COMMUNITY ACTION BOARD (CAB)
February 7, 2024 Meeting Minutes
Meeting held virtually via Zoom
7:30 AM – 8:50 AM

FACILITATOR	Adam Khosroabadi
NOTE TAKER	R.E. Szego

P	Paul Edgar	E	Leota Childress	S	Brenda Durbin
P	Sonia Agnew	O	Donna Erbs	S	Joey Johns
P	Richard Sheldon	O	Diane Rivera	S	Jennifer Much Grund
P	Marya Choudhry	S	Mary Rumbaugh	S	R.E. Szego
P	Adam Khosroabadi	S	Apryl Herron		

P-Present, A -Absent, E-Excused, S-Staff, O-Other Attendee

ITEMS / ISSUES	DISCUSSION
Meeting Called to Order Quorum is 50% +1	Meeting called to order at 7:34am. Participants gave introductions. We had a quorum.
Adoption of Meeting Minutes	Adam made a motion to adopt the January minutes. These were approved.
Recruitment Update	We received three applicants for CAB. These will be reviewed by the Executive Committee and recommendations will be made at the March meeting.
Stipend Proposal	Not covered.
Current State of the Addiction Crisis in Clackamas County	Mary Rumbaugh, Director, Clackamas County Behavioral Health Division Apryl Herron, Senior Program Coordinator, Clackamas County Public Health Division

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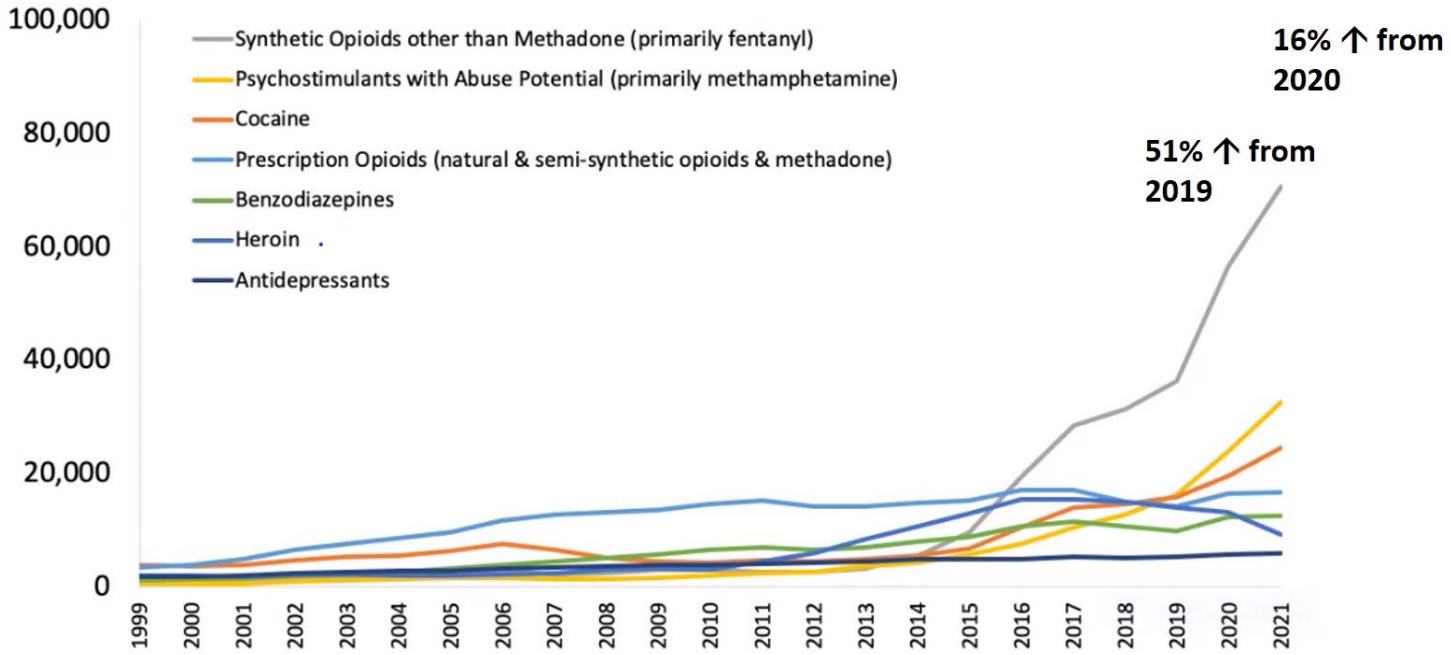
	Key takeaways from a report that OR Health Authority has been publishing almost every year about challenges in responding to the opioid epidemic: Circumstances of unintentional drug overdose deaths ▪ Many people who overdosed never touched the health care system ▪ Root causes: lack of community cohesion, mental health issues, and absence of basic needs ▪ Stigma associated with substance use ▪ Lack of access to shelters, detox facilities, and treatment centers ▪ Many don't know what community resources exist ▪ Polysubstance use- and varying levels of fentanyl in drug supply Source: Oregon Health Authority, Public Health Division. Opioids and the Ongoing Drug Overdose Crisis in Oregon: Report to the Legislature. Portland, OR. September 2022. The landscape has been changing over the last few years. COVID and some of the weather related events over the last few years have contributed. There is currently no residential treatment in Clackamas County, except the one associated with the corrections program. Recovery Northwest added sixteen detox beds near the border of Multnomah and Clackamas Counties. Following Measure 110 we have a lot more peer mentors out talking with people to help them make connections to community resources. Polysubstance use can be most dangerous for youth, people coming in and out of jail, and those in and out of recovery.

ITEMS / ISSUES	DISCUSSION
	# National Opioid Crisis Drug-Involved Overdose Deaths, Number Among All Ages, 1999-2021  Source: CDC Wonder Online Database, released 1/2023. More than 106,000 died from a drug overdose in the US in 2021. 2022 data is still provisional. Deaths involving synthetic opioids – primarily involving Fentanyl – continue to rise. Those involving stimulants, primarily methamphetamine, are also high.

