



Coast to Cascades Community Wellness Network (CCCWN)
Regional Mental Health/Substance Use Disorder Coalition
Meeting Summary
Held virtually – Microsoft Teams
April 8, 2024
10:30 a.m. – 11:50 a.m.

Participants: Jennifer Beckner, Shawnee Aiello-Dixon, Shelli Alinari-Beebe, Rubi Arizmendi, Jessica Bangerter, Brandon Bates, Belit Burke, Shirley Byrd, Bryan Decker, Heather Grott, Marcia Harnden, Albany Chief of Police, Todd Jeter, Melaia Kilduff, Lalori Lager, Curtis Landers, Lincoln County Sherriff, Lonnie Martinez, Avalon Mason, Michelle Means, Liz Merritt, JoAnn Miller, Thien Nguyen, James Page, Tanya Pritt, Angie Richards, Jane Russell, Christina Sechrest, Shauna Taylor-Hubert, Justin Thomas, Blue Valentine, Jef Van Arsdall, Benton County Sheriff, and Shelley Hazelton

Welcome/Introductions:

Jennifer Beckner welcomed everyone to the meeting and led introductions.

County Health Rankings 2024:

JoAnn Miller reported on Oregon County Health Rankings for 2024. The report is provided by 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 of two categories:
 - a. Health Outcomes – How healthy a county is.
 - b. Health Factors – What influences the health of the county.
- A video was shared.
- Ranking Categories and Formula:
 - a. Health Outcomes – Length of Life (50%) and Quality of Life (50%).
 - b. Health Factors – Includes – **Health Behaviors (30%)** such as tobacco use, diet and exercise, alcohol and drug use, sexual activity; **Clinical Care (20%)** – Includes 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 quality, housing, and transit.
 - c. Policies and Programs.
- For 2024 they did not list the health rankings for the counties. Benton County has always been at the top for Health Outcomes and Health Factors with Lincoln County toward the bottom.
- Shared a graph of Benton-Linn-Lincoln County Health Outcomes – 2010-2023. A graph of Benton-Linn-Lincoln County Health Factors – 2010-2023 Trends was also shared.
- Tri-County Region: Demographics:

- a. Looks at demographics for Benton, Linn, and Lincoln Counties and compares to Oregon. Numbers were shown for:
 - Population – Benton County was at 97,630; Linn County was at 130,467; Lincoln County was at 50,813; and compared to Oregon at 4,240,137.
 - Numbers were shown for % below 18 years of age.
 - Numbers were shown for % 65 and older.
 - Numbers were shown for % Non-Hispanic Black.
 - Numbers were shown for % American Indian or Alaska Native
 - Numbers were shown for % of Asian.
 - Numbers were shown for % of Native Hawaiian or Other Pacific Islander.
 - Numbers were shown for % of Hispanic.
 - Numbers were shown for % of Non-Hispanic White.
 - Numbers were shown for % of Not Proficient in English.
 - Numbers were shown for % of Female.
 - Numbers were shown for % of Rural.
- Shared numbers for the Tri-County Region: Health Outcomes:
 - a. Health Outcomes – Length of Life - Premature Death – Shared numbers for Benton, Lincoln, and Linn Counties as compared to Oregon/
 - b. Quality of Life – Shared numbers for our three counties and Oregon:
 - Poor or Fair Health.
 - Poor Physical Days.
 - Poor Mental Health Days.
 - Low Birthweight.
- Shared numbers for the Tri-County Region: Health Factors – Health Behaviors. Shared Health Factor and Health Behavior numbers for Benton, Linn, Lincoln County as compared to Oregon. Health Factors – Health Behaviors looked at:
 - a. Adult Smoking.
 - b. Adult Obesity.
 - c. Food Environment Index.
 - d. Physical Inactivity.
 - e. Access to Exercise Opportunities.
 - f. Excessive Drinking – Benton County is higher than the other counties at 18% with Linn County at 17% and Lincoln County at 16%.
 - g. Alcohol-Impaired Driving Deaths.
 - h. Sexually Transmitted Infections.
 - i. Teen Births – Numbers have increased.
- Shared numbers for the Tri-County Region: Health Factors – Clinical Care:
 - a. Uninsured – Low rates.
 - b. Primary Care Physicians.
 - c. Dentists.
 - d. Mental Health Providers.
 - e. Preventable Hospital Stays
 - f. Mammography Screening.
 - g. Flu Vaccinations.

Will need to look at dentists and mental health providers when looking at workforce development.

