

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

> February 9, 2021 3:30-5:00 PM

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
3:30-3:40 PM	Welcome, Land Acknowledgement, Guiding Principles, Introductions
3:40-3:50 PM	Workgroup Investment Budget
3:50-4:50 PM	 Implementation Plan Development Peer Support Specialist RFP Finalization Small Group Work
4:50-5:00 PM	Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/108HdpfQPrfK-9T8K0tKUycX3kd abi3FtoS4Utva0cM/edit?usp=sharing

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	

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



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?)

When	What	
February 2021	Peer Support Specialist Barriers Assessment	

Follow-Up:	: What's	working?	What h	nave we	learned?

{insert}

3



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.

Partner with Priority Populations

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.

Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

Request for Proposals (RFP)

Project Name: Making Way for Peer Support Services in Substance and Alcohol Misuse

Treatment

Access Code: XXXX

Company Name: Central Oregon Health Council

Regional Health Improvement Plan (RHIP) Workgroup: Substance and Alcohol Misuse:

Prevention and Treatment

Future State Measure(s) to be impacted with this RFP: Increase additional services for alcohol or drug dependence for newly diagnosed individuals; Reduce mental health and substance abuse emergency department visits in Madras, Prineville and Warm Springs

Strategic Direction (Internal Use Only): Accelerating Systems, Policy and Environmental Change

Contact Person: Gwen Jones, Project Manager **Email:** gwen.jones@cohealthcouncil.org

Phone Number: 541.306.3523

About the Central Oregon Health Council

The <u>Central Oregon Health Council</u> (COHC) is a not-for-profit, tax-exempt public and private community governance organization. We are dedicated to improving the health of Central Oregon communities, and we are responsible for funding projects that improve the health priorities of the <u>Regional Health Improvement Plan</u>.

Our Recognition of COVID-19

We recognize that when we invest and support long-term, preventative solutions we build a Central Oregon that is better able to respond present and future crisis. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this Request for Proposal is to support long-term, system-level change. If your project addresses the current crisis of COVID-19, please consider applying for one of our mini grants here.

Description of Grant Opportunity

One (1) grant will be awarded up to \$100,000 to accomplish the following:

- Uncover the complex and numerous barriers to providing Certified Peer Support Services for substance use treatment and prevention from the perspective of all of the following:
 - Certified Peer Support Specialists
 - Clinics and Providers
 - Policy and Reimbursement (organizational, local and state)
- Identify current models of Certified Peer Support Services that are financially stable, produce desired outcomes, and which can be replicated.

Why are these efforts needed?

All drug overdose hospitalization rates have increased since 2005-2007 in Central Oregon.

Gaps exist in population-to-provider ratios, especially based on geography. The 'number of mental health providers per 1,000 people' for the state of Oregon is 1.33. This is in stark contrast to our Central Oregon Region:

Rural Oregon: 0.62 La Pine: 0.45 Madras: 0.58 Prineville: 0.68 Redmond: 0.58 Sisters: 0.66 Warm Springs: 0.71

(source: http://www.centraloregonhealthdata.org)

There are several geographic areas in Central Oregon that are more than a 30-minute drive to mental health service locations. During community focus groups, community members identified improving timely, affordable, access to behavioral health care and support as the top community need. Decreasing wait times while promoting specialty care was identified as the second greatest community need. These priorities were especially true in rural communities (source: Central Oregon Region Health Assessment, 2019)

Certified Peer Support Specialists offer a meaningful and effective solution to these regional needs.

Peer-based recovery supports are part of an emerging transformation of systems and services addressing substance use disorders. Acute care substance use treatment without other recovery supports has not been sufficient in helping individuals to maintain long-term recovery. Substance use disorders are currently understood to be chronic conditions that require long-term management, like diabetes. These supports help people in recovery build "recovery capital"—the internal and external resources necessary to begin and maintain recovery (Best & Laudet, 2010; Cloud & Granfield, 2008).

(source: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf)

There are known and unknown barriers to providing successful Certified Peer Support Services. The request of this proposal is that a comprehensive, regional evaluation be completed that uncovers those barriers and provides examples of current successful regional, state, or national models. This work will be used to focus future regional efforts to increase and improve access to Certified Peer Support Specialists, develop partnerships for pilot programs, and develop supports to bridge identified barriers.