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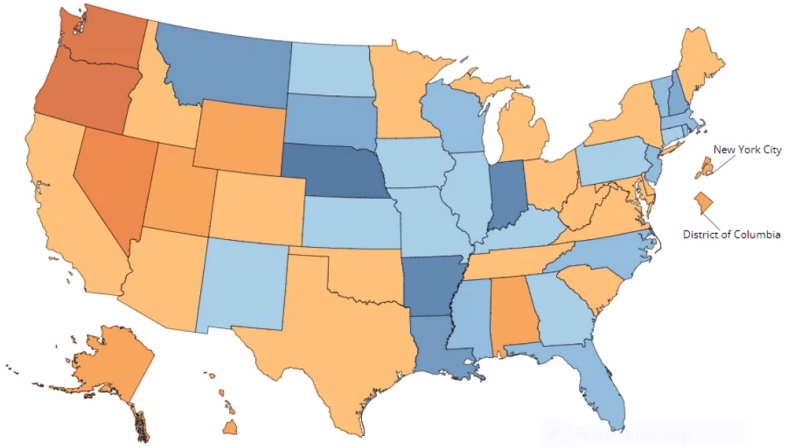
	# Local Impact **Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: July 2022 to July 2023[1]**  **Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods** -17.7 40.9 Percent Change for Oregon 34.15% • Oregon now ranks 2nd in the country for substance use disorders • Oregon ranks 1st in prescription opioid misuse • Oregon ranks 1st in methamphetamine use *National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 2020 1)CDC, National Center for Health Statistics, Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov) Oregon is among the states that saw the highest number of increases since 2022. Drug trends often sweep from east to west. The East Coast was seeing impacts of fentanyl before and during COVID.

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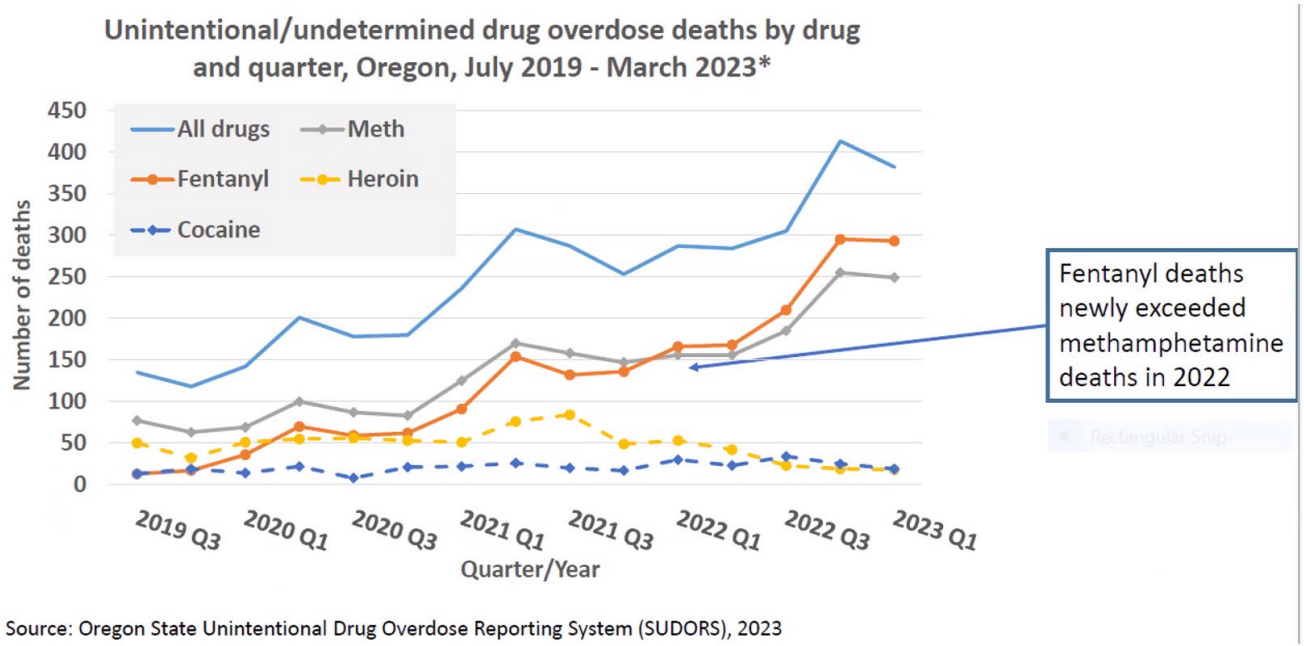
	Oregon Overdose Deaths, July 2019-March 2023



Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2023

Prescription opioid deaths (not shown) also went down. Overall death toll in the state increased significantly. In 2019 Oregon had 280 deaths. This increased to 956 overdose deaths in 2022. It will be well into 2025 before we see the 2023 final numbers, but they look on par with 2022.