- Shared numbers for the Tri-County Region: Health Factors – Social & Economic Factors. Looked at numbers for Benton, Linn, Lincoln County and Oregon looking at:
 - a. High School Completion.
 - b. Some College.
 - c. Unemployment.
 - d. Children in Poverty – 22% of children live in poverty in Lincoln County compared to Benton County at 12% and Linn County at 16%.
 - e. Income Inequality – This is based on race and gender.
 - f. Children in Single-Parent Households.
 - g. Social Associations.
 - h. Injury Deaths.
- Shared numbers for the Tri-County Region: Health Factors – Physical Environment.
 - a. Air Pollution – Particulate Matter.
 - b. Drinking Water Violations – Numbers show drinking water violations for Benton County and Linn County.
 - c. Severe Housing Problems.
 - d. Driving Alone to Work.
 - e. Long Commute – Driving Alone.
- **Jennifer Beckner** – Need to look more at the data around sexually transmitted diseases/infections. Will need additional public health nurses.
- Further information can be found at www.countyhealthrankings.org

Peer Support Specialist (PSS):

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

- Oregon is included in the study.
- The study looked at what causes folks to come into the field and not stay in the field.
- Increase in wages for peer jobs was significantly lower than other job types.
- 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.
- They are working with eh University of Arizona to put together “Reclaiming Employment Courses.”
 - a. Core courses:
 - Visionary and Planning
 - Building a Support Network
 - Starting a Business – Key Questions for a Solid Foundation
 - Writing a Business Plan
 - b. Elective courses:
 - Banish Burnout: Finding Balance and Joy in Your Work
 - Self-Employment, Social Security Benefits, and Work Incentives
 - Building Blocks for Communication
 - Reclaim Your Time
 - Working Together: Organizing and Running Meetings

- **Tanya Pritt** – Sat on the Mental Health and Addiction Certification Board of Oregon (MHACBO) for 18 years. Had a meeting on Friday. Looked at CADCI, CADCII and above and complaints with CADCI. Individuals may leave the workforce due to the career ladder. Sometimes certification is revoked or suspended. They are trench workers and often may not have support or clinical supervision is not as high. There are agencies that may higher peers before recovery or sobriety. Peers can often be overworked, under paid, and it is hard work.
- **Jennifer Beckner** – Hard to understand the differences in wage and comparing Community Health Workers and Peer Support Specialist. Knows we can bill with Medicaid for one and not for the other. When looking at other Peer Support Specialist, they are all about the same. Are they doing wage studies?
- **Bryan Decker** – There was an increase at the beginning of the Behavioral Health Resources Networks (BHRN). Those funds allowed them to be at a more livable wage. Others received the grant. Can be tied to the revenue side.
- **Tanya Pritt** – Peers received a stronger wage because of the BHRNs – Like \$5-6 more because of the BHRNs.
- **Bryan Decker** – There is no inflation increase built into the BHRNs. BHRNs no longer pay enough to keep up with inflation.
- **Blue Valentine** – Measure 110 required Peers to be paid a living wage (it is in Chapter 944 Rules).
- **Bryan Decker** – With Peer Support it is \$20.50 base wage, and 50 cents increase each year. If there are other things, contract, will add onto that.
- **Jennifer Beckner** – There is lack of support for Peer Support Specialists. Is partnering with Reconnections Counseling and offering support with Harm Reduction Workers. Is there something we can do regionally for Peer Support Specialists for getting assistance/support. Realizes how thankless some positions are. Can we do something to support them? We need more support for Peer Support Specialists.
- **Lalori Lager** – Agrees. Had to use supervision/clinical supervisors. Contracted with Trauma Project out of Eugene. Meeting in June. Addressing trauma informed care and education for new Peers. Contracted it out. There are good supervision companies that do great work. Will be going into Samaritan Treatment and Recovery Services (STARS) to do virtual and in-person mandatory 2-hour sessions on the second Wednesday from 9:00 a.m. – 11:00 a.m. every month and offer supervision throughout the month. Is busy so contracts supervision training out.
- **Blue Valentine** – Impressive, Lalori! Supervision is the key with the peer workforce!
 - a. Florida Harm Reduction Collective offers “help for the helpers” support group the first and third Tuesday of the month at 6:00 p.m. ET. Registration is required and there is a link – <https://www.flhrc.org/>
- **Blue Valentine** – Also, this is information from the National Harm Reduction Coalition: “After hearing the need for peers nationally to have a space to connect, talk, and network, we have been convening for a monthly Peer Gathering Cohort, a group now known at PeerUp, and we want you to join us! The sessions, which take place the first Monday of each month, are open to peers with lived/living experience only at no cost, and folds from around the U.S. are welcome to join. Together, we will work to build a support system through the states. Come as you are, this will be a non-judgmental space.” To join, email NHRC’s Capacity Building + Hepatitis C Coordinator, Jose Martinez, at marinez@harmreduction.org

