



**Coast to Cascades Community Wellness Network
STEERING COMMITTEE**

June 12, 2024

2:00 pm

Virtual - Microsoft Teams Meeting

Agenda

Topic	Disposition	Lead
Welcome		Marty Cahill
Meeting Summary April 10, 2024	Approve	Marty Cahill
Federal/State Grants Reports (Consent) Oral Health Co-Location Supporting Women & Youth Helping Impact Women & Youth Addressing Violence In Rural Oregon Communities	Approve	Linda Mann/Shelagh Baird Michelle Means Jolynn Meza Wynkoop Sommer McLeish
Community Health Improvement Plan Process Update	Information	Sara Hartstein
Strategic Planning Debrief/Further Discussion	Information	All
Coalition Updates Partners For Health Mental Health/SUD Regional Oral Health	Information	Dr. Jeannie Davis Jennifer Beckner Shelagh Baird
Behavioral Health Resource Networks Lincoln County Linn County Benton County	Information	Jennifer Beckner Thien Nguyen Sara Hartstein

Next Meeting – August 14, 2024

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**Coast to Cascades Community Wellness Network (CCCWN)
Steering Committee
Held Virtually - Microsoft Teams
2:00 p.m. – 3:25 p.m.
April 10, 2024
Meeting Summary**

Attendance:

Jennifer Beckner, Bryan Decker, Taylor Gilmour, Sara Hartstein, Wendy Hausotter, Linda Mann, Sommer McLeish, Michelle Means, Thien Nguyen, JoAnn Miller, and Shelley Hazelton

Welcome:

JoAnn Miller called the meeting to order and welcomed everyone.

Meeting Summary:

The February 14, 2024, CCCWN Steering Committee meeting minutes were presented. **Wendy Hausotter made a motion and Jennifer Beckner seconded the motion to accept the February 14, 2024, 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 and Evaluation 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 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, Workplan, Performance Improvement Measurement System (PIMS) Report, and Biannual Progress Report were 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 and Evaluation, HRSA RC-SWAY Grant report and Work Plan Highlights, HRSA RCORP-I HIWAY Project Grant report, Workplan, PIMS Report, and Biannual Progress Report, and the 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.

JoAnn Miller – Thanks to the team for doing a fabulous job getting in all the report to submit to HRSA in a timely manner. Appreciates all the partners involved with all the grants. We are doing so much good work in the region!

Wendy Hausotter – Is amazing with the work that is being done with the grants. Thanks for all your work.

County Health Rankings:

JoAnn Miller shared information on the 2024 county health rankings. The health rankings are from the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute.

- The rankings look at a variety of measures that affect the overall health of communities.
- Health rankings comprise two categories:
 - a. Health outcomes - How healthy a county is.
 - b. Health factors - What influences the health of a county.
- Ranking Categories and Formula:
 - a. Health Outcomes – Length of Life (50%) and Quality of Life (50%).
 - b. Health Factors – Includes – Health Behaviors (30%) - Tobacco use, diet and exercise, alcohol and drug use, sexual activity; Clinical Care (20%) - Access to care and quality of care; Social and Economic Factors (40%) – Education, employment, income, family and social support, community safety; and Physical Environment (10%) – Air and water quality, housing, and transit.
 - c. Policies and Programs.
- Last year, they highlighted civic engagement.
- Usually, we would provide a list of the county health rankings from 2010 to date, but this year they did not do any rankings. Benton County is still one of the highest in health outcomes and health factors in the State of Oregon. Linn County is in the middle and Lincoln County remains toward the bottom.
- The website will show the 36 counties in Oregon, color coded – www.countyhealthrankings.org
- We do have the county health rankings for 2010-2023. Counties were ranked based on Health Outcomes, how healthy is a county and Health Factors, what influences the health of the county.
 - a. 2023 - Benton County – 2 in Health Outcomes; and 1 in Health Factors.
 - b. 2023 – Linn County – 14 in Health Outcomes; and 21 in Health Factors.
 - c. 2023 – Lincoln County – 27 in Health Outcomes; and 27 in Health Factors.
- Shared the Benton-Linn-Lincoln County Health Outcomes 2010-2023 Trends and the Benton-Linn-Lincoln County Health Factors 2010-2023 Trends in graph form.
- Shared the Tri-County Region: Demographic information.

- The Tri-County Region: Health Outcomes – Health Outcomes Length of Life and includes premature death and Quality of Life including poor or fair health, poor physical health days, poor mental health days, and low birthweight was noted showing statistics for Benton, Linn, Lincoln Counties compared to Oregon.
- Shared the Tri-County Region: Health Factors – Health Behaviors – Includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen birth statistics for Benton, Linn, Lincoln Counties compared to Oregon.
 - a. Excessive drinking – Benton County was at 18% and was higher than Linn County and Lincoln County.
- Shared the Tri-County Region: Health Factors – Clinical Care – Uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, mammography screening, flu vaccinations statistics for Benton, Linn, Lincoln Counties compared to Oregon.
 - a. Lincoln County struggles with Mental Health/Primary Care/Dental providers.
- Shared the Tri-County Region: Health Factors – Social and Economic Factors include high school completion, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, injury deaths statistics for Benton, Linn, Lincoln Counties compared to Oregon.
 - a. Benton County has the highest in high school completion and some college.
 - b. Does not include trade industry. There are people that do not want to go to college, but there are people that will go to a trade school. At the African American Youth Leadership Conference, they had people from the trade industry there and there were discussions around this. How do we encourage the Robert Wood Johnson Foundation to include this?
- Shared Tri-County Region: Health Factors – Physical Environment – air pollution-particulate matter, drinking water violations, severe housing problems, driving along to work, long commute-driving alone statistics for Benton, Linn, Lincoln Counties compared to Oregon.
- **Jennifer Beckner** – With the social and economic factors and income inequality – Benton County is higher and the STI rate is double in Benton County.
- **JoAnn Miller** – OSU students do play a factor. OSU is a major employer as well. The Partnership Against Alcohol and Drug Abuse (PAADA) had a Youth Leadership Academy and taught skills for dealing with different issues around peer pressure, etc. There is so much to do with demographics. Years ago, used to live and work in Benton County. We have the juvenile department, Welfare, WIC, unemployment services, low-income housing. We still have populations that struggle with housing and people on the Oregon Health Plan and the unhoused in our counties. We do also have great outcomes and great things going on in our counties. Excited to see prevention come back from the state and federal government.

Community Health Improvement Plan Process Update:

Sara Hartstein provided a Community Health Improvement Plan (CHIP) update.

- The Partnership for Community Health hosted workgroups for each of the priority areas:
 - a. Access to Quality Care.
 - b. Behavioral Health.
 - c. Access to Affordable housing and homelessness.
 - d. Equity, Diversity, Inclusion – Including antiracism in priority – IDARE – Inclusion, Diversity, Antiracism, Equity.