Proposal Requirements

Consultant completing this work should have these qualities:

- At least 5 years of experience working in Substance Use Disorders or Addiction Medicine
- Administrative, research, and advocacy experience
- Multi-state experience
- Experience partnering and working with people and populations with lived experience in substance and alcohol misuse, behavioral health needs, economic disadvantage, and other relevant circumstances
- o Ability to self-govern and be collaborative with regional partners

Proposals should:

Uncover the complex and numerous barriers to providing Certified Peer Support Services for Substance Use Treatment and Prevention from the perspective of:

- Certified Peer Support Specialists
- Clinics and Providers
- o Policy and Reimbursement (organizational, local and state)
- Identify current models of Peer Support Services that are financially stable, produce desired outcomes, and which can be replicated.
- Information, data and learnings will be submitted in a full report and presented to the Substance and Alcohol Misuse Workgroup at the completion of this project.
- All of Central Oregon should be assessed including:
 - Crook, Deschutes, and Jefferson Counties
 - Confederated Tribes of Warm Springs
 - Northern Klamath County (this area includes Glichrist, Chemult, and Crescent)
- Findings should help inform future work to increase and improve Certified Peer Support Services for substance and alcohol misuse and prevention
- Be completed in 12 months

Evaluation Criteria

The Substance and Alcohol Misuse: Prevention and Treatment Workgroup will review your grant application. They will use this scorecard (insert link) to rate your application. We encourage you to use it to help build your proposal.

Funding Details and Important Information

Number of Awards: One (1) Award Maximum: \$150,000

Anticipated Selection Schedule:

Application Due Date: (insert)

Decision Notification: (insert) by email

How to Apply

This Request for Proposal is posted on our website xxxx.

For instructions on how to apply, please visit: https://cohealthcouncil.org/how-to-apply-2/
Once registered and logged into the grant platform, use this access code to apply for this grant: xxxx

Support

If you have questions about this Request for Proposal, please contact: (name) at (email) or (phone number).

If you have questions about the application, parts of the application, or using the grant platform please contact:

Rebeckah Berry, Grant and Metrics Manager at <u>rebeckah.berry@cohealthcouncil.org</u> or 541-306-3523.

The Substance and Alcohol Misuse Workgroup recommend partnerships with the following regional and local organizations: Cascade Peer Support, BestCare Treatment Services, RimRock Trails Treatment Services and Dawn's House.

COVID-19 Final Report for NeighborImpact (Non-RHIP)

"PPE for Central Oregon Child Care"

Summary of Results:

- Upon receipt of COHC grant funds, NeighborImpact Child Care resources purchased PPE for Child Care Providers in Central Oregon to support new COVID guidelines and requirements set for by the Early Learning Division (ELD) and the Office of Child Care.
- The result of this grant was hard to access PPE and cleaning supplies were delivered directly to Child Care Providers throughout Central Oregon, in all three counties and Warm Springs, at no cost to providers.
- The outcome of this grant was Central Oregon's Child Care Workforce had access to cleaning supplies and PPE supplies necessary to keep their business doors open and operational during this pandemic.
- The benefit to this grant is that providers were able to access the PPE needed to keep staff and children safe.
- We were able to complete over 170 orders, but there continues to be a need.

Quotes:

"Delivering the PPE was a very positive experience and a great way to connect with providers we already serve and new providers to explain our program (Go Kids Advocates) and how we can support them during this uncertain time. All the providers during our phone calls to connect with them were very grateful and so appreciated that these supplies were not only offered to them but they were delivered to their doorstep. I cannot say enough how much all the providers were so elated to receive items that are so hard to come by but needed to stay in compliance with the CDC Guidelines." Diane Boswell Go Kids Advocate, CCR

"Getting the box of PPE and other COVID-related items was like an early Christmas for us! Right now, I dread going into the stores (and sometimes you can't even find the items at all), so it was wonderful to be able to receive and use the things we got. We are so overwhelmed with everything right now; our jobs are so much more difficult during this time. The gloves and sanitizer and soap and paper plates and everything is so helpful, practically, and such a morale booster! It also helps financially as right now things are a little tight. Thank you so so much!" Susan Stendahl, Child Care Provider

^{*}Order of projects is by final report submission date

COVID-19 Final Report for Wild Rose Ranch (Non-RHIP)

"Covid-19 Homelessness Outreach Project"

Summary of Results:

- The project was to provide resources to those experiencing homelessness in the Madras and Warm Springs area.
- This was to be achieved through developed partnerships with community members, governments, and outside organizations. The outreach and resources would be taken to known places where individuals were known to frequent.
- The trailer that was purchased would be stocked with items that were either purchased by Wild Rose Ranch, or though different donation drives with newly developed relationships across the tri-county region and The Confederated Tribes of Warm Springs.
- The partnerships developed were ones that did assist with items, services, and resources to get to those experiencing homelessness, however, one of the obstacles that emerged was sustainability of obtaining items, manpower, education, awareness, and unforeseen logistics.
- Although all items that were collected were made available one of the things that
 was immediately noticed was the needs are vast, constant, and change with the
 seasons.
- This brought challenges to the team to be able to always be alter to what those in the elements would be experiencing and how best to meet their needs.
- Those individuals who received items and services were appreciative of the positive and consistent interaction with all volunteers and partners.
- Many were more than grateful for receiving items, but what we all experienced was that many just appreciated the fact that people were there to listen to them.

