CASCADE PACIFIC ACTION ALLIANCE
IMPROVING COMMUNITY HEALTH & SAFETY

Regional Health Improvement Plan Progress Summary

Adverse Childhood Experiences

Strategies:

34: Increase access across the CPAA region to Nurse Family Partnership and/or other evidence-based home visiting programs that build knowledge and skills for mothers with young children and can stop the intergenerational transmission of ACEs.

#36: Coordinate with the N.E.A.R. Speakers Bureau to generate requests for presentations and workshops across the CPAA region that disseminate current scientific information with fidelity regarding Neurobiology, Epigenetics, Adverse Childhood Experiences, and Resilience.

Lead	Caitlin Safford, Coordinated Care	csafford@coordinatedcarehealth.com

Notes: Workgroup completed brief for strategy #34

Notes: Workgroup completed brief for strategy #36

Notes: The workgroup established that the strategy focused on implementing NEAR speakers within the region was attainable in the short term. Liz Davis and Michael O'Neill are both trained presenters of the NEAR program and could provide the CPAA with this presentation/training to bring awareness of this strategy. Additionally, a web-based request system for presentations could be developed to expand the reach of presentations. The team identified the need to evaluate the availability of all home visiting programs within the region. It was also recognized that this may require a FTE along with the funding needed to expand existing progress and fill the identified gaps.

Notes: An adapted project proposal for the Medicaid Global Waiver project list was submitted for strategy #34

Notes: Work plans were updated - most recent version distributed on 3/10/2016

Notes: Additional workgroup members were recruited – most recent workgroup roster distributed 3/10/2016

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Provider Access

Strategies:

#3: Development of 7-county tele-medicine network for greater access.

#4: Develop an ARNP residency program in the region.

#5: Develop and implement a joint, regional recruitment plan of providers with the goal of increasing provider capacity through individually developed plans put together by county.

Lead	Carole Halsan, Willapa Harbor Hospital	chalsan@willapa.net

Notes: Workgroup completed brief for strategy # 5
Need completed briefs for strategy #3
Need completed briefs for strategy #4
Notes: The workgroup identified that this strategy would be for behavioral health provider access specifically. The goal of this strategy focuses on the accessibility of providers focusing on the target population of youth and rural communities. The need identified by this workgroup was facilitation and expanded member engagement.
Notes: An adapted project proposal for the Medicaid Global Waiver project list was submitted for strategy #3
Notes: Work plans were updated - most recent version distributed on 3/10/2016
Notes: Additional workgroup members were recruited – most recent workgroup roster distributed 3/10/2016

Economic and Education Opportunities

Strategies:

#30: Support individuals in obtaining and maintaining employment and livable income.

Lead	Liz Davis, NW Venture Philanthropy	liz@nwvp.org

Notes: Workgroup completed brief for strategy #30
Notes: This workgroup identified three goals: 1) Adequate job skills; 2) increasing economic development; and 3) reducing ACEs through education attainment and economic stability. The workgroup identified youth and adults from many specific populations as the target for this strategy. Operational opportunities for this workgroup include aligning regional efforts with Pacific Mountain Workforce and coordinating other progress already existing in communities and expand programs to the regional level.
Notes: Work plans were updated - most recent version distributed on 3/10/2016
Notes: Additional workgroup members were recruited – most recent workgroup roster distributed 3/10/2016

Care Coordination and Health Integration
&
Improve Chronic Disease Prevention and Management

Strategies:

23: Expand screening of children and youth for behavioral health needs, and provide access to school-based and community-based intervention/treatment services for those identified in need (*AKA the behavioral health pilot*).

#7, 11, 13: Survey region to determine who is coordinating care now, and where that is happening. Develop integrated care assessments across multiple life domains (e.g., housing, domestic violence, social determinants of health, etc.). Identify and develop specific care coordination projects utilizing multi-disciplinary teams (e.g. CHWs whose experience positions them to engage populations traditional healthcare workforces struggle to reach, once trained they could support addressing the root causes of high utilization.)

#18: Develop and expand jail and fine alternatives as well as stronger transitions of care between criminal justice and health care (public and private)

#14: Improve access to chronic disease self-management programs regionally.

Co-Lead	Michael O'Neill, Cowlitz County Public Health	o'neillm@co.cowlitz.wa.us
Co-Lead	Kat Latet, Community Health Plan of WA	Kat.latet@chpw.org

Notes: Workgroup completed strategy briefs for strategies#23, #7, #11, #13, #18, #14
Strategy #23: Eileen Branscome and Dr. Phyllis Cavens have volunteered to support strategy #23. They are both active team members of the Youth BH Pilot Project.
Strategy #7,#11,#13: Michael O'Neil will be leading this
Strategy #14: Chris Hawkins will be leading this
Notes: The workgroup began their efforts with content experts in each area filling out the briefs with their independent resources. The group then came together to summarize and collectively develop a brief. It was noted that the Youth Pilot Project already has a workgroup within the CPAA established and could possibly take over as the representing body for the RHIP strategy. The workgroup proposed that a mapping process of care coordination within the CPAA area was needed to further this work in order to leverage assets that would be identified in this mapping/survey. The workgroup also identified a program in existence related to the jail coordination strategy occurring in Mason County that potentially could be leveraged.
Notes: An adapted project proposal for the Medicaid Global Waiver project list was submitted for strategy #23, #14, and multi-strategy #7, #11, and #13

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