- IHN-CCO – Supporting work with a consultant and a tech writer. Will be fine tuning goals/strategies and support writing.
- Hired a Project Manager in May.
- Benton County has hired an Epidemiologist to replace Peter Banwarth and will support the community health process half time.
- Convening a data team with Paulina Kaiser and other key members and assigning program measures, goals, and strategies.
- Will be excited to publish the CHIP toward the end of June/early July. Will be taking back to the IHN Community Advisory Council.
- **JoAnn Miller** – This has been amazing work. Sara Hartstein has kept everyone calm and process running smoothly. The Confederated Tribes of Siletz Indians has been involved and Ruby Moon and there was community involvement from the beginning.

HRSA Federal Grant Opportunity RCORP – Impact Grant:

JoAnn Miller reported on the HRSA Federal Grant – RCORP – Impact grant.

- The grant will focus on Lincoln County and will enhance, expand, and improve services and supports for those with substance use disorder and opioid use disorder and will target those incarcerated and youth. It is a direct services grant.
- It is \$750,000 a year for 4 years and Samaritan Pacific Communities Hospital will be the fiscal agent.
- Sheriff Curtis Landers has a diversion program in Lincoln County – LEAD – Law Enforcement Assisted Diversion program. The grant would help expand this program and bring in a Navigator that will help with housing.
- Phoenix Wellness Center and Reconnections Counseling currently does groups in the jail. There is also a Medication Assisted Treatment (MAT) program in the jail.
- This project will address the following needs: expand substance use disorder treatment and recovery services for adults; treatment, recovery, and support services for justice-involved populations; housing for individuals in treatment and recovery, including those released from jail and pregnant women; childcare; and prevention education for youth and their families.
- Different Partners and agencies will help with the grant – Coastal Samaritan Treatment and Recovery Services (STARS)-Peer Support Specialist, Health Navigator, Phoenix Wellness Center, Reconnections Counseling, Lincoln County Sheriff’s Office, Lincoln County Health and Human Services, Family Tree Relief Nursery (workforce training), PAADA (life skills education), Samaritan House (childcare, parent education/support services), Northwest Coastal Housing (Nates Place).
- **Jennifer Beckner** – With the Navigator to help in the jails, currently has two people doing that now.
- **JoAnn Miller** - Felt like Lincoln County was in the best position to receive the grant.
- **JoAnn Miller** – They are only giving out 16 grants. We were encouraged to apply.

Jennifer Beckner made a motion and Sara Hartstein seconded the motion to approve the submission of a grant application for the HRSA RCORP Impact Grant for Lincoln County. The motion was voted upon and unanimously approved.

HRSA Site Visit – May 15-17, 2024, Strategic Planning:

JoAnn Miller led discussion around the HRSA site visit.

- Representatives from HRSA are scheduled to visit May 15-17, 2024.

- They will be at our CCCWN meeting on May 15, 2024, and will help us with our strategic planning process. This is the full meeting of the Network and will be held at Samaritan Lebanon Community Hospital. There will be a virtual option for the meeting as well.
- Each of our HRSA grants, has a strategic plan. We do have a Charter and Memorandum for our CCCWN, and we want to have a strategic plan that is in alignment with our CHIP.
- They will do site visits at the coast on May 16, 2024, and then attend the Violence Prevention Summit on May 17, 2024.

Certified Peer Specialists Career Outcomes Study:

JoAnn Miller shared information from a recent online seminar, “Striving and Thriving Among Certified Peer Specialists” – Certified Peer Specialist Career Outcome Study with Laysha Ostrow, PhD, Live and Learn, Inc.

- Oregon is in the study.
- The study looked at what causes folks to come into the field and not stay in the field.
- Hourly wage for all job types increased over time, but the increase in wages for peer support jobs was significantly less than other jobs.
- Other things identified included: Felt not enough support from employers as compared to other positions, emotionally exhausted/burnout, or they may feel that they are not seen as contributing to the success of the program or organization.
- Certified Peer Specialists may turn to business ventures to improve their income and freedom at work.

Coalition Updates:

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

JoAnn Miller provided a Partners for Health update.

- The annual summit is scheduled for August 23, 2024, at LBCC Chinook Hall, Corvallis.
- The keynote speaker is Dr. Max Derenoncourt
- The summit will focus on youth.
- We will have a panel discussion and workshops, including a Spanish workshop. Workshops will include:
 - a. Dr. Paulina Kaiser – Data and youth
 - b. Jacob Stewart – Anti-bullying
 - c. Partnership Against Alcohol and Drug Abuse (PAADA) and Confederated Tribes of Siletz Indians.
 - d. Casa Latinos.
 - e. Asian Pacific and Hawaiian and Black Student Union.
 - f. Will contact clubs at OSU.
 - g. Jackson Street Youth Services addressing unhoused youth and LGBTQ+
 - h. Ophelia’s Place.
 - i. Addressing people with disabilities.
 - j. Other speakers/workshops.
- We will have resource tables.
- The Oregon Insurance Marketplace will help sponsor the event.

Sommer McLeish shared on the Strangulation Prevention Summit and Violence Prevention Summit as part of the Addressing Violence in Rural Oregon Communities grant.

- The Violence Prevention summit is scheduled for May 17, 2024, and will be held at Samaritan Lebanon Community Hospital. It will focus on child abuse prevention, human trafficking, and domestic/partner violence.

- a. The event will be from 9:00 a.m. – 3:00 p.m. and is a free event.
- b. There will be resource tables and resources for attendees to take with them.
- c. Rebecca Bender will be the keynote speaker. She is originally from Oregon and was human trafficked.
- d. There will be workshops and a panel discussion.
- e. AHM Brands will be there in the beginning for interviewing and soliciting comments and will be helping with our media campaign. They will be gathering information on what attendees would like to see with the media campaign and the education piece for the community. They will be doing surveys and interviews for the campaign.
- The Strangulation Prevention Summit is scheduled on May 3, 2024, from 9:00 a.m. – 4:00 p.m. at the Boulder Falls Conference Center in Lebanon.
 - a. There will be speakers from the Strangulation Institute out of San Diego.
 - b. Will provide lunch.

Regional Mental Health/Substance Use Disorder Coalition Update:

Jennifer Beckner reported on the Regional Mental Health/Substance Use Disorder Coalition.

- The Coalition discusses and reviews overdoses in our three-county region. We have been seeing an increase in non-fatal overdoses.
- Marcia Harnden, Albany Chief of Police, provides good data along with Jef Van Arsdall, Benton County Sheriff.
- Looking at ways to collect overdose data more efficiently.
- Will be hiring a death investigator in Lincoln County that will be under Lincoln County Health and Human Services.
- We have great attendance at the Coalition meetings.
- Curtis Landers, Lincoln County Sheriff, will be retiring.
- Are using opioid settlement funding to help buy equipment to test in the field and provide education on Fentanyl exposure in the field.
- **JoAnn Miller** – With current funding and with the new grant, we can look at additional education around Fentanyl.
- **Sara Hartstein** – When they do Fentanyl awareness presentations if they include law enforcement individuals in the presentations and it has a huge impact.
- **Wendy Hausotter** – Have seen a billboard on Fentanyl by the Casino at the coast and how a small amount can kill.
- There are also the different “One pill can kill” campaigns.

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

JoAnn Miller provided a Regional Oral Health update.