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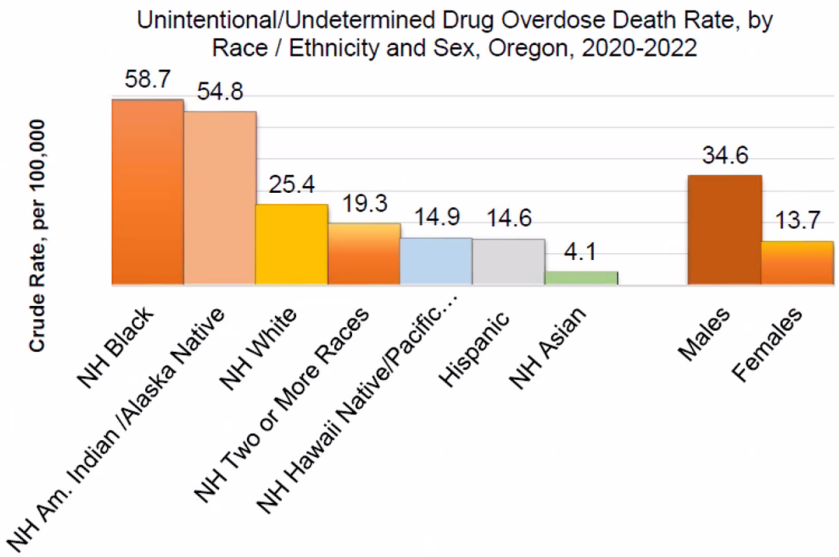
	Disproportionate Burden of Overdose Deaths in Oregon



Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS) 2023

Oregon produced a report similar to one from the CDC in 2022 that shows similar national trends related to increases in Black and Native American / Alaska Native populations. The death rates are almost twice that of the white population. In Public Health we are starting to prioritize evidence-based, culturally responsive overdose prevention efforts.

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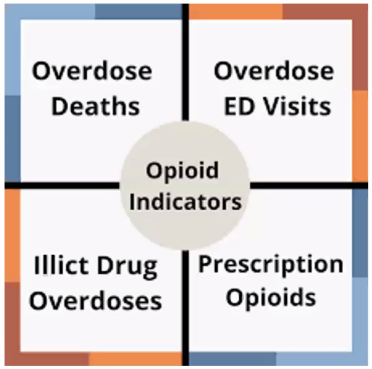
	Using Data to Inform Decisions Public Health staff maintain a substance use data dashboard that includes key indicators of opioid harm. These numbers describe some, but not all, of the impact of opioids on the people of our county. Data collected includes: • **Overdose deaths** involving opioids • **Emergency Department (ED) visits** for overdose • Non-fatal overdoses that involve **illicit drugs, such as heroin, fentanyl and meth** • The rate of **prescriptions for opioids**  Clackamas County Public Health purchased a real-time surveillance system. At one point Clackamas County was one of the highest prescription drug use counties in the state.

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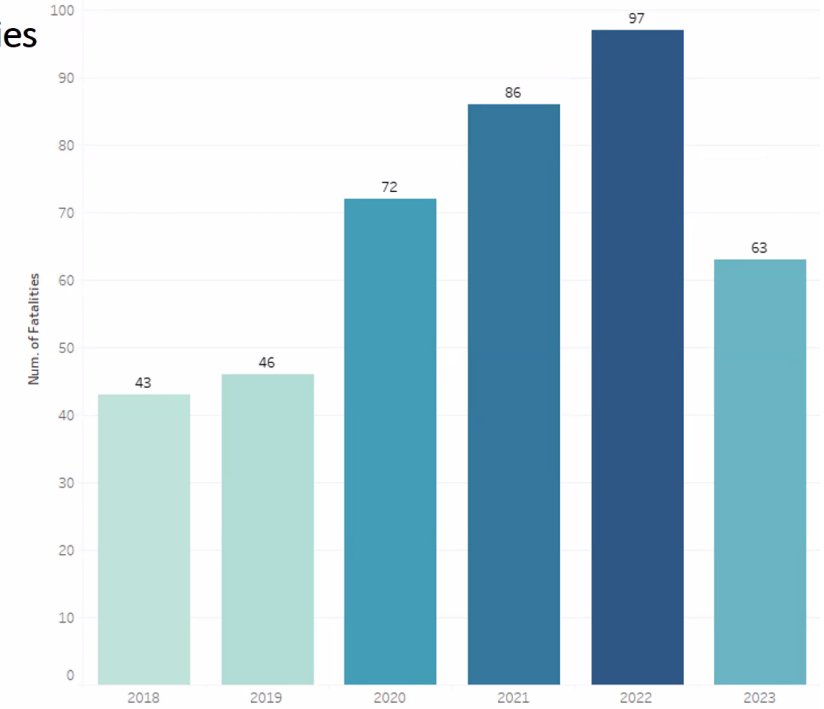
	Number of Drug-Induced Fatalities in Clackamas County by Year Note: 2022-2023 data provisional and subject to change Source: CDC Wonder, Vital Statistics Created by Clackamas County Public Health Division  Drug fatalities have continued to increase in Clackamas County. In 2022 the rate was the highest the county has ever seen, which was a 33% increase since 2020. 2023 numbers are still incoming, but are on par with 2022 data.

