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

3:30-4:05 PM Welcome, Introductions, Announcements, Meeting Packet Review
  • Mini Grant Recommendations
  • Workgroup Mini Grant Budget Setting

4:05-4:50 PM Implementation Plan Development
  • Small Group Work

4:50-5:00 PM Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/1O8HdpfQPrlK-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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Warm Springs</th>
<th>Prineville</th>
<th>Madras</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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 is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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.
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

**Date updated: 3.04.22**

**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>
</tr>
</thead>
<tbody>
<tr>
<td>10.18.21</td>
<td>Binge Drinking Regional Assessment RFP</td>
</tr>
<tr>
<td>01.06.22</td>
<td>Peer Support Specialist Funding</td>
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<tr>
<td>10.25.21</td>
<td>Peer Support Specialist Sustainability Consultant</td>
</tr>
<tr>
<td>03.08.22</td>
<td>Healthy Retailing</td>
</tr>
<tr>
<td>03.08.22</td>
<td>Treatment referral card distribution</td>
</tr>
</tbody>
</table>

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

{insert}
Mini Grant Process Recommendations

Intention of Mini Grants:
Low Barrier, quick funding with a focus on providing up to $5,000 to support work in Central Oregon that improves equity and builds capacity to address the Future State measures in the Regional Health Improvement Plan. Examples of potential Mini Grant projects include:

- Partnerships that build trust, shared values and understanding
- Cross-sector collaborations to mobilize around a certain issue
- Expansion of services to marginalized populations (ex. translation, travel, outreach)
- Seed money for planning joint project
- Organization or community assessments
- Technical assistance or support (ex. consulting, software platform)
- Convening opportunities (ex. summit)
- Organizational development (ex. training programs, leadership development)
- Advocacy, outreach and marketing
- Public health crises

How Mini Grants have been working:
Since fall of 2020, the mini grants have been available any time, with applications due the 25th each month for review by workgroup voting partners the following month. Voting Partners received the mini grants on the 1st of the month and were given 7 business days to review the mini grants. Applicants were notified by the 15th of the review month.

What will stay the same:
- Application, criteria, scorecard and instructions will stay the same.
- Communication will be through email instead of Google Forum (not blind copy).
- All future state measures will be funded by mini grants.
- Mini grants will be available all the time, and reviewed monthly.
- Mini grant applications will be reviewed by all workgroup voting partners.
- Mini grant applications will be reviewed by their corresponding workgroup.
- Applications due the 25th of the month for review the following month.
- Mini grants will be emailed to workgroups on the 1st of the month or the following Monday if the 1st falls on a weekend.

Recommended changes:
- Each workgroup budgets how much, if any, of their funds to contribute to mini grants. (All or none of the Future State Measures will be included).
- Mini grant funds are available on a first-come first served basis.
- Organizations can only be awarded a set amount of mini grant funds starting March 2022 until December 2024.
- Applicants will be notified by the 20th of the month (instead of the 15th).
- Voting Partners will have until the 15th of the month to review and vote on mini grants.
- Project Managers will create a method of tracking mini grants and the workgroup budget
- Project Managers will add the due date in the subject line of the email.
- Project Managers will state in the email how many votes are needed.
2020–2024 RHIP Workgroups
Five-Year Budget

Updated February 25, 2022

Funds Available $7,478,424
Initial Funds (spread over 5 years) $12,000,000
Funds Spent $4,521,576

Amount Invested by Workgroup

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Amount Invested</th>
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<tbody>
<tr>
<td>Address Poverty</td>
<td>$623,501.79</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$613,242.00</td>
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<tr>
<td>Physical Health</td>
<td>$616,132.04</td>
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<tr>
<td>Stable Housing</td>
<td>$1,114,654.00</td>
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<tr>
<td>Substance &amp; Alcohol Misuse</td>
<td>$184,920.00</td>
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<tr>
<td>Upstream Prevention</td>
<td>$1,369,126.00</td>
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</table>

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

Updated February 25, 2022

Funds Available $1,815,080
Initial Funds (spread over 5 years) $2,000,000
Funds Spent $184,920

Amount Invested by Future State Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Decrease the percent of adults ages 18-34 who report binge drinking</td>
<td>$149,920.00</td>
</tr>
<tr>
<td>Reduce the percent of 11th graders who report vaping or using e-cigarettes</td>
<td>$0.00</td>
</tr>
<tr>
<td>Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Reduce mental health/substance abuse ED visits in Madras, Prineville, and Warm Springs</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Allocation of Funds by Measure

- Decrease the percent of adults ages 18-34 who report binge drinking
- Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment

Allocation of All Funds ($2M)

- Decrease the percent of adults ages 18-34 who report binge drinking
- Increase individuals having 2+ additional services for SUD within 30 days of their initial treatment
- Unallocated
- COVID-19 ($25k pooled funds)