Engaging Primary Care and Prevention: Four Case Studies

- **Lessons learned from four communities that engaged in whirl-wind, 6-month pilot projects to increase connections between primary care and local prevention efforts.**

One

Department
Vision
Mission
Core set of Values

Goal of the Project…..

To develop capacity to work with primary care providers for the purpose of integrating and expanding capacity to offer prevention services to clients served in a primary health care setting.

One

Department
Vision
Mission
Core set of Values

Goal of the Project…..

- The integration of health care and prevention is essential to the reduction of costs for health care in America.
  - Integrating medical resources and community prevention will reduce demand for services and improve health outcomes.
  - DBHR is committed to ensuring the prevention field is ready for participation in the future of Health Care Reform.

One

Department
Vision
Mission
Core set of Values

This two part project offered …..

- $25,000 through a competitive process to four (4) PRI coalitions. Six month projects supporting the development and documentation of innovative connections and strategies between Coalitions and PHCP.

- $3,000 to recruit Primary Health Care Providers (PHCP) to join Prevention Redesign Initiative (PRI) Coalitions and participate in at least one media engagement or public presentation as spokesperson for the Coalition by the completion of the grant on July 31, 2012.

One

Department
Vision
Mission
Core set of Values

Primary Care Integration Demonstration Projects …..

- **Chelan County** - Wenatchee Coalition - Renee Hunter
- **Okanogan County** - Okanogan Community Coalition - Megan Azzano & Andi Ervin
- **Snohomish County** - Darrington Prevention Intervention Community Coalition - Joe Neigel
- **Whatcom County** - Shuksan PRI Coalition - Joe Fuller & Geoff Morgan

One

Department
Vision
Mission
Core set of Values

Part 1:
Four Demonstration Projects were conducted

Wenatchee Substance Abuse Coalition

Darrington Prevention Intervention Community Coalition

Shuksan Community Network

Okanogan County Community Coalition

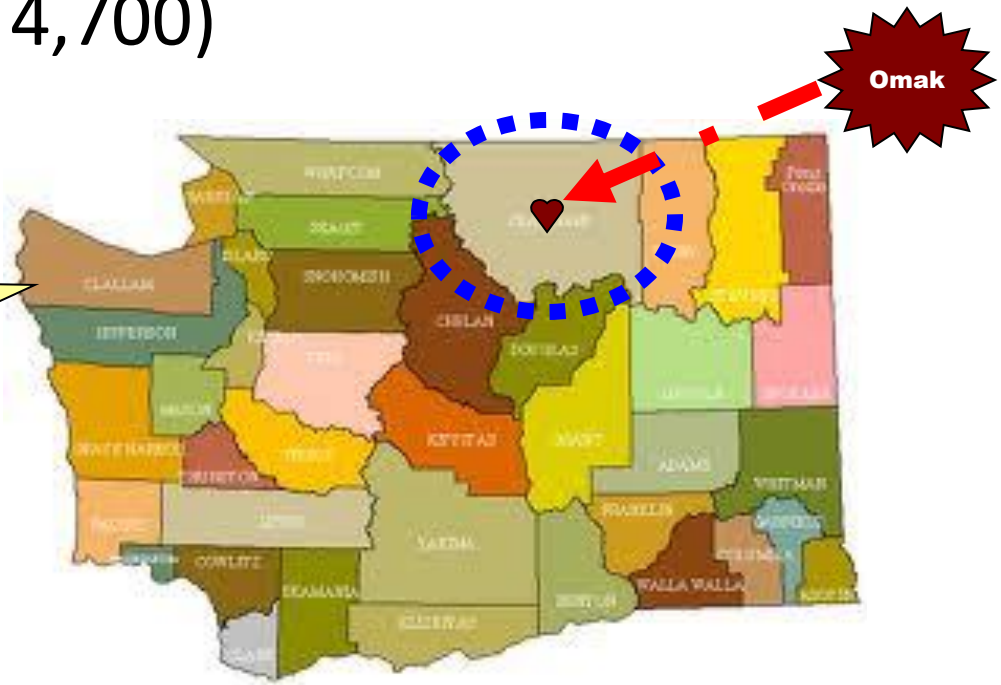
One

Department
Vision
Mission
Core set of Values

Omak Triple P

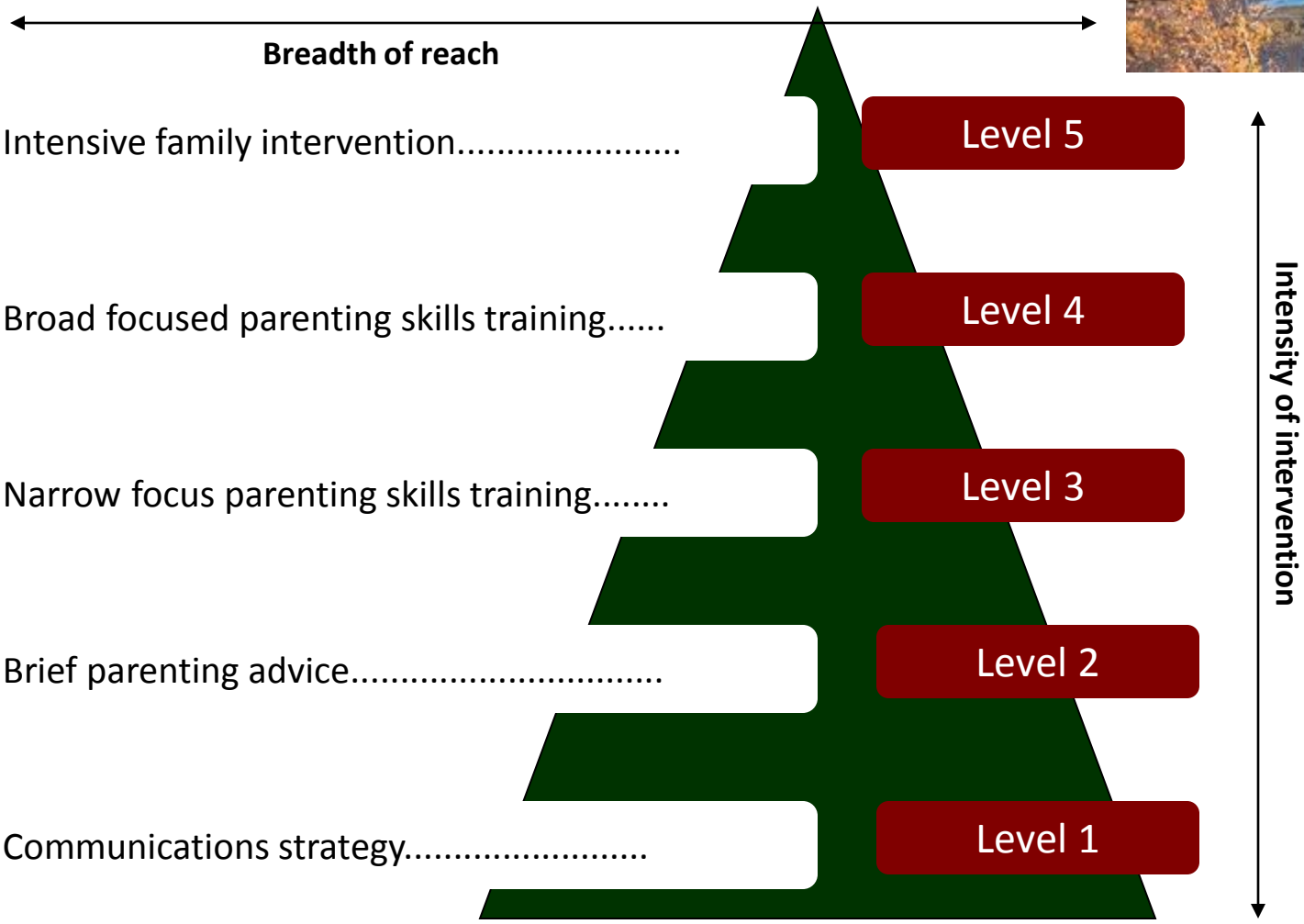
- Okanogan County
- Rural and Remote (County population 40,000)
- Most services centralized in Omak (population 4,700)

Geographically LARGE



Omak Triple P

What is Triple P?



Omak Triple P

- Focus of Triple P
  - Self-sufficiency
  - Self-efficacy
  - Self-management
  - Personal Agency
  - Problem solving

No more – no less

Providing parents with support ~ in the dosage they need ~ is cost effective and efficient

Omak Triple P

Why Triple P?

- Identified in September 2011 by the Coalition's ACE Subcommittee as a program of interest.
  - Data indicating reduction in child maltreatment and out of home placement.
  - Exploratory efforts to retain funding began during the next 6 months (led by Public Defender and CPS Supervisor).

