



2017 NACo LEGISLATIVE CONFERENCE

WASHINGTON, D.C. / FEBRUARY 25–MARCH 1, 2017



BUILDING A CULTURE OF HEALTH THROUGH CROSS SECTOR COLLABORATION

Melvin J Houser, Auditor, Pottawattamie County, IA.

**Julie Willems Van Djik, Director of the County Health
Rankings & Roadmaps Program**

**Patricia Harrison, Deputy County Executive, Fairfax
County, VA.**

**Kevin Schiller, Assistant County Manager, Washoe
County, NV.**



2017

NACo LEGISLATIVE CONFERENCE

NACo NATIONAL
ASSOCIATION
of COUNTIES

Washington, D.C. / February 25–March 1, 2017

BUILDING A CULTURE OF HEALTH THROUGH CROSS-SECTOR COLLABORATION

*Julie A. Willems Van Dijk RN, PhD
Director, County Health Rankings & Roadmaps
NACo Legislative Conference
February 27, 2017*



University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support
provided by

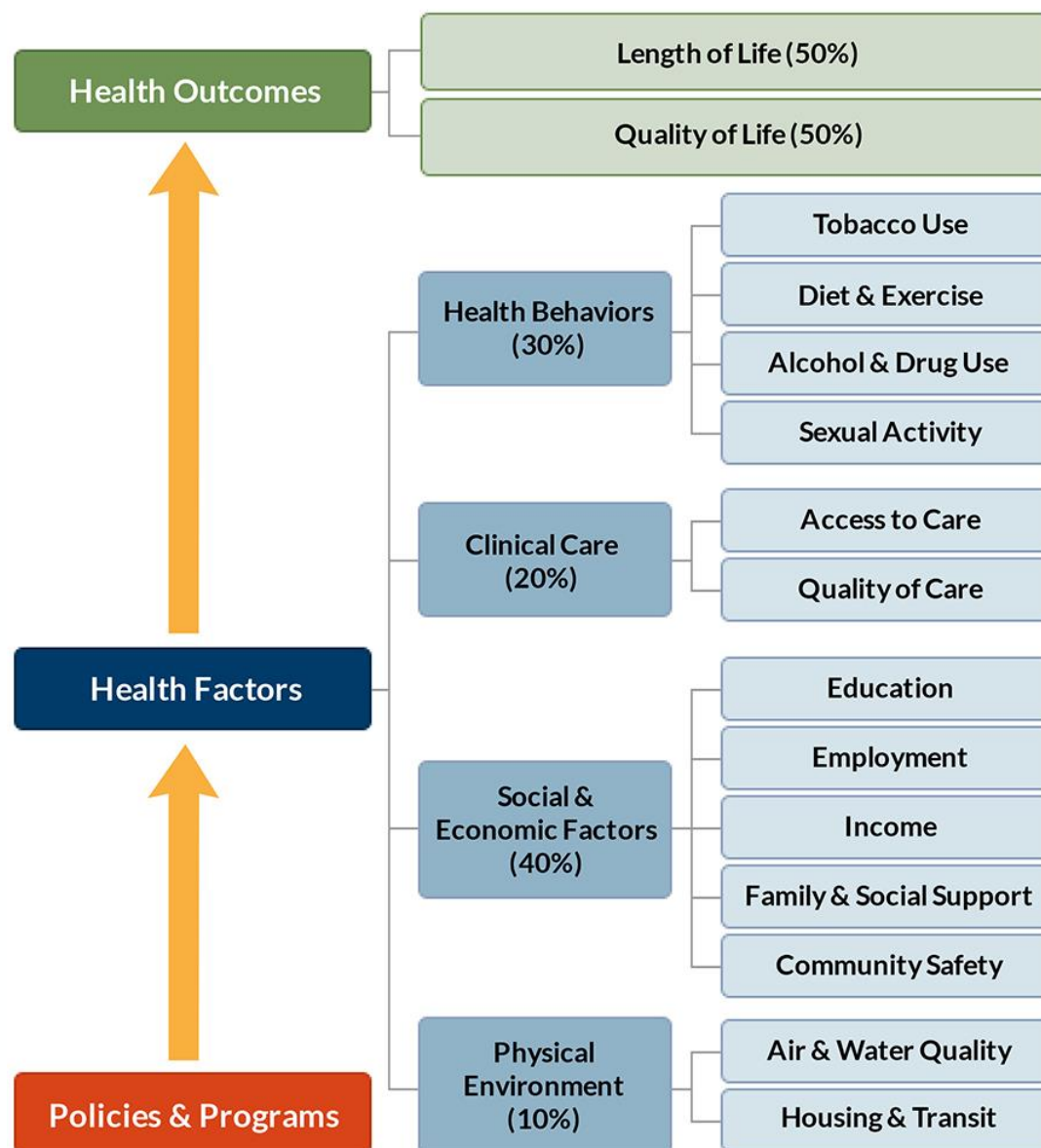


Robert Wood Johnson
Foundation

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

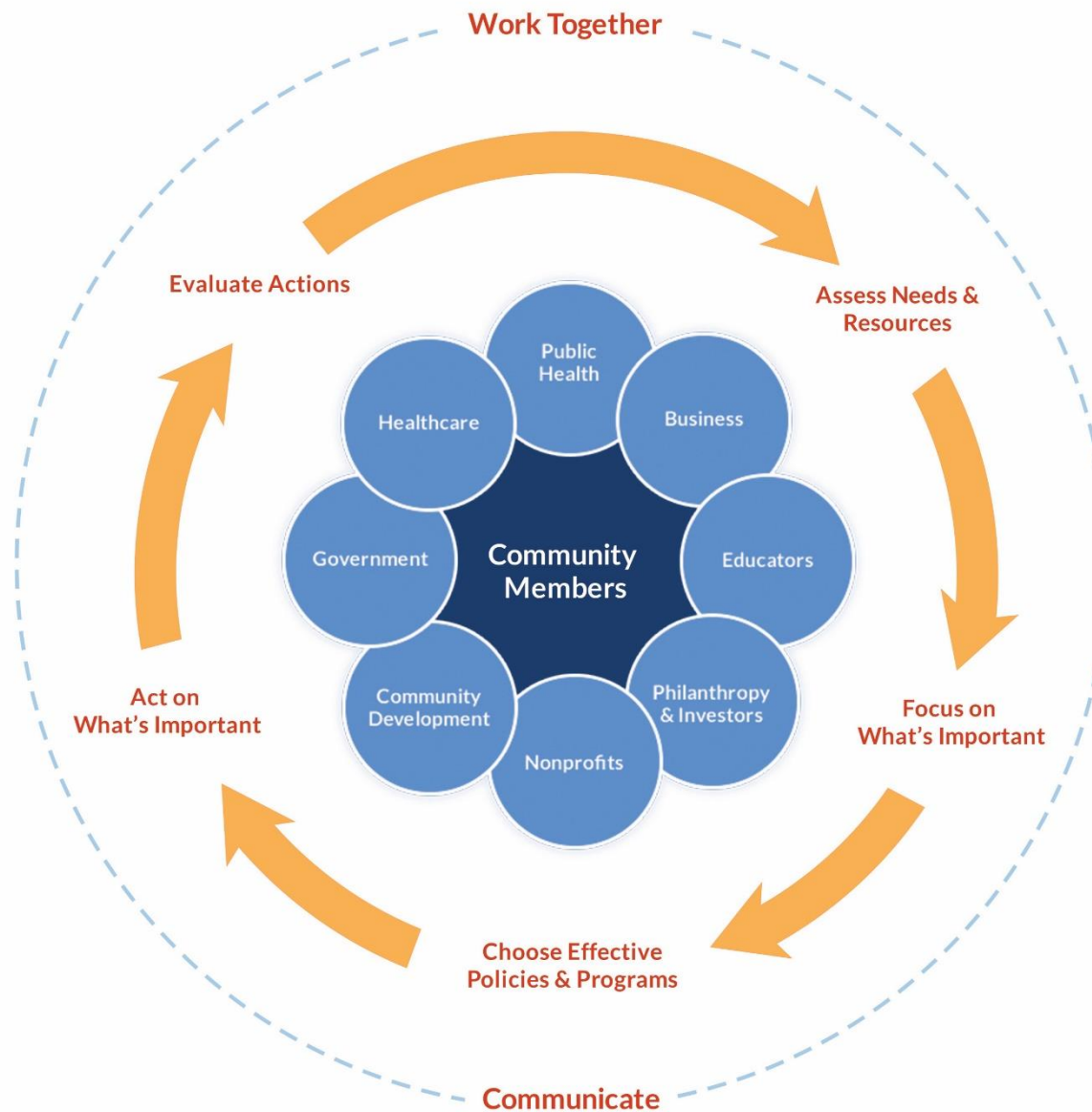


County Health Rankings model © 2014 UWPHI

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

WHERE'S DALLAS?





