

**DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
STATE PREVENTION ENHANCEMENT - PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT**

FINAL PROJECT REPORT

Project Information	
Lead Institution	Division of Behavioral Health and Recovery
Grant Name	Strategic Prevention Framework State Prevention Enhancement Grant
Funded by	SAMHSA
Program Manager	Sarah Mariani
Project Title	State Prevention Enhancement Primary Care Integration Demonstration Project
Start Date	February 1, 2012
End Date	July 31, 2012
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File Name	F:\SHARED\SECTIONS\Program Services\2012\Prevention\Staff Folders\System Mgr JB\SPE Demonstration Project\Final Project Reports\SPE FINAL REPORT - 10-1-12.doc
Final Report	October 1, 2012

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 2
PROJECT OVERVIEW.....	page 3
INCENTIVE GRANT PROJECT SITES.....	page 4
DEMONSTRATION PROJECT SITES.....	page 5
OVERVIEW OF PROJECT REPORTS.....	page 6
SUMMARY FINDINGS OF THE DEMONSTRATION PROJECTS	page 9
RECOMMENDATIONS.....	page 10
CONCLUSION.....	page 11

1. EXECUTIVE SUMMARY

What is the Project and why is it important?

This two-part project offered:

- (1) Prevention Redesign Initiative (PRI) Coalitions a \$3,000 Incentive Grant to recruit Primary Health Care Providers (PHCP) to join and participate in their Coalition meetings. The PHCP would also act as a spokesperson for the Coalition in at least one media engagement or public presentation by the completion of the grant on July 31, 2012.
- (2) PRI Coalitions were also offered the opportunity to submit proposals to be considered for funding that would demonstrate new ways of working collaboratively to provide substance abuse prevention strategies in partnership with PHCP in their community. Three (3) PRI Coalitions were selected and were provided \$25,000 for this project and a fourth project was funded for \$9,875.

The integration of PHCP and the prevention field is essential to the reduction of costs for health care in America. Integrating medical resources and community prevention will reduce the demand for medical services as well as improve health outcomes.

Who is the target audience?

The target audience for the two projects included both prevention providers and PHCP, who were offered the opportunity to explore new connections in various settings: in hospitals, emergency departments, community clinics, and doctor's offices. The project supported the overlapping roles of protecting and preserving the health of the clients they share. When substance abuse prevention services are integrated into healthcare settings, they greatly expand the reach of prevention services to vulnerable and traditionally underserved populations.

Who may have benefited from the project?

The substance abuse prevention field in particular had an opportunity to align with other prevention efforts and to explore how programs, policies and practices aimed at substance abuse prevention can contribute to overall health and lifelong wellness for individuals and communities.

The demonstration projects provide examples of effective ways that substance abuse prevention could be integrated in primary health care settings:

- **Clinicians receiving specialized substance abuse prevention training** were better equipped to integrate substance abuse screening and education into their interactions with patients.
- **Continuing education credits** should be provided to licensed healthcare providers for their participation in substance abuse prevention skill training.
- **Healthcare settings have a unique ability to access isolated populations and groups with particular vulnerabilities.**

Key lessons learned include:

- **A PHCP's vision for improving the wellness of their community** may determine their level of engagement in the Coalition's project.
- **Expectations need to be clear**, such as, time for participation, staffing requirements for planning and implementation, and potential systems changes.

Implications for relevant stakeholders

The information we were able to gather from these projects will be used by policy makers to help inform Washington's State Prevention Enhancement Strategic Plan. These projects also demonstrated new ways for prevention providers to reach hard to serve populations and provide resources, opportunities and skills to impact their well being in many ways. With a focus on building strong communities, the future integration of substance abuse prevention and Primary Health Care can: 1) increase direct benefits to individuals and families; 2) stimulate the extent to which prevention can provide resources in a health care setting; 3) raise the profile of prevention strategies as a path to wellness; and 4) provide a unique addition to options available to PHCPs and their patients.

2. PROJECT OVERVIEW

The goal of these demonstration projects was to develop capacity in local communities to work with PHCP through both the Primary Care Incentive Grant and the Primary Care Integration Demonstration Projects. Through identification and development of innovative strategies, substance abuse prevention and primary care providers would work together to integrate and expand our capacity to increase prevention services to benefit our communities.

