



**Coast to Cascades Community Wellness Network (CCCWN)
Regional Mental Health/Substance Use Disorder Coalition
Meeting Summary
Held virtually – Microsoft Teams
April 10, 2023
10:30 a.m. – 11:10 a.m.**

Participants: Maisa Athamneh, Kami Beard, Bill Bouska, Belit Burke, Bryan Decker, Frederick Edwards, Andrew Greenhalgh-Johnson, Marcia Harnden - Albany Chief of Police, Kiara Huey, Heather Jefferis, Todd Jeter, Latori Lager, Curtis Landers – Lincoln County Sheriff, Lonnie Martinez, Avalon Mason, Heidi May-Stoulil, Michelle Means, Liz Merritt, JoAnn Miller, Jolynn Meza Wynkoop, LaMonte Morgan, James Page, Josh Pankau, Angie Richards, Jane Russell, Mara Sargent, Justin Thomas, Chuck True, Jef Van Arsdall - Benton County Sheriff, Earlean Wilson Huey, and Shelley Hazelton

Welcome/Introductions:

JoAnn Miller welcomed everyone to the meeting and led introductions.

Legislative Update:

Bill Bouska provided a legislative update.

- 2023 legislative session – Key dates:
 - a. January 17: Legislative Session Began
 - b. March 17: 1st Chamber Work Session Posting Deadline
 - c. April 4: 1st Chamber Deadline
 - d. May 5: 2nd Chamber Work Session Posting Deadline
 - e. May 19th: 2nd Chamber Deadline
 - f. May 24th: Revenue Forecast
 - g. June 15: Target Sine Die
 - h. June 25: Constitutional Sine Die
- Legislation of interest:
 - a. **House Bill (HB) 2002:** Reproductive rights and gender affirming care.
 - b. **HB 3129:** Regional child psychiatric centers – Will be a big fiscal impact and will be around trauma mental health.
 - c. **HB 2539:** Trillium Family Services \$50 million bond measure.
 - d. **HB 3090:** Flavored inhalant/tobacco ban.
 - e. **HB 2541:** Residential treatment funding.
 - f. **HB 2651:** Behavior Health (BH) workforce funding – Approximately \$75 million.
 - g. **SB 624:** CCBHC infrastructure – Certified Community Behavioral Health Clinic.
 - h. **HB 2455:** BH claims audits.

- i. **HB 2757:** 988 crisis line/services – Funding package – Emergency crisis line – taxing measure.
- j. **HB 2513:** Measure 110 program reset – Representative Rob Nosse put together a workgroup to help implement Measure 110 – Coordinate with Behavioral Health Resource Networks and local communities and local planning activities and removed 4% cap on administrative spending and puts more administrative responsibility on Oregon Health Authority (OHA). Creates a Director level position to support the Oversight and Accountability Council and an appeal process around the grant as well and public health meeting law requirements.
- k. **SB 1043:** 2 doses of Opioid reversal meds upon DC – Actions around opioid overdosing and requires 2 doses of opioid reversal meds upon dismissal from the hospital.
- Protecting Health Coverage:
 - a. **SB 5525:** 1115 Medicaid Waiver - \$1.5 million Medicaid determination – Next 14 months.
 - b. **SB 5525:** Redeterminations, Basic Health Plan - Oregon Health Authority is working with the federal government to create a bridge – 138-200% poverty level – Keep Medicaid coverage – Create basic health plan to cover adults. The first part is housing services and supports. Work with Community-based organizations with housing system and CCO’s.
 - c. **SB 972:** State Based Marketplace.
- Co-Chair Budget Framework:
 - a. \$485.2 million General Fund (\$1 billion total funds) maintain investments in behavioral health system, including increasing provider rates, supporting community mental health services, Oregon State Hospital, and investing in 988 crisis line and mobile crisis services.
 - b. 2.5% reduction target (\$268.4M) in human services.
 - c. GRB reduced CCO rate of growth from 3.4% to 2.4% in 2024 and 3.0% in 2025.
- Co-Chairs Identified Behavioral Health Investment:
 - a. \$178 million for Mental Health Residential.
 - b. \$93.3 million for Substance Use Disorder Residential.
 - c. \$235.8 million for Supportive Housing.
 - d. \$10.6 million for a rate COLA.
- Governor’s Request Budget:
 - a. **SB 5525,** OHA Budget.
 - b. \$500 million for Healthier Oregon Program.
 - c. \$127.4 million to continue 30% Medicaid rate increases for Behavioral Health.
 - d. \$23.2 million for workforce incentives.
 - e. \$10 million for long term care employee support.
 - f. \$1.5 million for dental service rate increases.
- SB 1044, Governor’s behavioral health bill:
 - a. Appropriates \$74.2 million in behavioral health investments:
 - \$10 million for Community Mental Health programs.
 - \$8.3 million to support the expansion of behavioral rehabilitation services.