DIRECTION

A shared understanding of common goals and strategy

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



ALIGNMENT

Resources and activities of the groups are coordinated



COMMITMENT

Members value the collective success as much or more than they value the success of their own group.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

HEALTH RANKINGS ▾

ROADMAPS TO HEALTH ▾

RWJF CULTURE OF HEALTH PRIZE ▾

MORE ▾

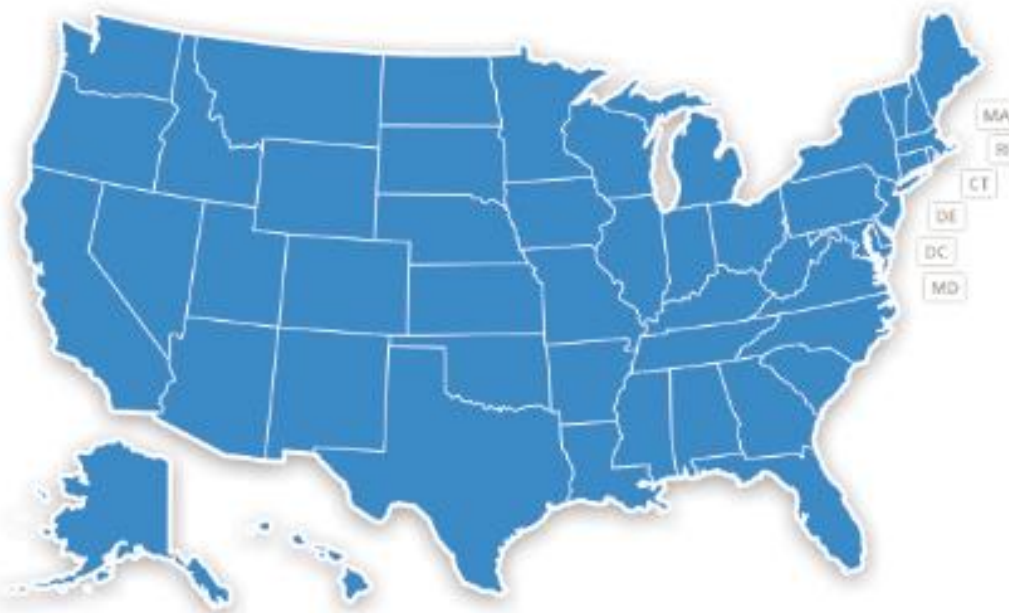
Search this site



HOW HEALTHY IS YOUR COMMUNITY?

Search by county or select a state

SEARCH



See what affects health

Select a health factor

Select your state

GO

HOW CAN ROADMAPS TO HEALTH HELP YOU?



GET STEP-BY-STEP GUIDANCE FROM THE ACTION CENTER

RWJF CULTURE OF HEALTH PRIZE



LEARN MORE

www.countyhealthrankings.org

ACKNOWLEDGEMENTS

- ▶ **Robert Wood Johnson Foundation**
- ▶ **Wisconsin *County Health Rankings & Roadmaps* Team**
- ▶ **Our Partners**
 - Including National Association of Counties and the Center for Creative Leadership

