2024-2027

Community Health Improvement Plan

Napa County

November 2024

NAPA COUNTY

Health & Human Services Agency

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Message to the Community

The Napa County Health and Human Services Agency (HHSA) is pleased to present the 2024 Community Health Improvement Plan (CHIP). The goals and objectives of this CHIP were developed through a comprehensive stakeholder-informed process that included priorities identified in both the 2023 Community Health Assessment (CHA), carried out jointly with Providence Queen of the Valley Medical Center, and the Napa Older Adult Assessment (NOAA), which began in late 2022. Five overarching areas were identified in the CHA and NOAA: Housing, Behavioral Health, Access to Health Services, Racial Equity & LGBTQ Inclusion, and Economic Stability.

For the first time in the County's history, an approach of aligning multiple funding streams is being used to support work on the priority areas identified through the CHA and CHIP process. Through the integration and alignment of the NOAA work with the CHIP, priorities identified by the older adult community are also part of this funding strategy. In total, 36 programs addressing goals and objectives across the five priority areas within this CHIP were funded through the Master Settlement Agreement (MSA), Mental Health Services Act (MHSA), and Opioid Settlement Funds (OSF). This braiding of funding to address community health priorities is an important step toward achieving collective impact and making meaningful improvements in community health and wellbeing.

The success of this process has relied on, and will continue to rely on, collaboration with the many cross-sector community partners, organizations, coalitions, and individuals in Napa County who have committed their time and resources toward efforts to ensure that all in Napa County are able to live healthy and fulfilling lives.

Sincerely,

Jennifer Yasumoto

Jennifer Yasumoto
Agency Director
Napa County Health and Human Services

Acknowledgments

The 2024 Napa County Community Health Improvement Plan was produced in collaboration with Live Healthy Napa County (LHNC) community partners and our local community. We would like to thank our many partners for their expertise and contributions to the development and implementation of this plan, and for their commitment to the health and well-being of all in Napa County.

Abode Services

Adventist Health St. Helena

Aldea, Inc.

Calistoga Community Schools Initiative

Community Action of Napa Valley

Community Health Initiative

Community Leaders Coalition

Community Resources for Children

Cope Family Center

Downtown Napa Farmers Market

Feeding It Forward

First Five Napa County

Greater Napa Valley Fair Housing

Health and Human Services Agency - Behavioral Health

Health and Human Services Agency - Child Welfare Services

Health and Human Services Agency - Comprehensive Services for Older Adults

Health and Human Services Agency - Public Health

Health and Human Services Agency - Self Sufficiency Services

Healthy Bodies Coalition

Innovations Community Center

Kaiser Permanente

Mentis, Inc.

Michael Leonardi Foundation

Molly's Angels

Napa County Bicycle Coalition

Napa County Library

Napa County Mental Health Board

Napa County Office of Education

Napa County Older Adults Assessment

Napa County Suicide Prevention Council

Napa Valley Child Advocacy Network, Inc.

Napa Valley Community Organizations Active in Disaster

Napa Valley Education Foundation

Napa Valley Transportation Authority

NEWS – Domestic Violence & Sexual Abuse Services

NOAA Project Management Team

OLE Health dba Communicare+Ole

On The Move Housing Stabilization

On The Move LGBTQ Connection

On The Move, Inc.

Parents CAN

Partnership HealthPlan of California

Planned Parenthood of Northern California

Providence Community Health Napa Valley

Providence Queen of the Valley Medical Center

Puertas Abiertas

Share the Care

UC Cooperative Extension Napa County

UpValley Family Centers

Introduction

The Community Health Improvement Plan (CHIP) is a long-term, systematic plan to address the community health priorities identified in the Community Health Assessment (CHA). The 2023 CHA is the result of a bilingual data collection process, completed in partnership with Providence Queen of the Valley Medical Center. This foundational document provides the data and direction for the CHIP, which will dictate the next three years of collaborative community health planning. The CHIP has been further informed by and aligned with the results of the Napa Older Adult Assessment, a community-based initiative conducted between September 2022 and June 2024. The CHIP describes the strategies that Napa County community partner organizations have chosen to address five health priority areas, which include:

Figure 1. 2023 Community Health Assessment Priority Areas

This plan includes the resources and organizations that will be engaged in implementing specific strategies to improve the health and well-being of Napa County community members, including measurable outcomes that will be used to track progress within each priority area. While our collective goals and objectives are static, the strategies and measures described in the CHIP are dynamic by design. We are committed to engaging in ongoing evaluation, and shifting our strategies based on that data collection. We will continue to regularly engage our community partners, to review our progress and processes, using their feedback to update our improvement plan as needed. This process will naturally include engaging community members and end users of the programs represented in the CHIP to more deeply understand their experiences.

While the central focus of this plan is to improve health outcomes for community members in Napa County, we also hope to reduce silos and increase opportunities for warm-hand offs between our organizations. As we work to provide information and resources through our individual strategies, the collective engagement in, and awareness of, other active CHIP strategies will go far in increasing our ability to provide whole-person care with each encounter and to strengthen and improve the systems in which we work.

The CHIP is largely focused on addressing social determinants of health, which are upstream factors that influence or contribute to disease risk and health behaviors. These include all aspects of our day-to-day life including education, access to resources, the neighborhoods we live in, and how we do or do not experience respect and social inclusion. By focusing on social determinants of health, we can collectively address and analyze both individual and community behaviors- allowing for a more complete view of, and impact on, the health and well-being of everyone who lives, works, and plays in Napa County.

