



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

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://zoom.us/j/254699270><https://zoom.us/j/254699270>

Join by phone:

+1 669 900 6833

Meeting ID: 254 699 270

June 9, 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 Measures
<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 services for alcohol or drug dependence for individuals newly diagnosed.</li><li>4. Reduce mental health/substance abuse ED visits in Madras, Prineville and Warm Springs.</li></ol> <p>*See full measures on next page.</p>

AGENDA
--------

3:30-3:35	Welcome, Land Acknowledgement & Guiding Principles - Facilitator
3:35-3:45	Community Sharing- All
3:45-3:50	Small Group Introductions - All
3:50-5:00	Finish Root Cause / Begin Strategic Direction - All



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

#### **Future State Measures – 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.

# Substance and Alcohol Misuse:Prevention and Treatment



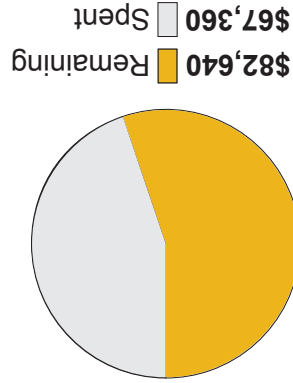
# Central Oregon Health Council COVID-19 Mini-Grant Report

This report gives an overview of the status of all COVID-19 mini-grants funded by the Central Oregon Health Council (COHC).

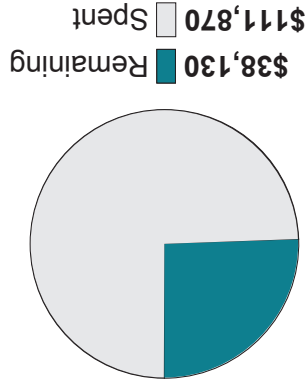
There are two funding streams available for COVID-19 mini-grants. One is from the **RHIP Workgroups**, who elected to pool their money. Each workgroup contributed \$25,000, for a total of \$150,000. Grant applications for this funding stream directly impact a RHIP metric. See pages two and beyond for information on which metrics have been impacted through COVID-19 mini-grants.

The second funding stream is provided from the **COHC reserves** in a matching amount of \$150,000. This funding pool is drawn from when a COVID-19 mini-grant is submitted due to an emergent need, but does not align with a RHIP metric. See a complete list of these mini-grants on the bottom half of page one.