THANK YOU

Julie Willems Van Dijk RN PhD

Associate Scientist & Director

County Health Rankings & Roadmaps

University of Wisconsin Population Health Institute

608-263-6731

willemsvandi@wisc.edu

Fairfax County

Health & Human Services

Building a Culture of Health through Cross-Sector Collaboration

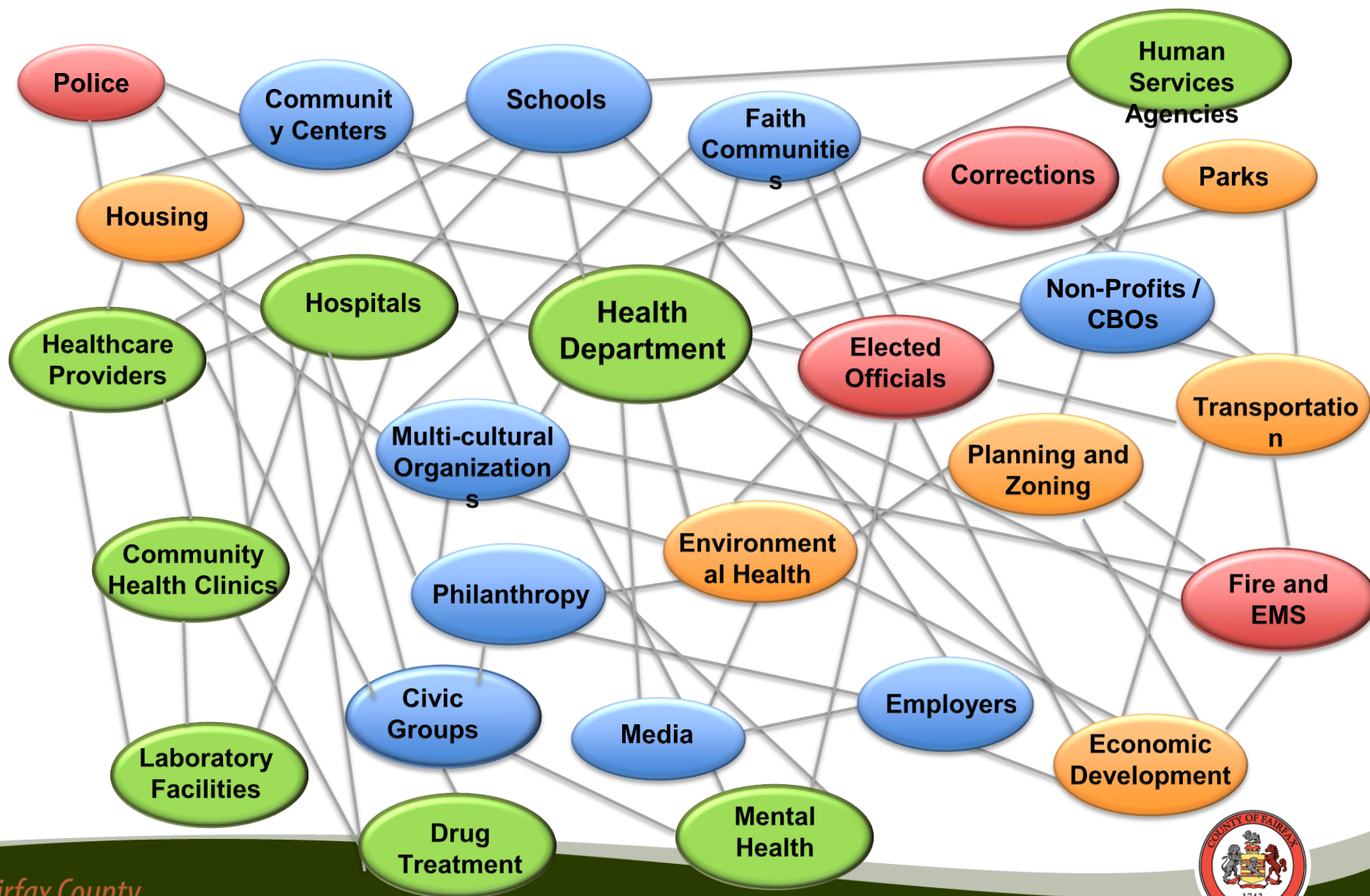
NACO

February 27, 2017

Working Together To Achieve Better Results



The Local Public Health System

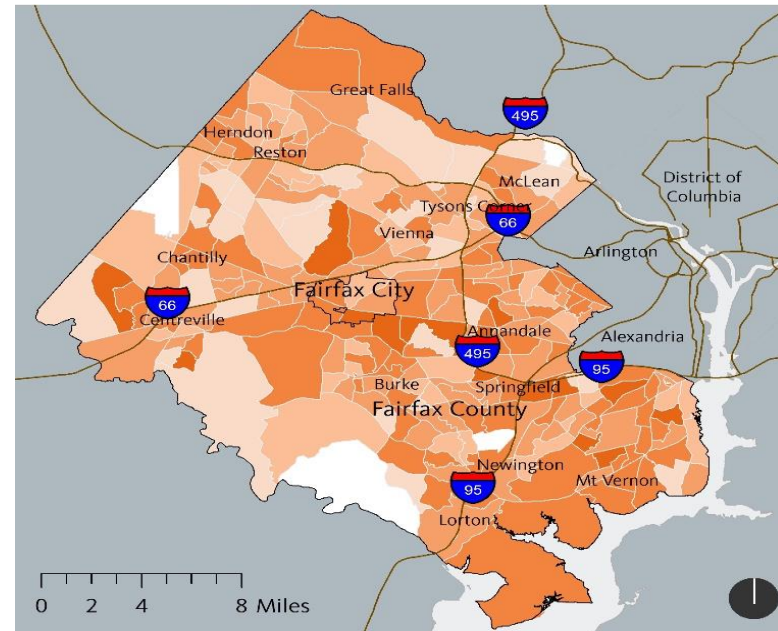


Evolution of Whole Community Planning Efforts

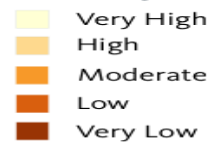
- Agency specific strategic plans
 - Individual agencies and organizations working on the same issues narrowly focused on the agencies needs
- Community Plans focused on specific issues
 - Many boards, authorities, task forces, committees, work groups, all working, at times on similar issues but limited coordination and limited agreement on goals and outcomes sought
- Systems Transformation and Collective Impact
 - Policies, services and practices are aligned across multiple agencies in order to achieve common goals and produce results needed at the individuals, family, community and county level

