



Coast to Cascades Community Wellness Network (CCCWN)  
Fall Meeting  
Virtual Option – Microsoft Teams  
12:30 p.m. – 2:30 p.m.  
November 2, 2022  
Meeting Summary

**Attendance:** Marty Cahill, Kami Beard, Anne Daly, Jeannie Davis, Ed.D., Bryan Decker, Kevin Ewanchyna, M.D., Taylor Gilmour, Sara Hartstein, Wendy Hausotter, Kelley Kaiser, Sherriff Curtis Landers, Linda Mann, Todd Noble, Jayne Romero, and Jill Wagner

**Staff/Grant Representatives:** Shelagh Baird, Jennifer Beckner, Molly Gelinias, Jolynn Meza Wynkoop, JoAnn Miller, and Shelley Hazelton

**Guest:** Brandan Kearney

**Welcome:**

Marty Cahill called the meeting to order at 12:30 p.m. and led introductions.

**Meeting Summary:**

The meeting summary of May 17, 2022, was reviewed and presented. **Wendy Hausotter made a motion and Kelley Kaiser seconded the motion to approve the May 17, 2022, meeting summary as presented. The motion was voted upon and unanimously approved.**

**Consent Calendar:**

**Federal/State Grant Reports:**

**Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) Implementation Grant – Bridges to Recovery Grant Update:**

A written report for the HRSA Bridges to Recovery Grant 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 Update:**

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

- **Molly Gelinias** – One of the goals is to have a Peer Support Specialist group for Peer Support Specialists. It is a Professional Peer Support Group led by Peers for Peers on Mondays from 11:30 a.m. – 12:30 p.m. It is virtual through Zoom.

**HRSA Rural Health Care Services Outreach Program Oral Health Grant Co-Location Project Update:**

A written report for the HRSA Rural Health Care Services Outreach Program Oral Health Grant Co-Location Project was noted and distributed prior to the meeting.

**HRSA Samaritan Treatment and Recovery Services (STARS) Rural Outreach Grant:**

The grant ended and all required reports have been submitted to HRSA.

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

A written report 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 written report and Work Plan Highlights were noted and distributed prior to the meeting.

**Wendy Hausotter made a motion and Kelley Kaiser seconded to approve the consent updates and reports for the HRSA Bridges to Recovery Grant, HRSA RC-SWAY Grant, HRSA STARS Rural Outreach Grant, HRSA Rural Health Care Services Outreach Program Oral Health Grant, Measure 110 Access to Care Grant and HRSA RCORP-I HIWAY Project Grant. The motion was voted upon and unanimously approved.**

**Community Health Needs Assessments:**

JoAnn Miller presented the Community Health Needs Assessments 2023-2026. The Community Health Needs Assessments for Good Samaritan Regional Medical Center (GSRMC), Samaritan Albany General Hospital (SAGH), Samaritan Lebanon Community Hospital (SLCH), Samaritan North Lincoln Hospital (SNLH), and Samaritan Pacific Communities Hospital (SPCH) were distributed prior to the meeting.

- We worked together with the Regional Health Assessment team – IHN/CCO, Confederated Tribes of Siletz Indians, United Way, Health Departments for our three counties (Benton, Lincoln, and Linn) and Samaritan Health Services (SHS).
- Brandan Kearney, Consultant, was instrumental, in helping create each of the hospitals' Community Health Needs Assessments. Peter Banwarth from Benton County Health Department and Paulina Kaiser at Samaritan Health Services helped with collecting the data for the reports.
- Each individual hospital will have a Community Health Needs Assessment and Appendix.
- Every three years non-profit hospitals and health systems must conduct a community health needs assessment (section 501(r)(3) & Revenue Ruling 69-545).
- In partnership with the community and public health.
- Be made available widely to the public.
- Adopt a Community Benefit Plan Implementation Strategy to meet the community health needs identified in the Community Health Needs Assessment.
- Community Health Needs Requirements:
  - a. Take into account input from persons who represents the broad interest of the community.
  - b. Expertise in public health.

