



**Coast to Cascades Community Wellness Network (CCCWN)
Regional Mental Health/Substance Use Disorder Coalition
Meeting Summary
Held virtually – Microsoft Teams
June 13, 2022
10:30 a.m. – 12:00 p.m.**

Participants: Jennifer Beckner, Shawnee Aillo-Dixon, Sheila Aviles, Shelagh Baird, Elizabeth Bauermeister, Jeannie Davis, Ed.D., Bryan Decker, Christine Felt, Molly Gelinas, Marcia Harnden -Albany Chief of Police, David Hickerson, Joseph Hutchinson, Joanna Kubes, Lalori Lager, Curtis Landers-Lincoln County Sheriff, Avalon Mason, Liz Merritt, Jolynn Meza Wynkoop, JoAnn Miller, Ruby Moon, James Page, Tanya Pritt, Jane Russell, Justin Thomas, Blue Valentine, Jef Van Arsdall–Benton County Sheriff, Sarah Vogel, and Shelley Hazelton

Welcome/Introductions:

Jennifer Beckner welcomed everyone to the meeting and led introductions.

Meeting Minutes:

The May 16, 2022, meeting minutes of the Regional Mental Health/Substance Use Disorder Coalition was presented. **Ruby Moon made a motion and Shelagh Baird seconded the motion to approve the May 16, 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 written report was noted and distributed prior to the meeting. The Benton, Lincoln, Linn Emergency and Disaster Response Preparedness Plan for Substance Use Disorder was also noted and distributed prior to the meeting.

- The Benton, Lincoln, Linn Emergency and Disaster Response Preparedness Plan for Substance Use Disorder (SUD) is the Emergency Operations Plan Annex. This Plan was presented in “draft” format and was reviewed. The document contains the following:
 - a. Cover page
 - b. Contributing Consortium Members and Stakeholders – Lists the organizations represented on the CCCWN, RAID Subcommittee Members, and Additional Contributors
 - c. Table of Contents
 - d. The first page includes – Introduction; Purpose; Scope; Situation Overview; and Planning Assumptions + Priorities

- e. Page 2 – Continuation of Planning Assumptions + Priorities; and Decision-Making – Criteria, Notification (Primarily SUD response), and Activation
- f. Page 3 – Operations – Command and Control, Evidence-based treatment, Communications, and Code of Conduct - There's a table at the bottom of the page listing Incident Level, Definition, Examples, and Response
- g. Page 4 – Continuation of Operations – Code of Conduct; Plan Review and Maintenance – Review process and plan updates and Maintenance; and Resources & Basic Needs – Housing
- h. Page 5 – Continuation of Resources & Basic Needs – Housing, Food, Peer Support, Treatment Services, and Transportation; and Time Response – Immediate, Weeks, and Months
- Shared the Memorandum of Understanding (MOU) Between Community Collaborators. The MOU contains the following:
 - a. Purpose and Scope
 - b. Duration
 - c. Roles and Responsibilities of Collaborators
 - Lists what expertise each organization will contribute during an emergency, disaster, or pandemic
 - d. Effective Date and Signature
- Each organization that signs the MOU will be asked to provide regional resource guides for the RAID Annex for additional support and to provide connections to any additional information or resources. Liaisons will keep these up to date. *Joanna Kubes will send a copy to Coalition members.*
- The RAID grant ends August 31, 2022. A final report will be due to HRSA in November 2022.

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

A HRSA RCORP Bridges to Recovery Grant written report was noted and distributed prior to the meeting.

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

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

Samaritan Treatment and Recovery Services Update:

HRSA STARS Rural Health Opioid Program (RHOP) Update:

A HRSA STARS Rural Health Opioid Program serving Sweet Home and Brownsville written report was noted and distributed prior to the meeting.

Measure 110 Access to Care Grant Report:

A Measure 110 Access to Care Grant written report was noted and distributed prior to the meeting.

Ruby Moon made a motion and Jonna Kubes seconded the motion to approve the HRSA RAID Grant written report, Benton, Lincoln, Linn Emergency & Disaster Response Preparedness Plan for Substance Use Disorder, HRSA Bridges to Recovery Grant written report, HRSA RC-SWAY Grant written report, the HRSA STARS Rural Health Opioid Program written report, and the Measure 110 Access to Care Grant written report. The motion was voted upon and unanimously approved.

County Challenges and Updates:

County challenges and updates were noted.

