



**Coast to Cascades Community Wellness Network (CCCWN)
Regional Mental Health/Substance Use Disorder Coalition
Meeting Summary
Held virtually – Microsoft Teams
July 13, 2026
10:30 a.m. – 11:20 a.m.**

Participants: Emma Deane, Stephanie Dreiling, Zachary Gould, Marcia Harnden, Albany Chief of Police, Ian Howarth, Lalori Lager, Avalon Mason, Heidi May Stoulil, Jolynn Meza Wynkoop, Thien Nguyen, James Page, Tanya Pritt, Benjamin Roe, Catherine Rupkus, Michelle Shannon, Sheila Thompson, Kacey Urrutia, Blue Valentine, Jef Van Arsdall, Benton County Sheriff, and Shelley Hazelton

Welcome/Introductions:

Heidi May Stoulil, Director-Specialty Practices, Samaritan Health Services (SHS), welcomed everyone to the meeting.

Meeting Minutes:

The committee reviewed the minutes from the June 8, 2026, meeting of the Regional Mental Health/Substance Use Disorder Coalition. **Benjamin Roe moved to approve of the meeting minutes as presented, with Sheila Thompson, seconding the motion. Members present unanimously approved the motion.**

Presentation – Albany Comprehensive Treatment Center:

James Page, Clinical Director, Albany Comprehensive Treatment Center/Acting Director, Salem Comprehensive Treatment Center gave a presentation regarding Albany Comprehensive Treatment Center.

- Albany Comprehensive Treatment Center offers outpatient treatment for adults 18 and older of all genders who are struggling with opioid use disorder.
- **Contact information:**
 - a. james.page@ctcprograms.com email - Phone 541-232-6327.
 - b. Facility phone for admissions/referrals 541-371-2080.
 - c. 24/7 – 365 - Admissions are same day until 9:30 am, and next business day appointments are always available.
- **Albany Comprehensive Treatment Center – Opioid Use Disorder Program:**
 - a. Opened in 2021 in Albany, the only Opioid Treatment Program (OTP) between Salem and Eugene.

- b. Currently a team of 4 Nurses, On-site Nurse Practitioner, 5 Counselors and 2 Administrative Staff.
 - c. Serving 300+ patients.
- Services offered through Albany Comprehensive Treatment Center include – methadone maintenance, suboxone maintenance, buprenorphine maintenance, and counseling services.
- There are 5 other comprehensive treatment centers in Oregon and around 180 nationwide.
- **Regulation:**
 - a. Drug Enforcement Administration (DEA).
 - b. Substance Abuse and Mental Health Services Administration (SAMHSA).
 - c. State.
 - d. Commission on Accreditation of Rehabilitation Facilities (CARF) Accredited.
- **Each person served falls into one of these categories:**
 - a. **Moderate:** 4-5 criteria.
 - b. **Severe:** 6 or more criteria.
 - These criteria help healthcare professionals assess and diagnose individuals who may be struggling with opioid use disorder, guiding them toward appropriate treatment and support.
- **Methadone treatment for people who use fentanyl: recommendations:**
 - a. Indications for methadone treatment (a) Methadone and buprenorphine are both first-line OAT options. Methadone may be preferable to buprenorphine for patients who are at high risk of treatment drop-out and subsequent fentanyl overdose. Methadone should also be considered as a first option for patients who have done well on methadone in the past; patients who do not want or have not benefited from buprenorphine; and patients for whom buprenorphine induction has not been successful.
 - b. Link for META PDF [Guide_MethadoneForFentanyl.pdf](#)
- They do offer buprenorphine as well, but there are patients that do seek their services for methadone treatment.
- **Level 1.7 outpatient:**
 - a. Maximum of 9 hours of counseling services per month. All counselors are on site.
 - b. Three phases, 9, 5, 2 hours of clinical services depending on length of time in treatment, stability.
 - c. Assigned primary counselor at admission.
 - d. Dosing: Patients dose daily.
 - e. In-Clinic: 6 days a week, 4 days per week, 1 days per week, bi-weekly and monthly.
- SAMHSA has made recent changes around take-home medication.
- To address the fentanyl crisis there is a need for greater access to Methadone. Shared information from the National Institute on Drug Abuse.
 - a. Currently the most effective medication assisted treatment (MAT) treatment option for individuals with Moderate/Severe Opioid use disorder.
 - b. Anywhere from 3%-10%+ more effective than other opioid use disorder (OUD) replacement medications.
 - c. Retention rates 50%-75% at 90 days, depending on individual program and time of the year.
 - d. Average length of stay 150+ days.

