



**Coast to Cascades Community Wellness Network (CCCWN)
Regional Mental Health/Substance Use Disorder Coalition
Meeting Summary
Held virtually – Microsoft Teams
February 14, 2022
10:30 a.m. – 11:40 a.m.**

Participants: Jennifer Beckner, Shawnee Aiello-Dixon, Shelagh Baird, Jeannie Davis, Ed.D., Molly Gelinis, Joseph Hutchinson, Joanna Kubes, Lalori Lager, Sheriff Curtis Landers, Kimberly Lane, Ursula Marinelli, Jolynn Meza Wynkoop, JoAnn Miller, Ruby Moon, Tanya Pritt, Lt. Adam Shanks, Justin Thomas, Blue Valentine, and Shelley Hazelton

Welcome/Introductions:

Jennifer Beckner welcomed everyone to the meeting.

Meeting Minutes:

The January 10, 2022, meeting minutes of the Regional Mental Health/Substance Use Disorder Coalition was presented. **Shelagh Baird made a motion and Ruby Moon seconded the motion to approve the January 10, 2022, meeting minutes as presented. The motion was voted upon and unanimously approved.**

National Survey on Drug Use and Health:

JoAnn Miller reported on Oregon Data extracted from the National Survey on Drug Use and Health, released December 2021. The 2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia) was noted. The National Survey on Drug Use and Health provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including the non-medical use of prescription drugs) and mental health in the United States.

- It was noted that overdoses have increased in Lincoln County.
- In reviewing Oregon data that was extracted from the National Survey on Drug Use and Health, we are seeing the following:
 - a. **Illicit Drug Use Disorder in the Past Year - Oregon ranks 1st** – Percent of population (teens and adults) with past year illicit drug use disorder. Oregon (9.04%), U.S. average (6.64%), Colorado (8.72%), Nevada (8.26%), Washington (8.26%), Montana (8.11%), with Georgia being at the lowest (5.13%). (2019-2020, n=135,000, ages 12 and older)
 - b. **Alcohol Use Disorder in the Past Year – Oregon ranks 5th** – Percent of population (teens and adults) with past year alcohol use disorder. Oregon (12.34%). U.S. average (10.23%), Washington (13.03%), Kansas (12.45%), Vermont (12.40%), Colorado (12.40%), and Georgia being at the lowest (7.42%). (2019-2020, n=135,000, ages 12 and older)

- c. **Any Substance Use Disorder in the Past Year – Oregon ranks 2nd** – Percent of population (teens and adults) with past year substance use disorder. Oregon (18.22%), U.S. Average (14.54%), Montana is number one (18.28%), Washington (17.51%), Kansas (17.50%), South Dakota (17.46%), and Georgia being at the lowest (10.62%). (2019-2020, n=135,000, ages 12 and older)
- d. **Needing but not Receiving Treatment for SUDs – Oregon ranks 50th** – Percent of population (teens and adults) needing but not receiving treatment for SUDs. Oregon (18.08%), U.S. average (13.89%), Washington (17.49%), Kansas (16.82%), Montana (16.25%), and Vermont (16.03%). (2019-2020, n=135,000, ages 12 and older)
- e. **Any Mental Illness in Past Year – Oregon ranks 2nd** – Percent of population (teens and adults) with any mental illness in the past year. Oregon (27.33%), U.S. average (20.78%), Utah (29.68%), West Virginia (26.05%), Kansas (26.02%), Oklahoma (25.59%), and Florida at the lowest (17.49%). (2019-2020, n=135,000, ages 12 and older)
- f. **Serious Mental Illness in Past Year – Oregon ranks 3rd** – Percent of population (teens and adults) with past year serious mental illness – Oregon (7.15%), U.S. average (5.44%), Utah (7.59%), Arkansas (7.32%), West Virginia (6.97%), Ohio (6.85%), and Hawaii at the lowest (4.35%). (2019-2020, n=135,000, ages 12 and older)
- g. **Any Mental Illness in Past Year vs. Received Services – Oregon** – Percent of population (teens and adults) with past year: any mental illness, and services for mental health – Any mental illness past year – 27.33%. Received mental health services past year – 20.01%. (2019-2020, n=135,000, ages 12 and older)
- h. **Illicit Drug Use in the Past Month – Oregon ranks 2nd** – Percent of population (teens and adults) reporting in the past month illicit drug use – Oregon (21.17%), U.S. average (13.24%), Vermont (22.80%), Washington (20.61%), Nevada (20.01%), Rhode island (19.43%), and Texas at the lowest (9.22%). (2019-2020, n=135,000, ages 12 and older)
- i. **Marijuana Use in the Past Year – Oregon ranks 2nd** – Percent of population (teens and adults) reporting past year marijuana use – Oregon (27.82%), U.S. average (17.73%), Vermont (29.35%), Colorado (26.68%), Washington (26.65%), Rhode Island (24.54%), and Texas at the lowest (12.54%). (2019-2020, n=135,000, ages 12 and older)
- j. **Marijuana Use in the Past Year** – A graph was shown noting Oregon from 2002-2020 with percent of population (teens and adults) reporting past year marijuana use. Numbers started out in 2002-2003 at 13.78% up to 27,82% in 2019-2020. (2002-2020, n=135,000, ages 12 and older)
- k. **Marijuana Use in the Past Month – Oregon ranks 2nd** – Percent of population (teens and adults) reporting past month marijuana use – Oregon (19.26%), U.S. average (11.66%), Vermont (21.85%), Colorado (18.94%), Washington (18.66%), Rhode Island (17.69%), and Texas at the lowest (7.53%). (2019-2020, n=135,000, ages 12 and older)
- l. **Marijuana Use in the Past Month** – A graph was shown noting Oregon from 2002-2020 with percent of population (teens and adults) reporting past month marijuana use. Numbers from 2002-2003 were at 8.88% and went up to 19.26% by 2019-2020. (2002-2020, n=135,000, ages 12 and older)