Triple P identified as a potentially sustainable prevention program

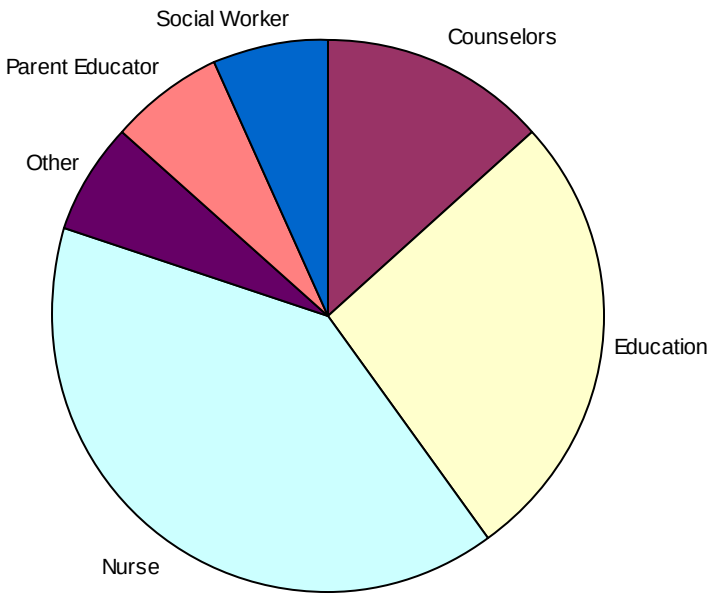
Omak Triple P

- 18 people participated in the 2-day Triple P Training.
- 9 of those participants were Primary Health Care Providers
- Fifteen 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.
- We have retained 14 accredited practioners – we lost one when she relocated out of the area

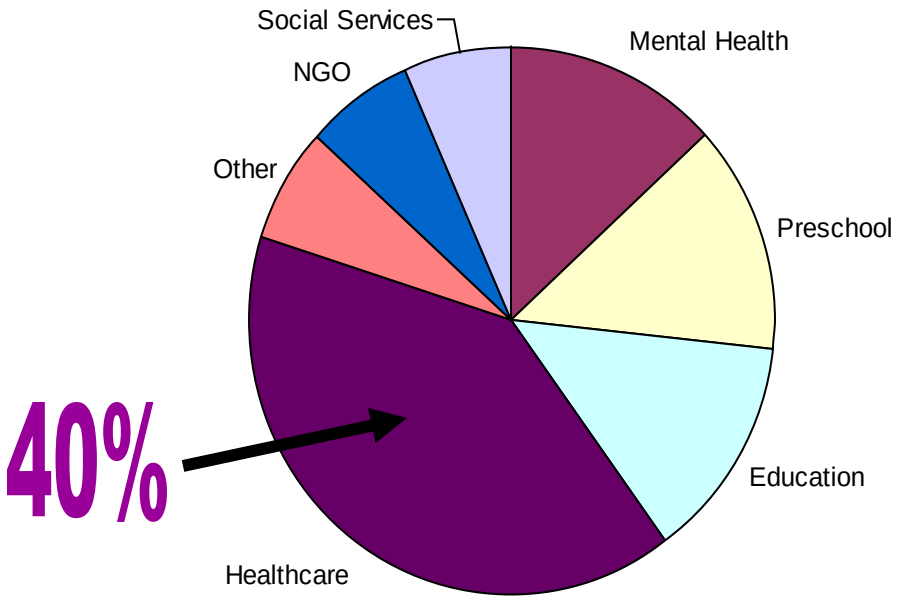
Omak Triple P

Who was trained?

Prof. Category



Agency Type



40%

Omak Triple P

Successes

- Agency administrators willing to identify “correct” people for training
- Agency administrators willing to explore options for full implementation.
- Good participation in both training and accreditation
- 13 different agencies sent staff for training
- **Community Support - “buy-in”**

Barriers

- Funding: Training is EXPENSIVE!
- Parents often need higher level of services than Primary Care Triple P
- Capacity within organizations to deliver the program
- Did I say FUNDING?

Omak Triple P

Where are we now?

•Omak is one of 3 pilot communities in a new DBHR-funded Triple P demonstration project levels 1-4

Includes training for...

- ✓PHCP from Family Health Centers (Level 2/3)
- ✓Additional Level 2/3 training for para-professionals
- ✓ More intense Level 4 Practitioners

Omak Triple P

Most exciting part...?

Potential development of evaluation tool to be used for local evaluation of efficacy.

Capacity built within community

Billing codes established by Healthcare Authority!

Demonstration Project #2

Wenatchee Substance Abuse Coalition

Physicians Partner for Prevention:

•***Secured drop-boxes*** for disposal of unused prescription and over-the-counter medications.

•***User-friendly brochures***, developed in English and Spanish, for local medical providers to give patients when prescribing opiate medication.

One

Department
Vision
Mission
Core set of Values

Accomplishments

•69 pounds of medications were received on “Take Back Day” in April 2012.

•The Drop Boxes are on back order due to the Colorado fires.

•Brochures were printed in English with information about the location of the drop boxes. Progress is being made toward printing brochures in Spanish.

One

Department
Vision
Mission
Core set of Values

Accomplishments

•Public service announcements are ready to announce the placement of the "Lock Boxes".

•Presentation will be made to local dentists at their September meeting requesting they distribute brochures to patients when they prescribe opiate medications.

One

Department
Vision
Mission
Core set of Values

Lessons Learned and Recommendations

- Select a focus that is a shared interest to both parties.

- Plans to place the "Drop-Boxes" at local hospital and clinic failed when Coalition discovered DEA rule: (insert Law here)

One

Department
Vision
Mission
Core set of Values

Lessons Learned and Recommendations

- Be a good partner.
- Be on time and get to the point.
- Be flexible on your needs and timelines.
- Be organized and ready to present.
- Respond ASAP when contacted by PHCPs.

One

Department
Vision
Mission
Core set of Values

Demonstration Project #3

Shuksan Community Network

Bridges to Health Initiative:

- ***Trainings***:
  - –Motivational Interviewing
  - –Adverse Childhood Experiences (ACEs)
  - –Resilience and Prevention
  - –Community Resources
- ***Focus Groups:***
  - –training attendees assess "what they would do differently based on the information from the training?"
- ***Integrated Response:***
  - –implemented to share information between primary care providers/school/prevention
- ***Patient Screening:***
  - –in the PHC clinic using an ACE focused risk and behavioral screening tool

One

Department
Vision
Mission
Core set of Values

Compared to an individual with 0 ACEs, individuals with 4 or more ACE's increase the risk of:

• panic reactions	2.5 *fold increase*
• anxiety	4
• depressed affect	3.6
• hallucinations	2.7
• sleep disturbance	2.1
• smoking	1.8
• alcoholism	7.2
• illicit drug use	4.5
• injected drug use	11.1
• perpetrating intimate partner violence	5.5

- Also, 1.1% lifetime prevalence of at least one suicide attempt (no ACE's) compared to 35.2% for those who reported seven or more ACEs.

One

Department
Vision
Mission
Core set of Values

Training

- *Adverse Childhood Experiences:*
  - –Ten total training events on topics of ACEs, Resilience, and Prevention & Community Resources

  Highlight:
  - – ACE training with Dr. Felitti on the "Impact of ACE's"
  - – ACEs training with Dr. Felitti on "What's Next?"
    - 81 in attendance/12 primary care

- *Motivational Interviewing (July 21st)*
  - – Stephanie Ballasiotes w/ 16 yrs. MI training
    - 15 in attendance/4 primary care

- Total Training Events = 11 reported in PBPS
- Total # Trained = 245 (25 primary care)

One

Department
Vision
Mission
Core set of Values

Training

•Dr. Felitti's knowledge and experience as a physician provided a unique ability to discuss applying the ACE information directly in a clinical setting.

•Dr Felitti shared that while many believe this requires a lengthy discussion about childhood trauma, most of it can be accomplished within 1-3 minutes. The key question to the client is "how has this affected your health later in life?"

•Kaiser physicians appreciated understanding 'root causes' of many clients' health problems. This allowed them look beyond treating a physical symptom resulting from a deeper issue of trauma.

One

Department
Vision
Mission
Core set of Values

Focus Groups

- **Six focus** groups found many common themes, including:
  - Use of ACE study results enhance the ability for discuss cross-systems approaches and dialogue among a variety of partners and disciplines.
  - ACE screening results, even within training events, affirmed the impact they have on individuals. They are also common and 'most of us' have them. On a professional level, this helps to reduce the judgment that 'it's just them.' Results also highlighted the need for prevention and the need to work together.
  - Categorical thinking around mental health and physical health has created a distinct line between the two. ACE information is helping to reshape how health is framed, and to illustrating the clear connection between them both.

One

Department
Vision
Mission
Core set of Values

Focus Groups

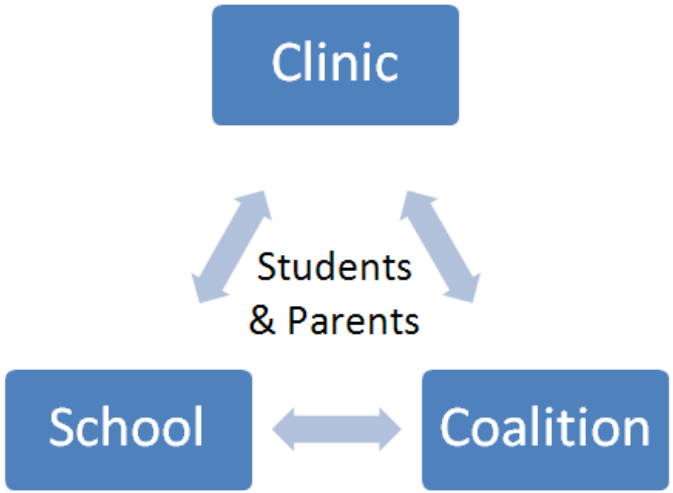
- Opportunities to expand upon work surrounding ACEs opens the door for new partnerships and resources. Much interest has been generated and is turning into action.
- Enormous pressure exists on health care providers, causing difficulties for them to partner outside of their own field.
- In previous training events Dr. Anda effectively showed the impact of ACEs on larger public health perspective. Dr. Felitti provided a unique view on how the information can be applied on an individual level, and in a clinical setting. Our community now has an improved understanding of the macro and micro impacts.