- The opioid choice of most is fentanyl. Most patients that seek treatment with their clinic are using fentanyl.
- Shared - Interjection from Craig MD – The Nixon-Era Roots of Today’s Opioid Crisis – The Nixon administration saw methadone as a way to reduce crime rather than treat addiction.
 - a. “It has medical safety and outcome data, dating back over 45 years, making it the most studied medical treatment for OUD. A second fact that may be good depending on audience - The strong impetus for its implementation was to support young soldiers returning from Vietnam who had become opioid dependent, and it is the only weapon in the war on drugs started by Richard Nixon that has proved effective and decreasing illicit use and increasing productive participation in society by opioid dependent patients.”
- **Behavior Change – Stages of Addiction Recovery (from National Addiction Specialists):**
 - a. **Precontemplation** – Not yet recognizing the problem.
 - b. **Contemplation** – Acknowledging the problem but uncertain about change.
 - c. **Action** – Making changes and seeking treatment.
 - d. **Maintenance** – Sustaining recovery and preventing relapse.
- **Opposition:**
 - a. **Isn’t methadone just another addiction?**
 - Addiction is a chronic brain disease characterized by compulsive drug seeking and use despite harmful consequences. Dependence, on the other hand, is a physical state in which the body adapts to the presence of a drug, leading to withdrawal symptoms when the drug is discontinued. Methadone medication does not create a new addiction. Instead, it helps manage withdrawal symptoms and cravings, allowing individuals to stabilize their lives and focus on recovery. Research has consistently shown that methadone is effective in reducing relapse rates, decreasing criminal activity, and improving the overall quality of life for people with opioid use disorder.
 - b. **Patients are not allowed to reduce their dose or discontinue treatment!**
 - Patients have the ultimate authority in their treatment. If a patient wants to reduce their dose the reduction occurs the same day in 99% of instances and the next business day 100% of the time. Patients can reduce their dose from 200mg to 10mg if they choose, although not medically indicated.
 - c. **Patients can continue to use illicit substances while taking methadone!**
 - Yes, even in instances where patients continue to use illicit opioids methadone reduces morbidity and mortality.
 - d. **They just keep increasing their dose!**
 - The Comprehensive Treatment Center does not implement, schedule, or recommend dose increases unless the patient continues to use illicit opioids and report their methadone dose to be insufficient at treating withdrawal or offsetting cravings. Typically, a patient will report their dose is ineffective 4-6 hours after dosing.
- **Additional data:**
 - a. **Abstinence:**