The Demonstration Projects offer the opportunity to explore the integration of health care and prevention which is essential to the mission of reduction of costs for health care in America. Integrating medical resources and community prevention will reduce the demand for services as well as improve health outcomes. DBHR is committed to ensuring that both Prevention Professionals, as well as individual and community-based prevention strategies and services, are ready for participation in the future of Health Care Reform.

The target audiences for these projects include both substance abuse prevention providers and PHCP, who explored new connections in various settings: in hospitals, emergency departments, community clinics, and doctor's offices. Healthcare settings offer a steady and repeat audience of pregnant moms, new parents, those with chronic medical conditions, and surgical patients. By observing patients at their regular visits, providers can also address the behavioral and emotional needs of those patients who are at increased risk or who show signs of substance abuse/misuse through screening, preventive services, and follow-up care. When substance abuse prevention services are integrated into healthcare settings, they greatly expand their reach to vulnerable and traditionally underserved populations.

How substance abuse prevention may benefit from the project. The substance abuse prevention field now has an opportunity to align with other prevention efforts and to explore how programs, policies and practices aimed at substance abuse prevention can contribute to overall health and lifelong wellness for individuals and communities. One of the challenges going forward is to define outcomes that mesh with health priorities in order to integrate established programs and innovative thinking into larger community and state prevention plans.



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
STATE PREVENTION ENHANCEMENT - PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT

3. INCENTIVE GRANT PROJECT SITES

The following nine (9) PRI Coalitions indicated a desire to participate in the “SPE Primary Care Incentive Grant” to receive \$3,000 by successfully recruiting PHCP to join their PRI Coalitions and participate in at least one media engagement or public presentation as spokesperson for the Coalition. Of the nine Coalitions that chose to participate, seven were successful in their efforts and were awarded the \$3,000 Incentive Grant.

Okanogan Community Coalition	Meetings attended by PHCP: 4 out of 5 Media engagement or public presentation PHCP provided a 30 minute presentation on “Healthline”, a local radio program. Presentation included local data about prescription drug misuse, Coalition’s efforts to prevent prescription drug abuse, and prescription drug take back efforts.
Wenatchee Coalition	Meetings attended by PHCP: 5 out of 5 Media engagement or public presentation: PHCP was interviewed by the editor of the Wenatchee daily newspaper about the Coalition including the opiate brochures and the prescription Take Back Boxes.
Darrington Prevention Intervention Coalition	Meetings attended by PHCP: 3 out of 4 Media engagement or public presentation: PHCP wrote an article for distribution in the July 16, 2012 edition of “The Log.” Article can be viewed online at: http://issuu.com/Darrington_School_District/docs/june-july_log_2012/9 See page 9.
Shuksan PRI Coalition	Meetings attended by PHCP: 4 out of 5 Media engagement or public presentation: PHCP presented at meeting for health care, prevention, and social service professionals. Provider shared the Shuksan Community Network profile sheet, a snapshot of current activities and services, and an open invitation to participate in the Coalition. She also shared her experience as a Coalition member.
Vashon Alliance to Reduce Substance Abuse (VARSA)	Meetings attended by PHCP: 2 out of 2 (late start exception granted for this Coalition) Media engagement or public presentation: PHCP was responsible for the article, “Teen drug and alcohol use: Take a stand,” which appeared in the July 3, 2012 issue of the Vashon-Maury Island Beachcomber, http://www.vashonbeachcomber.com/opinion/ .
Franklin/Pierce Community Coalition	Meetings attended by PHCP: 4 out of 5 Media engagement or public presentation: Community presentation was made by PHCP to the Garfield Business Association to promote the Franklin/Pierce Youth First Coalition and its work.
Port Townsend PRI Coalition	Meetings attended by PHCP: 4 out of 4 Media engagement or public presentation: PHCP assisted in organizing Adverse Childhood Experience (ACE) presentation and participated as one of the community speakers who introduced Dr. Robert Anda and Quen Zorrah to the general public.
Tenino/Bucoda Community Coalition	Meetings attended by PHCP: 3 out of 6 (did not meet requirement) Media engagement or public presentation: - None reported
Rainier Community Coalition	Meetings attended by PHCP: 1 out of 6 (did not meet requirement) Media engagement or public presentation: - None reported

4. DEMONSTRATION PROJECT SITES

The following four Demonstration Projects Plans were selected to support PRI Redesign Initiative Coalitions and PHCP.