- The Coalition has been updating the Strategic Plan.
- We have had great collaboration around oral health with Benton County Health Department and our Community Health Centers of Benton/Linn Counties and Strengthening Rural Families and Love, Inc.
- Communities Helping All Negotiate Change Effectively (C.H.A.N.C.E.) has a dental clinic in Albany.
- We have the Expanded Practice Dental Hygienist in the coastal hospitals in partnership with Capitol Dental Care. Patients can receive a dental voucher for emergency services. Appreciates Capitol Dental Care, who is a valuable partner in this endeavor.

- Shared the Samaritan Health Services Dental Encounter Data for 2023. Hospital site, race, ethnicity, age, and gender data was part of the report.
 - a. In 2023, there was a total of 1,434 dental encounters at our Emergency Departments and Urgent Cares throughout our system. These include Samaritan Albany General Hospital (SAGH) Urgent Care North Albany, SAGH Emergency Department, SAGH Samaritan Urgent Care Geary Street, Good Samaritan Regional Medical Center (GSRMC) Emergency Department, GSRMC Samaritan Urgent Care Corvallis, Samaritan Lebanon Community Hospital (SLCH) Samaritan Urgent Care Lebanon, SLCH Sweet Home Family Medicine, SLCH Emergency Department, Samaritan North Lincoln Hospital (SNLH) Emergency Department, SNLH Samaritan Coastal Clinic Urgent Care Lincoln City, Samaritan Pacific Communities Hospital (SPCH) Samaritan Urgent Care Newport, SPCH Emergency Department, SPCH Samaritan Walk-In Clinic.
 - b. Data was also noted from 2014-2023.

Behavioral Health Resource Networks Update:

Committee members reported on the Behavioral Health Resource Networks (BHRNs).

- **Jennifer Beckner – Lincoln County:**

- a. Nate’s Place is part of Northwest Coastal Housing and is a 33-unit motel – high barrier shelter. You need to be engaged in treatment to be part of the housing unit. Rooms are studio type apartments. They have support groups and is around \$125/month to live there.
- b. Added two Resource Navigators – Working mostly in the jails. They meet individuals coming out of jail and help with getting somewhere to stay, getting them signed up for the Oregon Health Plan, give them Narcan.
- c. Will be opening a second shelter project in Lincoln City. The shelters will be open September – April. The Newport one is closed for renovation. Will be looking into additional funding for the shelters.
- d. All partners are working well together.
- e. A few weeks ago, had a successful outcome with a client that was contemplating treatment for two years. Were able to utilize Harm Reduction and was able to partner and transport the client to treatment.
- f. Received opioid settlement funding that will help fund a Navigator position.
- g. There were 22 clients during the winter that the Resource Navigator found housing for.
- h. The BHRN has helped people with deposits for utilities, rent if evicted, etc.
- i. There are agencies providing harm reduction services – Those that are partners and non-partners as well. They host a harm reduction meeting monthly.
- j. Contracted for clinical supervision with those that work in harm reduction. Need peer mentors as well.

- **Sara Hartstein – Benton County:**

- a. Need to be thoughtful about secondary traumas for those on the front line. Amazing, that the Navigator was able to get housing for 22 people in Lincoln County.
- b. Hard to find any type of housing units in Benton County. There is a current pilot with Benton County/City of Corvallis that launches a flexible housing subsidy pool to rapidly house folks and pool other funding.
- c. Taking referrals, screening, working with house navigator to stay in housing. Hope to launch pilot soon. Recruiting for two positions.
- d. Benton County – Funding opportunity to augment outreach and case management.
- e. BHRN partners working with communication team to do localized and specific to Benton County with website.

- f. **JoAnn Miller** – Jolynn Meza Wynkoop is working to get our CCCWN website up to date and will have the BHRN information in one place.
- **Thien Nguyen – Linn County:**
 - a. Family Tree Relief Nursery finished another successful Peer Support Specialist training course in early March.
 - b. C.H.A.N.C.E. Recovery opened an additional 42 overnight, low-barrier beds at their Albany shelter.
 - c. Emergence Addiction and Behavioral Therapies is doing a reflections program for woman.
 - d. Samaritan Treatment and Recovery Services (STARS) staff continue to perform outreach activities in Linn and Lincoln counties, collaborating with community partners.
 - e. Albany Comprehensive Treatment Center is collaborating with law enforcement in Multnomah County and looking at collaborating with Linn County law enforcement.
 - f. Met with partners last week who are working in tandem with other partners.
 - g. Working on resources with the BHRN and talking with additional partners and letting staff know what is out there.
 - h. More meetings are scheduled for next week with STARS and Faith, Hope and Charity.

Additional Business:

Additional business was discussed.

Next Meeting:

The next meeting of the CCCWN Steering Committee is scheduled for June 12, 2024, at 2:00 p.m.

The full CCCWN meeting is scheduled for May 15, 2024. HRSA reps will be present to help with the strategic planning process.

Adjourn:

With no further business to discuss, the meeting was adjourned at 3:25 p.m.

Respectfully Submitted,

Shelley Hazelton

Community Health Promotion

CCCWN Oral Health Co-Location Project

CCCWN Update – June 2024

Reporting Updates

- Grant Year 4 began May 1, 2024
 - 128 patients seen at SPCH, SNLH (May 1 – June 6, 2024)
- PIMS Report submitted to HRSA on May 30, 2024
- Sustainability Report will be due to HRSA by Nov. 15, 2024



Other Updates

- EPDH Leah Hitz is seeing patients 0.5 FTE at each SPCH and SNLH
 - 75 patients at SPCH
 - 53 patients at SNLH
 - Two patients received follow-up care with grant voucher program
- AHM Brands will continue developing a Spanish-language oral health video for Lincoln County
- Year 4 community outreach and education efforts will include expanded presence at community events, educational summit for oral health and primary care providers
- HRSA Technical Advisor visited May 14-17 for Reverse Site visit, CCCWN meeting, and strategic planning support



CCCWN Steering Committee June 2024

Rural Communities Supporting Women & Youth (RC-SWAY)

September 1st, 2021 – August 31st, 2024

*Project Director and Project Specialist
Michelle Means*

Samaritan Lebanon Community Hospital requested \$1,000,000 to implement the Rural Communities Supporting Women and Youth (RC-SWAY) project to reduce morbidity and mortality related to substance use disorder and opioid use disorder in rural Linn County, Oregon. Under direction of the RC-SWAY consortium, we will strengthen and expand SUD/ODU prevention, treatment, and recovery activities throughout rural Linn County.

Partners on the project include Samaritan Lebanon Community Hospital & Clinics (SLCH), Samaritan Treatment and Recovery Services (STARS), Family Tree Relief Nursery (FTRN), Linn County Health Department Alcohol & Drug Program (LCAD) and Community Health Centers of Benton and Linn Counties (CHCBLC).

PIMS Report – Final

- PIMS Y3R1 for reporting period September 1st, 2023-February 29th, 2024 was submitted to HRSA via Salesforce March 29th, 2024.

Biannual Progress Report – Final

- Y3R1 Biannual Progress Report for reporting period September 1st, 2023-February 29th, 2024 was submitted to HRSA April 2nd, 2024.

Sustainability Plan – Final

- Sustainability Plan Report 3 is due September 30th, 2024.

