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 transition 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 strategies #34 and #36		

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 strategies #3 and #4		

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		

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)

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

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Notes: Workgroup completed strategy briefs for strategies#23, #7, #11, #13, #18, #9		