



**Coast to Cascades Community Wellness Network (CCCWN)  
Regional Mental Health/Substance Use Disorder Coalition  
Meeting Summary  
Held virtually – Microsoft Teams  
April 11, 2022  
10:30 a.m. – 12:00 p.m.**

**Participants:** Jennifer Beckner, McKaila Allcorn, D.O., Shelagh Baird, Jason Brown, PA-C, Marty Cahill, Stephanie Cameron, Jeannie Davis, Ed.D., Bryan Decker, Christine Felt, Molly Gelinias, Joseph Hutchinson, Joanna Kubes, Sheriff Curtis Landers, Ursula Marinelli, Michelle Means, Liz Merritt, LaMonte Morgan, Jolynn Meza Wynkoop, Gina Miller, JoAnn Miller, Tanya Pritt, Mara Sargent, Justin Thomas, Gayle Woodworth, and Shelley Hazelton

**Welcome/Introductions:**

Jennifer Beckner welcomed everyone to the meeting and led introductions.

**Meeting Minutes:**

The March 14, 2022, meeting minutes of the Regional Mental Health/Substance Use Disorder Coalition was presented. **Tanya Pritt made a motion and Shelagh Baird seconded the motion to approve the March 14, 2022, meeting minutes as presented. The motion was voted upon and unanimously approved.**

**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.

- The Performance Improvement Measurement System (PIMS) report was submitted to HRSA a couple of weeks ago to make the March 31, 2022, deadline.
- An Emergency Preparedness Drill is scheduled for May 3, 2022, and will be held at the Best Western Premier Boulder Falls Conference Center in Lebanon from 9:00 a.m. – 1:00 p.m. It will be an in-person event and lunch will be served.

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

Michelle Means reported on the Bridges to Recovery Project. A written report was provided.

- The Year 3 Biannual Progress Report was submitted to HRSA. It was due by March 31, 2022.
- Continuing to work with Brink Communications for the regional media campaign. It is scheduled to go public in early June 2022.

- Will be gathering information from partners to submit the PIMS report that is due May 31, 2022.

### **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 first Biannual Progress Report was submitted to HRSA. It was due March 31, 2022.
- The PIMS Report is due May 31, 2022.
- Attended the HRSA virtual Reverse Site Visit which took place April 5-7, 2022.
- Reached out to Jennifer Beckner, Regional Overdose Prevention Coordinator, to order 200 kits of Naloxone. The order will be sent to Molly Gelinis at Samaritan Treatment and Recovery Services who will coordinate with Christine Felt, Peer Support Specialist, to distribute to partners and the community in East Linn County. Will continue to track Naloxone.

### **Samaritan Treatment and Recovery Services Update:**

#### **HRSA STARS Rural Health Opioid Program (RHOP) Update:**

Molly Gelinis reported on the HRSA Rural Health Opioid Program serving Sweet Home and Brownsville.

- Octavia Chandler, Peer Support Specialist, resigned from her position on the STARS RHOP grant and Amanda (Mandi) True, will be the new Peer Support Specialist. A plan is being developed to introduce her into the community. Octavia Chandler will continue her role with Family Tree Relief Nursery supervising the other Peer Support Specialists and continuing to oversee the Peer support Specialists on the RC-SWAY grant.
- Josh Pankau, Peer Support Specialist, is consistently meeting with men in the program and doing well with offering peer support services.
- Have not received a lot of referrals. There has been a lack of receptiveness to services. Continuing to do outreach.
- Community Court continues to go well in Sweet Home. Josh Pankau has been instrumental with this program.
- Family Tree Relief Nursery will have an office in Sweet Home across from Sweet Home Family Medicine at the Nazarene Church.
- Has quite a bit of Narcan right now, thanks to Jennifer Beckner. Will continue to distribute in the community at stores, barber shops, clinics, etc.
- Would like to start the support group back up in Sweet Home. It was shut down due to COVID. Following up with Josh Pankau to get it scheduled again. Would like it to be sustainable.
- **Jolynn Meza Wynkoop** – With the Narcan distributed to clients, is there a handout that talks about services in the area?
  - a. **Molly Gelinis** – They do distribute information to clients in the STARS recovery clinic. Flyers are given out. Also, have an index type card on “how to use safely” and gives information/STARS pamphlets to community partners, stores, etc. Doesn’t have a sheet specifically on all services.

