



Community Health Improvement Plan Access to Integrated Care Committee 2015 Progress Report

Background

The Access to Integrated Care Committee is committed to improving access to quality, affordable, culturally responsive health care across Washington County. The committee is comprised of key partners from across the health care system.

The committee has a network of nearly 70 organizations with approximately 40 stakeholders actively engaged in committee activities. Current members include hospitals, federally qualified health centers, community clinics, coordinated care organizations, community mental health organizations, oral health providers and community-based organizations.

Access to health care emerged as a priority health issue in Washington County because local data show that Washington County has lower levels of adults with health insurance compared to the national average for counties, a low non-physician primary care provider rate and a low level of mental health providers. In the most recent community health needs assessment, 88 percent of interviewed community stakeholders reported access to care as a priority.

Update on the Committee's Objectives

The committee utilizes a collective impact approach to identify the most effective systems approach to improving access to care. The committee's goals and objectives are based on best practices, are supported by local data, and are aligned with local planning documents, including community health improvement plans developed by local hospitals and coordinated care organizations.

Objective #1: Assure health insurance coverage to residents of Washington County.

Strategy 1: Integrate School Based Health Centers (SBHCs) into alternative payment methodology.

Progress Report

- Health Share of Oregon formed a regional work group to conduct a utilization analysis of SBHC patients versus those in the same service area and age group that did not visit the SBHC. An initial analysis was conducted using Multnomah County's data. Some preliminary highlights from Multnomah County include:
 - o Overall, the SBHC users were a more diverse population demographically than the non-SBHC users.
 - o SBHC utilizers had a higher percent of diagnoses across all of the measured chronic conditions, most noticeably obesity.
 - o The adolescent well-check percentage was significantly higher in those who received care at the SBHC (note: this data does not indicate where the well check visit was received).



Objective #1: continued

Strategy 2: Support expansion of coverage for undocumented children.

Progress Report

- Oregon Latino Health Coalition presented to the committee about HB 3517 (Cover All Kids), the 2015 legislation to extend health insurance to all children, whether they are documented or not.
- HB 3517 Cover All Kids update: The bill did not move in to the Senate. However, \$10 million was allocated to Safety Net Capacity Grants. The money will ensure that children will have access to the primary care services they need.

Objective #2: Increase capacity, connection to and utilization of a health home for newly insured and remaining uninsured in Washington County.

Strategy 1: Develop inventory of current strategies to expand access including identification of barriers to accessing care; and implement strategies to address identified barriers to accessing care.

Progress Report

- Washington County Public Health developed an inventory tool and reporting template to track strategies to expand access to care.
- Developed an Access to Care data report to provide information for local providers and health care system partners to support planning, help identify gap areas and improve current strategies. Report includes primary and secondary data on access to health care in Washington County
- Workgroup formed to use data from access report and inventory to identify next step strategies.
- Washington County Public Health provided safety net providers with \$379,000 in funding to provide 4,000 uninsured residents with primary care services.
- In partnership with hospitals and local clinics, Project Access NOW is providing outreach and enrollment to target low-income families to ensure they get access to the care they need; providing donated care to those who remain uninsured and who meet specific income guidelines; and providing premium assistance to help ensure that people who qualify for coverage get enrolled and are able to use their health insurance.
 - Through the outreach and enrollment program, Project Access NOW reached more than 10,000 clients in the region in 2015.

Strategy 2: Improve workforce diversity through support of community health workers (CHWs).

Progress Report

- Oregon Community Health Workers Association joined the Access to Care committee.
- Tuality Health, Oregon Community Health Workers Association, Centro Cultural, El Programa Hispano, and Health Share of Oregon began meeting to discuss expansion of the Warriors of Wellness CHW program in Washington County.
- Kaiser Permanente supported and hosted listening sessions with CHWs to inform next steps in community health improvement planning and to include as part of the 2016 Healthy Columbia Willamette Collaborative (HCWC) Community Health Needs Assessment.



Objective #3: Improve capacity and utilization of behavioral health services (including prevention and early intervention) for underserved populations and eliminate avoidable health gaps and health disparities in Washington County's behavioral health care system.

Strategy 1: Improve access to culturally competent and appropriate behavioral health services.