The Equitable Growth Profile revealed disparity in opportunity across county

- This *Child Opportunity Index* is a composite of indicators including:
 - Educational opportunity
 - Health and environmental opportunity
 - Economic opportunity
- Overall opportunity is high across the County relative to DC metro region, but there are differences across communities within the County.



Composite Child Opportunity Index by Census Tract



Source: The datadiversitykids.org project and the Kirwan Institute for the study of Race and Ethnicity

Fostering a Sustainable Culture of Health

- Community Health Dashboard



Commitment to Equity

RESOLUTION



Whereas, Fairfax County takes pride as a great place to live, learn, work, and play; and,
Whereas, Fairfax County is the largest and strongest economy in the Washington Metropolitan area and one of the strongest in the nation; and,
Whereas, county and school leaders and staff are committed to providing excellent services for every resident of Fairfax; and,
Whereas, Fairfax County government has established a vision of Safe and Caring Communities, Livable Spaces, Connected People and Places, Healthy Economies, Environmental Stewardship, Culture of Engagement and Corporate Stewardship; and Fairfax County Public Schools has established goals of Student Success, a Caring Culture, a Premier Workforce, and Resource Stewardship; and,
Whereas, Fairfax County embraces its growing diverse population and recognizes it as a tremendous economic asset but recognizes that racial and social inequities still exist; and,
Whereas, achieving racial and social equity are integral to Fairfax County's future economic success, as illustrated in the Equitable Growth Profile and highlighted as a goal in the Strategic Plan to Facilitate the Economic Success of Fairfax County; and,
Whereas, we define Racial Equity as the development of policies, practices and strategic investments to reverse racial disparity trends, eliminate institutional racism, and ensure that outcomes and opportunities for all people are no longer predictable by race; and
Whereas, we utilize the term Social Equity to consider the intersection and compounding effects of key societal issues such as poverty, English as a second language, disability, etc. with race and ethnicity; and,
Whereas, as servants of the public we are committed to the definition of social equity adopted by the National Academy of Public Administration — "the fair, just and equitable management of all institutions servicing the public directly or by contract;

The time is now to move beyond embracing diversity as an asset and implement a new growth model driven by equity — just and fair inclusion into "One Fairfax," a community in which everyone can participate and prosper.

NOW, THEREFORE, BE IT RESOLVED BY THE FAIRFAX COUNTY BOARD OF SUPERVISORS AND THE FAIRFAX COUNTY SCHOOL BOARD that:

The time is now to move beyond embracing diversity as an asset and implement a new growth model driven by equity — just and fair inclusion into "One Fairfax," a community in which everyone can participate and prosper.

"One Fairfax" can only be realized with an intentional racial and social equity policy at its core for all publicly delivered services. A racial and social equity policy provides both the direction and means to eliminate disparities, and work together to build a vibrant and opportunity-rich society for all.

In July 2016, the Fairfax Board of Supervisors and School Board join in this resolution and direct the development of a racial and social equity policy for adoption and strategic actions to advance opportunities and achieve equity that include intentional collective leadership, community engagement, equity tools and infrastructure to support and sustain systemic changes, and shared accountability so collectively, we will realize "One Fairfax," a community where everyone can participate and prosper.

July 12, 2016

- Adopted by the Fairfax County Board of Supervisors on July 12, 2016
- Adopted by the Fairfax County School Board on July 28, 2016
- The resolution **directs the development of a racial and social equity policy to be applied in the planning and delivery of all public services**
- Through the use of equity tools the county and schools will ensure that **decisions are made and resources are allocated within the context of One Fairfax**, implementing policies, practices, and programs that will not just eliminate identified gaps, but increase success for all.



