



Declaration of Cooperation

Beaverton Community Health Collaborative (BCHC)*

February 19, 2013

Sponsored by:

**City of Beaverton
Community Action
LifeWorks NW
Pacific University
Virginia Garcia Memorial Health Center
Washington County Public Health
Oregon Solutions**

***The BCHC was previously referred to as the Beaverton Community Health Partnership (BCHP). Due to its legal connotations, the term “partnership” has been changed to “collaborative” in this document to more accurately reflect the BCHC’s thinking.**

Declaration of Cooperation

Oregon Solutions Process

Oregon Solutions (OS) is a program of the National Policy Consensus Center at Portland State University. The mission of Oregon Solutions is to develop solutions to community based problems that support sustainable objectives and are built through the collaborative efforts of citizens, businesses, government and non-profit organizations. The OS approach integrates and makes efficient use of public and private investments, elevates the visibility of the project and engages communities in creating solutions. The process provides a neutral forum – a place where various interests, community leaders and stakeholders can come together as parties in a “Project Team” to think creatively and take action to move forward.

The Beaverton Community Health Collaborative (BCHC) asked Governor Kitzhaber for Oregon Solutions to help them with three things:

1. Memorialize the team’s shared vision
2. Assist them to integrate their program services
3. Develop a governance structure

Purpose of the Declaration of Cooperation

Through the Oregon Solutions process, collaboration between parties on the BCHC Project Team has resulted in many recommendations, decisions and agreements. This document, the Declaration of Cooperation, memorializes these as a non-binding *implementation plan*.

The Declaration of Cooperation serves as a roadmap or guidebook for the BCHC to use as they move forward. To supplement the Declaration, each party in the Project Team agrees to stakeholder goals, which describe their commitment to the process, why they have participated, and how they may contribute to the actions identified. The Declaration, including the stakeholder goals and aspirations, is considered to be a “living” document that may evolve as unforeseen opportunities present themselves.

Successfully implementing the BCHC will require the continued collaboration of all parties as identified later in this document. These commitments and this Declaration of Cooperation signify the substantial completion of the Oregon Solutions process. However, the success of the BCHC will require an ongoing collaborative effort and the creation of a governance structure, yet to be finalized, that allows for efficient decision making.

OS-BCHC Project Team (Appendix A)

Convener:

- Tina Castañares, MD

Project Sponsors and Declaration of Cooperation Signers:

- City of Beaverton
- Community Action
- LifeWorks NW
- Pacific University
- Virginia Garcia Memorial Health Center
- Washington County Public Health

Additional Project Team Participants and Declaration of Cooperation signers:

- Governor’s Regional Solutions Center
- Kaiser Permanente
- Oregon Health Authority
- Oregon Housing & Community Services Department
- Portland State University School of Community Health
- Providence Health & Human Services
- Virginia Garcia Foundation
- Washington County Commission on Children & Families
- Washington County Disability, Aging & Veteran Services
- Women’s Healthcare Associates

Oregon Solutions Project Manager:

- Jim Jacks

BCHC Project Background

The BCHC began as a shared vision of the City of Beaverton, Community Action, LifeWorks NW, Pacific University, Washington County Public Health, and Virginia Garcia Memorial Health Center, a Federally Qualified Health Center (FQHC). The leadership teams of these organizations see this project as a creative opportunity to be innovative in their response to a changing health care environment.

The healthcare field is in the midst of many policy transformations at the federal and state level; the BCHC is closely following these health care reform efforts. The BCHC is comprised of health care stakeholders with diverse specializations who share an interest in creating a new model of health care delivery that integrates services in an unprecedented way. They are committed to innovation and interdisciplinary service delivery.

Many of BCHC's current facilities in the Beaverton area are overcrowded due to high demand for service. Beaverton's core has two census tracts that have been designated as Medically Underserved Areas since 2003 by the U.S. Department of Health and Human Services. The project will serve an intervention population of approximately 260,000 across eastern Washington County upon complete implementation. The project is in alignment with the City of Beaverton's Civic Plan which emphasizes greater connectivity, economic opportunity, and environmental sustainability in Beaverton.

Currently, these organizations operate from separate facilities scattered throughout the Beaverton area. They frequently see overlap in the clientele each serve causing clients to make multiple trips for services that easily could be provided in one location. The majority of clients visiting these organizations' facilities do so using public transportation. Making multiple trips is a substantial barrier to clients receiving adequate, affordable, and accessible services. Additionally, several BCHC organizations have expiring leases and could benefit from a new, integrated health care facility.

The completed project will enable the BCHC to integrate their programs consistent with the Federal Affordable Care Act and Oregon's recent Healthcare System Transformation Law, and within the limitations set forth in scope of practice, patient privacy and protection, and other relevant state and federal laws. This will enable them to deliver medical, mental health, public health and wellness services in an interdisciplinary way to low and moderate income households and special needs populations in the Beaverton area. The BCHC can also achieve economies of scale by sharing common ancillary services (e.g., labs or pharmacies), classroom space and office/administrative functions. The completed project will also have a critical workforce development component. The project will offer *interdisciplinary* clinical opportunities for students in the various health professions at Pacific University to train in a patient centered medical home model. Additionally, building a bi-directional clinic to community bridge—using the richness of the clinical experience to inform public health community interventions—will assure not only improved healthcare services, but work to improve the public's health.

NW Health Foundation Grant

The City of Beaverton obtained a grant of \$12,000 to further pursue the efforts toward an integrated medical home model facility in the core area of the city. The work was performed by Research Solutions, aided by Providence Health and Services who shared their zip code based community needs assessment (from which the BCHC intervention population is based). The Foundation underwrote a consultant contract that had two purposes:

1. Review existing data sources and describe strategies to complete a needs assessment of the health and wellness of the community's population

2. Review and describe work force training requirements for a wide degree of health professions that might operate in an integrated medical home model facility such as the Beaverton Community Health Center.

Community Transformation Grant

In September of 2012, the City of Beaverton was awarded a \$1.6 million Community Transformation Grant through the Centers for Disease Control and Prevention. The grant supports three complementary approaches:

- (1) Creation of new policies and programs focused on these strategic goals:
 - a. Tobacco Free Living
 - b. Active Living and Health Eating
 - c. Increased Use of High Impact Quality Clinical Preventative Services
 - d. Social and Emotional Wellness
 - e. Health and Safe Physical Environments
- (2) Creation of a health element in the City of Beaverton's Comprehensive Plan, and
- (3) Formation of an organization to sustain the efforts described in approaches one and two.

The majority of the Community Transformation Grant will be focused on creating systems, policy, and environmental changes among BCHC organizations that helps the community fight obesity, reduce the frequency of diabetes and reduces the incidence of heart attack and stroke. Please see **Appendix D** for details of the Community Transformation Implementation Plan (CTIP).

The grant will allow the City to update its Comprehensive Plan – the highest policy level tool used to impact the way communities develop today and in the future. Updating the City's Comprehensive Plan to include a health chapter would ensure that communities develop in a way that focuses on improving the social determinants of health that impact overall quality of life.

The grant will allow BCHC organizations to establish their model for integrating health care services among many different, independent health care providers. Continued relationship building among the BCHC and strategic planning for service integration and co-location will be essential to BCHC success. Formation of a formal organization whose attention is focused on creating a community-based, integrated, and co-located model of health care delivery will be paramount.

Once completed, the BCHC Project will provide improved healthcare access, workforce training in multiple health care fields, a strong connection to public health strategies, and a level of collaboration between healthcare and public health providers that is unprecedented and ultimately results in better overall healthcare services and community health. The BCHC Project will also represent one of the first such integrated programs implemented at the local level to support the broader state-wide health care reform efforts.

BCHC Vision

The vision of the Beaverton Community Health Collaborative is that the Greater Beaverton Area is one that achieves a high level of health for individuals and families, including the most vulnerable members of the community. In addition to being recognized as having outstanding health outcomes, the community will be characterized by having a lower than average cost per capita for health care expenditures.

The Beaverton Community Health Collaborative is a highly collaborative and efficient approach to improving the health of the community, by building on the strengths of public and private entities for setting goals, implementing strategies, monitoring progress, achieving outcomes, and stewarding resources. The Beaverton Community Health Collaborative also provides opportunities for the education and training of health and human service professionals learning in an integrated care environment that will serve as a national model.

The Beaverton Community Health Collaborative will achieve this vision, in part, through the development of a multi-service facility that will employ an integrated approach to health and wellness. The facility will include a comprehensive array of services across a continuum of care, including primary and specialty care, behavioral health, public health, oral health, social services, and education in an innovative model that builds on best practices in the field.

| | | |
|---------------------|---------------|-------------|
| Core Values: | Collaboration | Integration |
| Community Wellbeing | Innovation | Stewardship |
| Sustainability | Resilience | |

BCHC Program Integration (Appendix B)

The BCHC project team spent significant time discussing which programs from the various organizations should be integrated inside the proposed facility. Appendix B contains a spreadsheet list of the programs and services that will be integrated.

Next Steps & Milestones (Appendix C)

The BCHC must move forward together in a variety of ways in the months ahead. Appendix C has detailed information for the BCHC to use as a roadmap to measure their progress moving forward. There are five key areas of work:

Collaborative Development Plan: Governance Structure Formation (see Appendix E for details)
Lead – City of Beaverton (Cadence Moylan)

Facility Development Plan: Facility Financing
Lead – City of Beaverton (Don Mazziotti and Steve Brooks)

Facility Development Plan: Facility Schematic Design
Lead – Scott Edwards Architecture (Sid Scott and Joan Jasper)

Program Integration Plan: Service Integration
Lead – BCHC Steering Committee & Scott Edwards Architecture (Sid Scott and Joan Jasper)

Comprehensive Plan: Health Chapter
Lead – City of Beaverton (Lindsey Kuipers)

Governance Structure (Appendix E)

The City of Beaverton, Community Action, LifeWorks NW, Pacific University, Virginia Garcia and Washington County have created a governance structure. Its purpose is to implement and manage coordinated, integrated health care and workforce training in collaboration with local and regional health care and health education providers. See Appendix E for details.

BCHC Project Team Goals and Aspirations

The goals and aspirations represented in the following pages form a public statement of intent to participate in the project, to strive to identify opportunities and solutions whenever possible, to contribute assistance and support within resource limits, and to collaborate with other team members in promoting the success of the BCHC project. All team members acknowledge that the best solutions depend upon cooperation by all entities at the table. Accordingly, they recognize that each party has a unique perspective and contribution to make and legitimate interests that need to be taken into account for the project's success.

The Oregon Solutions process and the Declaration of Cooperation represent the goals and aspirations of the stakeholders which participated in the Oregon Solutions process for the BCHC Project. These goals and aspirations are necessary to: maintain the involvement of the Project stakeholders, provide a mechanism for each stakeholder to continue to actively participate and serve as a roadmap to guide us towards successful implementation of BCHC in the years to come.


This Declaration of Cooperation, while not a binding legal contract, is evidence to and a statement of the good faith intent of the undersigned parties. The undersigned parties to this Declaration of Cooperation have, through a collaborative process, agreed and pledged their cooperation to the following findings and actions:

Convener Tina Castañares, MD

Dr. Castañares has acted as the Convener for the BCHC Project at the request of Governor Kitzhaber. She has a strong interest in the success of this project. Her career has included a long term interest in the success of community health centers, a determined pursuit of innovative ideas and an abiding interest in healthier people and communities.

In support of the BCHC Project, Dr. Castañares declares her commitment to:

1. Support and advocate for the Project within her professional and personal networks, whenever an opportunity arises to do so with individuals or organizations in a position to offer assistance.
2. Participate, when her schedule permits, in a re-convening of the Project Team.
3. Confer or consult informally with Project partners or Oregon Solutions if requested.

Signed:  Date: 2/19/13
Tina Castañares, MD, Project Convener, Oregon Solutions

City of Beaverton

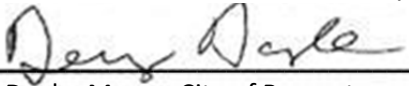
The City of Beaverton joined Community Action, LifeWorks NW, Pacific University, Virginia Garcia Memorial Health Center and Washington County Public Health in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

The City is committed to helping its citizens improve their health and wellness. City staff has been actively involved in moving the collaborating organizations forward over the last year. The City is the grantee of the Community Transformation Grant from the Centers for Disease Control and Prevention and is responsible for the overall implementation of the grant.

In support of the BCHC project, the City commits to the following:

1. Agree to the shared vision contained in the Declaration of Cooperation.

2. Agree to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in the formation of a governance structure responsible for developing the facility.
8. Work collaboratively to develop an operational plan to integrate the programs and services.
9. As the grantee, the City will lead the administration and implementation of the Community Transformation Grant and its obligations and commitments, as described in the Community Transformation Implementation Plan (CTIP) in Appendix D.
10. Update the Comprehensive Plan to include a chapter on health.
11. Continue to organize and facilitate BCHC meetings and provide meeting space.
12. Lead the search to identify a site for the integrated health facility which will serve a broad range of clients, with a focus on the medically-underserved members of the community and market.

Signed:  Date: 2/19/13
Denny Doyle, Mayor, City of Beaverton

Community Action

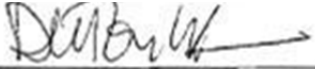
Community Action joined the City of Beaverton, LifeWorks NW, Pacific University, Virginia Garcia Memorial Health Center and Washington County Public Health in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

Since 1965 Community Action has been dedicated to helping their clients lead successful lives. Today, Community Action is the largest private nonprofit social service agency serving residents of Washington County, responding annually to more than 30,000 requests for assistance. They are proud to serve as a leader and partner in the fight to eliminate the effects of poverty on our friends and neighbors. They promote the vision that Washington County residents are strong, resilient and involved in the community, living with dignity and security.

In support of the BCHC project, Community Action commits to the following:

1. Agree to the shared vision contained in the Declaration of Cooperation.
2. Agree to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.

6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in the formation of a governance structure responsible for developing the facility.
8. Work collaboratively to develop an operational plan to integrate the programs and services.
9. Actively participate in the implementation of the Community Transformation Grant and its obligations and commitments, as described in the Community Transformation Implementation Plan (CTIP) in Appendix D.
10. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC) as requested and as resources allow.