Progress Report

- Workgroup formed to identify data needs, specific populations and additional organizations to involve.
- The planning process is underway for the new mental health urgent care center in Washington County. The program design committee and the steering committee have both been formed and are actively engaging with Washington County Behavioral Health.

Strategy 2: Support strategies to improve capacity and utilization for behavioral health services for youth.

Progress Report

- Developed visual tool to show levels of behavioral health and preventive services available to youth in Washington County in order to identify gaps.

Objective #4: Improve capacity and utilization of affordable, preventive and integrated oral health services for underserved populations in Washington County.

Strategy 1: Expand access to integrated oral health services through federally qualified health centers and community clinics; expand integrated oral health services in all Washington County school based health centers.

Progress Report

- Oregon Oral Health Coalition partnered with schools in Washington County to reach vulnerable populations.
 - Virginia Garcia did screenings and sealants in 21 schools, including six elementary schools.
 - Oregon Health Authority provided oral services to 14 schools.
 - Thirty-five out of the 50 schools where 50-55 percent of the students qualify for free or reduced lunch have been provided with oral health services.

Strategy 2: Reach out to pediatric primary care providers about new oral health programs.

Progress Report

- Oregon Oral Health Coalition is promoting First Tooth, a program that trains medical providers in a clinical setting on how to implement preventive oral health services for infants and toddlers under the age of five in their current practice. The program follows the evidence-based practice for early childhood cavity prevention (ECCP) and includes training on oral health risk assessments, culturally appropriate anticipatory guidance and fluoride varnish application. The program also provides training on access to dental care, as well as implementation, workflow and billing tips.
 - Washington County Public Health is coordinating a project to strengthen implementation of the First Tooth program in the pediatric and primary care setting. The project will focus on identifying barriers from systems that have been trained but have not implemented First Tooth and building on lessons learned from systems that have successfully implemented First Tooth.

Objective #5: Support coordination of mutually reinforcing activities between service providers.

Strategy 1: Develop a model to increase access to and utilization of medical homes for at-risk children and families through coordination with Early Learning Washington County.

Progress Report

- Identified the Access to Care Committee as a venue for collaborative strategies to advance ELWC objectives:
 - “By December 31, 2016, 52.5% of children on OHP will receive developmental screens before the age of three.” And
 - “By December 31, 2016, 58% of children on OHP will make it to six or more well-child visits by 15 months of age.”
- Incorporated questions in the Healthy Columbia-Willamette Collaborative (HCWC) community health needs assessment (in multiple languages) about barriers that families experience to accessing OHP services and well-child check. These responses will be used to inform the committee’s strategies.

Strategy 2: Develop an aligned strategy for addressing “high utilizers” and ambulatory sensitive conditions, including preventive and gate keeping services.

Progress Report

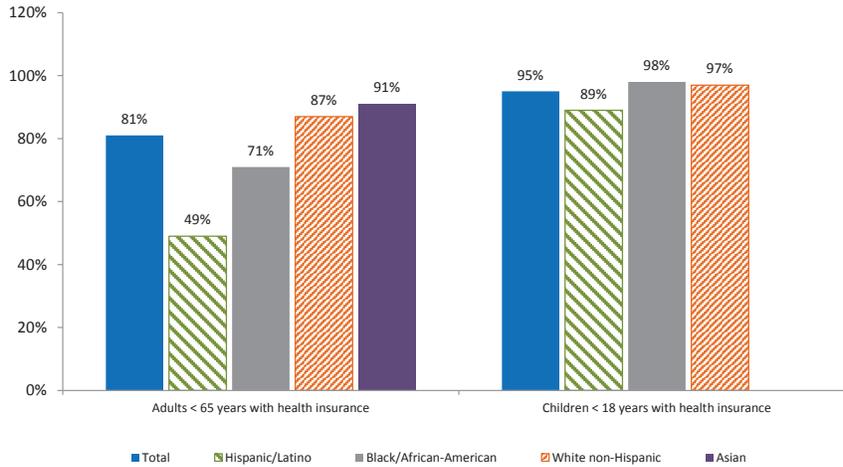
- Project Access NOW, in partnership with Providence St. Vincent Medical Center and Kaiser Permanente Westside Medical Center, is implementing the Community Assistance Program to support discharge planners, social workers, and care managers to connect low-income patients to the resources they need for a safe discharge. In 2015, 2,130 Washington County residents were reached through this program.



