



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

September 14, 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

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|--------------|--|
| 3:30-3:40 PM | Welcome, Land Acknowledgement, Guiding Principles, Introductions |
| 3:40-3:45 PM | Announcements |
| 3:50-4:50 PM | Implementation Plan Development <ul style="list-style-type: none">• 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

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.”



**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.

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.

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?)

When	What	
8.21	Binge Drinking Regional Assessment RFP	Released to Possible Consultants
TBD	Healthy Retailing	
TBD	Peer Support Specialist Funding	

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

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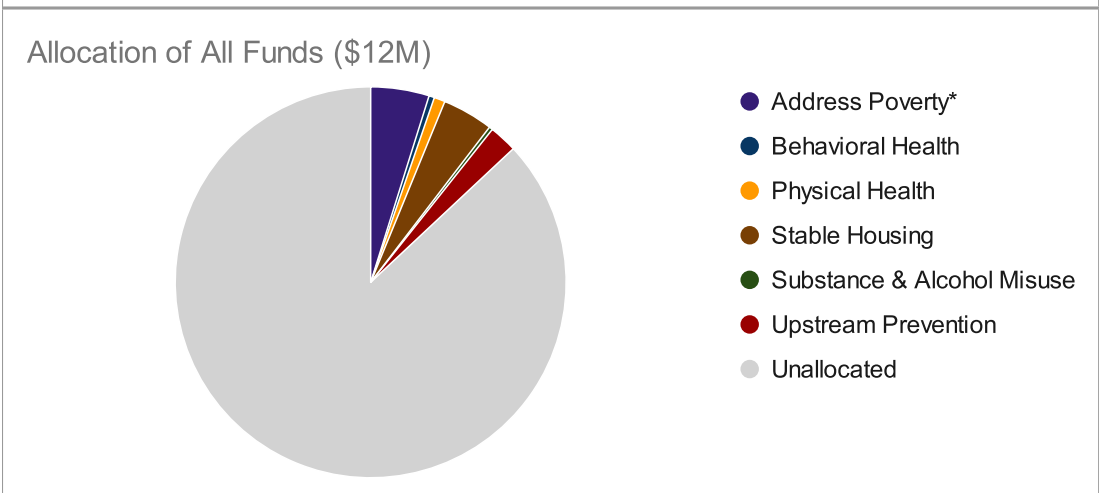
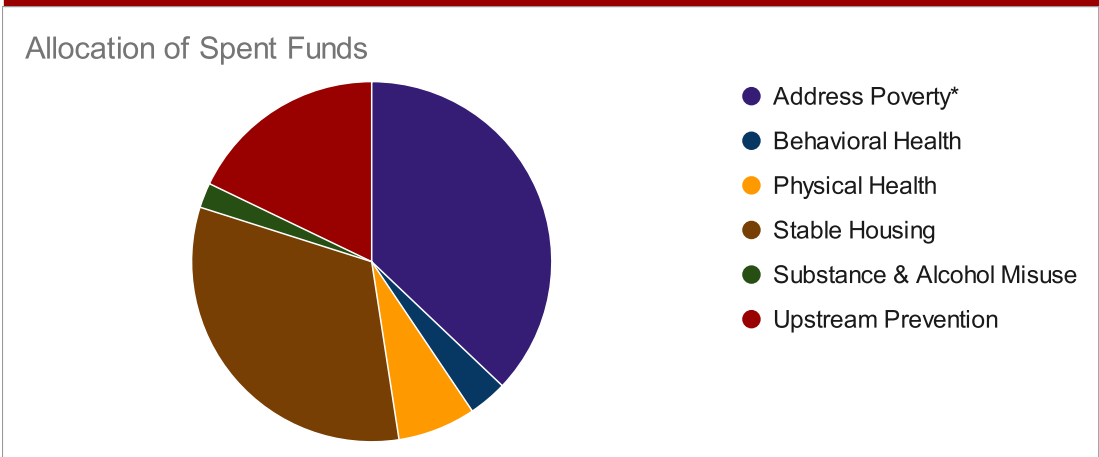
2020-2024 RHIP Workgroups

5 Year Budget

Updated August 30, 2021

Funds Available	\$10,437,563
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$1,562,437

Amount Invested by Workgroup	
Address Poverty*	\$579,506.79
Behavioral Health	\$54,275.00
Physical Health	\$109,494.06
Stable Housing	\$505,000.00
Substance & Alcohol Misuse	\$35,000.00
Upstream Prevention	\$279,161.00

