

# **Napa County Collaborative: Live Healthy Napa County**

**SUMMARY REPORT  
LHNC Partner Meeting  
December 14, 2015**



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## OVERVIEW

Live Healthy Napa County (LHNC) embarked on a collaborative process to conduct a Comprehensive Community Health Assessment (CHA) in July 2012 with the aim of establishing the foundation for sustainable improvements in health in Napa County. The LHNC health planning process is based largely on the Mobilizing for Action through Planning and Partnerships (MAPP) framework—a community-driven strategic planning process for assessing and improving community health. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The LHNC Core Support Team, comprised of seven representatives from St. Joseph Health System, St. Helena Hospital, Kaiser Permanente, Napa County Health and Human Services Agency and the Napa County Coalition of Non-Profit Agencies, provided oversight and strategic direction during the organizing and planning phases of this process.

Early in the process, a core group of approximately 40 Napa County stakeholders were invited to sit on the LHNC Steering Committee to contribute to the development of the CHA and the Community Health Improvement Plan (CHIP). These individuals were carefully selected to ensure a broad representation of residents, businesses, service providers, policymakers, and other entities across Napa County. The purpose of the LHNC Steering Committee was to provide input into the comprehensive planning process, which began with the development of the CHA in the fall and winter of 2012 and continued with the launch of the CHIP process in spring of 2013. Through the CHA process, Steering Committee partners helped to identify health issues most important to Napa County. During the CHIP process, they helped to develop and prioritize strategies to address those concerns. The CHIP was adopted in February of 2013, leading to the development in June 2014 of more detailed document, referred to as the Community Health Action Plan (CHAP), which lays out the specific activities in the CHIP in more detail. The CHAP is being used as the strategic roadmap in the MAPP “Action Cycle”, which consists of planning, implementation and evaluation activities.

In June of 2015, as the collaborative reached the one year anniversary of the completion of the CHAP, it became clear that LHNC would benefit from a revised governance and communication structure. To accomplish this, a sub-committee of Steering Committee and Core Support Team members was convened. The subcommittee drafted a new governance structure that combined the Steering Committee and Core Support Team into one decision making body, the LHNC Leadership Collaborative (LLC). The LLC was designed to also include representation from component plan and other LHNC subcommittees. LHNC participants who are not part of the LLC at this time are invited to attend bimonthly meetings open to all LHNC partners and community members.

Thirty LHNC partners attended a meeting at Napa Valley Adult Day Services on December 14, 2015. This report summarizes the December, 2015 LHNC Partner Meeting in four sections:

- I. Introduction**
- II. Component Plan Updates**
- III. Other Updates**
- IV. Social Determinants of Health: Homelessness in Napa County**

## I. INTRODUCTION

- The meeting began with a welcome from Dr. Karen Relucio, Deputy Director of HHSA-Public Health and Napa County Health Officer. Dr. Relucio gave a brief overview of the role Social Determinants of Health play in length and quality of life for county residents. She stressed the ability to impact conditions affecting populations versus individuals comes from changes at the policy and system level. This results in the need to have these health factors incorporated in all policies in the county in order to achieve the “Triple Aim” of decreasing health care costs, improving health education and strengthening the healthcare delivery system.
- LHNC Chair Joelle Gallagher welcomed everyone and reviewed the agenda. She noted going forward Component Plan updates will be evolving from “report outs” to conversations surrounding specific opportunities for partners to engage with or support efforts via policy development or community education efforts.

## II. COMPONENT PLAN UPDATES

- **Poverty Reduction & Prevention Plan** - Update provided by Co-Chairs Tracy Lamb, with Napa Emergency Women’s Services, and Lynn Perez, Deputy Directors of HHSA-Self-Sufficiency: Co-Chairs discussed the desire to focus the plan on 1 or 2 issues to target efforts and ensure effectiveness. The first two issues will be supporting the efforts to raise the minimum wage in Napa County, and bringing Circles – a mentoring program to help lift people out of poverty – to Napa in an expanded capacity. This group – The Economic Self Sufficiency Committee – meets the second Thursday of each month in trailer P2 at the HHSA Campus on Old Sonoma Road, and the meeting is open to all interested LHNC Partners.
- **Behavioral Health Component Plan** – Update provided by Co-Chair Rob Weiss, with Mentis: There is no formal plan at this time. The group has had difficulty identifying a path to or achieving consensus among members on how to address a single overarching issue (suicide, substance abuse, etc.). There is a desire to liaison with LHNC and continue to support existing groups as a committee for efforts already in place, such as ACES Workgroup and Triple P. The committee believes their best role at this time is to lend support to these activities underway rather than lead. Joelle Gallagher shared the status of the ACES & Triple P workgroup/strategy team. The work is in the planning stages, with training and implementation to begin in early 2016. A primary goal of the work will be educating health providers to look through the lens of “trauma informed care.”
- **Older Adult Plan** -- Update provided by Co-Chairs Celine Regalia, with Napa Valley Hospice and Adult Day Services, and Kris Brown, Deputy Director of HHSA-CSOA: Results of the Senior Survey (of 1200 County seniors) showed a change in the primary concern of older adults. Ten years ago the number one concern was transportation. This year it is affordable housing. The next step for this group is a January retreat to develop the public policy agenda surrounding the