Health Improvement Goals

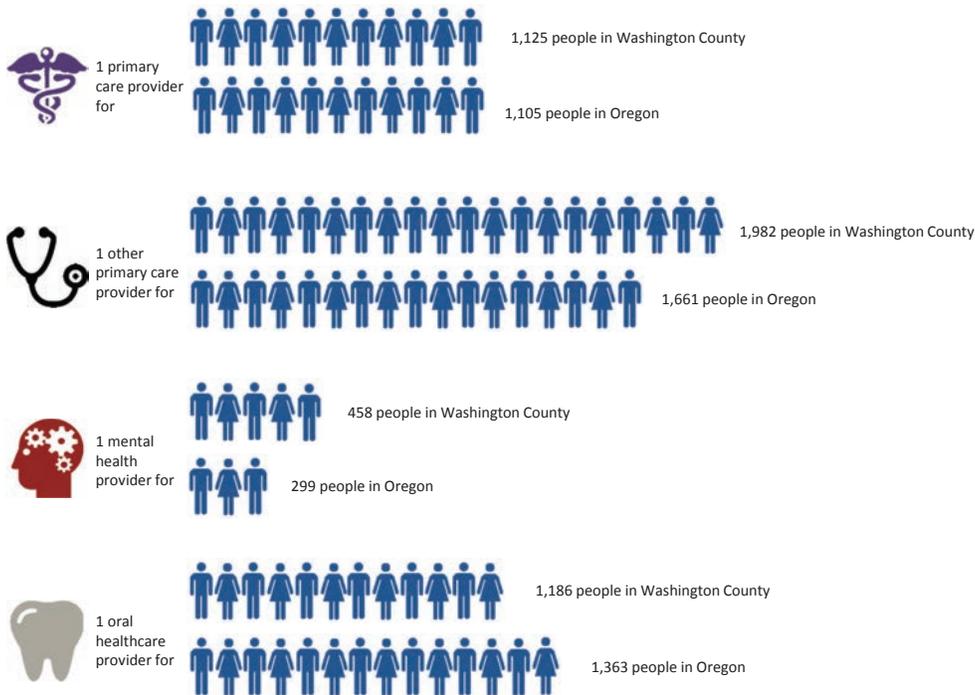
1. Increase percent of population with a regular doctor.
2. Increase primary care physicians per 100,000 population.
3. Increase ratio of mental health providers per 100,000 population.
4. Increase adults with some type of health insurance.

Health Insurance Status in Washington County, 2013



Data source: American Community Survey (2013)

Types of Health Care Providers Serving the Population



Data source: Robert Wood Johnson Foundation: 2012 (primary care), 2013 (oral health), 2014 (other healthcare, mental health)

Contact Us

Erin Jolly (Mowlds), MPH | Senior Program Coordinator
 Washington County Public Health Division
 Phone: 503-846-4965
 Email: erin_jolly@co.washington.or.us

Linda Nilsen, MPA | Executive Director
 Project Access NOW
 Phone: 971-254-2745
 Email: linda@projectaccessnow.org



Community Health Improvement Plan Chronic Disease Prevention Progress Report

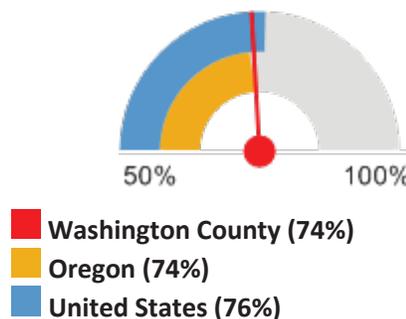
Background

The Chronic Disease Prevention Committee was formed in 2012 as part of a Healthy Communities Grant to support development of community-based chronic disease prevention strategies. After the grant funding ended, the committee formally reconvened in early 2014 to become the Chronic Disease Prevention Community Health Improvement Plan (CHIP) committee as part of Live Well Washington County.

The committee has a network of 30 stakeholders with approximately 20 organizations actively engaged. Current stakeholder organizations include community-based nonprofits, government and health care organizations.

In the most recent community health assessment, chronic disease emerged as a priority area for improvement, with 64 of community stakeholders interviewed listing chronic disease as a top health issue. Washington County has high death rates due to heart disease, cardiovascular disease/stroke, prostate cancer and Alzheimer's disease. Washington County also experiences a higher female breast cancer incidence, low adult fruit and vegetable consumption, low levels of adult regular physical activity and higher levels of low-income preschool obesity than the Oregon state average.