- c. Available to the public.
- d. Definition of the community it serves – Geographic area served by the hospital and populations served by the hospital. For example – SLCH designated service area comprises the eastern two-thirds of Linn County. This includes Lebanon, Brownsville, Sweet Home, and Scio, as well as neighboring rural, unincorporated and/or census-designated communities.
- e. Assess the health needs of the community – Significant health needs of the community that includes the social determinants of health, prioritize the health needs, and identify resources available to address the needs.
- f. Solicit and take into account input from all of the following sources:
  - A state, local, tribal, or regional government public health department
  - State Office of Rural Health
  - Members of the medically underserved
  - Low-income members
  - Ethnic/Racial populations
  - Written comments received on the hospitals most recently conducted Community Health Needs Assessment and Implementation Strategy
- g. Additional input:
  - Health care consumers
  - Non-profit organizations
  - Community-based organizations
  - Academic experts
  - Local government officials
  - Health care providers
  - Community Health Centers
  - Health insurance
  - Private businesses
  - Labor and workforce representatives
- h. Documentation of the Community Health Needs Assessment – Each hospital must have its own Community Health Needs Assessment report, available on the hospital’s website, and paper copies available for public inspection.
- We sent out surveys, had focus groups, and key informant interviews. We had strong participation from the Confederated Tribes of Siletz Indians. We received back over 2,812 responses from our paper/on-line survey.
- The Community Health Needs Assessments are required to be on our hospitals’ website by December 31, 2022.
- All Community Health Needs Assessments are in the same format. The Samaritan Lebanon Community Hospital Community Health Needs Assessment 2023-2026 was reviewed. The Community Health Needs Assessment contains the following:
  - a. **Introduction** – All partners focused on the social determinants of health and indicators of health status, particularly as they relate to race/ethnicity, sexual orientation, gender, gender identity, age, faith/lack of faith, spirituality, physical abilities, mental abilities, or veteran status.
  - b. **Organization.**
  - c. **Service Area.**
  - d. **Community Demographics.**

- e. **Health and Social Indicators** – There was information listed for median household income by race/ethnicity, percentage of poverty by race/ethnicity, percentage of health insurance coverage by age group in Linn, Benton, and Lincoln counties. Also, listed was the unemployment rate for Linn County compared to Benton and Lincoln Counties, county residents living within a half mile of a grocery store, WIC authorized store, or tobacco vendor, and Linn County, regional and state households paying more than 50% of income on rent, mortgage, insurance, and utilities.
- f. **Existing Health Care Facilities** – Talks about SHS having outpatient clinics and STARS treatment facility along with SamFit health and fitness center, Urgent Care, Sweet Home clinic and Samaritan Sweet Home Physical Rehabilitation and Sports Medicine, and clinic in Brownsville. There’s also other facilities and providers listed such as Albany InReach Services, dental providers, the River Center in Lebanon that oversees our Adult Emergency Dental Voucher Program, private practice oral health care providers throughout the county as well as private practice mental/behavioral health providers, substance use disorder treatment, nontraditional health services such as acupuncture, naturopaths, vision and hearing providers, birthing centers, and medical express care services.
- g. **Data Collection Process** - Primary data comes from SLCH electronic medical records (excluding any personal patient information), surveys, focus groups, key informant interviews, and community listening sessions. There were 15 focus groups held in May and June 2022 with communities of color, LGBTQ2SIA+ community members, non-English speakers (Spanish, Arabic, Mam), unhoused people, international students, and health and social service providers. As mentioned previously, we received back over 2,812 responses from our paper/on-line survey. Limitations are also listed.
- h. **Significant Health Needs.**
- i. **Social Determinants of Health.**
- a. **Prioritization** – The following priorities were identified for improving community health as well as equitable access to the social determinants of health – Access to health care (access to physical, mental/behavioral, and dental care), suicide prevention, substance use disorder, anxiety and depression, food insecurity, childcare, child abuse/neglect, domestic violence, housing costs and houselessness, poverty, and culturally and linguistically appropriate services.
  - **Goals for 3 Years** – Samaritan Lebanon Community Hospital goals, objectives, and priorities for 2023-2026:
    - **Greater Access** – Objective: Increase community access to medical, dental, and mental/behavioral health services – Priorities: Access to health care, suicide prevention, substance use disorder, and anxiety and depression.
    - **Healthy Families** – Objective: Increase community access to healthy food, childcare, and safety – Priorities: Food insecurity, childcare, child abuse/neglect, and domestic violence.
    - **Healthy Communities** – Objective: Increase housing, employment, and support services in the community – Priorities: Housing costs and houselessness, poverty, and culturally and linguistically appropriate services.