Signed:  Date: 19 Feb 2013
 Betty Lou Morrow, Chief Financial & Operations Manager, Community Action

Governor's Regional Solutions Center

Regional Solutions is an innovative, collaborative approach to community and economic development in Oregon. The state, in partnership with Oregon colleges and universities, established Regional Solutions Centers (RSCs) throughout Oregon. Each take a bottom-up approach to development projects -- working at the local level to identify priorities, solve problems, and seize opportunities to complete projects. These centers integrate state agency work and funding to ensure that projects are completed in the most economical and streamlined process possible.

RSCs are places for state agencies to collaborate with each other, with local governments, and with other public, private and civic interests to solve problems and seize opportunities. Through collaboration, efficient communication, and strategic action, the RSCs work to achieve Oregon's most important objectives.

In support of the BCHC project, the Governor's Regional Solutions Center commits to the following:

1. Support the shared vision contained in the Declaration of Cooperation.
2. Support the BCHC integrating their services and programs to provide efficient and effective care to their patients and clients.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
5. Collaborate with the BCHC organizations to explore any new financing opportunities that may be identified, as requested and as resources allow..
6. Identify state resources that can assist in BCHC facility development.
7. Keep the Governor's Office informed about the BCHC project status.

Signed:  Date: 2/19/12
 Mark Ellsworth, Regional Coordinator, Governor Kitzhaber's Regional Solutions Center

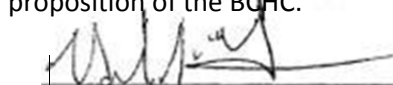
Kaiser Permanente

Kaiser Permanente's mission is to improve the health of our members and the communities we serve. We do that by providing high quality, affordable health care services with a strong focus on prevention and wellness, and by funding programs that provide health care for vulnerable populations.

In support of the BCHC project, Kaiser Permanente commits to the following:

1. Support the shared vision contained in the Declaration of Cooperation.
2. Support the BCHC integrating their services and programs to provide efficient and effective care to their patients and clients.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees, as requested and as resources allow.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC) as requested and as resources allow.
8. Identify opportunities to align and leverage resources with services provided by the BCHC.
9. Share information, including performance measurements, which help define the value proposition of the BCHC.

Signed: _____



Date: 19 February 2013

Dan Field, Director Community Benefit & External Affairs, Kaiser Permanente

LifeWorks NW

LifeWorks NW joined the City of Beaverton, Community Action, Pacific University, Virginia Garcia Memorial Health Center and Washington County Public Health in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

At LifeWorks NW we support people who are working towards a better life. Through our recognized, culturally responsive prevention, mental health and addiction services, our expert team delivers the highest quality individual and group treatment—benefiting children, teens and families, adults, older adults and the community as a whole.

LifeWorks NW is committed to innovation and a patient centered health home model. We have partnered with Virginia Garcia to provide mental health and addiction services to Virginia Garcia patients for over seven years. The BCHC is the next step in the evolution of delivering services to community members who need them.

In support of the BCHC project, LifeWorks NW commits to the following:

1. Agree to the shared vision contained in the Declaration of Cooperation.

2. Agree to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in the formation of a governance structure responsible for developing the facility.
8. Work collaboratively to develop an operational plan to integrate the programs and services.
9. Actively participate in the implementation of the Community Transformation Grant and its obligations and commitments, as described in the Community Transformation Implementation
10. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC).

Signed: _____

Mary Monnat, President & CEO, LifeWorks NW

Date: _____

2/19/13

Oregon Health Authority

In support of the BCHC project, the Oregon Health Authority commits to the following:

1. Support the shared vision contained in the Declaration of Cooperation.
2. Support the BCHC in its efforts to integrate their services and programs to provide efficient and effective care to their patients and clients.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in committees, as time and resources allow.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Provide strategic guidance and/or technical assistance in assisting to create a BCHC funding plan.
8. Organize any necessary meetings or briefings between the BCHC and local private providers.
9. Facilitate any needed connections and technical assistance to assist the BCHC within the OHA, with DHS, provider and payer community.

Signed: _____

Jeanene Smith, Administrator Oregon Health Policy & Research, Oregon Health Authority

Date: _____

2/13/13

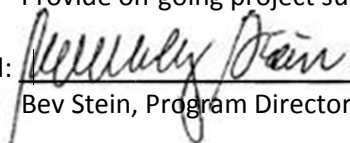
Oregon Solutions

Oregon Solutions was tasked by the Governor to assist the convener in managing the BCHC project and providing a neutral forum in which team members could work productively toward development and implementation of a common vision.

In support of achieving the BCHC project vision, Oregon Solutions assumes responsibility for the following:

1. Highlight the BCHC project on the Oregon Solutions website and other promotional materials.
2. Take the lead in re-convening the project team within the first year anniversary of the signing of this declaration.
3. Provide on-going project support, if requested, on a fee for service basis.

Signed:



Bev Stein, Program Director, Oregon Solutions

Date:

2/12/13

Pacific University

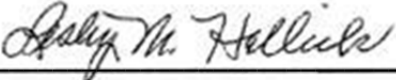
Pacific University joined the City of Beaverton, Community Action, LifeWorks NW, Virginia Garcia Memorial Health Center and Washington County Public Health in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

Profound change is occurring in health related fields due to the federal and state reforms. Pacific University is dedicated to ensuring that its students are trained in the most innovative setting possible. Pacific University is participating in the BCHC because of its commitment to providing a first class educational experience for all of its students in the health professions. Opportunities for students to gain clinical experience in a patient centered medical home model that is committed to fully integrated and interprofessional practice are rare. This collaborative will create just such a place. In addition, Pacific University has significant existing relationships and long term connections to most of the other collaborator organizations.

In support of the BCHC project, Pacific University:

1. Agrees to the shared vision contained in the Declaration of Cooperation.
2. Agrees to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility (as summarized in Appendix B).
3. Recognizes that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC collaborators to explore new financing opportunities that may be identified, subject to approval by the Pacific University Board of Trustees.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Agrees to participate in the discussion regarding the formation of an organization responsible for developing the facility with acknowledgement that the ultimate decision regarding financial investment or governance structure would be subject to approval by Pacific University Board of Trustees.


8. Work collaboratively to develop an operational plan to integrate the programs and services. MM comment
9. Actively participate in the implementation of the Community Transformation Grant and its obligations and commitments, as described in the Community Transformation Implementation Plan (CTIP) in Appendix D.
10. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC).

Signed:  Date: 02/19/13
Lesley Hallick, President, Pacific University

Providence Health & Services

In support of the BCHC project, Providence Health Services commits to the following:

1. Support the shared vision contained in the Declaration of Cooperation.
2. Support the BCHC integrating their services and programs to provide efficient and effective care to their patients and clients.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees, as requested and as resources allow.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC), as requested and as resources allow.
8. Organize any necessary meetings or briefings between the BCHC and local private providers.
9. Identify opportunities to align and leverage resources with services provided by the BCHC.
10. Share information, including performance measurements, which help define the value proposition of the BCHC.

Signed:  Date: 2/19/13
David T. Underriner, Chief Operating Officer, Providence Health & Services, Oregon Region

Portland State University, School of Community Health

We are proud of our long-standing commitment to community health in the region. In the School of Community Health we believe that a healthy lifestyle is not only the result of individual healthy choices, but also a result of the environment and community that surround us. To that end, the School of Community Health engages in interdisciplinary activities that work toward influencing health behaviors through modification of lifestyles and changes to the environment. Our programs emphasize teamwork, community outreach and collaboration among all members of society. The BCHC exemplifies this spirit of collaboration and an interdisciplinary approach to improving people's health.

In support of the BCHC project, the School of Public Health at Portland State University commits to the following:

1. Dr. Crespo will support and advocate for the Project within his professional and personal networks, whenever an opportunity arises to do so with individuals or organizations in a position to offer assistance.
2. Discuss with BCHC the opportunities for field experience for public health graduate students.
3. Collaborate with the BCHC organizations to develop a robust community health assessment process.
4. Offer technical assistance for program planning and implementation.
5. Offer continuing education and professional development opportunities to facility staff.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.

Signed: _____

Carlos Crespo, Director School of Community Health, Portland State University

Date: _____

2/20/13

Virginia Garcia Memorial Health Center

Virginia Garcia Memorial Health Center joined the City of Beaverton, Community Action, LifeWorks NW, Pacific University and Washington County Public Health in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

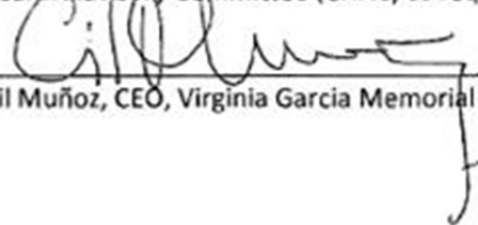
Virginia Garcia provides high-quality, comprehensive, and culturally appropriate primary health care to the communities of Washington and Yamhill Counties with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare. Virginia Garcia provides over 132,000 office visits to more than 34,000 patients a year in Washington and Yamhill Counties at our four primary care clinics, three dental offices, and two school-based health centers. They also provide outreach to schools, community health fairs and to migrant and seasonal farmworkers at local camps through our mobile clinic.

Virginia Garcia has existing partnerships and relationships with the other Partner organizations. These connections are a key part of how they do business and provide service. The BCHC is an innovative and natural extension of their efforts to work in an interdisciplinary way in a patient centered medical home model of care.

In support of the BCHC project, Virginia Garcia commits to the following:

1. Agree to the shared vision contained in the Declaration of Cooperation.
2. Agree to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.

7. Participate in the formation of a governance structure responsible for developing the facility.
8. Work collaboratively to develop an operational plan to integrate the programs and services.
9. Actively participate in the implementation of the Community Transformation Grant and its obligations and commitments, as described in the Community Transformation Implementation Plan (CTIP) in Appendix D.
10. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC) as requested and as resources allow.

Signed:  Date: 2/19/13
Gil Muñoz, CEO, Virginia Garcia Memorial Health Center

Washington County Public Health

Washington County Public Health joined the City of Beaverton, Community Action, LifeWorks NW, Pacific University and Virginia Garcia Memorial Health Center in requesting Governor Kitzhaber designate the BCHC an Oregon Solutions project.

Washington County Public Health improves and protects the public's health across the lifespan through prevention, education, partnerships and healthy environments. Washington County Public Health works to promote healthy communities by: encouraging healthy, active lifestyles; ensuring tobacco-free environments; protect individuals and communities against the spread of disease, injuries and environmental hazards, and working to make the healthy choice the easy choice.

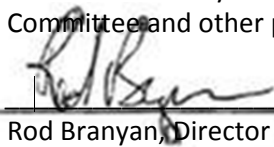
Health starts in our families, our schools, our work places, and our parks—where we live, learn, work, and play. By focusing on community strategies and interventions, Washington County Public Health improves the public's health well beyond clinical health care services. Washington County Public Health has existing partnerships and relationships with the other Partner organizations. These connections are a key part of how they do business to improve health. The BCHC is an innovative and natural extension of their support of efforts to work in an interdisciplinary way to improve the community's health with policy, systems and environmental strategies. In addition, Public Health was a key participant in writing the Community Transformation Grant and its implementation.

In support of the BCHC project, the County commits to the following:

1. Agree to the shared vision contained in the Declaration of Cooperation.
2. Agree to the list, contained in the Declaration of Cooperation, of programs and services to be integrated in the facility.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in the formation of a governance structure responsible for developing the facility.
8. Work collaboratively to develop an operational plan to integrate the programs and services.

9. Provide staff to develop project objectives, reporting criteria, agreements and other necessary processes to implement the Community Transformation Implementation Plan (CTIP), and will monitor CTIP implementation and report to the City of each partner's activities.
10. Research, develop and write the health element for the City of Beaverton's Comprehensive Plan. WCPH will identify community partners and participate with the Community Health Advisory Committee and other public involvement activities.

Signed: _____



Rod Branyan, Director Dept. Health & Human Services, Washington County

Date: _____

2/19/14

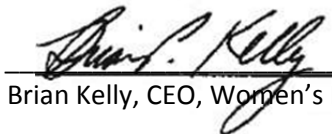
Women's Healthcare Associates:

Established in 1999, Women's Healthcare Associates, LLC (WHA) offers an integrated team of 90 physicians, certified nurse midwives, nurse practitioners and genetic counselors in 11 clinical offices: four on Portland's west side serving Beaverton; two on Portland's eastside; and offices in Canby, Newberg, Oregon City and Tualatin. Historically, WHA has collaborated with Providence Health Services, Community Action, Virginia Garcia Memorial Health Center, and Washington County Public Health to provide obstetrical and gynecological services to low income women and their families. The company was recently named to The Oregonian's list of Top Workplaces 2012 and is accredited by the Institute for Medical Quality.

In support of the BCHC project, Women's Health Associates commits to the following:

1. Support the shared vision contained in the Declaration of Cooperation.
2. Support the BCHC integrating their services and programs to provide efficient and effective care to their patients and clients.
3. Recognize that the BCHC is dynamic and evolving. The BCHC may agree to add other programs and services that would be offered inside the facility or in the community.
4. Assist the BCHC moving forward by participating in its committees, as requested and as resources allow.
5. Collaborate with the other BCHC organizations to explore any new financing opportunities that may be identified, as requested and as resources allow.
6. Participate in a meeting of the Oregon Solutions Project Team within the next year to evaluate the status of the project and progress made toward the commitments contained in this document.
7. Participate in an advisory role on the City's Comprehensive Plan – Health Chapter Community Health Advisory Committee (CHAC), as requested and as resources allow.