- \$6 million for transition case management for individuals discharged from the Oregon State Hospital who are at risk of homelessness.
- \$4.9 million to Community Mental Health Programs to expand jail diversion services to all Oregon counties.
- \$2.3 million for additional children’s psychiatric residential treatment capacity.
- \$1.5 million General Fund to OHSU for the Oregon Behavioral Health Coordination Center (OBCC).
- \$4 million to ODHS for long term care facility behavioral health specialty care.
- \$20 million for the Health Care Provider Incentive Program, with a priority to increase Oregon’s behavioral health workforce.
- \$15 million for substance use disorder facilities and recovery centers.
- \$7.7 million to expand the child and adult suicide prevention, intervention and postvention program to reduce suicide in Oregon.
- Oregon Legislative Information System:
 - a. [Olis.oregonlegislature.gov](http://olis.oregonlegislature.gov)
 - b. Detailed bill and session information
- <https://www.oregonlegislature.gov>
 - a. State Government information and calendars
 - b. Process information and resources
 - c. Access to hearings
- **JoAnn Miller** – SB 624 – Does this work in alignment with certified community health-based clinics and if apply can get funding?
 - a. Heather Jefferis – There are over 500 Certified Community Behavioral Health Clinics (CCBHC) in US supported at federal level. Oregon is one of 10 demo states. Go through process with CMS to expand sites, do budget plan, report to CMS – Is a process. CCBHC do not have to have state with demo. The Substance Abuse and Mental Health Services Administration (SAMHSA) grantees gone through readiness process. The feds have opened it up for 10 states to join into demo every two years.
- **Lonnie Martinez** – The Ways and Means Committee will be in Newport this Friday at 5:00 p.m. at the Performing Arts Center taking public input on the state’s budget.

Youth Services Presentation:

Heather Jefferis gave a youth services presentation. She is the Executive Director of the Oregon Council for Behavioral Health (OCBH).

- Their mission is to advocate for legislation that creates substance abuse prevention programs and accessible substance use disorder (SUD) treatment programs. They also strive to promote public awareness of behavioral health prevention and treatment.
- They have around 70 member organizations.
- They have a multi-disciplinary workgroup.
- Charter includes:
 - a. Workgroup that works with youth group.
 - b. OCBH – convening members and payer partners to develop system solutions.

- c. Agreeing to identify population need, improve referrals, and identification activities.
 - d. Develop system delivery models to increase access to meaningful SUD care for youth and families.
- Focus on clinical services of outpatients, day treatment, residential, those types of services for youth and families, and focus on recovery schools.
- Oregon currently has the second highest untreated addiction rate in the country. The state also ranks last in the nation in providing addiction treatment access – 50th in the US for providing access to addiction treatment.
- 18.2% of Oregonians have SUD.
- Currently, there is 13-33 beds available to youth with SUD that have Medicaid insurance and private insurance.
- Youth and Fentanyl:
 - a. Do not know what it is or where it shows up.
 - b. Seeing on the east coast and now in our area – Xylazine.
 - c. Overdoses have increased tremendously from 2019-2021 with among Oregon teenagers.
- Pain reliever misuse was shared.
- Needing, not receiving youth SUD treatment:
 - a. Estimate – 28,700 or approximately 1 in 10 Oregon youth ages 12-17 are needing, but not receiving treatment at a specialty facility.
 - b. Estimate – 9,108 youth ages 12-17 are needing, but not receiving treatment for an alcohol disorder.
- SUD residential treatment facilities for youth include:
 - a. Rimrock Trails
 - b. NARA Youth Residential Treatment Center
 - c. Adapt Deer Creek Adolescent
 - d. Madrona Recovery – (Primarily serve commercial)
 - e. Looking Glass (OYA/DHS referral)
- Shared a map of where programs are located.
- Shared data from rural eastern Oregon.
- Data gaps:
 - a. Data – 18–25-year-olds more addicted by 18 – First used substances by 10-14. Difficult to rebuild when no data on potential needs.
 - b. National data – Those diagnosed with SUD – 18-30 years of age – 40% had initiations between ages 12-14.
- Need to make sure services are culturally specific and equitable and accessible as we build services.
- **Bryan Decker** – What did you say was the percentage of Fentanyl in drugs in Oregon?
 - a. **Heather Jefferis** – From DA presentation last August – East coast – 92-98% saturation so basically everything. Xylazine, the animal tranquilizer was mostly east coast and we are seeing this in Oregon. Will be bringing in trainings. It is a public health issue.
- One – Prioritize this issue:

- a. Make youth and family SUD prevention, education, and early intervention in treatment a priority.
 - b. Publish and publicize a detailed Plan.
 - c. Work together to build programs, services, and prevention models state-wide.
- Two - Leveraging resources – Payers and providers.
- Three – Focus on prevention – We need:
 - a. Fund prevention at least at CDC levels.
 - b. School-based programming to prevent substance abuse and mental health challenge.
 - c. Duplicate and resource – “Rethink.”
 - d. The “Drink” with parallel campaigns focusing on cannabis and illicit drug use.
 - e. Support and implement evidenced-based pricing strategies to reduce harmful costly consumption.
- **Jolynn Meza Wynkoop** – Is there an estimated timeline to publish and share out data and recommendations?
 - a. **Heather Jefferis** – “No,” – Looking more at partners. Goal one is to get the large group together and come up with a plan. Happy to meet with people and discuss and try to do once a month. After session, will be more stake holders.

Federal/State Grants Reports and Updates:

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

A HRSA RCORP RC-SWAY Grant report and Work Plan Highlights was noted and distributed prior to the meeting.

HRSA Rural Communities Opioid Response Program – Implementation (RCORP-I) – Helping Impact Women and Youth (HIWAY) Project Grant for Lincoln County:

A HRSA RCORP-I HIWAY Project Grant report and Work Plan Highlights was noted and distributed prior to the meeting.

- **Jolynn Meza Wynkoop** – With both grants have submitted the Performance Improvement Measurement System (PIMS) report and the Bi-Annual Program Report at the end of March 2023.
- **LaMonte Morgan** – Our RC-SWAY Peer Support Specialist – No longer here – Have two candidates to back fill the position.
- **Jolynn Meza Wynkoop** – Looking at developing a regional youth Health Needs Assessment. Met last Monday. Will do a survey for middle and high school students and transitional age groups. Will have key informant interviews and focus groups. Will reach out to partners working with youth to develop draft a survey and we would like to show youth input on the survey. Hope to draft up three surveys. Will finalize things within the next couple of weeks and reach out to youth partners for review of the survey. If interested in being part of the Regional Youth Needs Assessment planning team, please contact her at jolynn@samhealth.org
- **Heather Jefferis** – OCBH has some great resources.
 - a. Here are additional resources:

- General information and a toolkit for schools developed with Beaverton School District. Song for Charlie – Nonprofit charity – Growing up in our fast-paced world is stressful. Song for Charlie is a family-run, nonprofit charity that encourages young people to choose healthy coping strategies over self-medication.
<https://www.songforcharlie.org/>

Josh Pankau made a motion and Bryan Decker seconded the motion to approve the HRSA RC-SWAY Grant report and Work Plan Highlights and the HRSA RCORP-I HIWAY Project Grant report and Work Plan Highlights as presented. The motion was voted upon and unanimously approved.

Update - Regional Overdoses:

Discussions followed on regional overdoses.