Snohomish County - Darrington Prevention Intervention Coalition - Accessing Preventative Care

Darrington's Prevention Intervention Coalition's project plan focused on providing health information through innovative technology and providing access to preventative care for youth.

Key activities included:

- *The Free Teen Health Clinic* would provide education, literature and free services for various adolescent issues including substance abuse prevention.
- *Implementation of a health assessment survey* by a primary health care provider for middle and high school youth would result in referrals to higher levels of services.
- *Web/Mobile phone site* would provide reliable and current information about teen health topics to Darrington youth.

Okanogan County - Okanogan Community Coalition - Triple P Program

The Okanogan Community Coalition's project plan was to use the Triple P program to reduce levels of family conflict and increase family bonding. Certified Triple P practitioners were to incorporate the program into their existing job functions by using evidence-based parenting tools, thereby developing a collaborative effort between PHCP and prevention professionals to provide information to families in the community.

Key activities include:

- *Triple P training* for Levels 2 and 3 of the program would be provided to PHCP.
- *Evidence-based parenting tip sheets and brief interviews/conversations* would be offered by physicians and other PHCP in health care settings, providing positive parenting skills and techniques to parents and other child care providers.

Whatcom County - Shuksan PRI Coalition - Bridges to Health Initiative

The Shuksan PRI Coalition's project plan aimed to build new partnerships between the Shuksan school system, the community and PHCP. Through trainings on Adverse Childhood Experiences, Motivational Interviewing, and Prevention Theory and Resources, participants would build cross-system understanding, create common screening tools, and implement joint strategies to mitigate the health and behavioral effects of early trauma. The long-term result would be to jointly reduce and prevent substance abuse and improve long-term physical and behavioral health.

Key activities include:

- *Training* on topics of Motivational Interviewing, Adverse Childhood Experiences, Resilience and Prevention, Community Resources for prevention and treatment, and Collective Impact provided to PHCP, school personnel and community providers working directly with families. Data collection and evaluation for the project was focused on success in recruiting participants from the PHCP field.
- *Focus Groups* would create recommendations for screening and a multi-system response to high risk and behavioral factors.
- *Implementation of screening* would take place in the primary health care setting using a common risk and behavioral screening tool with protocols to share information between systems.
- *An Integrated Response* would occur in school/prevention/primary care based on the results of the risk and behavioral screening tool.

Chelan County - Wenatchee Coalition -

Wenatchee Coalition's project plan supports collaboration between the Coalition and three regional medical centers located in Wenatchee: Columbia Valley Community Health, Wenatchee Valley Medical Center, and Central Washington Hospital. The Coalition project planned to specifically support prevention of prescription drug abuse, including youth abuse of non-prescribed medications and potentially harmful patient-use of prescribed medications.

Key activities include:

- *User-friendly brochures*, in both English and Spanish, designed with the help of local PHCP to give to patients when doctors prescribe opiate medication.
- *Secured drop-boxes* for disposal of unused prescription and over-the-counter medications, to be located at Wenatchee Valley Medical Center and Central Washington.

5. OVERVIEW OF PROJECT REPORTS

DARRINGTON PREVENTION/INTERVENTION COMMUNITY COALITION	
OUTPUT/OUTCOMES	<p>9 planning meetings were convened 2 from PHC setting attended 2 trainings (as planned) 69 patients were seen at PHC setting 9 Youth participated in the completion of paper versions of the RAAPs assessment. Higher participation is expected when the I Pads are available for use. Interactive Web/Mobile Phone site is live and youth are using it to ask health questions.</p>
APPROVED CHANGES	<p>Although no changes to the outcome of project were requested, timelines were negotiated as needed as many original estimations proved to be too ambitious. As a result, extensions were granted for:</p> <ul style="list-style-type: none"> • Deadline for contracting for professional services, • Eliminating Contract specificity of professional services partners, • Launch date of the Teen Health Clinic, • Live date of the Clinic Website, • Number of Rapid Assessment for Adolescent Preventive Services© administered. <p>None of these changes alter the intended outcomes of the grant proposal.</p>
SUCCESS and ACCOMPLISHMENTS	<ul style="list-style-type: none"> • The School District has pledged space and partnership for the 2012-13 school year. • Cascade Valley Hospitals and Clinics continue involvement with the project. • ARNP Thom will work at least one hour per week 2012-2013 school year. • Nurse Thom and Dr. Schillhammer will maintain the project website.
CHALLENGES ENCOUNTERED	<ul style="list-style-type: none"> • Ensure that screening tools are thoroughly vetted by all partners. • Develop a referral network and ensure youth serving professionals in the community, including teachers, counselors, understand how and when to refer youth.
LESSONS LEARNED	<ul style="list-style-type: none"> • Use technology to engage youth. • Ensure project plan allows enough time to meet expectations. • Bring key partners to the table often.
BUDGET ISSUES	<ul style="list-style-type: none"> • Funding was under-utilized by approximately \$6,000 in the following categories: printing, professional services, phone, and web development.