## Non-RHIP



## RHIP

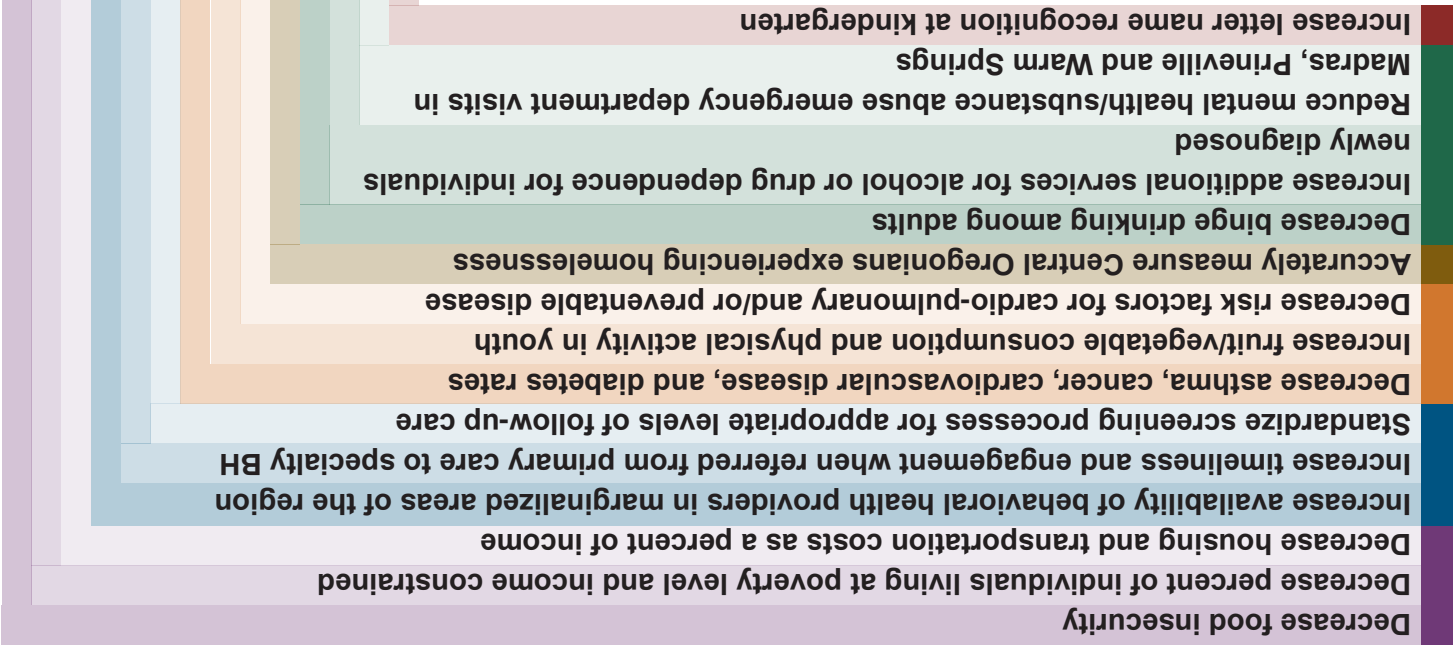


## Non-RHIP COVID-19 Mini-Grants

MARCH	Creach Consulting, LLC COVID-19 Virtual Community Supports
	Jefferson County Public Health Department Stay Home, Save Lives Outreach Campaign
	Jefferson County Public Health Department Prevent COVID-19 for At-Risk Populations
MARCH	Mosaic Medical COVID-19 Care Kits for the Homeless
APRIL	Central Oregon Pediatric Associates PPE Sterilization
	Crook County Health Department COVID-19 Outreach Campaign
	Family Access Network FAN COVID-19 Response
	Neighborhood Impact Homeless Services
	REACH COVID-19 Services for Homeless
	Ronald McDonald House Charities COVID-19 Virtual Family Supports
	Rugged Thread Outwear Repair Inc. Manufacturing Surgical Masks
	Sparrow Clubs U.S.A. Virtual Sparrow Clubs for 2020-21 School Year
	The Latino Community Association COVID-19 Emergency Funds for Families
MAY	REACH Solar Chargers for Homeless



# RHIP COVID-19 Mini-Grants



APRIL

Updated 5.6.2020

# RHIP COVID-19 Mini-Grants (cont'd)

MAY	
Healthy Families Oregon - High Desert Basic Needs for Families	•
Stroke Awareness Oregon Stroke Education & Prevention	•
Decrease food insecurity	
Decrease percent of individuals living at poverty level and income constrained	
Decrease housing and transportation costs as a percent of income	
Increase availability of behavioral health providers in marginalized areas of the region	
Increase timeliness and engagement when referred from primary care to specialty BH	
Standardize screening processes for appropriate levels of follow-up care	
Decrease asthma, cancer, cardiovascular disease, and diabetes rates	
Increase fruit/vegetable consumption and physical activity in youth	
Decrease risk factors for cardio-pulmonary and/or preventable disease	
Accurately measure Central Oregonians experiencing homelessness	
Decrease binge drinking among adults	
Increase additional services for alcohol or drug dependence for individuals	
newly diagnosed	
Reduce mental health/substance abuse emergency department visits in	
Madras, Prineville and Warm Springs	
Increase letter name recognition at kindergarten	

Substance and Alcohol Misuse: Prevention & Treatment



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