Community Leadership Engagement



Collective Impact Approaches Work



More and better results can be achieved when individuals and organizations pool resources and work together. When everyone commits to a collective impact approach, the benefits to the community are manifold:

- 1) Inequities more easily identified and addressed
- 2) Data shared to evaluate effectiveness across multiple organizations
- 3) Gaps and redundancies in services identified to improve use of precious resources
- 4) Partners broadly support and promote each others' services
- 5) Policy makers better-informed on community-wide progress and needs
- 6) Communication between front-line, neighborhood-level partners and residents, and the systems administrators and policy makers better facilitated

Fostering a Sustainable Culture of Health

- Successful Children and Youth Policy Team (SCYPT)
 - Coordinates policy, strategic activities and identifies resources to ensure all children have opportunities to succeed
 - Areas of focus – early childhood readiness, systems of care/supporting behavioral health, opportunity neighborhoods,
 - Members – Board of Supervisors, School Board, county, public safety and school leadership, community leaders, foundations, health systems, nonprofits, business, parent, youth
- Opportunity Neighborhood
 - Coordinates the planning, implementation of community driven goals to ensure youth have opportunities to succeed
 - Members: County, Schools, Public Safety, Community, Nonprofits and local business

Fostering a Sustainable Culture of Health

- Domestic Violence Prevention and Protection Coordinating Council (DVPPCC)
 - Coordinates policy, strategic activities, legislation advocacy and adopts evidenced based service and public information approaches
 - Areas of focus – assessment, community education, trauma informed services, community capacity building
 - Members – Board of Supervisors, Judges, human services, public safety and school leadership, faith leadership, health systems, nonprofits
- Diversion First
 - Coordinates policy, strategic activities, advocacy, practice changes, and total systems transformation to reduce the number of people with mental illness in jail
 - Areas of focus – supporting mental health needs and basic life needs for people with serious mental illness outside of jail who have had a low level crime incident and support transitions from jail or court services to maximize success in community
 - Members - Board of Supervisors, Judges, county executive leadership, court and legal services, human services, public safety, and school leadership, supported housing, faith leadership, health systems, nonprofits, people with lived experience, family members

Fostering a Sustainable Culture of Health

- Equity Leadership Team
 - Oversees the development of policy and identifies resources needed to support the joint County/School adopted One Fairfax Resolution for racial and social equity
 - Members: County and School executive leadership, Dept of Transportation, Dept of Planning and Zoning, Park Authority, Dept of Neighborhood and Community Services, Dept of Housing and Community Development, Human Services, Student Services
- Economic Development Advisory Group
 - Strategic Plan to Facilitate the Economic Success of Fairfax County supports a comprehensive approach to creating and growing the county's economic opportunities to enable full participation in the county's economy
 - Incorporates “Health in All Policies”, social equity, land use, transportation and job skill development to integrate concepts promoting healthy living with a focus on placemaking,

Fostering a Sustainable Culture of Health

- Expansion of Tobacco Free Play Zones policy to picnic shelters, marinas, trails and amphitheaters.
- Comprehensive Policy Plan Review - incorporates PH language for land use, transportation, housing, environment, economic development, heritage resources, public facilities, human services, parks and rec, revitalization and visual and performing arts.
- Food Council – coordinates strategies to ensure all areas of the county have access to healthy foods and supports school programs, emergency food coops, farmers markets, and grocery store placements

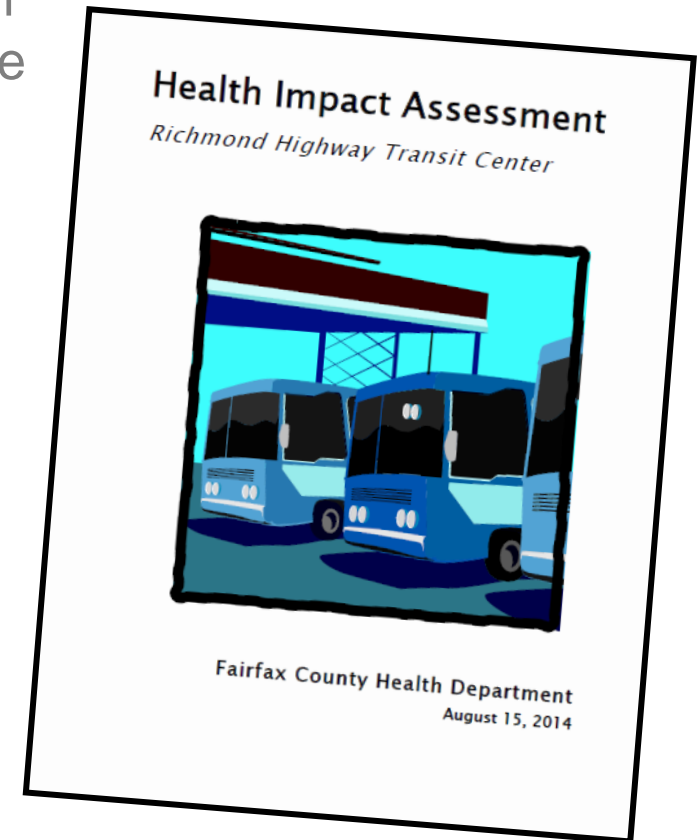
Implementation in Action: Healthy Community Design Summit



