



**Coast to Cascades Community Wellness Network (CCCWN)
Steering Committee
Held Virtually - Microsoft Teams
2:00 p.m. – 3:35 p.m.
February 14, 2024
Meeting Summary**

Attendance:

Marty Cahill, Kayla Armstrong, Maisa Athamneh, Shelagh Baird, Jennifer Beckner, Jeannie Davis, Ed.D., Emma Deane, Taylor Gilmour, Wendy Hausotter, Linda Mann, Sommer McLeish, Michelle Means, Jolynn Meza Wynkoop, Thien Nguyen, JoAnn Miller, Jayne Romero, and Shelley Hazelton

Welcome:

Marty Cahill called the meeting to order and welcomed everyone.

Meeting Summary:

The October 4, 2023, CCCWN Steering Committee meeting minutes were presented. **Wendy Hausotter made a motion and Jennifer Beckner seconded the motion to accept the October 4, 2023, meeting minutes as presented. The motion was voted upon and unanimously approved.**

Federal/State Grants Reports:

Health Resources and Services Administration (HRSA) Rural Health Care Services Outreach Program Oral Health Co-Location Project Grant Report:

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

- **Shelagh Baird** – A new Expanded Practice Dental Hygienist (EPDH) has been hired to replace Savanna Sam that will provide services at Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital. Shelagh Baird noted that she is working with Credentialing to get the new EPDH credentialed as quickly as possible.

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

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

HRSA Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities (AViROC) Project Update:

A written report for the HRSA Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities Project and Work Plan highlights was noted and distributed prior to the meeting.

Jennifer Beckner made a motion and Wendy Hausotter seconded the motion to approve and accept the HRSA Rural Health Care Services Outreach Program Oral Health Co-Location Project Grant Report, HRSA RC-SWAY Grant report and Work Plan Highlights, HRSA RCORP-I HIWAY Project Grant report and Work Plan Highlights, and HRSA Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities report and Work Plan Highlights as presented. The motion was voted upon and unanimously approved.

Jolynn Meza Wynkoop led further discussions around the HRSA Helping Impact Women and Youth Grant.

- We are in the middle of year 2 of the grant.
- In reviewing the budget for years 2-3 one budget line allocated Narcan for Lincoln County. There have been discussions about Narcan and its availability in the community. Would like to shift some funds for Narcan into a different category – “Translation/ Consultant” category.
- **Jennifer Beckner** – With the Opioid Settlement Funds, each of our counties that are part of a Behavioral Health Resource Network (BHRN) each built in Narcan. It does make her nervous to take all the funds and shift over. We do not want Narcan to leave our focus. There has been less fatalities, especially in Lincoln County and feels that it is due to the availability of Narcan. Partners have reached out to her for Narcan. People have been successful at getting what they need.
- **Jolynn Meza Wynkoop** – Will make sure there is Narcan left for year 2. We can purchase Narcan through August 2024 for year 2.
- **Mary Cahill** – Can we look at the supply of Narcan and will it be enough to get us to August?
- **Jolynn Meza Wynkoop** – “Yes,” we do want to make sure we have enough Narcan. We still have \$8,800 for year 3 that will begin September 1, 2024. For year 2 feels we could shift \$8,800 to the “Translation/Consultant” category.
- **Jennifer Beckner** – Our Behavioral Health Resource Networks should be fine. Narcan was \$75/box, and it has dropped to \$44/box.
- **Wendy Hausotter** – What is the shelf life of Narcan?
- **Jennifer Beckner** – There has been studies done, noting that it does not lose damage and will last quite a while after the expiration date, but there have been companies that will not put this in writing.
- **Marty Cahill** – Most agencies will not hand out expired medications unless there is a waiver from governing agencies. We just want to make sure we have an adequate supply of Narcan on hand.

- **Jolynn Meza Wynkoop** – Will be requesting then to move \$8,800 in funds for Narcan from the Lincoln County Health and Human Services budget line and shift to the “Translation/Consultant” budget line.