One

Department
Vision
Mission
Core set of Values

System Response

The response demonstrates how the Coalition, Clinic, and School all contribute to and benefit from an improved functioning of the system that ultimately benefits individuals being served.



System Response & Benefits

	Coalition	School	Clinic
Clinic	*Offers the coalition:* • Collected information about the targeted population, including ACE score results and summary • Better understanding and profile of the community (for use in strategic planning, service implementation, and assessment)	*Offers the school:* • Referrals of high risk parents to school-based services • Client information with school personnel if a release has been obtained (i.e., behavioral health unit) • An additional point of referral of high risk parents to substance abuse services and services (in turn reducing youth risks)	*Offers themselves:* • Ability to utilize results from screening data to better understand their clients and their needs • Opportunity to create appropriate internal changes to better serve clients, and to explore additional external resources for referral • Ability to leverage new resources using new data
School	*Offers the coalition:* • Information about student behaviors (HYS data, internal screens, etc.) • Information about student and parent trends • Awareness of identified gaps in available service • Ongoing participation in coalition meetings	*Offers themselves:* • Better understanding of individual student needs • Better understanding of school climate and student population needs • Increased effectiveness in planning, service delivery, and evaluation • Increases ability to leverage additional resources	*Offers the clinic:* • An opportunity to engage clients in dialogue about risk behaviors (including substance abuse, ACEs), because the school is now a resource for referral • Coordinate services where releases can be obtained to support student and family needs • Reduce likelihood clients will return for 'unnecessary visits' by working with high risk parents/youth • Encourages parents to talk to their medical providers about their ACE scores
Coalition	*Offers themselves:* • Increased ability to offer community-based services meeting identified needs • Better coordination of services, also by reducing identified gaps in service • Increased ability to leverage additional resources	*Offers the school:* • Training opportunities (ACEs/MI/other prevention topics) • Updates on available community-bases services (Strengthening Families Program, mentoring, etc.) that can be provided to parents and students • Support to the P.I. through regular communication and coordination • Data analysis (ACE scores, HYS data, etc.) • Technical Assistance	*Offers the clinic:* • Data analysis (ACE scores/comparison data of BRFSS, HYS, etc.) • Technical Assistance • Training opportunities (ACEs/MI/other prevention topics) • Better coordination of services to achieve better client outcomes

One

Department
Vision
Mission
Core set of Values

Screening Tools

- A handful of screening/evaluation tools were reviewed to see of the possible use or adaptation.
- During his visit, Dr. Felitti provided a 15-page screening tool that is used in his Obesity clinic at Kaiser, and with success.

One

Department
Vision
Mission
Core set of Values

Possible Impact on Health Care Providers

- 35% reduction in doctor office visits during the year subsequent to evaluation
  - 11% reduction in Emergency Department (ED) visits and a
  - 3% reduction in hospitalizations (Felitti VJ. Unpublished data, Kaiser Permanente Medical Care Program, San Diego, 1978, 1980, 1998).

One

Department
Vision
Mission
Core set of Values

ACE Questions

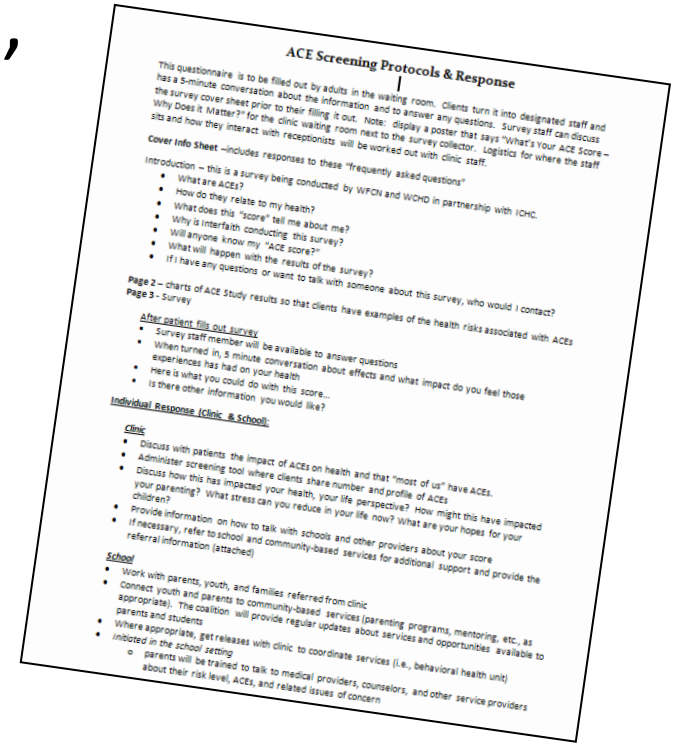
Prior to your 18th birthday:
Did a parent or other adult in the household **often** swear at you, insult you, put you down, or humiliate you **or** act in a way that made you afraid that you might be physically hurt?
Did a parent or other adult in the household **often** push, grab, slap, or throw something at you **or ever** hit you so hard that you had marks or were injured?
Did an adult or person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way **or** try to or actually have oral, anal, or vaginal sex with you?
Did you **often** feel that no one in your family loved you or thought you were important or special **or** your family didn't look out for each other, feel close to each other, or support each other?
Did you **often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Were your parents **ever** separated or divorced?
Was your mother or stepmother **often** pushed, grabbed, slapped, or had something thrown at her **or sometimes or often** kicked, bitten, hit with a fist, or hit with something hard **or ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?
Did you live with anyone who was a problem drinker or alcoholic **or** who used street drugs?
Was a household member depressed or mentally ill **or** did a household member attempt suicide?
Did a household member go to prison?

One

Department
Vision
Mission
Core set of Values

ACE Screening Protocols and Individual Response (clinic and school)

- Directions for engaging, screening, and supporting clients
- Can be initiated and driven from clinic or school point of contact



ACE Screening Protocols & Response

This questionnaire is to be filled out by adults in the waiting room. Clients turn it into designated staff and has a 5-minute conversation about the information and to answer any questions. Survey staff can discuss the survey cover sheet prior to their filling it out. Note: display a poster that says "What's Your ACE Score – Why Does it Matter?" for the clinic waiting room next to the survey collector. Logistics for where the staff sits and how they interact with receptionists will be worked out with clinic staff.

Cover Info Sheet –includes responses to these "frequently asked questions"

Introduction – this is a survey being conducted by WFCN and WCHD in partnership with ICHC.

- What are ACEs?
- How do they relate to my health?
- What does this "score" tell me about me?
- Why is Interfaith conducting this survey?
- Will anyone know my "ACE score?"
- What will happen with the results of the survey?
- If I have any questions or want to talk with someone about this survey, who would I contact?

Page 2 – charts of ACE Study results so that clients have examples of the health risks associated with ACEs
Page 3 - Survey

After patient fills out survey

- Survey staff member will be available to answer questions
- When turned in, 5 minute conversation about effects and what impact do you feel those experiences has had on your health
- Here is what you could do with this score…
- Is there other information you would like?

Individual Response (Clinic & School):

clinic

- Discuss with patients the impact of ACEs on health and that "most of us" have ACEs.
- Administer screening tool where clients share number and profile of ACEs
- Discuss how this has impacted your health, your life perspective? How might this have impacted your parenting? What stress can you reduce in your life now? What are your hopes for your children?
- Provide information on how to talk with schools and other providers about your score
- If necessary, refer to school and community-based services for additional support and provide the referral information (attached)