Signed: _____



Brian Kelly, CEO, Women's Healthcare Associates

Date: _____

2/25/13

Appendix A – Project Team Members

Beaverton Community Health Collaborative Members

Organization/Agency

| | |
|---------------------------------|----------------------------------------------------------|
| Jay Bankhead | Virginia Garcia Memorial Health Center |
| Ann Barr-Gillespie | Pacific University |
| Councilmember Betty Bode | City of Beaverton |
| Stephen Brooks | City of Beaverton |
| Renee Bruce | Community Action |
| Tina Castanares, MD | Convener |
| Vince Chiotti | Oregon Housing and Community Services |
| Carlos Crespo | Portland State University and Oregon Health Policy Board |
| Mayor Denny Doyle | City of Beaverton |
| Mark Ellsworth | Governor Kitzhaber's Office |
| Dan Field | Kaiser Permanente |
| Amanda Garcia-Snell | Washington County Public Health |
| Jim Jacks | Oregon Solutions, Project Manager |
| Brian Kelly | Women's Healthcare Associates |
| Lindsey Kuipers | City of Beaverton |
| Priscilla Lewis | Providence Health and Services |
| Don Mazziotti | City of Beaverton |
| Mary Monnat | Lifeworks NW |
| Betty Lou Morrow | Community Action |
| Gil Muñoz | Virginia Garcia Memorial Health Center |
| Jerralynn Ness | Community Action |
| Kathleen O'Leary | Washington County Public Health |
| Christine Rontal | Virginia Garcia Foundation |
| Sid Scott | Scott Edwards Architecture |
| Jeanene Smith, MD | Oregon Health Authority |
| Bill Thomas | Washington County Commission on Children and Families |
| Jennifer Vines, MD | Washington County Public Health |
| Dave Waffle | City of Beaverton |

| Community Action | | | | | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|-----------------------------------------------|----------|-------------|
| Service Intended to be provided by Partnership | Description of Services | Current Geographic Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
| Child Care | Connecting families with child care and enhancing the quality of care. | | | | | |
| Training for child care providers & teachers | | | | | | |
| Energy & Emergency Rent Assistance | Helping families stay warm. | | | | | |
| Energy Assistance & Emergency Rent Assistance | | | | | | |
| Housing & Homeless | Promoting housing stability and sheltering families in times of crisis. | | | | | |
| Case Management Support & Housing Placement & Short Term Rent Assistance | | | | | | |
| Rent Well Tenant Education | | | | | | |
| Opening Doors | Helping women to have healthy babies and strengthening parenting skills. | | | | | |
| Referrals and Linkages | | | | | | |
| Comprehensive Prenatal Support | | | | | | |
| Comprehensive Parenting Support | | | | | | |
| Healthy Start | Parenting for first time families. Classroom space for trainings on site. | | | | | |
| Weatherization | Keeping families safe and warm, and reducing energy costs. | | | | | |
| Energy Education Workshops | | | | | | |
| LifeWorks NW - Children, Teens & Families | | | | | | |
| Alcohol and drug abuse services for adolescents | The Youth Addictions program provides alcohol and drug outpatient services for youth ages 12 to 21 and their families. Services are available in the community, including schools. | Cedar Mill, Hillsboro, Tigard | X | | | |
| Alcohol and drug abuse services for Latino youth | drug outpatient services for Latino youth ages 12 to 21 and their families, including integrated family an mental health services. Services are available in the community, including schools. | Cedar Mill, Hillsboro, Tigard | X | | | |
| Community-based intensive mental health services | Intensive treatment services are conducted in the home and/or community for youth ages 3 to 18 and their families. Participants must meet eligibility requirements and have approval by the county mental health organization. Services can be provided in Spanish. The Early Assessment Support Alliance (EASA) program provides individual/family support, education, advocacy, and treatment to persons aged 15-25 who are experiencing emerging symptoms of psychosis. The program also has a robust family component including multi-family groups. EASA will serve individual who are publicly or privately insured or who have no insurance. | Community-based | | X | | |
| Early psychosis intervention for youth and young adults | | Beaverton Outreach across county | X | | | |
| Foster care to adulthood transition | The Independent Living Program assists adolescents in successfully transitioning from foster care to living on their own. Participants must be referred through Child Welfare. | Beaverton | X | | | |

LifeWorks NW - Children, Teens & Families (continued)

| Service intended to be provided by Partnership | Description of Services | Current Geographic Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------|--------------------|
| Intensive mental health services for adolescents and young adults | The Transition Age Youth Intensive Services (TAYIS) program serves clients between ages 16-24 with severe mental illness. Focus on treatment is client centered and strength based. Treatment services include individual/group skills training, supported employment/education and psychiatric treatment. Services are oriented towards young adults transitioning into independence. | Beaverton Outreach across county | | X | | |
| Mental health counseling and services | Child and Family Outpatient Mental Health Services provide therapy, mental health assessments and treatment planning, medication management, skills training and consultation. Community-based services may also be provided as needed. | Cedar Mill, Hillsboro, Tigard | X | | | |
| Prevention services for Latino community (DECISION PENDING) | The Promotora Program connects families to community resources while offering individual parenting strategies and parenting classes. The program offers in-home services to Latino families with children 0 to 12 years of age. | Western Washington County | | | | |
| Parent education and support | The Healthy Start Program is a long term home visiting program for first time parents. LifeWorks NW provides parents education and child development services in the home. | Home-based, county-wide | | X | | |
| Parent education in the home | The Family Coaching program provides in-home parent training to help families with school-age children (elementary through high school) who are struggling with challenging behaviors. Families may self refer; referrals are also accepted from community partners. Services can be provided in Spanish. | Home-based, county-wide | | X | | |
| Respite services for youth | The respite services for youth program offers in-home respite to provide much needed breaks for families of youth with significant mental health needs. | Varies | | X | | |
| Young child mental health services | The Parents-Child Interaction Therapy program provides mental health assessment and treatment to children 2 to 7 years old and their families. The program involves weekly sessions and in-home practice. Services can be provided in Spanish. | Cedar Mill, Hillsboro, Tigard | X | | | |

LifeWorks NW - Adults

| | | | | | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---|--|--|--|
| Alcohol and drug abuse treatment | The Adult Addictions program provides outpatient and intensive outpatient services for adults dealing with alcohol and drug problems. | Beaverton, Hillsboro, Tigard | X | | | |
| Alcohol and drug abuse treatment for Latino Adults | The Latino Adult Addictions Program provides bilingual, culturally specific outpatient and intensive outpatient services for Latino adults dealing with alcohol and drug problems. | Hillsboro, Tigard | | | | |
| Alcohol and drug abuse treatment for mothers | The Mountindale Recovery Center provides residential substance abuse services for women who are pregnant or have children under 6 years of age. | Mountindale | | | | |
| Alcohol and drug abuse treatment for women | The Adult Addictions program provides outpatient and intensive services focusing on the unique needs of women in the recovery process, including abuse, relationship and parenting issues. | Beaverton, Hillsboro, Tigard | X | | | |
| Driving under the influence of intoxicants (DUI) | The DUII Adult Addictions program provides outpatient services for adults required to receive treatment as part of a DUII sentence. | Beaverton, Hillsboro, Tigard | X | | | |

LifeWorks NW - Adults (continued)

| Service Intended to be provided by Partnership | Description of Services | Current Geographic Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------|--------------------|
| Early psychosis intervention for young adults | The Early Assessment Support Alliance (EASA) program provides individual/family support, education, advocacy, and treatment to persons aged 15-25 who are experiencing emerging symptoms of psychosis. The program also has a robust family component including multi-family groups. EASA will serve individual who are publicly or privately insured or who have no insurance. | Beaverton Outreach across county | | X | | |
| Gambling treatment | The Gambling Program provides free individualized treatment for gamblers and their families that includes a thorough assessment and crisis stabilization. | Cedar Mill, Tigard | X | | | |
| Intensive mental health services for young adults and adolescents | The Transition Age Youth Intensive Services (TAVIS) program serves clients between ages 16-24 with severe mental illness. Focus on treatment is client centered and strength based. Treatment services include individual/group skills training, supported employment/education and psychiatric treatment. Services are oriented towards young adults transitioning into independence. | Beaverton Outreach across county | | X | | |
| Mental health counseling | The Adult Mental Health Outpatient program provides counseling services tailored to a wide range of needs through individual and group therapy. | Beaverton, Tigard | X | | | |
| Services for people with severe mental illnesses | The Open Gate program provides skills training, support and treatment for individuals diagnosed with schizophrenia, bipolar disorder and other mood disorders. Also provides supported employment to match qualified persons who have psychiatric disabilities with employers. | Hillsboro, Beaverton Outreach across County | | X | | |

LifeWorks NW - Older Adults

| | | | | | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|---|--|--|
| Mental health evaluation and consultation services | The Older Adult Assessment and Consultation staff provide supportive counseling for older adults. Services may include psychiatric evaluation and medication consultation. As available, therapists can travel to older adult living facilities for PASRR (Preadmission Screening and Resident Review) or assessment. | Beaverton | X | | | |
| Rehabilitation services | The Stepping Stones Program provides rehabilitation and stabilization (group format) for adults with long-term mental health issues. The program runs Monday through Thursday mornings and provides specialized skills training for community integration. One-on-one consultation is available as indicated. Individualized support for caregivers of clients is available to increase stability in home/adult foster home placement. Specialized classes for community integration for older adults with depression, other mental health or alcohol and drug issues. | Beaverton | X | | | |
| Training program | Self-study training for people who are caring for persons with mental health issues. Continuing education units (CEUs) are available for those who work in adult foster homes. | Home-based | | X | | |
| Crisis Team | Sharing space/services w/VG & CA. Share classrooms/group rooms, conference rooms. | | X | X | | |

| Pacific University | | | | | | |
|------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Service Intended to be provided by Partnership | Description of Services | Geographic Current Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
| Pacific Clinical Practices | Clinical services provided by Pacific University students and faculty. | Beaverton, Cornelius, Forest Grove, Hillsboro, Portland, Vancouver | | | ~ 13,000 annually all practice sites (2500 in Beaverton, Hillsboro and Cornelius) | Mixed (includes Care Oregon, OHP, Medicare, Private Insurance, Self-pay) |
| Clinical Optometry | | | X | | ~800 visits annually. 60% Spanish speaking ~1,000 patients annually + contractual services with various entities ~4,000 patients annually | Mixed (includes insured and uninsured) |
| Clinical Physical Therapy | | Cornelius, Hillsboro | X | X | | Sliding fee scale based on ability to pay Under/Uninsured |
| Clinical Psychology | | Hillsboro, Portland | X | X | | |
| Clinical Dental Hygiene | | Hillsboro | Screening? Screening? | | | |
| Clinical Audiology | | Hillsboro | | | | |
| Clinical Training and Education | Hands on/Immersion. Co-location and other sites | | | | | |
| Team-based care | | Hillsboro | X | X | | |
| Case rounds | | Hillsboro | X | X | | |
| Inservice presentations | | Hillsboro | X | ? | | |
| Evidence-based Practice forum | | Hillsboro | X | ? | | |
| Journal Clubs | | Hillsboro | X | ? | | |
| Educational Classroom Space | Includes community outreach. | | | | | |
| Curriculum delivery (didactic) | | Hillsboro | X | | | |
| Group sessions with clients/community | | Hillsboro | X | X | | |
| Continuing Professional Education | | Hillsboro | X | ? | | |
| Research and Scholarly Public Health Work | | | | | | |
| Client Assessment | Faculty, staff and student office space | | | | | |
| Private consultation-mtgs | | Hillsboro | X | | | |
| Data Analysis | | Hillsboro | X | | | |
| Interprofessional Diabetes Clinic | May have some activities at the Beaverton Site as well as Hillsboro | Hillsboro | X | X | ~120 annually | Under/Uninsured |

| Virginia Garcia Memorial Health Center | | | | | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------|--------------------|
| Service Intended to be provided by Partnership | Description of Services | Geographic Current Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
| Primary Medical Care | Includes pediatrics and adults | | X | | | |
| Health Professions Training | | | X | | | |
| Pediatrics | | | | | | |
| Pharmacy | Clinical pharmacist. | | X | | | |
| Public Eudcation | Includes support groups and parenting. | | X | | | |
| Outreach & Community Health Workers | | | X | | | |
| Behavioral Health | Washington County Public Health, Community Action Partner with LifeWorks NW & Pacific University | | X | X | | |
| Dental Clinic - Oral Health (DECISION PENDING) | Contingent on sequencing of location decision. Pacific in facility? Due diligence/planning underway. | | ? | ? | | ? |
| Prenatal & Ob (DECISION PENDING) | In facility? With Barnes road clinic? Due diligence re: sturcture, target population, county, payor. Care model, group space, other social service entities? | | | | | |
| Immunizations & Family Planning & STD (DECISION PENDING) | Will do in facility but who does it? VGMHC or WCPHD? Discussing with Washington County. Due diligence, accountability for funding stream. | | X | | | |

| Washington County Public Health | | | | | | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Service Intended to be provided by Partnership | Description of Services | Current Geographic Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
| Tobacco and Chronic Disease Prevention | Technical assistance and guidance for policy, systems and environmental change to support healthy communities | | Yes – most work happens in cubicles and meeting rooms 1) Screening to program eligibility 2) height, weight & hemoglobin screening 3) health and diet assessment 4) individual and group nutrition education 5) phone services including scheduling appointments and fielding questions 6) breastfeeding support 7) issue appropriate vouchers for healthy foods | Yes – team meet with a wide range of community and agency partners | | |
| Women, Infant, Child Nutrition Education Program | Nutrition education paired with vouchers for healthy food for low-income children up to age 5 and pregnant and breastfeeding women with a nutritional risk factor(s). Using height, weight and hemoglobin data along with motivational interviewing and participant centered education to complete thorough assessments on intake and growth. Nutrition education classes. Information and referral services for other needed services. | Hillsboro Beaverton Tigard | Administer childhood vaccines History, physical exams, administer / dispense contraceptives including IUD insertions. Teen clinics | Outreach and education to community providers to boost immunization rates | | |
| Immunizations | Administer childhood vaccines per the CDC approved schedule. Nurse outreach to school nurses, daycare providers, and private providers to increase immunizations rates. 94% of all childhood vaccines are already administered in the private sector in child's medical home. Vaccines are better centered and administered in the medical home. | Hillsboro Beaverton Tigard | | | | |
| Family Planning (DECISION PENDING) | Contraceptive and reproductive health services. | Hillsboro Beaverton Tigard | Clinical services including physical examination and medication administration or dispensing | Connect with private providers, state STD program staff. | ~1000 cases annually county wide | |
| STD exams | Interview, test and treat (when indicated) for gonorrhea, chlamydia, syphilis, and HIV. Conduct contact tracing to identify, interview, test, and treat partners in order to contain the infection and prevent further spread. | Hillsboro Beaverton Tigard | | | | |
| Communicable disease prevention including TB | CD: Preventing the spread of communicable diseases reported by labs and physicians. Interview the reported case to identify the source of the infection, the potential spread / exposures and put preventive / containment interventions in place. Team with the environmental health staff to investigate, contain and prevent the spread of food borne diseases / outbreaks. Assure preventive treatment where applicable. TB: Provide nurse TB case management of active TB clients. Provide directly observed therapy. Conduct TB investigations as indicated to identify all exposed individuals for assessment. Provide preventive treatment to exposed individuals at high risk for developing TB. Evaluate all individuals with abnormal chest X-rays for Class B immigration status requirements. | Public Services Building, Hillsboro | Yes, we will need a negative pressure exam room to evaluate TB clients. Also office space for RN interviews | Yes, field investigations, restaurant inspections related to food borne illnesses. | CD: ~1000 cases county wide per year. Active TB cases 15-20 per year. LTB 95-100 cases per year. Class B evaluation 25-35 per year. County wide | Must meet PH case definitions for reporting, suspect or confirmed cases. |
| Maternal, child, family health home visiting team | Home visits to high risk pregnant women, infants, and infants and toddlers with special health care needs | Hillsboro & Beaverton | Home base, cubicles and storage for the home visiting team. Services are provided in the homes not this facility | Outreach to early childhood service providers for coordination of services. | ~1000 | High risk status |

