**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**

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.

*See full measures on next page.*

**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
Substance and Alcohol Misuse: Prevention and Treatment

<table>
<thead>
<tr>
<th>Future State Measures – Full Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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).</td>
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<tr>
<td>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))</td>
</tr>
<tr>
<td>4. By December 2023, Mental Health/Substance Abuse Emergency Department visits per 1,000 will be reduced by 25% in highest rate locations:</td>
</tr>
<tr>
<td>Warm Springs</td>
</tr>
<tr>
<td>35.3</td>
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</table>
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.

RHIP Workgroup Guiding Principles

Last updated 1.8.2020
**Background: Why are we talking about this?**

- **1980s**: Social norming of alcohol increases / legalization of brew pubs on Oregon
- **1990s**: Opioids are introduced for pain treatment
- **2007**: E-cigarettes are introduced in the US
- **2016**: Marijuana is legalization in Oregon
- **2019**: 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?**

- 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?**

- 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

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

<table>
<thead>
<tr>
<th>Targeted seductive marketing encourages use</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Media - social media exposure, marketing targeting audiences</td>
<td>Unfettered political influence</td>
<td>Minimization of risk &amp; harm impact prevention &amp; care</td>
<td>Currently requiring stable house before tx (housing isn’t available)</td>
<td>Not asking the right questions in primary care</td>
<td>School system prioritizes education over su prevention and early identification</td>
<td>Pop 18-34 unknown if regular screening happens in bh services</td>
<td>Cost of mat, other treatment services and naloxone</td>
<td>People who seek services have historically been treated poorly</td>
<td>Law enforcement &amp; other partners see harm reduction services as enabling</td>
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<tr>
<td>Access to products is increasing</td>
<td>Favorable alcohol culture</td>
<td>Low Perceived Risk of Harm (health &amp; other consequences)</td>
<td>Clinical liability issues in establishing wet housing</td>
<td>Unavailable rural middle ground health services</td>
<td>Pop 18-34 individuals' definition of their own drinking varies</td>
<td>Insufficient # of staff in PH who can conduct surveys</td>
<td>Payer contracts with providers don’t pay SUD</td>
<td>Social acceptance and belonging</td>
<td>Pop 18-34 may not be seeking primary care services</td>
</tr>
<tr>
<td>Targeted marketing to youth</td>
<td>Ease of access (too easy)</td>
<td>Perceived Risk of Harm</td>
<td>Primary Care Low % of Clients Have a PCP</td>
<td>SU education in schools is varies</td>
<td>Difficulty getting data from post-secondary schools</td>
<td>High turnover of SUD professionals</td>
<td>Social isolation (loneliness)</td>
<td>Stigma/liability issues with housing people with SUD</td>
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<tr>
<td>Flavored vape pods</td>
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Additional notes:
- 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

**Small Groups**

**Jody, Rick**
- Develop Workforce
  - Region-wide evidence based curriculum for vaping
  - Provide cultural humility training for providers
  - Utilize peer recovery specialists in Health Council projects
- Expand CADC program at COCC
  - Assess and integrate equity into internal processes and core documents, including hiring and workforce development, the local advisory board, fiscal planning, and grants

**Barry, Elizabeth**
- Diversify treatment options
  - Create better access for working class folks in need of treatment
  - Prioritize recovery in public schools
  - Reach out to partners to assess, identify, and implement strategies to better communicate information that meets the language, literacy, and cultural needs of the community

**Bob, Caitlin, Heather, Ivette**
- Invest in harm reduction
  - Strengthen youth engagement and resiliency
  - Investment in harm reduction
- Invest in prevention & care access (too
  - Favorable Influence Political Ease of consequences)

**Carlos, Christina, Erin F, Karen**
- 1. Decrease binge drinking in adults 18-34yo.
- 2. Reduce youth vaping and e-cigarette use in Crook, Jefferson and Deschutes Counties.
- 3. Increase treatment options for people newly diagnosed with alcohol and/or other drug dependance.
- 4. Reduce mental health and substance use emergency department visits in Warm Springs, Prineville, Madras.

**Sources**

- 2020 Health Equity Report
- Regional Health Improvement Plan
- WG DEI conversations
- DCPH Youth Advisory
- WG Survey

** WG Survey**
- Examples of equity & specialists in harm reduction, health professional-

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