Progress Report – Final

- The Final Progress Report is due to HRSA in November 2024.

Year 3 Budget

- RCSWAY is in preparations to apply for a six-month extension to continue SUD initiatives in rural East Linn County.
- RCSWAY, HIWAY, and the Oral Health Grant are coming together to raise awareness about substance use disorder and promote it as a disease. This campaign will aim to eliminate stigmas related to substance use disorders within communities and organizations.
- The Family Tree Relief Nursery and The Hope Center are actively using funds from RCSWAY to address a range of needs, including emergency beds, sustainability for current clients and tenants, regaining life skills, rental application fees, recovery house fees, storage unit and transportation fees, as well as infant and children's items.
- Acosta Services is working to identify regional dialects and translation options and provide a comprehensive report on the works to assess and improve Spanish translation services. RCSWAY will fund the assessments.

Prevention, Treatment, & Recovery Activities	Responsible Persons	Timeline	Progress
<p>1b. Hire or assign Peer Support Specialists and Peer Support Group Leader to implement RC-SWAY peer support activities.</p>	<p>STARS FTRN</p>	<p>Q1</p>	<p><u>FTRN</u> June Updates: FTRN PSS groups have been successful and are gaining traction. We have expanded the attendance by including participants from other counties, such as Multnomah. We have had up to 15 peers in attendance as well as supervisors and newcomers to the field.</p>
<p>1c. FTRN, STARS, LCAD, CHCLBC, will develop and distribute culturally and linguistically appropriate education material for family members and caregivers on SUD/ODU prevention, treatment and recovery.</p>	<p>FTRN STARS LCAD CHCLBC</p>	<p>Q1-Q12</p>	<p><u>STARS</u> June Updates: In May, the STARS PSS made significant strides. They attended the Sources of Strength Wellness Fair, where they distributed STARS Pamphlets and provided RCSWAY education. They connected with 150 community members and 20 community partners in a commendable effort. Additionally, they extended their reach by providing SUD education and resources to Obria, the Pregnancy Resource Clinic, the Teen Center, and FAC.</p> <p><u>FTRN</u> June Updates: FTRN provided 8 women with evidence-based Nurturing Parenting curriculum. Parent Café support groups are still being continued and now offered at a local park with children-friendly activities to accommodate mothers who bring their children (weather permitting).</p>
<p>1g. FTRN will continue to conduct on-going drug take-back programs throughout the year.</p>	<p>FTRN</p>	<p>Q1-Q12</p>	<p><u>FTRN</u> June Updates: FTRN primarily uses the Sheriff's station for clients' medication takeback needs, utilizing the Med-Project medication drop box to dispose of unwanted medications.</p>
<p>1k. Clinicians, Peer Support Specialist, and primary care providers will identify and screen individuals at risk of SUD/ODU and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.</p>	<p>SLCH and clinics FTRN STARS CHCBLC</p>	<p>Q1-Q12</p>	<p><u>STARS</u> June Updates: STARS PSS conducted 24 new screenings, sent 121 referrals, of which 76 were new referrals, and connected with 21 individuals.</p>
<p>2d. RC-SWAY will continue to strengthen the service integration model between physicians, mental health providers, dentists, local law enforcement and service providers to reduce barriers to treatment and recovery.</p>	<p>PD-DC SLCH STARS FTRN LCAD CHCBLC</p>	<p>Q1-Q4</p>	<p><u>STARS</u> June Updates: STARS PSS engaged with care coordinators, DHS, birthing centers, Linn County Mental Health Department, and staff at various Samaritan Clinics who referred patients to the STARS program.</p> <p><u>FTRN</u> June Updates: FTRN is still working closely with Sweet Home community Courts and local law enforcement, connecting people to services local to the area</p>

			<p><u>CHCLC</u> June Updates: CHCLC Community Health Worker (Clinic Health Navigator) attends community court to support patients and others who need care coordination through engagement in treatment.</p>
2e. Peer Support Specialists will conduct outreach efforts to Maternity Care Coordinators to assist pregnant women in navigating the treatment and recovery system.	SLCH, STARS, FTRN	Q2-Q12	<p><u>STARS</u> June Updates: STARS PSS connected with the new Maternity Care Coordinator, Gaby Esquivel, at SLCH Labor and Delivery. STARS PSS continues working with SLCH Labor and Delivery despite receiving 0 referrals from MCC or Labor and Delivery since 04/01/2024 due to maternity care coordination staffing changes.</p>
2f. Peer Support Specialists will conduct outreach efforts to schools and youth serving agencies to assist youth in navigating the treatment and recovery system.	FTRN	Q2-Q12	<p><u>FTRN</u> June Updates: FTRN delivered presentations focused on youth at two local schools. Youth PSS Carter continues to engage in the YST panel and connects youth to services that meet their needs.</p>
2j. Peer Support Specialists will assist individual, family and caregiver referrals and connections to home and community-based and social support services available in the community.	STARS FTRN CHCBLC	Q1-Q12	<p><u>STARS</u> June Updates: STARS PSS referred 121 individuals for the following services: treatment services: 21; employment services: 1; prenatal/postpartum: 3; recovery housing: 16; transportation: 7; CARDVA: 2; Mental Health: 5; Community Recovery/agency: 21; referred to Services: 24; connected to Services: 21.</p>
3a. Peer Support Specialists will outreach to Linn County Probation and Parole and local residential treatment facilities to connect people to housing and other services.	STARS FTRN	Q2-Q12	<p><u>STARS</u> June Updates: PSS continues attending the monthly Community Court in Sweet Home and helping Rural East Linn County clients. They also support the FAC Shelter, Pregnancy Resource Center, Hope Center, Sean Morgan with the Sweet Home Police Department, and other rural East Linn community agencies. They are working towards developing partnerships in shared resources and knowledge and reducing the stigma of SUD.</p> <p><u>FTRN</u> June Updates FTRN continues to collaborate with the Community Court in Sweet Home, assisting people in navigating all resources in the Linn County area. FTRN assists with screening individuals' needs for resources while they are in attendance at the courts. Additionally, FTRN has been receiving referrals from Linn County Jail and meeting clients while incarcerated to assist them with services upon release.</p>
3b. Peer Support Specialists will be assigned to the SLCH /emergency department, jails, residential treatment facilities and schools.	STARS FTRN	Q2-Q12	<p><u>STARS</u> June Updates: April 1st, 2024-May 30th 2024: <u>SLCH</u> # of contacts : 5 # of referrals: 8 <u>STARS</u> # of contacts: 6 # of referrals: 25 <u>Jails/Police-</u></p>

