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

Join Zoom Meeting
https://zoom.us/j/254699270

Join by phone:
+1 669 900 6833
Meeting ID: 254 699 270

May 12, 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**

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**

3:30-3:35  Welcome, Land Acknowledgement & Guiding Principles - Facilitator
3:35-3:45  COVID-19 Updates - All
3:45-3:50  Small Group Introductions - All
3:50-5:00  Root Cause Analysis - All
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:

<table>
<thead>
<tr>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Warm Springs</td>
<td>35.3</td>
<td></td>
</tr>
<tr>
<td>Prineville</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Madras</td>
<td>13.8</td>
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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.
Substance and Alcohol Misuse: Prevention & Treatment

Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>1980s</th>
<th>Social norming of alcohol increases / legalization of brew pubs on Oregon</th>
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</thead>
<tbody>
<tr>
<td>1990s</td>
<td>Opioids are introduced for pain treatment</td>
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<tr>
<td>2007</td>
<td>E-cigarettes are introduced in the US</td>
</tr>
<tr>
<td>2016</td>
<td>Marijuana is legalization in Oregon</td>
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<tr>
<td>2019</td>
<td>Surgeon General Report on Marijuana</td>
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</tbody>
</table>

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?

- As of 2019, 19 cases of vaping related illnesses have been reported in OR, leading to 2 deaths
- Oregon has one of the highest rates of misuse of prescription opioids in the nation
- Deaths from methamphetamine overdoses in Oregon are up 400% between 2012 and 2017

Current State Metrics:
1. 37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days
2. 11th graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%
3. 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
4. Mental health / substance abuse ED visits per 1,000: Warm Springs 47, Prineville 20.1, Madras 17.2

Goal Statement: Where do we want to be in 4 years?

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 - By December 2023:
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.

Analysis: What’s keeping us from getting there?

Strategic Direction: What are we going to try?

Focused Implementation: What are our specific actions? (who, what, when, where?)

Follow-Up: What’s working? What have we learned?
## Substance and Alcohol Misuse Prevention and Treatment

### Background Timeline

<table>
<thead>
<tr>
<th>1990s or earlier</th>
<th>2000s</th>
<th>2010s</th>
<th>2020s</th>
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</thead>
<tbody>
<tr>
<td><strong>National</strong></td>
<td>U.S. Wars Impact on Veterans</td>
<td>Opioid Epidemic</td>
<td>Opioid Epidemic</td>
</tr>
<tr>
<td></td>
<td>Recessions</td>
<td>Primary Care can prescribe Suboxone</td>
<td>Increasing Aging Populations $</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>Oregon Health Plan Benefits Launched</td>
<td>Federal Drug Free Communities Grant</td>
<td>Meth Epidemic</td>
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<tr>
<td><strong>Central Oregon</strong></td>
<td>Oregon Legalizes Brew Pubs (1985)</td>
<td>Social Norming of Alcohol Use</td>
<td>Development of County Health Rankings $</td>
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<tr>
<td><strong>County</strong></td>
<td></td>
<td></td>
<td>Hospital System Monopoly</td>
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<tr>
<td><strong>Sub-Population</strong></td>
<td></td>
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<td>Opioid Epidemic</td>
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### Key Events

- **Address Poverty & Enhance Self-Sufficiency**
- **Promote Enhanced Physical Health Across Communities**
- **Stable Housing & Supports**
- **Substance & Alcohol Misuse Prevention & Treatment**
- **Upstream Prevention: Promotion of Individual Well-Being**

### Timeline Events

- **1990s or earlier**
  - U.S. Wars Impact on Veterans
  - Reccessions
  - Oregon Legalizes Brew Pubs (1985)

- **2000s**
  - Opioid Epidemic
  - Primary Care can prescribe Suboxone
  - Meth Epidemic
  - Federal Drug Free Communities Grant

- **2010s**
  - Increasing Aging Populations $
  - OHA Dismantling Behavioral Health under CCO 1.0
  - Development of County Health Rankings $
  - Hospital System Monopoly

- **2020s**
  - Opioids for Pain Treatment
  - Vaping/E-cigs
  - Household Size/Single Income Households
  - Tobacco 21 (new legal age)
  - Marijuana Legalization $