- 40% to 50% of an OTP's Census is no longer using an Opioid/Opiate.
- Another 10%-20% is also stimulant free.
- b. **Completion:**
 - Patients' complete treatment on their timeline, they possess the ability to reduce their dose by 1mg or 100mg.
- c. **New developments:**
 - SAMHSA increases flexibilities on take-homes, inductions, and overall medical discretion in response to fentanyl use.
 - Increased access for patients using Kratom, 7-OH (7-hydroxymitragynine), and Tianeptine.
- d. **Mobile Unit:**
 - One currently operating mobile unit at our Belmont Comprehensive Treatment Center location and we recently acquired a second mobile unit to serve Sweet Home, Oregon on site at the Family Assistance and Resource Center (FAC)!
- **Blue Valentine** – If arrested, can a patient continue with dosing if already a patient?
 - a. **James Page** – Can dose patients in Linn County jail. He believes Benton County is allowing organizations to bring doses to incarcerated patients.
- **Heidi May-Stoulil** – What is your volume? Do you have referrals or a wait list?
 - a. **James Page** – There is no wait list. They can see patients the same day and walk ins before 9:30 a.m.
- There has been success with inducting patients in the Samaritan Health Services hospitals and warm handing off to Albany Comprehensive Treatment Center.
- **Referrals and admissions** – Can contact their staff directly, complete a clinical assessment, and verify details such as insurance or identification. You can also initiate self-referrals or professional provider referrals - 541-371-2080.
- **Blue Valentine** – Does Oregon Health Plan cover medications/treatment like methadone?
 - a. **James Page** – They are contracted with most Coordinated Care Organizations (CCO's) and contract payors. They also have Behavioral Health Resource Network funding that can help offset costs.

Health Resources and Services Administration (HRSA) Grant – Project NEXT-Nurturing Empowerment, eXcellence, and Transformation for Youth:

Jolynn Meza Wynkoop reported on the HRSA Grant – Project NEXT. Provided a written report with the agenda packet.

- They are still looking to hire a Peer Support Specialist.
- Lincoln County Community Justice is currently serving three youth through the programs.
- The Strategic Plan is due September 30, 2026. She has received a template.
- The Performance Improvement Measurement System (PIMS) report's due date has changed from August 31, 2026, to October 30, 2026. We currently have a template but expect there to be some minor changes coming from HRSA.
- **Housing for Young Adults in Crisis:**
 - a. Our budget for Year 1 (\$10,600) – Money is being divided up amongst agencies in Lincoln County that have expressed a need for funding to house young adults experiencing crisis. Agencies must expend the funds during June and July 2026, before the end of Year 1.

- b. Have executed Memorandum of Understandings (MOUs) for the following agencies for awards up to the following amounts:
 - Family Promise of Lincoln County - up to \$3,000.
 - Helping Hands Reentry Outreach Centers - The Hope Center - up to \$2,000.
 - ReConnections Counseling - up to \$2,000.
 - Faith, Hope and Charity - up to \$2,000 (need to use during July 2026).
 - Conversations are ongoing with other agencies who have expressed interest in receiving funds.
- **Sheila Thompson** – Fred Edwards with Faith, Hope has been connecting with hotels.
- **Recovery Month Planning:**
 - a. Project NEXT will be participating in Recovery Month outreach events with Samaritan Treatment and Recovery Services (STARS) Newport at both Samaritan North Lincoln Hospital (SNLH) and Samaritan Pacific Communities Hospital (SPCH). Planning is currently taking place for these events, which will take place in September.
- **Upcoming outreach events include:**
 - a. August 4, 2026 - National Night Out Lincoln City.
 - b. September 19, 2026 - Newport PRIDE.

