



Washington State Frontiers of Innovation First 1,000 Days Letter of Interest

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Please answer the following five questions in three pages maximum:

1. Please describe your community:

The Cascade Pacific Action Alliance (CPAA) Accountable Community of Health (ACH) is a seven-county region encompassing Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties. The CPAA is a voluntary association of diverse organizations from a multitude of community sectors, including healthcare delivery, public health, health plans, social service organizations, education, workforce development and many others. These organizations have come together to improve the health and wellbeing of residents and communities in Central Western Washington through aligned activities and investments. A regional coordinating council made up of leaders from the various community sectors and participating counties governs the CPAA. In each participating county, a local community forum connects the work of the council with local community priorities and initiatives.

What is the chosen community for this project?

We are choosing to work across all seven counties for this project. The CPAA is dedicated to aligning clinical tools and prevention efforts at the local level. To do that effectively, we will work to get participation from local organizations and clinics from each county. Overall, each county is committed to preventing and mitigating the impacts of Adverse Childhood Experiences (ACEs) and has been employing different strategies that work for their populations.

Why did you choose this population catchment area to harness and create synergy?

As an ACH, we have made a commitment to leverage local efforts and spread what is working across communities in our region. Additionally, we know that each of our counties deserves to be included in an effort like this project, especially our rural counties where implementing systems changes built for urban counties does not always translate well. Additionally, because of the work the CPAA has done in the last two and a half years, there is already synergy amongst all of our counties, particularly related to preventing and mitigating the effects of ACEs.

What is your total number of annual births?

The number of births counted from birth certificates in the seven-county region totaled **6,823** in 2014.

How many are eligible for Medicaid?

The number of Medicaid paid births according to the Washington State Health Care Authority in the seven county region totaled **3,639** in 2014.

2. Relating back to the “Areas of Potential Impact,” what are your gaps and assets for this population in your chosen community? What are your top three combined gap or asset priorities?

One of the gaps we have as a community is a collective understanding and map of the referral system to parent support and education programs that are directly aimed at helping parents/caregivers and their children in the first 1,000 days of life. We have the energy and motivation to create a coordination system to get eligible families into home visiting parent support and education programs but, first, we need to develop a map of how the current system works, both within and across counties. We envision four pieces of this mapping process:

First, we want to map how the referral and reporting system connects clinical and community resources. For example, if a mother is enrolled by her midwife into Nurse Family Partnership, how is information from her assigned nurse getting communicated back to the midwife and, eventually, the infant’s pediatrician? And how are details of the patients’ visits to their respective providers getting communicated back to the home visiting nurse?

Second, we are interested in developing a common screening tool that can be used by both clinics and community organizations that assesses the families' risk of social determinants issues. However, we also need to understand what screening tools are currently used and how clinics and community organizations in our region are able to adapt their current practices to incorporate a more comprehensive screening tool. We would like to use this mapping exercise to determine what the common components of current screening tools are and what additional questions need to be added to a common screening tool.

Third, we want to spread effective parent support and education programs across the region. However, we do not yet have the infrastructure for sharing what is working and why it is working across counties. Part of our mapping exercise will include these data points. We can then leverage that mapping to bring together partners across counties to see how programs and resources can be shared amongst multiple programs.

Lastly, while we know there are programs that work well in communities across the region, we also know that not every community has access to effective parent support and education programs. Therefore, we also need to capture which communities do not have access to effective parent support and education programs, and whether those communities have the interest or capacity to implement an evidence-based parent education program.

Through this mapping process, we want to see the following information:

- How referrals into parent support and education programs work, county-to-county and across county lines, and what the barriers to referrals are
- How parent education program coordinators/providers report their work back to traditional physical and behavioral health providers and vice-versa
- Common elements across screening tools from parent support and education programs
- Gaps in screening tools across parent support and education programs
- Effectiveness of different parent support and education programs county-to-county, and why they are effective
- Gaps in parent support and education programs across the region
- Barriers to spreading parent support and education programs to other communities in the region
- Interest and capacity of communities to start up parent support and education programs
- How parent support and education programs are funded in our region

This kind of mapping process is very time- and energy-intensive, and we need technical assistance to complete the work. However, once complete, we will be able to design a pathway for families to get access to the parent support resources they need. A common screening tool will be a necessary component in implementing this pathway and we want to use the data points we get from this mapping process to create a screening tool that works best in our communities.

