



Substance and Alcohol Misuse: Prevention and Treatment
Regional Health Improvement Plan Workgroup

Deschutes County Health Services – Stan Owen Room
2577 NE Courtney Ave, Bend

February 11, 2020. 3:30-5:00p

Aim/Goal
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence-based substance and alcohol misuse prevention, intervention, treatment, and recovery services that are culturally responsive and trauma-informed.
Future State Metrics
<ol style="list-style-type: none">1. Decrease binge drinking among adults.2. Decrease vaping or e-cigarette use among youth.3. Increase additional services for alcohol or drug dependence for individuals newly diagnosed.4. Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.

AGENDA

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| 3:30-3:35 | Introduction and Guiding Principles - All |
| 3:35-3:40 | Housekeeping - Facilitator |
| 3:40-3:55 | Activity: Broadening Partnerships - All |
| 3:55-4:30 | Structured Problem Solving - All <ul style="list-style-type: none">• Review progress and prepare for root cause analysis in March |
| 4:30-4:55 | Workgroup Orientation Part 2: Funding - All |
| 4:55-5:00 | Closing - Facilitator |



Substance and Alcohol Misuse: Prevention and Treatment

Future State Metrics – Full Detail		
1. By December 2023, only 25% of adults aged 18 to 34 in Central Oregon reported binge drinking on at least one occasion over the past 30 days.		
2. By December 2023, reduce the percentage of Central Oregon 11th grade students who report vaping or using e-cigarettes by 10% percent in each county, resulting in only 20.2% in Crook County, 26.5% in Deschutes County, and 14.9% in Jefferson County (OR Student Health Survey).		
3. By December 2023, 30% of Medicaid members (ages 13 and older) who are newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis will have two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment. (Quality Incentive Measure (QIM))		
4. By December 2023, Mental Health/Substance Abuse Emergency Department visits per 1,000 will be reduced by 25% in highest rate locations:		
Warm Springs	Prineville	Madras
35.3	15	13.8

The Central Oregon Health Council: Who We Are and What We Do

Central Oregon Health Council (COHC) is a not-for-profit organization dedicated to supporting and improving health and wellness for all residents of Central Oregon through cross-sector, regional collaboration and partnerships.

Our region includes Crook, Jefferson, Deschutes, Northern Klamath Counties and the Confederated Tribes of Warm Springs.

The community-driven priorities for the next four years include:

1. Addressing Poverty and Enhancing Self Sufficiency
2. Behavioral Health: Increasing Access and Coordination
3. Promoting Enhanced Physical Health Across Communities
4. Stable Housing and Supports
5. Substance and Alcohol Misuse: Prevention and Treatment
6. Upstream Prevention: Promotion of Individual Well-Being

We welcome all who are interested.

Regions we excited to partner with include:

Confederated Tribes of Warm Springs, Jefferson County, Northern Klamath County, Crook County, Deschutes County

Sectors we are excited to partner with include:

Business and Manufacturing, Civic Volunteer Groups, Government, Non-profits and Social Service, Justice, Health, Spiritual and Religious, Education, Media, and Infrastructure.

Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions

1. Do large organizations with many different departments only count as one vote?

It is important to give equitable value and weight to each partner voice in decision making. To do that, large organizations that completely reside within the same community sector will have one vote. If a large organization resides within multiple sectors, that organization will get one vote per sector.

For example, if there are two people from a large system (for example St. Charles Health System), and one of them is from inpatient hospital care and the other is from primary or family care, they will share one vote because both of those departments reside within the health care sector.

If there are two people from the same umbrella organization (for example Deschutes County), with one of them working in the judicial system and the other is working in public health, they will each have one vote because justice and health care are two separate sectors. Employees of these departments represent significantly different community perspectives.

2. Can I send a representative to vote in my place if I'm not able to attend a decision-making discussion?

There are multiple, on-going discussions and a lot of shared learning leading up to formalizing a decision. Regularly participating gives you a better understanding of these complexities. A representative, or proxy, attending an isolated decision-making discussion will not have the depth of understanding of the topic. Only partners who have maintained their voting partner status will be invited to formalize a decision by voting. See Participation Practices for details.

If you are one of two members representing the same organization and your coworker has attended enough meetings to be a voting partner, they will be able to vote for your organization. However, if your coworker does not qualify as a voting partner, they will not be able to vote in your place.

3. Is a final decision made when 75% agreement is reached by voting partners present in the meeting? Or by all voting partners?

We approach final decisions using the Focused Conversation method to bring partners closer to consensus. When we say consensus, we mean: "Finding and creating areas of shared

understanding; A coming together of the common sense of the total group; An agreement that everyone can live with”.

After coming to consensus, a decision is made when 75% of all voting partner organizations are in agreement.

For example, any partner present for the discussion, will work to reach consensus during the meeting time. The formal decision will be made by all voting partners through an email vote.

This applies to both a positive or negative vote. For instance, if the vote is split 50/50, partners must work to agree by 75% in favor of, or against, an issue.