CHIP Development Process and Resources

The CHIP was developed over a series of four meetings with Live Healthy Napa County (LHNC) community partners that led to the adopted goals, objectives, and strategies.

Meeting 1: February 7, 2024, focused on a review of data from the CHA and the development of goals and objectives within the priority areas of Housing, Behavioral Health, and Access to Health Services, using an equity lens. The alignment of CHIP priority areas with three different funding streams managed by the Napa County Health and Human Services Agency was also announced at this meeting.

Meeting 2: February 20, 2024, focused on the development of goals and objectives within the remaining priority areas of Racial Equity and LGBTQ Inclusion and Economic Stability.

Meeting 3: May 1, 2024, reviewed the ongoing work related to the Napa Older Adult Assessment and the finalized goals and objectives for the CHIP, with a call for additional strategies that partners would like to include in the CHIP.

Meeting 4: August 7, 2024, highlighted CHIP strategies funded over the next three years with over $9 million allocated across three County funding streams and sought partner input on strategies to address remaining gaps in CHIP objectives.

Resources

In spring of 2024, grant applications and RFPs were released for the County's Master Settlement Agreement (MSA) funds, Mental Health Services Act (MHSA) - Prevention and Early Intervention (PEI) funds, and Opioid Settlement Funds (OSF). For the $5 million in MSA funds available over three years, applicants were required to submit proposals responsive to a specific goal and objective in one of the following priority areas: Housing, Access to Health Services, Economic Stability, or Racial Equity and LGBTQ Inclusion. For the $4 million available in MHSA PEI funds over two years, applicants were required to submit proposals responsive to specific mental health-related goals and objectives within the Behavioral Health priority area. Finally, for the $840,000 available in OSF funds over three years, applicants submitted proposals responsive to specific substance-use prevention and treatment-related goals and objectives within the Behavioral Health Priority area. In total, 36 strategies addressing goals and objectives across the five priority areas were funded. Goals and objectives without a funded strategy were filled with existing programs/projects funded by other sources or will be an area where future work will need to be done to secure resources.

Throughout the data collection, data analysis, and prioritization process of the Community Health Assessment, a driving goal was to center and uplift community voice. To that end, respondents to the grant application and RFP processes were asked to indicate how their target populations had been or would be involved in program design and how the program or service promotes inclusion, belonging, and accessibility. The strategies chosen to address goals and objectives will be owned, designed, and implemented by both HHSA and community partners. Rather than dictate what *should* be done in our community, this improvement plan is focused on projects led by community interest, bandwidth, and feasibility. By focusing our collective efforts, resources, and planning on strategies chosen through community expertise and engagement, the goal is to realize an improvement plan with measurable and timely results.

Community Context

While the Community Health Assessment data collection plan focused on gathering community health experiences and feedback, participants also surfaced themes that describe the character and identity of Napa County. These are the settings and circumstances in which we live and work, and impact how we interact with each other and our institutions. While participants did not vote on these themes as priority areas for the Community Health Assessment, they will be the lens through which we view and design the ongoing work of the Community Health Improvement Plan.

SYSTEM COHESION

Participants reported that awareness and access to services is often facilitated by finding trusted messengers, or friends and family that can help. They described trust and personal connection as key to creating access to services. It can be difficult for people, especially community members with undocumented status, to distinguish between the governmental agencies/services that help them and those that could punish them. Social sector staff frequently take on tasks beyond their typical duties to ensure community members can access the resources they need. They named the inability to share data between agencies as a barrier to timely and comprehensive care. It can be difficult for community members to navigate the systems that are designated to help them.

DISASTER RESILIENCY

Napa County residents have experienced flooding, fires, earthquakes, and a pandemic. These shared experiences have magnified our ability to come together in a crisis. While our emergency systems continue to improve with each response, compounding disasters have left many community members unable to recover.

NATURE, ANIMALS, AND THE OUTDOORS

People very often identify the natural environment as the most positive contributor to their health and wellbeing. Pets and access to animals provides a valued source of reflection and calm. Napa County provides access to many outdoor experiences that are greatly valued in the community.

"ALL THE GREAT SERVICES"

Napa is perceived by many to have a broad and high-quality public service provision. For those in crisis and the most in need, services are reportedly readily available, especially in the city of Napa. Collaboration and strong connections between services and individual care providers and staff were named as a bright spot by many participants.

Health Priority Areas

Through a collaborative process engaging 48 different organizations across various sectors in Napa County, the Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center identified the following priority areas in the 2023 CHA, listed in rank order:

HOUSING

The limited availability of housing stock pushes prices so high as to be out of reach for many people, especially those with low incomes. The cost of living is very high, and many workers are not paid a living wage. A lack of housing stability can lead to further instability in other aspects of life, while societal stigma towards unhoused people can exacerbate the issue. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.