			<p># of contacts: 6: # of referrals: 10</p> <p><u>FTRN</u> June Updates: FTRN has received 20 referrals from the Linn County jail. All the referred individuals have been informed of the SUD/ODD services available. The outreach worker has also been working closely with Linn County Alcohol and Drug to facilitate the screening of individuals for treatment services.</p>
3c. Outreach and train individuals and agency staff to increase the supply of Peer Recovery Coaches and Peer Support Specialists.	FTRN	Q3, Q7, Q11	<p><u>FTRN</u> June Updates: FTRN is currently as of 6/3/24 running a Peer Wellness class with 11 participants and has another scheduled for 7/29/24 with up to 20 participants</p>
3d. FTRN Peer Support Group Leader will provide support groups, counseling and mentoring to Peer Support Specialists connected to the project.	FTRN	Q2-Q12	<p><u>FTRN</u> June Updates: FTRN still conducts classes weekly on Thursdays for all local and non-local peer support with a growing attendance of up to 15 peers with a wide range of experience in the field.</p>
3e. Support FTRN in expanding access of recovery support services.	PD-DC FTRN	Q2-Q12	<p><u>FTRN</u> June Updates: FTRN recently opened an additional early childhood therapeutic classroom in the Sweet Home area. (Not related to RC-SWAY funding).</p>

Helping Impact Women & Youth (HIWAY)

CCCWN Steering Committee Meeting Update - June 2024



Samaritan North Lincoln Hospital requested \$1,000,000 to implement the Helping Impact Women and Youth (HIWAY) project to reduce morbidity and mortality related to substance use disorder and opioid use disorder in Lincoln County, Oregon. Under direction of the HIWAY consortium, we will strengthen and expand SUD/ODU prevention, treatment, and recovery activities throughout Lincoln County.

Project funding was awarded and began September 1, 2022. The funding was granted for three years and will last till August 31, 2025.

Partners on the project include Samaritan North Lincoln Hospital (SNLH), Samaritan Pacific Communities Hospital (SPCH), Samaritan Medical Group (SMG), ReConnections Counseling (RC), Samaritan House, Inc. (SH), NW Coastal Housing (NWCH), Lincoln County Health and Human Services (LCHHS), Faith, Hope and Charity, Inc. (FHC), Olalla Center (OC), Confederated Tribes of the Siletz Indians (CTSI), Lincoln County Sheriff's Office (LCSO), and Partnership Against Alcohol and Drug Abuse (PAADA).

Updates:

- The next biannual PIMS report is due to HRSA by September 30, 2024.
- The next HIWAY partners meeting will take place on Friday, June 21, 2024.
- NWCH hired a new Peer Support Specialist in May 2023.
- Project Director is working with a consultant and Acosta Services to format and translate HIWAY reports for the CCCWN website.
- Grant Year 2 will end August 31, 2024

Addressing Violence in Rural Oregon

Communities (AVIROC)

CCCWN Steering Committee Meeting Update –
May 2024



Samaritan Lebanon Communities Hospital requested \$1,200,000 to implement the Addressing Violence in Rural Oregon Communities (AVIROC) project to expand the capacity to improve health outcomes around child abuse, domestic violence, and human trafficking. Through AVIROC, CCCWN/PFH will develop a coordinated approach to addressing these issues by 1) Conducting outreach/education with staff, providers, and the public; 2) Expanding survivor services into our rural and underserved communities.

Project funding was awarded and began July 1, 2023. The funding was granted for four years and will last till June 30, 2027.

Partners on the project include Samaritan Lebanon Communities Hospital (SLCH), Samaritan Pacific Communities Hospital (SPCH), ABC House (ABCH), Acosta Services (AS), Center Against Rape and Domestic Violence (CARDV), Linn-Benton Anti-Trafficking Coalition (LBATC), and Sarah's Place (SP).

Updates:

- *ABC House* provides therapy services weekly in-person at the new Sweet Home Family clinic.
- *Center Against Rape and Domestic Violence (CARDV)* spend 2 days a week facilitating resources for survivors; providing Healthy Relationship curriculum presentations for students in east Linn Co.
- *Acosta Services* has completed 5 focus groups in Lincoln County with Spanish- and Mam-speakers
- Strangulation Prevention Training completed on 5/3/24 in Lebanon with 73 attendees.
- *Partners for Health's* Violence Prevention Summit completed on May 17, 2024 in Lebanon with support from the Linn-Benton Anti-trafficking Coalition.
- Upcoming reports that are due: Evaluation Plan, Dashboard, and PIMS.

Work Plan Highlights: Quarter 4 (April 1- June 30, 2024)

- Convene monthly meetings of CCCWN/PFH to guide activity coordination among organizations and w/in the Network (ongoing)
- Provide progress reports and project updates to the CCCWN Steering Committee and full CCCWN (8/9, 10/4, 11/29, 2/14, 4/10, 5/15, 6/12 and ongoing)
- Provide copies of all required federal reports and documents to the CCCWN Steering Committee and full CCCWN (ongoing)
- Convene and facilitate focus groups, community forums and events with Latinx, Mam-speaking, and other marginalized community members in Lincoln Co to increase awareness of child abuse, domestic violence, and human trafficking (Q1-Q4) Community partner Acosta Services will facilitate focus groups and community forums scheduled for 11/22, 2/19, 3/21, 4/24, and 5/23
- Provide counseling for survivors of child abuse at Sweet Home Family Medicine Clinic one day per week (ongoing) Community partner ABC House offers counseling appointments in-person at the new Sweet Home Family Medicine Clinic (started on 2/1/24 at new site).
- Provide resource navigation services 2 days per week to residents in rural east Linn Co (ongoing) Community partner CARDV resumed outreach, navigation, and DV support groups
- Plan and host annual Violence Prevention Summit in Linn County 5/17/24 at SLCH- 65 attended
- Host in-person Strangulation Institute training for medical professionals working at Emergency Dept and Medical Facilities in the region 5/3/24- 73 attended
- Identify ongoing funding opportunities, including eligibility for VOCA and CAMI funding (ongoing)
- Identify best practices in child abuse, domestic violence, and human trafficking prevention and trauma-informed response (ongoing)
- Continue to collect and report data to CCCWN and CCCWN/PFH to ensure continued implementation of and support for strategies that address violence in rural communities (ongoing)
- Conduct classes about sexual violence prevention, including human trafficking, in the context of sexual health education for middle and high school students in rural east Linn Co (Q3) Ongoing facilitating Origins of Violence and Sexual Violence presentations in Middle and High Schools in rural Linn County continues.
- Develop Evaluation Plan (Q2) Due June 28, 2024- in progress



Coast to Cascades Community Wellness Network (CCCWN)

Spring Meeting

Samaritan Lebanon Community Hospital
525 N Santiam Hwy, Lebanon, OR 97355
Virtual Option – Microsoft Teams
10:00 a.m. – 2:00 p.m.
May 15, 2024

Strategic Planning Process Session

Attendance: **Marty Cahill**, SVP-COO-Samaritan Health Services (SHS); **Kayla Armstrong**, Community Services Consortium; **Bruce Butler**, InterCommunity Health Network (IHN)-Coordinated Care Organization (CCO)-SHS; **Emma Deane**, Communities Helping All Negotiate Change Effectively (C.H.A.N.C.E.); **Taylor Gilmour**, VP Foundations-SHS; **Sara Hartstein**, Benton County Health Department; **Wendy Hausotter**, Community Member; **Jennifer Meckley**, Lebanon Community School District; **Linda Mann**, Capitol Dental Care; **Lacey Mollel**, Community Health Centers of Benton and Linn Counties; **Ruby Moon**, Confederated Tribes of Siletz Indians; **Todd Noble**, Linn County Department of Health Services; **Toby Winn**, Neighbors for Kids

Staff/Grant/Coalition Representatives: **Maisa Athamneh**, Grants Administration-SHS; **Shelagh Baird**, Network Director/Community Health Promotion-SHS; **Jennifer Beckner**, Lincoln County Health and Human Services; **Sommer McLeish**, AViROC Grant-Community Health Promotion-SHS; **Michelle Means**, RC-SWAY Grant-Community Health Promotion-SHS; **Georgia Smith**, Parenting Success Network-Community Health Promotion-SHS; and **Shelley Hazelton**, Community Health Promotion-SHS

Guests: **Alicia Casey-McCall**, MPH, Research Associate II, Georgia Health Policy Center; **Brandan Kearney**, Consultant; **Christine Mosbaugh**, Community Health Centers of Benton and Linn Counties; and **Coleman Tanner**, MPH, Senior Research Associate, Georgia Health Policy Center

The regular meeting was called to order by Marty Cahill, SVP-COO, Samaritan Health Services, at 10:00 a.m.

