



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

Join Zoom Meeting

<https://us02web.zoom.us/j/87420000818?pwd=K1dEb3U5c1RINEFITnZtWDd2bnhKUT09>

Join by phone:

+1 669 900 6833

Meeting ID: 874 2000 0818

Passcode: 562894

April 9, 2024

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"> <li>1. Decrease binge drinking among adults.</li> <li>2. Decrease vaping or e-cigarette use among youth.</li> <li>3. Increase services for alcohol or drug dependence for individuals newly diagnosed.</li> <li>4. Reduce mental health/substance abuse ED visits in Madras, Prineville and Warm Springs.</li> </ol> <p>*See full measures on next page.</p>

AGENDA
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3:30-3:45 PM	Welcome, introductions, announcements, packet review
3:45-4:50 PM	Implementation plan development <ul style="list-style-type: none"> <li>• Media campaign implementation &amp; aligned activities</li> <li>• Healthy Retail next steps</li> <li>• Engaging SUD &amp; OD Prevention Proposals Next Steps</li> </ul>
4:50-5:00 PM	Wrap-up and next steps

Working Document: [https://docs.google.com/presentation/d/1O8HdpfQPrk-9T8K0tKUycX3kd\\_abi3FtoS4Utva0cM/edit?usp=sharing](https://docs.google.com/presentation/d/1O8HdpfQPrk-9T8K0tKUycX3kd_abi3FtoS4Utva0cM/edit?usp=sharing)

Workgroup Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1oIGhJRMloXg9pEUofJ-KzU5WnscBbEX8/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 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.”



**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.

**Involve Targeted Population**

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 chances, 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><b>1980s</b> social norming of alcohol increases / legalization of brew pubs on Oregon</p> <p><b>1990s</b> opioids are introduced for pain treatment</p> <p><b>2007</b> E-cigarettes are introduced in the US</p> <p><b>2016</b> marijuana is legalization in Oregon</p> <p><b>2019</b> 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>

Current Condition: What's happening right now?
<ul style="list-style-type: none"> <li>As of 2019, 19 cases of vaping related illnesses have been reported in OR, leading to 2 deaths</li> <li>Oregon has one of the highest rates of misuse of prescription opioids in the nation</li> <li>Deaths from methamphetamine overdoses in Oregon are up 400% between 2012 and 2017</li> </ul> <p><b>Current State Metrics:</b></p> <ol style="list-style-type: none"> <li>37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days</li> <li>11<sup>th</sup> graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%</li> <li>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</li> <li>Mental health / substance abuse ED visits per 1,000: Warm Springs 47, Prineville 20.1, Madras 17.2</li> </ol>

Goal Statement: Where do we want to be in 4 years?
<p><b>Aim/Goal</b> 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.</p> <p><b>Future State Metrics - By December 2023:</b></p> <ol style="list-style-type: none"> <li>Decrease binge drinking among adults.</li> <li>Decrease vaping or e-cigarette use among youth.</li> <li>Increase additional services for alcohol or drug dependence for individuals newly diagnosed.</li> <li>Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.</li> </ol>

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> <li>Targeted seductive marketing encourages use</li> <li>Minimization of risk &amp; harm impact prevention &amp; care</li> <li>Data is not easily accessible or known</li> <li>Historical investment patterns impact SUD services</li> <li>Alcohol culture dominates the local lifestyle</li> <li>Inadequate screening &amp; guidance at all contact points</li> <li>Trauma significantly impacts well-being</li> <li>Inaccessible &amp; inequitable housing options</li> <li>Inconsistent &amp; ineffective health messaging</li> <li>Pervasive stigma impedes prevention &amp; access to care</li> </ul>

Strategic Direction: What are we going to try?	
<p>Date updated: 2.2024</p> <ul style="list-style-type: none"> <li>Expanding Prevention and Community Education</li> <li>Broadening Partnerships to Align Efforts</li> <li>Diversifying and Expanding Intervention and Treatment</li> <li>Accelerating Systems, Policy and Environmental Change</li> <li>Formalizing Diverse, Welcoming Approaches</li> </ul>	

Focused Implementation: What are our specific actions? (who, what, when, where?)		
When	What	
10.21	Binge Drinking Regional Assessment Consultant	Funded
03.22	Treatment referral card distribution	Funded
03.22	Peer Support Specialist Org Funding	Funded
04.22	Peer Support Specialist Sustainability Consultant	Funded
01.23	Healthy Retail Assessment	Funded
07.23	Youth Engaged in Vaping Prevention	Funded
07.23	Naloxone Access & Overdose Prevention	Funded
11.23	Binge Drinking Prevention Campaign	Funded
02.24	Engaging Communities and Schools in SUD & OD Prev	RFP Released

Follow-Up: What's working? What have we learned?
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## **Regional Health Improvement Workgroup Partner Guide Conflict of Interest & Voting Practices**

As a partner within the Central Oregon Health Council's Regional Health Improvement Plan (RHIP) workgroups, you hold many important responsibilities. This guide addresses questions surrounding conflict of interest and voting practices in your duties as a workgroup partner.

### **We come together for the collective good.**

Your participation in the RHIP workgroup benefits the region at large. It is not for personal or organizational gain, either directly or indirectly. We recognize that our work often benefits many organizations, and we all stand to gain from the shared wisdom of our RHIP workgroup partners.

### **We value transparency and integrity.**

To uphold these values, we ask our workgroup partners to:

- Complete an annual Conflict of Interest Statement to maintain voting status.
- Verbally declare conflict(s) of interest during workgroup meetings.

### **We make recommendations through consensus.**

Workgroup facilitators often use a method called a Focused Conversation. This technique encourages everyone to participate and brings the group closer to consensus.