Implementation in Action: Health Impact Assessment

Richmond Highway Transit Center

- Provided recommendations to support positive health outcomes, avoid harmful health impacts, and promote health equity
- Team members included:
 - Health Department
 - Dept. of Transportation
 - Dept. of Neighborhood and Community Services
 - Dept. Housing and Community Development
 - Park Authority
 - Partnership for a Healthier Fairfax (PFHF)



Implementation in Action: Tobacco Free Environments



- Successfully worked with Fairfax County Park Authority to develop a message that would establish Tobacco-free Play Zones
- FCPS adopted similar policy
- 1,300 public playgrounds, athletic fields and skate parks



Fairfax County Parks Just Got Healthier!

Join us at Ossian Hall Park on Saturday, September 27, 2014, as we unveil the first sign establishing Tobacco-Free Play Zones in Fairfax County parks. A ceremony will be held in the pavilion at 1 p.m. to celebrate the May 2014 decision of the Fairfax County Park Authority Board to establish tobacco-free zones.

Tobacco Free Play Zones are endorsed by several community partners including the Fairfax County Public Schools and members of the Partnership for a Healthier Fairfax. Tobacco-free play zones include skate parks, playgrounds and athletic fields at parks as well as school sites. Dozens of signs will be added in the coming months.

Ossian Hall Park is located at 7900 Heritage Dr., Annandale.
For more information, call the Public Information Office at 703-324-8662.



If accommodations or alternate formats are needed, please call 703-324-8563, TTY 703-803-3354. www.fairfaxcounty.gov/parks/ada-inclusion

Challenges and Solutions

- Ensure equitably distributed leadership and voice
 - Balance a multi-sector approach with adequate representation and participation
 - 1/3 county leadership, 1/3 school leadership, 1/3 community leadership
 - Represented elected officials from both County and Schools
- Commitment to develop and prioritize strategies and funding
 - Check all strategies against the goals and strategies agreed upon by the leadership
 - Use trend and programmatic data to verify need and assess effectiveness
- Effectively communicate with members, stakeholders, and the public
 - Use online resources to enable efficient use of leadership time - Listserv, open meetings, and posting materials online
 - Develop reporting templates and standard messaging

Benefits of Health in All Sectors Approach

A Collective Impact

- Provides a full vetting of proposals/initiatives before they reach the boards
 - Increases chances approval if strategies and funding are endorsed by one of the collective impact and policy teams
 - Provides a vehicle for board-initiated work
- Ensures initiatives have a comprehensive and multi-sectoral approach
 - Helps knock down silos, as SCYPT won't accept anything too narrow
- Requires the use of data to drive decisions and recommendations
 - Enables “one voice” for prioritization of needs
 - Reduces unproductive effort resulting from misinformation

Success Factors

- Not just leadership buy-in – cross sector leadership must be responsible for development of policy, resources, legislation advocacy, and transformation of service systems
- Obtain agreement on goals, strategic approaches, policy frameworks - and communicate those goals broadly
- Create multi-year blueprint plans that enable multiple plans to be incorporated into one blueprint – pooling key strategies and resource needs from multiple work plans and task force recommendations reduces duplication of effort, enables coordination across sectors, enables assessment of results, provides opportunities for universal collection of data
- Publicly post data that supports results and assesses efforts
- Adopt a common language and train, train, train the community and workforce in use of language

Contact Information

Patricia Harrison, Deputy County Executive
Health & Human Services, Fairfax County, Virginia

Staff resource:

Sharon Arndt, MPH, MPA

Division Director

Community Health Development and Preparedness

Fairfax County Health Department, Virginia

sharon.arndt@fairfaxcounty.gov

703-246-8753





CLIENTS



Catholic Charities
of Northern Nevada



Washoe County Social Services collaborated and partnered with local government agencies and private organizations in bringing a solution to our community and citizens.

Additionally there are other participating agencies that clarify and provide additional direction for the clients. These agencies have been a great support system for the client. The goal is to keep Crossroads clients motivated to change behaviors and keep recidivism reduced. The wrap-around service offered by Crossroads is all done here directly on campus.