Lesson Learned:

- The greatest challenge has been sustainability of resources to give to those experiencing homelessness.
- Many of those that were supportive in the beginning I feel had this idea that with those items collected and given out that there would be an "end" to that need, and the reality of how things actually were was difficult for many helpers. The other challenge was manpower for this project.
- When partnering with outside community members, organizations, and governments is that the priority of this project may have not been their priority.

COVID-19 Final Report for The SHIELD (Non-RHIP)

"Veterans' Counseling 2020 (VC2020)"

Summary of Results:

- The benefits of the project, eliminating barriers to mental health services & providing free counseling for local Veterans can be understood in the context of the 2019 report by OHA & ODVA entitled "Oregon Veterans' Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report".
- The report included the following findings:
 - a) "The two main obstacles to Oregon Veterans achieving behavioral health and wellness are access & quality of care."
 - b) "Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state's Veterans."
 - c) "60% of Veterans identify finding or getting an appointment with a behavioral health care provider as a barrier to accessing care."
 - d) "Veterans with a PTSD diagnosis are 55% more likely that those with no mental health diagnosis to utilize emergency services, putting stress on a system that lacks capacity and training to support their specific needs" (particularly during COVID-19).

Quotes:

A client of THE SHIELD, a Veteran of four combat tours to Iraq & Afghanistan:

"It's ok to not be ok; it's also ok to be ok and to want to get better."
-"Logan"

Full written client testimonial: https://shieldcentraloregon.org/ranger%2Fcop%2Fvp

Client video: https://youtu.be/xJfQjjWDveo

RHIP Final Report for The Center Foundation "OK4Life"

Reviewed and funded by the Promote Enhanced Physical Health workgroup

Summary of Results:

- OK4Life promotes increased physical activity for middle and high school-aged youth, through a visually appealing, youth-focused, activity program delivered via website and mobile device.
- The mini grant offered seed funding to enter the initial stages of the OK4Life project development.
- The goals for the funding included developing a project plan outline, securing collaboration with OSU-Cascades Co-Lab, and creating 8 weeks of activitiesbased content.
- Due to strong interest from the OSU-Cascades Kinesiology department on our project, we were asked to develop an internship job description for ongoing collaboration for content creation.
- The internship will allow for future research and development using Kinesiology students and overseen by the Foundation.
- The intended benefit of the project is to increase reported activity levels for youth.
- This benefit will only be realized after project completion and user adoption.
 While the mini grant helped complete phase 1 of project development, more funding will be needed to complete the project and realize its full potential.

Quote:

"To date, The Center Foundation programs have served high school aged youth in Deschutes, Jefferson, and Crook Counties. However, with a vision to improve health for all Central Oregon youth, OK4Life will endeavor to increase physical activity and health for all youth across Central Oregon."

Sonja Donohue, Executive Director for The Center Foundation.

COVID-19 Final Report for The Giving Plate (RHIP)

"The Giving Plate COVID-19 Food Relief"

Reviewed by the Address Poverty RHIP workgroup



Summary of Results:

- In 2020, we experienced a 23% increase in the number of families served in our food-box program, and we were able to increase the amount of food to those people by 39%.
- So, not only did we help more families, but we were also empowered to be more generous than ever.
- We count that as a major success during an uncertain time. In our Kid's Korner program, we gave over 13,000 bags of food to kids in our community - a 56% increase over 2019.
- As hard as 2020 was, we were able to keep our doors open every day and served our neighbors in need during the shutdown along with friends in need across our state during the fires.
- To read more about what was accomplished in 2020, go to <u>www.theqivingplate.org/2020</u>

Quotes:

"I am a single mother working 3 jobs and I need help with food boxes from time to time. With all 3 of my children at home, our bills have all gone up. This box helps me get through the month and I am grateful and thankful for all you do."

"I started coming to The Giving Plate when the pandemic hit and my unemployment stimulus checks ended. I got a new job but had two weeks until I would get paid. You guys provided me, my 1 and 2-year-old with healthy food to keep us going."