- **Substance use disorder** – Lists Drug overdose encounters and neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS) births at SLCH
  - **Anxiety and depression** – Shares statistics for Linn County InterCommunity Health Network (IHN)-Coordinated Care Organization (CCO) members with serious persistent mental illness
  - **Childcare, abuse/neglect** – Shares Child abuse rates in Linn county and Oregon
  - **Domestic Violence** – Linn County has 240 arrests for reported domestic violence in 2021
  - **Housing costs and homelessness** – Shares statistics on unhoused people experiencing chronic homelessness and unhoused people by race/ethnicity - For Linn County 42% are chronically unhoused and 52% are chronically unhoused veterans
- j. **COVID-19 Impacts.**
- k. **Services Provided in 2021** – Services provided at SLCH in 2021 include – Inpatient Visits – 1,561; Surgeries – 1,705; Emergency Visits – 21,039; Deliveries – 274; Imaging visits – 60,959; Clinic Visits – 111,308.
- b. **Community Interest** - Input was received from key informant interviews, focus groups, surveys, and listening sessions from diverse racial/ethnic groups, LGBTQIA2S+ community members, veterans, non-English speaking people and other marginalized populations.
- c. **Community Impact** - Samaritan Lebanon Community Hospital offered in-person and virtual education through health fairs, workshops, and classes with topics such as Adverse Childhood Experiences, Understanding Stigma for Substance Use Disorder, Implicit Bias, and Addressing Homelessness – Samaritan Lebanon Community Hospital provided \$350,000 to 20 agencies through social accountability funding, food, clothing, and other resources to support local communities through the pandemic and 2021 wildfires and they also provided transportation, telehealth, and home visits to over 2,000 people in east Linn County.
- d. **General Health Status** - In the 2022 County Health Rankings, Linn County ranked 16<sup>th</sup> out of 35<sup>th</sup> for health outcomes and 17<sup>th</sup> out of 35 for health factors.
- l. **Promoting Health** - East Linn County is part of a three-county region that shares a long history of collaboration, coordination, and partnerships to promote health.
- e. **Social Support Networks** - Linn County has a strong network of social supports and opportunities – Several organizations provide nutrition, healthy lifestyles, and social support for youth – Boys and Girls Clubs in Lebanon and Sweet Home – Some other organizations include Build Lebanon Trails Coalition, Planting Seeds of Change, Live Longer Lebanon Coalition, Community Services Consortium, Oregon Cascades West Council of Governments, Volunteer Caregivers, to name a few.
- m. **References.**
- Appendix:
    - a. Overview of the Hospital.
    - b. Biggest health problems.
    - c. Poor health and quality of life.