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	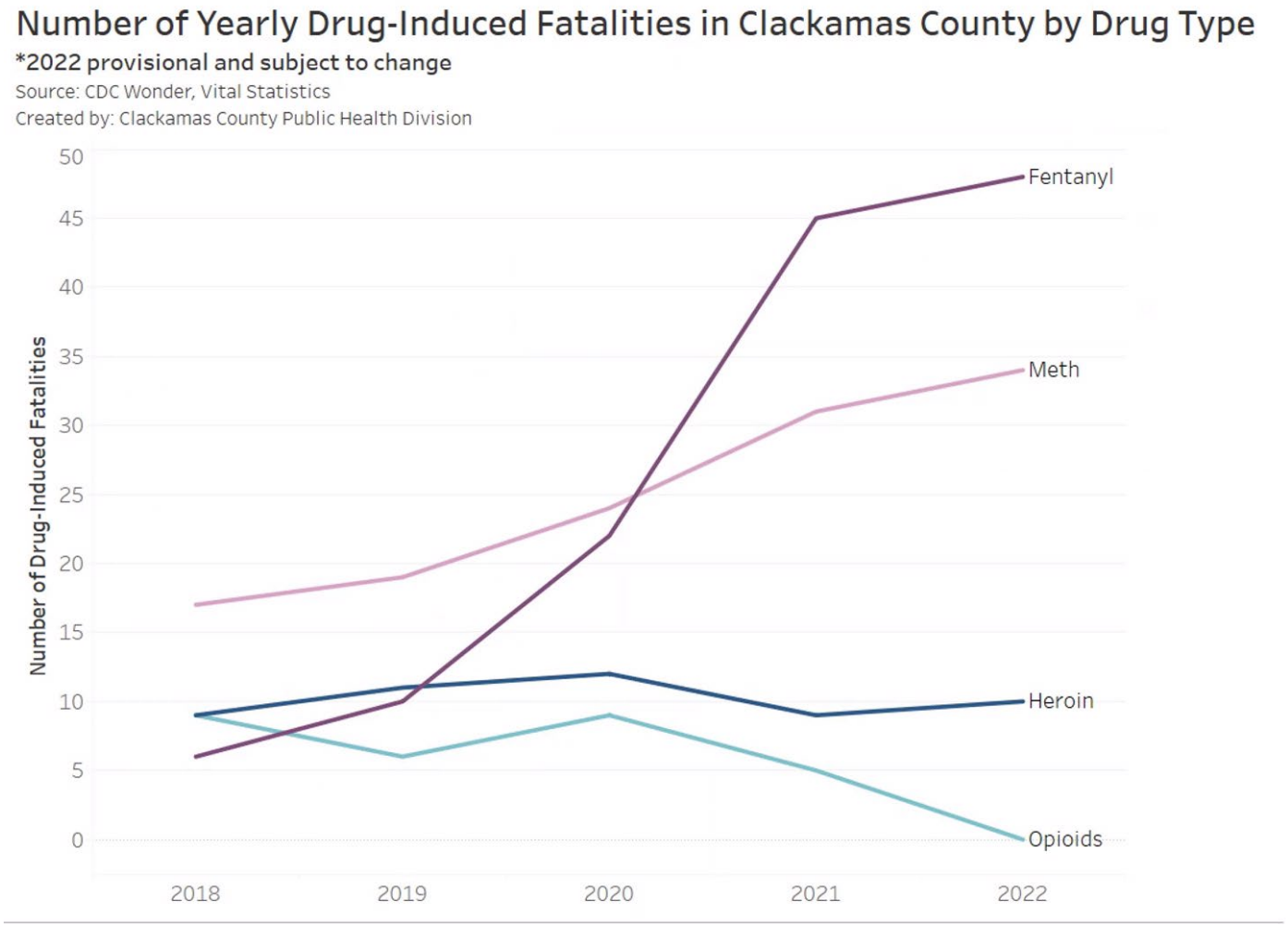 Clackamas County data is very similar to Oregon with fentanyl and methamphetamine continuing to be the biggest drug threats in our county. A lot of times we see polysubstance use with methamphetamine and fentanyl used together at least half of the time.

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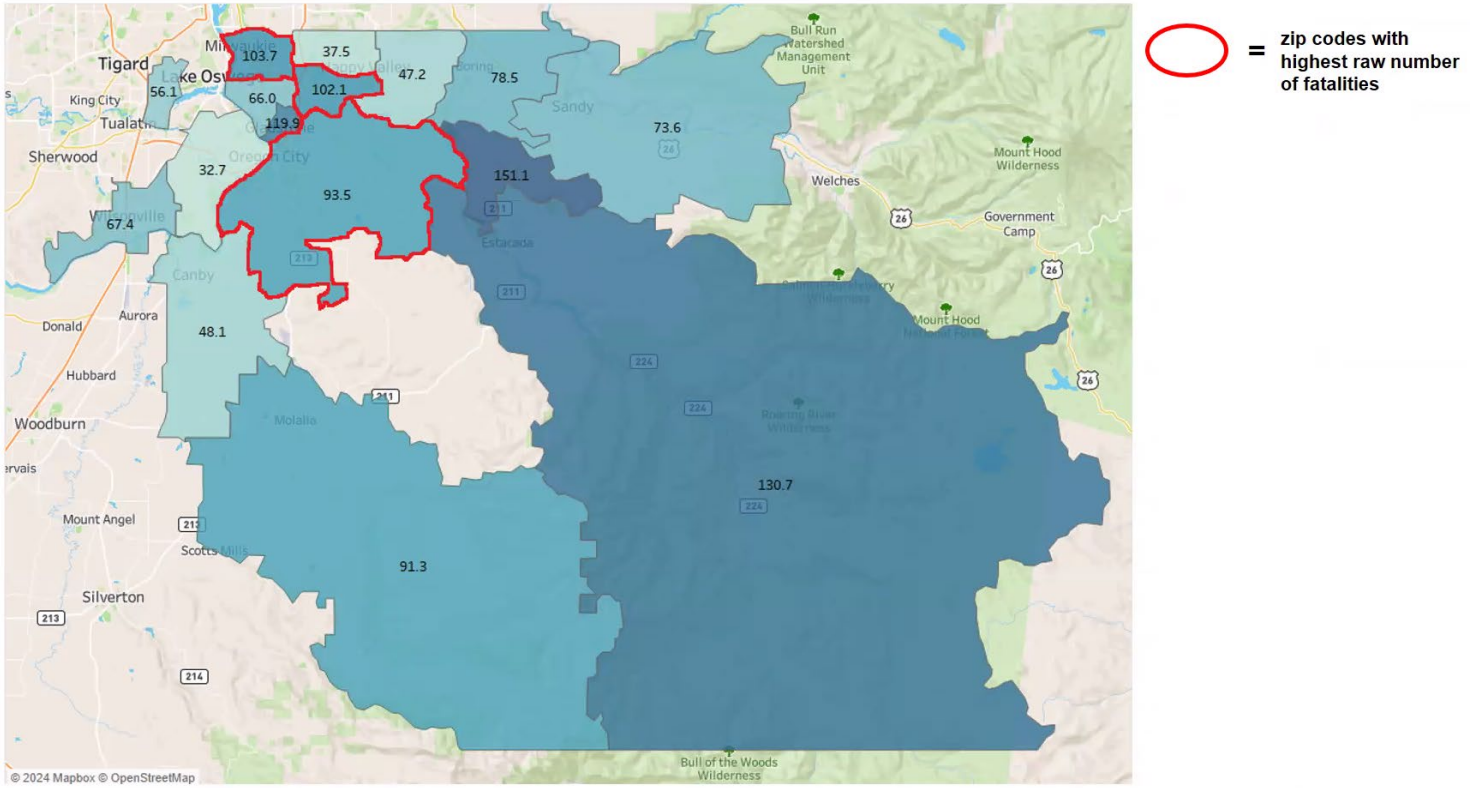
	Rate of Drug-Induced Fatalities by Resident Zip Code (2019 – June 2023) *Note: 2023 data provisional and subject to change; zip codes with less than 5 deaths suppressed* Source: Vital Statistics, American Community Survey 2021 Created by: Clackamas County Public Health Division  Death Rate is indicated by color. Parts of Milwaukie, Happy Valley, and Estacada tend to be the hardest hit. The highest raw numbers are indicated by a red outline: Milwaukie, Happy Valley, and Oregon City. This data is helpful to CCPH in their outreach and project implementation.