School

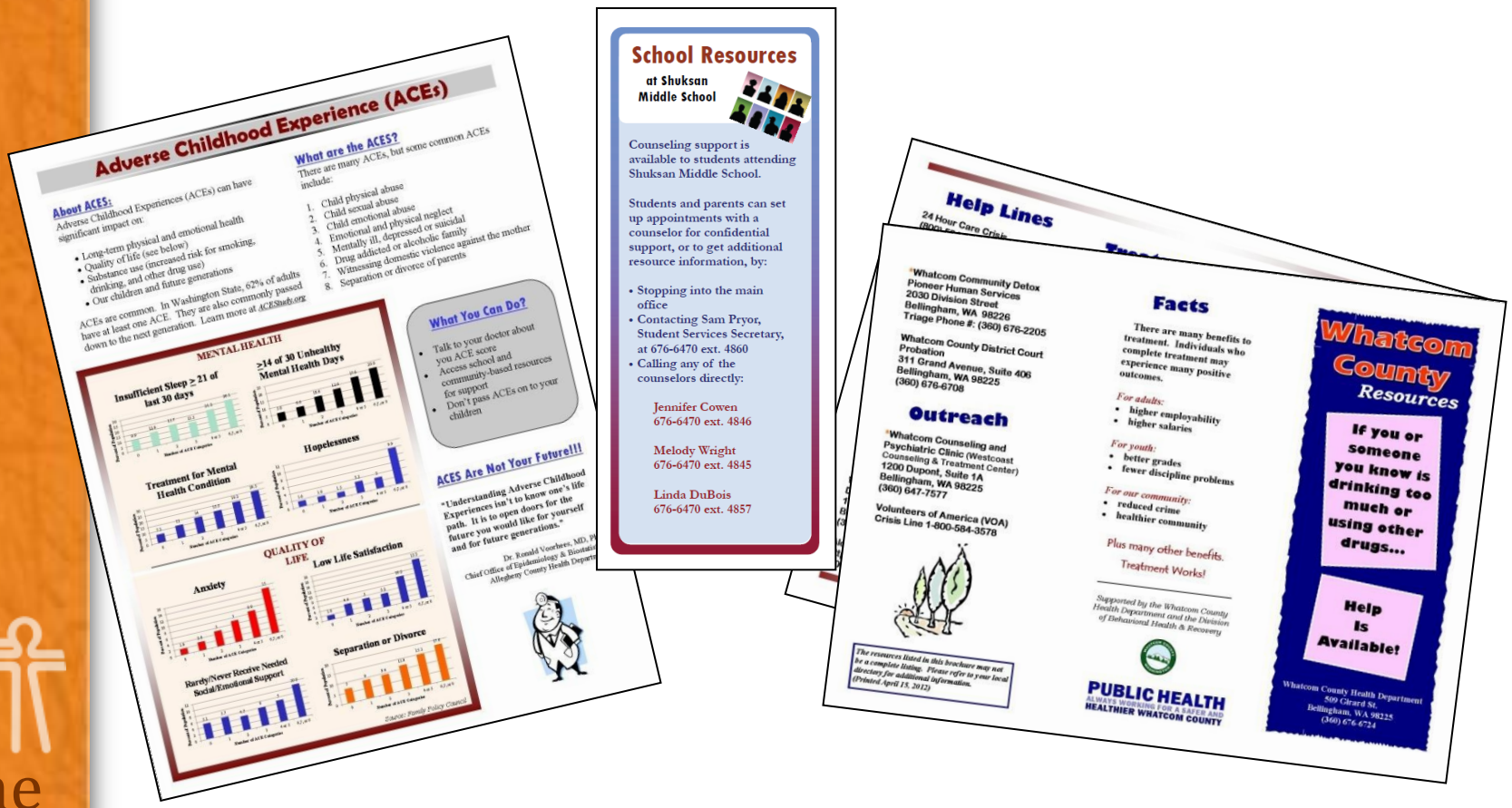
- Work with parents, youth, and families referred from clinic
- Connect youth and parents to community-based services (parenting programs, mentoring, etc., as appropriate). The coalition will provide regular updates about services and opportunities available to parents and students
- Where appropriate, get releases with clinic to coordinate services (i.e., behavioral health unit)
- *Initiated in the school setting*
  - parents will be trained to talk to medical providers, counselors, and other service providers about their risk level, ACEs, and related issues of concern

One

Department
Vision
Mission
Core set of Values

Tools & Resources

ACE Fact Sheet and School & Community Resources



One

Department
Vision
Mission
Core set of Values

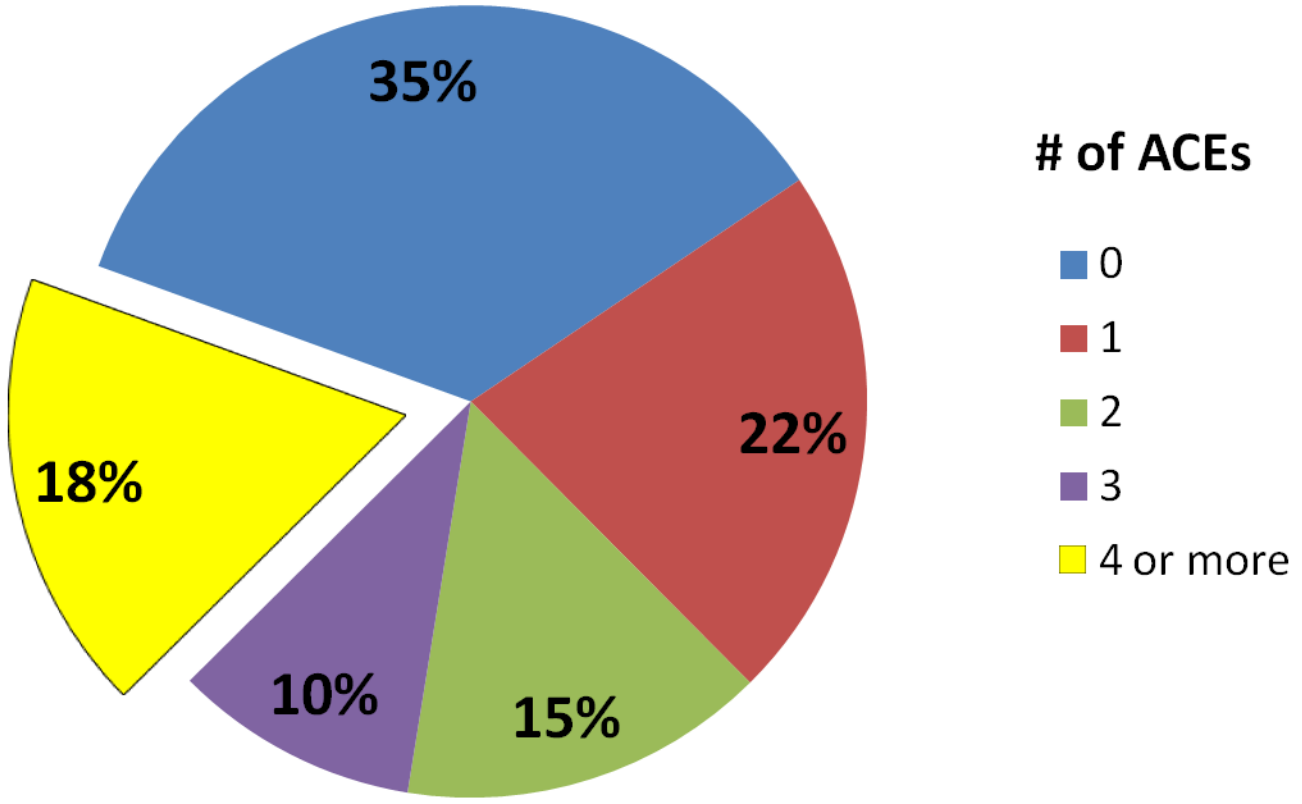
Screening Results

- 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
- Age:
  - 38% 18-35 years old
  - 36% 36-45 years old
  - 20% 46-60 years old
  - 6% over 60 years old

One

Department
Vision
Mission
Core set of Values

ACE Dosage among Washington State Adults (by percentage)

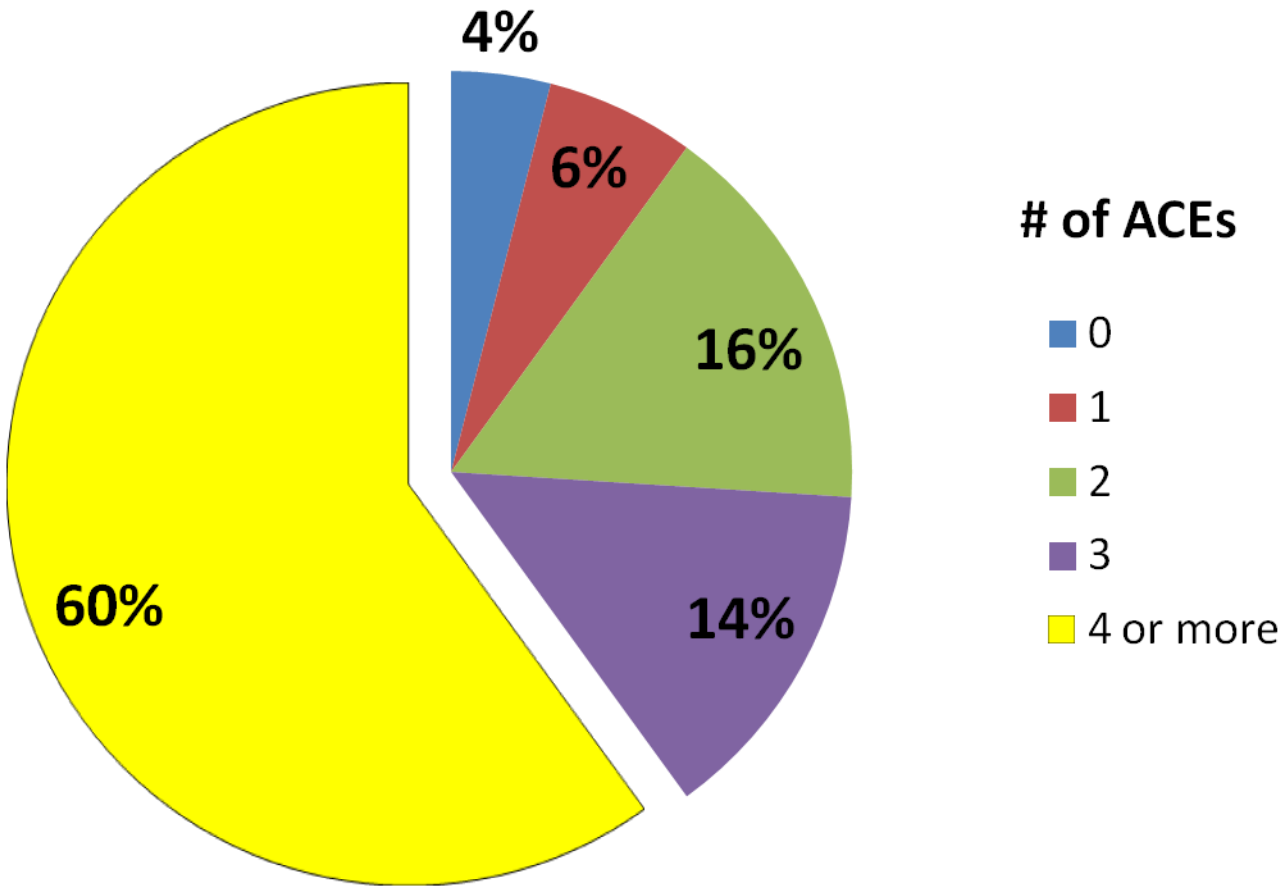


Source: Behavioral Risk Factor Surveillance System (BRFSS)