Wendy Hausotter made a motion and Jennifer Beckner seconded the motion to shift \$8,800 from the Narcan budget line and move to the “Translation/Consultant” budget line for the HRSA Helping Impact Women and Youth Grant for year 2. The motion was voted upon and unanimously was approved.

Discussion followed related to translation services.

- **Jolynn Meza Wynkoop** – We are also looking for approval for a potential increase in pay for translation services. We work with Luis Acosta with Acosta Services. We are developing a statement of work between the HIWAY Grant and Acosta Services. Initially \$45/hour was written into the grant. Our department pays a standard rate of \$75/hour for translation services. We would like to request a rate increase from \$45 to \$75 an hour.
- **Marty Cahill** – Do we have a market analysis that this is fair value?
- **JoAnn Miller** – “Yes,” we have, and we have paid the same amount for 4 years. We did do a market analysis and we are still below the national average. The average out there is \$85/hour with medical interpreters at \$65 an hour and others charge per page, with \$20-\$60 per page on average. With our public facing documents, it is most cost effective to pay an hourly rate and the \$75/hour is a reasonable rate. This increase request did not come from Luis Acosta. The request came from us when doing the market analysis for translation/interpreter services. We did do due diligence.

Dr. Jeannie Davis made a motion, which was seconded by Wendy Hausotter to increase translation services from \$45 an hour to \$75 an hour for Acosta Services. Committee members voted upon the motion and the motion was unanimously approved.

CCCWN Website Review:

Jolynn Meza Wynkoop shared updates on the CCCWN website.

- She has been working in connection with Miao Zhao, the website designer, to update our website. She shared what the website currently looks like. They will be uploading additional pages as well.
- The headings at the top of the page include – Home, About Us, Programs, Coalitions, Recover, 5210.
 - a. Home – Lists events, what is in the news, events/trainings/conferences, updates, resources, key focus areas, and partners.
 - b. About Us:
 - Welcome to the CCCWN
 - Organizational Structure
 - Building Healthy Communities – Lists Mission, Vision, Partnership
 - Partners
 - Collaborative Documents – Lists different plans and Charter
 - Meeting Minutes
 - Contact Us
 - c. Programs:

- Healthy Eating
 - Oral Health
 - Substance Use Disorder
 - d. Coalitions:
 - Regional Mental Health/Substance Use Disorder Coalition
 - Oral Health Coalition
 - Partners for Health
 - e. Recover:
 - About the BHRN
 - Referral Categories
 - Referral Locations
 - f. 5210 – Discusses 5210 (5 or more servings of fruits and vegetables; 2 or fewer hours of recreational screen time per day; 1 or more hours of physical activity per day; and 0 sweetened beverages) and talks about the 5210 challenge that Samaritan Health Services (SHS) takes part in over the month of February in partnership with Live Longer Lebanon, SamFit, some of the schools, and others
- Will be adding a parenting program page to the website.
 - It is the hope to unveil the final pages by the next meeting.
 - **Wendy Hausotter** – The website looks wonderful!
 - **Jennifer Beckner** – Thank you! Loves to see the social media posts and the media campaign with the Recover page, and the use of local people.
 - **Jolynn Meza Wynkoop** – It was a group effort on the media campaign.

Community Health Improvement Plan Process:

Taylor Gilmour provided an update on the Community Health Improvement Plan process.