- **JoAnn Miller** – Presented the Samaritan Health Studies – Individual Overdose Report – Reporting Period: March 1, 2023, through March 31, 2023.
 - a. Good Samaritan Regional Medical Center (GSRMC) – 6 overdoses for the month of March.
 - b. Samaritan Albany General Hospital (SAGH) – 9 overdoses for the month of March.
 - c. Samaritan Lebanon Community Hospital (SLCH) – 10 overdoses for the month of March.
 - d. Samaritan North Lincoln Hospital (SNLCH) – 3 overdoses for the month of March.
 - e. Samaritan Pacific Communities Hospital (SPCH) – 2 overdoses for the month of March.
 - f. GSRMC had a 15-year-old that overdosed in the month of March, SAGH has a 13-year-old that overdosed in the month of March, SLCH had a 14-year-old that overdosed and SPCH had a 14-year-old that overdosed.
 - g. Neonatal Abstinence Syndrome (NAS) and Opioid Withdrawal Syndrome (NOWS) numbers are down for the facilities.
 - GSRMC – 1
 - SAGH – 3
 - SLCH - 0
 - SNLH – 0
 - SPCH – 0
- **Marcia Harnden – Albany Chief of Police** – Shared numbers for Albany.
 - a. Had 34 calls within the city and responded to 41 overall. Out of the 34 calls – 29 involved overdoses with Fentanyl or suspected Fentanyl.
 - b. 41 overdoses this year to date, and 71 overdoses last year to date – Have had 3 fatalities.
 - c. Reached out to one individual that had four overdoses.
 - d. Will provide a public forum on Fentanyl Wednesday night, April 12, 2023, at 6:30 p.m. at Linn-Benton Community College.
- **JoAnn Miller** – Trying to consistent with reporting data across the region and looking at the Overdose Detection Mapping Application Program (ODMAP). Several law enforcement agencies are using.

The program provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. Her and Jennifer Beckner have been discussing ODMAP for the hospitals and non-profits. It says on web site that Health Departments can use, but hospitals did not qualify. May be able to use under the Health Department – Exploring this.

- **Marcia Harnden – Albany Chief of Police** – It has been a challenge getting consistent data. They receive information from the medical examiner and information is not always reported consistently. Would think you would need to work with a government entity like the health department to be part of ODMAP. Local law enforcement can provide information.
- **JoAnn Miller** “Yes,” we will still have law enforcement provide us with monthly data.
- **Heather Jefferis** – Seen a huge spike in the last three weeks across the state. That is why they are continuing to roll out trainings. Love a centralized place such as ODMAP to count things and look at consistent data.
- **Marci Harnden – Albany Chief of Police** – If we have the health departments report out information it will come to the police, fire personnel, hospitals, and peer support folks.
- **Justin Thomas** – When talk about internal and if barriers to be part of ODMAP. They have extra Health Insurance Portability and Accountability Act (HIPPA) requirements with Linn County Public Health - Alcohol and Drug.
- **Marcia Harnden – Albany Chief of Police** – Just general addresses are used.
- **Justin Thomas** – Harm Reduction Specialists-Public Health gets additional data. Last week they had on board the first Community Outreach position.
- **JoAnn Miller** – Would like to see if there is a way that hospitals can join ODMAP.
- **Marcia Harnden – Albany Chief of Police** – ODMAP provides demographic data. Would need to see if hospitals can access. Will check and confirm.

Behavioral Health Resource Network:

Discussion followed on the Behavioral Health Resource Networks.

- **Avalon Mason – Benton County** – Complying with timelines. The Regional Partner meeting is Friday.
- **Michelle Means – Linn County:**
 - a. Working on the quarterly report that is due April 17, 2023. Another one will be due in July.
 - b. Working on keeping updated on OHA changes.
 - c. She, JoAnn Miller, and Molly Gelinas are working on the media campaign. Have the behavioral health addiction recovery survey that came out so see what people would like in the media campaign.
- **Bryan Decker** – Oregon Health Authority sent out the potential renewal of budge for the next round of Behavioral Health Resource Network funding. Funding is down approximately 25%.

Additional Business:

Additional items of business were discussed.

- **Jolynn Meza Wynkoop** – Provided a link to the Behavioral Health/Addiction Recovery Media Campaign Survey. Partners input is valuable. We are excited to plan for a campaign that will launch here this year in Linn, Benton, and Lincoln Counties. We are working on the campaign in connection with AHM Brands.
- **JoAnn Miller** – We are looking at additional training and funding with Oregon Health Authority. Are working with Wendy Hausotter to look at strategies around training. We previously did a CADC1 training and peer support training. There are additional behavioral health training and we can look at Patient Navigators or the Family Advocate model.
- **Heather Jefferis** – Mental Health First Aid is a great curricula component. It is the train the trainer model.
- **Justin Thomas** – We have several Mental Health First Aid (MHFA) options already in Linn County.

Next Meeting:

The next meeting of the CCCWN Regional Mental Health/Substance Use Disorder Coalition is scheduled for May 8, 2023.

Adjourn:

With no further business to discuss, the meeting was adjourned at 12:00 p.m.

Respectfully submitted,
Shelley Hazelton
Community Health Promotion