- d. Main barriers to improving.
- e. Main assets or strengths.
- f. What issues will emerge in the next 3 to 5 years.
- g. What should be our priorities for the next 3 to 5 years.
- h. Coded qualitative data.
- i. Survey results.
- **JoAnn Miller:**  
Briefly reviewed - Good Samaritan Regional Medical Center Community Health Needs Assessment 2023-2026:
  - a. GSRMC is the largest of the 5 regional SHS hospitals. It is a 188-bed Level II trauma center. Its service area is Benton County including Corvallis and includes neighboring communities such as Alsea, Monroe, Adair Village, and Philomath.
  - b. GSRMC has received high ratings for its heart center and cancer center.
  - c. It has 44 outpatient clinics, including Samaritan Mental Health Family Center, Samaritan Pastega Regional Center, Samaritan Cancer Resource Center, and SamCare Express. There is the Federally Qualified Health Center in Corvallis and Monroe as well as the rural health clinic in Alsea. Community Outreach, Inc., offers free medical, dental, and mental health clinics/services to uninsured and unhoused populations in Corvallis and surrounding communities.
  - d. Each of the Community Health Needs Assessments have the highest priorities listed for that county according to the survey responses. We can look at these and take a few priorities to focus on.
  - e. Mental health has been a key area identified.
  - f. Services provided at Good Samaritan Regional Medical Center in 2021 include 8,195 inpatient visits; 9,895 surgeries; 28,461 emergency visits, 884 deliveries; 99,852 Imaging services; and 286,418 clinic visits.
  - g. We want to make sure we take a regional and systems approach to address the health needs throughout our counties and systems.
  - h. There are different partnerships with the Health Departments, Boys and Girls Club, Oregon Cascades West Council of Governments with transportation, Tobacco Prevention Programs, OSU, College of Osteopathic Medicine of the Pacific-Northwest (COMP-NW), and others.
- **Jayne Romero** – Thanks for the update and good discussion.
  - a. House Bill (HB) 4123 – Establishing locally led, regional housing coordination through 8 pilots across the state to help strengthen communities’ homeless response. Lincoln County was among one of the 8 counties that received funding. Can help fill in with anything related to the Community Needs Assessments if needed.
  - b. **JoAnn Miller** – *Will follow up with Jayne Romero and make any updates as needed..*
- **Marty Cahill** – Thank you for the report. Good work. This will help drive what we do for community benefit. Glad to see the same template and format for all 5 of our hospitals.

**Wendy Hausotter made a motion and Jayne Romero seconded the motion to approve the Community Health Needs Assessments for Good Samaritan Regional Medical Center, Samaritan Albany General Hospital, Samaritan Lebanon Community Hospital, Samaritan North Lincoln Hospital, and Samaritan Pacific Communities Hospital. The motion was voted upon and unanimously approved.**

**HRSA Rural Network Development Grant – Addressing Violence in Rural Communities:**

JoAnn Miller reported on new HRSA Rural Network Development Grant we are applying for to address Violence in Rural Communities.

- We are applying for the 4-year, \$1.2 million grant to address violence in rural communities with a focus on child abuse, domestic violence, and human trafficking in Lincoln and east Linn Counties.
- Looking to include as partners - CARDV, Sarah’s Place, ABC House, Lincoln County Child Advocacy Center, and Linn/Benton Anti-Trafficking Coalition and Lincoln County Human Trafficking Task Force.
- Samaritan Pacific Communities Hospital would be the fiscal agent for the grant.
- If we are successful in receiving the grant, Linn, Benton, Lincoln Partners for Health would be the lead Coalition for the grant.
- The application is due in November 2022.

**Anne Daly made a motion and Kelley Kaiser seconded the motion to approve submitting a grant application for the HRSA Rural Network Development Grant to address violence in rural communities with a focus on child abuse, domestic violence, and human trafficking in Lincoln and east Linn Counties. The motion was voted upon and unanimously approved.**

**Regional Overdoses and Data Collection:**

JoAnn Miller started discussions around regional overdoses and data collection.

- We are seeing an increase in overdoses, especially overdoses with Fentanyl.
- We receive monthly data from Samaritan Health Services that we review at meetings.
- There are some first responders and law enforcement throughout our three-county region that are using Overdose Detection Mapping Application Program (ODMAP).
- We have seen an increase in high school and middle-aged kids overdosing. We recently had someone under the age of 18 come into our Emergency Department overdosed.
- Peter Banwarth, Epidemiologist, Benton County Health Department, is taking the lead to pull together partners to look at overdose data.
- **Anne Daly** – With her last job, she overseen the opioid compliance program. There is a lot of rainbow Fentanyl and synthetic Fentanyl and they ship a lot in sidewalk chalk.
- **JoAnn Miller** – Marcia Harnden, Albany Chief of Police, and Sherriff Jef Van Arsdall, Benton County Sheriff, provides data and Curtis Landers, Lincoln County Sheriff is also a strong advocate in the fight against overdoses. Not everyone that overdoses ends up in the Emergency Department.
  - a. We are seeing a lot of Narcan being used and sometimes it is taking 3-4 doses or more to revive a person.
  - b. It was reported that a 3-year-old recently overdosed. A 17-year-old recently overdosed and died in Lincoln County.

