



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

August 11, 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">1. Decrease binge drinking among adults.2. Decrease vaping or e-cigarette use among youth.3. Increase services for alcohol or drug dependence for individuals newly diagnosed.4. Reduce mental health/substance abuse ED visits in Madras, Prineville and Warm Springs. <p>*See full measures on next page.</p>

AGENDA

3:30-3:45	Welcome, Land Acknowledgement, Guiding Principles
3:45-4:55	Strategic Directions
4:55-5:00	Wrap Up and Next Steps



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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



**Central Oregon
Health
Council**

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.

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Background: Why are we talking about this?	
<p>1980s social norming of alcohol increases / legalization of brew pubs on Oregon</p> <p>1990s opioids are introduced for pain treatment</p> <p>2007 E-cigarettes are introduced in the US</p> <p>2016 marijuana is legalization in Oregon</p> <p>2019 Surgeon General Report on Marijuana</p>	<p>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.</p>

Current Condition: What's happening right now?
<ul style="list-style-type: none"> 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 <p>Current State Metrics:</p> <ol style="list-style-type: none"> 37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days 11th graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6% 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 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?
<p>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.</p> <p>Future State Metrics - By December 2023:</p> <ol style="list-style-type: none"> Decrease binge drinking among adults. Decrease vaping or e-cigarette use among youth. 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.

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> Targeted seductive marketing encourages use Minimization of risk & harm impact prevention & care Data is not easily accessible or known Historical investment patterns impact SUD services Alcohol culture dominates the local lifestyle Inadequate screening & guidance at all contact points Trauma significantly impacts well-being Inaccessible & inequitable housing options Inconsistent & ineffective health messaging Pervasive stigma impedes prevention & access to care

Date updated:	Workgroup:	Version:
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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}

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Root Cause Barriers: What is blocking us from moving toward our future state measures?

Targeted seductive marketing encourages use	Alcohol culture dominates the local lifestyle	Minimization of risk & harm impact prevention & care	Inaccessible and inequitable housing options	Inadequate screening and guidance at all contact points	Inconsistent / ineffective health messaging	Data is not easily accessible or known	Historical investment patterns impact sud services	Trauma significantly impacts wellbeing	Pervasive stigma impedes prevention & access to care
Media - social media exposure, marketing targeting audiences	Unfettered political influence	Minimization of risk & harm impact prevention & care	Currently requiring stable house before tx (housing isn't available)	Not asking the right questions in primary care	School system prioritizes education over su prevention and early identification	Pop 18-34 unknown if regular screening happens in bh services	Cost of mat, other treatment services and naloxone	People who seek services have historically been treated poorly	Law enforcement & other partners see harm reduction services as enabling
Access to products is increasing	Favorable alcohol culture	Low Perceived Risk of Harm (health & other consequences)	Clinical liability issues in establishing wet housing	Unavailable rural middle ground health services	Pop 18-34 individuals' definition of their own drinking varies	Insufficient # of staff in PH who can conduct surveys	Payer contracts with providers don't pay SUD	Social acceptance and belonging	Pop 18-34 may not be seeking primary care services
Targeted marketing to youth	Ease of access (too easy)	Perceived Risk of Harm		Primary Care Low % of Clients Have a PCP	SU education in schools is varies	Difficulty getting data from post-secondary schools	High turnover of SUD professionals	Social isolation (loneliness)	Stigma/liability issues with housing people with SUD
Flavored vape pods				No screening for vaping in primary care	Low health literacy	Only national data for binge drinking in Central Oregon	SUD traditionally funded minimally	Self-medicating	Stigma against treatment in my neighborhood
						Outdated research on wet housing	Less reimbursement for SUD	Pervasive Trauma	Stigma in medical community around MAT
							Funding proactive/reactive	Trauma	Indep/ "pull yourself up" mentality
							Reimbursement		Stigma - Internal, Cultural, Blame
									Stigma