- b. **Jolynn Meza Wynkoop** – *Will work with Molly Gelinis to help develop something to pass out related to services that can be used with STARS and the RC-SWAY grant.*

**Measure 110 Access to Care Grant Report:**

Jolynn Meza Wynkoop provided a Measure 110 Access to Care Grant update. A written Progress Report was noted.

- Data was shared from the written Progress Report at the last meeting. It was submitted to Oregon Health Authority in March 2022.

**Stephanie Cameron made a motion and Tanya Pritt seconded the motion to approve the RAID Grant report, Bridges to Recovery Report, RC-SWAY Report, the STARS Report, and the Measure 110 Access to Care Grant report, along with the written reports as presented. The motion was voted upon and unanimously approved.**

**Dental Benefit Utilization and Substance Use Disorders (SUDs):**

JoAnn Miller reported on dental benefit and utilization and SUDs. A graph – Dental Benefit Utilization: Diagnosis Category was noted.

- Britny Chandler, Network Relations Consultant, with Samaritan Health Plans, and Chair of our Regional Oral Health Coalition, requested that we review data showing the decline in use of those with SUD accessing primary care for dental care.
- Emergency Department usage for oral health has increased. Not sure if these are SUD clients.
- Those that have a SUD are least likely to go to a primary provider for dental.
- **JoAnn Miller** – “Jason Brown, PA-C, do you see requests for dental in your practice and do patients have a need and don’t access care?”
  - a. **Jason Brown, PA-C** – Yes, there is about 10-15% requests for dental. There is a need and the biggest issue is travel. Even if a patient has Capitol Dental or Advantage Dental getting access and getting a timely appointment is difficult and the patient usually will have to travel.
  - b. **Jason Brown, PA-C** – Recommend Biotin, which might be a good harm reduction tool.
- **Stephanie Cameron** – Dental care is a huge topic, especially at the beginning of services. There is the dental clinic at the Boys and Girls Club in Albany.
- **Tanya Pritt** – Refers 100% of clients for dental care. Fear is the number one barrier to treatment. Many clients don’t feel respected at the dentist office and she has received reports that many clients perceive that they are treated horribly. Does address with clients and will even go to the dentist with clients. Boys and Girls Club dental clinics are good. Have women and clients with the Confederated Tribe of Siletz Indians and those with open Oregon Health Plan cards and there are still barriers.
- **Molly Gelinis** – Agrees with the “fear,” especially clients with opioid use disorder (OUD). Some fear they will be prescribed narcotics and will trigger if on Medication Assisted Treatment (MAT) services. There can also be confusion with a patient not knowing if they can take an opioid given by a dentist if they are on Suboxone or Subutex. Those that have a history of being prescribed can easily relapse. She does see a lot of fear with clients.

- **JoAnn Miller** – Are there conversations with dentists regarding patients in recovery and the goal not to prescribe? Maybe this is a further conversation with our Regional Oral Health Coalition.
  - a. **Tanya Pritt** – If they have permission to talk from the client, yes, they will talk with the dentist or the nurse. Try to teach women clients to use an agenda and fax to the dentist where it will list the concerns they have.
  - b. **Molly Gelinis** – She and Christine Felt have accompanied clients to the dentist appointment. This works well and clients are appreciative. Having a peer support accompany a client is wonderful.
  - c. **Christine Felt** - When she goes with a client to the dentist office, they are well received by the dentist office.
- **LaMonte Morgan** – For residential clients, the Care Coordinator drives clients to their appointments or nurse/other provider depending upon severity.
- **JoAnn Miller** – When a patient presents to the Emergency Department for oral health/dental issues, do we know if the Emergency Department staff are aware that the client is in recovery and to not prescribe opioids?
  - a. **Molly Gelinis** – OUD clients shouldn't be prescribed an opioid. Some prescribers are hesitant to prescribe anything. Need a plan of support in place and education. Some patients that don't get an opioid might turn to heroin. It is okay to prescribe opioids to some patients. Need a plan, a support system, and safety in place for OUD/SUD patients.
- **Shelagh Baird** – Provider stigma is a big barrier and when people come in with mental health crisis. There is a lack of mental health first aid training, which is a barrier to accessing services.
- **Jason Brown, PA-C** – Echo's Molly Gelinis comment. Some patients might need a higher dose of an opioid and with pain trigger may turn to use from that.
- **JoAnn Miller** - Is hearing that “fear” is big and “stigma” is big. In the recent reverse site visits, participated with HRSA grant recipients across the nation also expressed “stigma” as a concern. Challenges from other organizations did note that there are individuals that have SUD/OUD that may not go into treatment because of the “stigma.”