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
STATE PREVENTION ENHANCEMENT - PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT

OKANOGAN COMMUNITY COALITION	
OUTPUT/OUTCOMES	A two day training was provided - 18 people attended - 9 work in a PHC setting
APPROVED CHANGES	With approval of DBHR, the specific PHCP who joined the Coalition was amended.
SUCCESS and ACCOMPLISHMENTS	<ul style="list-style-type: none"> • 18 people participated in the 2-day Positive Parenting Program (Triple P) Training. • 9 of those participants were Primary Health Care Providers. • 15 Omak Triple P practitioners completed the accreditation process to be recognized by Triple P America as "Accredited Primary Care Triple P Practitioners" on May 9 and 10. • The community has retained 14 accredited practitioners. One practitioner relocated out of the area.
CHALLENGES ENCOUNTERED	<ul style="list-style-type: none"> • Cost Prohibitive: \$22,000 for one cohort of 20. • High-need communities need Level 4/5 practitioners.
LESSONS LEARNED	<ul style="list-style-type: none"> • Having additional people "audit" the class would have been useful for agency supervisors and colleagues. • Being actively involved in community projects that are relevant to the daily work of PHCP and their patients is a successful way to encourage participation by PHCP in the Coalition work. • First listen to their concerns about substance abuse and how it impacts their patients. Involving PHCP in ad-hoc work groups or subcommittees is an effective way to engage them in the Coalition's work. • Request a copy of training materials to review prior to the training (reviewing the Tip Sheets might have been very useful for our community).
BUDGET ISSUES	No budget issues.

WENATCHEE COALITION	
OUTPUT/OUTCOMES	<ul style="list-style-type: none"> • 7 SPE Project meetings were convened • 69 pounds of prescription drugs were recovered and transported to Spokane to be destroyed.
APPROVED CHANGES	Although no changes to the outcome of project were requested, timelines were negotiated as needed as all of the original estimations for deadlines proved to be too ambitious. As a result, extensions were granted for: <ul style="list-style-type: none"> • placement of the Lock Boxes • completion of the brochures
SUCCESS and ACCOMPLISHMENTS	<ul style="list-style-type: none"> • Brochures were developed and printed. • Drop Boxes were purchased.
CHALLENGES ENCOUNTERED	<ul style="list-style-type: none"> • Managing the negotiated timelines for this contract has been a challenge.
BUDGET ISSUES	All grant funds were expended.

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
STATE PREVENTION ENHANCEMENT - PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT

SHUKSAN PRI COALITION	
OUTPUT/OUTCOMES	<p>11 Trainings, 245 of attendees, 25 of PHCP attending</p> <ul style="list-style-type: none"> • February 28th - Adverse Childhood Experiences; 23 attendees • March 6th - Adverse Childhood Experiences; 5 attendees • March 10th - Adverse Childhood Experiences; 14 attendees • March 13th - Dr. Felitti & “Impact of ACE’s”; 39 attendees • March 13th - Dr. Felitti & “What’s Next?”; 42 attendees • April 5th - Adverse Childhood Experiences; 12 attendees • June 18th - Adverse Childhood Experiences; 18 attendees • July 5th - Targeted Adverse Childhood Experiences; 5 PHCP attendees • July 12th - Adverse Childhood Experiences; 22 attendees • July 16th - Adverse Childhood Experiences; 50 attendees <p>50 patients seen by PHCP</p>
APPROVED CHANGES	<p>Although no changes to the outcome of project were requested, timelines were negotiated as needed as many original estimations proved to be too ambitious. As a result, extensions were granted for:</p> <ul style="list-style-type: none"> • development of the behavioral screening tool • Resource Guide development • Integrated Response for school/prevention/primary care • Initiation of screening in PHC setting.
SUCCESS and ACCOMPLISHMENTS	<ul style="list-style-type: none"> • Administered HYS Off-Year Survey with ACEs and school climate questions to all youth at Shuksan MS • The Comprehensive Behavioral Health Improvement Plan being developed by the Health Department and St. Joseph Hospital have identified the outcome information from this project related to ACEs and Substance Abuse as the primary focus of the plan. • Interfaith Clinic is using this project’s information to help integrate maternal health into services offered through their clinic.
CHALLENGES ENCOUNTERED	<ul style="list-style-type: none"> • Relationships take time to develop. • The organizational structure of the primary care system may not allow for broad change in a short time. • Incentives can help increase participation from the care providers.
LESSONS LEARNED	<ul style="list-style-type: none"> • Learn about the clinic’s service delivery system, their funding/time restrictions, and agency goals/objectives. This can help align services and support efforts that improve their work and outcomes. Training can reframe the problem/solution and unite professionals across disciplines to build a <u>common language</u>. • Have the right staff at the table. While the director may be needed for authority purposes, other key staff are needed for ‘buy-in’.
BUDGET ISSUES	All grant funds were expended.

6. SUMMARY FINDINGS OF THE DEMONSTRATION PROJECTS

Lessons Learned During the Demonstration Projects

Key steps to encourage PHCP to take a leadership role in the Project.

- Developing the PHCP's understanding of prevention seemed essential to the success of the project.
- Listening to the PHCP's concerns about substance abuse and how it impacts their patients increased their engagement in the project.
- Dedicating funds to train clinic and prevention staff provides a way to unite professionals and build common language.
- Building relationships was essential to creating the partnership with PHCP. The project plan needs to build in time to allow for this.

Key dos and don'ts when working with PHCPs

- Do come in as a teacher of prevention.
- Do listen very intently to your partners.
- Do schedule meetings when it won't impact their other obligations to participate.
- Do involve PHCP in ad-hoc work groups or subcommittees to engage them in the Coalition's work.
- Do communicate in ways that are most comfortable for them (via email, text message, or in person).
- Do ensure that expectations are clear.
- Do ensure that you have the right staff to make the project happen.
- Do expect resistance to change.
- Don't over extend yourself in establishing goals.
- Don't dictate/mandate your vision of what their involvement should look like.

Evaluation

Two of the Demonstration Projects were able to generate outcome data within this six month project time frame. A summary of this information includes:

Snohomish County's Darrington Prevention/Intervention Community Coalition preliminary data from the **Rapid Assessment for Adolescent Preventive Services© (RAAPS)** identified a group of high-risk and detailed in the Coalition's comprehensive strategic plan. Specifically, youth completing the RAAPS report:

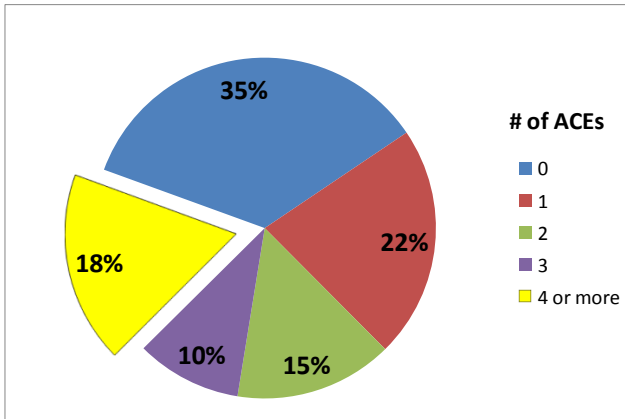
- Current Tobacco use (56% within the last three months);
- Current alcohol use (44% within the last three months);
- Riding or driving in a car operated by a drunk, high, or distracted driver (33% in the past 12 months);
- Using Marijuana or other illicit drugs within the last 12 months (50%);
- Current depression (67% within the last 30 days)
- Having serious worries at home or school (56%)
- Notably, no youth reported using another person's prescription medication.