Strategic Direction Ideas - Substance and Alcohol Misuse

Sources

2020 Health Equity Report

Regional Health Improvement Plan

WG DEI conversations

DCPH Youth Advisory

WG Survey

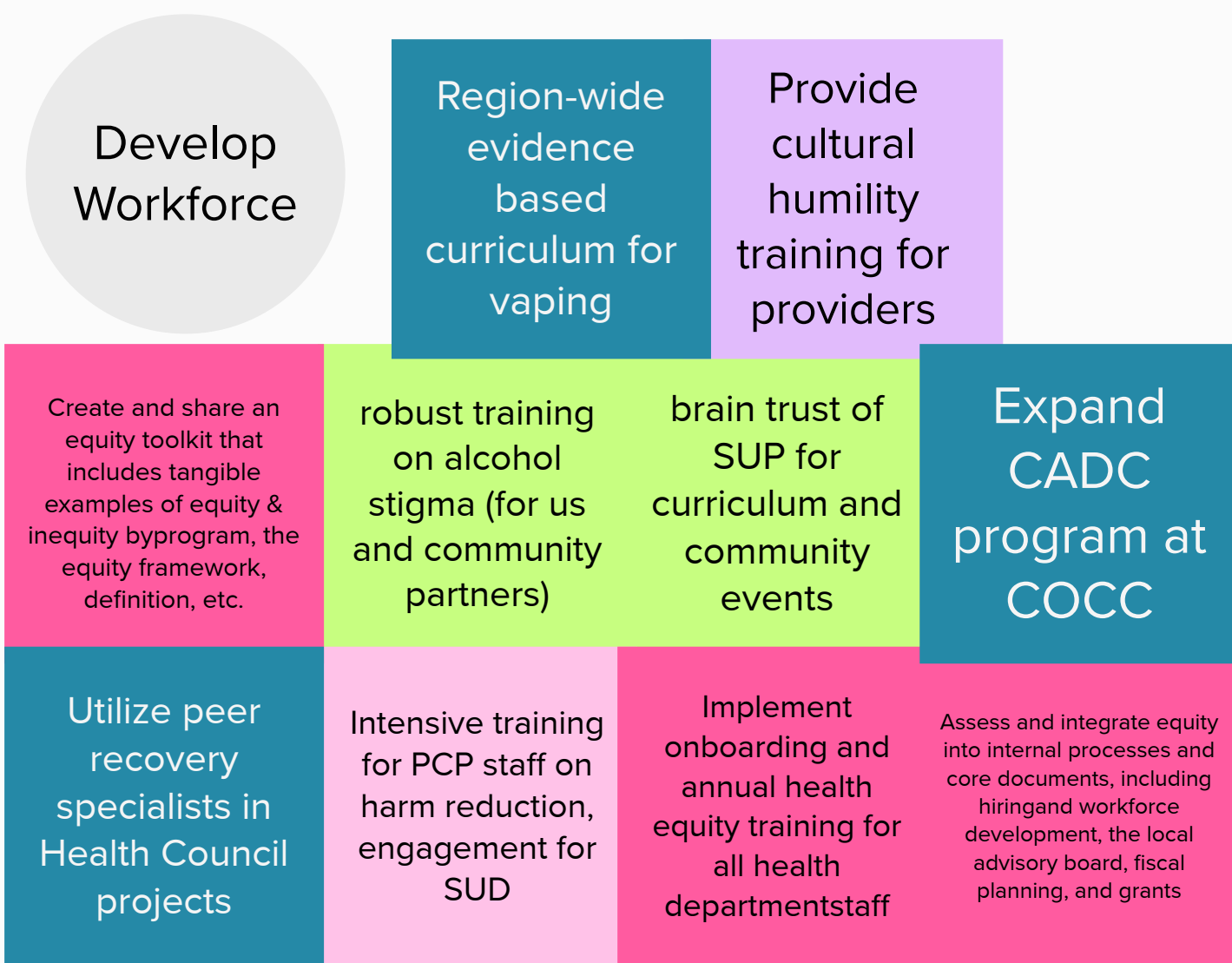
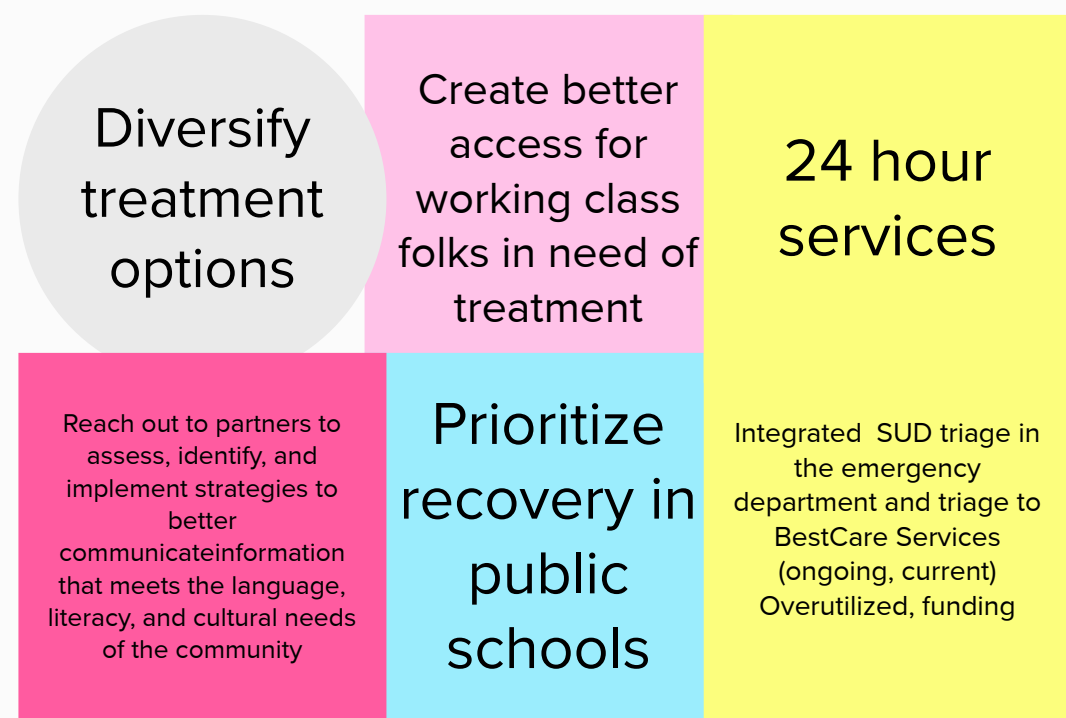
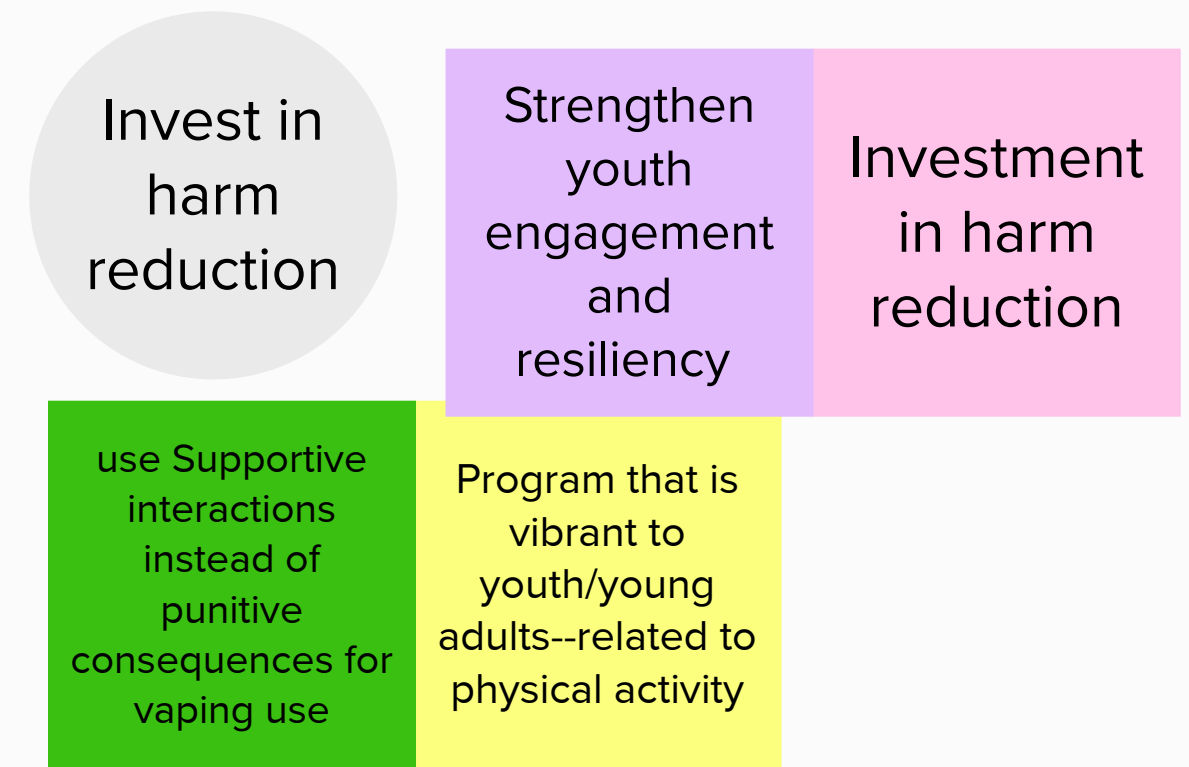
