



# Sustainable Action Plan

## Central District Health Department

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### Summary

Central District Health Department (CDHD) is one of 7 health districts in Idaho, serving approximately 35% of the statewide population, including the metropolitan area of Boise, and outer lying rural and remote communities. The challenge was to implement and institutionalize Project Connect within CDHD, across locations, settings, and disciplines, and create a model other organizations could replicate.

CDHD proved up to the challenge, working step by step to include various staff from all departments in meaningful ways, gradually formalizing protocols and policies to sustain best practices, and advancing a trauma informed approach to supervision and patient care. Some of CDHD's accomplishments include:

- Embedding Project Connect principles into every preventative health service including WIC, Oral health, Cholesterol Screening, Immunizations, Adolescent Pregnancy Prevention, Reproductive Health, and Home Visitation.
- Updating electronic health records to reflect screening questions which are asked of every client.
- Expanding policy for all preventative health services: Identifying and responding to signs of domestic and sexual coercion/violence and human trafficking. This includes definitions, anticipatory guidance, confidentiality limitations, identifying and responding to abuse, action steps, and resources.
- Reviewing this policy during employee orientation and annual employee training.
- Incorporating Project Connect videos and webinars into staff trainings with required reports to division director on lessons learned.
- Sharing this policy with all six Idaho public health districts.
- Training early childhood home visitation staff on Healthy Moms Happy Babies
- Developing a sustainable Project Connect Trainers Network within CDHD, including trained trainers and a support team with specific training, organizational development, policy, and resource evaluation goals.
- Training all staff and programs on ACEs and trauma informed care, including client, self, and organizational practices.
- Addressing staff's perspectives on CDHD's self-care support, after staff completed anonymous surveys as QA tool.

- Formalizing partnerships with service providers to streamline effective “warm” referrals.

## Background

Central District Health Department serves four counties with a total population of approximately 570,000 people (of Idaho’s 1.6 million). CDHD is based in Boise with satellite offices in rural Elmore and Valley counties. Services are also provided in rural Boise County.

CDHD and the Idaho Coalition have cultivated a strong relationship through previous partnerships addressing healthy teen and parent-teen relationships, and adolescent pregnancy prevention. CDHD’s history of reaching adolescents includes their teen clinic, web-based resources and campaigns, and their work in schools, making them a natural fit as a Project Connect pilot site. Currently CDHD also partners with The Coalition on the DELTA initiative, serving in both local and statewide leadership capacities.

At the outset of Project Connect, CDHD acknowledged that despite policies in place, IPV was not uniformly screened for, and anticipatory guidance was lacking – particularly in the adolescent patient population. However, their willingness to acknowledge gaps was an asset, and thus began the journey of transforming beliefs, practices, policies, and community relationships.

The goal was to fold Project Connect into an existing movement within CDHD: integrating knowledge between different programs and understanding how issues intersect (e.g., adolescent relationship abuse and health outcomes). Because CDHD was already prioritizing integration across disciplines, reducing silos between WIC and Oral Health for example, or reproductive health and immunizations, CDHD staff and the overall organizational culture was open to embracing Project Connect, even at the additional cost, time and effort of training and community relationship building.

## Challenges

The communities served by CDHD do not have adolescent specific crisis services for adolescent relationship abuse, and in some cases, lack crisis services entirely. During the course of the initiative, the largest DV/SA provider in CDHD’s service area lost funding for their adolescent counselor, leaving program-based, adolescent accessible options at zero. Adolescents in CDHD’s area have a serious need for supportive resources. Creative, sustainable solutions are essential.

## Approach

Through community based meetings, networking with Idaho Coalition member programs, and willingness to think outside the box, this crucial challenge is being addressed, with marginalized adolescents at the center of the solution.

CDHD worked to:

- Develop an internal support team to address client crisis
- Work with local family justice center so adolescents can access free counseling services
- Work with a domestic and sexual violence program in a neighboring county outside their district, who will offer mobile or telephone based advocacy to adolescents in need of support or safety planning

## Results

With options and resources in place for adolescents (and others) who disclose abuse and a need for support, providers are much more likely to continue screening. In addition, the internal support team not only serves to assist clients. The culture shift at CDHD of becoming trauma informed is permeating client care, staff support and self-care, and policies. The results range from earlier intervention, to lower staff turn-over, increased morale, and improved health outcomes of CDHD patients. The organizational environment is continually improving through their efforts to eliminate trauma triggers and create a welcoming atmosphere.

## Guidance

- While helpful to mandate essential aspects of the Project Connect approach, it's equally crucial to support the unique strengths and momentum that each site has, to expand Project Connect in the way that fits both organizational and community need.
- Create opportunities for community partners to connect and explore unique solutions.
- Invite individuals and organizations that represent underserved and marginalized communities to the table from the beginning. Keep solutions centered on them.
- Begin with a foundation of anti-oppression work including a strong emphasis on racism from the individual to institutional levels. Build on this foundation for more accessible services.
- Use stories, policies, formal MOUs, and assessment tools to capture the challenges, change, and impact. Often sites had changed in such small increments; they wouldn't think to share these details on reports.
- Use the tools! The cards, and sample policies and MOUs are user friendly and adaptable tools.
- Encourage formalization of change to ensure sustainability.
- Focus on relationship building. Much of the work happens when you help cultivate relationships.