



**Substance and Alcohol Misuse: Prevention and Treatment**

Regional Health Improvement Plan Workgroup

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

March 10, 2020  
3:30-5:00pm

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"><li>1. Decrease binge drinking among adults.</li><li>2. Decrease vaping or e-cigarette use among youth.</li><li>3. Increase additional services for alcohol or drug dependence for individuals newly diagnosed.</li><li>4. Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.</li></ol>

AGENDA
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3:30-3:35	Welcome, Introductions & Guiding Principles - All
3:35-3:40	Housekeeping - Facilitator
3:40-4:50	Root Cause Analysis - All
4:50-5:00	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



## **Regional Health Improvement Plan (RHIP) Workgroup**

### **Guiding Principles**

#### **Shared Focus**

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

#### **Shared Metrics**

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

#### **Involve Targeted Population**

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

#### **Collaborate to Solve Complex Issues**

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

#### **Coordinate Collective Efforts**

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

#### **Learn and Adapt Together**

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

## **Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions**

### **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 organization such as 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 healthcare 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.

### **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.

### **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 partners 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.

**How long will it take to work through the Structured Problem Solving (SPS) to develop a Strategic Direction? When will funding be available?**

The process will take a few months, however each workgroup may progress at different rates, depending on the number of priority area metrics, and deliberation of the workgroup. Mini-grants (up to \$5,000) are available now through the Central Oregon Health Council (COHC) website. Standard grants (over \$5,000) will be available once each workgroup develops their strategic direction and decides how they want to disseminate funds. All funding must directly impact the workgroup metrics.

**With our priority areas as broad as they are, how will we prioritize where to start?**

Prioritization will be determined through the Structured Problem Solving (SPS) process and development of a Strategic Direction over the next few months.

**Who is allowed to apply for workgroup funds?**

Organizations with Tax ID numbers who serve Central Oregon can apply for funding. It is not required that an organization is on a workgroup to apply for funding. All are welcome to apply. The workgroup can choose to use the funds to implement workgroup driven activities that directly impact the metrics, in which case no applications would be accepted. The workgroup can also request proposals (Call for Community Projects) from the region which are available to everyone, including workgroup partners. Calls for Community Proposals will be listed on the COHC website as they become available:  
<https://cohealthcouncil.org/how-to-apply-2/>

**Does each workgroup have \$1.6 million? Does the funding need to be spent over 4 years?**

Yes, each workgroup will receive \$1.6 million to invest in the workgroup's strategic direction. Remaining funds that have not been invested by December 31, 2023, will be returned to the Community Impact Fund for future community investment.

**Why can't funding be used for brick & mortar investments?**

There is ambiguity in whether or not State and Federal Laws prohibit us from using Community Impact Funds for capital investments. In response, the COHC Board of Directors accepted a recommendation to avoid brick and mortar requests.

**What is the application process and reporting requirements for each type of grant?**

The mini grant application and requirements are available on the COHC website:  
<https://cohealthcouncil.org/how-to-apply-2/>

We will be discussing the standard grant application process in more detail as we develop workgroup strategic directions in the coming months.

### **Where do you get your training for the “tools” we use?**

The COHC staff comes from a variety of different backgrounds, education and professional training. We pull from different sources and adjust to meet the needs of the workgroups, but here are a few of our favorites:

- Technology of Participation (ToP) <https://www.top-training.net/w/>
- Lean Enterprise Institute <https://www.lean.org/>
- Collective Impact Forum <https://www.collectiveimpactforum.org/>

### **How will we assure that funds are distributed in a way that helps ensure equity overall?**

Equity is a priority for the 2020-2023 Regional Health Improvement Plan (RHIP) and therefore we are working to integrate equity-focused questions into our workgroup discussions and decision making. The Central Oregon Diversity, Inclusion and Equity (CODIE) workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support to the goals of the Central Oregon Health Council (COHC) as articulated in the RHIP. We invite workgroup partners and their organizations to join us in these efforts.

### **Can funding be used for a grant writer to bring more money into the community?**

Yes, workgroup funds can be used to leverage additional funding that directly impacts the priority area metrics.

