

SCAinfo

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Response Details

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Email Address	LaurenM.Lane@ky.gov
Email List	1488818735970

Integration/Custom Tags

Custom Variable 1	Jessamine
Custom Variable 2	KY
Custom Variable 3	Lauren
Custom Variable 4	Lane

Geo Coding

Country	US
Region	KY
City	Frankfort
Area Code	502
DMA Code	541

Community Injury Data

What are the leading causes of injury in your community? Please select the top three causes of injury. *

» Falls

» Motor vehicle crashes (any transportation related injury e.g., pedestrian, bicycles)

» Unintentional drug overdoses

Initiative 1 Name:

Jessamine County Syringe Exchange Program

Injury issue it addresses. (Select one.) *

» Unintentional drug overdoses

Does Initiative 1 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

» Yes

What is the goal of Initiative 1?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

Based upon baseline data accrued over an eight month period in 2016, increase the number of Syringe Exchange Program (SEP) participants referred to treatment or counseling to 25% in the 2017 calendar year.

Is Initiative 1 based on promising or evidence-based practices? *

» No

Please explain why the coalition is not implementing a promising or evidence-based practice at this time.

Syringe exchange programs, while not technically considered a promising practice or evidence based program, are considered by the CDC to be effective components of a comprehensive, integrated approach to HIV prevention, reduced risk for Hepatitis C infection, and excellent ways to promote and provide additional services, such as safer injection practices, counseling and referrals to substance abuse treatment programs. We have incorporated recommended best practices for the syringe exchange program, as per the Consensus Meeting results from the California Department for Public Health that was put out to the public.

Please indicate what this initiative is trying to accomplish? (Select all that apply.)

*

» Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health

» Reaching the community with information and resources to promote safety and health

» Educating public health and safety professionals, doctors, and other providers who will disseminate knowledge and skills to others

» Bringing coalitions and networks together to work on Safe Communities goals for greater impact

» Influencing policy and legislation (local and state)

What type of funding do you have (are you seeking) for Initiative 1? (Select all that apply.)

*

»Other type of funding (Please specify): Funding for start up costs were reallocated from Agency on Substance Abuse Policy's grant funds, additional funding comes from health departments tax base.

What specific type of grant(s) do you have (are you seeking) for Initiative 1? (Select all that apply.) *

How are you measuring progress or impact for Initiative 1?

(E.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy

Tracking the number of new and recurring participants in the syringe exchange program, syringe exchange out to in ratio, number of participants counselled onsite, referred to treatment or counseling, number of clients who participated in infectious disease testing (Hep C and HIV) and the number who tested positive and negative. Long-term, are tracking infectious disease rates related to needle-sharing behaviors.

What were the results of Initiative 1?

(E.g., X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Jessamine's SEP program began on 4/4/2016, to date the program has seen 99 unduplicated participants, with 46 returning participants, with a total of 299 encounters. Syringe out/in ratio is 1:1.38 needles, which is excellent. Of the participants: 22% were referred to treatment, 15% referred to counselling, and 7% took place in on-site counseling. Of the clients: 17% tested for Hepatitis C and 19% tested for HIV. Of the participants, 75% reported having Hepatitis C tested at some time, 26% reported a positive test, 5% reported being treated for Hepatitis C. 70% of the participants reported testing for HIV, with no reports of positive results. County-wide Hepatitis C and HIV data is a long-term measurement, therefore we are in the ongoing process of collecting this data.

Initiative 2 Name:

Distracted Driving Awareness/ Preventable Accident Campaign at Jessamine County Schools

Injury issue it addresses. (Select one.) *

»MVC – Distracted driving

Does Initiative 2 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

»Yes

What is the goal of Initiative 2?

Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.

Decrease distracted driving accidents of drivers less than 22 years of age by 1-3% by 2019 through improved awareness and education. This was our initial goal, but we would like to continue with the trend of decreasing by another 1-3%

Is Initiative 2 based on promising or evidence-based practices? *

»No

Please explain why the coalition is not implementing a promising or evidence-based practice at this time.

To our knowledge, there are not any defined evidence based or promising practices in regards distracted driving. During our fall campaign with the schools, we use resources provided by the National Safety Council to promote cell phone free environments, signing pledges to not drive distracted with links to incentives for safe driving. We utilize recommended education/outreach from the NSC and DOT.

Please indicate what Initiative 2 is trying to accomplish? (Select all that apply.)

- *
 - »Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health
 - »Reaching the community with information and resources to promote safety and health
 - »Bringing coalitions and networks together to work on Safe Communities goals for greater impact
 - »Changing organizational practices to improve safety and health

What type of funding do you have (are you seeking) for Initiative 2? (Select all that apply.)

- *
 - »Sponsorship or donation (includes individual giving)

What specific type of grant(s) do you have (are you seeking for Initiative 2? (Select all that apply.) *

How are you measuring progress or impact of Initiative 2?

(e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Monitoring Kentucky Traffic Collision Data, specifically, distracted driving occurrences, injuries and fatalities with drivers less than 22 years of age. <http://crashinformationky.org/KCAP/KYOPS/SearchWizard.aspx>

What were the of Initiative 2?