One

Department
Vision
Mission
Core set of Values

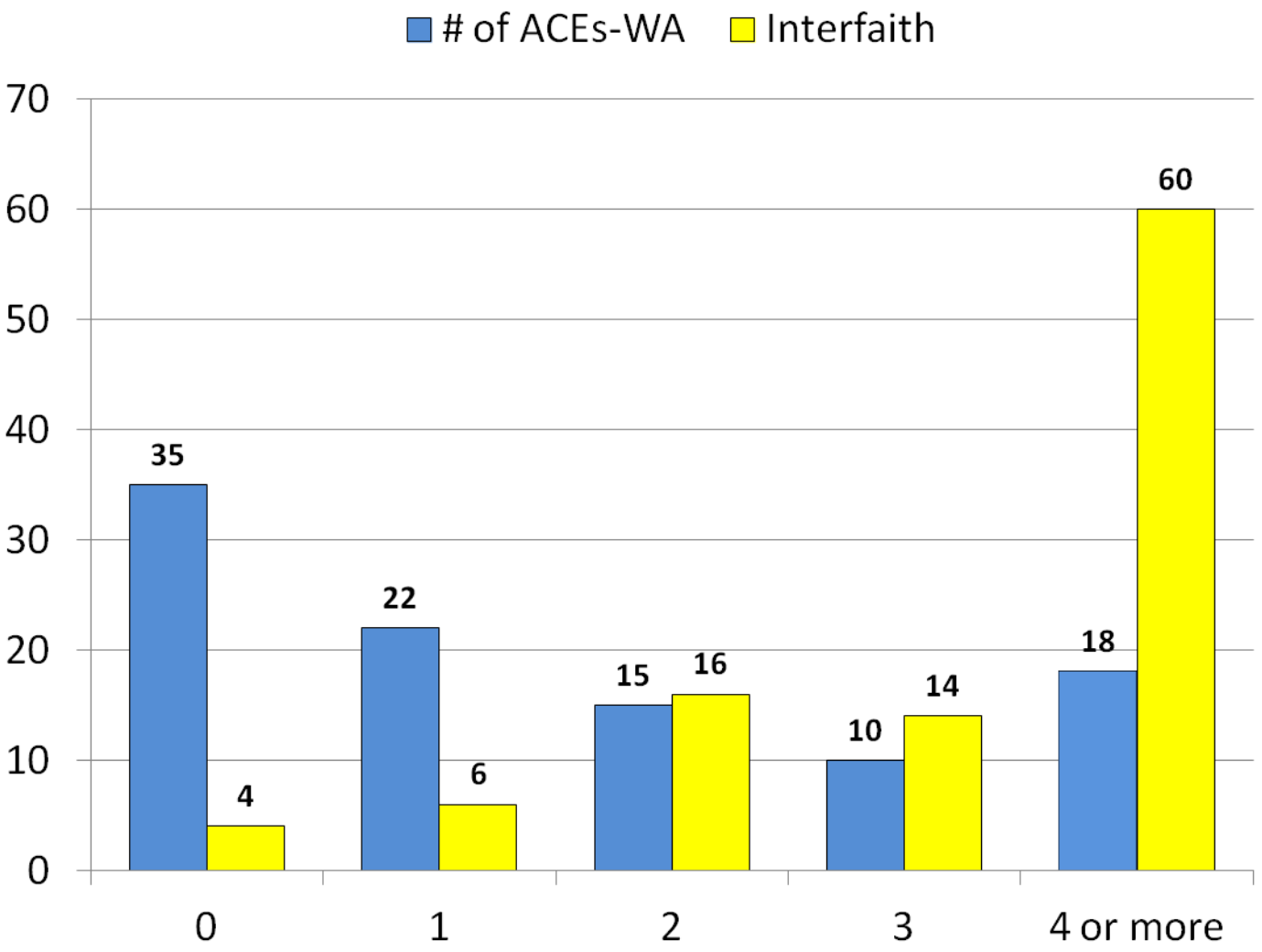
ACE Dosage among Interfaith Clients (by percentage)



One

Department
Vision
Mission
Core set of Values

ACEs: WA Adults and Interfaith



One

Department
Vision
Mission
Core set of Values

Type of ACE Experienced

Family Dysfunction

	STATE*	Whatcom*	**Interfaith Patients**	% Above State
Substance Abuse	35%	33%	**70%**	+35%
Parental Separation/ Divorce	27%	25%	**60%**	+33%
Mental Illness	24%	26%	**56%**	+32%
Battered Mother/DV	17%	15%	**32%**	+15%
Criminal Behavior	7%	5%	**22%**	+15%

Abuse

	STATE*	Whatcom*	**Interfaith Patients**	% Above State
Psychological	35%	33%	**72%**	+37%
Physical	18%	17%	**46%**	+28%
Sexual	13%	15%	**38%**	+25%

Neglect

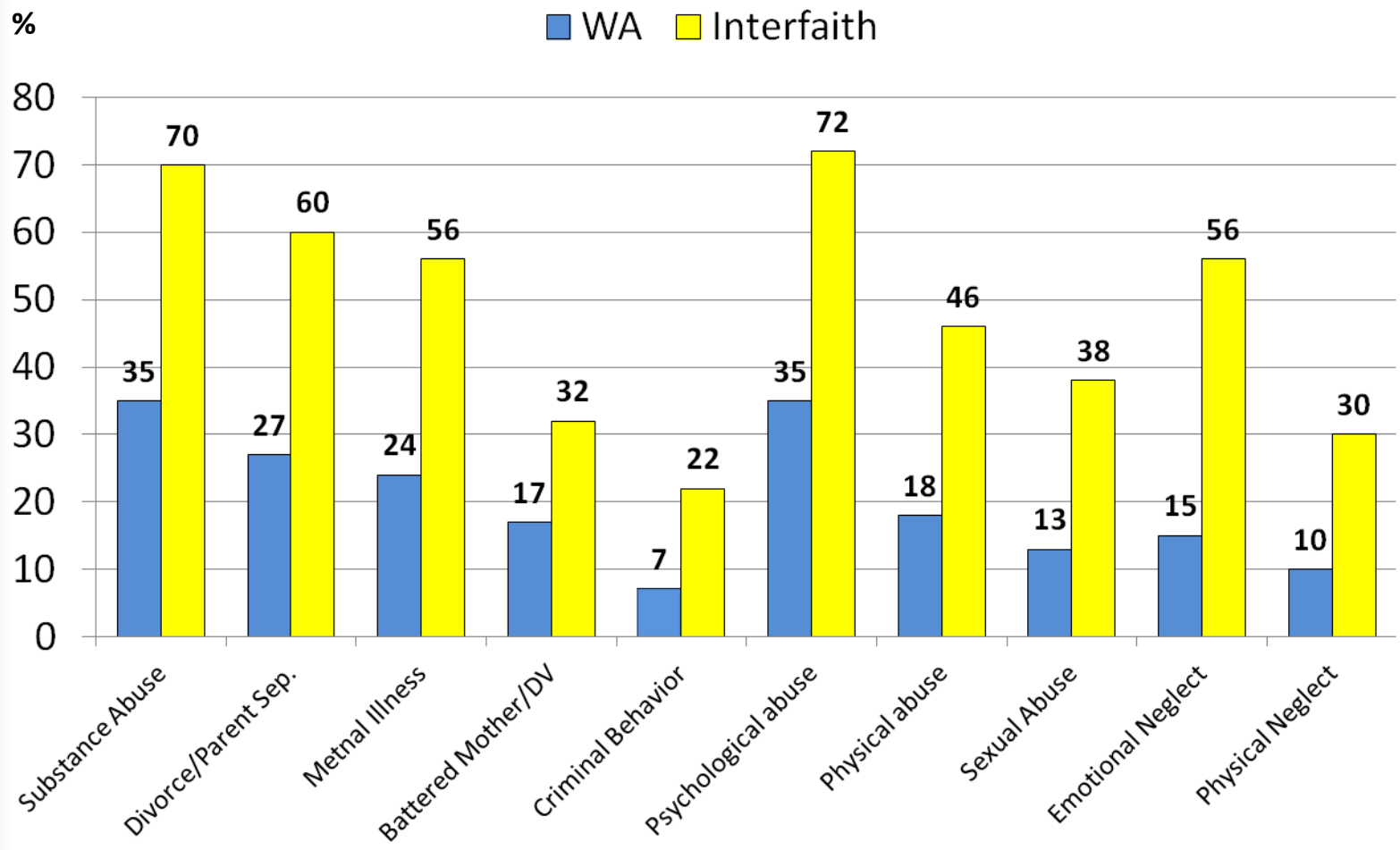
	STATE*	Whatcom	**Interfaith Patients**	% Above State
Emotional	15%		**56%**	+41%
Physical	10%		**30%**	+20%

*Behavioral Risk Factor Surveillance System (BRFSS)

One

Department
Vision
Mission
Core set of Values

Type of ACE Experienced
WA Adults and Interfaith Patients (by percentage)



One

Department
Vision
Mission
Core set of Values

Source: Interfaith Screening. Behavioral Risk Factor Surveillance System (BRFSS)

Lessons Learned and Recommendations

- Relationships take time to develop
- Training can reframe the problem/solution and unite professionals across disciplines to build a common language
- The structure of the primary care system may not allow for broad change in a short time (payment structure also needs to be addressed)
- Identify changes that can be made within the current structure that allows clinic staff to work 'smarter and not harder'

One
Department
Vision
Mission
Core set of Values

Lessons Learned and Recommendations

- Incentives (training opportunities and funding) can help increase participation from the care providers
- We did not achieve the full level of participation we had anticipated. We were competing with significant pressures the clinic faced in health care reform
- Make sure that you have the right staff to make the project happen. While the director may be needed for authority purposes, other key staff are needed for 'buy-in'

One
Department
Vision
Mission
Core set of Values

Lessons Learned and Recommendations

- Learn about the clinic's service delivery system, their funding and time restrictions, and agency goals and objectives. This can help align services and support efforts that improve their work and their outcomes.