| Washington County Public Health | | | | | | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------|--------------------|
| Service Intended to be provided by Partnership | Description of Services | Geographic Current Locations | Partnership Provides Service INSIDE Facility | Partnership Provides Service OUTSIDE Facility | Caseload | Eligibility |
| | Public health is interested in working with all of the facility partners to establish a common intake data set that relates to the social determinants of health: employment, housing, access to health food, transportation, educational attainment. Being able to collect these de-identified data across all of our partners will enable PH to work with other community partners to develop strategies and interventions to improve the conditions where clients live, work, learn, and play. These are the strategies that will support the health information that clients receive with their service providers and improve health not just health care services. This approach will enable collective community action to move key health indicators. | | | | | |
| Collecting Common Data Sets | | | | | | |

Appendix C – Next Steps and Milestones

Collaborative Development Plan:

Schedule – Governance Structure Formation

Lead – City of Beaverton (Steve Brooks and Cadence Moylan)

| Activity | | Done-By Date |
|----------|--------------------------------------------|---------------|
| 1 | Q&A non-profit | February 2013 |
| 2 | Formation of Oregon non-profit corporation | March 2013 |
| 3 | Finalize Initial Board membership | March 2013 |
| 4 | Approval of Mission Statement | April 2013 |
| 5 | Approval of By-laws | April 2013 |
| 6 | Approval of preliminary work plan | April 2013 |
| 7 | Initial Meeting of the Board | April 2013 |

Facility Development Plan:

Schedule – Facility Financing & Construction

Lead – City of Beaverton (Don Mazziotti and Steve Brooks)

| Activity | | Done-By Date | Steering Committee Role |
|----------|------------------------------------------------|----------------|----------------------------------------------|
| 1 | Establish Initial Operating Budget | February 2013 | Meet with Steve |
| 2 | Organization Financing Plan | March 2013 | Foundation funding strategy and coordination |
| 3 | Facility Finance Plan & Predevelopment Funding | April 2013 | Review |
| 4 | Funding | May 2013 | Identify funding sources |
| 5 | Facility Operations Plan | September 2013 | |
| 6 | Blueprint Design | December 2013 | |
| 7 | Site Acquisition | | |
| 8 | Site Development | | |
| 9 | Begin Design & Permitting | July 2014 | |
| 10 | Construction Groundbreaking | July 2015 | |
| 11 | Occupancy & Ribbon Cutting | July 2016 | |

Appendix C – Next Steps and Milestones

Facility Development Plan:

Schedule – Facility Schematic Design

Lead – Scott Edwards Architecture (Sid Scott)

| <i>Activity</i> | | <i>Done-By Date</i> | <i>Steering Committee Role</i> |
|-----------------|----------------------------------------------------------------------------------------------|------------------------------|------------------------------------------|
| 1 | Sustainability – workshop with stakeholders to establish sustainability goals for facility | November 2012 | Learn, Q&A |
| 2 | Program – workshops with stakeholders to discuss concept of space, needs, image, integration | December 2012 – January 2013 | Provide feedback on integration concepts |
| 3 | Design – develop schematic design concept based on Master Program and Sustainability Goals | February 2013 – March 2013 | Provide input on design concepts |
| 4 | Prepare a construction cost estimate | April 2013 | Review & revise |
| 5 | Presentation Package (graphics package) | April 2013 | Review & revise |

Program Integration Plan:

Schedule – Service Integration Inside Facility

Lead – BCHC Steering Committee and Scott Edwards Architecture (Sid Scott)

| <i>Activity</i> | | <i>Date</i> | <i>Oregon Solutions Team Role</i> |
|-----------------|-----------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 | Develop Vision & Mission | October 2012 | Write, review, approve vision and mission |
| 2 | Implement Community Transformation Implementation Plan (CTIP) associated with CTG | September 2012 – ongoing | Implement all systems, environmental and policy changes committed to in CTIP; serve on “Leadership Team” |
| 3 | Develop List of Services and Programs to Integrate (what to do) | September 2012 – January 2013 | Suggest, review and revise. |
| 4 | Sign Oregon Solutions Declaration of Cooperation | February 2013 | Sign DOC as prepared by Oregon Solutions |
| 5 | Develop Service Integration Operations Plan (how to do it) | Summer 2013 - Ongoing | Advice and feedback |

Appendix C – Next Steps and Milestones

Comprehensive Plan Health Chapter:
Schedule – Public Involvement
Lead – City of Beaverton (Lindsey Kuipers)

| Activity | | Approximate Date | Oregon Solutions Team Role |
|----------|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------|
| 1 | Convene Community Health Advisory Committee (CHAC) | March 2013 | Join the CHAC, provide input on draft text/policies |
| 2 | CCO Community Health Assessment – Beaverton specific criteria | March 2013 | Provide feedback on Health Assessment – Beaverton specific data? Methodology? |
| 3 | Existing Conditions Report | April – May 2013 | CHAC reviews |
| 4 | Write health chapter | August 2013 – March 2014 | CHAC reviews chapter text |
| 5 | Public information event | June 2014 | |
| 6 | Public forum | August 2014 | |
| 7 | City Council and Planning Commission presentation/informational update, share draft chapter | December 2013 – March 2014 | |
| 8 | Committee meetings (BCCI, Transportation Commission, Diversity Task Force, TVFR, THPRD, BSD, etc.), share final chapter | October 2014 | |
| 9 | City Council and Planning Commission presentation of final chapter for adoption/approval | March 2014 | |

Appendix D - Community Transformation Implementation Plan (CTIP)

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant REVISED - November 28, 2012

| | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|---------------------|--|
| Site Name | | | | | | City of Beaverton Intervention Area and all agency locations | | | | | | | |
| Project Period Objective (PPO) | | | | | | 1. By September 30, 2014, increase the number of people with access to smoke free or tobacco free environments from 4,700 to 83,618. | | | | | | | |
| Timeframe (PPO) | | | | | | Start Date: 09/30/2012 | | | End Date: 09/30/2014 | | | | |
| Objective Description (PPO) | | | | | | Objective seeks to increase the number of City of Beaverton and intervention area residents who are not exposed to tobacco smoke or tobacco products in a variety of community settings including, but not limited to workplaces, colleges and universities, mental health and social service campuses and city owned properties. | | | | | | | |
| Related Program Goal/Strategic Direction (PPO) | | | | | | Tobacco Free Living | | | | | | | |
| Strategy/Priority Area (PPO) | | | | | | Not applicable | | | | | | | |
| Annual/Multi-Year Objective (AMO) | | | | | | | | | | | | | |
| 1.1 By September 30, 2014 increase the number of smoke-free private mental health provider campuses from 0 to 3. REACH= 482 | | | | | | | | | | | | | |
| Timeframe (AMO) | | | | | | Start Date: 09/30/12 | | | End Date: 09/30/14 | | | | |
| Objective Description (AMO) | | | | | | Currently there are no mental health providers in the Beaverton intervention area who have tobacco free campus policies. Completing this objective will increase the number of tobacco-free property policies for mental health providers' campuses from 0 to 3 thereby increasing the number of people who are protected from secondhand smoke, specifically people with mental health or addictions conditions. | | | | | | | |
| Strategy (AMO) | | | | | | Implement evidenced-based strategies to protect people from secondhand smoke | | | | | | | |
| Setting/Sector AMO) | | | | | | Health care – mental health and addictions care | | | | | | | |
| Population Focus (AMO) (Check Only One) | | | | | | <input type="checkbox"/> General/Jurisdiction Wide | | | <input type="checkbox"/> Health Disparity Focus (Specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): People in residential treatment for addictions or mental health conditions including people who are seriously mentally ill, may include people with low-SES and low-income | | | | |
| Reach/Number of Units (AMO) | | | | | | 3 campuses | | | Estimated Population Reach of Health Disparity Focus: __482__ | | | | |
| Milestones/Activities (limit 10) | | | | Timeline (Initiation-Completion by Quarter) | | Activity(ies) Related to Reducing Health Disparities* | | Short Term Outcome/ Measure | | Lead Staff | | Key Partners | |

Appendix D - Community Transformation Implementation Plan (CTIP)

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| Upon invitation, convene stakeholders and other mental health and addictions service providers for a work session to determine the specific administrative needs of the project | Q1 – Q2 | Committee members represent agencies that serve addictions and mental health clients | Meeting minutes | Amanda Garcia-Snell, staff TBD from LifeWorks NW & Pacific University | Staff TBD from Luke Dorf and Sequoia |
| Upon invitation, conduct assessment of agency tobacco prevention and cessation policies | Q2 | Maintain priority focus on clients with addictions and mental health issues | Completed assessments | Amanda Garcia-Snell, staff TBD from LifeWorks NW & Pacific University | Staff TBD from Luke Dorf and Sequoia |
| Upon invitation, assist partners with drafting voluntary policies to reduce tobacco use and exposure to secondhand smoke for each partner agency, include interagency review and revision | Q2 – Q6 | Assure that policies will affect agency clients and involve them in implementation planning | Draft voluntary policies, meeting minutes | Amanda Garcia-Snell, staff TBD from LifeWorks NW & Pacific University | Workgroup members |
| All partner agencies will adopt voluntary policy | Q4 – Q6 | Assure that policies will affect agency clients | Adopt voluntary policy, meeting minutes | Amanda Garcia-Snell, staff TBD from LifeWorks NW | Workgroup members |
| Upon invitation, assist partners with creating implementation & communication plans | Q4 – Q6 | Communications targeted to addictions and mental health clients | Completed plans | Amanda Garcia-Snell, staff TBD from LifeWorks NW & Pacific University | Workgroup members |
| Upon invitation, assist partner with implementing voluntary policies within each agency including announcement of policies and implementation of communication plan | Q6 – Q8 | Assure that policies will affect agency clients | Policy tracking form | Amanda Garcia-Snell, staff TBD from LifeWorks NW & Pacific University | Workgroup members |
| Annual/Multi-Year Objective (AMO) | 1.2 By September 30, 2014, Pacific University will increase from 4,700 to 10,300 the number of staff and students who have access to a tobacco free campus. | | | | |
| Timeframe (AMO) | Start Date: 09/30/12 | End Date: 09/30/14 | | | |

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| Objective Description (AMO) | Pacific University currently has a private campus tobacco free policy for the School of Health Professions campus. This objective will extend the private campus tobacco free policy to include the main campus in Forest Grove, Oregon. | | | | |
| Strategy (AMO) | Implement evidence-based strategies to protect people from second-hand smoke (university campus) | | | | |
| Setting/Sector AMO) | Community, university and worksite | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: 10,300 | | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All students, visitors and staff who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area | | |
| Reach/Number of Units (AMO) | 10,300 people | | Estimated Population Reach of Health Disparity Focus: 1,597 | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Upon invitation, convene stakeholders including student representation to discuss voluntary policy | Q1 – Q2 | Committee members represent students and clients | Meeting minutes | Amanda Garcia-Snell, Pacific University- staff TBD | Student, faculty and staff stakeholders |
| Upon invitation, assist partners with drafting voluntary policy to reduce tobacco use and exposure to secondhand smoke for Pacific University Forest Grove private campus | Q2 – Q3 | Involve students in approval and implementation planning | Draft voluntary policies, meeting minutes | Amanda Garcia-Snell, Pacific University- staff TBD | Student, faculty and staff stakeholders |
| Upon invitation, assist partner with their adoption of the voluntary policy through their existing University governance structure | Q2 – Q3 | Involve faculty, staff and administrative governance bodies in approval | Meeting minutes, voluntary policy revisions | Pacific University- staff TBD | |
| Upon invitation, assist partners with creation of implementation communication plan, including development and placement of private property signage | Q4 – Q5 | Communications targeted to students, clients and visitors | Completed plan, signage | Amanda Garcia-Snell, Pacific University- staff TBD | Student, faculty and staff stakeholders |
| Upon invitation, assist partners with Implementation of voluntary policy, including | Q5 | Assure that policies will affect students, clients and visitors | Policy implemented | Pacific University | |