ACCESS TO HEALTH SERVICES

Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families (families with a variety of documentation statuses, including undocumented status), as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

RACIAL EQUITY & LGBTQ INCLUSION

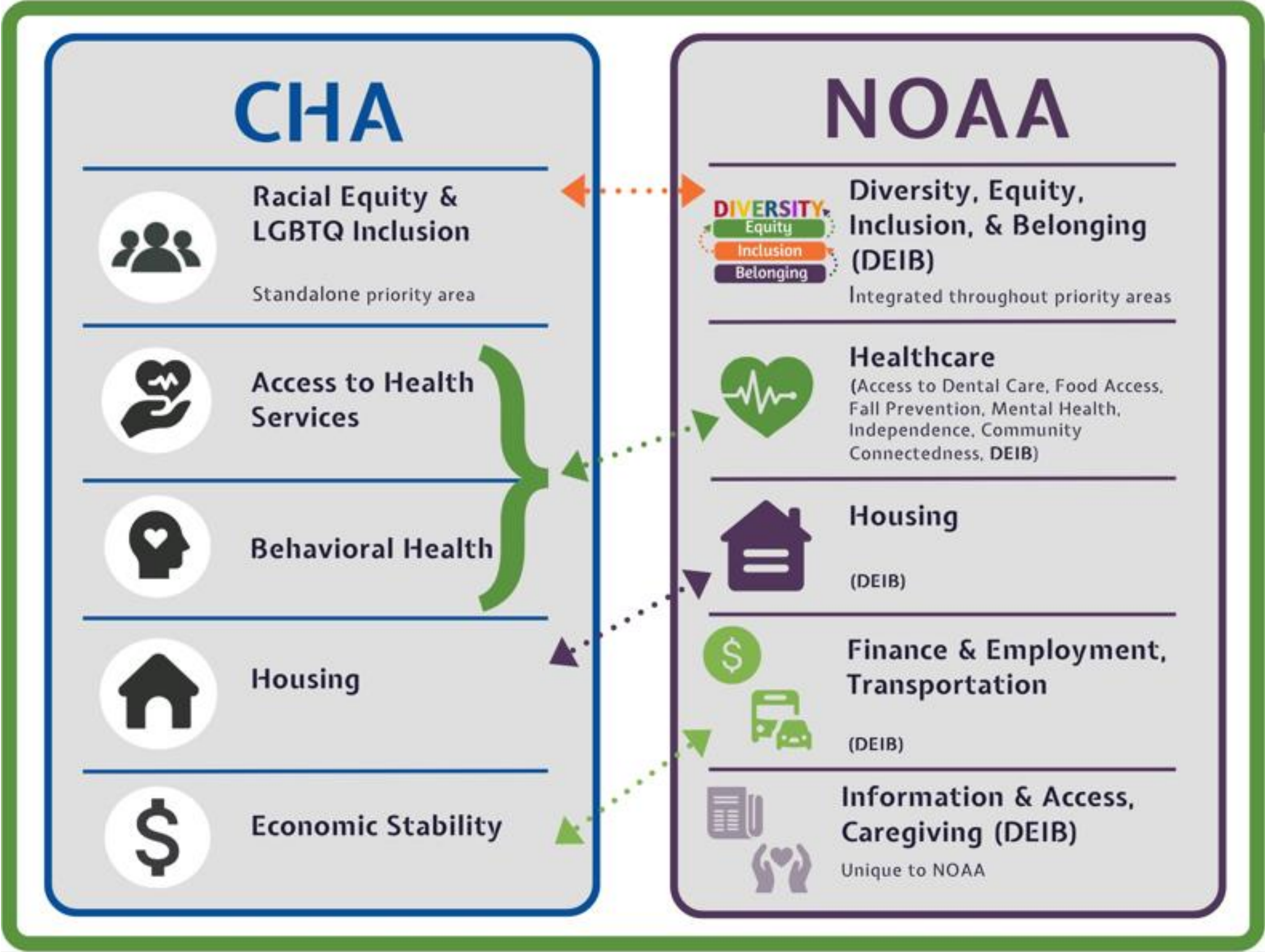
Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about “doing it wrong.”

ECONOMIC STABILITY

Many participants spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Priority areas identified through the Napa Older Adult Assessment (NOAA), which involved over 1,500 surveys of older adult residents of Napa County and 76 focus group participants, were in nearly perfect alignment with those identified in the 2023 CHA. In addition to the five areas identified in the CHA, the NOAA also highlighted Information & Access and Caregiving as priorities for the older adult community.

Figure 2. Napa County CHA and Napa County Older Adults Assessment Alignment



HOUSING

Our Vision: Healthy, safe, stable, and affordable housing is available for all in Napa County.

Priority Area: Housing

Goal 1: Ensure healthy, stable, and affordable housing for all in Napa County.				
Objective 1.1: Increase housing stability and affordability for Napa County residents and workers.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Increasing housing stability and preventing homelessness	Lower Income Families and Older Adults	UpValley Family Centers	100% of households at risk of homelessness experience short-term/immediate stability through emergency financial assistance. 95% of households receiving financial assistance remain safely and stably housed. 70% of households provided economic success services report improved financial status. 70% of households reported improved financial security after being connected to safety net programs.	$344,050 - Master Settlement Agreement (MSA) Funding

Objective 1.2: Increase access to stable housing and a range of support services for those experiencing homelessness and those who are insecurely housed.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Napa Housing Stabilization Program	Lower Income Families with Young Children	On the Move	40 individuals receive financial assistance annually 20 individuals secure housing annually 85% of clients make progress toward at least one goal in their personalized housing plan annually. 500 individuals receive housing resources/tenant rights information annually	$187,205 - Master Settlement Agreement (MSA) Funding
Domestic Violence Housing First	Domestic Violence and Sexual Assault Survivors	NEWS	95% of clients secure safe housing upon exiting the shelter as measured annually. 60% of clients receive placement through the DVHF program annually. 95% of DVHF clients maintain or increase housing security during the program as measured annually.	$525,000 - Master Settlement Agreement (MSA) Funding
Displacement and Homelessness Prevention	Lower Income Renters	Greater Napa Valley Fair Housing	450 unduplicated tenet intakes and 50 unduplicated landlord intakes conducted annually. 10 housing rights workshops are conducted annually, reaching at least 100 unduplicated individuals.	$237,500 - Master Settlement Agreement (MSA) Funding