- m. **Illicit Drug Use Other than Marijuana in the Past Month – Oregon ranks 3rd** – Percent of population (teens and adults) reporting illicit drug use other than marijuana – Oregon (4.25%), U.S. average (3.38%), Nevada (4.50%), Massachusetts (4.28%), Alaska (4.19%), Colorado (4.16%), and Minnesota at the lowest (2.71%). (2019-2020, n=135,000, ages 12 and older)
- n. **Methamphetamine Use in the Past Year – Oregon ranks 1st** – Percent of population (teens and adults) reporting past year methamphetamine use – Oregon (1.93%), U.S. average (0.82%), Arizona (1.77%), New Mexico (1.70%), Idaho (1.66%), Arkansas (1.60%), and New Jersey at the lowest (0.26%). (2019-2020, n=135,000, ages 12 and older)
- o. **Rx Opioid Misuse in the Past Year – Oregon ranks 1st** – Percent of population (teens and adults) reporting past year Rx opioid misuse – Oregon (4.46%), U.S. average (3.44%), Washington (4.15%), Utah (3.96%), Arizona (3.89%), Nevada (3.87%), and Hawaii at the lowest (2.79%). (2019-2020, n=135,000, ages 12 and older)
- p. **Heroin Use in the Past Year – Oregon ranks 11th** – Percent of population (adults) reporting past year heroin use – Oregon (0.56%), U.S. average (0.33%), New Hampshire being the highest (1.10%), and Texas being the lowest (0.14%). (2019-2020, n=135,000, ages 12 and older)
- q. **Cocaine Use in the Past Year – Oregon ranks 7th** – Percent of population (teens and adults) reporting past year cocaine use – Oregon (2.37%), U.S. average (1.93%), Colorado (2.66%), New York (2.60%), Vermont (2.59%), New Hampshire (2.59%), California (2.52%), Rhode Island (2.50%), and South Carolina at the lowest (1.25%). (2019-2020, n=135,000, ages 12 and older)
- r. **Alcohol Use in the Past Month – Oregon ranks 10th** – Percent of population (teens and adults) reporting past month alcohol use – Oregon (56.34%), U.S. average (50.40%), New Hampshire is at the highest (59.06%), and Utah at the lowest (31.57%). (2019-2020, n=135,000, ages 12 and older)
- s. **Major Depressive Episode in the Past Year – Oregon ranks 5th** – Percent of population (teens and adults) with past year major depressive episode – Oregon (9.84%), U.S. average (8.12%), Utah (11.38%), Idaho (10.36%), Arizona (9.87%), Kansas (9.87%), and Hawaii at the lowest (6.72%). (2019-2020, n=135,000, ages 12 and older)
- t. **Had Serious Thoughts of Suicide in the Past Year – Oregon ranks 2nd** – Percent of population (teens and adults) with past year serious mental illness – Oregon (6.80%), U.S. average (4.84%), Utah (7.63%), Arizona (6.48%), Kansas (6.44%), Idaho (6.27%), and Georgia at the lowest (3.92%). (2019-2020, n=135,000, ages 12 and older)
- u. **Suicide Measures** – Serious thoughts of suicide: 2nd among U.S. states (6.8%), made any suicide plans: 25th among U.S. states (1.43%), and attempted suicide: 21st among U.S. states (0.54%). (2019-2020, n=135,000, ages 12 and older)

Discussion followed.