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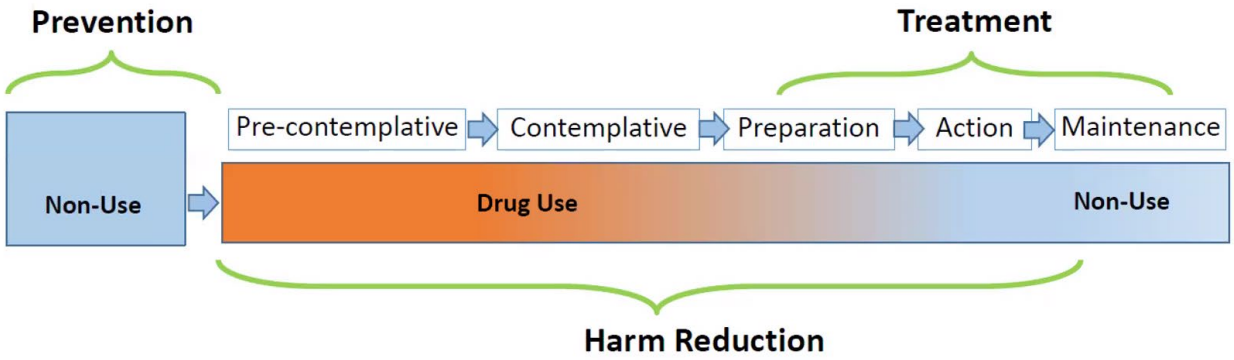
Solutions Across the Drug Use Continuum



Investing in solutions that go along the continuum of care - prevention through people in active substance use to people in recovery – is the best way to do it. The landscape and resources will continue to change.

Evidence-Based Strategies to Address the Substance Use Crisis

1) Targeted naloxone distribution
2) Criminal justice interventions
3) Medication for Opioid Use Disorder
4) Enrich prevention strategies
5) Linkage to Syringe Exchange programs
6) Healthcare system interventions
7) Warm hand-off program & recovery support
8) Data surveillance and research
9) Treatment during pregnancy & postpartum period

Public Health
Prevent. Promote. Protect.

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	These evidence-based strategies have been recommended by Johns Hopkins School of Public Health. They cover the continuum of care. Clackamas County is doing most of these at some level. We need more resources and funding to do the best job.

Continuum of Substance Use Services in Clackamas County

Current Services

Prevention	Intervention	Treatment	Post-Treatment/Recovery
• 24/7 Crisis & Support Line • Technical Assistance for Youth Programming • Assessing local prevention needs based on data (Student Health Survey; Community Mapping; Overdose data) **Housing** • Affordable Housing Development • Housing Retention & Stability (rent assistance, eviction prevention) **Education and Awareness:** • Trainings & Presentations • Community Messaging • Parenting Education with substance use prevention content (1 –2 Class Series/Year). • Evidence-based substance use and overdose prevention education in schools	• Recovery supports for overdose survivors (Project Hope - partners with community paramedics, AMR, Fire, Peer Recovery mentors) • 24/7 Crisis & Support Line • 24/7 Mobile Crisis Response • Naloxone Distribution • School-based early-intervention services • Involuntary Commitment Program (ICP) • Law Enforcement Assisted Diversion (LEAD) **Housing** • Street Outreach • Coordinated Housing Access • Emergency Shelter • Rapid Rehousing • Transitional Housing • Supportive Housing	• Intensive Care Coordination • Withdrawal Management (detox) • Outpatient Substance Use Treatment • Community Corrections Substance Use treatment • Medication Assisted Treatment • Peer Recovery Services • Supported Employment	• Peer Recovery Services • Recovery Housing

Services in Development

Prevention	Intervention	Treatment	Post-Treatment/Recovery
• Implementing evidence-based prevention programs in schools and communities	• Aid and Assist housing (charged but unable to aid in their own defense) • Community triage & stabilization • Navigation Center	• Health Centers-Behavioral Health clinic location and expansion • 23-hour Crisis Stabilization (Receiving) Center	• Serenity & Haven Houses • Recuperative Care Shelter

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	The BCC has made a recovery-oriented system of care a priority. This slide is a document provided to the BCC for their planning sessions. It lists what currently exists - services provided by County or contracted out to non-profits and community based organizations. We don't have enough resources and services, but also don't know any community that would say they have enough. There are also services in development. Behavioral Health Resource Network (BHRN) ▪ A BHRN is an entity or group of entities working together to provide comprehensive, community-based services and supports to people with substance use disorders or harmful substance use. ▪ Funded through Ballot Measure 110 ▪ Increases access to vital services: ▪ Treatment ▪ Peer support and recovery services ▪ Housing ▪ Harm reduction ▪ 16 funded organizations in Clackamas County https://www.clackamas.us/behavioralhealth/substance-use-treatment-and-recovery During the Legislature's short session Ballot Measure 110 is a hot topic. We will likely see amendments, hopefully around how folks get through the front door (into services) but with no disruption to the financial investments.