priority areas identified in the survey, starting with housing. Co-Chairs also shared their desire to see LHNC help to broaden the understanding of “services” in the county to always include services for older adults as a part of the user-base (rather than a separate group requiring special services).

- **Healthy Bodies Coalition** -- Update provided by Chair Norma Lisenko, and Franny Wong, both with Healthy Cooking with Kids: Norma and Franny reviewed the 6 overarching goals for the HBC and shared that 60% of the strategies are completed or in progress (42/70). Next on the target list is to revamp or organize student wellness policies at NVUSD and CUSD.

### III. OTHER UPDATES

- **Nightingale Project** – Dr. Relucio recapped the history of the permitting process: Catholic Charities sought a permit to run a respite center in a commercial-use building on Jefferson St. The funding for the operation would be from Queen of the Valley Medical Center and St. Helena Hospital jointly. In August, the Planning Commission denied the permit as a result of occupancy and activity concerns raised by residential neighbors in the area. Dr. Relucio and several others reviewed the site and plans, reduced the number of people to be served at any one time from 13 to 11 and the permit was appealed to the City Council. Support from the community at the City Council meeting on November 17<sup>th</sup> was very strong and the Council unanimously approved the permit.
- **E-Cigarette Proposal** – Dr. Relucio presented the need for the E-Cigarette ordinance going before the Board of Supervisors on Tuesday, December 15<sup>th</sup>: Currently E-Cigarettes are unregulated and heavily marketed to children through ads, flavors and proximity to candy/consumables in stores. In order to combat the rise in youth use, the goal is to first address limitations via policy, then to ultimately gain approval for taxing and regulation. The goal of the new ordinance before the Board of Supervisors is to include E-Cigarettes in the definition of “tobacco products” for all county policies.

### IV. SOCIAL DETERMINANTS OF HEALTH: HOMELESSNESS IN NAPA COUNTY

#### Homelessness in Napa

Mitch Wipfern, Deputy Director of HHSA-Operations, began by sharing a video designed to broaden understanding of homelessness in Napa County. You can find that video online here: <https://www.youtube.com/watch?v=KUoT52cSNfQ>

Following the video, Mitch presented data on the makeup of the homeless population in Napa including total count as well as breakdown between “Chronically Homeless” (defined by HUD as

individuals who have been homeless four or more times in the last three years and have one or more disabilities) versus those needing short-term housing placement assistance or “Rapid Rehousing”. Napa has begun using the Vulnerability Index-Service Prioritization Decision Assistance Tool or VI-SPDAT to assess and prioritize the universe of people who are homeless in the community. The VI-SPDAT is a prescreening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. Using this tool, it is estimated that there are currently 329 individuals experiencing homelessness in Napa County *right now*. Of those, based on the screening methods available, 70 need permanent supportive housing, 222 need Rapid Rehousing (short-term subsidy) assistance, and 40 require no subsidy but only rental assistance. In other words, the majority of homeless in Napa require housing assistance, not permanent supportive housing, which makes the homelessness issue one inextricably tied to the affordable housing issue in the county.

Additional data on the Napa homeless population:

- 90% are local/were raised here in Napa
- Majority are male, middle-aged
- Most have some sort of income (48% have earned income, 26% have SSI/DIS income)
- Majority have at least one physical or behavioral health condition

Funding for operating homeless shelters has been dramatically reduced in recent years. This results in the need to:

1. Find new ways to share resources,
2. Increase cooperation and decrease duplication among government and NPO/CBO’s serving the homeless,
3. Ensure shelters are conduits to housing solutions, not destinations.

New funding sources need to be identified and the focus must become a holistic approach that includes braiding existing funding streams and creating greater community involvement. There are several models of successful system change work, including Utah (98% housed) and Mercy Housing (LA Model), as well as pilot programs like those in Santa Rosa offering “safe parking” for overnight car-based living.

One of the most important first steps is to educate the public about the “response cost” of homelessness (\$40K) versus the “housing cost” (\$13K), and to underscore the cost-effectiveness of a program to house-first. The partners asked the strategy team working on this issue for some talking points on the facts, the economics and the opportunities to rethink how the community can respond to help solve the issues.