- Lincoln County stands out in the number of overdoses and substance use disorders (SUD) in the county. We would most likely see the same type of trends in our other communities.
- It's crucial we work as partners to identify the critical needs.

- **Sheriff Curtis Landers** – Has seen the data shared and distributed. It is an imminent problem. Struggles to find answers to address. Deputies are responding daily if not more and have been running out of Narcan during a shift. It will take some time. There is a statewide trend and we need to look at what we can do now to address some of the issues and concerns.
- **Lalori Lager** – Tomorrow at 1:00 p.m., she, Jennifer Beckner, Isabella Cisco, and others will be kicking off a Task Force meeting to discuss next steps. She hopes to pull together the Sheriff's Office, Chief of Police, and others to look at what they are doing around the nation and what is working. The Judge has also called the press and wants to meet tomorrow at 12:00 p.m. to discuss what's going on in Lincoln County.
- **Jennifer Beckner** – Lincoln County Health and Human Services has had three meetings recently and has sent notices out to parents regarding illicit pills, etc. in the community. A third press release will go out to today from her department regarding this.
 - a. There are barriers to data. We can track hospital and EMS data. There is a lot of information reported after the fact. We need a better data tracking system. We are not getting consistent data that we need.
 - b. There were 4 overdoses recently within a week in Lincoln County.
 - c. We need to focus on a good surveillance plan to know when it is happening and to be able to respond to it.
- **JoAnn Miller** – We can obtain information from our Emergency Departments. There can be challenges with confirming cause of death. A report may indicate a patient died from a heart attack as opposed to substance use or opioid use.
 - a. To have 4 fatal overdoses within a week is huge for Lincoln County.
 - b. Within the last few weeks of January and reviewing hospital data there were 10 young people under 18 overdosing. This is alarming.
 - c. What can we do? We are working to get people into treatment, connect with peer support, get individuals into housing, but we are missing something.
 - d. We are also focusing on pregnant women with an SUD. Moms are presenting to deliver with no prenatal care.
- **Molly Gelinias** – Shared that she was a woman in recovery from an opioid disorder. One thing she hears from people is the ability to purchase or obtain Suboxone or Subutex without a prescription. People who use opioids, knows the body depends on it. People will take things as opposed to withdrawal. People can be in denial and may not realize that there may be Fentanyl or the severity and potency of what they are taking. We need to provide safer substances – Something more readily available such as Suboxone or Subutex - Safer drugs that won't kill them. Sometimes when a person is dependent on a substance they are not thinking things through. They don't always think clearly when in addiction. We should go to places where people use drugs (vulnerable population) and provide specific services to them.
- **Jennifer Beckner** – These are challenging times for everyone. In response to an increase in youth overdoses, they have rescue kits in all school-based health centers in Lincoln County.
- **Ruby Moon** – Is thinking about working on another grant to train gatekeepers. It would be helpful if she could get together with Jennifer Beckner and do some tutorial videos on how to use Narcan and Naloxone.
- **Lalori Lager** – Last Monday at a meeting, they informed DHS Child Welfare that they have Narcan at the Annex.

They have had people say they are not comfortable administering Narcan. It would be great to have a team such as Jennifer Beckner and Lincoln County Health and Human Services and Ruby Moon and the Confederated Tribes of Siletz Indians to provide education to staff and come to a meeting. It was okayed for state workers to now carry Narcan. There are a lot of people not feeling comfortable carrying Narcan and would like some education and training.