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| announcement of policies and implementation of communication plan | | | | | | |
| Annual/Multi-Year Objective (AMO) | 1.3 By September 30, 2014, increase the number of staff with access to 100% tobacco-free City of Beaverton owned and occupied properties from 0 to 492. | | | | | |
| Timeframe (AMO) | Start Date: 09/30/12 | End Date: 09/30/14 | | | | |
| Objective Description (AMO) | Currently there is no tobacco free property policy for City of Beaverton owned and occupied properties. Making all of the City of Beaverton owned and occupied properties tobacco free will protect all staff from secondhand smoke. | | | | | |
| Strategy (AMO) | Implement evidence-based strategies to protect staff from second-hand smoke (work place campus initiative for City owned property sites) | | | | | |
| Setting/Sector(AMO) Workplace and municipal buildings | | | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide | | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All city visitors and staff who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area | | | |
| Reach/Number of Units (AMO) | 492 people | | Estimated Population Reach of Health Disparity Focus: 95 | | | |
| Milestones/Activities (limit 10) | | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Research property maintenance agreements and policies for City owned and maintained properties | | Q1-Q4 | Maintain focus on providing tobacco-free environments at all City properties | City owned Property maintenance agreements identified | Lindsey Kuipers, Project Coordinator, Beaverton Human Resources Department, and Beaverton Wellness Committee | Amanda Garcia-Snell |
| Develop an implementation plan including a plan to communicate new policy to City employees and visitors | | Q1-Q4 | | Implementation plan developed and in process | Lindsey Kuipers, Project Coordinator, | Amanda Garcia-Snell |

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| | | | | Beaverton Human Resources Department, and Beaverton Wellness Committee | |
| Develop a tobacco free City owned property policy with representation from staff and the public | Q4 | | Policy developed for City owned property | Lindsey Kuipers, Project Coordinator, Beaverton Human Resources Department, and Beaverton Wellness Committee | Amanda Garcia-Snell |
| | | | | | |
| Implement a tobacco-free City owned property policy on all City owned and maintained properties, including placement of signage and communication to the media | Q5-Q8 | Maintain focus on providing tobacco-free environments at all City properties | Tobacco-free policy adopted for City owned property | Lindsey Kuipers, Project Coordinator, Beaverton Human Resources Department, and Beaverton Wellness Committee | Amanda Garcia-Snell |
| | | | | | |
| Annual/Multi-Year Objective (AMO) | 1.4 By September 30, 2013 increase the number of high-risk people from 0 to 76,906 who have access to a systems-based approach to evidence-based tobacco cessation referral. | | | | |
| Timeframe (AMO) | Start Date: 09/30/12 | | End Date: 09/30/13 | | |
| Objective Description (AMO) | Objective seeks to increase the number of City of Beaverton and intervention area residents who quit using tobacco. This will be accomplished through integrated systems-based approaches for tobacco usage assessment, cessation referral and health care provider training in a variety of community institutions including, but not limited to mental health, social service agencies and health care providers. | | | | |
| Strategy (AMO) | Implement evidence-based strategies to prevent and reduce tobacco use among youth and adults | | | | |
| Setting/Sector (AMO) | Community institutions, schools and health care | | | | |

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| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): Clients who are low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area | | | |
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| | Estimated Population Reach: <u>76,906</u> | Estimated Population Reach of Health Disparity Focus: <u>71,869</u> | | | |
| Reach/Number of Units (AMO) | 76,906 people | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Upon request, assist partners with the development of a voluntary formal agreement to ensure inter-agency tobacco usage assessment and cessation referral, include a student learning opportunity focused on systems-based approach to tobacco cessation and reps from Pacific University's Physician Assistant Studies, Pharmacy and Occupational Therapy programs to share information about existing tobacco cessation curricula with Physical Therapy, Dental Health Science and Professional Psychology schools for expansion | Q1 | Maintain focus on all agency clients who use tobacco | Partners' signed voluntary formal agreement | Amanda Garcia-Snell, Staff TBD from LifeWorks NW, Wash. County Disability, Aging and Veterans Services (WCDAVS) & Pacific University | Staff TBD from above agencies |
| Upon request, assist partners with convening decision makers from all partner organizations at least 3 times, to identify appropriate referral system | Q1 – Q3 | Maintain focus on all agency clients who use tobacco | Partners' meeting minutes and approved curriculum | Amanda Garcia-Snell, Staff TBD from LifeWorks NW, WCDAVS & Pacific University | Staff TBD from above agencies, Reps from Pacific University Psychology, pharmacy, and Physician Assistant Studies. |
| Upon request, assist partners with identifying logistic and programmatic needs to include | Q2 – Q3 | | Partners' logistic, programmatic | Amanda Garcia-Snell, Staff TBD | Staff TBD from above agencies |

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| tobacco use in intake assessments and implement tobacco cessation referral system and curricula in Pacific University's expansion programs | | | needs met and students identified | from Pacific University | |
| Upon request, assist all agency partners with a beta-test intake assessment and referral system and make necessary improvements | Q3 | | Partners' voluntary Improvements made | Amanda Garcia-Snell, Staff TBD from LifeWorks NW, WCDAYS & Pacific University | Staff TBD from above agencies |
| As requested, assist partner(s) with developing a typical timeline for when placement will begin in conjunction with academic calendar | Q3 | | Partner(s) start dates and student placement schedule | Staff TBD from LifeWorks NW, WCDAYS & Pacific University | |
| Upon invitation, assist partner with integration of tobacco cessation curriculum into Physical Therapy, Dental Hygiene and Professional Psychology programs | Q4 | | Expansion in place by partners | Staff TBD from Pacific University | |
| Upon request, assist partners with implementation of system, including student placement at LifeWorks NW and WCDAYS and tobacco cessation curricula expansion with Pacific University's Physical Therapy, Dental Health Science and Professional Psychology schools for expansion | Q4 | Voluntary Tobacco free environment | Referrals being made by partners | Amanda Garcia-Snell, Staff TBD from LifeWorks NW, WCDAYS & Pacific University | Staff TBD from above agencies |

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Community Transformation Implementation Plan (CTIP) – Community Transformation Grant REVISED - November 28, 2012

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| Site Name | | | | | | City of Beaverton Intervention Area and all agency locations | | | | | |
| Project Period Objective (PPO) | | | | | | By September 30, 2014 increase the number of people with access to environments with healthy food and beverages from 0 to 12,659 | | | | | |
| Timeframe (PPO) | | | | | | Start Date: 09/30/2012 | | | End Date: 09/30/2014 | | |
| Objective Description (PPO) | | | | | | Objective seeks to increase the number of City of Beaverton and intervention area residents who have access to healthy food. This will be accomplished through implementation of healthy food procurement, vending and meeting policies in a variety of community institutions including, but not limited to a university, mental health, social service agencies and health care providers | | | | | |
| Related Program Goal/Strategic Direction (PPO) | | | | | | Active Living and Healthy Eating | | | | | |
| Strategy/Priority Area (PPO) | | | | | | Not applicable | | | | | |
| Annual/Multi-Year Objective (AMO) | | | | | | 2.1 By September 30, 2014, increase the number of people with access to healthy food procurement practices from 0 to 4,386 | | | | | |
| Timeframe (AMO) | | | | | | Start Date: 09/30/12 | | | End Date: 09/30/14 | | |
| Objective Description (AMO) | | | | | | Currently Community Action Organization Head Start (CAO) and Pacific University (PU) do not have healthy food procurement practices. This objective will implement a healthy and sustainable food procurement policy in both of those organizations. | | | | | |
| Strategy (AMO) | | | | | | Improve jurisdiction-wide nutrition policies in early child care setting and community institutions | | | | | |
| Setting/Sector (AMO) | | | | | | Workplace and municipal buildings | | | | | |
| Population Focus (AMO) (Check Only One) | | | | | | <input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: 4,386 | | | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All staff, students and visitors who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area Estimated Population Reach of Health Disparity Focus: 2,278 | | |
| Reach/Number of Units (AMO) | | | | | | 4,386 people | | | | | |
| Milestones/Activities (limit 10) | | | | Timeline (Initiation-Completion by | Activity(ies) Related to Reducing Health | Short Term Outcome/Measure | Lead Staff | Key Partners | | | |

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| Upon invitation, convene stakeholders including food vendor and agency representation to discuss policy | Q1 – Q2 | Involve reps from target groups | Partner meeting minutes | Amanda Garcia-Snell, staff TBD from Community Action Organization (CAO) and Pacific University (PU) | Ecotrust & Aramark |
| As requested, assist partners with conducting an assessment of food environment and user needs and recommendations | Q1 – Q2 | Involve reps from target groups | Partners completed their assessment | Amanda Garcia-Snell, staff TBD from CAO and PU | Ecotrust & Aramark |
| Upon invitation, assist partners with drafting voluntary comprehensive healthy and sustainable food procurement policy for all locations | Q2 – Q3 | Involve reps from target groups | Partners draft voluntary policies, meeting minutes | Amanda Garcia-Snell, staff TBD from CAO and PU | Ecotrust & Aramark |
| Partners communicate with City of Beaverton regarding voluntary policy approval being obtained by them through their existing governance structure | Q2 – Q3 | Involve reps from target groups | Partner meeting minutes, voluntary policy revisions | Amanda Garcia-Snell, staff TBD from CAO and PU | Ecotrust & Aramark |
| As requested, assist partners with creation of implementation and communication plan | Q3 – Q4 | Involve reps from target groups | Partners completed their plan | Amanda Garcia-Snell, staff TBD from CAO and PU | Ecotrust & Aramark |
| As requested, communicate with partners regarding successful implementation of voluntary policy | Q4 | Involve reps from target groups | Partner's voluntary policy implemented | Amanda Garcia-Snell, staff TBD from CAO and PU | Ecotrust & Aramark |
| Annual/Multi-Year Objective (AMO) | | | | | |
| 2.2 By September 30, 2014, increase the number of people with access to healthy vending food and beverage options from 0 to 6,896 | | | | | |
| Timeframe (AMO) | | Start Date: 09/30/12End Date: 09/30/14 | | | |
| Objective Description (AMO) | | | | | |
| Currently Pacific University, LifeWorks NW and Washington County HHS do not have any private business healthy vending policies. This objective will implement voluntary nutritional standards, based on USDA and HHS 2010 Dietary Guidelines for Americans, for 75% of all food and beverages sold in any vending machine located on private property that they own or maintain. | | | | | |
| Strategy (AMO) | | | | | |
| Increase availability and affordability of healthful foods in institutional settings, workplaces, senior centers and government facilities – vending machines | | | | | |
| Setting/Sector(AMO) | | | | | |
| Work sites and community institutions | | | | | |

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| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All students, staff and visitors who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live in medically underserved areas Estimated Population Reach of Health Disparity Focus: _3,348_ | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------|
| Reach/Number of Units (AMO) | 6,896 people | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Upon invitation, convene decision makers from appropriate departments to discuss specifics of implementing a healthy vending policy | Q1 – Q2 | Maintain focus on all clients and students | Partners' meeting minutes | Amanda Garcia-Snell and staff TBD from Pacific University (PU) and LifeWorks NW | |
| As requested, conduct assessment of current vending machine selections; include nutritional assessment | Q2 – Q3 | Maintain focus on all clients and students | Partners completed voluntary assessment | Amanda Garcia-Snell and staff TBD from PU and LifeWorks NW | |
| As requested, develop a voluntary healthy vending machine policy | Q3 – Q4 | | Partners developed voluntary Policy | Amanda Garcia-Snell and staff TBD from PU and LifeWorks NW | |
| Partners approve their own voluntary policies through their existing governance structure | Q3 – Q4 | | Partners' meeting minutes, voluntary policy revisions | staff TBD from PU and LifeWorks NW | |
| As requested, assist partners with working with their vending machine contractor, as needed, with any policy compliance issue they voluntarily | Q5 | | Partners' contractual agreement with | Amanda Garcia-Snell and staff TBD from PU and | Vending machine contractors |

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| request assistance with | | | vendor | LifeWorks NW | | | | | |
| As requested, assist partners with implementing their voluntary policies and changes in private machine vending selections | Q5 | Maintain focus on all clients and students | Partners' voluntary policy implemented and partners' healthy vending options are available | staff TBD from PU and LifeWorks NW | | | | | |
| | | | | | | | | | |
| Annual/Multi-Year Objective (AMO) | 2.3 By September 30, 2014, increase the number of people with access to healthy meeting practices from 0 to 11,260 | | | | | | | | |
| Timeframe (AMO) | Start Date: 09/30/12 | End Date: 09/30/14 | | | | | | | |
| Objective Description (AMO) | Currently none of the BCHP partners have healthy private meeting policies. Five of the six partners will implement private meeting comprehensive healthy meeting policies that apply to all of their own private meetings, conferences and events sponsored by their agencies and organizations to increase access to healthy food options and physical activity breaks at every meeting, conference and event. | | | | | | | | |
| Strategy (AMO) | Increase availability and affordability of healthful foods in institutional settings, workplaces, senior centers and government facilities – healthy meetings | | | | | | | | |
| Setting/Sector (AMO) | Work sites, community institutions and health care | | | | | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide | <input type="checkbox"/> Health Disparity Focus (Specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All staff, students and visitors who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live in medically underserved areas | | | | | | | |
| | Estimated Population Reach: 11,260 | Estimated Population Reach of Health Disparity Focus: 5,030 | | | | | | | |
| Reach/Number of Units (AMO) | 11,260 people | | | | | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners | | | | |
| Upon invitation, convene stakeholders, including agency representation, to discuss voluntary policy | Q1 – Q2 | Involve reps from target groups | Partners' meeting minutes | Amanda Garcia-Snell and staff | | | | | |
| | | | | TBD from Community | | | | | |

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| | | | | | Action Organization (CAO), Pacific University (PU), Virginia Garcia Memorial Health Center (VGMHC), LifeWorks NW | |
| As requested, assist partners with draft voluntary healthy meetings policy for all private campuses | Q2 – Q3 | Involve reps from target groups | Partners draft voluntary policies, meeting minutes | Amanda Garcia-Snell and staff TBD from CAO, PU, VGMHC, LifeWorks NW | | |
| As requested, assist partners with obtaining voluntary policy approval through their existing governance structure | Q2 – Q3 | Involve reps from target groups | Partner meeting minutes, partner private policy revisions | Amanda Garcia-Snell and staff TBD from CAO, PU, VGMHC, LifeWorks NW | | |
| As requested, assist partners with creating an implementation communication plan | Q3 – Q4 | Involve reps from target groups | Partners' completed their plans | Amanda Garcia-Snell and staff TBD from CAO, PU, VGMHC, LifeWorks NW | | |
| As requested, assist partner with implementing their voluntary policies | Q4 | Involve reps from target groups | Partners implemented their voluntary policies | Amanda Garcia-Snell and staff TBD from CAO, PU, VGMHC, LifeWorks NW | | |
| | | | | | | |
| Annual/Multi-Year Objective (AMO) | 2.4 By September 30, 2014, increase the number of women with access to breastfeeding accommodations from 0 to 1,399. | | | | | |
| Timeframe (AMO) | Start Date: 09/30/12 | | End Date: 09/30/14 | | | |
| Objective | Objective seeks to increase the number of Virginia Garcia Memorial Health Center female patients who have access to breastfeeding | | | | | |