The Strategic Planning process of the meeting began at 10:30 a.m.

Strategic Planning Process

Coleman Tanner and Alicia Casey-McCall led discussions around the strategic planning process for the CCCWN.

- The objectives included:
 - a. Prioritize Network focus areas.

- b. Provide a method to determine which funding opportunities to prioritize.
- The Mission and Vision of the CCCWN was shared.
 - a. **Mission:** To provide leadership to enhance the health of communities through the development and support for collaborative regional partnerships and community health programs in Benton, Lincoln, and Linn Counties.
 - b. **Vision:** Lead and sustain a system of partnerships of agencies and organizations working together to provide integrated services and programs to promote individual and community.
- **Taylor Gilmour** – The group that was convened to develop a Regional Community Health Assessment and Community Health Improvement Plan (CHIP) was called the Partnership for Community Health.
- **Coleman Tanner** – Both she and Alicia Casey-McCall looked through the Regional Community Health Assessment and there is alignment. Human Trafficking is not called out specifically in the Regional Community Health Assessment.
- **CCCWN Priority Areas/Community Focus Areas:**
 - a. Pregnancy Prevention and Prenatal Care.
 - b. Housing.
 - c. Chronic Conditions.
 - d. Oral Health.
 - e. Access to Care and Workforce.
 - f. Behavioral Health and Mental Health.
 - g. Violence Prevention.
 - h. Equity, Diversity, and Inclusion (Network Value).
 - i. Food Access.
 - j. Tobacco Prevention.
 - k. Substance Use Disorder.
- **Georgia Smith** – Works with the queer community. There are systems in place that are not equitable at the base level – Programs not diverse and equitable. What about the under-represented population – Do not see Black females, LGBTQIA2S+. We need to work on programming and communication. This is important as well.
- **Alicia Casey-McCall** – Diversity, Equity, and Inclusion is an overarching concept that fits across all organizations. Also, did not see that we have a “Value Statement.”
- **Coleman Tanner** – Did you get to CHIP goals around Diversity, Equity, and Inclusion?
 - a. **Sara Hartstein** – “Yes,” not finalized goals/priorities yet. Work with community to prioritize areas. CHIP should be both – Address all priority areas and separate priorities in addition.
- **Sara Hartstein** - There were 7 key themes that came out of the Regional Community Health Assessment. We collaborated with the community to narrow them down to 4 due to capacity. At this stage we are writing goals. Strategies have been created. With the CHIP, Chapters are flushed out and hope to be completed by July 2024. We can look what we have done and align our priorities with the CCCWN.
- **Taylor Gilmour** – These 4 key themes from the Community Health Assessment included: Housing, Access to Quality Care, Behavioral Health, and Inclusion, Diversity, Anti-Racism, and Equity (IDARE).
- **Strategy Headings:**
 - a. **Housing**
 - H1. Expand housing units.
 - H2. Expand supportive services.
 - H3. Improve housing data.

- b. **Access to Quality Care**
 - AQC1. Grow and sustain workforce.
 - AQC2. Oregon Health Plan optimization.
 - AQC3. Expand supportive services.
 - c. **Behavioral Health**
 - BH1. Build community resilience.
 - BH2. Grow a healthy workforce.
 - BH3. Improve care coordination.
 - d. **Inclusion, Diversity, Anti-Racism, and Equity (IDARE)**
 - IDARE1. Improve equity and well-being.
 - IDARE2. Increased education and accountability.
 - IDARE3. Improve data quality.
- **Access to Affordable Housing – H2 – Strategies:**
 - a. H2. Expand supportive services: Expand and sustainably fund services for shelter, transitional, and/or permanent housing.
 - b. Strategies:
 - H.2.1. Partner with InterCommunity Health Network Coordinated Care Organization (IHN-CCO) to fund supportive services positions that are culturally and linguistically appropriate. Examples: Delivery System Transformation (DST), Supporting Health Through Reinvestment (SHARE) Initiative, and direct contract.
 - H2.2. Partner with existing workforce at housing and shelter locations.
 - H2.3. Identify and apply for sustainable grant opportunities at state, federal, and private levels to strengthen shelter, transitional, and/or permanent housing support services.
- What is the SHARE Initiative?
 - a. **Bruce Butler** – It is a profit-sharing mechanism - Investing a portion of IHN-CCO net income or reserves back into the community.
- **Coleman Tanner** – Behavioral Health and Mental Health and SUD – Do we want these all together or separate out?
 - a. **Georgia Smith** – There is overlap and separation. Parenting Success Network takes a soft approach.
 - b. **Sara Hartstein** – The group thought SUD/Mental Health and combined Behavioral Health was priority. Behavioral Health is a priority. Heard overlap and different needs. We can put together and pull apart. Sub-needs are prevention and access to treatment. Could be pulled out on its own. It is a big area.
 - c. **Jennifer Beckner** – We should keep SUD separate. It is so big. Behavioral Health is huge on its own.
 - d. **Ruby Moon** – There are also different resources and do have separate goals.
 - e. **Committee members agreed to just include Behavioral Health/Mental Health.**
- For Housing – Need to include housing units, supports, and data.
- Separate out Access to Care and Workforce. Can be confusing.
- Workforce should include Oregon Health Plan optimization and supportive services.
- Add Healthy Families.
- **The group recommended the revised list of priority areas:**
 - a. **Pregnancy Prevention and Prenatal Care.**
 - b. **Housing – Housing units, supports (partner, Medicaid), and data.**
 - c. **Chronic Conditions.**
 - d. **Oral Health.**