(E.g. X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Presently, according to the traffic collision data, when comparing the years of 2013-2014 and 2015-2016, with the criteria of drivers <22 years of age involved with distracted driving (including human factor codes of inattention, cell phone and distraction), we have seen the following: Total Collisions: increased 21% Total injuries with collisions: stayed the same Total collisions with fatalities: - 200% Total injuries: 4% decrease

Initiative 3 Name:

Resilience Program

Injury issue it addresses. (Select one.) *

- »Unintentional drug overdoses

Does this Initiative 3 align with one of the three leading causes of injury in your community you identified at the start of the survey? *

»Yes

What is the goal of Initiative 3?

(Goals should be SMART (specific, measurable, attainable, realistic and timely). Examples include: Reduce the number of falls in older adults by 10 percent in 2017, Fifty percent of employers in the coalition will implement a no cell phone use while driving policy within 2 years.)

After it begins in January 2017, 30 inmates at the Jessamine county Jail will participate in the Resilience Drug rehabilitation program during the 2017 calendar year.

Is Initiative 3 based on promising or evidence-based practices? *

»No

Please explain why the coalition is not implementing a promising or evidence-based practice at this time.

Though it is not evidence based, it is endorsed by the Commissioner for the Department of Corrections for Kentucky as a faith-based program and was developed in the Fayette County Detention Center. Program is still new, therefore initial research is being conducted.

Please indicate what Initiative 3 is trying to accomplish? (Select all that apply.)

*

»Enhancing individual knowledge and skills to prevent injuries or illness and promote safety and health

What type of funding do you have (are you seeking) for Initiative 3? (Select all that apply.)

*

»Grant(s)

What specific type of grant(s) do you have (are you seeking for Initiative 3? (Select all that apply.) *

»State government grant

How are you measuring progress or impact Initiative 3?

e.g., Tracking the number of people trained, Weighing the pounds of medications collected in community medicine drop boxes, Monitoring the number of organizations adopting a cell phone ban policy)

Tracking the number of individuals who complete the program, number of sessions attended, self reported sobriety status (working to get approval for physical testing)

What were the results of Initiative 3?

(X% decrease in injuries, X% increase in attendance, X number of organizations changed policy, X pounds of medications collected)

Program will be started in January 2017, therefore no data to report. In 2016, the goal was to secure funding for the program.

Aside from your Top 3 Initiatives, what other issues is your coalition working on? (Select all that apply.) *

»Falls

»Man-made disasters (e.g., gas leak, chemical spill, oil spill)

- »MVC – Teen driving
- »Sports and recreational
- »Unintentional drug overdoses
- »Violence - related injuries
- »Workplace injuries

In the past year, has your coalition (as a whole) received funds to support the work of the coalition?
 (e.g. line item in municipal budget, XYZ company donated x dollars to buy car seats or support printing costs) **

»Yes

In the spaces below, please tell us name of the funder as well as what the funds were used for:
 Funder 1:

Saint Joseph Jessamine- KentuckyOne Health- \$200- Partial sponsorship for lunch on 8/3/16 for coalition meeting and presentation by Dr. Donald Teater on Alternative Prescribing Methods to Opioids.

Funder 2:

Jessamine County health Department- \$200- partial sponsorship for lunch on 8/3/16 for coalition meeting and presentation by Dr. Donald Teater on Alternative Prescribing Methods to Opioids.

Funder 3:

Local Agency on Substance Abuse Policy reallocated roughly \$7,000 for startup funds for Syringe Exchange Program- cards, signage, syringes, safe injection materials, educational materials.

Funder 4:

\$32,000 received through Local Agency on Substance Abuse Policy for Resilience Program funding, and Jessamine County Jail matched \$8,000 dollars, as the program will be offered onsite at the jail.

Funder 5:

\$500 SAMSHA (through ASAP) for Safe Driving Event in October/underage drinking and driving.

Please provide a brief summary of a community success story. These stories may be included in the Safe Communities America Annual Report, NSC publications, and highlighted on the Safe Communities America website. This is an opportunity to brag about your community to partners, leaders, funders and legislators.

Examples of success stories may include, but not be limited to, new funding received as a Safe Community coalition, public recognition by leaders and/or legislators, increased media engagement or media placement, environmental improvements which support safety/injury prevention, reduction in a specific injury because of something you implemented, new or innovative initiative/program/policy organized by the coalition or stories from residents directly impacted by your work