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| Description (AMO) | accommodations. This will be accomplished through implementation of a comprehensive breastfeeding accommodation policy for patients and visitors of Virginia Garcia Memorial Health Center, a primary care clinic and Federally Qualified Health Center. | | | | |
| Strategy (AMO) | Increase policies and practices to support breastfeeding in health care | | | | |
| Setting/Sector(AMO) | Health care | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: <u>1,399</u> _____ | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All staff, clients and visitors who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area Estimated Population Reach of Health Disparity Focus: <u>1,260</u> | | | |
| Reach/Number of Units (AMO) | 1,399 people | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Upon invitation, assist partners and newly hired Virginia Garcia Wellness Coordinator with convening stakeholders including client representation to discuss voluntary policy | Q1 – Q2 | Committee members represent clients | Partners' meeting minutes | Virginia Garcia Memorial Health Center (VGMHC) – Wellness Coordinator (WC) & Amanda Garcia-Snell | |
| As requested, assist partners with conducting assessment of user needs and recommendations for space allocation regarding expansion of initiative beyond employees only | Q1 – Q2 | Involve staff and clients in assessment | Partners completed assessment | VGMHC - WC & Amanda Garcia-Snell | |
| As requested, assist partners with draft comprehensive breastfeeding accommodation voluntary policy for all VGMHC private campuses | Q2 – Q3 | Involve staff and clients in implementation planning | Partners draft voluntary policies, meeting minutes | VGMHC – WC, Amanda Garcia-Snell & workgroup members | |
| As requested, assist partners to obtain voluntary policy approval through existing governance | Q2 – Q3 | Involve staff and administration in | Partner's meeting minutes, policy | VGMHC – WC | |

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| structure | | approval | revisions | | |
| As requested, assist partner with creating implementation communication plan | Q3 – Q4 | Communications targeted to staff, clients and visitors | Partners' Completed plan | VGMHC – WC, Amanda Garcia-Snell & workgroup members | |
| As requested, assist partners with implementing voluntary policy, including announcement of policy and implementation of communication plan | Q4 | Assure that policies will affect clients and visitors | Partner's voluntary policy implemented | VGMHC – WC | |
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Community Transformation Implementation Plan (CTIP) – Community Transformation Grant REVISED - November 28, 2012

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| Site Name | | | City of Beaverton Intervention Area and all agency locations | | |
| Project Period Objective (PPO) | | | 3. By September 30, 2014 increase the number of people from 0 to 256,966 covered by integrated systems and opportunities that support high blood pressure and of high cholesterol. | | |
| Timeframe (PPO) | | | Start Date: 09/30/2012 End Date: 09/30/2014 | | |
| Objective Description (PPO) | | | Objective seeks to increase the number of City of Beaverton and intervention area residents who reduce their risk for chronic disease. This will be accomplished through integrated systems-based approaches for chronic disease assessment, self-management referral and health care provider training in a variety of community institutions including, but not limited to mental health, social service agencies and health care providers | | |
| Related Program Goal/Strategic Direction (PPO) | | | Increased Use of High Impact Quality Clinical Preventive Services | | |
| Strategy/Priority Area (PPO) | | | Not applicable | | |
| | | | | | |
| Annual/Multi-Year Objective (AMO) | | | 3.1 By September 30, 2014, increase the number of people from 0 to 83,321 who have access to an integrated systems-based approach to chronic disease assessment and referral system. | | |
| Timeframe (AMO) | | | Start Date: 09/30/12 End Date: 09/30/14 | | |
| Objective Description (AMO) | | | Currently there is no integrated system in place for assessment of chronic disease and referral to appropriate self-management resources during the client intake process. This objective will implement an integrated system for LifeWorks NW, Pacific University, Virginia Garcia Memorial Health Center (VGMHC) and Washington County Health and Human Services (WCHHS) that incorporates the Million Hearts campaign, Living Well, <i>Tomando Control de su Salud</i> and tobacco cessation referral. | | |
| Strategy (AMO) | | | Provide TA and training to implement strategies to translate known interventions into usual clinical care to increase control of high blood pressure, high cholesterol and diabetes and improve chronic disease with chronic disease self management training programs | | |
| Setting/Sector (AMO) | | | Community institutions and health care | | |
| Population Focus (AMO) (Check Only One) | | | <input type="checkbox"/> General/Jurisdiction Wide <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All clients who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live in medically underserved areas | | |
| | | | Estimated Population Reach: 83,321 Estimated Population Reach of Health Disparity Focus: 79,321 | | |
| Reach/Number of Units (AMO) | | | 83,321 people | | |

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| Milestones/Activities (limit 10) | Timeline (Initiation- Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
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| Upon invitation, assist partner(s) with convening decision makers from all partner organizations to identify appropriate integrated referral system, including identified chronic disease self-management and tobacco cessation programs | Q3 – Q5 | Maintain focus on all agency clients | Partners' have Signed voluntary formal agreement | Amanda Garcia-Snell | Staff TBD from above agencies |
| As requested, assist partner(s) with identifying logistic and programmatic needs for integrated referral systems | Q5 – Q7 | | Partners' logistic and programmatic needs met | Amanda Garcia-Snell | Staff TBD from above agencies |
| As requested, and In response to programmatic needs develop curriculum, assist partner(s) with development of a training plan and program protocol for all clinical staff at each site as needed | Q5 | Maintain focus on all clients | Partners' plans and protocol developed; staff trained | Virginia Garcia Memorial Health Center (VGMHC) | VGMHC RN & care coordinator, Staff TBD from above agencies |
| Upon invitation, assist partners with convening clinic faculty and staff to determine logistical issues and business and sustainability plan related to increasing Chronic Disease Self-Management Program availability | Q3 – Q4 | Maintain focus on all agency clients and students | Partners have approved business and sustainability plan | Pacific University | Staff TBD from above agencies |
| As requested, assist All partner agencies with their voluntarily beta-test intake assessment and referral system and making their own necessary improvements | Q7 | | Partners' improvements have been made | Amanda Garcia-Snell | Staff TBD from above agencies |
| Upon invitation, assist partners with implementation of integrated system | Q8 | Maintain focus on all agency clients | Partners' referrals being made | WCHHS-PC | Staff TBD from above agencies |
| | | | | | |
| Annual/Multi-Year Objective (AMO) | 3.2 By September 30, 2014, increase for the number of people from 0 to 256,966 with access to an integrated high quality community health care system | | | | |
| Timeframe (AMO) | Start Date: 09/30/2012 | | End Date: 06/30/2014 | | |
| Objective Description (AMO) | Objective seeks to increase the number of policies, procedures and administrative framework for the Beaverton Community Health Partnership for integrated high quality clinical preventive services Currently there is no integrated high quality community health care | | | | |

Appendix D - Community Transformation Implementation Plan (CTIP)

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| | system in the Beaverton intervention area. Upon invitation, the City will convene and facilitate the Beaverton Community Health Partnership with establishing an organizational infrastructure for achieving this objective. | | | | |
| Strategy (AMO) | Clinical preventive services innovation interventions - Healthy People 2020- Access to comprehensive, quality healthcare services | | | | |
| Setting/Sector(AMO) | Community institution | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide Estimated Population Reach: <u>256,966</u> | <input type="checkbox"/> Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All clients who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live in medically underserved areas Estimated Population Reach of Health Disparity Focus: <u>71,951</u> | | | |
| Reach/Number of Units (AMO) | 256,966 people | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |
| Upon invitation, the City will help establish a work plan between the State of Oregon's Oregon Solutions program and the BCHP partners to identify and document components for service integration | Q1 | Maintain focus on low-SES, medically underserved and disabled people | Partners' draft of work plan with timeline and deliverable components | Beaverton Community and Economic Development Department (CEDD) staff - TBD | BCHP steering committee |
| Upon invitation, assist partners with identifying a governance structure and integration protocols for that allows broad participation of BCHP members in the development of an entity that owns and operate a collaborative community health facility | Q1-Q4 | Maintain focus on low-SES, medically underserved and disabled people | Partners' formed an operating entity with an organizational structure chart | Beaverton CEDD staff - TBD | BCHP steering committee |
| Upon invitation, assist partners with a feasibility study of electronic and web-based information sharing, database integration, staff training on cross-referral systems and facilities integration | Q4-Q8 | Maintain focus on low-SES, medically underserved and disabled people | Partners produced Feasibility and Cost Reports | Beaverton CEDD staff - TBD | BCHP steering committee |
| Assist partners, as requested, by hiring a | Q8-Q10 | Maintain focus on | BCHP partners | Beaverton CEDD | BCHP steering |

Appendix D - Community Transformation Implementation Plan (CTIP)

| consultant to develop budget and financing strategy for integration and protocol development. | | low-SES, medically underserved and disabled people | adopted budget and financing plans | staff - TBD | committee |
|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------|------------------------------------|-------------|-----------|
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Appendix D - Community Transformation Implementation Plan (CTIP)

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant REVISED - November 28, 2012

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|-------------------|--|---------------------|--|
| Site Name | | | | | | City of Beaverton Intervention Area and all agency locations | | | | | | | | | |
| Project Period Objective (PPO) | | | | | | 4. By September 30, 2014 increase the number of people from 0 to 117,931 with increased access to opportunities that support social and emotional wellness. | | | | | | | | | |
| Timeframe (PPO) | | | | | | Start Date: 09/30/2012 | | | End Date: 09/30/2014 | | | | | | |
| Objective Description (PPO) | | | | | | Objective seeks to increase number of Beaverton intervention area residents who have access to integrated systems-based approaches to opportunities that improve social and emotional wellness. | | | | | | | | | |
| Related Program Goal/Strategic Direction (PPO) | | | | | | Social and Emotional Wellness | | | | | | | | | |
| Strategy/Priority Area (PPO) | | | | | | Not applicable | | | | | | | | | |
| Annual/Multi-Year Objective (AMO) | | | | | | | | | | | | | | | |
| 4.1 By September 30, 2014, increases the number of people from 0 to 117,931 with increased access to systems-based approaches to promoting mental health and wellness. | | | | | | | | | | | | | | | |
| Timeframe (AMO) | | | | | | Start Date: 09/30/12 | | | End Date: 09/30/14 | | | | | | |
| Objective Description (AMO) | | | | | | LifeWorks NW, Community Action Organization, and Virginia Garcia Memorial Health Center will develop an interagency agreement to coordinate the training of 20 agency providers and 20 community members in the Positive Parenting Program. All agencies (LifeWorks NW, Community Action Organization, Virginia Garcia Memorial Health Center, Pacific University and Washington County Health and Human Services will train intake staff in assessment of emergent mental health issues to meet all client needs. | | | | | | | | | |
| Strategy (AMO) | | | | | | Promote effective parenting practices | | | | | | | | | |
| Setting/Sector AMO) | | | | | | Community institutions, schools and health care | | | | | | | | | |
| Population Focus (AMO) (Check Only One) | | | | | | <input type="checkbox"/> General/Jurisdiction Wide | | | <input type="checkbox"/> Health Disparity Focus (Specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All clients who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live in medically underserved areas | | | | | | |
| Reach/Number of Units (AMO) | | | | | | 117,931 | | | | | | | | | |
| Milestones/Activities (limit 10) | | | | | | Timeline (Initiation- | | Activity(ies) Related to | | Short Term Outcome/ | | Lead Staff | | Key Partners | |

Appendix D - Community Transformation Implementation Plan (CTIP)

| | Completion by Quarter) | Reducing Health Disparities* | Measure | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|
| Upon invitation, assist partners with development of initiative and a voluntary formal agreement to coordinate training of providers and community members in Positive Parenting Program (Triple P) and assessing clients' emergent mental health needs through Mental Health First Aid | Q5 | Maintain focus on all agency clients | Signed voluntary formal agreement | Amanda Garcia-Snell, Staff TBD from LifeWorks NW, CAO & VGMHC | Staff TBD from above agencies |
| Assist partners, when requested, with identifying logistic and programmatic needs to include Mental Health First Aid screening into intake assessments | Q5-Q6 | Maintain focus on all agency clients | Partners' logistic and programmatic needs met | Lead staff TBD from LifeWorks NW | Staff TBD from above agencies |
| Upon invitation, help partner identify community members and agency staff to receive voluntary training of Triple P. | Q5-Q7 | Maintain focus on all agency clients | Partner has trainings scheduled | Amanda Garcia-Snell, TBD from LifeWorks NW, CAO & VGMHC | Staff TBD from above agencies |
| As agreed, partners will communicate with the City of Beaverton regarding the status of training their agency staff in Mental Health First Aid practices | Q6-Q8 | Maintain focus on all agency clients | Partners' staff are trained | Lead staff TBD from LifeWorks NW | Staff TBD from above agencies |
| Upon invitation, assist partner with implementation of the integrated Triple P and Mental Health First Aid assessment into clinical and agency practice | Q6 - Q8 | Maintain focus on all agency clients | Triple P and Mental Health First Aid is in protocols and procedures of all agencies | Amanda Garcia-Snell, TBD from LifeWorks NW, CAO & VGMHC | Staff TBD from above agencies |

Community Transformation Implementation Plan (CTIP) – Community Transformation Grant
REVISED - November 28, 2012