### County Challenges and Updates:

County challenges were discussed including overdoses and “leave behind kits.”

- **JoAnn Miller** – Shared information from Samaritan Health Services – Individual Overdose Report for Reporting Period: January 1, 2022, through March 31, 2022.
  - a. The report shows individual overdose counts by Samaritan Health Services (SHS) showing hospitals information by patient race, patient ethnicity, patient age, and patient gender.
  - b. There is also information that was shared showing SHS Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) for the reporting period January 1, 2022, through March 31, 2022.
- **JoAnn Miller** – We are seeing quite a few overdoses, especially in Lincoln County. Have not heard a lot of concerns for Benton and Linn Counties. We are hearing that law enforcement is utilizing Narcan. We are sure numbers could be much higher. We don't have all the data for the number of overdoses and fatalities in Lincoln County and our other counties. How do we get the true picture of what is going on and how do we get the data out there and provide awareness to the community?

There was recently 2 deaths of teenagers in Multnomah County due to overdoses. Data and information is not being shared. How do we address, how do we get the data, and what can we do to do better?

- **Jennifer Beckner** – Had another 3 overdoses last week in Lincoln County – Two of those were fatal and the other one that was from Lincoln County overdosed in Washington. Receive reports from the harm reduction team. There has been a change in position at the District Attorney’s office and is also working with the Medical Examiner. Once this position is filled, the hope is that she will be able to get reports from them.
- **Jason Brown, PA-C:**
  - a. It is important to meet people where they are at.
  - b. If received Narcan from EMT’s, etc. in the field could offer Suboxone on the spot and give access to treatment.
  - c. He doesn’t have peer support in the office and there is a lack of counseling services. It took him 30 days, previously to get a patient into outpatient treatment.
  - d. There are things we can look at to help take away some of the barriers to treatment such as:
    - Additional peer support.
    - Additional counseling services.
    - Meet clients where they are at and offer Suboxone in the field.
  - e. Suboxone pain relief lasts from 4-6 hours so if someone is taking 16 mg a day sometimes splitting up the dose to 4 mg every 6 hours while they have surgery or increased pain can be enough to cover them.
  - f. **LaMonte Morgan** – “Thank you, Jason Brown. Love hearing that you are also wanting to remove barriers. There are enough barriers to SUD treatment so whatever we can do to help remove them is great.”
  - g. **Jason Brown, PA-C** – Allowing injectable Suboxone in the office would be fantastic to have for people that are struggling so we would know they’re safe for 28 days. This is not approved right now.
- **Jennifer Beckner** – If approved for the grant for the Behavioral Health Resource Network, will have a van in the community.
- **Mara Sargent** – Has a harm reduction team in Benton County that collects data and has some data from last year. She can step in and help provide some data as needed. They have data such as the number of people given Narcan, the number of refills, the number who use it, etc.
- **Jennifer Beckner** – They have access to some data such as data from harm reduction workers and clients, but not usually overdose data. Reports from harm reduction workers, doesn’t cover all the numbers out there. Hope to receive some data from the state. Approximately 15% of all babies in Lincoln County are born addicted to substances.
- **Gayle Woodworth** – Is new with her current position in harm reduction. Came from the HIV Alliance. They gave out Narcan and received secondhand information from folks such as was it stolen, did you use, etc.? Can get truer numbers if you get into the camps. They had camp moms that would take Narcan and come back and refill and would say how many we reversed.
- **JoAnn Miller** – What is law enforcement seeing with Narcan and overdoses? Knows LEAD (Law Enforcement Assisted Diversion) program does a good job. Can also provide monthly reports for data we receive from SHS.