- Public Health, IHN-CCO, SHS are all required to have a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).
- The Public Health Departments in Benton, Lincoln, and Linn Counties, Samaritan Health Services, IHN-CCO, United Way of Linn, Benton & Lincoln Counties, and the Confederated Tribes of Siletz Indians collaborated on the Linn, Benton, and Lincoln Counties Regional Health Assessment.
- The history was shared.
- IHN-CCO brought in a Consultant and a Project Manager position is being hired.
- There were four priority areas identified for the Regional CHIP:
 - a. Access to affordable housing & homelessness.
 - b. Access to quality care.
 - c. Equity, diversity, and inclusion.
 - d. Behavioral health (including mental health and substance use/misuse)
- Structure – Each of the four priority areas has:
 - a. Facilitators
 - b. Planning Team
 - c. Workgroup
- Shared the Draft Regional CHIP Development Timeline. The hope is by June/July to move forward with approval.
- Shared the Workgroup membership (Planning Team) and additional Workgroup members.

- There has been great participation. Has had three Workgroups and five planning team meetings.
- Themes from group breakouts:
 - a. Location and Timing:
 - Care is being delivered where people are.
 - We are serving all our population with respect, meeting where they are at, without sending out of the area.
 - We can serve people in the area within a month (or 2 weeks).
 - People get in for an appointment when they need to be seen.
 - Transportation and local services in a timely manner. Including PCP's, mental health, occupational and physical therapists.
 - Childcare is available.
 - b. Quality:
 - Community design takes into consideration health design (green space, walking paths, etc.) (Considering Health in All Policies).
 - Staffing has improved. Diverse care teams are being utilized. Using Nurses and Traditional Health Workers, Community Health Workers.
 - Care is patient-centered, linguistically, cultural and gender affirming ways where cultural background, beliefs, gender identity, faith is celebrated and embraced (instead of Health Care centered based on metrics and processes).
 - c. Reducing barriers:
 - Insurance coverage for everyone.
 - Using “upstream” approaches to support making healthy options the easy options.
 - Health Care organizations are providing the services that they claim to provide when you look at the website, including transportation services.
- Designed draft goal statements. These goal statements are as follows:
- **Goal 1 – Workforce development and sustainability:**
 - a. Goal Statement – Grow the regional healthcare workforce in innovative, supportive, and sustainable ways.
 - b. The Goal Summary was provided.
 - c. Draft Strategies:
 - Sustainably increase the number of healthcare providers in the region (all levels & all types).
 - Grow an electronic closed-loop referral system between community and clinical services to efficiently meet patient needs, gather standardized data, support sustainable models for community-based care.
 - Explore innovative ideas to address provider burnout & overcome institutional barriers to innovation.
 - Create sustainable funding mechanisms for community-based Traditional Healthcare Workers (THW's).
 - Define and integrate THW's full scope of practice into clinical & community settings.
- **Goal 2 – Oregon Health Plan (OHP) Optimization:**
 - a. Goal Statement – Reduce barriers to Oregon Health Plan enrolment and use of benefits.

- b. The Goal Summary was provided.
- c. Draft Strategies:
 - Increase the number of certified OHP Community Partners in the region, specifically among organizations serving populations that have been economically and socially marginalized.
 - Increase attendance of OHP Assisters at community events (especially events for populations that have been economically and socially marginalized).
 - Use GIS (Geographic Information Systems) analysis of Census data to target outreach to potentially eligible community members.
 - Improve educational materials for IHN-CCO members.
 - Increase use of and satisfaction with OHP flexible services and transportation benefits.
 - Increase accessibility & usability of IHN-CCO’s provider directory (...preferably without requiring manual updates or including outdated information)
- **Goal 3 – Timely, local, empowering care:**
 - a. Goal Statement – Ensure that care is timely, local, and empowering.
 - b. The Goal Summary was provided.
 - c. Draft Strategies:
 - Reduce wait times for new patient appointments for primary care.
 - Increase opportunities for communities experiencing disadvantage to provide feedback about quality of care (e.g., improve grievance/appeals processes in ways that allow systemic issues to be identified and addressed).
 - Provide financial support, technical assistance, other support for community partners representing communities experiencing disadvantage to engage in improvement/evaluation work with healthcare organizations.
 - Share best practices/policies among organizations across the region to improve quality/consistency of care (e.g., gender affirming care, language/interpreter access).
 - Increase provider attendance at trauma-informed care and/or trauma-informed community trainings.