- Understand the differences between the Medical Model, Public Health Model, and various prevention models, including the Strategic Prevention Framework.

- PHCPs limited time with patients is always a concern. This can be alleviated, in part, through training. The result will also be found in a more accurate diagnosis.

One

Department
Vision
Mission
Core set of Values

Other Accomplishments & Future Plans

Efforts to **Continue** in the Future:

- Continue the to engage professionals and the larger community in the ACEs Network
- Interfaith- using project information to help in integrating maternal health services
- Administer HYS Off-Year Survey with ACEs and school climate questions
- Explore applications of ACE data on a client level and population level
- **CHIP** –project information will support the Comprehensive Behavioral Health Improvement Plan
  - Health Dept. and St. Joseph Hospital facilitate with WAHA, Interfaith, Whatcom Comm. Foundation, etc.
  - ACEs and Substance Abuse have been identified as the primary focus of the plan

One

Department
Vision
Mission
Core set of Values

Other Accomplishments & Future Plans

Efforts to **Continue** in the Future:

- Use collected ACE data in ongoing planning with the PRI in the Shuksan community
- Foster the BHAP relationship
- Additional training to health care providers, school staff, parents, and the larger community
- Increase consumer likelihood of engaging their physician in discussions about the impact of ACEs on their health
- Continued collection and analysis of ACE information from the Behavioral Risk Factor Surveillance System
- Continue developing partnerships with the medical community and recruit additional representatives for ongoing coalition meetings, as well as for strategic efforts

One

Department
Vision
Mission
Core set of Values

Future Goals

Efforts to **Begin** in the Future:

- Long-term (work into medical record at Interfaith and other providers)
- Partner with home-visiting nurses at the Health Department and encourage them to integrate ACE-related screening and discussion into the Nurse Family Partnership
- Expand efforts to collect ACE information that would allow for site comparisons over time and an improved profile of the community

One

Department
Vision
Mission
Core set of Values

Demonstration Project #4

Darrington Prevention Intervention Community Coalition

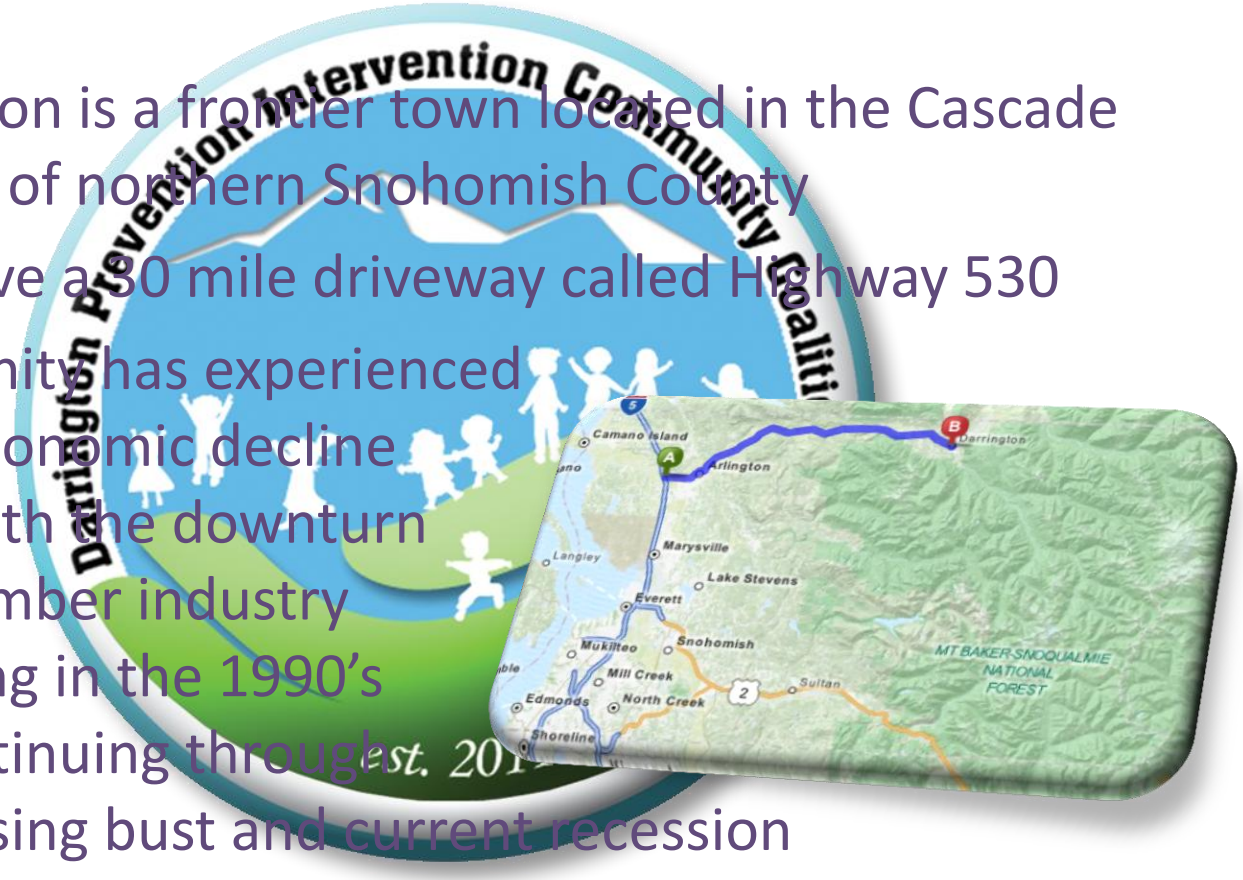
One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Context

- Darrington is a frontier town located in the Cascade foothills of northern Snohomish County
- They have a 30 mile driveway called Highway 530
- Community has experienced sharp economic decline along with the downturn in the timber industry beginning in the 1990's and continuing through the housing bust and current recession



One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

People

- Community composition primarily Caucasian with some Sauk-Suiattle .
- Social standing significantly based on family longevity in the community, with many residents able to claim “founding family” status.
- Strong Tar Heel culture stretching back to turn of the 20th century “Tar Heel Picnics”
- View others as outsiders - “Flat Landers” - tending to disregard their views

One

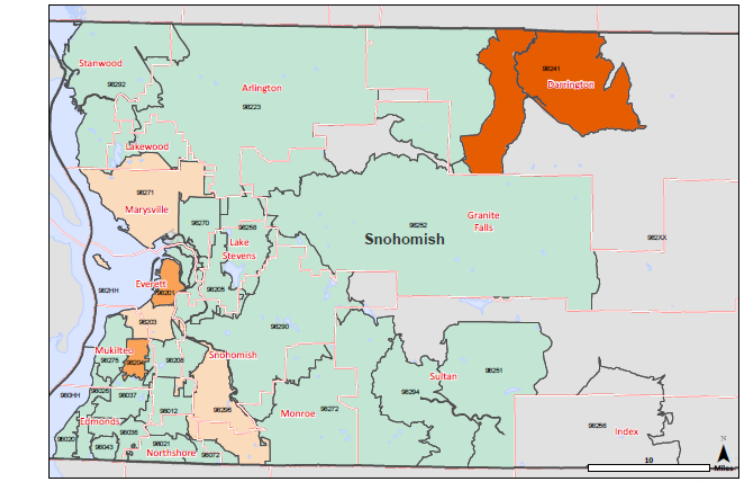
Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Need

- Darrington was identified by data as one of Snohomish County's most at-risk communities