- c. **Jayne Romero** – The first information they received on the 3-year-old was a fatality, but that didn't appear to be the case. Is concerned with Measure 110 directly correlating with overdose. Fentanyl hit the streets without Measure 110 and bears discussion and awareness. It takes a long time for services. Legislature doesn't create treatment or criminal path choice. We need to keep a close eye on this.
- **JoAnn Miller** – We do want to take a regional approach on overdoses and be on the same page and be able to report data regionally.

**Measure 110 – Behavioral Health Resource Network (BHRN):**

Updates were provided on the Behavioral Health Resource Networks.

- **Sara Hartstein – Benton County** – They are getting settled in. Waiting on key documents. Oregon Health Authority (OHA) has required policies that need to be in place. Working to identify the correct data and collection tools and a smaller group is working on the referral process. Once everything is settled and in place will promote the BHRN further.
- **Bryan Decker – C.H.A.N.C.E.** - Emergency hotel stays – Will have in place by November 15, 2022. Seeking houses for transitional families of substance use disorder. Working with the city to find a spot for needle disposal and doing rental assistance for two months.
- **Sara Hartstein** – The hotel piece is big. Corvallis Housing First is identifying process for low barrier housing.
- **JoAnn Miller – Linn County** – Getting BHRN meetings for Linn County up and running. Getting people hired.
  - a. We have 19 people completing a Certified Recovery Mentor Course.
  - b. There is also a group of 15 students completing their weeklong in person Certified Alcohol and Drug Counselor (CADC) 1 class. Additional classes will be online. They can then be hired by organizations to get their clinical hours.
  - c. The STARS residential treatment facility and program is well established and providing inpatient and outpatient services.
  - d. Partners are working on the referral process and following up on the referral loop.
  - e. There is lack of staffing and new staffing with the State of Oregon and there has been lack of communication and misinformation on the whole process. We are following legislative rules.
  - f. We are looking at Unite Us as one possibility for referrals.
  - g. We are working with 211 and Lines for Life. The process is to get people registered. The challenge is that many clients' cross borders, especially Linn and Benton Counties. How do we distinguish BHRN clients/services based on who was just served? STARS was funded for Linn County and Lincoln County, but they weren't funded for Benton County. How do we work together as a region? We have people crossing lines. We are looking at preventive efforts.
  - h. Will be meeting on November 15, 2022, with Linn County and will discuss reporting requirements and looking at policies/procedures.
  - i. With the new State of Oregon Governor coming into office, Measure 110 will be revisited. There has been a lot of concern on the way it was rolled out and not just related to funding and citations, but reports of people not being responsive, etc.
  - j. OHA has asked to extend the contract through 2025.