- **Ruby Moon** – Will get with Jennifer Beckner to do a video to talk about the differences between Naloxone and Narcan and provide training on how to use. Facebook page has information on harm reduction. Looking to also include additional information and training video.
- **Jennifer Beckner** – Would like to schedule some community give away events to distribute Narcan.
 - a. Also, need to explore expanding treatment options. Have 3 prescribers, but not one dedicated provider to push to the forefront.
 - b. Linn County – Will discuss emergency response plan and overdoses.
 - c. *Will keep “overdoses and updates” as a monthly agenda item.*
- **Blue Valentine** – Concerned with young people who experiment with substances at school. We have prevention messaging, but not a lot of harm reduction messaging. We need more messages on how to use safer if experimenting.
- **Jennifer Beckner** – Did include safer to use information that went out to schools.
- **Ruby Moon** – Naloxone kits and Narcan – Originally we were good at sharing/tracking information on what’s available, etc. Not sure we are doing this anymore. Would like to continue to share information with partners. Fentanyl strips should also be part of tracking.
- **Jennifer Beckner** – Still have the website for ordering and can report how much Narcan is on hand.
- We can get out information into the community on the 1-800 “Never Use Alone” number and share a resource list on Medication Assisted Treatment (MAT) programs, in house, etc.
- **Ursula Marinelli** – For a residential treatment center for Lincoln County. Pacific Communities Health District put in an offer for a place on NW Biggs Street in Newport, which could be a possible place for a residential and outpatient facility. Will know by mid-March if this will be the site. The architect plan for the residential treatment center has been accepted. Samaritan Health Services will run the facility and it will require significant participation from partners and donors. Will need to raise approximately \$4 million for the project. North Lincoln Health District will also be looking at what to contribute toward the project.
- **Jennifer Beckner** – Oregon Health Authority (OHA) might have some funding available for such facilities. *Jennifer Beckner noted she would reach out and get Ursula Marinelli connected.*
- **JoAnn Miller** – Asked to be kept informed with the Task Force that Lalori Lager mentioned.
 - a. We are working on the disaster preparedness plan for people with SUD.
 - b. JoAnn Miller thanked Molly Gelinas for sharing her personal story.

Federal/State Grants Reports and Updates:

Health Resources and Services Administration (HRSA) Regional Assessment and Implementation Disaster (RAID) Plan Update:

Joanna Kubes reported on the RAID grant. The Work Plan Summary and Progress Updates was noted.

- Working on the Emergency Operations Plan (EOP) Annex.
- Working on scheduling the emergency preparedness drill for April or May 2022. It will be a 3–4-hour drill with the hope to be able to hold the drill in person. Tentative dates mentioned include April 8th or April 29th.
- Filed a No-Cost Extension, and if approved will extend the grant until August 2022.
- The Performance Improvement Measurement System (PIMS) report is due in March 2022.

HRSA Rural Communities Opioid Response Program (RCORP) Implementation Grant – Bridges to Recovery Project Update for Lincoln County:

Shelagh Baird reported on the Bridges to Recovery Project. A written report was provided.

- The PIMS report is due May 31, 2022, to HRSA.
- The Year 3 Progress Report is due on March 31, 2022, to HRSA.
- The Final Sustainability Plan, Year-End Report, and Evaluation Report is due September 30, 2022.
- Met with Brink Communications for a kickoff meeting on January 25, 2022, to discuss the Safe+Strong media campaign. With this grant, we are partnering with Brink Communications, OHA, our Measure 110 Access to Care grant, and the RC-SWAY grant on the campaign.

HRSA Rural Communities Opioid Response Program (RCORP) Implementation III Rural Communities Supporting Women and Youth (RC-SWAY) Grant:

Jolynn Meza Wynkoop reported on the RC-SWAY Grant. A written report with Work Plan Highlights was noted.

- The PIMS report due date has been extended. HRSA is updating their measures.
- The first Biannual Progress Report is due on March 31, 2022
- The RC-SWAY team will send their updated work plans to the Project Director by March 4, 2022.
- Samaritan Treatment and Recovery Services (STARS) Peer Support Specialist is doing a good job meeting people and providing referrals.
- The Peer Support Specialists for Family Tree Relief Nursery have met with 2 women recently and had 2 Peer support Group meetings.
- Milestones has joined us on the grant and will provide peer support to serve youth in the Middle School and High School.
- Will meet with Benton County tomorrow to share some of the work that is being done.
- Trying to obtain data from Lines for Life of how many people are calling in.
- Working on an agreement with Lincoln County Health and Human Services to purchase Narcan for rural Linn County.

Samaritan Treatment and Recovery Services Update:

HRSA STARS Rural Health Opioid Program (RHOP) Update:

Molly Gelinis provided an update on the HRSA Rural Health Opioid Program serving Sweet Home and Brownsville. A written report was provided.

- The Sourcebook Report and Close Out Report will be due following the close of the grant.
- Have been looking at additional forms and non-traditional forms of outreach to clients due to COVID restrictions and help provide services where needed.
- The Peer Support Specialists have provided outreach to about 30 individuals over the past month in the STARS outpatient groups, but as mentioned above COVID-19 has hindered the ability to maintain the in-person peer led recovery support group that was being held weekly in Sweet Home.
- Molly Gelinias noted that she is working with the STARS Medication Assisted Treatment (MAT) Coordinator to improve coordination and transfers within the HUB and SPOKE model.
- Community Court is going well in Sweet Home. Helping clients and providing resources. Community Court is the 3rd Thursday of every month at 12:00 p.m.

Measure 110 Report:

Jolynn Meza Wynkoop provided a Measure 110 report – Access to Care Grant.

