

Substance and Alcohol Misuse: Prevention and Treatment

Regional Health Improvement Plan Workgroup

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

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

> September 8, 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

- 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

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



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?

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 US2016 marijuana is legalization in Oregon2019 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

			Con			
Date updated:	Workgroup:		Version:			
Strategic Direction: What are we going to try?						
{insert}						

Focused Imwhat, when	n: What are	our specific	actions? (who,
{insert}			

Follow-Up: What's working? What have we learned?				
{insert}				

4

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



Unnamed area

Strategic Direction Ideas -Substance and Alcohol Misuse

Expand early detection

Incorporate a vaping metric into **SBIRT**

Revise primary care screening for drinking and vaping by asking better questions

promotion of well visits (preventative screenings)

Reduce

Investment in harm reduction

Targeted approaches for pregnant women homeless, and Native Americans

Strengthen prevention in schools

> engagement resiliency

vibrant to youth/young adults--related to

> physical activity Strengthen use Supportiv interactions instead of

prevention opportunities in schools SBIRT in Schools

Strengthen

with high schools in substance abuse educatior Deliver ATOD instead of curricula in suspension schools

Educate xpand interaction

messaging/ consistent interventions messaging away from Public across scare tactics organizations Direct funding Assess Improved community and toward community staff equity educating health perception and education consumers

Partner to have

We are... **Expanding Prevention** in Clinics, Schools and Public

Unnamed area

Align efforts

Build community coalition capacity to address health nequities related to substanceuse and mental health

Reaching out to other organizations to follow St. Charle's lead in regards to the Strategic Implementation Plan

Work directly with communities to cocreate policies, ograms and strategie toensure that health interventions are quitable and culturally responsive

> Invite politicians to SUD workgroup

Invite CTWS rep to attend workgroup meetings and share current strategies

> Community collaboration over community communication working with them to problem solve rather than just listen

messaging to

youth (i.e. ESL

athletes)

Collaborate with Judicial System

partner with CIT (Crisis Intervention Training)

Targeted

intensive

engagement

and tx with Child

Welfare

Provide MAT incarcerated patients

Collaborative program with law enforcement in creating or avoiding stigma and increasing access to Partner with food & beverage industry

pursue working Incentivize relationships sober with alcohol/brewery spaces industries

Involving the industry (not creating a "big tobacco")

Collect Data

Pursue relationship with CTWS and explore data sharing opportuniti

Assure incorporation of equity goals and metrics in Strategic Plans

surveys/ data

collection

pursue relation

with OSU/OSHU

for data

collection

projects

We are... Buy-in form all school districts to participate in

Collaborating for **Better Alignment**

Develop welcoming approaches Treating parents as providers: increased education, parent nights, parent resources (social hosting laws)

engage individuals with lived experience

Identify and mplement strategie to assure more diverse representation on local committees

> Invite rep from use Youth delivered/ CTWS to share eveloped content for vaping cessation, culturally cohol stigma (like My relevant best iture, My Choice but more specific) practices

create targeted specific groups of students, student

> Reach out to partners assess, identify, and implement strategies to better that meets the language, literacy, and cultural needs

> > of the community

Diversify treatment options

Create better access for working class folks in need of

Prioritize recovery in public schools

treatment

24 hour services

Integrated SUD triage in the emergency department and triage to BestCare Services (ongoing, current) Overutilized, funding

We are...

Prioritizing Targeted, Inclusive Approaches for Equity

Unnamed area

Invest in Social Determinants of Health

increase racial trauma informed care

Identify and implement

strategies to work

collaboratively

withorganizations

whose activities

advance health equity

and promote Health in

All Policies

low-barrier housing

Increase

Lead and advocate for addressing social determinants of health and health equity andmobilize community resources to improve

public health

our systems have caused trauma and then change them

> More investment in housing

learn about how

Advocate for systems and policy change

Targeted Ban youth marketing

Integrate health

equity

considerations

into PH policies

and practices

countermarketing

Tobacco retail density ordinances sponsorships

partnering with

businesses to

not allow

alcohol

Ban vaping advertisements We are...

Advocating for and Investing in Systems Level Changes

Develop Workforce

Region-wide evidence based curriculum for vaping

Create and share an equity toolkit that includes tangible examples of equity & nequity byprogram, the equity framework, definition, etc.

robust training on alcohol stigma (for us and community partners)

Provide **Expand** cultural CADC humility program at training for COCC providers

> brain trust of SUP for curriculum and community events

Assess and integrate equity into internal processes and core documents, including hiringand workforce development, the local advisory board, fiscal planning, and grants

> **Implement** onboarding and annual health equity training for all health departmentstaff

Intensive training for PCP staff on harm reduction, engagement for SUD

Utilize peer recovery specialists in Health Council projects

We are...

Expanding and Retaining the Workforce