In January 2016, Jessamine County Board of Health signed a resolution for SEP, and city approved implementation of the program. In February, the fiscal court also approved implementation of the program. (all three requirements for a comprehensive Syringe Exchange Program to be implemented. ASAP members and health department staff attended Jefferson County (Louisville Metro) syringe exchange for additional information and guidance. One JCHD employee attended the National Harm Reduction Training in Scott County, IN in April 2016 and all JCHD clinical and clerical staff were trained on Narcan administration. Since April 4, 2016, Jessamine County has been operating a syringe exchange program to assist in increasing treatment program and counseling referrals, decrease the spread of Hepatitis C and HIV, and provide training opportunities for Narcan administration to professionals and community members. In July, Jessamine County ASAP and Safe Communities hosted a National Harm Reduction Training with presenters from previously existing SEP programs, as well as the National Harm reduction coalition at Jessamine County Health Department with roughly 30 participants, representing other local health departments throughout the state. Training was four

full days, and provided participants with a comprehensive knowledge and education on harm reduction strategies and techniques to use. Since the SEP has been operating, they have seen 99 unduplicated participants and have a return rate of 46% and have had a total of 299 participant encounters. Participants are initially given 40 clean syringes, and are asked to bring back at an exchange ratio of 1:1. The SEP does use retractable syringes to aid to preventing disease transmission and unwanted fingersticks. Since the program was begun, 22% of participants were referred to counseling, 15% to treatment and 7% were interested in onsite counseling. While, we do not track if they do attend treatment, as the program is anonymous, there have been two participants have come back in to specifically share their success and inform the staff that they completed a treatment program and are doing well. Additional activities that have been included with the Syringe Exchange Program -Contracting with a certified drug and alcohol counsellor to provide onsite counseling or treatment guidance/referrals -Increased referrals to www.GETHELPLEX.org related to the Good Samaritan requirement within Senate Bill 192. -Marketing/articles on disease prevention with SEP through community partnerships and news media. Future Activities: -In Feb 2017, Mobile Naloxone Pharmacy scheduled to come to Jessamine county to provide free Narcan training/education, and offer onsite HIV/Hep C testing -In January 2017, Dr. Wormley with UK College of Pharmacy will begin attending Jessamine's SEP once a month to train on and prescribe Narcan -Working with chaining trends of drug use (synthetic opioids- phentanyl, carphentanyl)

Does your coalition use any of the following media platforms? (Select all that apply.)

»Coalition does not use any of these

Please indicate the frequency of social media used in the past year (January – December 2016).

Please indicate the type and frequency of communications you have used in the past year (January – December 2016).

	Did not use in past year	1-3 times/year	4-6 times/year	7-10 times/year	11+ times/year
Emails/electronic-blasts (e-blasts) *	x				
Newsletters *	x				
Newspaper articles *				x	
Op-eds *			x		
Presentations about Safe Communities *			x		
Word of mouth *					x
Other (Specify below) *	x				

As a member of the Pan Pacific Safe Communities Network we are required to show how accredited Safe Communities are networking through presenting and attending conferences.

Please provide the names of conferences you attended in the past year, the date and if you presented, attended or exhibited. (e.g., 10/29/16 Annual Public Health Association Meeting and Expo – Presenter & Exhibitor, 8/9/16 - Safe Communities America Network Meeting – Attendee, 1/20/16 oral presentation on a community prescription drug drop box initiative- Presenter)
Conference 1:

Safe communities American National Meeting, Chicago, Illinois- august 2016- Randy Gooch Attended

Conference 2:

National Safety Council delegates meeting, September 22, randy gooch, attendee

You may or may not know that in 2017, Safe Communities America will be celebrating our 10-year anniversary!

We would like to use this milestone as an opportunity to share the collective impact of this network. Therefore, we are collecting quantitative metrics on programs and trainings many of you implement in your communities.

The next two questions are our attempt to quantify each Safe Communities impact.

We understand this is not an exhaustive list, but we have attempted to outline programs most Safe Communities in the United States are implementing.

Please select the programs/initiatives your coalition has participated in for the past ten year years, or the length your coalition has been working together. *

- » Falls prevention
- » CPR training
- » Naloxone training
- » Green Dot/ Violence Prevention training
- » Child Passenger Safety (CPS)
- » Smoke alarms/Carbon Monoxide detectors
- » Child bike helmet seminars/giveaways
- » Prescription drug collection

Falls Presentation Program

of adult graduates:

60

Names of programs in place:

3

Trainings

of people trained in CPR:

999- there have been people trained by Safe Communities Coalition organization members, but not through safe communities as a whole

of people trained in sports concussion screening:

0

of people trained in administering Naloxone:

0

of people trained in QPR or other mental health first aid:

0

of student's trained in Green Dot or other violence prevention training:

300

Child Passenger Safety

of Child Passenger Safety Technicians trained:

999

of car seats checked by Child Passenger Safety Technicians:

999

of car seats distributed by Child Passenger Safety Technicians:

999

Smoke Alarms/Carbon Monoxide Detectors

of smoke alarms distributed:

999

of carbon monoxide detectors distributed:

999

Child Bike Helmet Seminars/Giveaways

of children's bike helmets fitted:

999

of children's bike helmets given away:

999

Prescription Drug Collection

of drug drop boxes in the community:

1

of pounds collected in drug drop boxes:

999- no updated information on pounds for 2016

Contact Information

Please provide the following information below of the person who completed the survey.

Name:

Lauren Lane

Name of Community:

Jessamine County

Email Address:

laurenm.lane@ky.gov