- **JoAnn Miller** – Family Tree Relief Nursery offers support services weekly and virtually.
- **JoAnn Miller** – With deflective approach, will there be Peer Support Specialists or rely on local organizations for services?
 - a. **Jef Van Arsdall, Benton County Sheriff** – Met with Merideth Schrepfer, Family Tree Relief Nursery, to see what it would look like. There is an event in May with law enforcement. Most staff have never had to enforce. There will need to be training.
 - b. **Marcia Harnden, Albany Chief of Police** – Agrees, training is needed. Meeting with the District Attorney’s Office this week to discuss. Linn County has a robust Drug Court. Fairly challenging the first year – Discussions here.
 - c. **Jef Van Arsdall, Benton County Sheriff** – Family Tree Relief Nursery has the experience and has resources.
- **JoAnn Miller** – With the study and looking at workforce, we need to pay a livable wage and support services. Family Tree Relief Nursery and Communities Helping All Negotiate Change Effectively (C.H.A.N.C.E.) have Peer Support Specialist training and provide Certified Recovery Specialist training.
- **James Page** – With changes to Measure 110, connecting with Washington County jail who will provide Medication Assisted Treatment (MAT) to inmates. Moving to a mobile unit with them once a week for MAT. Have staff for MAT and counseling and will be getting the mobile unit out in areas.
- **Jef Van Arsdall, Benton County Sheriff** – Benton County – They have 7 day a week nurse coverage and have signed an agreement with Benton County Health Department. Having a mobile unit is big.
- **James Page** – They have Methadone, Suboxone, and Subutex with Albany Comprehensive Treatment Centers.
- **Jennifer Beckner** – Lincoln County does have a couple of deflection programs.
- **Lonnie Martinez** – Is there an educational difference between in person and virtual CRM/PSS training? Does MHACBO identify one over the other?
 - a. **James Page** – As long as the training is approved/certified by the State there is no difference.
 - b. **Blue Valentine** – MHACBO certifies CRM’s and PSS are certified by the State.
 - c. **Tanya Pritt** – MHACBO requires clinical supervision for peers and published competencies for peers (on website).

Federal/State Grants Reports and Updates:

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

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

The Performance Improvement Management System (PIMS) report and the FY22 RCORP Implementation Year 2 Progress Report 1 Request for Information were also noted and distributed prior to the meeting.

Lonnie Martinez made a motion and Bryan Decker seconded the motion to approve the HRSA RC-SWAY Grant written report and Work Plan Highlights and the HRSA RCORP-I HIWAY Project Grant written report, Work Plan, PIMS Report, and the Biannual Progress Report as presented. The motion was voted upon and unanimously approved.

Update – Regional Overdoses:

JoAnn Miller led discussions around regional overdoses. The following reports were noted: Samaritan Health Services (SHS) – Individual Overdose Report – Reporting Period: March 1, 2024 through March 31, 2024; SHS 2024 Data; Benton County Overdoses; and the Law Enforcement Individual Overdose Report – Reporting Period: March 2024 – Albany Police Department, Linn County Sheriff’s Office, Lebanon Police Department, Sweet Home Police Department, Oregon State Police.

- Still seeing an increase in the number of youth overdosing. With the SHS report, at Good Samaritan Regional Medical Center there were two overdoses with a 14-year-old overdosing and a 16-year-old overdosing in the month of March. At Samaritan Lebanon Community Hospital there was a 15-year-old that overdosed and a 16-year-old that overdosed in the month of March. Overdoses through March are at 106.
- We are starting to look more at prevention.
- SHS is applying for a new HRSA Impact Grant that will focus primarily on youth prevention and those individuals in our jails and how to support when entering treatment.
- **Jef Van Arsdall, Benton County Sheriff** – Met with C.H.A.N.C.E. and Meredith Schrepfer. We want folks to access resources and partner up with someone. Meredith Schrepfer had suggestions.
- **Jennifer Beckner** – With Lincoln County, there is confusion on how to report and what to report. Received full/completed report for suicides. Suicides may not involve an overdose and are being lumped at times into the same group. We need to look at this again. At state level, talking about data collection and systems. The primary prevention piece is missing.
- **Avalon Mason** – Data around suicide behaviors can also strongly benefit from improved reporting processes. If there is an opportunity for alignment with the opportunities described, would love to connect.
- **Shirley Byrd**- Agrees on the date reporting piece. Does harm reduction report for the streets and collects data. There is data that is not being reported to police. She sends information to the Clearing House each month. Last month, they had 5 overdoses in Albany and 7 in east Linn County. These were not called by 911.
- **Jef Van Arsdall, Benton County Sheriff** – Blue Valentine from Benton County has shared the same. They have “Leave Behind Kits” and have left those with the jails and probation.
- **JoAnn Miller** – Shirley Byrd mentioned a good point. We try to collect data and need that data for services on the street. We have access to information for those that show up at the hospital and law enforcement has data such as the information we receive from Marcia Harnden, Albany Chief of Police and Jef Van Arsdall, Benton County Sheriff. Would love to have Shirley Byrd share information and Blue Valentine as well, especially if we are seeing increased overdoses and see more overdoses with youth.