- **Youth and Youth Services – Justin Thomas:**
 - a. Access to care for youth – Linn County Alcohol and Drug – There is never enough counselors. They are short handed in Linn County. With the pandemic, the need for counseling services has increased. You can't get a lot of support (insurance) unless there is a diagnosis. It would be much better if there was more support on the front end before a diagnosis is met.
 - b. There are 3 youth counselors for the County (with one of these being a supervisor). They are licensed mental health clinicians.
 - c. They receive referrals for the elementary schools and predominately provide services in the high schools a day or two once a week (not full day). Would be better if there was staff to provide services every day, 5 days a week.
 - d. They do take some early intervention cases.
 - e. With the RC-SWAY grant they can provide counseling support and early intervention for youth.
 - f. There are not enough providers for the County on the mental health side. They struggle to fill vacancies across the board with adults and youth services. It's helpful if you can have private clinicians, but these are hard to find that provide SUD services.
 - g. Tele-health services are booming. It's hard to get people in the door. People are choosing tele-health.
- **Jennifer Beckner** – Youth residential services, numbers are increasing. The Office-Based Addiction Treatment (OBAT) program at the Lincoln County clinic doesn't offer services for anyone under 18 years of age.
- **Justin Thomas** – There is a struggle with residential services and outpatient services. If a patient needs a 24-hour facility and is going through recovery, they don't always cover medications. Reimbursement rates are poor and a high level of care is a challenge. At Linn County Health Department-Linn County Alcohol and Drug, they try to meet the needs of patients the best they can. With mental health services, they can't force people to get treatment. Some people may be mandated to attend programs. We may want to look at language and statutes of other states for emergency holds for patients with psychiatric/mental health issues. Washington has statute language and he believes a person can be kept up to 2 weeks.
- **Tanya Pritt** – They have limited services for youth. They have an outpatient license. No referrals are coming in. They did close the Yes House.
 - a. Reimbursement rates are dismal for the State of Oregon. It is disrespectful to providers.

- b. With Measure 110, it has caused apathy across the state. Accountability is down while access to drugs have increased. Referrals and reimbursement is down.
 - c. There is growing population of men that need services.
 - d. Would love to see the day that they give services to kids again.
- **JoAnn Miller** – When we talk about youth we are seeing an increase in the number of youth overdoses. From 2021 to 2022 overdoses continue to rise. For ages 18 and under, what services are available? There are only a few residential facilities in the state for those under the age of 18.
 - a. We are seeing an increase in both fatal and non-fatal overdoses in kids under 18. Just recently, there was an overdose involving a 14 and 15-year-old in our region.
- **Tanya Pritt** – There needs to be a tricky effect. We need to start with the state and they need to see how serious this is. How many deceased kids does it take to get a plan? Until a decision is made from the top, we will continue to have challenges. There needs to be a backup plan. This is an issue and it needs to be paid for and funded.
 - a. There are 3 residential facilities for youth in Oregon - Rimrock Trails Treatment Services offers treatment services for youth, NARA offers services, and Adapt Deer Creek Adolescent facility, which is not full. There are others that talk about opening.
 - b. We need to start advocating for services in our region. There needs to be a referral mechanism.
- **Justin Thomas** – The positive side is there is money available for behavioral health so we need to continue to advocate for services. The County does provide outpatient care, but there are not a lot of funds from the state for preventive efforts. The state doesn't have the same investment in prevention.
 - a. With his program they are pursuing 3-4 grants to supplement their services. They do Life Skills training and there is work around problem gambling.
 - b. To make a difference we need to start with the younger generations and provide healthy ways to cope and recognize the signs and needs for services.
 - c. There is so much more we can do with education.
 - d. The RC-SWAY grant focuses on rural Linn County.
- **Jennifer Beckner** – Is the school districts providing drug and alcohol prevention?
 - a. **Justin Thomas** – Doesn't segregate age with Measure 110. There isn't a great mechanism for referrals and requirements for kids to participate in services. Need to do more motivation work through prevention. Not sure the schools are doing above and beyond what they are doing in the schools.
- **Tanya Pritt** – The Linn County Health Department-Linn County Alcohol and Drug has a great robust program involving kids and they do phenomenal things.
- **Jennifer Beckner** – The State of Oregon took prevention out of public health and put under behavioral health.
 - a. The Confederated Tribes of Siletz Indians are providing services and are doing a lot of cultural events, etc.
 - b. Need some direct service components. There used to be a focus on prevention and direct services.
- **Tanya Pritt** – Had a poster on drug/alcohol services beginning with prevention. Would be helpful to have additional educational information to share.
- **Jennifer Beckner** – As we head into summer it can be the most dangerous time for youth.