Whatcom County's Shuksan Community Network Project resulted in the following information related to the ACE screenings implemented in the Interfaith Health Clinic. This information is already being used in the community in variety of ways including being identified as the primary focus of the Comprehensive Behavioral Health Improvement Plan for Whatcom County.

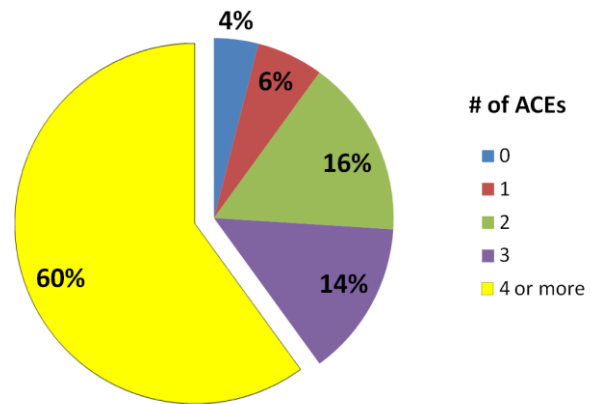
DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
STATE PREVENTION ENHANCEMENT - PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT

- Number of screenings: 50 completed (7/11/12 and 7/16/12)
- Number of referrals: 48 (to community or school resources)
- Families co-served: N/A-outside of school year
- Average ACE score: 4
- ACE range (low-high): 0-10
- Gender: 30% Male & 70% Female

ACE Dosage among Washington State Adults



ACE Dosage among Interfaith Clients



7. RECOMMENDATIONS

Creating Opportunities for Integration

Most substance abuse prevention programming takes place very effectively in community settings, but this project has shown how effective they also can be in healthcare settings. The following examples identified by the Demonstration Projects provide some ways that healthcare and substance abuse prevention could be connected.

- **Clinicians receiving specialized substance abuse prevention training** are better equipped to integrate substance abuse screening and education into their interactions with patients.
- **Continuing education credits** could be provided to licensed healthcare providers for their participation in substance abuse prevention skill training.
- **Substance Abuse Prevention Specialists** have relevant training and expertise to assist PHCP with a range of prevention services that could be supportive in a clinical setting.
- **Healthcare settings have a unique ability to access isolated populations and groups with particular vulnerabilities.** When substance abuse prevention services are integrated into healthcare settings, they greatly expand the reach of these services to vulnerable and traditionally underserved populations. For some at-risk populations, a primary health care setting may be the initial or the only point of contact to receive prevention services or referrals.

Tips to the Prevention Field for Promoting Substance Abuse Prevention in Health Reform

- **Carve out a referral and advisory role** to help medical clinics implement “health risk assessments” and provide input and guidance to help develop protocols around substance abuse prevention screening and referral.
- **Become familiar with the context** in which community-based health centers operate and bill for services.
- **Provide referral information and in-services to PHCP and clinic staff** on substance abuse prevention programs and services that serve their patients.
- **Partner with school health services and school-based health centers** to ensure substance abuse prevention education, programming and referral information are readily available to students and staff.
- **Align with your local health departments.** This means being part of planning efforts and participating on boards and commissions either as a member or attending as a member of the public.
- **Look at existing substance abuse prevention programming and future projects** to see if health outcomes can be measured as part of the goals of the program and evaluation.
- **Keep in mind that older population groups are at great risk for substance misuse** and that expertise will be needed on this topic. Health reform regulations tied to the Medicare program specifically call for the integration of substance abuse prevention.
- **Visit grants.gov** regularly to find grant opportunities funded by the Public Health Fund.
- **Stay current with information related to the implementation of the Affordable Care Act (ACA).** The ACA and Health and Human Service’s focus on preserving wellness represents a significant paradigm shift in the delivery of health services. For instance, the law secures a role for prevention in its reform of the insurance industry by offering consumer protections that guarantee greater access to preventative care services. The ACA also expands funding for public health departments, community and school health centers, and sets aside funding for competitive grants in prevention.

8. CONCLUSION

This **PRIMARY CARE INTEGRATION DEMONSTRATION PROJECT** can only be described as an overall success resulting in a wealth of information that will help guide the State and local communities move forward in this important focus for prevention. One of the challenges going forward is to identify prevention outcomes that mesh with health priorities to allow integration of established programs into the health care setting. We should also be looking for every opportunity to continue to promote innovative thinking related to this topic in the larger community and within state prevention plans.