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|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|
| Site Name | City of Beaverton Intervention Area and all agency locations | | | | |
| Project Period Objective (PPO) | 5. By September 30, 2014, increase from 0 to 256,966 the number of people with increased access to a healthy and safe City of Beaverton community. | | | | |
| Timeframe (PPO) | Start Date: 09/30/2012 | End Date: 09/30/2014 | | | |
| Objective Description (PPO) | Objective seeks to increase the number of City of Beaverton and intervention area residents who benefit from the inclusion of a health chapter in the City of Beaverton comprehensive plan. This chapter will outline ordinances that support healthy communities through urban planning | | | | |
| Related Program Goal/Strategic Direction (PPO) | Healthy and Safe Physical Environment | | | | |
| Strategy/Priority Area (PPO) | Not applicable | | | | |
| Annual/Multi-Year Objective (AMO) | 5.1 By September 30, 2014 increase the number of people from 0 to 256,966 served by a health chapter in the City's Comprehensive Plan that will include recommendations for ordinances that support healthy community urban planning. | | | | |
| Timeframe (AMO) | Start Date: 09/30/2012 | End Date: 09/30/2014 | | | |
| Objective Description (AMO) | The Comprehensive Plan is required to be incorporated into amendments of the City Code and City Ordinances. Amendments of the Comprehensive Plan require adoption by ordinance. | | | | |
| Strategy (AMO) | Increase adoption of comprehensive approaches to improve community design to enhance walking, bicycling and active transportation | | | | |
| Setting/Sector (AMO) | Community | | | | |
| Population Focus (AMO) (Check Only One) | <input type="checkbox"/> General/Jurisdiction Wide | | <input type="checkbox"/> Health Disparity Focus (Specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): All clients who maybe low-income, low-SES, disabled, aging, receiving Medicaid, have limited or no English proficiency including people who primarily communicate in Spanish, Korean and Somali languages, addictions, mental health conditions or live medically underserved area | | |
| | Estimated Population Reach: 256,966 _____ | | Estimated Population Reach of Health Disparity Focus: 71,951 _____ | | |
| Reach/Number of Units (AMO) | 256,966 | | | | |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Activity(ies) Related to Reducing Health Disparities* | Short Term Outcome/ Measure | Lead Staff | Key Partners |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Identify a consultant experienced in writing public health chapters in Oregon comprehensive plans | Q1 | Maintain focus on low-SES, medically underserved and disabled people | Consultant hired | Lindsey Kuipers, Project Coordinator | Amanda Garcia-Snell, community partners - TBD |
| Establish necessary baseline data for the City's public health chapter | Q1-Q2 | Maintain focus on low-SES, medically underserved and disabled people | Scoring matrix that guarantees data pieces align with focus of health chapter | Lindsey Kuipers, Project Coordinator | Amanda Garcia-Snell, community partners - TBD |
| Implement a voluntary public involvement process that educates the community about public health components and solicits the public's input in the development of the City's health chapter | Q3-Q5 | Maintain focus on low-SES, medically underserved and disabled people | Public outreach events conducted, information posted to the City website | Lindsey Kuipers, Project Coordinator | Amanda Garcia-Snell, community partners - TBD |
| Adopt a new public health chapter in the City's Comprehensive Plan | Q6 | Maintain focus on low-SES, medically underserved and disabled people | Adopted public health chapter in the Comprehensive Plan | Lindsey Kuipers, Project Coordinator | |

Appendix E – BCHC Goals, Objectives and Procedures

Goals, Objectives and Procedures

Beaverton Community Health Collaborative

A Multi-Agency Cooperative Effort

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|
| Name of Group: Beaverton Community Health Collaborative (BCHC) | | |
| Participants: City of Beaverton Pacific University Washington County Virginia Garcia Memorial Health Center Community Action LifeWorks NW | | |
| Statement of Purpose: To implement and manage coordinated, integrated health care and workforce training in collaboration with local and regional health care and health education providers. | | |
| Group Goals: | | |
| <ul style="list-style-type: none"> • Establish and manage an integrated service program • Establish and implement systems, policies and procedures for patient-centered, integrated health care delivery • Build a health and wellness facility to sustain the new health care delivery model | | |
| List of Short-term Objectives - Facility | | |
| <i>To Be Accomplished</i> | <i>Date to be Completed</i> | <i>Responsible Persons</i> |
| Operating budget | February 8, 2013 | BCHC Participants + Finance Committee |
| Marketing package | April 2013 | Scott Edwards Architects |
| Identify project delivery method | March 2013 | BCHC Participants |
| Identify site | April 2013 | City of Beaverton |
| List of Short-term Objectives – Systems | | |
| <i>To Be Accomplished</i> | <i>Date to be Completed</i> | <i>Responsible Persons</i> |
| Determine service provision | February 2013 (+ongoing) | Participants |
| Establish operational needs | March 2013 (+ongoing) | Participants |
| Program budget | March 2013 (+ongoing) | Participants + Finance Committee |
| Establish policies, procedures and standards for integration | April 2013 | Participants |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governance |
| Voting: Simple Majority |
| Quorum: 5 persons |
| Agenda Setting Procedure: Submit suggested agenda items to Secretary and Chair at least one week prior to meeting; Secretary will prepare draft agenda for Chair's approval based on suggested items from Participants as well as project objectives |
| Meeting Procedure: Generally, items to be voted on will be discussed for up to 15 minutes and then voted on. Discussion may be extended upon a motion and second by any two Participants. |
| Limitations: BCHC is not a legal entity. Accordingly, no vote is binding on any Participant, including State and local governmental organizations, unless expressly authorized by the governing bodies of the Participant organizations. No person or Participant organization will bear financial responsibility to the BCHC or any of its Participants without express written consent from the governing bodies of the Participant organizations. |

Appendix E – BCHC Goals, Objectives and Procedures

| Governance Structure | | |
|-----------------------------|--------------------|---------------------|
| | <i>Primary</i> | <i>Alternate</i> |
| Chairperson | Kathleen O’Leary | Amanda Garcia-Snell |
| Vice-Chair | Ann Barr-Gillespie | Bill Ray |
| Member | Gil Muñoz | Araceli Gaytan |
| Member | Mary Monnat | Katy Beveridge |
| Member | Betty Lou Morrow | Jerralynn Ness |
| Member | Don Mazziotti | Dave Waffle |
| Member | Councilor Bode | |
| Secretary | Lindsey Kuipers | Cadence Moylan |



May 10, 2012

JOHN A. KITZHABER, MD
Governor

Denny Doyle
Mayor
City of Beaverton
4755 SW Griffith Drive
Beaverton, OR 97076

Gil Munoz
CEO
Virginia Garcia Memorial Health Center
328 West Main, Suite 300
Hillsboro, OR 97123

Ann Barr, Vice Provost & Executive Dean
College of Health Professions
Pacific University
190 SE 8th Avenue, Suite 230
Hillsboro, OR 97123

Jerralynn Ness
Executive Director
Community Action
1001 SW Baseline Street
Hillsboro, OR 97123

Mary Monnat
President and CEO
LifeWorks NW
14600 NW Cornell Road
Portland, OR 97229

Kathleen O'Leary
Public Health Division Manager
Washington County
155 N. First Avenue, MS 5
Hillsboro, OR 97124

Dear Mayor Doyle, Ms. Barr, Ms. Monnat, Mr. Munoz, Ms. Ness, and Ms. O'Leary:

It has come to my attention that you have requested the Beaverton Community Health Partnership effort be designated as an Oregon Solutions project. After reviewing your letters and the assessment conducted by Oregon Solutions staff, I feel this project supports Oregon's Sustainable Community Objectives. By this letter I am designating this as an Oregon Solutions project.

The Oregon Solutions project team will address the objectives outlined in the project assessment. These include memorializing the partner's shared vision, assisting them to integrate their programs and developing a governance structure. Oregon Solutions will not be directly involved in fundraising but can assist in helping the partner organizations leverage existing resources. I will be appointing a convener for this project soon.

The Oregon Solutions approach helps bring together potential partners in a neutral and collaborative way to address issues and opportunities. The proposed Health Partnership will enable the partners to co-locate and fully integrate their programs. They will deliver medical, dental, mental health, public health and wellness services in an interdisciplinary way to low and

Mayor Doyle, Ann Barr, Mary Monnat
Gil Munoz, Jerralynn Ness, Kathleen O'Leary
May 10, 2012
Page 2

moderate income households and special needs populations in the Beaverton area. The project will also offer interdisciplinary clinical opportunities for students in the various health professions at Pacific University to train in a patient centered medical home model.

I am pleased to see that you are working collaboratively to bring together partners to address the opportunity at hand. By integrating and leveraging the partnering organization's programs, this project has the potential to strengthen the ties between the public, private and civic sectors and I anticipate the new health center will be a great addition to the Beaverton community. Please keep my office updated on this effort and thank you for your work and enthusiasm thus far.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kitzhaber", written in a cursive style.

John A. Kitzhaber, M.D.
Governor

JAK/gw/lh



Grant Number: 1H75DP004281-01

Principal Investigator(s):
DON MAZZIOTTI

Project Title: BEAVERTON COMMUNITY HEALTH PARTNERSHIP

FINANCIAL OFFICER
CITY OF BEAVERTON
4755 SW GRIFFITH DR
PO BOX 4755
BEAVERTON, OR 970764755

Budget Period: 09/30/2012 – 09/29/2014

Project Period: 09/30/2012 – 09/29/2014

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$1,583,458 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to City of Beaverton in support of the above referenced project. This award is pursuant to the authority of 301A, 317K OF PHSA, 24 USC SEC 241 & 247 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.



If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Roslyn Curington
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

Forging a healthy partnership

Published on Wednesday, July 25, 2012 | Written by [Shannon O. Wells](#) |  | 

Central health care facility envisioned to serve at-risk population

Amid the daily bustle of Central Beaverton and a stream of ambitious talk involving urban renewal, a Civic Plan and Enterprise Zone, it may escape the average resident's notice that a notable chunk of the city's core population is statistically underserved by accessible, affordable and efficiently provided medical services.

But in fact the U.S. census considers Beaverton officially lacking in services for residents facing economic, cultural or linguistic barriers to health care. These underserved and "at risk" populations are thwarted by facilities that are overcrowded, not in proximity to one another and poorly coordinated for those with overlapping service and treatment needs.

In an ambitious attempt to reverse that trend, the city is exploring a multifaceted partnership to offer an array of public health services for medically underserved populations of Beaverton and Washington County in an accessible, centralized location.

The Beaverton Community Health Partnership is rooted in the city's long-running relationship with the Virginia Garcia Memorial Health Clinic. The two entities have developed a mutual interest in establishing a local, integrated clinic facility that provides everything from affordable mental health counseling and dental care to health workforce training.

Although a location has yet to be chosen, momentum for the concept is building. Members of the city's Community and Economic Development Department presented an outline to the City Council earlier this month. Gov. John Kitzhaber has endorsed the plan as one of his Oregon Solutions projects, assigning a team to oversee governance and operation of the proposed clinic.

And the city is pursuing a Centers for Disease Control for a Community Transformation Grant between \$1.5 million and \$2.5 million that would be used to engage partners to shape policy in areas such as tobacco-free and active living, healthy diets, preventive clinical services, social and emotional wellness and a healthy and safe environment.

Breaking ground

Don Mazziotti, Community and Economic Development Department director, said the effort could provide a model for other cities to follow.

"I think it is a pioneering kind of effort to integrate services, location and operation of a variety of entities that deliver public health, teach clinical education and deliver clinical services," he said.

While the CDC grant is an important goal at this point, the project could proceed even without it.

"The grant would be extremely helpful in doing the work we need to get done, but it is not crucial to the project moving forward," he said. "The grant can greatly enhance delivery of public health education, clinical services and a variety of other community social networks and the kind of services based on the nature of the partners themselves."

Along with the Virginia Garcia clinic, core partners in the project include Pacific University, Community Action of Washington County, Lifeworks Northwest and Washington County Public Health. Other entities expressing interest include Providence Health Systems, Portland State University, the Community Health Program, Kaiser Permanente, AT Still University, and the Washington County Commission on Children and Family Services.

Dave Waffle, the city's assistant finance director, said the project takes already integrated partnerships in an ambitious new direction.

Appendix H – Collected Newspaper Articles

“It’s been a long time coming,” he said. “In some other situation, if you try to bring these people together to dance for the first time, that’s different for them. But this is normal. It’s ‘Let’s do the things we’ve been doing, but on a bigger scale and more of it.’”

Beyond needing a 3- to 5-acre parcel that’s centrally located, Waffle said the facility’s primary criterion is accessibility. Proximity to one of the MAX transit centers and current and future affordable housing are of premium concern.

“We tend to favor something closer to the Beaverton core,” he said.

With the city now owning the South Office Building at The Round at Beaverton Central, as well as the vacant Westgate property next door, those locations would likely be in the mix as the City Council decides how to develop the properties. The possibility of moving city government offices into the South Office Building has already been discussed.

“Even if the decision is made that city offices go in there, there are still a couple of floors available that are vacant and could solve the need,” Waffle said. “And Westgate, it’s publicly owned, the right size. It would be foolish not to consider it.”

Integrated partners

Jim Jacks, project manager for Oregon Solutions, said the health partnership proposal fits well among the projects in the state-run community enhancement forum.

“Oregon Solutions is helping with three parts of it,” he said, “the vision, program integration and partners, and governance — once you put this thing together, how do you run it month after month, year after year?”

Jacks was impressed with the project’s emphasis on integration rather than simply providing separate services under one roof, as well as the aspect of partnering with Pacific University and Washington County public health agencies to provide clinical experiences for students.

“We don’t just want it to be co-located, but how do they integrate as many lines of business as possible, and make it as seamless as possible to use?” he said. “And students can get good clinical experience in an interdisciplinary environment.”

Mazziotti said the rest of 2012 will be spent pursuing grants and other funding sources, refining aspects of the partnerships and analyzing appropriate facilities.

“The city is the convener here, not the impresario and not the coordinator,” he said. “We have brought together these many partners to discuss how to solve the challenges of an underserved population. We intend to continue to be a convener until such time the organization is ready to fly on its own.”

Beaverton receives \$1.6 million grant to provide health care programs, develop wellness center



By [Dominique Fong, The Oregonian](#)

on September 28, 2012 at 5:35 PM, updated September 28, 2012 at 5:39 PM

The city of Beaverton announced Friday that it received a \$1.6 million grant from the [Centers for Disease Control](#) to fight health problems such as obesity and develop a health and wellness center.