- k. **Sara Hartstein** – Updated budgets need to be submitted by November 4, 2022. Have more time for 18-month extension. Is non-binding.
- **Jennifer Beckner – Lincoln County:**
  - a. There are two BHRN’s for Lincoln County. The #2 BHRN has met once on their own. She is not taking the lead on this one.
  - b. Lincoln County Health and Human Services has contracted with a partner with housing vouchers. With that program, it looks like \$69,000 was set aside for special vouchers for housing.
  - c. The #1 BHRN is meeting regularly. Lines for Life is now part of the meeting process and participating. The representative is interested in participating in additional county BHRN’s meetings as well.
  - d. Had a call yesterday that someone called Lines for Life and received a recording that indicated for BHRN services will get back to them within 24-48 hours. Will discuss this at the meeting that is scheduled tomorrow.
  - e. There has been miscommunication and several partners are receiving different information.
  - f. OHA has provided TA for all grant recipients and a meeting was scheduled with the TA. The meeting was changed to a webinar instead of TA meeting. OHA has provided a general email and she has submitted several messages within the last 4-6 weeks and hasn’t received a response back from OHA.
  - g. There has been concern with legislation not being followed. Was told any addiction counts as an addiction. Individuals can be addicted to sugar. Sounds like you need some screening and access to services. This was her understanding.
  - h. If we don’t follow the intention of the law, we can be set up for failure.
  - i. Will meet regionally to make sure we are all on the same level. Will need to discuss questions such as can someone in one county receive services in another county? If we can partner regionally and work together and have a similar process we will be more successful.
  - j. Also, looking at what does this look like for clients already in services.
  - k. Have started the discussion around Unite Us.
  - l. Excited with new partner, Faith, Hope, and Charity with peer support.
  - m. It is recommended to look at the Lines for Life website and see what services are available in the communities.
  - n. The deadline for budget changes is November 4, 2022.
- **JoAnn Miller** – Glad we will be having a regional meeting. We don’t want people to lose the focus of the intent of Measure 110 – Drug Addiction and Treatment Recovery Act – Decriminalized non-commercial possession of a controlled substance to no more than a Class E violation (maximum of \$100 fine) and establishing a drug addiction and treatment recovery program.
- **Curtis Landers, Lincoln County Sherriff** – Not all are for the focus of keeping people out of jail and not using substances. We are not meeting the mark. Would have added diversion if it was his choice.
  - a. **JoAnn Miller** - People are saying we need to look at diversion. People are not showing up for court.

- b. **Curtis Landers, Lincoln County Sheriff** – Diversion is important. We need to look at improving the Measure if we can. We need to connect people with funding and provide services.

**CCCWN Website Update:**

Jolynn Meza Wynkoop shared information about the CCCWN website.

- The website was redesigned about a year ago with help from Danny Hall, who is a website developer. She is working with him. The website is being updated at this time.
- We want the website to be informative, discuss the grant programs, Coalitions, etc.
- Jolynn Meza Wynkoop shared what the website looks like. There are different headings.
  - a. Home Page
  - b. About Us
  - c. Health Programs
  - d. Regional Coalitions
  - e. Newsletters
  - f. Resources
  - g. 5210
- The website will eventually have links and different resources with links.
- Samaritan Health Services is participating in the 5210 (5 or more fruits and vegetables per day; no more than 2 hours of unproductive screen time per day; 1 or more hours of vigorous physical activity per day; and 0 sugar or sweetened beverages) challenge along with Live Longer Lebanon. The month-long challenge occurs in the month of February.

**Linn, Benton, Lincoln Partners for Health Report:**

Dr. Davis provided an update from Linn, Benton, Lincoln Partners for Health.

- We held our yearly summit August 19, 2022, on “building resilience.”
  - a. We had a hybrid summit with both in person and virtual and it was held at the new Linn-Benton Community College Facility Chinook Hall in Corvallis.
  - b. We had an evaluation and some topics of interest mentioned for future summits include discussions around mental health and well-being, services for youth, and food insecurity.
  - c. The Coalition will continue to work on the summit for 2023.
- The COMP-NW medical school is working with OSU Extension to bring back nutrition education and cooking classes back into the communities.
- Will be recruiting additional members for Linn, Benton, Lincoln Partners for Health.

**Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition) Report:**

JoAnn Miller provided a Regional Oral Health Coalition report.

- JoAnn Miller noted that Britny Chandler stepped down as the Chair for the Regional Oral Health Coalition so she has stepped in to Chair the group until a Chair is chosen.
- We have been looking at the Strategic Plan created with the first oral health grant and see what we accomplished and what still needs to be done.