Objective 1.3: Increase both the availability and appeal of senior living communities as an option for cost-effective and supportive housing for older adults.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
A strategy responsive to this objective has not been identified and will be an area of ongoing discussion among community partners.	Older Adults	TBD	TBD	NA

Objective 1.4: Increase the feasibility of aging in place for older adults living in Napa County.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Stable **H**ousing **A**nd Community **Re**silience (SHARE) Program	Older Adults at risk of homelessness	Napa County Housing and Homeless Services	50% of SHARE program participants will report increased ability to afford one or more basic necessities (e.g., health related costs, healthy food, transportation, etc.) after one year in the program. 50% of SHARE program participants will report their financial situation improved over the course of the program.	NA

BEHAVIORAL HEALTH

Our Vision: Everyone in Napa County has access to high-quality, culturally responsive, and equitable behavioral health services, with a focus on building upon strengths while promoting recovery and wellness.

Priority Area: Behavioral Health

Goal 1: Maintain and Strengthen Suicide Prevention Services				
Objective 1.1: Collect, review, and share data to better understand and address the problem and impact of suicide in our county.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Suicide Prevention Council Data Subcommittee	Youth - Older Adults	HHSA-Behavioral Health Division	By the end of Year 1, define data elements of interest and clearly identify how data will be utilized to advance the goals of the Suicide Prevention Council. Work with Providence QVMC to investigate whether a Data Use Agreement can be established.	NA

Objective 1.2: Increase early identification of suicide risk and connection to services for youth, adults, and older adults.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Suicide Prevention Council	Youth - Older Adults	Mentis	85% of attendees at annual Suicide Prevention Week event report greater knowledge of suicide risks and resources available 85% of attendees at annual Suicide Prevention Week event report increased understanding that suicide is preventable 95% of the 250 youth trained annually in QPR report feeling knowledgeable about suicide prevention techniques	$311,574 - Mental Health Services Act (MHSA) Funds

Goal 2: Prevent and effectively treat substance use disorders and harmful use of substances such as tobacco and alcohol.				
Objective 2.1: Increase access to prevention and treatment resources for opioid use disorder.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Substance Use Navigator (SUN) Program in the ED	Youth - Older Adults with Opioid Use Disorder (OUD)	Providence Queen of the Valley Medical Center	By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT in the ED. By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT for a limited term at discharge. By the end of Year 3, 75% of patients prescribed MAT in the ED and/or at discharge will be connected with the SUN and referred to CommuniCare OLE MAT program or another outpatient treatment program. Provide education and/or resources for SUD and OUD services available throughout Napa County to 100 hospital caregivers, patients and family members each year.	$134,269 - Opioid Settlement Funds

Objective 2.2: Increase understanding of the risks of substance use, especially among youth.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
VOICES Opioid Prevention Support	Youth and Young Adults	On the Move	90% of youth and leaders will demonstrate gains in understanding about the scope and causes of the fentanyl crisis among youth in Year 1. 75% of youth will report changes in their attitudes and/or beliefs regarding opioid use in Years 2 & 3. 85% of youth will report improved capacity for making healthy decisions around opioid use in Years 2 & 3. 75% more youth will be engaged in prevention education in Year 3.	$324,362 - Opioid Settlement Funds
Opioid Addiction Prevention Education and Outreach in UpValley	Youth and Families	UpValley Family Center	80% (240/300) youth, parents, and community members will demonstrate gains in understanding the risks and dangers of opioid substances and gain knowledge of the local resources available by Year 3. 80% (144/180) parents and community members will demonstrate gains in understanding the risks and dangers of opioid substances and gain knowledge of the local resources available by Year 3.	$126,550 - Opioid Settlement Funds

			100% (10/10) trusted leaders will be trained and equipped to lead opioid abuse prevention education throughout the UpValley community by Year 1. 80% (120/150) of local youth will report having skills to conduct peer outreach by Year 3.	
Opioid Awareness, Prevention, and Education Campaign	Youth and Families	Michael Leonardi Foundation	14% increase in knowledge of substance use risks and prevention resources reported by youth, parents, and the community by Year 3. 14% increase in knowledge of harm reduction strategies such as naloxone administration and fentanyl test strips by Year 3. 18% increase in engagement and participation efforts within the community by Year 3. 12% increase in local stakeholder partners and collaborations by Year 3.	$254,818 - Opioid Settlement Funds

Reducing Youth Tobacco Use	Youth	HHSA-Public Health Division	90% of youth in Friday Night Live and Club Live report learning about the risks of alcohol, tobacco, and other drugs. 90% of youth in Friday Night Live and Club Live report helping other youth to make healthy choices that do not involve alcohol, tobacco, or other drugs. 90% of youth in Friday Night Live and Club Live report that FNL helps them decide to do other things instead of using alcohol, tobacco, or other drugs.	NA