- a. *Would like to check in sporadically on the agenda and have further discussions on youth and youth services.*
 - b. Linn Together is a wonderful Coalition. The Partnership Against Alcohol and Drug Abuse (PAADA) is Lincoln County plans to start back up. We can look at how we can support local Coalitions.
- **Shawnee Aillo-Dixon** – Trying to get into the Lincoln County Schools. Providing resources to Toledo Elementary. Would like to provide resources. Can anyone suggest a better way to get into the schools?
 - a. **Justin Thomas** – Providing information that is factual is helpful. Share how many overdoses are in the county. Go to the principals or school boards and do motivational interviewing. If you can get people in training and make sure to provide a call back and next steps, that is helpful.
 - b. **Jennifer Beckner** – Can help provide access to data on youth if needed.
- **Bryan Decker** – Also of concern is that school districts are seeing lower attendance since COVID (some high schools at 52%) which provides less places to intervene ahead of time and reach kids.
- **JoAnn Miller** – Is there anything available for youth in the region, especially middle school, and high school? Not seeing peer support for youth. What services are available?
 - a. **Lalori Lager** – Have peer support available and MSW program that focuses on adolescents. They are utilizing Madrona Recovery in Portland. They do have a Medication Assisted Treatment (MAT) physician willing to prescribe for under the age of 18 – Lowest has been age 14.
 - b. **James Page** – With the Adapt Deer Creek Adolescent facility in Roseburg they offer treatment for 13 years of age to -17 years of age. They offer residential and outpatient services.
 - c. **Shawnee Aillo-Dixon** – They have services in Siletz. They have a youth services program with a youth counselor. They offer services to tribal members and some to non-tribal members. The youth services counselor also participates in game nights with kids, takes kids to basketball games, and other activities.
- What about treatment services in Benton County, Linn County, and Lincoln County?
 - a. As noted previously, the Confederated Tribes of Siletz Indians and Reconnections Counseling in Lincoln County provide services for youth.
 - b. **Jennifer Beckner** – They do have some things in Lincoln County, but they don't meet the need that is out there. They used to have a drug and alcohol counselor in the schools.
 - c. **Lalori Lager** – The Lincoln County Schools posted a CADC position. Not sure if this position has been filled. It has been posted for a while. They wanted to do an internship at Reconnections Counseling. Currently already have 5 interns so they couldn't take an additional one.
 - d. **Justin Thomas** – They have adolescent outpatient services, but no residential services for youth in Linn County.
- **Jennifer Beckner** – Challenge – Shortage of Narcan for the region. She does a lot of ordering for the region. Usually gets Naloxone free from Direct Relief. Was with Pfizer, but they stopped and concentrated on vaccines. Everyone is experiencing shortages and they don't expect any in stock until fall. Does have access to nasal Narcan. Is struggling with funding for Narcan and it is expensive. People can go to Pharmacy and obtain Narcan. She recently had a City Councilman call her asking for Narcan.

We do have some in stock and are focusing first on distribution to law enforcement, first responders, and harm reduction clients.

- a. There is a new Naloxone drug that was approved called Kloxxado. It is controversial and at a higher dose and puts people into withdrawal quicker.
 - b. We are hearing that people are avoiding the Emergency Departments because of withdrawal. They would rather self-medicate at home. We may want Kloxxado if there are cluster outbreaks. Will need to check the cost.
- **Jennifer Beckner** - Almost 100% of pills have some type of Fentanyl in it, as reported at a recent law enforcement meeting she attended.
 - a. **Marcia Harnden, Albany Chief of Police** – Seeing in most they are coming across and would say almost all is Fentanyl. Deaths in the City met a milestone this past weekend. People are buying tar heroin. They are seeing negative for heroin and almost all Fentanyl. They just seen a person that was given 8 doses of Narcan and couldn't bring them back.
 - b. **Jef Van Arsdall – Benton County Sheriff** – Unless it has been gotten at the Pharmacy assumes it is Fentanyl.
 - **Jennifer Beckner** – Would a higher dose of Naloxone be helpful?
 - a. **Marcia Harnden, Albany Chief of Police** – They are happy to have anything. They have had 6-7 deaths related to SUD this year to date, which has surpassed the number in previous years.
 - b. **Jef Van Arsdall, Benton County Sheriff** – If we can get it in the hands of Emergency Medical Services (EMS) that would be helpful.
 - **Blue Valentine** – Have a lot of clients that are hesitant to call 911. They are given a high dose of Naloxone, which has given them bad withdrawals. She does have concern with this new higher dose of Naloxone – Kloxxado, but we do want to keep people from dying and we also don't want people hesitant to call for help.
 - **Jennifer Beckner** – Does have some concerns with people not calling, but it is better than the alternative. Maybe we look at setting up a meeting with a Pharmacists and get their thoughts on this. Not sure what the cost is for the new drug, but if it is less than Narcan we may want to explore this option.
 - a. We do provide extra kits of Narcan to law enforcement and through harm reduction with “leave behind” programs as well.
 - **JoAnn Miller** – We have included Narcan purchase with the RC-SWAY grant and with our Measure 110 funding. We want to make sure it is available for distribution throughout the region.
 - **Jennifer Becker** – With our Measure 110 Access to Care grant there is \$58,000 to purchase Narcan. They approved a continuation of funding for three additional months so we will have more funding to purchase Narcan.
 - **Blue Valentine** – You can use expired Narcan and Naloxone. They can still distribute with their harm reduction.
 - **Jennifer Beckner** – There is lots of research out there justifying the use of expired Narcan.