HRSA Site Visit – May 15-17, 2024:

JoAnn Miller reported that HRSA representatives will be visiting our different federal grants May 15-17, 2024. She shared a “draft” agenda for the visit.

- Day 1 – May 15, 2024 – They will be meeting with the CCCWN. They will also be traveling to our different designated partner agencies that are part of our grants in Linn and Lincoln Counties. They will also be visiting our oral health co-location site at the coast either on day one or two of the visit.
- Day 2 – May 16, 2024 – HRSA will be doing additional site visits in Lincoln County and Linn County.
- Day 3 – Violence Prevention Summit – Samaritan Lebanon Community Hospital. We would like HRSA representatives to also attend this summit.
- **Jayne Romero** – Is there anything such as preparing financials or anything that partner agencies need to prepare for during the visit.

- a. **JoAnn Miller** – “No,” they are coming out to celebrate our successes and see what we are doing with our grants. They may want to talk about partnerships such as Lincoln County Health and Human Services and continuation of services such as Medication Assisted Treatment (MAT) services after the grant ends. Maybe look at those type of conversations to be prepared to discuss.

Coalition Updates:

Linn, Benton, Lincoln Partners for Health (Partners for Health) Update:

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

- The Partners for Health Summit is scheduled for August 23, 2024. We are still working on details for a location, but it may be held in Corvallis.
- This year’s theme is a youth focus. We are excited to focus on this population, especially the 11-17 age group.
- We will have a keynote speaker, workshops, and a panel discussion.
- We have a couple of workshops confirmed – Paulina Kaiser – Data driven workshop and an ABC House speaker, Jacob Stewart, related to anti-bullying.
- **Wendy Hausotter** – Have you thought of having a workshop or part of the panel discussion, kids/youth talking about what works – More of an outreach to them?
- **Dr. Jeannie Davis** – “Yes,” we did have discussions around this. We are trying to involve Jackson Street Youth Services, who has peer support.
- **JoAnn Miller** – Oregon Health Authority has a statewide youth group that serves as an advisory group to the state with mental health/suicide/substance use disorder, etc. We may look at tapping into this group. Carolyn Black with Oregon Health Insurance Marketplace may sponsor the event.

Regional Mental Health/Substance Use Disorder Coalition Update:

Jennifer Beckner provided an update for the Regional Mental Health/Substance Use Disorder Coalition.

- Happy to hear of the focus on youth at this year’s summit. We are missing the piece on serving youth and those with substance use disorder. We have lost different programs for youth. We still have the strong Linn Together group, but she does not think there are any other Coalitions such as this any longer in Benton or Lincoln Counties. Appreciative of the grants that support and help purchase LifeSkills curriculum for the schools as well.
- The Coalition continues to review overdoses for the region. We have had an increase in youth overdoses and over all overdoses. Fatal overdose numbers have dropped by Lincoln County.
- Keeping our eyes open on the new House Bills (HBs) – 4002 and 4036 related to recriminalization of drugs. Been in most focus group meetings around the different legislative bills related to this.
- **JoAnn Miller** – HB 4002 is getting momentum. There has been concern with recriminalization and funding.
- Jennifer Beckner - Also, likes to report on success stories.

Had a professional client that they had been trying to get into treatment and their Harm Reduction Worker contacted them that the client was ready for treatment in a program in Salem. Reached out to a partner agency and was able to get the person transported safely.

Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition-ROHC) Update:

JoAnn Miller provided a ROHC update.

- The Coalition has been meeting quarterly with the local Oral Health Coalitions.
- Brandan Kearney, Consultant, has helped put together the updated Oral Health Coalition Strategic Plan and Coalition members have been reviewing and offering suggestions.

Behavioral Health Resource Networks:

Committee members reported on the Behavioral Health Resource Networks.