- Data templates are due on February 18, 2022.
- Doing different partner site visits.
- **Linn County Alcohol and Drug** - Recruiting for SUD Treatment Specialist position.
- **STARS** - A Clinical Supervisor position has been hired and in place. They still need the 1.0 FTE Peer Support position.
- **Reconnections Alcohol and Drug Treatment, Inc.** - Utilized funding to pay for office space to provide other agencies the space to meet with clients for wraparound services and a Behavioral Health Navigator has been hired and will be distributing emergency supplies purchased through this grant.
- **Family Tree Relief Nursery** – Have hired 2 out of 3 Peer Support Specialists and looking one more Peer Support Specialist or splitting the position between two.
- **Lincoln County Sheriff's Office** – Providing temporary housing through the Law Enforcement Assisted Diversion (LEAD) program.
- **Milestones Family Recovery** – Has 2 Peer Support Specialists hired. They are providing housing support
- **Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)** – Will need to follow up with C.H.A.N.C.E. to check on status of hiring 3 Peer Support Specialists and providing rental assistance, temporary, transitional, recovery, and low barrier housing for people with SUD.
- **Community Services Consortium (CSC)** – Will follow up with CSS with their work plan item of providing rural assistance to people with SUD.
- **Jennifer Beckner** – Purchased Narcan and will have the company ship to Blue Valentine and Molly Gelinias. Another large order was placed.

Shelagh Baird made a motion and Dr. Jeannie Davis seconded the motion to approve the RAID Grant report, Bridges to Recovery Report, RC-SWAY Report, the STARS Report, and the Measure 110 Grant report, along with the written reports as presented. The motion was voted upon and unanimously approved.

Overdose Data Tracking

Jennifer Beckner reported that she be working on overdose data tracking regionally. Linn County is talking about so will connect them with HIDA resource. Overdose maps – Will see if there is interest in getting set up for Lincoln County.

Regional Training Initiative:

JoAnn Miller reported on the Regional Workforce Training Initiative.

- Wendy Hausotter, Project Lead, pulled together a Coast to Cascades Community Wellness Network (CCCWN) Behavioral Health Workforce Workgroup and 4 meetings were held. There are a lot of needs out there, and there are resources and trainings available.
- The workgroup discussed short-term and long-term solutions. They identified three short term solutions and agreed that the Oregon Health Authority's accelerated Certified Alcohol and Drug Counselor (CADC) program (Education Toward Certification-ETC) would be one of the programs that should be offered.
- A Workforce Training Proposal was put together to include the following:
 - a. Request funding from Oregon Health Authority to fund two workforce development projects for Lincoln, Linn, and Benton Counties. OHA has funding to conduct training over the next year.
 - The OHA accelerated CADC program would be offered to Lincoln, Linn, and Benton County residents who are interested in becoming CADCs. The program is approved by the Mental Health and Addiction Certification Board of Oregon (MHACBO) and provides the number of hours needed to be eligible for certification. The training would be available for up to 22 participants.
 - Peer Support Specialist Training available through Family Tree Relief Nursery. The training is available for up to 20 participants.
 - b. The request would allow us to increase the number of CADCs in our 3-county region, increase the number of Peer Support Specialists in our region, and increase the diversity of our provider pool by providing opportunities for Black, Indigenous, People of Color, LGBTQIA2S+ and those in recovery to become CADCs.
 - c. Samaritan Health Services-Samaritan Lebanon Community Hospital would be the fiscal agent for both programs.
 - d. Participation would be limited to the 3-county region unless there would be spaces available after extensive recruitment.
- Wendy Hausotter was instrumental in getting things done.

Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) Summit:

Jolynn Meza Wynkoop gave a report on a SUD/OUD summit.

- The SUD/OUD summit is scheduled for March 11, 2022, at the Boulder Falls Conference Center. We are aiming for a hybrid type summit with both in person and virtual. The Zoom platform will be used for those attending virtually.
- The summit will be from 9:00 a.m. – 3:00 p.m.
- Dr. Haner Hernández will be the keynote speaker
- The summit will focus on stigma associated with SUD.
- Workshops will include topics around the following:
 - a. Maternal and Child Health and Parenting Education
 - b. Disaster Preparedness-SUD

- c. Workforce Barriers and Expungement
- d. Local and International Models for Drug Decriminalization
- Spanish interpretation will be available.
- Registration will be via Eventbrite and will be open soon.

Next Meeting:

The next meeting is scheduled for March 14, 2022 ,at 10:30 a.m.

Adjourn:

With no further business to discuss, the meeting was adjourned at 11:40 a.m.

Respectfully submitted,

Shelley Hazelton

Community Health Promotion