Percent population with inadequate fruit/vegetable consumption



Data Source: Community Commons, via Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2005-09. Accessed via the [Health Indicators Warehouse](#). Source geography: County.

Update on the Committee's Objectives

The committee utilizes a collective impact approach. The committee's objectives and strategies are based on best practice approaches and aligned with current partner agency goals and work plans. The purpose of this document is to report some of the progress made toward the objectives.



Partner Success Story

The Bicycle Transportation Alliance (BTA) led two bike rides with Adelante Mujeres participants. Only half of the women in the class participated in the first ride, citing never learning how to ride a bike or discomfort as reasons for not participating. Before the second ride, efforts were made to ensure the ride was accessible for everyone. The BTA spent time asking the women about their experience with bikes and found two potential areas for improvement: 1) an adjustment to the time of the ride, and 2) providing an alternative for those who were unable to ride a two-wheeler. This feedback led to a partnership with Adventures Without Limits, which provided adult tricycles so that everyone could participate. According to the BTA, "Expanding access for women who weren't initially comfortable on bikes made the ride a better experience for everyone and broadened all of our awareness of the different options for getting around in a healthy, fun way."



Photo: Bicycle Transportation Alliance

Objective 1: Increase access to and awareness of affordable, healthy food and physical activity opportunities through educational programs and resources.

Progress Report

- The committee developed an educational program resource guide of healthy eating, active living and chronic disease self-management classes for partners to utilize in planning future education programs.
- FamilyCare, Inc. is convening a grocery gap committee to address healthy food access among Medicare populations in the tri-county region. CHIP committee partners Adelante Mujeres, Oregon Food Bank and Washington County Public Health are participants.
- The Inukai Family Boys and Girls Club is partnering with OSU Extension Service and Tuality Healthcare to provide nutrition and cooking classes in their facility.
- Adventures Without Limits is providing physical activity opportunities through school-based health centers operated by Virginia Garcia Memorial Health Center and local senior centers.
- Adelante Mujeres is accepting Fruit and Veggie Rx and other matching vouchers at the Forest Grove Farmers Market.
- Tualatin Hills Park and Recreation District is implementing strategies with health care partners such as Kaiser Permanente and FamilyCare, Inc. to expand access to cooking and physical activity classes for low-income residents.

Objective 2: Identify opportunities to incorporate health into community design processes and policies to support 1) access to healthy and affordable food, 2) opportunities for physical activity and 3) access to tobacco-free environments.

Progress Report

- Washington County Department of Housing Services was awarded funding to install bike racks at a low-income housing facility in Aloha.
- Washington County Department of Land Use & Transportation developed a sidewalk gap inventory around 50 schools in Washington County.
- Washington County Public Health Tobacco Prevention and Education Program is working with local cities to pass smoke-and tobacco-free ordinances.
- Bicycle Transportation Alliance and a collation of partners launched *For Every Kid*, a campaign to advocate for Safe Routes to School funding in Oregon.

Objective 3: Support the understanding and development of a “culture of health” with local business partners.

Progress Report

- Westside Transportation Alliance developed a commuter smart phone app to help users find an active transportation route to and from work.
- The Intertwine Alliance is convening a Health and Nature workgroup to develop strategies to infuse nature into health conversations, including those with business partners.
- Washington County Solid Waste & Recycling Program is working with business partners to provide education and reduce food waste through the Eat Smart, Waste Less campaign.

Objective 4: Develop and maintain infrastructure to support implementation of committee objectives.

Progress Report

- All committee members were trained by representatives from the Oregon Community Health Workers Association about the use of community health workers in chronic disease prevention efforts.
- Five committee partners submitted a collaborative funding proposal to help advance CHIP objectives.
- All members were surveyed to measure the committee’s collective impact, including alignment of efforts toward chronic disease prevention.

Objective 5: Increase community engagement and participation in chronic disease prevention efforts among vulnerable populations.

Progress Report

- The Inukai Family Boys and Girls Club created a youth health advisory council.

Objective 6: Improve collaboration to increase programmatic supports for people experiencing chronic disease.

