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

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

<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>
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<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>
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<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>
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<tr>
<td>35.3</td>
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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.
### Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>1980s</td>
<td>Social norming of alcohol increases / legalization of brew pubs on Oregon</td>
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<tr>
<td>1990s</td>
<td>Opoids are introduced for pain treatment</td>
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<tr>
<td>2007</td>
<td>E-cigarettes are introduced in the US</td>
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<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 $56 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>
<th>Alcohol Culture Dominates the Local Lifestyle</th>
<th>Minimization of Risk &amp; Harm Impact Prevention &amp; Care</th>
<th>Inaccessible and Inequitable Housing Options</th>
<th>Inadequate Screening and Guidance at All Contact Points</th>
<th>Inconsistent / Ineffective Health Messaging</th>
<th>Data is not Easily Accessible or Known</th>
<th>Historical Investment Patterns Impact Sud Services</th>
<th>Trauma Significantly Impacts Wellbeing</th>
<th>Pervasive Stigma Impedes Prevention &amp; Access to Care</th>
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</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>
<td></td>
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<tr>
<td>Flavored vape pods</td>
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<td></td>
<td>No screening for vaping in primary care</td>
<td>Low health literacy</td>
<td>Only national data for binge drinking in Central Oregon</td>
<td>SUD traditionally funded minimally</td>
<td>Self-medicating</td>
<td>Stigma against treatment in my neighborhood</td>
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<td></td>
<td>Outdated research on wet housing</td>
<td>Less reimbursement for SUD</td>
<td>Pervasive Trauma</td>
<td>Stigma in medical community around MAT</td>
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<td></td>
<td>Funding proactive/reactive</td>
<td>Trauma</td>
<td>Indep/ &quot;pull yourself up&quot; mentality</td>
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<td></td>
<td></td>
<td>Reimbursement</td>
<td></td>
<td>Stigma - Internal, Cultural, Blame</td>
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<td></td>
<td></td>
<td></td>
<td>Stigma</td>
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Strategic Direction Ideas - Substance and Alcohol Misuse

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

We are... Collaborating for Better Alignment

We are... Prioritizing Targeted, Inclusive Approaches for Equity

We are... Advocating for and Investing in Systems Level Changes

We are... Expanding and Retaining the Workforce
### Strategic Direction Ideas - Substance and Alcohol Misuse

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Expand early detection</td>
<td>Incorporate a vaping metric into SBIRT, revise primary care screening for drinking and vaping by asking better questions.</td>
</tr>
<tr>
<td>Promotion of well visits</td>
<td>Invest in harm reduction, strengthen youth engagement and resilience.</td>
</tr>
<tr>
<td>Medicating (loneliness)</td>
<td>Program that is vibrant to youth/young adults—related to physical activity, enter healthy health professional client relationships through school systems.</td>
</tr>
<tr>
<td>Pervasive</td>
<td>Strengthen prevention in schools, SBIRT in schools instead of suspension, deliver ATOD curricula in schools.</td>
</tr>
<tr>
<td>Poorly social</td>
<td>Strengthen prevention opportunities in schools, expand interactions with high schools to collaborate and improve education.</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Strengthen prevention education, SBIRT in schools instead of suspension, deliver ATOD curricula in schools.</td>
</tr>
<tr>
<td>Workforce</td>
<td>Educate the Public, shifting messaging/interventions away from scare tactics.</td>
</tr>
<tr>
<td>Determinants of Health</td>
<td>Improve messaging by consistent health education, Assisting in the area of substance and alcohol misuse.</td>
</tr>
<tr>
<td>Invest in approaches</td>
<td>Examples of equity &amp; health equity programs and strategies.</td>
</tr>
<tr>
<td>Welcoming</td>
<td>Develop efforts to increase health engagement, workgroup collaboration over communication: than just listen.</td>
</tr>
<tr>
<td>Build community</td>
<td>We are working with them to develop strategies, expanding prevention in clinics, schools, and public.</td>
</tr>
<tr>
<td>Engage</td>
<td>Community engagement.</td>
</tr>
<tr>
<td>Other</td>
<td>No other text in this section.</td>
</tr>
<tr>
<td>Funding</td>
<td>Improving our engagement, support, and funding.</td>
</tr>
<tr>
<td>Effective</td>
<td>More funding to change.</td>
</tr>
<tr>
<td>Effective strategies</td>
<td>Examples of effective strategies.</td>
</tr>
<tr>
<td>Effective interventions</td>
<td>Examples of effective interventions.</td>
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<tr>
<td>Engage population</td>
<td>No other text in this section.</td>
</tr>
<tr>
<td>Services</td>
<td>We are engaging the population.</td>
</tr>
<tr>
<td>Ineffective</td>
<td>Any ineffective strategies.</td>
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<td>Effective strategies</td>
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We are... Expanding Prevention in Clinics, Schools, and Public.
We are... Collaborating for Better Alignment

We are... Prioritizing Targeted, Inclusive Approaches for Equity

Unnamed area

Align efforts
- Build community coalition capacity to address health inequities related to substance and mental health
- Work directly with community to co-create policies, programs and strategies to make the health interventions more equitable and inclusive
- Collaborate with Judicial System
- Invite CTWS rep to attend workgroup meetings and share current strategies
- Collaborate
- Partner with Judicial System
- Provide MAT to incarcerated patients
- Partner with food & beverage industry
- Incentivize sober spaces
- Collect Data
- Pursue relationship with CTWS and explore data sharing opportunities
- Involve the industry (not creating a “big tobacco”)

Develop welcoming approaches
- Engage individuals with lived experience
- Use youth delivered developed content to engage parents, youth and communities
- Invite CTWS to share culturally relevant best practices
- Prioritize recovery in public schools
- 24 hour services
- Integrate MAT design in the emergency department and design behavioral health care services to better match services to technical and financial needs
- Incorporate a poll as a final decision

Diverse treatment options
- Identify and implement strategies to ensure more diverse representation on local committees
- Create better access for working class folks in need of treatment
- Explore SBIRT in schools and public
- Partner to have specialists in pregnant women, homeless, and recovery in substance use Supportive engagement for projects

Data is not easily
- Involve the community (not creating a “big tobacco”)
- Include community engagement for projects

More

 perpetuating trauma significantly seeking services been treated pervasive acceptance social partners chose which metric they want to work on.

Partners chose which metric they want to work on.

- Start indiv brainstorm, circle top 3, then need to align with.
- Collaborating to align efforts, who do we need to consider a poll as a final decision?
- ONE SD might push on all the others for a 90 day microbial pathogen
- Ask which metric does this SD address?

Invest in
- Build community coalition capacity to address health inequities related to substance and mental health
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More
Trauma significantly medicating poorly. Self-social and partners chose which metric they want to work on. Small group, agree on X#, then write on plan.

Days? Start indiv brainstorm, circle top 3, then break into small groups to develop who do we collaborating to align efforts, who do we need to invest patterns.

Reimbursement professionals. Payer contracts don't pay SUD treatment funded for SUD. Funding SUD other dominates the local minimization of risk prevention & care access (too easy).

Unfettered political risk of harm opioid overdose don't think they easy. Low perceived need help. Root causes marketing to products is targeted messaging. Drinking varies over education.

Low health prioritizes SU. Clinical liability is detected. Data is not easily getting data. Unknown if surveys schools in inaccessible and primary care programs have a SU detection. Clients have a ground health before treatment.

We are... Advocating for and Investing in Systems Level Changes

Region-wide evidence based curriculum for vaping.

Provide cultural humility training for providers.

Expand CADC program at COCC.

Assess and integrate equity into internal processes and core documents, including hiring and selection of staff. Development of the local health equity strategic plan and grant.

Implement onboarding and annual health equity training for all health department staff.

Utilize peer recovery specialists in Health Council projects.

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

We are... Expanding and Retaining the Workforce

We are...