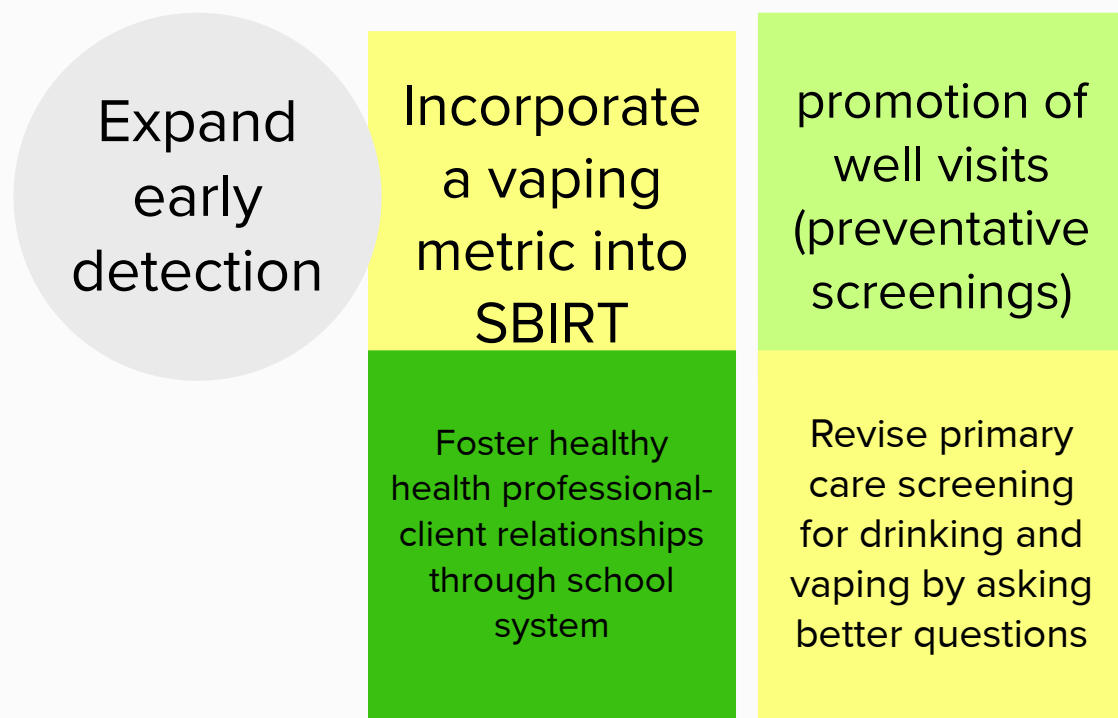
Small Groups

Jody, Rick

Barry, Elizabeth

Bob, Caitlin, Heather, Ivette

Carlos, Christina, Erin F, Karen



Unnamed area