- e. **Workforce (Oregon Health Plan optimization and supportive services).**
- f. **Behavioral Health and Mental Health.**
- g. **Access to Care.**
- h. **Violence Prevention.**
- i. **Equity, Diversity, and Inclusion (Network Value).**
- j. **Food Access**
- k. **Tobacco Prevention.**
- l. **SUD.**
- m. **Healthy Families.**
- Recap - The 7 key themes from the Regional Community Health Assessment include Access to Affordable Housing and Houselessness, Access to Quality Care, IDARE, Food Insecurity/Access, Healthy Youth and Families, Mental Health, Substance Use and Misuse.
- Reflect:
 - a. What are the data telling us?
 - b. Where is there the greatest need?
 - c. Where is there the greatest inequity?
 - d. Where do we have capacity?
 - e. Where do we have momentum?
 - f. Does it address upstream issues?
 - g. Where is the biggest opportunity for the Network? What are we positioned to address?
- CCCWN members were asked to place 3 dots on their top priority areas.
- **Coleman Tanner** – Those areas that rose to the top included:
 - a. **Workforce.**
 - b. **Diversity, Equity, and Inclusion.**
 - c. **SUD.**
 - d. **Mental Health/Behavioral Health.**
- **Lacey Mollé** – With workforce, we need to look at the whys. If we are investing in access to care and we do not have the workforce, we will not be successful.
- **Ruby Moon** – There are initiative behind different areas. They may not be seen. Like food access, we are seeing increased issues around this. Need to connect with resources that exist and see the real gaps.
- **Lacey Mollé** – Thinking of 1115 Waiver and strategic initiatives.
- **Ruby Moon** – Does know that SUD needs addressed. We do get funding around SUD. It has momentum behind it.
- **Sara Hartstein** – How many priorities do we hope to have in a strategic Plan?
 - a. **Coleman Tanner** – We do not want to have too many. Recommend narrowing down to the top 3-5.
- **Sara Hartstein** – Growing a healthy workforce came out strong in the CHIP process around Behavioral Health – One of the biggest struggles.
- **Christine Mosbaugh** – What time are we looking at and to what end?
- **Ruby Moon** – Love the line up of the CHIP. Likes following Samaritan Health Services (SHS) timeline of every 3-years (like with needs assessments) to work together as a region and to continue the work.
- **Sara Hartstein** – Recommend staying in alignment and keep cycles together.
- **Alicia Casey-McCall** – Keep in line with the long-range goals in a 3-year cycle. Work toward a larger goal related to workforce. Goals and objectives mindful of time limit.
- **Taylor Gilmour** – Diversity, Equity, and Inclusion as a value statement – Would it preclude as having as a priority area?

- a. **Coleman Tanner** – “No,” it would not preclude. Do not see as part of Mission/ Vision called out. You have a Steering Committee. Have them review the Mission and Vision and incorporate funding opportunities – Tied in. Most ask how to address inequities.
- b. **Alicia Casey-McCall** – With Equity, Diversity, and Inclusion, can look at data collection as a priority area.
- c. **Georgia Smith** – Where data collection is important, strengthening relationship is also particularly important.
- **Coleman Tanner** – We should look at and tag into who is missing at the table. Are there people that need to be here and at the table?
- **Christine Mosbaugh** – We have those continuously represented and mixing in new people is good.
- **Coleman Tanner** – Are there folks that need to be a partner – With Equity, Diversity, and Inclusion, Workforce, Behavioral Health/Mental Health, and SUD? Look at gaps and see where the Network partners are?
- **Christine Mosbaugh** – Lincoln County also has a Community Health Center – Thinks of that as a resource. She is with the Community Health Centers of Benton and Linn Counties.
- **Jennifer Beckner** – Is with Lincoln County Health and Human Services and represents the Lincoln County Community Health Center. She takes information back to the Director’s group. Runs the Bridges to Recovery Program through the Community Health Center.
- **Coleman Tanner** – Looking at the top 4 goals/priority areas – Workforce, Behavioral Health/Mental Health, Equity, Diversity, Inclusion, and SUD think of operationalizing the focus areas.
 - a. What are current objectives regarding the focus area?
 - b. What would we like to see happen in the next 3-5 years regarding this focus area?
 - c. Who do you need on board? (Partners, experts)?
 - d. What partner will lead the work?
- The IDARE Goals and Strategies and the Behavioral Health Strategies and the Access to Quality Care Strategies from the Regional Community Health Needs Assessment were shared as well (*Access to Affordable Housing was noted on page 9 of these minutes*).
- **IDARE1 – Goal – Improve equity and well-being:** Change systems, remove barriers, nurture equity, and improve well-being.
The “Goal Summary” and “Regional Health Assessment Data Points” was noted.
 - a. IDARE1. Strategies – Improve equity and well-being:
 - IDARE 1.1. Develop community-driven practices which embed equity principles in the removal of institutional barriers.
 - IDARE 1.2. Improve equitable access to culturally and linguistically appropriate service (CLAS) providers.
 - IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.
- IDARE2 – Goal – Increase education and accountability:** Increase inclusive, diversity, antiracism, and equity and gender justice (GJ) education and accountability measures in the system of services.
The “Goal Summary” and “Regional Health Assessment Data Points” was noted.
 - b. IDARE2 Strategies – Increase education and accountability:

- IDARE 2.1. Grow and maintain a healthy behavioral health provider workforce by addressing retention strategies, burnout, and recruitment. Example: For retention and recruitment, support career development opportunities such as internships, mentorships, and culturally specific peer supports.
- IDARE 2.2. Build accountability measures for providers and community members.
- IDARE 2.3. Provide resources (e.g., funding) and supports to community members around participation in decision-making bodies and advocacy.

IDARE3 – Goal – Improve data quality: Improve the process of collecting, using, owning, and sharing data.

The “Goal Summary” and “Regional Health Assessment Data Points” was noted.

- c. IDARE3 Strategies – Improve data quality:
 - IDARE 3.1. Change strategies for gathering data to reflect inclusion, diversity, antiracism, and equity and gender justice.
 - IDARE 3.2. Centralize and coordinate data collection.
 - IDARE 3.3. Disaggregate data using a combination of quantitative (statistical) and qualitative data (people’s experiences).
- **Behavioral Health – Strategies – BH2. Grow a healthy workforce:** Increase access to responsive, transformative behavioral health services and supports that are culturally and linguistically appropriate.
 - a. Strategies:
 - BH 2.1. Grow and maintain a healthy behavioral health provider workforce by addressing retention strategies, burnout, and recruitment. Example: For retention and recruitment, support career development opportunities such as internships, mentorships, and culturally specific peer supports.
 - BH 2.2. Reduce barriers of access to care including the physical barriers of transportation, rural and tribal needs, and culturally appropriate and gender-affirming treatment options. Example: Support funding for existing community service providers, CBOs, tribal organizations/support (term TBD), and non-clinical settings.
 - BH 2.3. Create learning opportunities for providers that increase awareness around cultural competence and the unique health needs of marginalized (under-resourced) (term TBD) communities.
- **Access to Quality Care – Strategies – AQC1. Grow and sustain workforce:** Grow the regional health care workforce in innovative, supportive, and sustainable ways.
 - a. Strategies:
 - AQC 1.1. Sustainability – Increase the number of all levels and types of healthcare providers in the region (and particularly in rural areas). Focus areas include addressing institutional barriers, prioritizing meaningful strategies for recruitment and retention of diverse talent, and exploring innovative ideas to address provider burnout.
 - AQC 1.2. Grow an electronic, closed loop referral system between community and clinical services that supports community partners in accessing resources, meeting patient needs, gathering standardized data, and expanding community-based care.

- AQC 1.3. Create sustainable funding mechanisms for effective community-based care delivery. Examples include establishing reimbursement guidelines and fee schedules.