Progress Report

- Tuality Healthcare is expanding offerings of chronic disease self-management throughout the community.
- OSU Extension Service is offering Walk with Ease trainings and classes.
- All committee partners were trained on best practice chronic disease self-management programs.

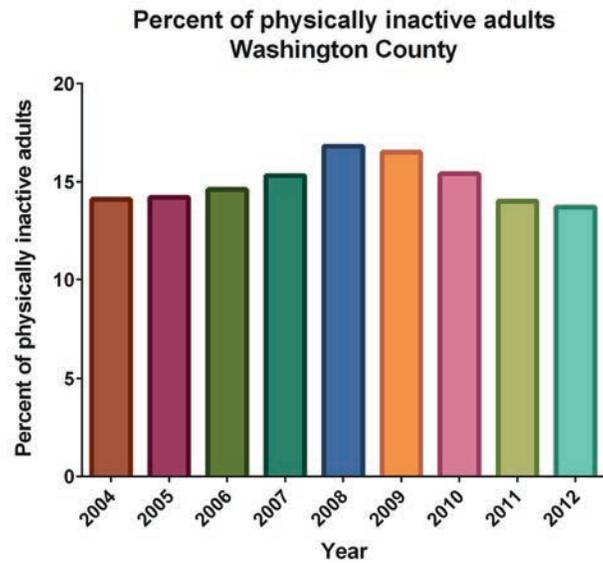
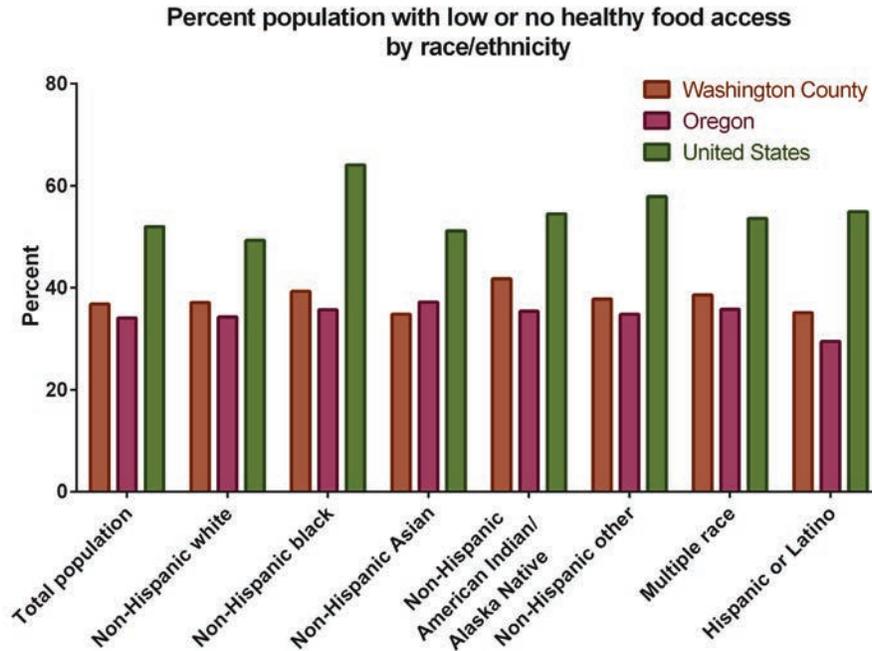
“ I am very grateful to be involved in the CHIP process. Because of it, I have been able to act as a megaphone for youth and families as well as gain a better understanding of additional needs in the county. Because I have gained additional perspective, my programs and organization have become more refined and responsive as a result.

–Rachel Parker, Inukai Family Boys & Girls Club



Health Improvement Goals

1. Decrease percent of population with low or no healthy food access (track by race/ethnicity).
2. Increase percent of adults with adequate fruit and vegetable consumption.
3. Increase percent of adults who engage in regular physical activity.



Contact Us

Rose Sherwood, MPH | Senior Program Coordinator
 Health Equity, Planning & Policy
 Washington County Public Health Division
 Phone: 503-846-4921
 Email: Rose_Sherwood@co.washington.or.us

Maureen Quinn | Family & Community Health Program Manager
 Oregon State University Extension Service
 College of Public Health & Human Sciences
 Phone: 503-380-9456
 Email: Maureen.quinn@oregonstate.edu



Community Health Improvement Plan Suicide Prevention 2015 Progress Report



Background

The Suicide Prevention Council was established in 2013. It was developed to address suicide prevention in a coordinated and countywide effort. Washington County Mental Health and Public Health divisions have partnered to co-facilitate the council as one of the three Live Well Washington County committees. This partnership has resulted in an active and engaged group of passionate community partners.