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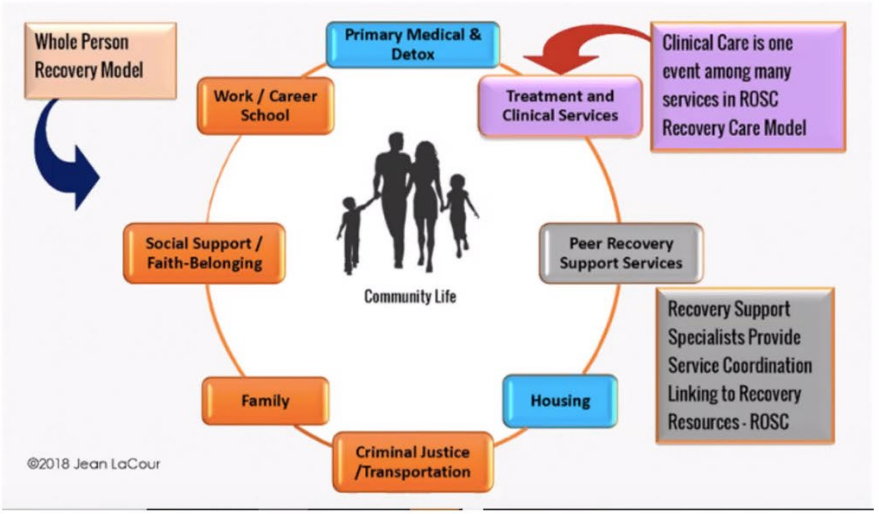
	# Recovery Oriented System of Care (ROSC) A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.  This is the SAMHSA definition of a Recovery Oriented System of Care, including a range from traditional services to more wellness oriented services. The BCC adopted model. Everybody's recovery journey looks different.

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	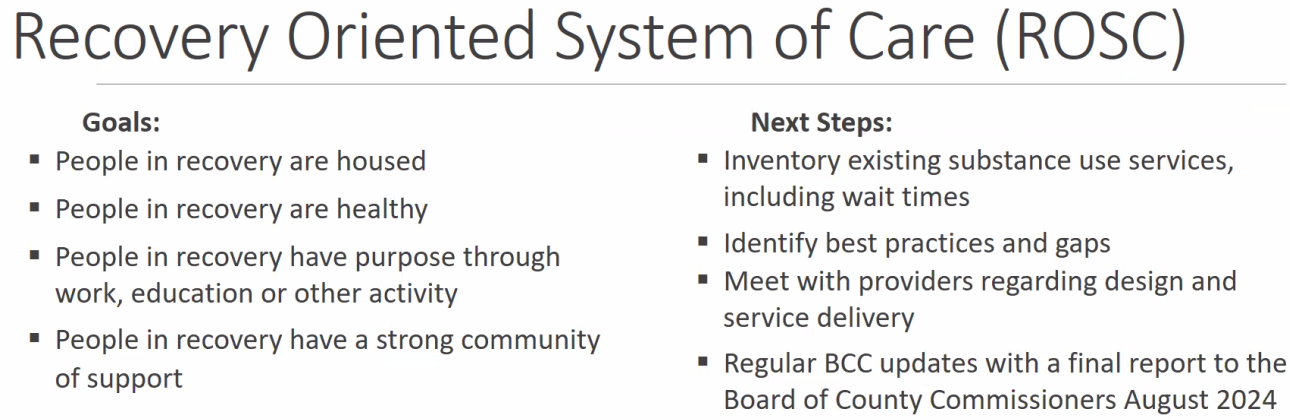 A small project team regularly reports to the BCC. The final report from this group will be due August 2024. For folks on the Oregon Health Plan or Medicaid, we have two Coordinated Care Organizations (CCOs) in Clackamas County, HealthShare of Oregon and Trillium Community Health. CCBH has a contract with the State to fund services for people who are uninsured. What about people who receive services through self-pay or commercial insurance coverage? We are trying to build a solid understanding of what is available and being used, the gaps, and the best practices to fill in those gaps. CCBH is going to begin talking with substance use service providers about the design of a recovery center. What do we need? This might be a hub and spoke model. We want to ensure people survive by offering warm handoffs to the next steps in the process. Without the warm handoff, people are more likely to die in the process.

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	Public Health Response  **Overdose Prevention** ▪ Naloxone: Naloxone Kit Request Form | Clackamas County ▪ First Responder leave-behind program: HB allows leave-behind for law enforcement, firefighters, and EMS providers ▪ Naloxone trainings ▪ Wound care kits, sharps containers, Deterra medication/drug dissolving pouches for safe drug disposal  In public health we also try to do cross system responses to leverage resources. Naloxone distribution / harm reduction is on the continuum of care. We receive a lot of funding for Naloxone and other harm reduction supplies through CareOregon and OHA (Oregon Health Authority) and also receive a lot of requests from organizations across the county – from law enforcement to community based organizations, treatment facilities, and others. Naloxone Leave-Behind for first responders was approved last year through House Bill 2395. We're able to look at hot spot overdose data to get Naloxone out to some of locations where we're seeing repeat overdoses, including: hotels and motels, certain apartment complexes, and Clackamas Town Center. Through funding from CareOregon we're also able to give our wound care kits, which is especially important because we're starting to see Xylazine, a new drug entering the drug supply causes that causes skin wounds (https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html). Deterra pouches were purchased through some of the County's opioid settlement money. They'll be available throughout the county, including at some of the libraries and City Halls.