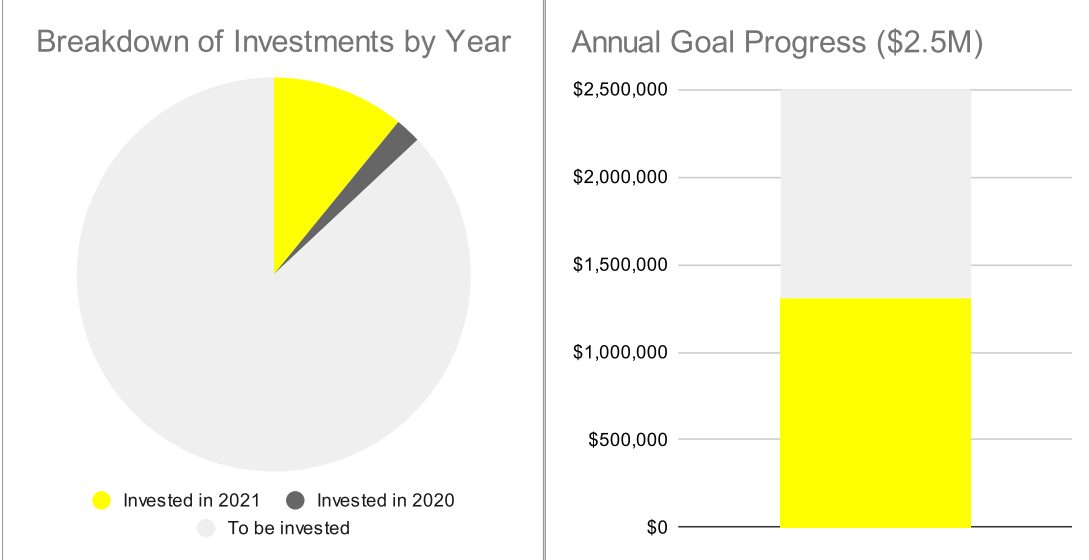


*Poverty workgroup is still in the process of awarding these funds for their Graduation Rates RFP

2020-2024 RHIP Workgroups

2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$1,192,514
Invested in 2021	\$1,307,486
Invested in 2020	\$254,951



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.

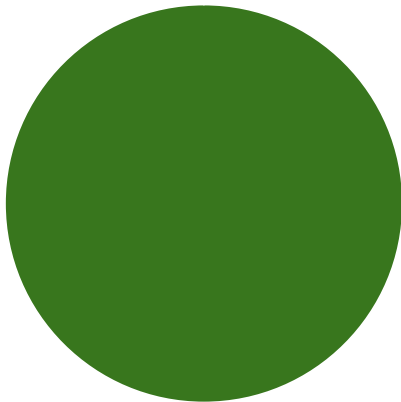
Substance and Alcohol Misuse Treatment and Prevention 2020-2024 RHIP Workgroup Budget

Updated August 30, 2021

Funds Available	\$1,965,000
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$35,000

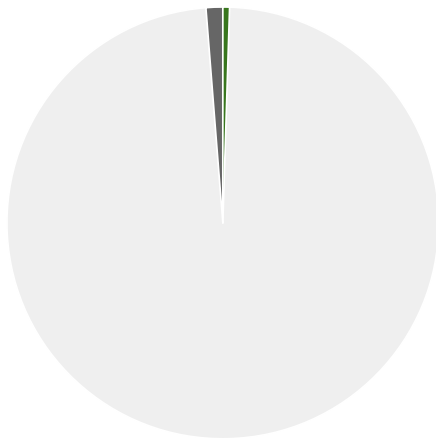
Amount Invested by Future State Measure	
Decrease the percent of adults ages 18-34 who report binge drinking	\$0.00
Reduce the percent of 11th graders who report vaping or using e-cigarettes	\$0.00
Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment	\$10,000.00
Reduce mental health/substance abuse ED visits in Madras, Prineville, and Warm Springs	\$0.00