- a. **Sheriff Curtis Landers** – Prior to the last couple of weeks were using Narcan constantly. One deputy used twice in a shift and had to replenish when going back out. Numbers are significantly up. The Lincoln County presiding court Judge has been discussing how it is out of control. A Lincoln County Commissioners meeting will be addressing this issue on April 20, 2022. The Judge has been making it clear that overdoses are happening all the time. Looking to determine how we can address short-term. There is also with Measure 110 a lot of programs in place, but we are not getting the right people there. The jail has been giving out Narcan kits when individuals leave custody.
- **Jolynn Meza Wynkoop** – We know with EMS there are different programs and resources. With using Narcan in the field, does the Sheriff’s Office have “leave behind kits/program?”
  - a. **Sheriff Curtis Landers** – No, there is nothing such as a kit. Medics would be happy to give out things. Knows there are kits given out to individuals leaving the jail and could transfer to patrol side.
  - b. **Jennifer Beckner** – With the jail program, would like to start a “leave behind program” soon. Standard overdose kits – Two doses of Narcan, CPR mask, gloves, and post card to turn in on whether they have utilized. They haven’t received any post cards back. *Will work with Sheriff Curtis Landers on the “leave behind program.”*
  - c. Not aware of a “leave behind program” for Benton and Linn Counties.
  - d. **Justin Thomas** – Does not believe our Linn County jail provides Narcan upon release to the community. The Albany Police do have Narcan to his understanding, not sure about other agencies.
  - e. **Jason Brown, PA-C** – Don’t have Narcan available. He prescribes, gives clean needles, etc. He also offers to talk about prep as well with those using. Does treat patients with Hepatitis C, too.
  - f. **Jennifer Beckner** – *Can follow up with Jason Brown, PA-C to on kits.*
- **Jennifer Beckner** – Ordered \$70,000 worth of Narcan since January 2022. Spent close to \$20,000 for STARS and \$17,000 for the HRSA RC-SWAY grant.
  - a. With the jail program and another grant had \$50,000 to spend for Narcan. Was shocked at how quickly it was used. Everything was grant funded. Will meet further with the Board of Commissioners for Lincoln County.
  - b. Even with discounts from a certain buyer, we are still paying \$62 for 2 doses.
- **Tanya Pritt** – They had the need for Narcan and had some expire. Can still use expired. Had an overdose in the men’s transition house that wasn’t fatal. There were four people involved with one overdosing. She did follow up with these individuals. Does have a new supply of Narcan and provided all staff and all client training. When Yes House was open they didn’t have that many issues with overdoses. Kids were kept involved with sports and school.
- **Stephanie Cameron** – Doing outreach with community partners. Overdose is integrated into Linn County outreach. Hasn’t decreased. Has been common since 2018. Over time it tends to be desensitizing because it is happening so often and it has become a reality of the work that we do. Outreach is there. Family Tree Relief Nursery serves a lot with peer mentors. Are restricted in contracts with Narcan distribution. There are some protections with Good Samaritan Act. Have 10 Peer Support Specialists and only 2 are approved to carry and distribute Narcan. Some carry on their own person due to being protected under the Good Samaritan Act.