We define consensus as:

- Finding and creating areas of shared understanding.
- A coming together of the common sense of the whole group.
- An agreement that everyone can live with.

### **We formalize our recommendations via voting.**

An electronic vote follows the Focused Conversation. Only Voting Partners/Organizations will cast a vote. To gain and maintain status as a voting partner, one must:

- Sign the annual Conflict of Interest statement
- Attend 50% of workgroup meetings within the last six-month period.

### **We allow one vote per organization within a workgroup.**

It is common for organizations to have more than one person on a RHIP workgroup. People from the same organization will share a single vote. You will hear this referred to as a "Voting Organization" instead of a Voting Partner.

**A vote is finalized when:**

- At least 50% of Voting Partners/Voting Organizations cast a vote
- 75% of the Voting Partners/Voting Organizations are in agreement

**What is a Conflict of Interest?**

Throughout your work, you may have questions regarding what is and isn't a conflict of interest (COI). The following is a list of examples of what may and may not be considered a COI. This list is not exhaustive. If in doubt, please discuss the issue with your workgroup facilitator.

<b>Likely considered COI</b>	<b>Unlikely to be considered COI</b>
Financial Interests: You stand to gain financially from the outcome of the application.	Volunteering: You volunteer personal time or resources to support the applicant organization without expectation of personal gain.
Family/Personal Relationships: You or a relation are a leader or decision maker for the applicant organization. This could include the Board of Directors or employment affiliation (e.g., Executive Director)	Family/Personal Relationships: You or a relation are an employee but do not hold decision-making power within the applicant organization.
Funding competition: You or your organization applied for funding from the same source as the applicant organization.	Personal donations: You have made personal donations to the applicant organization without expectation of special treatment.
Employment: You work for the applicant organization and will directly benefit from the outcome of the application.	Community Involvement: You have attended events hosted or supported by the applicant organization.
Letter of support: Your organization submitted a letter of support for the application AND stands to gain financially from its outcome.	Letter of support: Your organization submitted a letter of support for the application AND does not stand to gain financially from its outcome.

**How does a conflict of interest impact RHIP workgroup voting?**

If you have a COI:

- You may not score any proposals within the same pool as your application
- You may not vote on any proposal within the same pool as your application

The required number of votes to finalize a decision remains 50% of the workgroup's total number of Voting Partners/Voting Organizations. For example, if the workgroup has ten total Voting Partners/Organizations, there must always be at least five votes to decide on a matter.

If Voting Partners/Organizations with a conflict of interest recuse themselves and the remaining number falls short of the 50% minimum voting threshold, the facilitator will seek Voting Partners from other workgroups to vote.

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### **Key Terms for RHIP Workgroup Participation**

**Abstain:** To abstain refers to a workgroup member's decision not to vote. Abstention doesn't mean the member is in favor of or against a vote – it simply means the member made a conscious decision not to vote.

**Conflict of Interest** occurs when an individual or organization is involved in multiple interests, one of which could corrupt the motivation for an act in the other. It's a situation in which someone in a position of trust has competing professional or personal interests.

**Funding Recommendation:** This is the consensus recommendation of the entire workgroup. The funding recommendation is then sent to the Voting Partners/Organizations for a formal vote.

**Non-Voting Workgroup Member:** A non-voting workgroup member participates in funding discussions during workgroup meetings. That input is used to reach a consensus funding recommendation for the group.

**Recuse:** To remove oneself as a judge in a particular matter, primarily because of a conflict of interest.

**Voting Partner:** A voting partner is a member of a RHIP workgroup who has demonstrated the consistent participation necessary to cast informed votes on funding matters. As funding conversations often occur across multiple sessions, you must attend 50% of workgroup meetings within a rolling six-month period to gain privileges as a Voting Partner.

**Voting Organization:** We refer to a Voting Organization when a single organization has multiple voting partners within one workgroup. As outlined within this document, any organization can only receive one workgroup vote.



**Five-Year Investment Overview**  
**All Workgroups**  
 January 2020–December 2024

<b>Budget</b>	<b>Spent</b>	<b>Available</b>
\$12,000,000	\$8,979,338.28	\$3,020,661.72

<b>Workgroup</b>	<b>Spent</b>	<b>Available</b>
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,999,149.00	\$851.00
Physical Health	\$1,500,478.10	\$499,521.90
Stable Housing	\$1,654,640.00	\$345,360.00
Substance and Alcohol Misuse	\$1,195,251.39	\$804,748.61
Upstream Prevention	\$1,687,826.00	\$312,174.00

**SUBSTANCE AND ALCOHOL MISUSE  
2024 Budget**

**Overview**

		<b>Budget</b>	<b>Spent</b>	<b>Available</b>	
	5-Year	\$2,000,000	\$1,195,251.39	<b>\$804,748.61</b>	
	Yearly Mini-Grant	\$20,000	\$0.00	<b>\$20,000</b>	

**By Future State Measure (5 year)**

	<b>Budget* [1]</b>	<b>Spent</b>	<b>Available [2]</b>	<b>Currently Allocated [3]</b>	<b>Projected Available [4]</b>	<b>Notes [5]</b>
Binge Drinking	\$484,552.00	\$276,250.58 [6]	\$208,301.42	\$100,000.00	\$108,301.42	Tribal Strategies
Vaping E-Cigarettes	\$484,552.00	\$270,251.12	\$214,300.88	\$66,000.00	\$148,300.88	Vaping J Co & WS
SUD Services	\$484,552.00	\$415,458.00	\$69,094.00		\$69,094.00	
ED visits	\$484,552.00	\$195,330.00	\$289,222.00		\$289,222.00	

\*Budget for each FSM reflects the agreed upon 5 year 'soft budget' of \$500,000 minus the portion contributed to shared minigrant budget.