4. Partnerships are critical to success
5. Organization matters
6. Public health components to every disaster



Why is it important to partner with traditional EM?



What is Emergency Management?

- “The governmental function that coordinates and integrates all activities to build, sustain, and improve the capability to prepare for, protect against, respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism or other man-made disasters.” (Public Law, 2006)
- “An ongoing process to prevent, mitigate, prepare for, respond to and recover from an incident that threatens life, property, operations, or the environment.” (NFPA, 2007)

What are the Benefits?

- Upfront relationship building yields big dividends during an emergency
 - Credibility
 - Understanding of capabilities
 - Seat at the table
- How do I build the relationship?
 - Attend local disaster council meetings
 - Invite EM to attend public health coordination and planning meetings
 - Invite EM to attend Healthcare Coalition Meetings
 - Joint planning efforts
 - Joint exercises
 - EM Strategic Planning

Leverage Funding Opportunities

Public Health Funding:

PHEP - Public Health Emergency Preparedness

HPP – Hospital Preparedness Program

Pandemic Influenza

EM Funding:

SHSGP – State Homeland Security Grant Program

EMPG – Emergency Management Performance Grant

UASI – Urban Area Security Initiative

All funding sources are capabilities-based with work plans

All funding sources are region or coalition focused

Similar/Complimentary Equipment

Traditional Emergency Management	Public Health
Portable JIC Equipment	Trailers (MRC, SNS)
CERT Trailers	Portable Lighting
Shelter Equipment	Barricades
Communications Trailers	Radios
Radios	Generators
*Portable Forts	Shelters Tents (MMSM)
	Portable Satellites
	Mass Fatality Coolers

Potential Joint Projects

- Collaborate on plans
 - SNS
 - Pandemic Influenza
 - EOP
 - COOP
- Develop Multi-Year Training and Exercise Plan (MYTEP)
- Rapid Response Policy Teams: cross discipline training
- Plan a regional Public Health, Medical, EM collaboration meeting
- MOUs with other jurisdictions and tribes

“Traditional” Structure

- Public Health and Medical Preparedness in Department of Public Health
- EMS in the Department of Public Health
- EM in the Fire Department



Why This Structure Works

- Direct connection to the Public Health Officer
- Integration with staff doing public health/EMS work on a daily basis
- Coordination with medical community through “normal” channels
- Oversight for PHEP, HPP funding



Why This Structure May Not Work

- 2 departments, 3 programs responsible for emergency management activities
- Lack of strong partnerships with first responder communities
- No visibility/***accountability*** at the executive level of the County
- Duplication of effort
 - Grants management
 - Volunteer management



Why Did Riverside County Change?

- County CEO created the Emergency Management Task Force (02/14)
 - Created in February, 2014
 - PHEPR led the task force and activities
 - Emergency Management White Paper developed
 - Resulted in recognition that the County wasn't ready for a major disaster
- CEO created the Emergency Management Department
 - Created on May 12, 2015
 - Consolidated OES, PHEPR and REMSA under EMD
 - Single, comprehensive EM program integrated with Public Safety
 - Innovative, groundbreaking approach