- a. Family Tree Relief Nursery is a child abuse prevention program and provides an early childhood education program. Need support on how to present that there is a need out there.
- **Gayle Woodworth** – Setting up a program to conduct outreach Rapid tests for HIV, HVC, and Syphilis in Linn County on the street and if reactive can get into care immediately, and within this scope, will be offering Narcan and recovery information hopefully soon. Can give out expired Narcan in kit and educate on how to use and give verbal message on how to use. Wants Linn County to be the agency that people come to and wants to provide outreach. Shirley Byrd is helping to set up program. Want to get folks into care if reactive. It’s all about clean syringes. Has been at current job for 7 weeks now. Getting the testing set up and getting Narcan out into the community is a focus right now for East Linn.
- **Molly Gelinis** – She is the STARS project coordinator for the HRSA rural grant in Sweet Home and Brownsville. *Will connect with Gayle Woodworth to further discuss the outreach team and access to Narcan and treatment and recovery services.*
- **Jennifer Beckner** – Narcan and Naloxone are effective after their expiration date. There is backed up research on this. With Lincoln County Health and Human Services, can’t distribute expired product.
- **JoAnn Miller** – Can bring hospital Emergency Department data to this meeting on monthly overdoses. It bothers her that Linn County may be getting used to having overdoses and it has become numb. This is sad. Treatment providers and service providers are aware, but she feels like the public are not aware in our three-county region. *Can further discuss with Stephanie Cameron. Will provide additional information to the full Cascades Community Wellness Network.* Lincoln County is being made aware of the number of overdoses and fatalities in their county. Do we have a clue what happens in Benton and Linn Counties? We need to get information out to the public.
- **Michelle Means** – Benton County has its own “take back program” coordinated with the state and District Attorney.
- **Justin Thomas** – Thinks as community providers it is difficult at times to express a challenge or struggle in providing effective services. Typically, successes are shared with the media, but he does believe there needs to be a balance in what is given to the media, both progress that is being made and challenges for public awareness/education.
- **Stephanie Cameron** – I think we could work together to bring the media into some of our upcoming community events that focus on recovery and SUD.

**Behavioral Health Resource Network Grants:**

JoAnn Miller and Jennifer Beckner reported on Measure 110 funding and the Behavioral Health Resource Network grants.

- **Jennifer Beckner** - The Oversight and Accountability Council charged with setting up and funding the Behavioral Health Resource Networks-Addiction and Recovery Centers under Measure 110 (Oregon’s Drug Addiction Treatment and Recovery Act) had started to review grant applications.
  - a. Everything has been put on hold and the Department of Justice has been called in to look at the process for the Behavioral Health Resource Networks and related funding.
  - b. Oregon Health Authority pulled the proposals back and recruited staff from all over the state to review the proposals.

- c. Meetings have been cancelled over the last month and half. A meeting was just held where the State of Oregon is reviewing and developing funding formulas for each county.
- d. At the last meeting of the Oversight and Accountability Council, members expressed concerns about losing income if funding is not received soon.
- **JoAnn Miller** – The Measure 110 Access to Care Grant – Deadline for completion is June 30, 2022.
  - a. Not sure when contracts will be in place for the Behavioral Health Resource Network grants.
  - b. No additional funding is coming down from the Access to Care Grants. It was agreed that applicants receiving Access to Care Grants and applied for funding for the Behavioral Health Resource Networks can meet with Oregon Health Authority to talk on their need and request an extension, especially if staffing needs will be affected when the Access to Care Grants ends so there is no break in services.
  - c. June 1, 2022, would be the closest date that possible contracts could be available for the Behavioral Health Resource Networks.
  - d. There are a total of 333 contracts that were submitted from throughout the State of Oregon to review.
  - e. The Oversight and Accountability Council agreed to follow a funding formula for granting awards. JoAnn Miller noted that she did submit a question requesting information on the funding formula that will be used.
  - f. In the current law, it indicated that all 36 counties in Oregon will receive funding for a Behavioral Health Resource Network.
  - g. There is \$270 million available for funding to be given out towards the Behavioral Health Resource Networks.
  - h. One recommendation was to make allocations to the counties so there is no break in services.

**Next Meeting:**

The next meeting is scheduled for May 9, 2022, at 10:30 a.m.

**Adjourn:**

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

Respectfully submitted,  
Shelley Hazelton  
Community Health Promotion