### **Can funding be used for professional development?**

Funds may be used for education and training related to the strategic direction that impacts priority area metrics. Education and training could be used for the community at large or the workgroup as a whole. Examples might include train the trainer models, equity and diversity training for workgroups, or practitioner trainings for underserved populations.

### **Can current and past applicants/projects submit multiple grant applications?**

There is no limit to submissions. However, historically workgroups favor projects that are innovative, pilot programs, or projects that demonstrate a strong sustainability plan.

### **Who is the Operations Council?**

The Operations Council is made up of people who represent all parts of the healthcare delivery system. This includes physical health, oral health, behavioral health, public health and education. Their responsibilities are to improve health care coordination and apply a systems level lens to the Regional Health Assessment and Regional Health Improvement Plan.

**What was the amount of \$ for workgroups during the last 4 years? Are there current investments that come under the umbrella of each workgroup?**

For the 2016-2019 RHIP cycle each workgroup received \$250,000 per year for a total of \$750,000. Any projects still in progress will be adopted into the new workgroups for continued guidance, however any of these projects seeking additional funding are not guaranteed additional financial support.

**How will we keep partners informed who are unable to attend the meetings?**

All meeting packets will be available on the COHC website: <https://cohealthcouncil.org/workgroups/>

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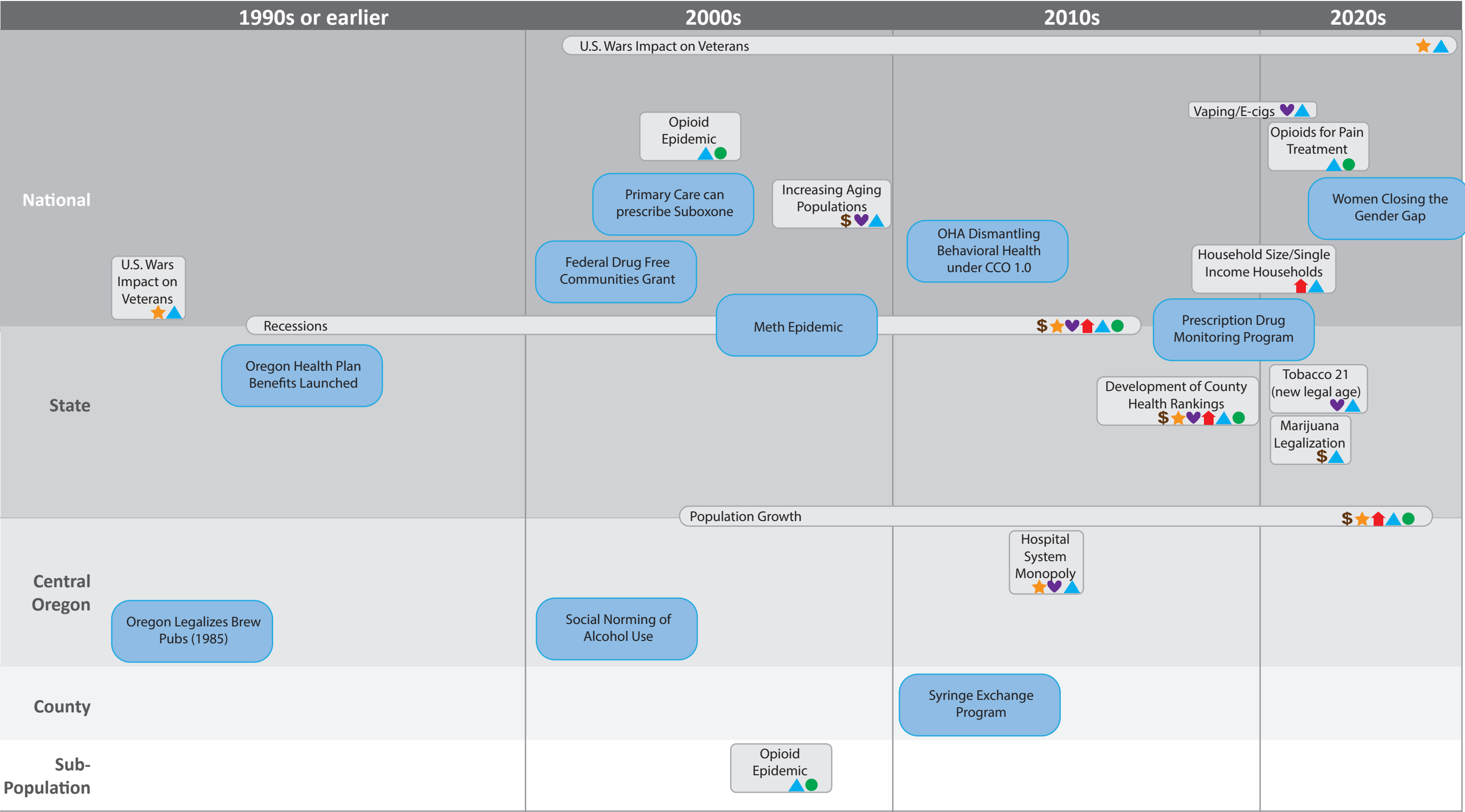
Background: Why are we talking about this?	
<b>1980s</b> social norming of alcohol increases / legalization of brew pubs on Oregon <b>1990s</b> opioids are introduced for pain treatment <b>2007</b> E-cigarettes are introduced in the US <b>2016</b> marijuana is legalization in Oregon <b>2019</b> Surgeon General Report on Marijuana	1 in 10 Oregonians struggle with drugs or alcohol costing the state \$6 billion /year. These illnesses are common, recurrent and treatable. Research indicates that preventing substance misuse can have far reaching implications for individuals, families and our community, including impact on education, community safety, health care, employment and quality of life.
Current Condition: What’s happening right now?	
<ul style="list-style-type: none"><li>As of 2019, 19 cases of vaping related illnesses have been reported in OR, leading to 2 deaths</li><li>Oregon has one of the highest rates of misuse of prescription opioids in the nation</li><li>Deaths from methamphetamine overdoses in Oregon are up 400% between 2012 and 2017</li></ul> <b>Current State Metrics:</b> <ol style="list-style-type: none"><li>37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days</li><li>11<sup>th</sup> graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%</li><li>7.8% of Medicaid members diagnosed with alcohol or drug dependence and who began treatment within 14 days of diagnosis, had 2 or more additional services within 30 days of initial treatment</li><li>Mental health / substance abuse ED visits per 1,000: Warm Springs 47, Prineville 20.1, Madras 17.2</li></ol>	
Goal Statement: Where do we want to be in 4 years?	
<b>Aim/Goal</b> 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. <b>Future State Metrics</b> - By December 2023: <ol style="list-style-type: none"><li>Decrease binge drinking among adults.</li><li>Decrease vaping or e-cigarette use among youth.</li><li>Increase additional services for alcohol or drug dependence for individuals newly diagnosed.</li><li>Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.</li></ol>	
Analysis: What’s keeping us from getting there?	