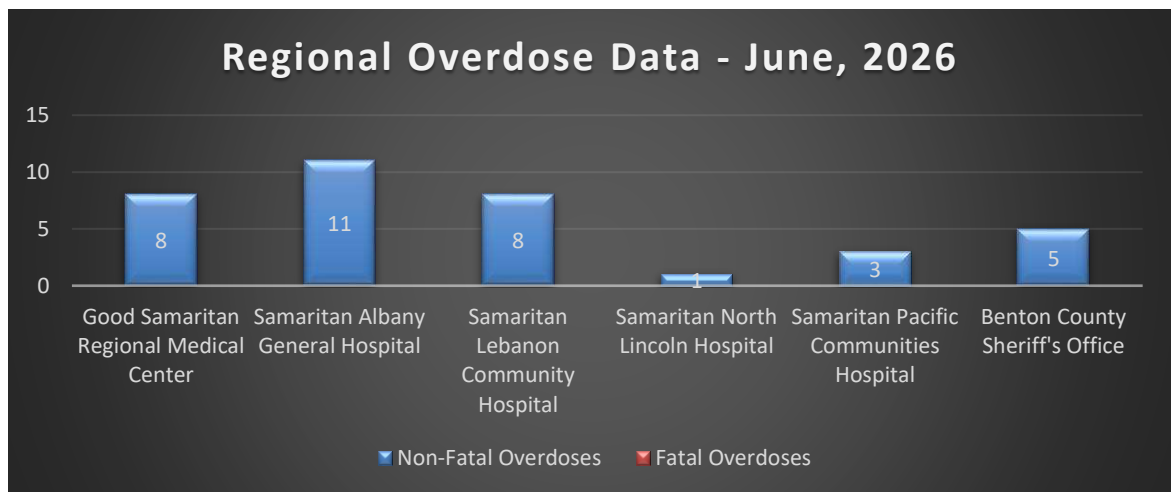
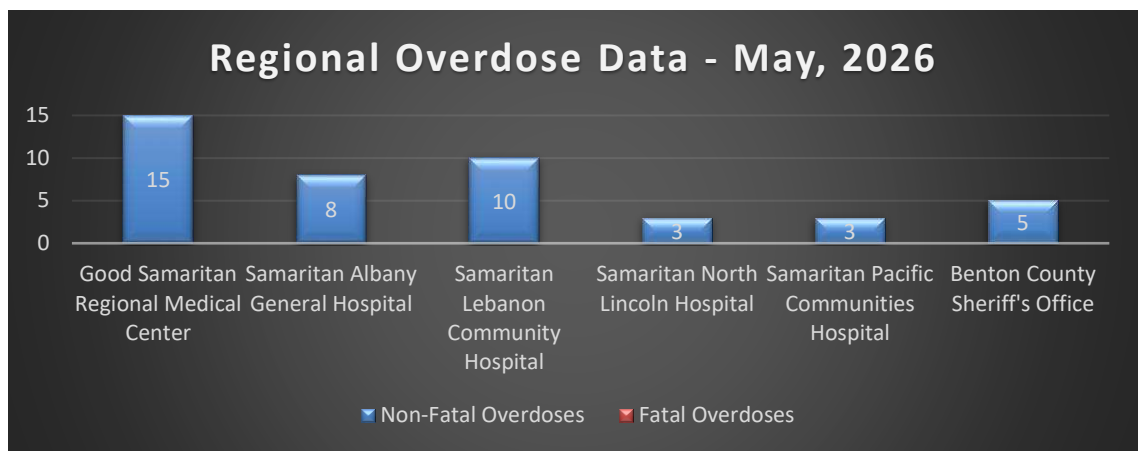
James Page moved to approve the HRSA Grant – Project NEXT report as presented, with Avalon Mason seconding the motion. Members present unanimously approved the motion.

Update – Regional Overdoses:

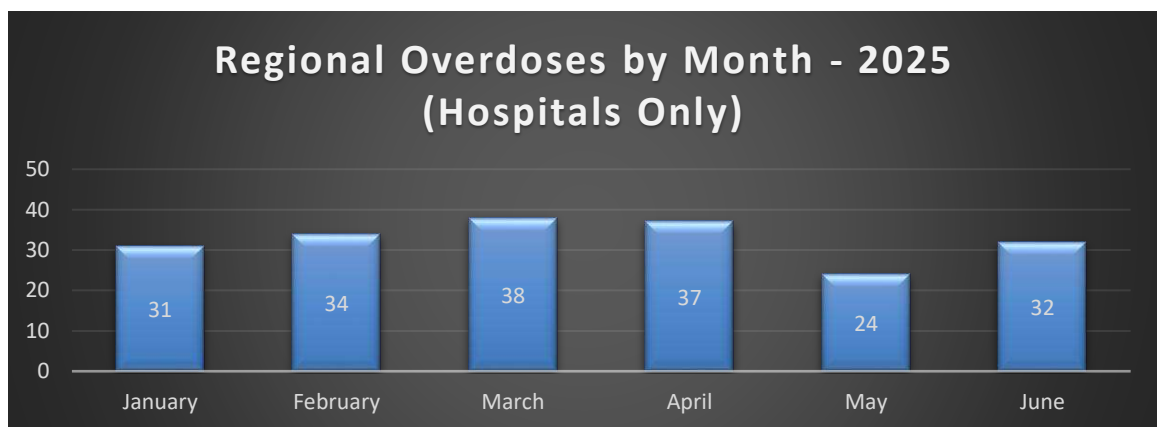
Discussion followed around regional overdoses. Thien Nguyen, Samaritan Health Services, reported on SHS overdose data, including Benton County Sheriff overdose numbers.