- We have a new HRSA Oral Health Grant Co-Location project with an Expanded Practice Dental Hygienist (EPDH) at Samaritan North Lincoln Hospital and soon to be at Samaritan Pacific Communities Hospital. We have had an EPDH at Samaritan Lebanon Community Hospital for some time now and it has been a great program in partnership with Capital Dental Care.
- The Regional Oral Health Coalition has been meeting with the local Oral Health Coalitions quarterly over the last couple of years.
- We have had successful programs through the Oral Health Coalitions such as the dental program through Benton County Oral Health Coalition with the Community Health Centers of Benton and Linn Counties, Love, INC, and Strengthening Rural Families. We have seen a decrease in the number of individuals showing up at GSRMC Emergency Department over the last several years for dental pain. Several dentists are accepting dental vouchers with this program.
- Capitol Dental Care and Advantage Dental have been strong partners in helping provide services.
- The HRSA Oral Health Grant – The Regional Oral Health Coalition is the Coalition meeting monthly around this grant.
- There is also the Oral Health Collaborative of Oregon, which is a statewide Coalition that looks at dental legislation and Oregon Health Authority updates, reports from Coalitions/ organizations from around the state, and sharing best practices, and additional topics of interest.
- Healthy Teeth Bright Futures – Looks at youth and children and continues with Frist Tooth and dental sealant programs in the schools.
- **Linda Mann** – Learned today regarding IHN-CCO having metric with those diagnosed with substance use disorder. Will look at partnerships and bringing an EPDH with dental van on site.

### **Coastal STARS Program:**

Dr. Lesley Ogden and Marty Cahill discussed the coastal STARS program.

- A picture was shown of what the backside of the current building looks like.
- Shared the “why” for the facility:
  - a. Oregon is 2<sup>nd</sup> in the nation for substance use disorder.
  - b. Oregon is 50<sup>th</sup> for access to treatment.
  - c. Between September 1, 2019, through August 31, 2021 - 1,933 residents diagnosed.
  - d. Lincoln County has no residential treatment.
  - e. Nearest residential facility is in Corvallis.
  - f. Residents travel up to 300 miles for treatment.
- What:
  - a. 16-bed SUD residential/outpatient facility for adults (18+).
  - b. Group/individual therapy, medication-assisted treatment, educational programs, and peer-support – **NOT detox.**
  - c. Input from people with lived experiences, the Confederated Tribes of Siletz Indians, members of the Latino/a/x, and LGBTQIA2S+ communities and others.
  - d. 200 residential patients and 600 outpatients each year.
- Where and how:
  - a. Pacific Communities Health District bought 5840 NW Biggs, Newport.

- b. Pacific Communities Health District and Samaritan North Lincoln Hospital Foundations are raising an additional \$6 million to remodel the facility and build an 8000-square-foot addition for a commercial kitchen, exam room, group spaces and offices, plus furnishings and equipment.
- c. A nonprofit healthcare provider, Samaritan Pacific Health Services, will operate the facility.
- When:
  - a. **March 2022:** Pacific Communities Health District purchased 5840 NW Biggs in Newport.
  - b. **July 2022:** Selected Clark Kjos Architects.
  - c. **October 2022:** Selected Gerding Builders.
  - d. **May 2023:** Begin remodel and break ground.
  - e. **June 2024:** Begin seeing patients.
- Financial partners to date:
  - a. **Committed -- \$3,825,811:**
    - City of Newport – Opioid settlement funding
    - City of Toledo
    - City of Waldport
    - Corporations
    - Individuals
    - Lincoln County – American Rescue Plan Act funding
    - North Lincoln Health District
    - Pacific Communities Health District
    - Siletz Tribal Charitable Contribution Fund
    - SPCH Auxiliary
  - b. **Pending/Planned -- \$4,247,134:**
    - Additional individuals, corporations, and private foundations
    - Federal Appropriations
    - Lincoln City
    - State of Oregon Appropriations
- Samaritan Health Services is committed to running the service line. Usually a 16-bed facility and program at 80% occupancy, doesn't make money. After treatment, we want to provide wrap around services and get individuals back out into the community.

**Adjourn:**

With no further business to discuss, the meeting was adjourned at 1:00 p.m.

**Respectfully Submitted**

Shelley Hazelton  
 Community Health Promotion  
 Department Assistant