- **Thien Nguyen – Linn County and Lincoln County:**
 - a. The Measure 110 Behavioral Health Resource Network report was noted.
 - b. All partners are doing excellent work.
 - c. Communities Helping All Negotiate Change Effectively (C.H.A.N.C.E.) has started a rental assistance program.
 - d. Community Services Consortium is providing presentations throughout the community on the Behavioral Health Resource Network.
 - e. STARS – Jake Miller and Bradly Goodwin are doing splendid work bridging Linn and Lincoln Counties and building connections with BHRN partners.
 - f. STARS and Phoenix Wellness Center are connecting and working together to get people into the next stage of Recovery.
- **Jennifer Beckner – Lincoln County:**
 - a. Lincoln County has a permanent winter shelter in Newport. We have a wonderful coordinator and have added a resource navigator. The shelter will close in April for the Spring/Summer months and will then remodeling will take place. Will also have a facility in Lincoln City.
 - b. The CCCWN has been a wonderful Network and helped secure grants. We have had different discussions in meetings around affordable housing. The CHIP group is also looking at housing. Can we strengthen the affordable housing hub and look at the CCCWN to help us secure funding around this? There have been discussions around Salem and with focus groups around Measure 110. Repeatedly, we here about affordable housing and all the open positions we have and not enough affordable housing to support people coming into our region. The CCCWN has been strong, and she has been proud to be part of this group. Adding another spoke around the hub related to housing, would be so beneficial to our counties.
 - c. We will be looking at a day shelter as well for Lincoln County. We are lucky to have an amazing Director and housing director at Lincoln County Health and Human Services.
 - d. With our Behavioral Health Resource Networks and legislation and funding, there is a focus on jail diversion. The concern is where the funding will come from, and a big concern is infrastructure. Our access to treatment has not been ideal, but it has been the same across the state.
 - e. **Jolynn Meza Wynkoop** – What staff has been hired for the Lincoln City shelter?

- f. **Jayne Romero** – We have a shelter supervisor/coordinator and will hire an assistant coordinator. The Lincoln City Shelter will be the same shelter as now through the hotel.
The goal is to have two staff members and volunteers. We are working with Health and Human Services staff as well. We have about 41 volunteers so far. Will repeat the Newport model in Lincoln City.
- g. **Wendy Hausotter** – When Julie Manning was working for Samaritan Health Services before retiring, she was part of a Housing Coalition. Is Samaritan Health Services still involved in this?
- h. **JoAnn Miller** – “Yes,” especially in Lincoln County. Dr. Leslie Ogden is heavily involved and has made sure more than \$40,000 was given to shelter services. We have the Linn Benton Housing Authority who is identifying funding and use. There could be more collaboration and coordination around housing and housing services.
- i. **Jennifer Beckner** – We have done work with the homeless coalition in Lincoln County. There have been barriers with those agencies who do not have 501(c)3 status.
- j. We have a great navigator that covers the Newport shelter and the Lincoln City shelter.
- k. **Kayla Armstrong** – Community Services Consortium pursues a continuum of care in Linn, Benton, and Lincoln Counties around housing and homelessness.
- l. **Wendy Hausotter** – This might be a good topic in the future for a one-time summit.

Additional Business:

Additional business was discussed.

- **JoAnn Miller** – We are also watching HB 4092 that requires Oregon Health Authority to conduct a study to determine the funding required for each community mental health program to provide services and perform function required by law related to individuals with behavioral health disorders in specified age groups. Will be following up with Sherriff Curtis Landers and Albany Chief of Police, Marcia Harnden on the legislation.

Next Meeting:

The next meeting of the CCCWN Steering Committee is scheduled for April 10, 2024, at 2:00 p.m.

The full CCCWN meeting is scheduled for May 15, 2024.

Adjourn:

With no further business to discuss, the meeting was adjourned at 3:35 p.m.

Respectfully Submitted,

Shelley Hazelton

Community Health Promotion