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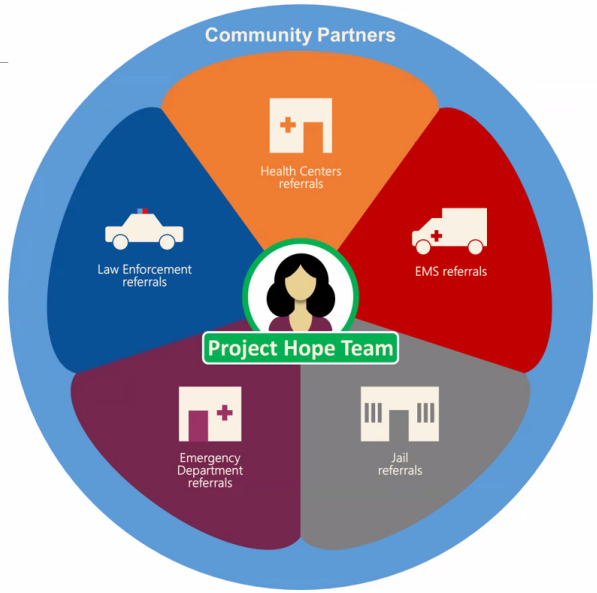
	Project Hope ▪ Recovery supports for overdose survivors and those navigating the road to recovery ▪ Team: 2 peer recovery mentors, 1 case Manager, and 1 community paramedic ▪ Goals: 1) Reduce the number of people who have an OD 2) Improve quality of life 3) Bridge gaps in care ▪ Connections to peer recovery support, treatment, harm reduction, housing, employment, healthcare, basic needs  Clackamas County Public Health is working with community partners to provide this program which provides recovery support for those who have survived an overdose or at risk of an overdose with a team of Peer Recovery Mentors, a Case Manager, and Community Paramedics. The number of overdoses we're starting to see is much higher than it ever has been. The image shows where they're getting referrals from. Most referrals are coming from jail and the health centers. A lot of people cross both / all of these systems. The team is able to do follow-up within the first couple of days after the overdose, which is a critical time, work with the emergency departments to referrals as people discharge from an overdose, and partner with law enforcement.

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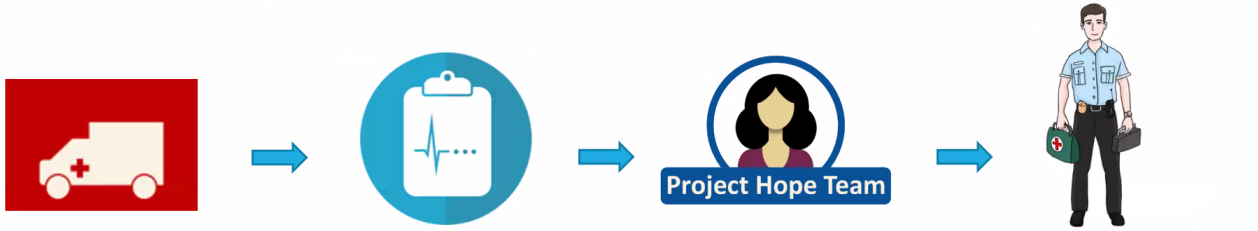
EMS Overdose Response Project

Breaking down silo's:

- EMS: Clackamas Fire, Molalla Fire, Canby Fire, AMR, Lake Oswego Fire
- Public Health
- Overlap in goals to change outcomes



This innovative project was just launched within the last few months. We started with Molalla and Sandy Fire Districts. Paramedics when responding to an overdose are able to give one does of Buprenorphine, a medication used to treat Opioid Use Disorder (https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine) that helps with withdrawal and cravings, at the point of an overdose. This program is being done in other parts of the country. We were able to work with the EMS (Emergency Medical Services) Medical Director from Clackamas Fire District to bring this program to the County. Oregon Poison Center at OHSU will have doctors on call 24/7 who can give the thumbs up to the paramedics to give the medication. In Clackamas County patients receive a referral to Project Hope and receive follow-up through a wraparound care model

Q&A:

Adam shared that he and Councilor Rebecca Stavenjord are working on getting Deterra distributed in Milwaukie at City Hall, the Library, and other locations. He has heard of instances of children getting into parents stash of fentanyl. Is there any information going out about **how to store fentanyl properly so it's not accessible to young children**.

- Apryl answered that pediatric fentanyl poisoning is becoming a bigger topic. A paper will be released very soon from OHSU's Oregon Poison Center. They found that pediatric fentanyl poisoning had increased quite a bit over the last few years. Once that paper is released with related media, we will do some joint messaging with tri-

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	county partners. Tools and resources we will be promoting include Deterra pouches. While these are touted for prescription opioids and expired medication, they can be used for remnants of fentanyl left behind on property. There's an environmental component to keep our waterways clean and not flushing things down the toilet. We also have medication lock boxes available in Public Health. Adam also asked **how successful these programs have been** once the person has engaged with them. What's the success rate? • Mary answered that especially connected to some of the longterm investments, some of that data is long range. We have access to the statewide number of touches, thousands and thousands of individuals. Recovery is not a straight line, which is why we have to have a continuum, meet people where they are and build up the system so that when they are ready to go into recovery there is a place for them to go. The BCC also wants to have to longterm outcomes and data collection. • Apryl added that Public Health collects data for Project Hope related to referrals to treatment, housing, employment, but we define success as engagement with our team. Adam asked: **What could cities be doing right now?** How could cities work with the County directly? Is there an appetite for popup centers in some of the cities with bigger issues? He noted that knowing where to go is half the problem. Sometimes location is a barrier. Maybe something more local would be a step that cities could take. In Milwaukie, we're putting in a 22 hour stabilization center. Do Good Multnomah is looking at 30 pod houseless center just outside of Milwaukie. How could cities be active partners? • Mary responded that Milwaukie is leading by example about how to partner. The stabilization center will be a game-changer for the community. It's really helping us hear from you all, and we would love to hear more from rural areas: What is the local need? If you hear partnering ideas or about a promising practice, please share. • April commented that some cities have convened stakeholder groups about where the gaps are, what can be done, and how the county can support those efforts. Bring together a stakeholder group of elected officials, law enforcement, EMS (Emergency Medical Services), community based organizations. Sonia shared that making Narcan more available to everyone in the community is awesome. She asked: Is there some desire or **effort to help people understand the symptoms associated with opioid overdose** (vs. heart attack)? • Apryl responded that on the request form there is also an opportunity to let us know about training needs. There's a short video, in-person training, or zoom trainings, but the capacity is only 1.5 FTE. We're starting to work with partners on a train the trainer. Both OHA (Oregon Health Authority) and 4D (https://4drecovery.org/) are great partners. We also just launched a fentanyl awareness campaign. She will send a link to that website.