The council has a network of 140 stakeholders with approximately 40 partners actively engaged in meetings. Current members include mental health providers, first responders, educators, the faith community, NAMI, hospitals, government organizations, survivors of suicide loss, law enforcement and other concerned citizens.

When the council formed, suicide was identified as a priority issue by a community health assessment based on the rates and disparities by age and gender. 81% of community stakeholders interviewed mentioned mental health as a top health issue for the region.

Update on the Four Strategic Directions

The council has adopted the vision that Zero is Possible. The Council's strategic goals are based on the 2012 National Strategy for Suicide Prevention.

Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities

Goals

- 1) To promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.
- 2) To integrate and coordinate suicide prevention activities across multiple sectors and settings.

Progress Report

- Shared recommendations for reporting on suicide with approximately 125 media contacts across the region.
- Established a training website: GetTrainedtoHelp.com and developed a mental health promotion media campaign in collaboration with Clackamas County and Multnomah County.
 - o Recorded over 13,800 website visits since May 2015.
 - o Placed 39 print ads in local community newspapers, 105 radio ads, 196 PSAs and 3 radio interviews.
 - o Filmed a Community Matters episode in November 2015 that focused on GetTrainedtoHelp.com and aired on MACC TVCTV (local cable television) and is posted on YouTube.



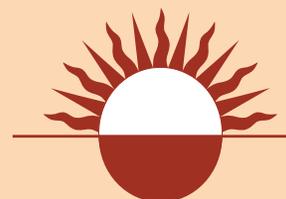


Strategic Direction 1: Progress Report, continued

- In August 2015, filmed a “Let’s Talk About It” town hall focused on suicide prevention, risk factors and Washington County resources that aired on local cable television and is posted on YouTube.
- Hosted the Summit of Hope on May 13, 2015, with nearly 200 community members in attendance.
- Was awarded a federal Garrett Lee Smith Youth Suicide Prevention grant, enabling Washington County to hire a full-time suicide prevention coordinator.
- Formed the Washington County ACEs initiative with more than 50 actively engaged partners. Adverse Childhood Experiences (ACEs) are linked to risk factors for suicidal behavior in adolescence and adulthood.
- Was awarded a Youth and Innovation grant to implement the PAX Good Behavior Game (GBG), a classroom tool shown to decrease aggressive behavior.
 - o Implemented PAX GBG in more than 100 classrooms in Washington County, reaching more than 2,000 students.
 - In classrooms with full implementation of PAX GBG, off-task behaviors have decreased by more than 50%.
- Established the first Survivors of Suicide Loss support group in Washington County in partnership with the Dougy Center and Suicide Bereavement Support.

Partner Success Story

LifeWorks NW is adopting the Zero Suicide Initiative. To date LifeWorks NW has created an implementation team, announced adoption to staff, conducted an organizational assessment, and surveyed staff to assess knowledge and self-reported competence and confidence regarding suicide care and prevention. LifeWorks NW and Washington County are meeting regularly to advance planning and implementation. According to the Vice President of Clinical Services Mark Lewinsohn, Ph.D., “LifeWorks is extremely pleased and proud to be involved in the Zero Suicide Initiative. Nothing is a higher priority than ensuring the safety of our clients and community. We greatly appreciate the leadership and support that Washington County is providing to us to achieve this goal.”



LIFEWORKS
N O R T H W E S T

Suicide in Washington County

For every **six people** who die by suicide in the county:
two are **women**, four are **men**, and of these men, two are **veterans**



Strategic Direction 2: Clinical and Community Preventive Services

Goals

- 1) To promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
- 2) To develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Progress Report

- At least 62 residents of Washington County completed the CALM (Counseling on Access to Lethal Means) online training.
- A total of 16 Washington County staff, Suicide Prevention Council members, and community partners were trained and provided the following sessions reaching more than 1,100 community members since July 1, 2014.
 - Trained 645 community members in Question, Persuade & Refer (QPR).
 - Trained 289 community members in Applied Suicide Intervention Skills Training (ASIST).
 - Trained 191 community members in Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA)
 - Conducted additional customized presentations and trainings as requested.