CCCWN members were asked to break into groups and discuss one of the priority areas.

- **Workforce:**

- a. Help grow our own (example: Career Center, Community College).
- b. Opportunity to pull funds together for training – Peer Support, Community Health Worker (CHW), Certified Alcohol Drug Counselor (CADC) Specialist, Certified Prevention Specialist.
- c. Support from non-profit agency – Identify long-term funding to support position.
- d. Peer Support is important – Connect peer support to resources for funding (Example: Emergency Department (ED), law enforcement).

Questions/comments followed:

- a. In growing our own, where is there different healthcare training/workforce opportunities?
 - Marion County – Medical Assistant Program. Model from Marion County through Willamette ESD Career Center.
 - Linn-Benton Community College (LBCC) – Build around Community Health Workers.
 - Lane County – Work to develop partnerships – Hybrid programs – Dental assistant.
 - Legislation – There are Senators that put in for workforce development – Qualified Mental Health Associate (QMHA), Medical Assistant, Dental Assistant, Expanded Practice Dental Hygienist (EPDH).
 - Look at uncounted/unrepresented groups.
 - Peer Support Specialists, CHW, CADC, and others – Trainings to support growing our own. Could we pool funds to do so?
- b. When talking about non-profit agency and long-term funding, this might be outside 3-year cycle and Peer Support and resource for funding for that.
- c. Service providers and non-profit agency grant funded programs and staff – Sustainability issues and need to identify long term funding – Also, need to provide staff with lived experience with support for secondary trauma.
- d. Needing to expand peer support into other agencies (ED, law enforcement) – Good practice and will help support with sustainable funding.
- e. Delivery System Transformation funding through IHN-CCO has helped fund training hubs – Benton County – Albany had para-medicine program.
- f. Can take up-front investment and may not be billable positions. Communities are working on getting billable services.
- g. Agree with the need to identify sustainable funding source to maintain staff and programs. Discuss creative payment models with IHN-CCO.
- h. <https://www.willamettecareeracademy.org/>
- i. [Workforce Development | Workforce Development | Resources | Oregon Coalition of Local Health Officials \(oregonclho.org\)](#)
- j. <https://ihntogether.org/transforming-health-care/health-related-social-needs/community-capacity-building-funds/>
- k. <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/OHP-Waiver.aspx>
- l. <https://ihntogether.org/wp-content/uploads/sites/4/HRSN-Community-Capacity-Building-Funds-Request-for-Proposal.pdf>

- **Mental Health/Behavioral Health:**
 - a. Training.
 - b. Retaining workforce.
 - c. Pathways – Continuum of Care; define and educate where to get what service.
Focus areas – Youth/families, equity and inclusion, and training opportunities.
- **Diversity, Equity, Inclusion:**
 - a. Request for Proposal (RFP)/Memorandum of Understanding (MOU) – Percent of funding to go to diversity, equity, inclusion.
 - b. Accountability/maintenance.
 - c. Marketing.
 - d. Use success of others (Value statement or other).
 - e. Change together.

Discussion followed:

 - a. Be equitable.
 - b. Incorporate people not in room – Ties into trauma informed.
 - c. How to show up in space and how space changes – Growth of the whole.
- **Substance Use Disorder:**
 - a. Meet people where they are (less focus on getting people into the system).
 - b. Safe and cultural appropriate services (trauma informed).
 - c. Rely on local organizations (lean on partnerships and those agencies working with people).
 - d. One stop shop(s) for services.

Discussion followed:

 - a. If we can get people into treatment and recovery, they may come out and help others – Reconnections Counseling has certification program.
 - b. **Ruby Moon** – Likes the one stop shop for services and having workers/professionals meet individuals at that place.
 - c. **Georgia Smith** – Could we have more than a one stop shop – One stop shop(s)?
- **Coleman Tanner – Establishing Funding Criteria:**
 - a. Aligns with mission and vision.
 - b. Aligns with identified priority areas.
 - c. Funding amount.
 - d. Administrative burden.
 - e. Application process.
 - f. Level of competition.
 - g. Realistic (Network has the capacity, expertise, resources).
 - h. Lead organization.
- **Coleman Tanner** - The Strategy Screen handout was shared. Keep 4-5 screening criteria.
 - a. Before implementing a new strategy, your organization will need to evaluate the strategy using specific decision-making criteria: its “strategy screen.” The specific criteria of the strategy screen depend on the organization’s mission competitive advantage(s), and situation. The criteria will be different for each organization and may need to change over time as your organization adapts to changes in the environment.
 - b. Basic criteria include that the strategy must support your organization’s mission (assuming that your mission does not need to change) and differentiating factor(s).
 - c. You should include additional criteria, as you see fit.

Examples include requiring that the strategy must meet specified financial criteria, such as, a new program must pay for itself, quality criteria, such as, new services must be of high quality, criteria related to your organization's geographic and customer scope, and the requirement that it position your nonprofit as a leader.

- **Homework** – Create “Value Statement” – Diversity, Equity, and Inclusion.

Adjourn:

With no further business to discuss, the meeting was adjourned at 2:00 p.m.

Respectfully Submitted,

Shelley Hazelton

Community Health Promotion



Measure 110 Behavioral Health Resource Network (M110 BHRN) Linn County

CCCWN Steering Committee Progress Update – June 2024

Seven community-based and governmental organizations are working together to support individuals actively using substances or diagnosed with substance use disorder in Linn County. Organizations are providing services to individuals in the areas of Peer Support Services, Screenings and Behavioral Health Needs, Low Barrier Substance Use Treatment, Housing Services, Harm Reduction Services and Supported Employment Services. While the target populations are individuals who identify as Black, Latinx, Native American, LGBTQIA2S+, Asian, Pacific Islander, houseless, incarcerated, veterans, and anyone qualifies who has lived with the experience of SUD/ODU.

Partners on the project include Albany Comprehensive Treatment Center (Albany CTC), Community Helping Addicts Negotiate Chance Effectively (C.H.A.N.C.E), Community Services Consortium (CSC), Emergence Addiction Counseling and Education Services of Albany, Faith Hope and Charity (FHC), Family Tree Relief Nursery (FTRN) and Samaritan Treatment and Recovery Services (STARS).

Reporting Update

- Phase 3 – Report 7 aggregated data for services provided January 1, 2024-March 31, 2024 will be submitted to the OHA by July 15, 2024.

Conferences/events

- Recovery in the Park is July 9, 5:00pm-8:30pm at Bryan Park
- FTRN will be running a Peer Wellness Training on July 29, with slots still open for those interested.
- The 2024 Partners for Health Summit is on August 23. Registration is now open at [PFH2024.eventbrite.com](https://www.eventbrite.com/e/partners-for-health-summit-2024-tickets-71234567890).

BHRN Media Campaign

- Currently coordinating with RC-SWAY and HIWAY grants regarding collaborative outreach events.

Partner Updates:

- Albany CTC will have a BHRN partner offering peer support services at their clinic on Mondays.
- FTRN is currently running a Peer Wellness Training and continues to offer Peer Support training programs.
- STARS's business development director continues to attend and speak at various events, representing STARS AND SHS.
- STARS staff continue outreach activities in collaboration with other BHRN partners.