



Substance and Alcohol Misuse: Prevention and Treatment

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/254699270?pwd=S0o5ZFNOaGNmSTd6MXN4ZDBZQXk5Zz09>

Join by phone:

+1 669 900 6833

Meeting ID: 254 699 270

Passcode: 805703

March 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
<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

3:30-3:40 PM	Welcome, Land Acknowledgement, Guiding Principles, Introductions
3:40-3:45 PM	Workgroup Investment Methods
3:50-4:50 PM	Implementation Plan Development <ul style="list-style-type: none">• Peer Support Specialist RFP• Small Group Work
4:50-5:00 PM	Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/1O8HdpfQPrfK-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	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.
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	

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:

- 37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days
- 11th graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%
- 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
- 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:

- Decrease binge drinking among adults.
- Decrease vaping or e-cigarette use among youth.
- Increase additional services for alcohol or drug dependence for individuals newly diagnosed.
- 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	
April 2021	Peer Support Specialist Barriers Assessment	

Follow-Up: What’s working? What have we learned?

{insert}

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.

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.”

2020-2024 RHIP Workgroups

5 Year Budget

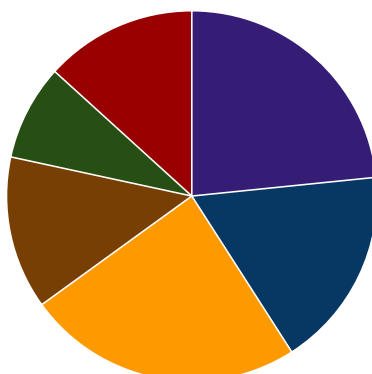
Updated March 4, 2021

Funds Available	\$11,700,667
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$299,333

Amount Invested by Workgroup

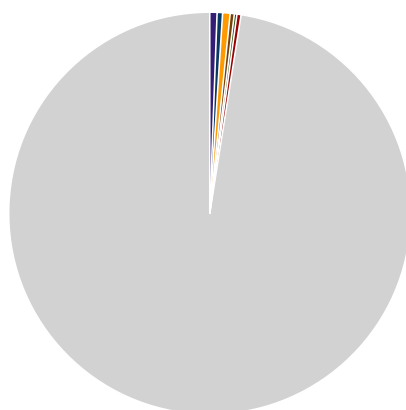
Address Poverty	\$70,000.00
Behavioral Health	\$52,500.00
Physical Health	\$72,146.81
Stable Housing	\$40,000.00
Substance & Alcohol Misuse	\$25,000.00
Upstream Prevention	\$39,686.00

Allocation of Spent Funds



- Address Poverty
- Behavioral Health
- Physical Health
- Stable Housing
- Substance & Alcohol Misuse
- Upstream Prevention

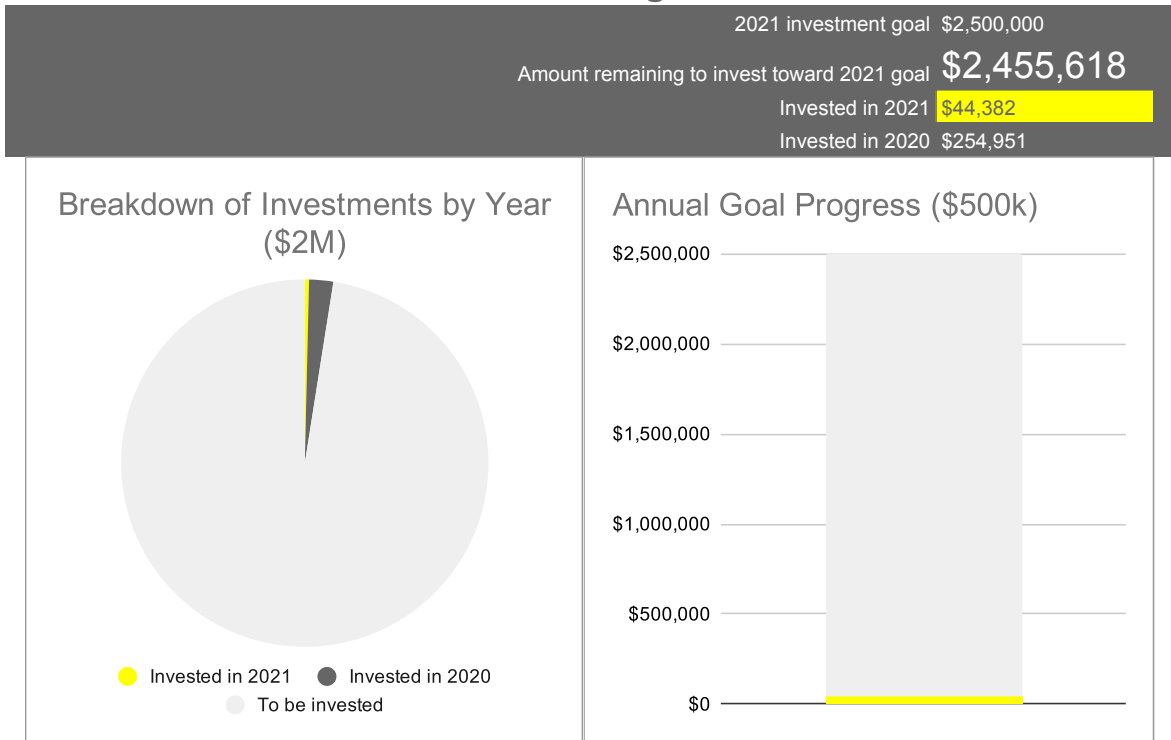
Allocation of All Funds (\$12M)



- Address Poverty
- Behavioral Health
- Physical Health
- Stable Housing
- Substance & Alcohol Misuse
- Upstream Prevention
- Unallocated

2020-2024 RHIP Workgroups

2021 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.