Alta Vista
Mental Health



Second Judicial District Court
State of Nevada
Washoe County



WASHOE COUNTY CROSSROADS PROGRAM

- ▶ The Crossroads project provides an objective of housing first approach that targets homeless individuals in Washoe County.
- ▶ The intent of the program is to identify, intervene and stabilize traditionally high risk homeless individuals, through cooperation with various community partners.
- ▶ We offer an alternative to homelessness and incarceration by offering the tools necessary for anyone to be successful upstanding citizens of our community while being drug and alcohol free.
- ▶ Our success has grown into reducing incarceration by expanding services to young offenders, and anyone else who suffers from mental health and/or substance abuse that otherwise has a negative impact on our community.
- ▶ Annual savings to community and all service providers of 15 million.



OUR CLIENTS

- Over 821 Clients since the Inception of the Program
- 130 + 24 Veterans Clients Currently in the program (153 CR beds + 24 Veterans= 177)
- Mix of Clients
- Almost all of our Clients Struggle with Addiction
- Almost all were Homeless at one point or incarcerated.
- 80% or greater have Co-Occurring Disorder (COD)
- They live on-site
 - ▶ Cook their own Meals
 - ▶ Do their own Laundry
 - ▶ Maintain the Grounds and Assist with the Maintenance of St Vincent's
 - ▶ Daily household chores
 - ▶ Community Volunteering

To assist individuals in discovering & developing their marketable talents to gain meaningful employment.



Using a variety of techniques our Learn To Earn department has been successful in engaging clients in steady, gainful employment.

CROSSROADS IS GIVING CLIENTS NEW SKILL SETS TO
STAY COMPETITIVE IN THE WORKFORCE USING
INNOVATION AND TECHNOLOGY

SOBER 24- CROSSROADS RESOURCE CENTER



- The Sober 24 program is a 24 hour, seven day a week monitoring program in which a participant submits to the testing of their breath, urine or any other bodily substance in order to determine the presence of alcohol or a controlled substance in their body. The program can be used both pretrial and post conviction. The goal of the program is to combat the role that alcohol and drug abuse play in crime and criminal recidivism, particularly for drunk driving and/or drugged driving- to further reduce the number of DUI's and related costs by motivating offenders to change their behaviors.
- Resource Center- Outpatient Crossroads with onsite services for substance abuse, mental health, case management, and social services.

CROSSROADS AT INCEPTION -2010



Gould Street 10
beds

CROSSROADS TODAY

“THE POWER OF COLLABORATION”





NATIONAL ASSOCIATION OF COUNTIES
“BUILDING A CULTURE OF HEALTH
THROUGH CROSS SECTOR
COLLABORATION”

FEBRUARY 27, 2017

HOMELESSNESS & ADDICTION IMPACTS

Community, law enforcement, fire, medics, hospital, detox-centers, jails, courts and businesses



COST TO THE COMMUNITY

The average cost incurred to taxpayers for the client before coming to Crossroads were as follows:

- ✓ **Average Cost per client** = \$150.00 to \$500.00 per day when homeless or in active addiction
- ✓ **First Responders** = \$1000 per incident
- ✓ **Hospitals** = \$10,324 in bill charges. Emergency Room visits etc.
- ✓ **Jails and Booking** = \$128 daily per bed, Booking cost is \$180 per visit
- ✓ **REMSA** = \$1,267 in transports for medical attention. Over 700 times for clients at Crossroads before entering program.
- ✓ **Treatment** = \$100 per day (detox-centers, C.P.C., institutions)
- ✓ **Victims** = hardships endured by victims range from \$10,000 to \$100,000 for each claim

HOW WE GOT STARTED



- Washoe County provided Cash Assistance and Health Care Assistance at a cost of 29 million a year.
- Entering recession took 10 most frequent users of the system with an average individual cost of \$150,000-\$250,000.
 - Costs resulted from incarceration, medical services, social services, mental health services, multiple jail stays of up to 40 arrests and over 250 days.
 - Utilized a model of social services and law enforcement for joint intervention with Catholic Charities of Northern Nevada.
 - Key was COLLABORATION and funding of Deputy positions through Social Services.

CROSSROADS DRUG & ALCOHOL TESTING

PBT Testing

<u>Year</u>	<u>Tests</u>	<u>Positives</u>
2014	62,193	59
2015	75,003	34 (99.9996% Passing Rate)



Drug Testing

<u>Year</u>	<u>Tests</u>	<u>Positives</u>
2014	414	23
2015	3440	38 (99.998% Passing Rate)