Objective 2.3: Provide education, and assistance in implementing policies that reduce exposure to tobacco products and secondhand smoke.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Empowering Youth-Led Civic Engagement to Reduce the Harms of Tobacco	Youth	HHSA-Public Health Division	By the end of year 3, Tobacco Free Napa Coalition members will develop and implement a jurisdiction-specific campaign in support of a tobacco related policy (e.g., MUH, smokefree outdoor spaces, retail licensing, etc.).	NA

Objective 2.4: Provide education and assistance in implementing policies and programs that increase safe medication storage and disposal.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Napa Opioid Safety Coalition (NOSC)	Youth - Older Adults	HHSA - Behavioral Health and Public Health Divisions	By the end of year 1, NOSC will develop a taskforce to create education and assistance material. By the end of year 3, NOSC will develop education and assistance materials on safe handling and disposal practices.	NA

Goal 3: Support mental health and wellbeing of Napa County residents.

Objective 3.1: Increase mental wellbeing among Latine, BIPOC, underserved/unserved, and low-income youth, adults, and older adults with an approach that encompasses culturally competent strategies to support mental, physical, financial, and social wellbeing.

Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Triple P Parenting Program	Children and Families	Napa County Triple P Collaborative	Provide Level 2-5 direct services to 510 families Increase parenting satisfaction and confidence compared to baseline measure Improve parent-child relationships Reduce parent anxiety, depression, and stress compared to baseline measure	$783,589 - Mental Health Services Act (MHSA) Funds
Pathways to Family Mental Health and Wellbeing	Children and Families	Cope Family Resource Center	70% of parents' mental health needs are identified and met with an appropriate referral within 48 hours of intake assessment 60% of parents/caregivers report increased confidence in mobilizing resources 70% of parents report increased social supports at end of contract By the end of year 2, ESQ pre- and post-data reflects progress in two of six domains 70% of connections to referred resources will be confirmed by staff	$240,000 - Mental Health Services Act (MHSA) Funds

			follow-up contacts with clients at 30, 60, and 90 days	
Comprehensive Assistance and Resources for Elderly (CARE) Program	Older Adults	Molly's Angels	Achieve a 90% satisfaction rate with the RideScheduler system enhancements. Collect feedback demonstrating improvement in well-being and access to care for 70% of participants. Increase number of clients newly enrolled in Molly's Angels services identifying as older adult BIPOC by 20% annually.	$288,000 - Mental Health Services Act (MHSA) Funds
Guaranteed Income for Foster Youth	Youth and Young Adults who have been in the foster care system	On the Move	90% of youth who enroll in the program will complete all components of this pilot program 85% of youth will demonstrate decreased income volatility as evidenced by their ability to cover unexpected expenses without going into debt 80% of youth will report increased mental health and wellness as measured by increased self-determination and positive self-regard and/or decreased depression and anxiety 75% of youth will improve their employment status, increasing their income or job stability 75% of youth will obtain and/or maintain stable, safe housing	$86,956 - Mental Health Services Act (MHSA) Funds

Parent Stress Intervention Program (PSIP)	Families	ParentsCAN	30% of parents screened will report needing help to access social/emotional support. 85% of parents who attend PSI Program Classes will report lower levels of stress and anxiety, improved sleep and greater social wellbeing as indicated by their DASS scores.	$133,466 - Mental Health Services Act (MHSA) Funds

Objective 3.2: Increase mental wellbeing and enhance access to mental health services, particularly bilingual and bicultural services, for children and their families, youth, adults, and older adults in Napa County.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Supportive Outreach and Access to Resources (SOAR)	Youth and Young Adults who require early intervention for psychosis	Aldea	85% will have a phone screen completed within 3 business days of the referral 75% will have a Welcome Session within 20 business days of the referral 95% will not have a psychiatric hospitalization while in the SOAR Program 85% will not have a psychiatric hospitalization within 30 calendar days after discharge from the SOAR Program 75% will receive education, employment support, and referral services prior to discharge 25% will demonstrate improvement on the Compass 10 after having	$500,800 - Mental Health Services Act (MHSA) Funds

			been in the SOAR Program for six months 50% will demonstrate improvement on the Compass 10 after having been in the SOAR Program for 12 months 50% will show improvements from their initial assessment scores to their successful discharge scores on the Compass 10	
Bridges Community Mental Health	Uninsured/Underinsured Adults	Mentis	75% of clients, per the Emotional Rating Scale, will report decreased emotional distress and increased daily functioning 75% of clients, per the PHQ9 (Patient Health Questionnaire-9) and the GAD7 (Generalized Anxiety Disorder 7 questionnaire), will show a reduction in symptoms of depression and anxiety. 75% of clients will show a reduction in symptoms of trauma per the PCL-PTSD (Post Traumatic Stress Disorder, PCL for short).	$311,600 - Mental Health Services Act (MHSA) Funds
Middle School Access Program	Youth	Napa Valley Education Foundation	100% of middle school students will receive screening using the Strengths and Difficulties Questionnaire (SDQ) screening tool to determine if mental health supports are needed. 85% of participants in the Joven Noble support groups will build life skills, strengthen their cultural	$180,000 - Mental Health Services Act (MHSA) Funds