- **Jennifer Beckner** – They have an Epidemiologist that works with Harm Reduction. Caitlynn Weinberg put together a dashboard of data. In Lincoln County, the Medical Examiner retired and all of that has moved under Lincoln County Public Health. Someone from Benton County comes over and they will hire two investigators as well.

Behavioral Health Resource Network (BHRN) Updates:

Behavioral Health Resource Network updates were provided.

- **Jennifer Beckner – Lincoln County** – Will send out a link on the Measure 110 Board or BHRN website, you can find treatment/recovery resources for each community. There are only has a few providers listed for our different counties.
 - a. Ordered 10 cases of Narcan for the Linn County BHRN.
- **Thien Nguyen – Linn County:**
 - a. Last week met with partners such as Frederick Edwards, Faith, Hope and Charity and James Page, Albany Comprehensive Treatment Center.
 - b. Meeting monthly with partners to discuss relevant events and coordinate efforts.
 - c. Sharing resources and tightening the communication between partners so we have a clear line of communication on services being provided.
 - d. Lynnaey Hayes had discussed at the recent meeting about competition and it being valuable when we can share resources and space. Taking more steps when a person is hired to make them aware of things.
 - e. Family Tree Relief Nursery finished another successful Peer Support Specialist training course in early March. Both Family Tree Relief Nursery and C.H.A.N.C.E continue to provide Peer Support training.
 - f. C.H.A.N.C.E. Recovery opened an additional 42 overnight, low-barrier beds at their Albany shelter.
 - g. Samaritan Treatment and Recovery Services (STARS) is continuing to perform outreach activities in Linn and Lincoln Counties and collaborating with community partners.
 - h. Albany Comprehensive Treatment Center is collaboration with law enforcement in other counties and looking to pursue similar collaborative work with Linn County law enforcement.
- **Avalon Mason – Benton County** – Asking for clarity with Oregon Health Authority and what the changes mean. Looking to bring someone from Oregon Health Authority to the regional meeting. Work is continuing with the BHRN.

Announcements/Additional Business:

Announcements and additional business were shared.

- **JoAnn Miller** – Reported further on the HRSA Impact Grant for Rural Communities.
 - a. It is \$750,000/year for 4 years (total \$3,000,000). It is a treatment, recovery, and sustainability grant. It is a rural grant that has a justice component to it.
 - b. The goal will be to improve access to integrated, coordinated treatment and recovery services for substance use disorder (SUD) and opioid use disorder (OUD) and promote long term sustained recovery.
 - c. We will be looking at expanding and enhancing primary prevention, treatment and recovery services, and activities throughout Lincoln County.
 - d. The project will target those seeking treatment and recovery services with a focus on people involved in the Lincoln County justice system along with the underserved and unhoused.

- e. Primary prevention activities will also target middle and high school aged youth in Lincoln County.
- f. Will include partners for direct services to include Reconnections Counseling, Samaritan House, Lincoln County Health and Human Services, Family Tree Relief Nursery, and the Lincoln County Sheriff's Office. We will also try to connect with the Confederated Tribes of Siletz Indians, and additional partners.
- g. We will also have discussions with Sheila Stiley with Northwest Coastal Housing and NATE's Place, which is a Transitional Housing Project Turnkey site, and will also have discussions around low barrier and high barrier housing.
- h. The Partnership Against Alcohol and Drug Abuse (PAADA) works with youth and prevention activities. Was glad to hear they recently had their Youth Leadership Academy. They are a strong partner with youth prevention.
- i. We know we need additional Peer Support Specialists. We can build off our current services and enhance services as well.
- j. The grant application is due on May 6, 2024. We will find out in September if we receive the grant and if we are successful the grant will run from September 1, 2024, though August 31, 2028.
- k. We will continue to keep our eyes open for grants for the Corvallis and Albany areas. Right now, there is a big push for the rural communities.

Next Meeting:

The next meeting of the Regional Mental Health/Substance Use Disorder Coalition is scheduled for May 13, 2024, at 10:30 a.m.

Adjourn:

With no further business to discuss, the meeting was adjourned at 11:50 a.m.

Respectfully submitted,
Shelley Hazelton
Community Health Promotion