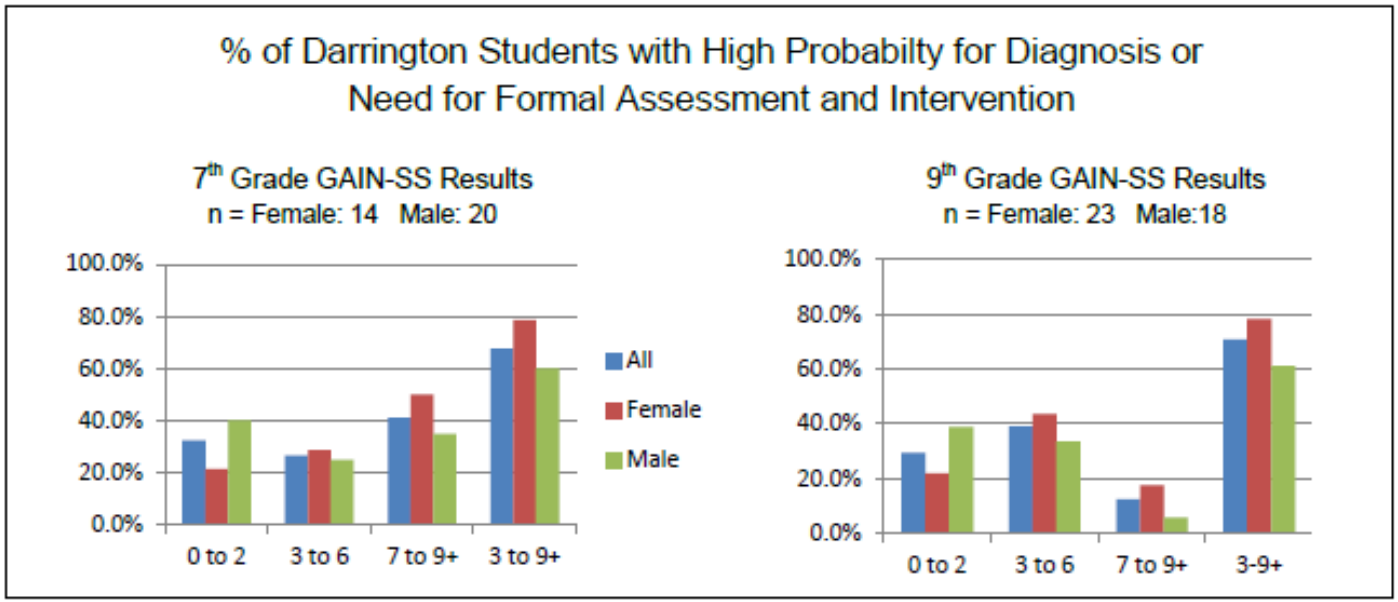
Composite Risk Score
by Zip Code Tabulation Area (ZCTA), Snohomish County, 2009



One
Department
Vision
Mission
Core set of Values

Demonstration Project #1

Darrington Prevention Intervention Community Coalition



- The evidence based GAIN-SS (past year version) is designed to identify individuals who are likely to have a substance use or mental health disorder and who should be referred for further assessment or intervention.
- 68% of all 7th graders and 71% of all 9th graders demonstrated need for formal assessment or intervention.

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Primary Care Integration

- The Coalition worked with Dr. Gary Schillhammer, Darrington's lone physician, to develop a proposal in response to the SPE solicitation from the State.
- Dr. Schillhammer was very concerned with how youth accessed prevention and healthcare information in the community, as well as the reliability of the information they were getting.

One
Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Proposal

- DPICC's proposal was crafted to coordinate Darrington's youth serving organizations away from symptom-driven and reactive care, toward protection-building proactive and preventative behavioral interventions.
- The project focuses on health information technology and physician accessibility to achieve an integration of prevention practices across community healthcare domains.

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Three Prongs

- **Teen Clinic:** Establishing a school-based teen clinic, called the Well Aware Center, where youth had free access to medical consultation.
- **Web Presence:** Developing a locally relevant wellness web and mobile device site where teens could explore reliable health care information and interact with Darrington Clinic staff anonymously.
- **Screening:** Best practice physician screening tool called the Rapid Assessment for Adolescent Preventative Services (RAAPS), to direct the physician's work

One
Department
Vision
Mission
Core set of Values

Demonstration Project #1

Darrington Prevention Intervention Community Coalition

Teen Clinic: Wellness + Awareness = Well Aware

- The Well Aware Center is staffed by Nurse Practitioner Shannon Thom from the Darrington Clinic.
- The Center is open each Thursday from 2-4pm. 2-3pm for scheduled appointments. 3-4pm for drop-ins.
- Uses technology to engage students and validate health messages
- Favors healthcare *consultation* over *provision*

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Accomplishments

- Found space on School District property *mid-year*.
- Over 70 youth served in just 4 months
- Individual and group consultation provided in addition to assessment and referral
- 14 follow-up referrals were made to the primary care clinic, with no costs passed on to youth or families
- The demonstration project literally saved lives

One

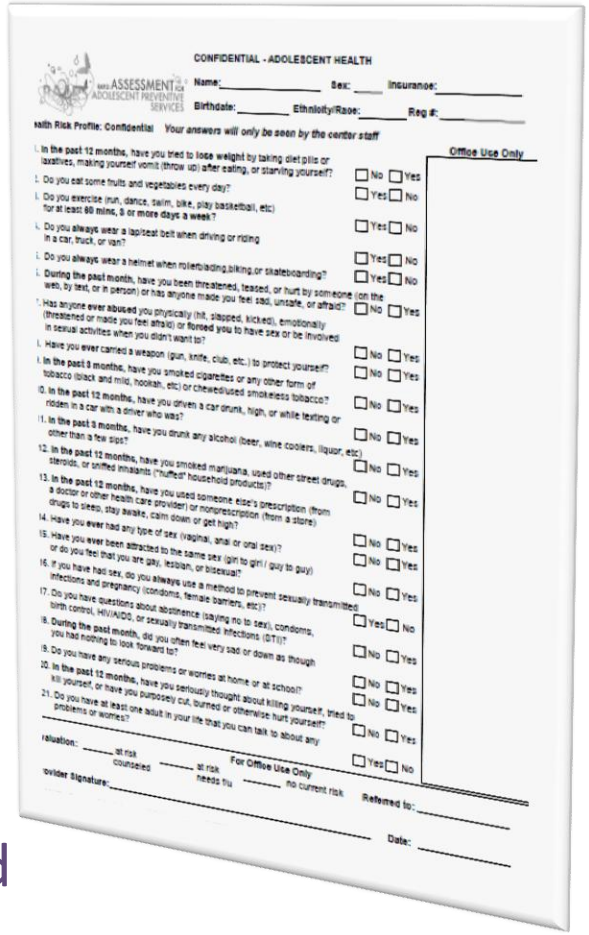
Department
Vision
Mission
Core set of Values

Demonstration Project #1

Darrington Prevention Intervention Community Coalition

RAAPS Screening

- For youth accessing Well Aware Center
- Developed at the University of Michigan
- Identifies behaviors that put youth at highest risk for serious injury, premature death, and academic and social problems
- Can be completed on Clinic Ipad



CONFIDENTIAL - ADOLESCENT HEALTH

ASSESSMENT for ADOLESCENT PREVENTIVE SERVICES

Name:_____ Sex: ____ Insurance:_____

Birthdate:_____ Ethnicity/Race:_____ Reg #:_____

Health Risk Profile: Confidential Your answers will only be seen by the center staff

Office Use Only

1. In the past 12 months, have you tried to lose weight by taking diet pills or laxatives, making yourself vomit (throw up) after eating, or starving yourself? ☐ No ☐ Yes
2. Do you eat some fruits and vegetables every day? ☐ Yes ☐ No
3. Do you exercise (run, dance, swim, bike, play basketball, etc) for at least 60 mins, 3 or more days a week? ☐ Yes ☐ No
4. Do you always wear a lap/seat belt when driving or riding in a car, truck, or van? ☐ Yes ☐ No
5. Do you always wear a helmet when rollerblading,biking,or skateboarding? ☐ Yes ☐ No
6. During the past month, have you been threatened, teased, or hurt by someone (on the web, by text, or in person) or has anyone made you feel sad, unsafe, or afraid? ☐ No ☐ Yes
7. Has anyone ever abused you physically (hit, slapped, kicked), emotionally (threatened or made you feel afraid) or forced you to have sex or be involved in sexual activites when you didn't want to? ☐ No ☐ Yes
8. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself? ☐ No ☐ Yes
9. In the past 3 months, have you smoked cigarettes or any other form of tobacco (black and mild, hookah, etc) or chewed/used smokeless tobacco? ☐ No ☐ Yes
10. In the past 12 months, have you driven a car drunk, high, or while texting or ridden in a car with a driver who was? ☐ No ☐ Yes
11. In the past 3 months, have you drunk any alcohol (beer, wine coolers, liquor, etc) other than a few sips? ☐ No ☐ Yes
12. In the past 12 months, have you smoked marijuana, used other street drugs, steroids, or sniffed inhalants ("huffed" household products)? ☐ No ☐ Yes
13. In the past 12 months, have you used someone else's prescription (from a doctor or other health care provider) or nonprescription (from a store) drugs to sleep, stay awake, calm down or get high? ☐ No ☐ Yes
14. Have you ever had any type of sex (vaginal, anal or oral sex)? ☐ No ☐ Yes
15. Have you ever been attracted to the same sex (girl to girl / guy to guy) or do you feel that you are gay, lesbian, or bisexual? ☐ No ☐ Yes
16. If you have had sex, do you always use a method to prevent sexually transmitted infections and pregnancy (condoms, female barriers, etc)? ☐ No ☐ Yes
17. Do you have questions about abstinence (saying no to sex), condoms, birth control, HIV/AIDS, or sexually transmitted infections (STI)? ☐ Yes ☐ No
18. During the past month, did you often feel very sad or down as though you had nothing to look forward to? ☐ No ☐ Yes
19. Do you have any serious problems or worries at home or at school? ☐ No ☐ Yes
20. In the past 12 months, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself? ☐ No ☐ Yes
21. Do you have at least one adult in your life that you can talk to about any problems or worries? ☐ Yes ☐ No