			identity, and engage as peer support for others in their groups. 75% of participants in the CBITS trauma support groups will report increased coping skills, resilience, self-regard, and understanding of available resources at their school sites. 85% of participants in the CBITS trauma support groups will report improved knowledge of suicide, mental health crisis risks, and resources for assistance. By year-end, 95% of middle school students will visit their Wellness Center for support at least once. 100% of students identified as needing Tier 3 mental health support will be offered services. By year-end, 95% of middle school staff will report that they know how to identify, refer, and support a student with socio-emotional needs.	
Expanding Access to Equitable Behavioral Health Care in Napa Valley	Teens and Young Adults	Planned Parenthood	25% of patients will benefit from uncompensated behavioral health care	$305,536 - Mental Health Services Act (MHSA) Funds
Bilingual Behavioral Health Screening and Referrals in the Emergency Department	Youth - Older Adults; Spanish-speaking and Latine	Providence Queen of the Valley Medical Center	50% of ED patients screened receive referrals 10% of patients screened receive follow-up services 65% of patients screened receive follow-up outreach for social support services	$421,058 - Mental Health Services Act (MHSA) Funds

Objective 3.3: Identify and amplify non-traditional methods of mental wellness support, that address mental health needs and reduce stigma around accessing services.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Middle School Foundations Wellness Initiative	Youth	Mentis	75% of Wellness Café participants will report increased coping skills. 75% of Wellness Café participants will report increased resilience. 75% of Wellness Café participants will report increased self-regard. 75% of Wellness Café participants will report increased understanding of available resources at their school site.	$317,348 - Mental Health Services Act (MHSA) Funds
Senior Wellness Program	Older Adults	UpValley Family Center	200 low-income and isolated UpValley seniors learn about available services 80% of older adult participants will report that the groups have helped them better understand how to manage stress and anxiety At least 60% will report feeling more comfortable talking with others about seeking help for mental health concerns 85% of individuals receiving therapy will successfully complete brief treatment reducing the impact of mental health issues 75 referrals will be made to external wellness resources and services	$145,040 - Mental Health Services Act (MHSA) Funds

ACCESS TO HEALTH SERVICES

Our Vision: Everyone in Napa County has access to affordable health and social services, including primary, specialty, and dental care, without barriers to entering and navigating within the system.

Priority Area: Access to Health Services

Goal 1: Reduce health inequities and help ensure the wellbeing of individuals, including children and older adults, through programs and services.

Objective 1.1: Develop approaches to fall prevention education among older adults that reduce access barriers and increase opportunities for developing social supports.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Yvonne's Front Porch Resource Advocate Role and Transitional Fall Prevention	Lower Income Older Adults	Share the Care	120 clients will be served in the Fall Prevention Program annually. Percent of clients who report feeling safer post Transitional Fall Prevention Program services.	$207,500 - Master Settlement Agreement (MSA) funding

Objective 1.2: Increase dental care access with a focus on low-income community members who identify as Black, Indigenous, People of Color (BIPOC), including children and older adults.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Dental Access Program	Lower Income Children - Older Adults who identify as BIPOC	OLE Health dba Communicare+Ole	90% oral pathology patients will receive care management support to ensure follow-up with a specialist and receive results or treatment plan of action by Year 3. 25% increase in dental access for low-income individuals by Year 3. 30% reduction in the number of patients with delayed dental care by Year 3, as measured by dental patient tracking plan completion data.	$452,738 - Master Settlement Agreement (MSA) funding

Goal 2: Reduce health inequities and help ensure the well-being of individuals, through system analysis and innovation.

Objective 2.1: Develop policies and programs that expand infrastructure to bring more medical professionals and related health services to Napa County.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Targeted Recruitment Campaign	Pediatricians, Family Medicine Practitioners, and Pediatric Nurse Practitioners	Partnership Health Plan	Between June 2024 and June 2025, approve 3 provider recruitment awards in Napa County. Between June 2024 and June 2025, approve 7 provider retention awards in Napa County.	NA

Objective 2.2: Assess and identify transgender care service gaps, and specific service needs, in order to increase access to local transgender care.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Transgender Care Collaborative	Youth - Older Adults seeking services related to gender identify	Providence QVMC	By year 3, develop a local partnership to identify transgender care service gaps and specific service needs.	NA

Objective 2.3: Increase health and social service system navigation support, with a focus on undocumented individuals and mixed status households.				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Napa County Information and Access Program	Older Adults, including undocumented and mixed status households	Collabria Care dba Providence Community Health Foundation Napa Valley	85% of older adults who receive case management will have a documented, personalized plan of care. 90% of older adults who received Information & Assistance referrals receive a follow-up phone call within two months to confirm they connected with the referral. 85% of older adults who receive case management report an improved quality of life score via the OPQOL-Brief assessment tool which is administered pre- and post-management	$513,664 - Master Settlement Agreement (MSA) funding

Newcomers Pathway Program	Youth and families; Recent Immigrants	Napa Valley Education Foundation	100% of newcomer students will demonstrate increased awareness of services and programs available within the school community, as well as improvement in coping skills, as measured by pre- and post-surveys. 95% of newcomer parents who are served will report increased knowledge about essential education, workforce, wellness, finance, technology, and/or parenting skills as measured by participant surveys. 75% of students will indicate increased confidence, sense of belonging, resiliency and coping skills on STRONG post-tests.	$255,000 - Master Settlement Agreement (MSA) funding

RACIAL EQUITY AND LGBTQ INCLUSION

Our Vision: Napa County is a place where one's race, ethnicity, language, sexual orientation, and gender identify no longer predict opportunities, outcomes, or the distribution of resources.