Strategic Direction 3: Treatment and Support Services

Goal

To promote suicide prevention as a core component of health care services.

Progress Report

- Working with local health care organizations to promote the Zero Suicide Initiative.
 - Hosted 7 area health care organizations at a Summit of Hope luncheon to discuss implementation and address barriers.
 - One health care system is adopting Zero Suicide. Refer to the partner success story.
- Hosted an Assessing and Managing Suicide Risk (AMSR) training in February with 60 participants.
- Examples of other outcomes include:
 - Community partners adopting a revised risk assessment and analysis of access to lethal means for post-discharge planning for all patients.
 - Coordination of training for all staff at health care facility.



Strategic Direction 4: Surveillance, Research and Evaluation

Goal

To evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

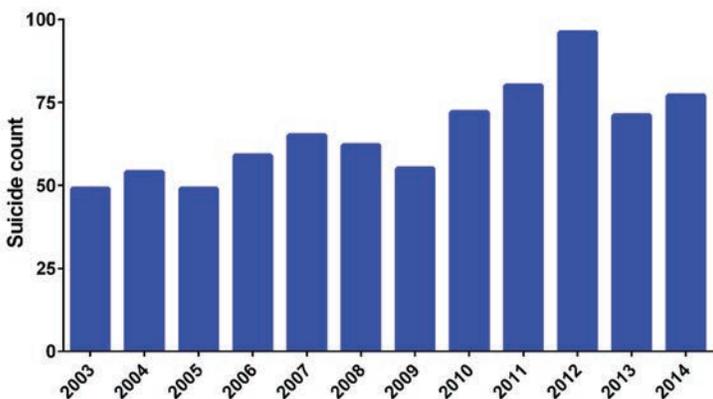
Progress Report

- Formed the Suicide Fatality Review Subcommittee — a multidisciplinary team led by the Deputy Medical Examiners.
 - Reviewed 16 deaths by suicide in 2014 and 7 deaths by suicide in 2015.
 - Identified social isolation, depression, relationship issues and access to means as the most common risk factors.
 - Identified the medical setting as a potential area of intervention, as many individuals were often seeking medical treatment in the time frame prior to their suicide.
 - Multnomah and Clackamas counties attended a mock review and are exploring implementing a Suicide Fatality Review process as part of their suicide prevention efforts.
 - Finalizing individual risk factor data collection tool to inform suicide prevention activities.
- Measured collective impact of the council in order to ensure development of shared strategies for change.

Health Improvement Goals

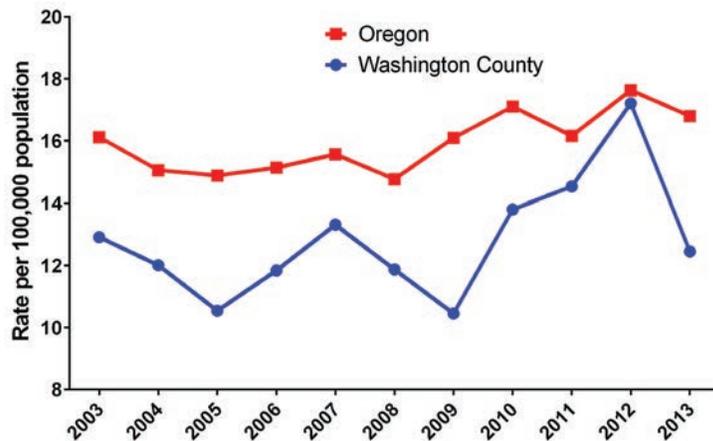
1. Decrease age-adjusted suicide rate
2. Decrease suicide count by year
3. Track suicide rates by vulnerable population

Suicide count by year, Washington County



Source: Oregon Violent Death Reporting System

Age-adjusted suicide rate



Source: Oregon Violent Death Reporting System

Contact Us

Meghan Crane, MPH | Suicide Prevention Coordinator

Health Equity, Planning & Policy | Washington County Public Health Division

Phone: 503-846-4748 | Email: Meghan_Crane@co.washington.or.us | Website: www.co.washington.or.us/hope

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