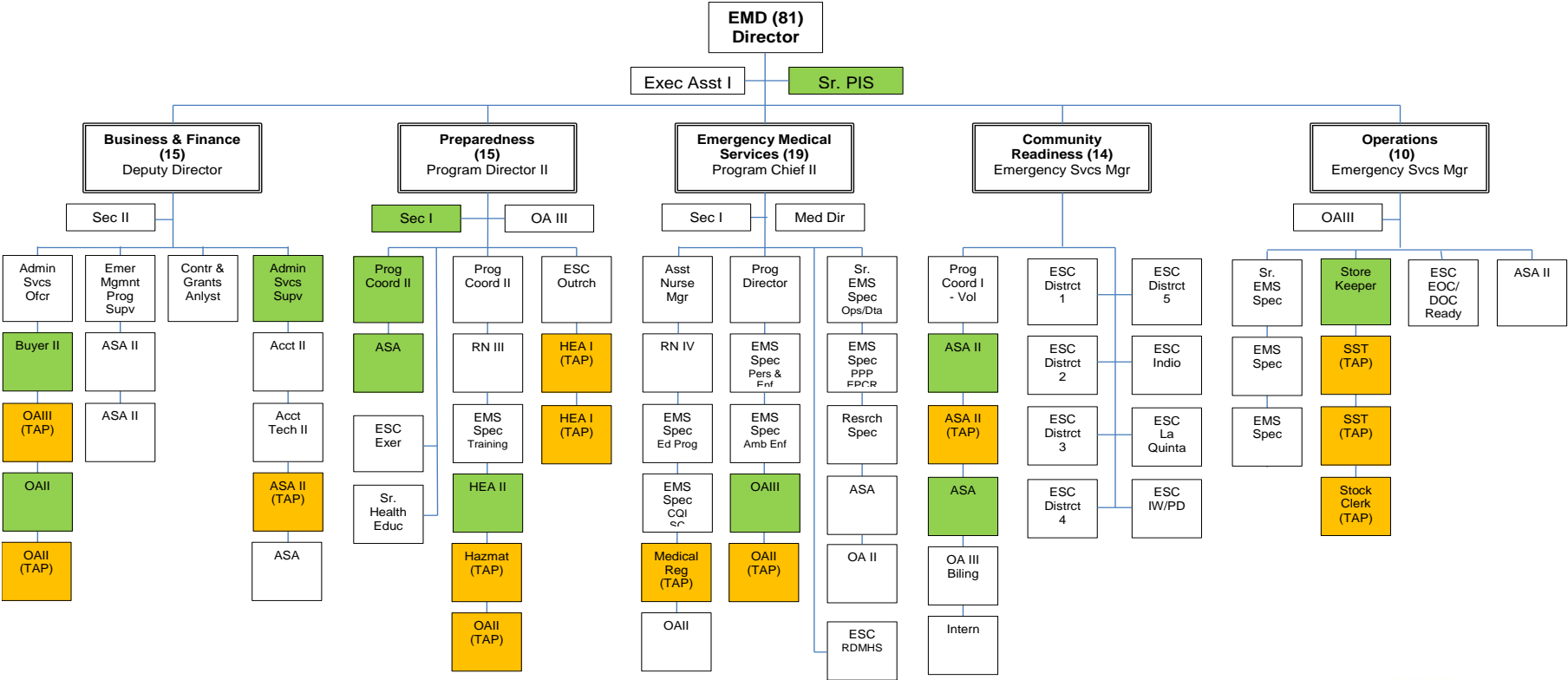
A More “Non-Traditional” Model

- Integration of OES and Public Health emergency management systems - a seamless system
- New structure addresses mitigation, preparedness, response and recovery
 - Comprehensive, all-hazards approach
- Financial benefits
 - Leverage grants
 - Leverage expertise and skills
 - Reduce program overlap
 - Reduce administrative overlap
- 100% support from CEO and BOS



Emergency Management Department

EMERGENCY MANAGEMENT DEPARTMENT



TAP (13)

Vacant (12)



EMD Grant Management

- Homeland Security
- EMPG
- UASI Projects
- Shake Shingle Roof
- HPP
- PHEP
- PHEP Ebola
- CRI
- Pan Flu
- RDMHS
- Region VI HPP/Ebola



Lessons Learned

- Fear of change and the unknown
 - Movement of personnel
 - Adding/taking away responsibilities
- Negotiations between Fire and EMD
- Complete culture change for some
- Vehicles/Uniforms
- Be inventive and think outside the box
 - New model for California
- Hire a Deputy Director to run the business side of the department
- El Nino helped (timing is everything)

**WHY IS
CHANGE
SO DIFFICULT?**



What is it like now?

- Learning to give up control and partner with EMD
 - MHOAC
 - Health Officer involvement



- Making decisions together so that public health is integrated
- Creating new opportunities to strengthen the relationship
 - DOC/EOC collaboration
 - Cross-training across disciplines
 - Build capacity to surge

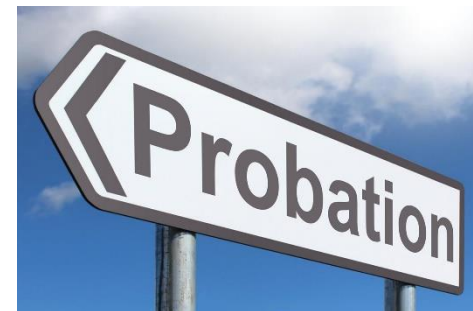




**What Other Types of Partnerships
Should be Considered?**

Partnerships

- Private pharmacies
- Transportation companies
 - Buses
 - Flatbed trucks, big rigs
- ESRI
- Probation, other County Departments
- Uber/Lyft?
- School nurses, school psychologists?
- Others??



Thank You!

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