Date updated:	Workgroup:	Version:
Strategic Direction: What are we going to try?		
{insert}		
Focused Implementation: What are our specific actions? (who, what, when, where?)		
{insert}		
Follow-Up: What’s working? What have we learned?		
{insert}		



# Substance and Alcohol Misuse Prevention and Treatment

## Background Timeline



Substance and Alcohol Misuse: Prevention and Treatment  
Partnership Action Plan  
2.11.20

Sector / Region	Organization	Contact Person in Organization	Who Will Invite	By When
Central Oregon	Prevention Coalitions		Julie Spackman	
Education K-12	Bend LaPine SD		Tammy Pike	
Crook	Juvenile Dept		Heather Stuart	
Crook - Media			Heather Stuart	
Faith	Teen Challenge	Jason Koland	Dawn Holland Julie Spackman	Emailed on 2/14 by RW
Deschutes	Juvenile Dept	Jim LaPort	Katie Keck	
Deschutes	DA	John Hummel	Erica Fuller	
Crook Co	Redemption House	Michael Wilson	Carlos Salcedo	
Faith		Pastor Brian Caramack	Erica Fuller	
Faith	Family Kitchen	Sue Solitz	Christina Lee	
Faith	Bend Church	Stacey Witte	Laurie Hubbard	
Business	Marketing Research company in LaPine	Lee Vasche	Heather Stuart	