3. What is your community's interest in innovative problem solving when working with families? Give an example of how you have come together to address Adverse Childhood Experiences (ACEs) and/or family stress. Did that experience create any sustainable capacity? Please explain.

The CPAA, is by its multi-sector and multi-county nature, is an innovative entity, seeking to solve problems across the region to improve the health of the families in our communities. Through its process of developing a Regional Health Improvement Plan, the CPAA Regional Council identified mitigating the effects of ACEs as a top priority. A work group has formed to focus on developing strategies to address ACEs and family stress in the region, with three strategies recently chosen as starting priorities: (1) expanding parent education and home visiting, (2) expanding the Kinship Program, and (3) providing trauma-informed training and N.E.A.R. Sciences presentations.

In early 2015, the CPAA developed a pilot project work group composed of representatives from multiple counties within the CPAA region including pediatricians, behavioral health treatment specialists, public health departments, Medicaid Managed Care Organizations (health plans), Educational Service Districts, schools, and many others. These partners came together to develop the CPAA's Youth Behavioral Health Coordination Pilot Project with the goal of providing connected services for school-aged youth with behavioral health conditions, while accelerating the region in the implementation of trauma-informed practices. The project's approach includes clinical systems, behavioral health systems, social support service systems, and most importantly, working with schools and the education system. The project's fundamental premise is that only if *all* of these systems are connected, trauma-



informed, and services are coordinated across systems, is it possible to meet the complex needs of young people with behavioral health conditions and set them on a pathway of long-term health and success.

This pilot project has helped our region begin to develop sustainable infrastructures with care coordinator staff within the school systems involved, and has the potential to be scaled across the region and state. The project has also attracted funding from state agencies, local partners, and private foundations, all investing in the testing and expansion of this work. These investments will continue to build on the momentum already begun by our local partners to continue to build capacity and sustainability.

In 2016, the CPAA also began a contract with the Washington State Department of Health (DOH) on their Youth Marijuana Prevention and Education Program (YMPEP). This regional collaborative effort focuses on youth and their families to prevent substance use, and has specifically prioritized the Strengthening Families Program as an effective method of addressing family stress in our communities.

This CPAA pilot project and the YMPEP Strengthening Families Programs will be important to include in the mapping process described above, as they are not only examples of a services in the region, but their work groups also serve as hubs of regional information and resources. The many local and regional partners working on these projects are very familiar with the landscape of children's mental health services, and will be invaluable contributors to a collective understanding of the services and gaps in our region's communities.

4. How might from a state level partnership like this help your community to identify policy and system barriers toward the project's stated goals?

Mapping processes like this have been attempted before in certain communities within our region. However, one of the barriers to success has been a lack of data that state agencies collect and keep in their respective warehouses. State-level partnerships and technical assistance provided for this project will substantially break down those barriers and provide a very comprehensive map of the current parent support and education landscape. This map, in turn, will allow us as a collaborative to redesign the system to create access to parent support and education programs to anyone who is eligible.

Additionally, as the mapping process progresses and barriers to access are identified that cannot be solved at the individual community, county, or regional level, statewide partnerships would be very helpful in breaking down those barriers at a systems level. We also can be a testing ground for this kind of systemic infrastructure work, and state agencies can use our regional experience to spread effective activities and interventions to other regions throughout the state.

5. Explain how the timing of this project leverages your existing work.

The CPAA has kept its operations up through the donations of its backbone organization and partner organizations around the table, but mostly through grants from the State Innovation Model project and the Cambia Foundation. Now, however, it is clear that our funding will shift to standing up the Medicaid Transformation Demonstration Project (formerly known as the 1115 Waiver). We are fortunate that many of our ACH goals and priorities align well with the projects that will be pursued under the Demonstration, but not all of our needs are met by this reimbursement model funding. This mapping process will allow us to design a Medicaid Transformation project focused on creating a care coordination and referral pathway to home visiting and parent education services that can be integrated into both the clinics and community organizations.

Essentially, this mapping process will give us the ability to jump straight into design and implementation of this particular Medicaid project. That will allow us more time to show improvement on project-related outcomes in years 3, 4, and 5 of the Demonstration.