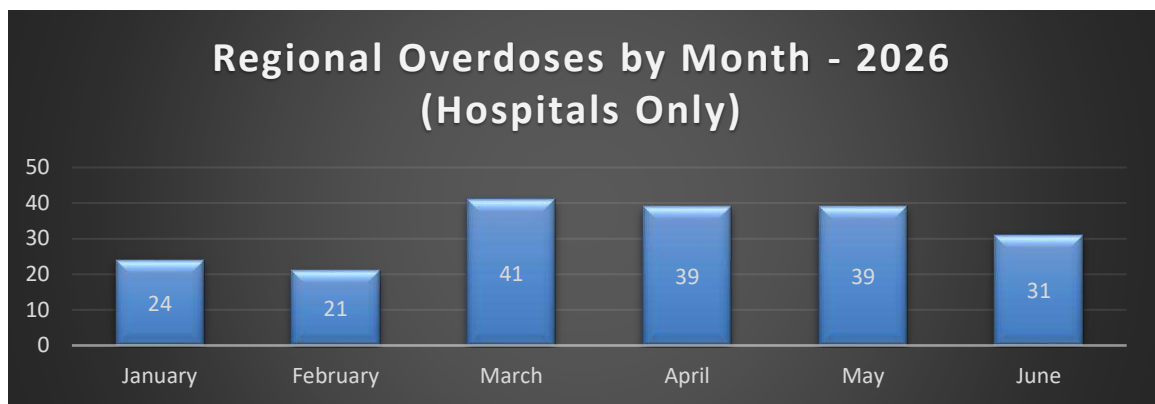
- Members noted the following reports attached to the agenda packet:
 - a. Samaritan Health Services Hospital (SHS) Hospital Data Report – Reporting Period: June 1, 2026, through June 30, 2026 – Individual Overdose Report.
 - b. SHS 2026 Data Report - Year-to-date drug overdose encounter hospital data from January 2026 through June 2026.
 - c. SHS overdose data report and Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) report from 2022 through June 2026.
- Thien Nguyen presented SHS Regional Overdose graphs, which included Benton County Sheriff's Office overdose data.

Regional Overdoses – May vs. June:

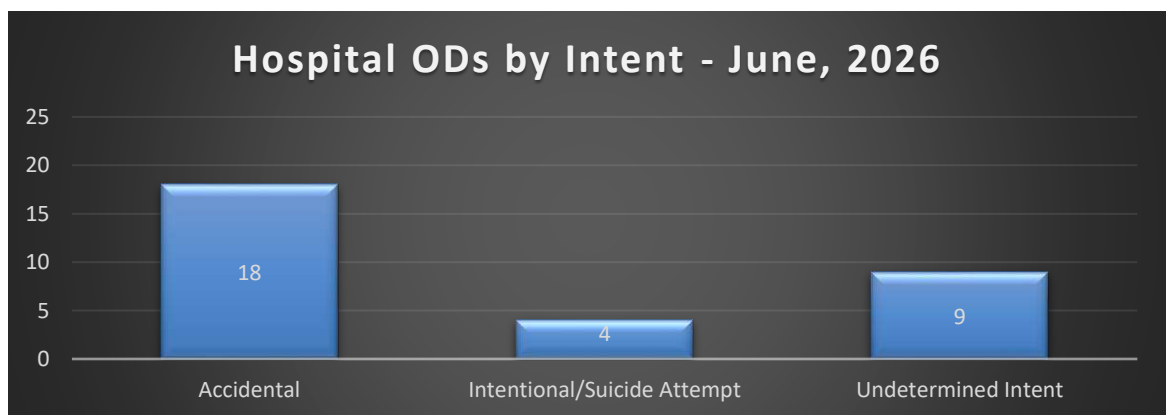
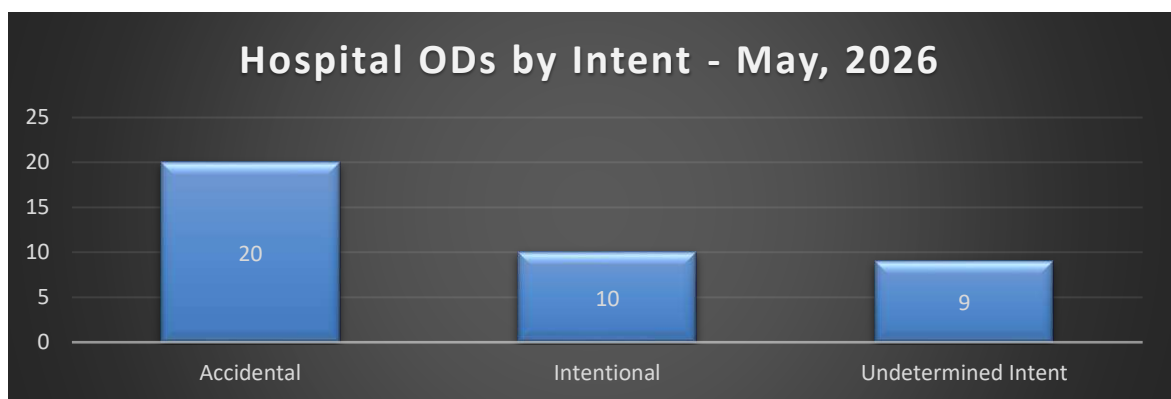


Overdoses by Month – 2025 vs. 2026:

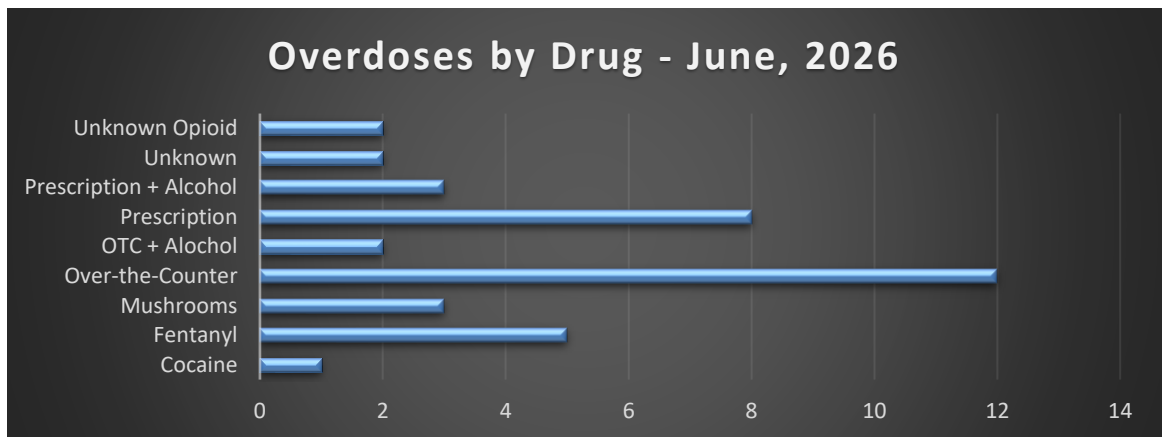
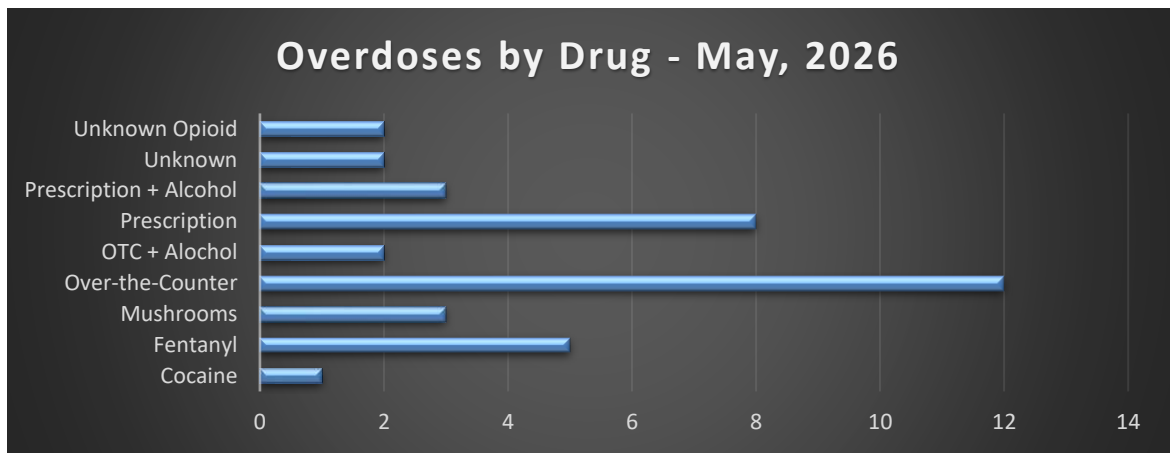




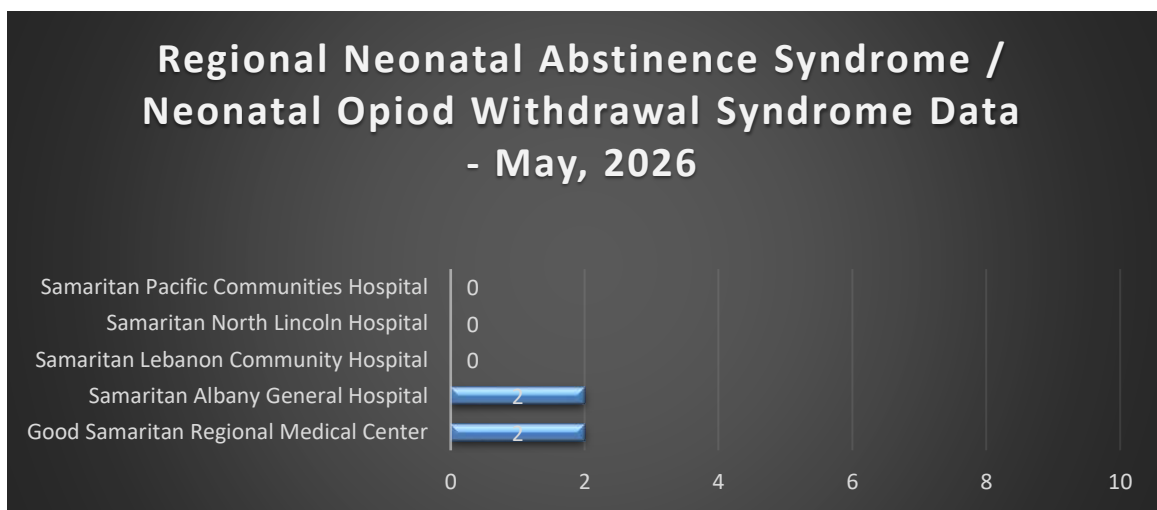
Overdoses by Intent – May vs. June:



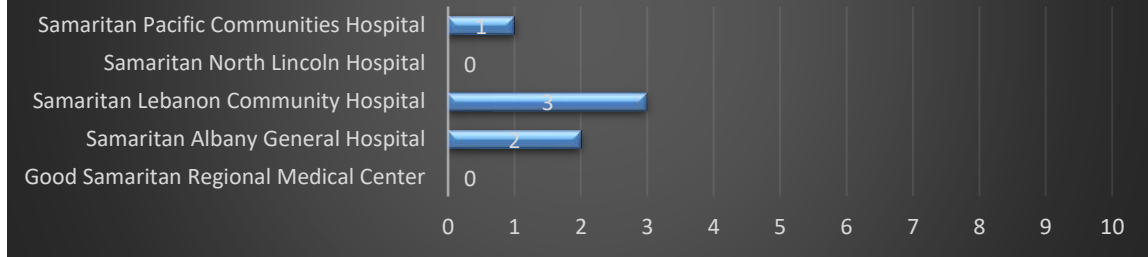
Overdoses by Drug – May and June:



NAS/NOW – May vs. June:



Regional Neonatal Abstinence Syndrome / Neonatal Opioid Withdrawal Syndrome Data - June, 2026



- **Marcia Harnden, Albany Chief of Police:**
 - a. For the City of Albany, there were 20 overdose calls with a fatality with fentanyl. There will also be a second one noted as well. They are still down from previous years.
 - b. County wide at 42 total overdose calls.
- **Blue Valentine:**
 - a. They have 3 naloxone Barney's now (large purple grab and go boxes with naloxone kits inside). They are located at:
 - The Benton County Health Services building at 530 NW 27th Street in Corvallis.
 - Benton County children and Family Mental Health at 4185 SW Research Way in Corvallis.
 - The Benton County Crisis Center at 240 NW 4th Street in Corvallis.

Behavioral Health Resource Networks (BHRN) Update:

Coalition members provided Behavioral Health Resource Networks updates.

- **Thien Nguyen – Linn County and Lincoln County:**
 - a. Family Tree Relief Nursery moved to their new location on Goldfish Farm Road in Albany.
 - b. Samaritan Treatment and Recovery Services will be hosting an open house at their Lebanon clinic on Aug 19, 2026.
 - c. Communities Helping All Negotiate Change Effectively (CHANCE) – Bridges to Recovery Event will be on September 26, 2026, from 11:00 a.m. – 3:00 p.m. at their Albany location – 231 SE Lyon Street in Albany. Come out and help celebrate CHANCE's 20th anniversary and support recovery and the community.
 - d. On September 19, 2026, there will be the Wellbriety and Recovery month event - Hands Across the Bridge event at the Waldport Community Center starting at 12:30 p.m. with lunch, speakers, resources, and activities. Starting at 11:30 a.m. there will be the bridge crossing.
- **Avalon Mason** – No updates for Benton County. International Overdose Awareness Day is coming up on August 31st.
- **Blue Valentine** – There are different events planned in the month of August.

- a. Corvallis Overdose Recognition and Response Training – August 12, 2026.
- b. Monroe Overdose Awareness Vigil – August 20, 2026.
- c. Monroe Overdose Recognition and Response Training – August 21, 2026.
- d. Corvallis Overdose Awareness Vigil – August 31, 2026.

Next Meeting:

The next meeting of the Regional Mental Health/Substance Use Disorder Coalition is on August 10, 2026, at 10:30 a.m. and will be a virtual meeting through Microsoft Teams.

Adjourn:

With no further business to discuss, adjourned the meeting at 11:20 a.m.

Respectfully submitted,
Shelley Hazelton
Samaritan Health Services
Community Health and Grants

(These meeting minutes are the true and accurate record of the meeting.)