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

Updated February 1, 2021

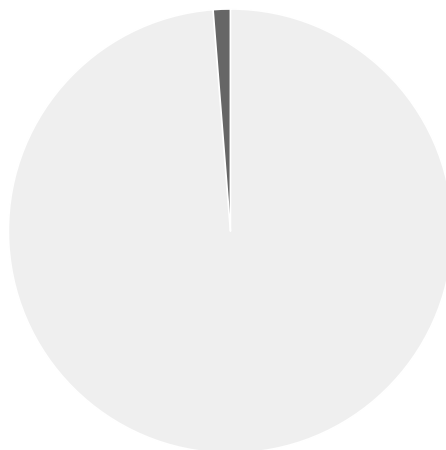
Funds Available	\$1,975,000
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$25,000

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 e-cigarettes	\$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

Allocation of All Funds (\$2M)

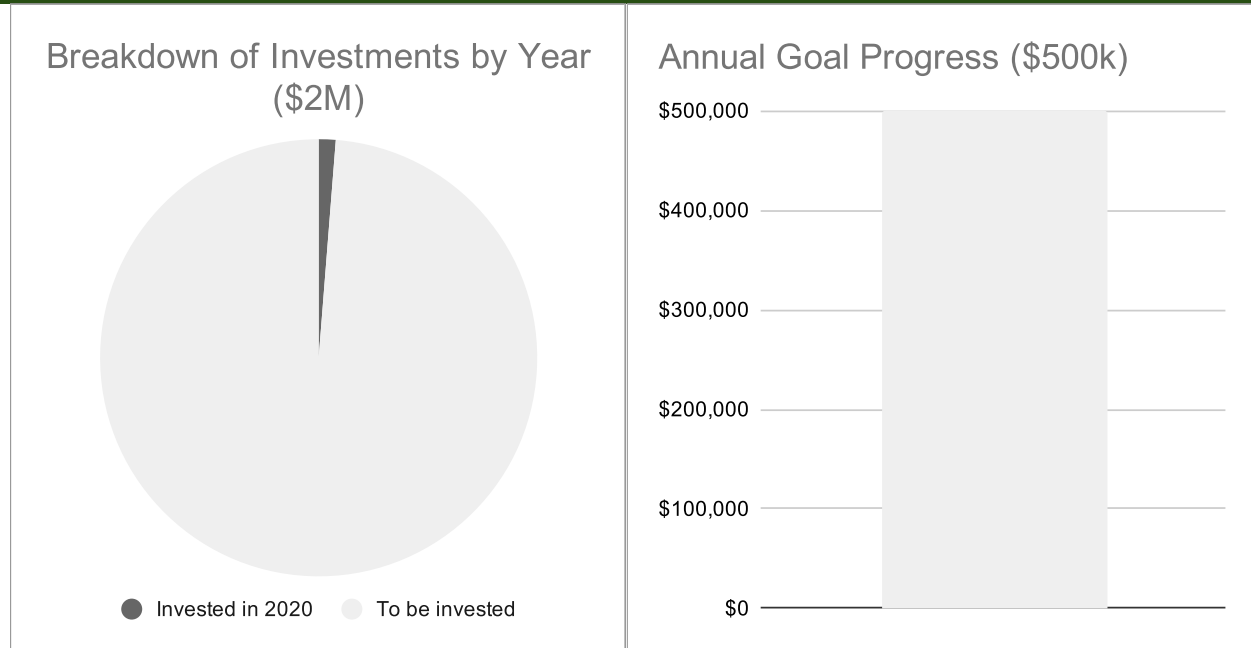


- Unallocated
- COVID-19 (\$25k pooled funds)

Substance and Alcohol Misuse Treatment and Prevention

2021 RHIP Workgroup Budget

2021 investment goal	\$500,000
Amount remaining to invest toward 2021 goal	\$500,000
Invested in 2021	\$0
Invested in 2020	\$25,000



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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: MaCayla Arsenault, Project Manager

Email: macayla.arsenault@cohealthcouncil.org

Phone Number: 541.306.3523

About the Central Oregon Health Council

The [Central Oregon Health Council](#) (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 [Regional Health Improvement Plan](#).

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. Specific recommendations based on other successful models will be valuable especially for our rural areas. 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

Preferred applicant experience and demonstrated abilities:

- 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
- Ability to self-govern and be collaborative with regional partners

Project deliverables:

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 in various settings
- Policy and Reimbursement (organizational, local and state)
- Recommend specific solutions to mitigate identified barriers.
- Recommend models of Peer Support Services that are financially stable, produce desired outcomes which can be replicated in Central Oregon.
- Outline specific elements of models that contribute to their success (i.e. criteria for peers, required certification, types of initial and on-going training, retention, billing, clinical placement, etc.).
- 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 Gilchrist, 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: \$100,000

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 rebeckah.berry@cohealthcouncil.org 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.