Priority Area: Racial Equity and LGBTQ Inclusion

Goal 1: Implement changes to systems and structures that perpetuate white supremacy culture.

Objective 1.1: Increase access to information and services by reducing language and cultural barriers.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Cultivating Connections: Creating a Community Liaison Program and Cultural Hubs to promote language inclusion and belonging	Households with Limited English Proficiency; BIPOC community members	Napa Valley Community Organizations Active in Disasters (COAD)	50% increase in access to information and services by Year 3. 50% increase in trusted messengers who are trained and equipped to be system navigators and advocates in under-resourced areas of the community. 50% increase in outreach efforts within the community to raise awareness of the new program.	$254,965 - Master Settlement Agreement (MSA) funding

Objective 1.2: Identify and amplify opportunities for staff diversity training across sectors.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
A strategy responsive to this objective has not been identified and will be an area of ongoing discussion among community partners.	TBD	TBD	TBD	NA

Goal 2: Increase belonging and inclusion among systemically marginalized communities.

Objective 2.1: Increase inclusion and belonging among older adults who identify as low income and/or Black, Indigenous, People of Color (BIPOC).

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Connections Napa County – Navigating resources for seniors and people with disabilities	Older Adults	Collabria Care dba Providence Community Health Foundation Napa Valley	By the end of year 1, apply to become an emerging Aging and Disability Resource Connection (ADRC) with a resource directory that includes social activities and supports, including those targeted specifically toward BIPOC and LGBTQ older adults. By the end of year 2, apply to become a fully designated ADRC and ensure ADRC Designation Criteria are met, and person-centered practices and a 'No Wrong Door System' are implemented.	NA

Objective 2.2: Increase inclusion and belonging among the Napa County LGBTQ Community.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
LGBTQ School Support Program	Youth who identify as LGBTQ+; Spanish-speaking and BIPOC	On the Move	100% of identified high schools will have collocated peer support inside the Wellness Center by Year 3. 80% of participating youth will report increased feelings of connectedness and inclusion each year.	$356,775 - Master Settlement Agreement (MSA) funding

			80% of participating youth will report increased feelings of safety on school campuses each year. 70% of youth will report decreased risk factors including isolation, rejection and distress each year. 70% of participating youth will make commitments to connect to a community resource that will increase feelings of inclusion and belonging each year.	

Objective 2.3: Identify and amplify tools for system analysis to determine if policies and programs result in disparate outcomes for community members who identify as Black, Indigenous, People of Color (BIPOC).

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Promote and educate on policies that address the root causes of disparities, such as through a Health in All Policies (HiAP) approach.	People who are born, live, work, learn, play, and age in Napa County.	Napa County	By the end of year 1, meet with policy makers regarding policy approaches such as Health in All Policies (HiAP). By the end of year 3, support development of resolutions as needed.	NA

ECONOMIC STABILITY

Our Vision: Everyone in Napa County has the means and resources to meet their basic needs, including access to affordable childcare, healthy food, and transportation options, and to achieve long term financial stability.

Priority Area: Economic Stability

Goal 1: Address economic stability among systemically marginalized populations in Napa County.

Objective 1.1: Increase economic stability for community members experiencing life transitions, such as those exiting foster care, transitioning to a fixed income, or becoming new parents.

Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Family Stability Program	Under-resourced Families of Children with Disabilities	ParentsCAN	80% of families report that they received appropriate referrals to Safety Net services each year. 80% of families report they received the support they needed to submit application for Safety Net services each year. 80% of families report that services received were useful and relevant in moving towards economic stability each year.	$173,263 - Master Settlement Agreement (MSA) funding

Delivering Economic Stability for Childcare Providers and the Working Families they Serve	Lower Income Childcare Providers, with a focus on those who speak Spanish	Community Resources for Children (CRC)	90% of providers will increase their knowledge about running a thriving childcare business. 90% of providers will improve their understanding of business concepts such as expense tracking, tax deductions, and business insurance. 90% of providers will report implementing at least one practice to help their business thrive. 90% of providers will feel more confident in their ability to open and sustain their childcare business. 75% of providers will feel more connected to other resources in the community.	$454,830 - Master Settlement Agreement (MSA) funding

Goal 2: All Napa County residents have regular access to affordable and nutritious food.

Objective 2.1: Develop a food systems initiative with a backbone agency with authority and funding to connect resources.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Nourishing Connections: Napa County Food Security Coalition Local Food Systems Initiative	Children - Older Adults who are experiencing food insecurity	Downtown Napa Farmers Market	25% increase in the number of Napa County Food Security Coalition partners by Year 3. Increase awareness of existing food security resources among target audiences by 10% from 2018 Napa County Emergency Food System.	$244,238 - Master Settlement Agreement (MSA) funding

Objective 2.2: Increase access to fresh, nutritious, and culturally and/or medically appropriate food among low income and Latine residents of Napa County following recommendations from the 2018 Emergency Food System Study				
Strategy/Program Name	**Target Population(s)**	**Lead Organization**	**Outcome Measures**	**Funding from MSA/MHSA/OSF (if applicable)**
Food Bank and Meals on Wheels	Children - Older Adults who are experiencing food insecurity	Community Action of Napa Valley (CANV)	Increase meals for seniors through Meals on Wheels by 10% annually.	$300,000 - Master Settlement Agreement (MSA) funding
Fighting Food Insecurity through Food Recovery	Children - Older Adults who are experiencing food insecurity	Feeding it Forward	Recover and distribute 150,000lbs of food. Serve 4,800 unduplicated individuals in year 1, 5,200 unduplicated individuals in year 2, and 5,400 unduplicated individuals in year 3.	$460,985 - Master Settlement Agreement (MSA) funding
Feeding Our Families: Napa Farmers Market Fruit and Veggies Bucks	Lower income, Latine families	Puertas Abiertas	100% percent of participants who report an increase in their awareness of community food resources. 100% percent of participants report an increase in access to nutritious food. 90% percent of participants reporting they have improved dietary habits.	$99,750 - Master Settlement Agreement (MSA) funding

Objective 2.3: Identify and amplify non-traditional methods of consistent follow-up for community members accessing emergency food systems that allow for warm hand-offs to other services as needed.