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	They will also have social media messages. One of the key messages is about Naloxone as a lifesaving tool. The website had signs and symptoms and how to recognize an overdose. Sonia also asked about **the Opiod settlement**: Did those funds come with agreements at the state or local levels on how the pharmaceutical industry will work with us locally and at a state level to prevent the circumstances that supported the opioid epidemic? What kind of conversations are we having there? • Apryl answered that there have been some restrictions placed on pharmaceutical companies. There has been a real crackdown on prescribing, including safer prescribing protocols adopted pretty universally in medical and dental fields, as well as what can go out through the pharmacy side (what's prescribed, amounts). There may be a few other requirements. Paul commented if we come upon someone who has overdosed, this emergency situation where we're trying to prevent them from killing themselves or harming someone else, but they walk out the door the ability to have follow-up becomes very difficult. The Sheriff's office and police can't do forcible intervention because we don't have housing available or places to take people. It becomes very difficult to intervene. What should we be recommending during the first 72 hours? • Mary responded that this is one of the biggest gaps – that we end up intervening at moment something negative is happening. The choice is – when overdosing there's a medical response. There's a 24/7 mobile response team, but I need double the staff that I have for the geographical range. We take them to law enforcement less than 1% of the time or the hospital. We stabilize them in the community almost 90% of the time. Crisis stabilization will be an important add on as a 24/7 program where someone can be brought in by law enforcement, walk in, or be discharged from the hospital and can be there up to 23 hours for stabilization. We will also have some short term respite shelter for those who won't be able to safely discharge. We just don't have the immediate access to treatment we need in this community. • Paul asked if we have any specific funding that will aid in creating these respite areas with extended triage and a lot of case management so that we're doing more than just letting the band-aids fall off when we're trying to save more lives, creating a cyclical problem. • Mary shared that the crisis stabilization center will be funded by the coordinated care organizations, State funding, Metro SHS funding, and we need more. In the short legislative session there is a commitment to addressing Measure 110, behavioral health, and houselessness. Adam and Counselor Stavenjord are working on **a forum on the drug problem in our County**. A young high school student whose sister overdosed last year will speak at City Council on Apr2.

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EFSP (Emergency Food and Shelter Program) Phase 41 Recommendations	Jennifer Much Grund, Policy, Performance & Research Analyst, provided an overview of the Emergency Food and Shelter Program and prior allocation recommendations from CAB. EFSP is a federal funding program administered by a local board made up of representatives from each of the counties plus non-profit agencies that are part of national and local board structures. These include Catholic Charities, Salvation Army, Oregon Food Bank and others. The Federal process is to release the funds in phases. We are currently spending Phase 39 (related to ARPA – American Rescue Plan Act - funds) and Phase 40 funds related to ARPA (American Rescue Plan Act). For the new release of funds, Phase 41, Social Services is seeking recommendations from CAB on how to allocate the funding designated for Clackamas County. EFSP funds can be used to supplement existing programs that address food, shelter, rent assistance, and other immediate needs for vulnerable families and individuals in the community strengthening our safety net. EFSP funds cannot be used to start new programs. **Clackamas County was allocated around $153,000 for Phase 41. What percentage do we want to spend in the different categories?** In Phase 40, we allocated: • 50% for Rent Assistance, which has gone under the rent assistance program to organizations including St Vincent de Paul and Catholic Charities for short-term rent assistance • 50% for Food, which has gone to Oregon Food Bank in the past, using the funds to get food to local food pantries in Clackamas County After we approve the allocation, we will open it up as a grant opportunity and organizations can apply for those funds. CAB will weigh in on recommending what organizations to fund. The group discussed the use of funds for rent assistance. Joey, who oversees the County's Rent Assistance program, shared that there is a large social problem with housing costs that's causing people to enter houselessness no matter how much we try to sway it. Every day he sees people entering the homeless system. CCSSD (Clackamas County Social Services Division) is using a few funding sources for rent assistance to try to impact the problem. Jennifer noteds that programs like St. Vincent de Paul offer a combination of food distribution and rent assistance as part of a package of support for clients with immediate needs (https://www.svdppdx.org/services). Adam shared about his work Milwaukie trying to use the Construction Excise Tax fund https://www.oregonmetro.gov/metro-construction-excise-tax) to bridge the gaps. Milwaukie used these funds for

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	affordable housing. He wondered if it would be more effective to fund a basic income program. Jennifer noted that this is not something that can be done with EFSP funds. Donna added that Representative Gamba is working on a housable wage. Paul moved to approve maintaining the current split for Phase 41. This was approved.
Member Updates	None
Meeting Adjourned	The meeting was adjourned at 8:52am.
Next Meeting:	March 6, 2024, 7:30am – 8:50am. Zoom: https://clackamascounty.zoom.us/j/83711142308