^{*}Order of projects is by final report submission date

COVID-19 Final Report for Jericho Road (RHIP)

"Jericho Road Food Service"

Reviewed by the Address Poverty and Stable Housing RHIP workgroups



Summary of Results:

- Jericho Table is an ongoing program to feed the poor and hungry and operates
 25 days each month throughout the year.
- Due to the pandemic, the adjustments made to accommodate our guests were both effective and beneficial while realizing some critical disadvantages as well.
- The positive moves were the curb-side pick-up of food boxes which maintained an outdoor, open-air atmosphere as well as safe distancing as well as our providing masks and hand cleanser during the process.
- The protection of our volunteers and our guests were upmost and the serving from an elevated platform provided additional space and protection.
- The disadvantages were in the loss of a congregate eating experience that promoted open conversation, socialization and the development of relationships.
- Also lost was our regular support such as one-on-one interviews for housing assistance and Thrive and COVO support.

Quotes:

"There is no way that the community can look at what we are doing here and not feel the positive energy and the caring that comes from the food and supplies we provide and the gratitude expressed for our determination to continue. People pick up multiple boxes and take them back to their dwelling places to children, partners and others and thus eliminate the crowding and interaction so much discouraged at this time. It is hard on our volunteers and guests alike who are used to the conversation, interaction and laughter that can be generated by just talking and eating together".

Tia Linsheid, Jericho Table Coordinator

^{*}Order of projects is by final report submission date

COVID-19 Final Report for Seed To Table Oregon (RHIP)

"COVID 19 Food for All"

Reviewed by the Address Poverty and Upstream Prevention RHIP workgroups



Summary of Results:

- Seed To Table (S2T) historically provided, annually, about 6,000 pounds of fresh produce, in 2020, due to increased demand, we diverted a total of 10,325 pounds of our locally grown fresh produce to food banks and our Fresh Food For All Program for no charge.
- During COVID, anyone who wished to receive reduced-price or free produce could fill out a form attesting to the fact that their income had been negatively impacted by the pandemic.
- Participants could fill out the level of discount they needed, ranging from 50%-100%.
- A total of 298 families benefited from access to fresh produce on a weekly basis at the two, Sisters Food Banks and at the Sisters Farmers Market through our Food For All Discount. 70% of these participants benefited on a regular base (2x a month)
- Conversations and surveys of 75% of participants collected determined:
 - 100% of participants stated S2T produce was essential for their vegetable consumption and for maintaining the wellness of their family
 - 100% of participants stated S2T produce increased their vegetable consumption by at least one serving a day
 - 87% of participants stated they would love more opportunities for fresh produce
 - 79% of participants felt the experience of picking up produce at the SFM, and interactions with the community (all be it distanced) made them feel an increased sense of belonging in the community.
 - 98% of participants stated the availability of produce helped increase their families' financial and emotional resilience during these trying times.

^{*}Order of projects is by final report submission date

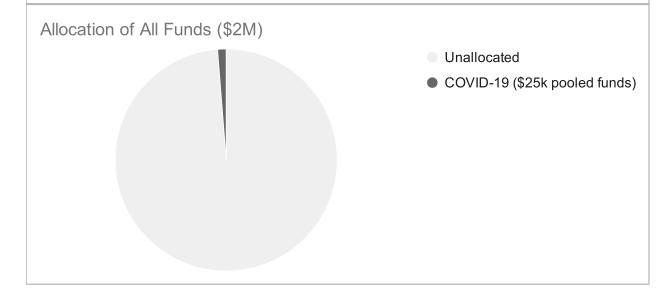
Substance and Alcohol Misuse Treatment and Prevention 2020-2024 RHIP Workgroup Budget

Updated February 1, 2021

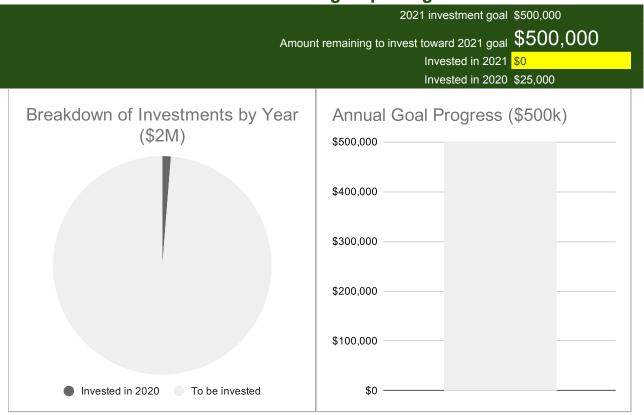
Funds Available \$1,975,000
Initial Funds (spread over 5 years) \$2,000,000
Funds Spent \$25,000

Amount Invested by Future State Measure			
Decrease the percent of adults ages 18-34 who report binge drinking	\$0.00		
Reduce the percent of 11th graders who report vaping or using ecigarettes	\$0.00		
Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment	\$0.00		
Reduce mental health/substance abuse ED visits in Madras, Prineville, and Warm Springs	\$0.00		

Allocation of Funds by Measure



Substance and Alcohol Misuse Treatment and Prevention 2021 RHIP Workgroup Budget



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.