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
A strategy responsive to this objective has not been identified and will be an area of ongoing discussion among community partners.	TBD	TBD	TBD	NA

Goal 3: Transportation options in Napa County are accessible and affordable, allowing residents to meet their basic needs.

Objective 3.1: Address transportation issues that create barriers to accessing food, healthcare, employment, education, and other basic needs, especially for older adults, youth, and community member who identify as low income, and/or Black, Indigenous, People of Color (BIPOC).

Strategy/Program Name	Target Population(s)	Lead Organization	Outcome Measures	Funding from MSA/MHSA/OSF (if applicable)
Managed Care Plan - DHCS SMART objective for Napa County	Older adults, individuals with a disability, families with children younger than 15 months, and those who identify as BIPOC.	Kaiser Permanente, Partnership Health Plan, and HHSA – Public Health Division	In year 1, complete a Managed Care Plan (MCP) transportation benefit landscape analysis and action plan to address disparities and gaps in utilization of transportation benefits in Napa County. In year 2, increase utilization of MCP transportation benefits by 15% above the base line rate among adults over age 60, individuals with a disability, families with children younger than 15 months, and among Black, Indigenous, People of Color (BIPOC) in Napa County.	NA
Molly's Angel's Transportation Program	Older Adults, including those who identify as BIPOC	Molly's Angels	Increase rides by 10% annually. Increase number of clients newly enrolled in Molly's Angels services identifying as older adult BIPOC by 20% annually.	$394,730 - Master Settlement Agreement (MSA) funding

Evaluation Process

Tracking strategy implementation and outcomes

Implementation of the 2024 CHIP will occur over three years, with progress tracked in quarterly meetings of the Live Healthy Napa County (LHNC) collaborative and through an annual evaluation (Figure 3). The quarterly LHNC partner meetings will serve as informal check-ins for CHIP evaluations and progress updates, while the annual evaluations will be formal reports published by the end of the calendar year. In August 2024, community partners learned of the timeline for the following three years CHIP implementation and evaluation detailed in Figure 3. The 36 funded strategies included in this plan were required to develop logic models with measurable outputs and outcomes as a condition of receiving funding. Funded projects will provide quarterly or biannual updates that will contribute to an annual evaluation of progress toward the goals and objectives within each priority area. Unfunded strategies are also asked to report annual outcome measures. Progress toward outcomes of both the individual strategies within the CHIP and community health metrics related to the five priority areas will be updated annually on an interactive public dashboard.

Figure 3. 2024-2027 Napa County CHIP Evaluation Timeline

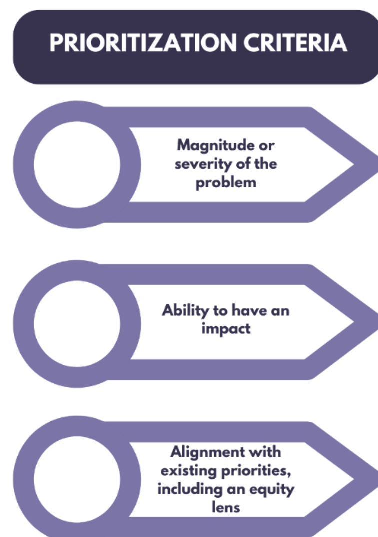
Appendices

Appendix A: Prioritization Process

Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency held a hybrid prioritization meeting in August 2023. Meeting participants included staff from both organizations, members of the Providence Queen of the Valley Medical Center Community Resource Committee, and Live Healthy Napa County partners. In-person meeting participants reviewed the qualitative and quantitative data on community health-related needs through a data walk. Posters describing each health theme were placed throughout the room and table groups spent time reviewing each data theme, reading quotes out loud and processing the information together. For each health theme, participants recorded information about current programs, projects or organizations working in that area. Additionally, participants used "How Might We" statements to reframe their insights into opportunities. The feedback, organized by health theme, was collected for use in the design of the Community Health Improvement Plan. Participants attending the meeting via video conferencing reviewed qualitative and qualitative data with two meeting facilitators, providing identical opportunities to provide feedback on current initiatives and opportunities across each health theme.

Participants were asked to consider the following criteria when reviewing and prioritizing health themes:

- *Magnitude or severity of the problem: How many community members does this issue impact? How severe are the outcomes?*
- *Ability to have an impact: What is our community's capacity and willingness to act on this issue? Are there existing prevention activities we can build on?*
- *Alignment with existing priorities, including an equity lens: Consider your organization's mission and values and our collective commitment to health equity. Does this theme align?*



After reviewing data, and engaging in table group and large group discussion, meeting participants, both in person and remote, used dot voting to select their top three priority needs.