Discussion followed on overdose data. The Samaritan Health Services Individual Overdose Report for the Reporting Period: 5/1/22 through 5/31/22 was noted showing overdoses by site, individual overdose counts by patient race, patient ethnicity, patient age, and patient gender, and Samaritan Health Services – Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) for the reporting period of 5/1/22 through 5/31/2022.

- Fatal overdoses are increasing.
- **Jennifer Beckner** - We are looking at a way to track overdoses. We have talked about using the Overdose Detection Mapping Application Program (ODMAP). She met with a colleague from Clackamas County regarding her experience with ODMAP. She recommended a platform called First Watch. It's not a free program but HIDA has grants available. While we aren't all HIDA counties they might consider funding us as a region.

Behavioral Health Resource Network Grants:

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

- **JoAnn Miller** – Met last Thursday with Oregon Health Authority. There are a lot of unanswered questions. \$1.8 million will be available for Linn County. One area not met was harm reduction services. The Linn County Health Department wasn't funded and they were going to provide harm reduction services for Linn County. It was stated in legislation if one element of the Behavioral Health Resource Network is not met it needs to go out for Request for Proposal. Oregon Health Authority is trying to override this. We can't get a full contract until we get all elements met.
- Benton County Health Services is working to get their budget resubmitted.
- **James Page** – The \$1.8 million left over is most likely less than what is currently left over. Included all budgets and submissions. Thinks this is even lower due to agencies not awarded.
- **Jennifer Beckner** - Did the Counties have legal counsel present?
 - a. It was noted "no" with other counties.
- **Jennifer Beckner:**
 - a. Confederated Tribes of Siletz Indians – Not allowing signing until there is a language change.
 - b. Legal counsel is not happy. When they submitted the application for Lincoln County, Lincoln County Health and Human Services was taking the lead and was going to be the fiscal agent. Reached out to Oregon Health Authority and received approval. This was changed. Oregon Health Authority wanted to fund each individual organization. Smaller agencies wanted to be part of the larger group. Felt the intention was to bring community partners together.
 - c. In Lincoln County, there were 7 partners that applied under Lincoln County Health and Human Services and 1 out of the 7 partners wasn't funded.
 - d. Oregon Health Authority had said that Lincoln County could have 2 Behavioral Health Resource Networks. There was another group in Lincoln County that was funded that wasn't part of the group that were partnered with Lincoln County Health and Human Services. The other organization hasn't been willing to communicate. That organization is missing the housing component.
 - e. We do need all partners to work together. Several partners wanted to submit one regional application.
 - f. Legal counsel is working with the Chief of Staff at Oregon Health Authority to fix contractual language.
 - g. Starting to schedule meetings with partners.
 - h. It is reported that some other counties that don't have all components of the Behavioral Health Resource Network are being partnered with agencies outside the community.

- **Justin Thomas** – Linn County Health Department-Linn County Alcohol and Drug wasn't awarded for the Behavioral Health Resource Network grant. Wishes they could explain their proposal. Linn County Alcohol and Drug, because they require urinalysis testing, they were told it wasn't harm reduction services. Was going to provide harm reduction appropriate treatment. Heard there wasn't an appeal process just a complaint process.
- **JoAnn Miller** – You are correct, there isn't an appeal process. We will be sending a letter from our CCCWN Network to the Secretary of State and Department of Justice and list our concerns and facts.
 - a. Some Behavioral Health Resource Networks were dismantled and some were reviewed as a full Behavioral Health Resource Network.
 - b. State legislation says there needs to be a Request for Proposal if you don't have all portions of the Behavioral Health Resource Network.
 - c. Mobile outreach is a piece that is missing.
 - d. We need to be getting services out into our communities.
 - e. Samaritan Health Services applied on behalf of STARS for residential treatment and was funded for only Linn and Lincoln Counties and wasn't funded for Benton County. The problem with this is if we get a patient from Benton County, they may get a bill.
- **Jennifer Beckner** – It was a confusing process with dismantling and reviewing each program individually and not reviewing the whole applications and then with other applications and counties allowed to be reviewed as a full Behavioral Health Resource Network.

Thank you was expressed to Blue Valentine for being part of the Oversight and Accountability Council and all her time put into the process.

Additional Business:

JoAnn Miller – We will be scheduling a Data summit in July for approximately 2 hours in length to look at data sharing and how to collect data around overdoses. We want to be able to collect data regionally for Benton, Lincoln, and Linn Counties.

Next Meeting:

The next meeting is scheduled for July 11, 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