Evaluation: ____ at risk counseled ____ at risk needs f/u ____ no current risk

For Office Use Only

Referred to:_____

Provider Signature:_____ Date:_____

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

www.darringtonwellaware.com

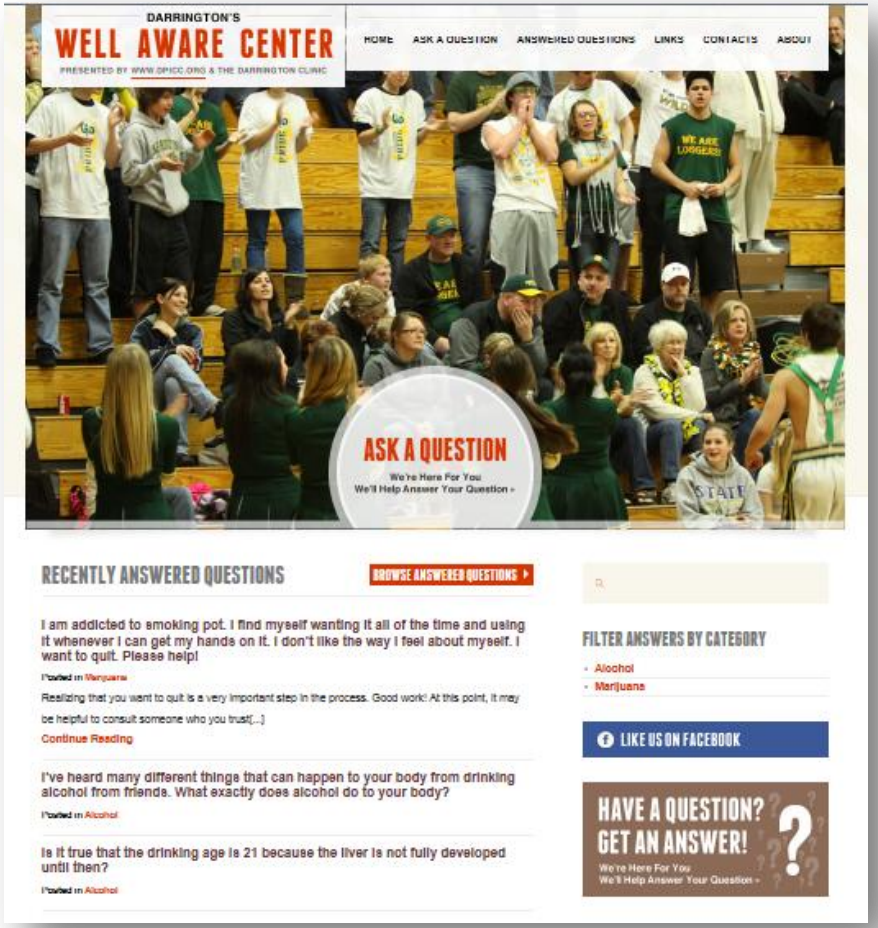
- Darrington Youth Coalition served as primary consultants to the development of the site.
- Optimized for web and mobile devices
- The idea is to provide reliable information to local youth searching for answers to health questions, and to give them a mechanism to ask difficult questions without fear of judgment
- Our intent is to move youth in need of intervention from anonymity to face-to-face contact at the Well Aware Center or the Darrington Clinic.

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1

Darrington Prevention Intervention Community Coalition



One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Where we stand TODAY

- Funding for the project expired five weeks ago, on July 31, 2012.
- HOWEVER – All of the players involved with the project recognize the value in continuing it.
- Darrington Clinic will continue to make Shannon Thom available each Thursday afternoon.
- School District will continue to promote the service and provide space for the Well Aware Center
- Cascade Valley Hospitals has offered grant writing support for the program

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Where we stand TODAY

- Clinic staff will operate the website and update it regularly.
- County will continue to provide 3g service for Ipads and access to electronic RAAPS database.
- RAAPS database available throughout 2012-2013 school year.

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Local Lessons Learned

- Implementing innovative programs with quality takes time.
- School Superintendents are busy and trusting. Make sure they read and understand everything you're proposing.
- Everything that can go wrong… might. Partners change, time marches on, community culture will impact your efforts, bureaucracy happens and cross-agency collaboration takes time to work through. Did I mention time?

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

General Lessons Learned

- Technology is an important tool with which to engage youth. Anecdotally, our Nurse Practitioner cited its novelty, flexibility and cultural relevance as benefits.
- Liability and insurance were concerns for the School District and Darrington Clinic.
- Doctors are not contractors.
  - A Doctor's participation is based on the perceived value of your project weighed against their sense and vision for how to help the community.
  - The PHCP assumes a certain level of political, social, and business risk for participating in a project like this.

One
Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Recommendations

- Develop a referral network: ensure that youth serving professionals in the community, including teachers and counselors, understand how and when to refer youth.
- Use technology to engage youth.
- Use a combination of scheduled appointments and walk-ins to maximize the time of the PHCP.
- PHCP requires a liaison at the school for scheduling, promotion and "norming," or making students feel safe accessing the assigned PHCP.
- Ensure you have enough time for quality.

One
Department
Vision
Mission
Core set of Values

Demonstration Project #1

Darrington Prevention Intervention Community Coalition

Questions?

One

Department
Vision
Mission
Core set of Values

Demonstration Project #1
Darrington Prevention Intervention Community Coalition

Questions?

One
Department
Vision
Mission
Core set of Values

Part 2
Incentive Projects ($3,000)

Goal: Develop capacity to integrate substance abuse prevention with primary health care providers.

To be successful the Coalition needed to:

1. Ensure the identified Primary Health Care Provider attended 2/3 of the general Coalition meetings between February and July 2012.

2. Ensure the PHCP participated in a media interview/engagement or public presentations in support of the goals of the Coalition.

One

Department
Vision
Mission
Core set of Values

Successful Incentive Projects were conducted by

Wenatchee Substance Abuse Coalition

Shuksan Community Network

Port Townsend Coalition

Darrington Prevention/Intervention Community Coalition

Okanogan County Community Coalition

Franklin/Pierce Youth First

Vashon Alliance to Reduce Substance Abuse

One

Department
Vision
Mission
Core set of Values

Participating Coalitions/Project Managers

- **King County -** Vashon Alliance to Reduce Substance Abuse (VARSA)– Luke McQuillin and Jackie Berganio
- **Pierce County** – Franklin Pierce Youth First - Renee Tinder
- **Jefferson County** – Port Townsend Coalition – Kelly Matlock
- **Chelan County** - Wenatchee Coalition - Renee Hunter
- **Okanogan County** - Okanogan Community Coalition - Megan Azzano & Andi Ervin
- **Snohomish County -** Darrington Prevention Intervention Community Coalition - Joe Neigel
- **Whatcom County** - Shuksan PRI Coalition - Joe Fuller & Geoff Morgan

One
Department
Vision
Mission
Core set of Values

Accomplishments

Public Presentations by Primary Health Care Providers included:

Thanks to the Vashon Alliance to Reduce Substance Abuse's PHCP "Teen drug and alcohol use: Take a stand," appeared in the July 3, 2012 issue of the Vashon-Maury Island Beachcomber, http://www.vashonbeachcomber.com/opinion/

PHCP for Omak Coalition presented a radio program on "Healthline" for two local radio stations. Topics included prescription drug abuse, misuse, and the coalition's local prevention efforts.

One

Department
Vision
Mission
Core set of Values

Accomplishments

Public Presentations cont:

presentation was made to the Garfield Business Association to promote the Franklin/Pierce Youth First Coalition and it's work.

Presentation made before health, prevention, and social service professionals highlighting the Shuksan Comm. 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.

One
Department
Vision
Mission
Core set of Values

Accomplishments

- PHCP for Okanogan County Community Coalition was recently elected to the Coalitions Executive Board.

One
Department
Vision
Mission
Core set of Values

Incentive Projects ($3,000)

Lessons Learned

- Schedules for meetings are key in engaging PHCPs in coalition work.

- First listen to PHCPs concerns about substance abuse and how in impacts their patients.

One
Department
Vision
Mission
Core set of Values

Overall Considerations for these Grant Projects

Now is the time for the field to ensure that substance abuse prevention providers find ways to support community-based health centers and be familiar with the medical context in which they operate and bill for services.

- At a minimum, provide referral information and in-services to staff on substance abuse prevention programs and services that serve their patients.

One
Department
Vision
Mission
Core set of Values

Overall Considerations for these Grant Projects

- **From A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage** March 2006
  - Alcohol misuse contributes to illnesses and injuries and is the third most common behavior-related cause of death in the United States.
  - Alcohol misuse was associated with 75,000 deaths and 2.3 million years of potential life lost (30 years per premature death) in 2001.

One

Department
Vision
Mission
Core set of Values

- Alcohol misuse results in a variety of adverse health and social outcomes. These include increased risk of unintentional injuries, violence, liver disease, hypertension, certain cancers, and diseases of the central nervous system.

- Alcohol misuse is associated with high costs to employers in the form of increased absenteeism, decreased productivity and lost productivity, and increased employer-sponsored healthcare expenditures.

- Overall, 15.3% of U.S. workers report using or being impaired by alcohol at work at least one time during the previous year, including 9% of workers who report being hung over at work.

One

Department
Vision
Mission
Core set of Values

Alcohol misuse is costly for health insurers and society. The cost of alcohol misuse in the United States was estimated to be $185 billion in 1998.

- About $16 billion of this amount was spent on medical care for alcohol-related complications (not including fetal alcohol syndrome [FAS]),
- $7.5 billion was spent on specialty alcohol treatment services, and
- $2.9 billion was spent on FAS treatment.
- The remaining costs ($134) billion were due to lost productivity.

One

Department
Vision
Mission
Core set of Values

Screening and counseling for alcohol misuse reduces both societal and healthcare costs.

- Each $1 invested in screening and brief counseling interventions saves approximately $4 in healthcare costs.

- Coverage for screening and brief counseling is currently offered by only 20% of employer-sponsored health plans, despite the fact that such services are among the most cost-effective clinical preventive services and have a proven impact on health outcomes.
http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/fullguide.pdf

One
Department
Vision
Mission
Core set of Values