Substance and Alcohol Misuse: Prevention and Treatment
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/254699270?pwd=S0o5ZFNQaGNmSTd6MXN4ZDBZQk5Zz09

Join by phone:
+1 669 900 6833
Meeting ID: 254 699 270
Passcode: 805703

October 12, 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

3:30-3:45 PM   Welcome, Introductions, Announcements, Meeting Packet Review
3:45-4:05 PM   Mini Grant Review
4:05-4:50 PM   Implementation Plan Development
   • Grant Application Review: Assessment of Factors Contributing to Binge Drinking Among 18-34 Year Old’s (Future State Measure #1)
   • Small Group Work
4:50-5:00 PM   Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/1O8HdpfQPrfK-9T8KtKUycX3kd_abi3FtoS4Utva0cM/edit?usp=sharing
Substance and Alcohol Misuse: Prevention and Treatment

<table>
<thead>
<tr>
<th>Future State Measures – Full Detail</th>
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</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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
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<table>
<thead>
<tr>
<th>Warm Springs</th>
<th>Prineville</th>
<th>Madras</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.3</td>
<td>15</td>
<td>13.8</td>
</tr>
</tbody>
</table>
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.”
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.
Regional Health Improvement Plan (RHIP) Workgroup

Voting Practices

Our work as partners within the Central Oregon Health Council’s (COHC) Regional Health Improvement Plan (RHIP) workgroups often benefits many organizations. If we were to ask Voting Partners not to vote because they have submitted an application for funding, many people in the RHIP workgroup might not be able to participate. We all stand to gain from the shared wisdom of our many RHIP workgroup partners.

- It is our practice that you, the Voting Partner, announce a conflict of interest when it occurs during a discussion and vote. Then you can continue to vote in spite of that conflict.
- If you feel your conflict of interest unfairly affects your vote, you may choose not to vote.

It is common for organizations to have more than one person on a RHIP workgroup.

- When it is time to vote, people from the same organization will share a single vote.
- If you are not associated with an organization (i.e. community member) you will have a single vote.

We approach decisions using the Focused Conversation method.

- This technique encourages everyone to participate and brings the group closer to consensus.

The Focused Conversation is followed by a vote.

- A decision is made when 75% of the Voting Partners are in agreement.

Sometimes you might part of a subgroup working on a project.

- Everyone on the subgroup must agree unanimously to take the project to the larger workgroup for additional support.

Consensus is defined as:

- Finding and creating areas of shared understanding.
- A coming together of the common sense of the total group.
- An agreement that everyone can live with.
## Substance and Alcohol Misuse: Prevention & Treatment

### Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980s</td>
<td>Social norming of alcohol increases/legalization of brew pubs on Oregon</td>
</tr>
<tr>
<td>1990s</td>
<td>Opioids are introduced for pain treatment</td>
</tr>
<tr>
<td>2007</td>
<td>E-cigarettes are introduced in the US</td>
</tr>
<tr>
<td>2016</td>
<td>Marijuana is legalization in Oregon</td>
</tr>
<tr>
<td>2019</td>
<td>Surgeon General Report on Marijuana</td>
</tr>
</tbody>
</table>

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

### 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?)

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
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<tbody>
<tr>
<td>8.21</td>
<td>Binge Drinking Regional Assessment RFP Released to Possible Consultants</td>
</tr>
<tr>
<td>TBD</td>
<td>Healthy Retailing</td>
</tr>
<tr>
<td>TBD</td>
<td>Peer Support Specialist Funding</td>
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### Follow-Up: What’s working? What have we learned?

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2020-2024 RHIP Workgroups
5 Year Budget

Updated September 30, 2021

Funds Available $9,785,877
Initial Funds (spread over 5 years) $12,000,000
Funds Spent $2,214,123

Amount Invested by Workgroup

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Amount Invested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td>$621,001.79</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$54,275.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>$109,494.06</td>
</tr>
<tr>
<td>Stable Housing</td>
<td>$1,109,654.00</td>
</tr>
<tr>
<td>Substance &amp; Alcohol Misuse</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>Upstream Prevention</td>
<td>$284,698.00</td>
</tr>
</tbody>
</table>

Allocation of Spent Funds

Allocation of All Funds ($12M)

...
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 September 30, 2021**

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

### 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

Breakdown of Investments by Year ($2M)

Invested in 2021
Invested in 2020
To be invested

Annual Goal Progress ($500k)

$500,000
$400,000
$300,000
$200,000
$100,000
$0

2021 investment goal $500,000
Amount remaining to invest toward 2021 goal $490,000
Invested in 2021 $10,000
Invested in 2020 $25,000

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.