



Substance and Alcohol Misuse: Prevention and Treatment

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/254699270?pwd=S0o5ZFNQaGNmSTd6MXN4ZDBZQXk5Zz09>

Join by phone:

+1 669 900 6833

Meeting ID: 254 699 270

Passcode: 805703

November 10, 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	Implementation Plan <ul style="list-style-type: none">• Working Document: https://docs.google.com/document/d/17fpIdVB7tGv5n6JTauHB3Mig-NiJcfAct5PENyoj5R0/edit?usp=sharing
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



**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.

Substance and Alcohol Misuse: Prevention & Treatment



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>
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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

Date updated: 10.13.20

Strategic Direction: What are we going to try?

- Expanding Prevention and Community Education
- Broadening Partnerships to Align Efforts
- Diversifying and Expanding Intervention and Treatment
- Accelerating Systems, Policy and Environmental Change
- Formalizing Diverse, Welcoming Approaches

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?

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 DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

Expand Early Detection	Reduce Risks	Strengthen Prevention in Schools	Educate the Public
<ul style="list-style-type: none"> • Incorporate a vaping metric into SBIRT • Promotion of well visits (preventative screenings) • Revise primary care screening for drinking and vaping by asking better questions 	<ul style="list-style-type: none"> • Investments in harm reduction • Targeted approaches for pregnant women, homeless, and Native Americans 	<ul style="list-style-type: none"> • Program that is vibrant to youth/young adults related to physical activity • Strengthen youth engagement and resiliency • Foster healthy health profession-client relationships through school system • Use supportive interactions instead of punitive consequences for vaping use • Strengthen prevention edu opportunities in schools • SBIRT in schools instead of suspension • Expand interaction with high schools in substance abuse education • Deliver ATOD curricula in schools 	<ul style="list-style-type: none"> • Direct funding toward educating health consumers • Shifting messaging/interventions away from scare tactics • Improved community education • Partner to have consistent messaging across organizations • Assess community and staff equity perception

Expanding Prevention and Community Education.

Partner w/ Food & Beverage Industry	Align Efforts	Partnering for Data
<ul style="list-style-type: none"> • Incentivize sober spaces • Pursue working relationships with alcohol/brewery industries • Involving the industry (not creating a “big tobacco”) 	<ul style="list-style-type: none"> • Program that is vibrant to youth/young adults related to physical activity • Strengthen youth engagement and resiliency • Foster healthy health profession-client relationships through school system • Use supportive interactions instead of punitive consequences for vaping use • Strengthen prevention edu opportunities in schools • SBIRT in schools instead of suspension • Expand interaction with high schools in substance abuse education • Deliver ATOD curricula in schools 	<ul style="list-style-type: none"> • Pursue relationship with CTWs and explore data sharing opportunities • Assure incorporation of equity goals and metrics in strategic plans • Buy-in from all school districts to participate in surveys and data collection • Pursue relationship with OSU/OHSU for data collection projects

Broadening Partnerships to Align Efforts

Collaborate with Judicial System	Develop Workforce	Diversify Treatment Options
<ul style="list-style-type: none"> • Partner with CIT (Crisis Intervention Training) • Provide MAT to incarcerated parents • Targeted intensive engagement and Treatment with child welfare • Collaborative program with law enforcement in creating or avoiding stigma and increasing access to care 	<ul style="list-style-type: none"> • Region-wide evidence based curriculum for vaping • Create a share an equity toolkit that includes tangible examples of equity and inequity by program, the equity framework, definition, etc. • Provide cultural humility training for providers • Robust training on alcohol stigma (for us and community partners) • Expand CADC program at COCC • Brain trust of SUP for curriculum and community events • Assess and integrate equity into internal processes and core documents, including hiring and workforce development, the local advisory board, fiscal planning, and grants • Implement onboarding and annual health equity training for all health department staff • Intensive training for PCP staff on harm reduction, engagement for SUD • Utilize peer recovery specialists in Health Council projects 	<ul style="list-style-type: none"> • 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 • Create better access for working-class folks in need of treatment • Prioritize recovery in public schools • 24 Hour Services • Integrated SUD triage in the emergency department and triage to BestCare Treatment Services (ongoing, current) Overutilized, funding

Diversifying and Expanding Intervention and Treatment.

Advocate for Systems and Policy Change	Invest in Social Determinants of Health
<ul style="list-style-type: none"> • Ban youth marketing • Integrate health equity considerations into PH policies and practices • Targeted counter-marketing • Tobacco retail density ordinances • Partnering with businesses to not allow alcohol sponsorships • Ban vaping advertisements 	<ul style="list-style-type: none"> • Increase racial trauma informed care • Increase low-barrier housing • Learn about how our systems have caused trauma and then change them • Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in All Policies • Lead and advocate for addressing social determinants of health and health equity and mobilize community resources to improve public health • More investment in housing

Accelerating Systems, Policy, and Environmental Change

Develop Welcoming Approaches
<ul style="list-style-type: none"> • Treating parents as providers: increased education, parent nights, parent resources (social hosting laws) • Engage individuals with lived experience • Identify and implement strategies to assure more diverse representation on local committees • Use youth delivered/developed content for vaping cessation, alcohol stigma (like My Future, My Choice but more specific) • Create targeted messaging to specific groups of youth (i.e. ESL students, student athletes) • Invite rep from CTWS to share culturally relevant practices

Formalizing Diverse, Welcoming Approaches