The money will support the [Beaverton Community Health Partnership](#), a group of about 10 health care providers. They include Community Action, Lifeworks Northwest and the Virginia Garcia Memorial Health Center. The partnership has been named an [Oregon Solutions Project](#) for building strong relationships between a public agency and nonprofits.

Part of the money will support the development of a Beaverton health and wellness center, a go-to spot for a variety of health resources. Officials have explored the vacant Westgate property near the Round at Beaverton Central as one potential location.


The partnership also hopes to reduce the frequency of diabetes and lower the rate of heart attacks and strokes.

The grant is part of the U.S. Department of Health and Human Services' Community Transformation Grants. The money supports public programs that reduce chronic diseases, promote healthier lifestyles and manage health care spending.

Overall, the department has awarded roughly \$70 million in grants to improve the health of communities that have fewer than 500,000 people. Beaverton has a population of about 90,000 people.

Beaverton Valley Times

City secures \$1.6 million for community health partnership

Created on Wednesday, 03 October 2012 23:00 | Written by [Shannon O. Wells](#) | 

CDC funding slated to plan preventive-based health policy

A \$1.6 million award from the Centers for Disease Control to the city of Beaverton provides a shot in the arm for a proposed consortium of public health services for medically underserved populations.

The city's Economic and Community Development Department applied last summer for the grant and learned Friday the city secured the funding.

The \$1.6 million will be directed toward further planning for the Beaverton Community Health Partnership. The collaboration between the city, Virginia Garcia Memorial Health Clinic and other partners seeks to establish an integrated clinic facility that provides everything from affordable mental health counseling and dental care to health workforce training in a centralized location.

Although planning work on the proposed partnership would have continued regardless of the grant, Mayor Dennis Doyle said the award comes at a crucial time in the process.

"It's going to speed up the process dramatically," he said. "It's an inspiration for all the partners, including the city. This will really activate (the partners) so we can really say, 'OK, this is real right now. How do we develop a very new model for delivery of services?'"

Don Mazziotti, director of the Economic and Community Development Department, called the CDC's grant announcement "great news."

"It's the foundation piece for establishing a community health center that serves the whole community," he said. "It's focused on the medically underserved, but also includes a series of programs from a variety of organizations focused on public health."

Along with the Virginia Garcia clinic, core partners in the project include Pacific University, Community Action of Washington County, Lifeworks Northwest and Washington County Public Health. Other interested entities include Providence Health Systems, Portland State University, the Community Health Program, Kaiser Permanente, AT Still University and the Washington County Commission on Children and Family Services.

Gov. John Kitzhaber endorsed the plan as one of his Oregon Solutions projects, assigning a team to oversee governance and operation of the proposed clinic.

Appendix H – Collected Newspaper Articles

City officials have not reached the point of choosing possible locations for the facility, so planning at this stage involves shaping policy in areas such as tobacco-free and active living, healthy diets, preventive clinical services, social and emotional wellness and a healthy and safe environment.

“A lot of people are focusing on the facility,” Mazziotti said. “That’s not unimportant, but the key to the project is the collaboration and integration of a variety of providers of health, wellness, education — and other aspects of community and public health — into a multipurpose facility.”

Mazziotti and Doyle agree the location of the health partnership facility will be based on proximity to public transit services, including MAX light-rail train stations.

“Ideally it will be close to mass transit if there is land available for it,” Doyle said. “There are a number of available spots along the light-rail line. Our thinking is let’s make it easy to get to.

“It’s the integration of those organizations into an effective delivery mechanism that makes this innovative and unique,” he added. “And that’s why the CDC funded this project.”

Despite an array of projects and challenges the city is facing, from implementing Urban Renewal and Civic Plan directives to addressing space needs for the police department and City Hall, Doyle said he’s confident this is a good time to kick start an innovative health-oriented partnership.

“I truly feel we are able to take this on,” he said. “Some of the other issues, such as City Hall and the police department, those will be taken care of and put to bed pretty soon. I think the city is in good shape to tackle this (health partnership). We’re trying to deliver on what our citizens asked for in the visioning process, which is an active, vibrant downtown.

“The potential for this facility is huge.”

Asked if there are precedents in Oregon or elsewhere for such a health partnership catering to the underserved, Mazziotti didn’t hesitate to tout the plan’s cutting edge qualities.

“We are the model,” he said. “That’s part of the grant, to perfect this integration model, to use it, and through working with CDC, show other states and communities how this can be accomplished.”

Beaverton Activist Brings Community Health Partners Together

The project has already received a \$1.6 million grant from the Centers for Disease Control and has won the support of Governor John Kitzhaber

By:

Diane Lund-Muzikant

October 4, 2012 -- Betty Bode is on a mission to create a healthier community for the city of Beaverton. A public health advocate, she's spent more than a decade pursuing what many people told her was impossible -- bringing together all the healthcare stakeholders with a shared vision.

October 4, 2012 -- Betty Bode is on a mission to create a healthier community for the city of Beaverton. A public health advocate, she's spent more than a decade pursuing what many people told her was impossible -- bringing together all the healthcare stakeholders with a shared vision.



"My goal has been to integrate healthcare in a way that's not been done before," said Bode, who's been on the Beaverton City Council for the past 12 years and also chairs the state's Public Health Advisory Board. "The potential impact for the community is tremendous."

What's evolved has become known as the Beaverton Community Health Partnership, which was recently awarded a \$1.6 million grant by the Centers for Disease Control and designated an Oregon Solutions project by Governor John Kitzhaber.

All told, 10 community [partners](#) [3] are working together to provide medical, dental and mental health, public health and wellness services under one roof – a 150,000 square foot building that will be constructed in downtown Beaverton near public transit. Healthcare related training will also be offered for Pacific University and Portland State University students.

Currently these services are scattered throughout the Beaverton area and are frequently overcrowded, which makes it difficult for many – including low-income households and people with special needs -- to get the care they need.

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“This is going to be much more than just a building,” Bode said. “It’s a place where the community can come together to improve and maintain their health. We’re on the cusp of real implementation; the groundwork’s been laid.” She’d like to see the building open in the next four years.

Oregon Solutions is helping the partners come up with a vision statement, develop a governance structure and decide which programs should be offered at the new building, said Jim Jacks, project manager. “We’re helping them build a model of care for all the programs to fit together and provide services,” he said. “Several of the organizations have worked together before, and some are on each other’s board. Now they’re trying to be more innovative than ever before.”

Dr. Tina Castanares, the convener for the project, brings a background in public health, system reform as well as having spent more than two decades as a family physician. What attracted her attention was the city of Beaverton’s involvement at such a high strategic level and the enthusiasm of the community partners.

“What they’re doing goes beyond bricks and mortar,” said Castanares, who chairs the Northwest Health Foundation board of directors. “They’re creating a healthcare community for the city; it’s very inspirational. I wish every city educated themselves so thoroughly about the social determinants of health.”

The Beaverton City Council is also taking an active role by updating its comprehensive plan to include a chapter on the social determinants of health – safe housing, availability of transportation, nutrition – that are considered responsible for chronic health conditions such as diabetes and asthma.

“We need to take an honest look at some of the health conditions that impact peoples’ lives and make Beaverton a safer and healthier community,” Bode said. “We know that children who have good nutrition and a good education and a balanced family do better.”

Bode’s also chairs a Washington County advisory board focused on ending homelessness within the next ten years by helping people find permanent housing with support services.

Beaverton Community Health Partnership plans one-stop health care using federal grant



By [Dominique Fong, The Oregonian](#)
on October 12, 2012 at 6:05 AM, updated October 12, 2012 at 9:59 AM



Scott Edwards Architecture

Beaverton officials are looking for the ideal location for a future health and wellness center, shown here in a conceptual rendering.

BEAVERTON -- Health care providers are planning Beaverton's first one-stop shop of services for disease prevention and general wellness, funded in part by a \$1.6 million federal grant.

Many of those services already exist, but are scattered throughout the city, health care leaders said at a press conference this week. Services instead should be combined under one roof in Beaverton, especially at prices affordable to low-income residents and aging baby boomers, leaders said.

One potential site for the center could be the former Westgate movie theater land between Southwest Cedar Hills Boulevard and Rose Biggi Avenue, city officials said, because of its central location and proximity to light rail.

The [city recently received](#) a \$1.6 million [Community Transformation Grant](#) from the [Centers for Disease Control and Prevention](#). The city will distribute the money among six health care groups, which will develop new programs to reduce the risks of obesity, diabetes, heart attack and stroke.

Those groups, called the [Beaverton Community Health Partnership](#), include the [Virginia Garcia Memorial Health Center](#), [Pacific University](#), [LifeWorks NW](#) and other agencies.

The grant also will pay for a two-year program coordinator and a consultant to oversee those programs and the preliminary work of finding a building with enough room for all of the planned health services.

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[Sen. Ron Wyden](#), D-Ore., [said Wednesday during a press conference](#) at the Round at Beaverton Central that the Beaverton project would help prepare health care providers for an influx of people benefiting from the national [Affordable Care Act](#). Most of the new law's changes to health insurance will roll out in 2014.

"The focus is doing a better a job of integrating and coordinating services," Wyden said. "We've got to accelerate it, we've got to speed it up. ... This is a project that is going to serve as a model."

In June 2011, as leases were about to expire at their respective sites, a few health care groups envisioned moving into a single building to consolidate their skills.

Some were already partners, such as Virginia Garcia Memorial Health Center, which has a location on the Pacific University campus in Hillsboro. Virginia Garcia also joined behavioral and mental health services with LifeWorks NW, a nonprofit that specializes in providing those programs.

Mary Monnat, president of LifeWorks NW, said she wanted to see more teams of professionals from multiple health groups. Instead of working in separate offices, employees can share their expertise.

"Just because they're side-by-side doesn't mean they talk," Monnat said.

Through these collaborations, Monnat hopes to start new programs that teach people how to identify first signs of mental illness and educate families on parenting methods.

Other programs could include prenatal parenting classes and more home visits to patients, which lower the frequency of health-related emergency calls, said Gil Muñoz, CEO of Virginia Garcia Memorial Health Center.

Health care leaders particularly want to help the underserved population of Beaverton. The central city is dense and has a high number of fast-food restaurants, said Priscilla Lewis, executive director of community services and development at [Providence Health & Services](#), another of the health partners.

The health center could serve about 150,000 people in the greater Beaverton area, according to data in a grant application. About three-quarters of that population reported that they don't receive proper dental care, vision care or treatment for a mental health condition.

A one-stop health center also would provide more training for professionals, health care leaders said. Students at Pacific University could gain hands-on learning.

The city is looking for a site that could house 350 professional clinicians from Pacific University and treat about 800 clients a day, said Don Mazziotti, the city's director of community and economic development

Ideally, the location would be about 4 acres and near public transit, such as light rail, city

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officials said.

One potential location is the vacant 3.9-acre Westgate lot, which is jointly owned by the city and [Metro](#), the regional government. The city is considering rent from tenants, new markets tax credits and grants among ways to pay for developing a new location.

So far, no sites have been confirmed. In coming months, city officials will divide the grant money among health care groups. The city's comprehensive plan, a framework that guides land-use projects, will be revised to include health care policies.

Wyden said more money and attention should focus on the overall well-being of people, not just fighting chronic diseases.

"Prevention is the centerpiece to keeping people well," Wyden said.



Beaverton Community Health Partnership exploring non-profit status, seeking health center site



By [Nicole Friedman, The Oregonian](#)

on January 23, 2013 at 7:05 AM, updated January 23, 2013 at 7:08 AM

Beaverton officials are looking for the ideal location for a future health and wellness center, shown here in a conceptual rendering. Scott Edwards Architecture

Beaverton hopes to establish a non-profit organization to govern the city's community health partnership as the project moves toward establishing a health center in the city.

City staff laid out the Beaverton Community Health Partnership's immediate and long-term goals in a presentation to the City Council Tuesday night. While opening a health center is still years away, the partnership hopes to identify a site, begin public education about community health and draft a new chapter on health for the city's comprehensive plan by the end of the year.

The council took one step toward these milestones tonight by [approving a \\$75,923 contract](#) with [Scott Edwards Architecture](#) to create a preliminary design and budget for a health center. The contract will be paid for by the [\\$1.6 million grant the city received for the partnership](#) in September from the Centers for Disease Control and Prevention.

Around 31,000 Beaverton residents and another 210,000 people who live adjacent to the city qualify as "medically underserved," said Don Mazziotti, the city's community and economic development director.

In December, the city [divvied around \\$440,000 of the grant money](#) among six community partners: [Washington County Health and Human Services](#), [Virginia Garcia Memorial Health Center](#), [Pacific University](#), [Lifeworks NW](#), [Community Action of Washington County](#) and [Washington County Disability, Aging and Veteran Services](#). But those six organizations only represent a portion of the city's partners, Mazziotti said. "We are joined by at least 15 partners that are broadly representative of the community, the county and the state," Mazziotti said.

As the goals of the partnership become more complex, it needs a governance structure to guide decision-making, said Dave Waffle, the city's assistant finance director.

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The city's master developer, [Gerding Edlen](#), is helping develop the project, but the city hopes to create a non-profit entity that would oversee the partnership. "There's large money involved," Waffle said. "There's a degree of integration of services that doesn't exist anyplace else."

The partnership was originally focused on helping health care organizations in the area meet their space needs, Waffle said. But after Gov. John Kitzhaber designated the partnership an [Oregon Solutions project](#), the motivation shifted to "taking advantage of the changes in national and state health policy and satisfying the needs of our population," he said.

The final goal — [a community health center placing a variety of health services under one roof](#) — will also serve as a training facility for students at [Pacific University](#), Waffle said. The center must be near public transportation and be at least 2.5 acres large, not including parking, said Lindsey Kuipers, a planning technician for the city.

The site of the former Westgate Theater, next to the Round, has been [mentioned in recent months as a possible site for the health center](#).

Beaverton will also hire a public involvement consultant and form a community health advisory committee to help guide a [new chapter of the city's comprehensive plan focused on community health](#). The city will hold public involvement events in June and August.

"We would be — if not the first in the state — one of the first in the state to take health this seriously," Kuipers said. "By Beaverton stepping out and saying, 'We're committed to our citizens' health, this is really sort of groundbreaking and cutting-edge.'"

—[Nicole Friedman](#)

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