Allocation of Funds by Measure



- Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment

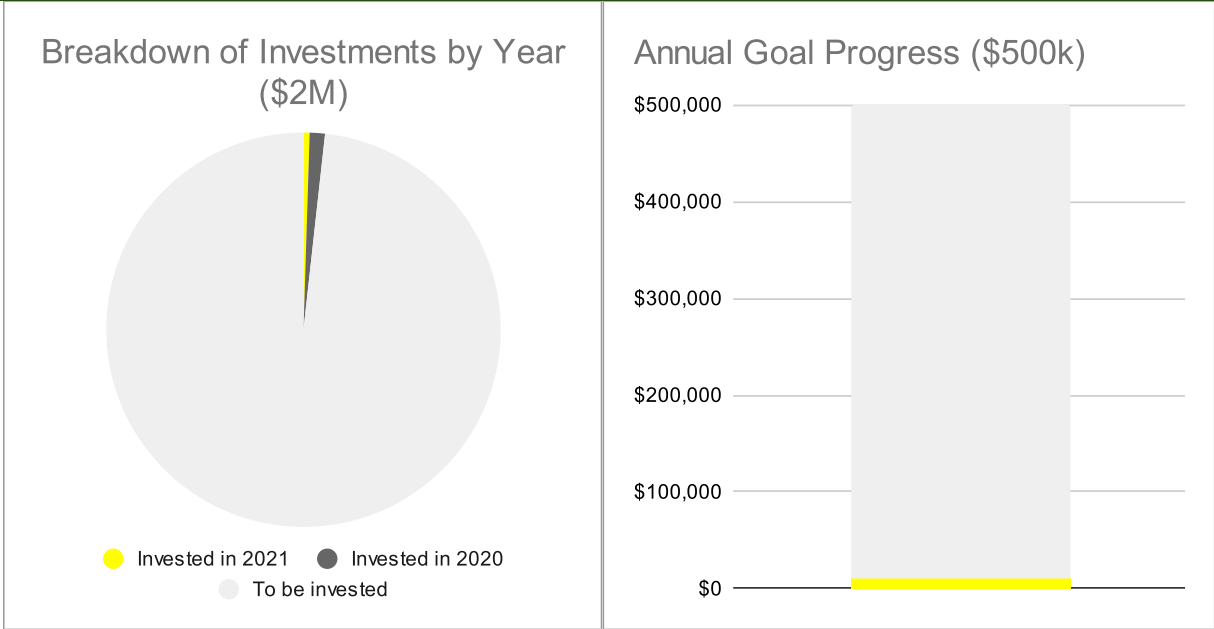
Allocation of All Funds (\$2M)



- Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment
- 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	\$490,000
Invested in 2021	\$10,000
Invested in 2020	\$25,000

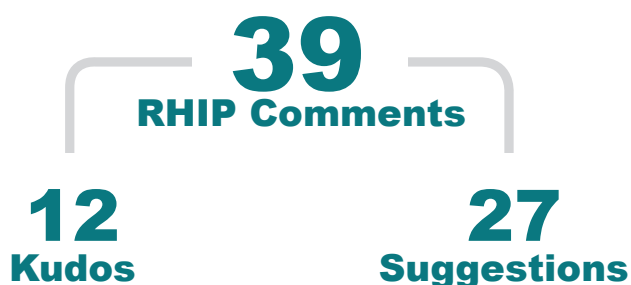


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2021 Community Partner Satisfaction Survey Results

Regional Health Improvement Plan

The Community Partner Satisfaction Survey conducted in February, 2021 solicited feedback on the relationships of the Central Oregon Health Council. The survey did not inquire specifically about Regional Health Improvement Plan Workgroups, but nearly half of all open-ended responses pertained to it.



“ You are all doing an incredible job. The processes are extremely equitable and based on research and evaluation.

“ Continue to strive for equal voice for entities, especially amongst those who may be competitors in the same field

“ Continue to reach out to organizations not represented on the committees.

Top 3 Themes

Inclusion Desire to bring in new organizations, new sectors and more voices from priority populations.

Investments Concern about how quickly decisions are made, by whom, and bias.

Networking Desire to know how other workgroups, organizations and sectors are contributing to efforts.

Our Next Steps

Engage New Voices Staff and workgroup partners will develop a plan to engage new sectors and community members.

Accountability Staff will continue to add transparency to workgroup communication efforts.

Build Connections Staff will implement new ways for workgroups to interact and hear about one another's work.



DRAFT

Central Oregon Health Council Commitment to Diversity, Equity, Inclusion & Justice

Racism is a public health crisis. Every human being has a basic right to health.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities. By focusing on race, we create a framework to address the impacts of inequality experienced by people who are also marginalized by ability, sexual orientation and gender, and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to work with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- co-creating with communities throughout our region to achieve more inclusive thinking, values and practices to meet their diverse needs for partnership;
- applying a health equity analysis to all of our programs, policies, practices, and grants;
- striving to provide regional leadership on health equity through shared governance and accountability with our Coordinated Care Organization and implementation of the Regional Health Assessment and Regional Health Improvement Plan;
- publicizing and referencing this commitment in all appropriate communications;

- evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support and hold us accountable to this commitment.

Call to Action

The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. *Together, we must identify meaningful solutions to dismantle structural racism. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

Background

[Health equity](#) means that everyone has a fair and just opportunity to be as healthy as possible. [Social determinants of health](#) contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

[Structural racism](#) is a fundamental social determinant that has been woven tightly into the fabric of American society. Structural racism establishes and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the [Centers for Disease Control](#), [American Medical Association](#), and [American Public Health Association](#) have declared racism a serious public health emergency and threat. More agencies and states continue to join this [declaration](#).

The [Oregon Health Authority](#) and the Governor have prioritized health equity. The [State of Oregon Diversity, equity and Inclusion Action Plan](#) aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#) is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the [2020-2024 Central Oregon Regional Health Improvement Plan \(RHIP\)](#). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

Our Journey To Date Towards Health Equity

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance [diversity, equity and inclusion](#) in support of the goals of the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity