

**AGING SERVICES ADVISORY COUNCIL**  
**March 18, 2024 Meeting Minutes**  
**Hybrid Meeting DSB 120 or Zoom**  
**10:00 AM – 12:00 PM**

FACILITATOR		Eric Olson			
NOTETAKER		R.E. Szego			
P	Anne Meader	P	Carol Bernhard	S	Brenda Durbin
P	Eric Olson	P	Sonya Norton	S	R.E. Szego
P	Jill Frankie	P	Marge Lorton		Jennifer Much Grund
P	Michelle Cassel	E	Dan Hoeschen	S	Jeanie Butler
P	Virginia Seitz	P	Lynne Byrne		
A	Peter Zambetti	E	Dana Lord	S	Galli Murray
P	Pat Torsen	P	Jim O'Brien	S	Apryl Herron
		P	Scott Stahl	S	Kim Whitely
V	Steve May	V	Joyce Caramella		

**P-Present      A-Absent      E-Excused      S-Staff      V-Visitor**

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
<b>Meeting Called to Order</b>  Quorum is majority.	<b>RECORD</b> <b>Eric Olson</b> , Council Chair, called the meeting to order at 10:06am. A Quorum was present.	
<b>Review and Adoption of Minutes</b>	Scott made a motion to approve the minutes from 02/12/24. Virginia seconded the motion. February 2024 minutes were approved.	R.E.: Post Feb. 12, 2024 minutes
<b>Hybrid Meeting Group Agreements</b>	Draft: <ul style="list-style-type: none"> <li>• Ask someone to monitor the chat</li> <li>• Brenda could act as a room monitor</li> </ul>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
Not covered	<ul style="list-style-type: none"> <li>• State name when motioning</li> <li>• Raise hand whether in room or online</li> <li>• Other?</li> </ul>	
<b>Suicide Prevention Efforts in Clackamas County</b>	<p><b>Suicide Prevention Efforts in Clackamas County</b>          Galli Murray, Senior Policy, Performance, and Research Analyst, Clackamas County Public Health Division (CCPH)  <a href="https://www.clackamas.us/publichealth/suicideprevention.html">https://www.clackamas.us/publichealth/suicideprevention.html</a></p> <p>Galli started by grounding the group in the data, which is available through a partnership with the Medical Examiner.</p> <p style="text-align: center;"><b>Clackamas County Data (2023)</b></p> <hr/> <ul style="list-style-type: none"> <li>•The rate of suicide In Clackamas County for the age group of 50 – 69-year-olds <b>remained the highest of all age groups</b> with most of these deaths being men.</li> <li>•29% of all 50+ year old suicide deaths in Clackamas were our Veterans.</li> <li>•10 – 19-year-olds have the lowest rate of suicide in our county.</li> <li>•Firearms account for 60% of all suicide deaths in Clackamas. This number continues to increase.</li> <li>•80% of suicides are male.</li> </ul> <p>A lot of energy has been put into suicide prevention at the K-12 level.</p> <p><b>Firearms:</b> This is about saving lives. Where people do have firearms in their home, we want to make sure these are kept where no unauthorized</p>	<p><b>EXEC:</b> Put on future agenda to revisit <i>Living Well with Chronic Conditions</i> to keep this in our minds and attention</p>

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>access can occur. If you live with someone or are yourself going through an emotional health crisis, having someone temporarily hold your firearms is legal. Locking them up temporarily so the person doesn't have access is another option. Putting time and distance between one of the most lethal means we have and someone going through a particularly hard time is crucial.</p> <ul style="list-style-type: none"> <li>• Anne asked if it is legal to take a firearm away from someone if you think they are going to hurt themselves.</li> <li>• Galli answered that that is between you and your friends and is within the law. There is a Temporary Holding Law. There is something called ERPO, Extreme Risk Protection Order, in Oregon that is not as well known. Immediate family members can petition the courts to have the courts say you cannot have a firearm temporarily. This is most often used by law enforcement. It's a temporary fix.</li> <li>• Pat asked: Approximately how many suicide deaths were there in Clackamas County last year?</li> <li>• Galli estimates that it was about between 70-80 versus about 52 deaths per year about 8 years ago.</li> </ul> <p>Galli's main piece for ASAC:</p> <p style="text-align: center;">Between 2010 – 2023, residents aged 50+ accounted for 49.9% of suicide deaths in Clackamas.</p> <p>We are not doing all that we can to address this huge public health issue.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>A lot of the suicide deaths are veterans. Anecdotal reasons for why the majority are men includes when men separate from employment – for retirement or medical leave, it’s typically hard for them to have an identity or purpose outside of employment. How do we connect with men in our community in a non-traditional way? People don’t necessarily want to talk about mental health or suicide. Men are typically more likely to talk about other things and give clues about suicidal ideation through those conversations. Risk factors include: being a middle-aged white man; proximity to a firearm; loss of job; substance use problem; spouse/partner leaving them. This increased stress creates the potential for significant loss and tragedy.</p> <p>Anne noted that they might talk about loneliness. There are a lot of conversations about loneliness in the community.</p> <p>Galli asked for our help, as a Council with a lot of credibility and clout. Unlike the K-12 conversation, it is really challenging to be able to target the 50+ year old age group. This has to be through very indirect, very broad-thinking ways.</p> <p><b>Galli is formally requesting that ASAC advocate for funding for the creation and improvement of three areas:</b></p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p style="text-align: center;"> <b>Aging Services Advisory Council and Potential Next Steps</b> </p> <hr/> <p>Our request of ASAC is to support the creation, improvement and funding of services that <u>explicitly</u> address older adult suicides in our county by:</p> <p><b>1) Staff, volunteers and contracted agencies called out in the Clackamas County Older Americans Act Area Plan that have touchpoints with older adults will receive suicide prevention training.</b></p> <ul style="list-style-type: none"> <li>- Less than half of individuals who die from suicide had a mental health condition</li> <li>- Many do not seek mental health care, supporting the need for training in other sectors</li> <li>- Training can be done virtually or in person, is free and is only 1.5 – 2 hours long.</li> </ul> <p><b>Training in tri-county area is free.</b> QPR – Question, Persuade, Refer – is 1.5 to 2 hours long, available at: <a href="https://gettrainedtohelp.com/trainings/qpr/">https://gettrainedtohelp.com/trainings/qpr/</a>. You can register for all of the trainings there.</p> <p>How do we train staff who work in programs that may not be mental health related to recognize signs and symptoms of suicide. Less than half of those who died from suicide had a mental health diagnosis, so we need to target a broader range of programs, possibly all of the programs listed under the Area Plan.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>2) Increase programming and events (peer support, caring contacts, <a href="#">Men's Shed</a>, <a href="#">death cafes</a>, etc.) that decrease isolation and increase connection for older adults.</p> <p>- 59% of survey respondents from a Clackamas County community needs assessment completed in 2018- 2020 for the Area Plan reported feeling lonely at least sometimes.</p> <p>- social isolation is a risk factor for suicide</p> <p>- programs that support connection <u>are</u> suicide prevention</p> <p><b>Loneliness is killing our community.</b> If we put as much resources in for those age 50+ as we do for K-12, the suicide rate will drop.</p> <ul style="list-style-type: none"> <li>• Steve talked about other risk factors related to a history of trauma, such as domestic violence, sexual assault, sex trafficking, and domestic abuse. He asked how CCPH deals with these aspects.</li> <li>• Galli shared that we call those "intersections." We train staff in ASIST (Applied Suicide Intervention Skills Training), which is a 2-day training (<a href="https://gettrainedtohelp.com/trainings/asist/">https://gettrainedtohelp.com/trainings/asist/</a>). We train people who may have contact with those individuals.</li> </ul> <p>Social isolation is a risk factor for suicide. Peer support programs are suicide prevention.</p>	

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	<p>3) <b>Fund evidenced based classes such as <i>Living Well with Chronic Conditions and Diabetes Self-Management</i> classes which were discontinued due to funding in 2023.</b></p> <ul style="list-style-type: none"> <li>- Clackamas County’s Suicide Fatality Review Committee found in 2022, 5/5 decedents expressed distress or dread over having to manage a debilitating mental or physical illness prior to their death form suicide</li> <li>- “Those with disabilities, including physical disabilities, were three times as likely than those without disabilities to have endorsed past-year suicidal ideation” (<a href="#">Khazem, 2018</a>).</li> <li>- Class is 6 weeks, 2.5 hours/session and were offered in the community, at adult centers, independent living communities, health clinics, virtually, etc.</li> <li>- No current offerings in Clackamas County at this time</li> </ul> <p>Chronic pain is a significant factor in suicidal ideation.</p> <p>Brenda shared that even though the instructors for <i>Living Well</i> were volunteers, it was .2 FTE for someone to coordinate this program.</p> <p>Jill asked if there is any tracking the number of <b>individuals in the LGBTQ+ community</b> who are committing suicide?</p> <ul style="list-style-type: none"> <li>• Galli answered no. Medical examiner teams – across the nation – rely on people who are at the scene of the death or individuals like next of kin for demographic information. If someone was not out, the people reporting would not know and that person gets marked as heterosexual. If we know, they are counted. We know that LGBTQ folks are at significant risk of suicide.</li> </ul> <p>Heterosexual is the default, as is white for race. If there’s no one there to say otherwise. The data is full off flaws.</p> <p><b>988 is what you call.</b> It’s like 911, but for mental health or emotion-</p>	

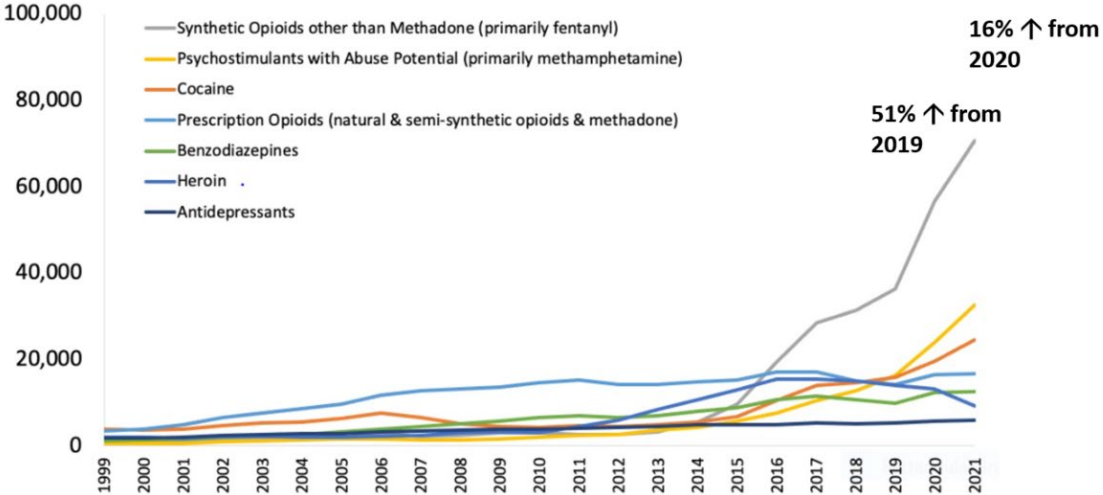
ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>related challenges. It does not have to be a crisis.</p> <p>Jill asked: Would you recommend once an individual is trained to make presentations on Suicide Prevention and addressing loneliness in Senior Centers?</p> <ul style="list-style-type: none"> <li>Galli says to sign her up and she'll be there. Kim Whitely, Behavioral Health Specialist, also does these trainings. Galli would love to bring QPR and this presentation to all of the Adult Community Centers.</li> </ul> <p>We have to say yes. Our community members are dying. We are talking about having conversations that are really hard, but are really necessary.</p> <p>Scott added that another area of focus could be health clubs. Seniors have increased dramatically. Programs like Silver Sneakers aren't funded enough to cover costs. How do we get money to health club owners in another way? A lot of people can't afford a \$50/month health club charge.</p> <p>Jill asked: <b>How can we advocate for the Living Well with Chronic Conditions program as part of the Social Services offerings?</b></p> <ul style="list-style-type: none"> <li>Brenda shared that we get designated funds from the federal government for health promotion activities. A portion of the funds have been used in Social Services for coordination of the program. The majority of these funds are contracted out to local Community Centers. Social Services has planned to contract out all of those funds in the current year. We can look at carving out</li> </ul>	



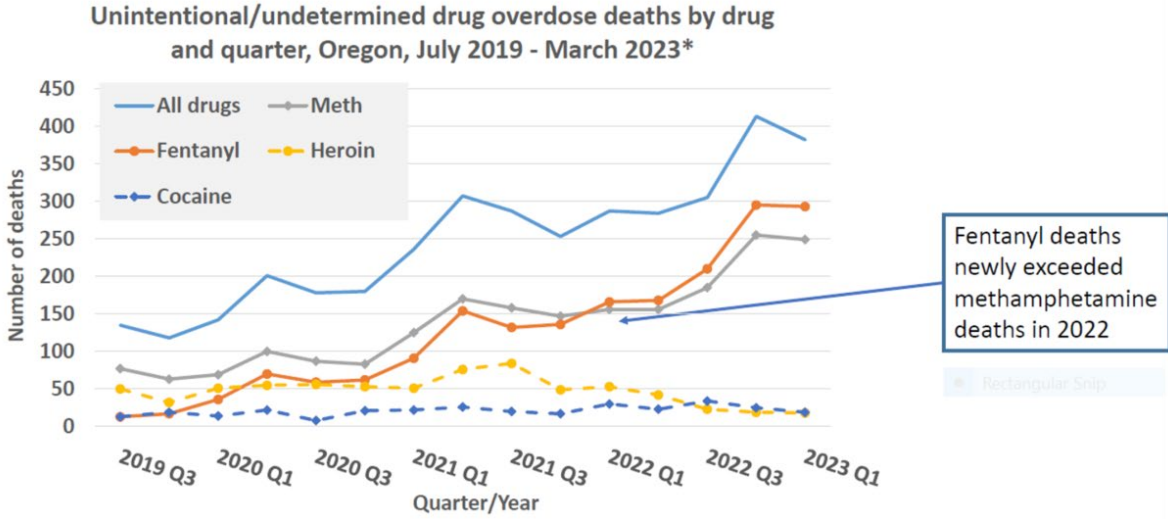
ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>funds for county staff or find a community partner to do this. We have an opportunity to build this up, but we need designated coordination staff. Medicare reimbursement takes a lot of coordination.</p> <p>Jill asked: Is there a way to put on agenda to revisit this to keep this in our minds and attention?</p> <ul style="list-style-type: none"> <li>• Brenda answered that we will bring this to the Executive Committee.</li> </ul> <p>Brenda added that we will be developing small work groups to support the Area Plan that will probably work over the summer time.</p> <p>Brenda reminded Council Members that they are free to write letters as members of the community. Unless we have a formal motion from the Board, please do not identify yourself as an ASAC member.</p> <p>Joyce asked what <b>Death Cafes</b> are.</p> <ul style="list-style-type: none"> <li>• Galli shared that these happen in Multnomah and Washington Counties. These are organized events where people of any age gather to talk about death.  <a href="https://deathcafe.com/search/?location=Portland+&amp;deathcafe=deathcafe&amp;country">https://deathcafe.com/search/?location=Portland+&amp;deathcafe=deathcafe&amp;country</a></li> <li>• <b>Men's Shed</b> is a place for men to come. The group determines how often, where, what they do, their purpose, etc. It's about "bringing men together shoulder to shoulder," to be in</li> </ul>	

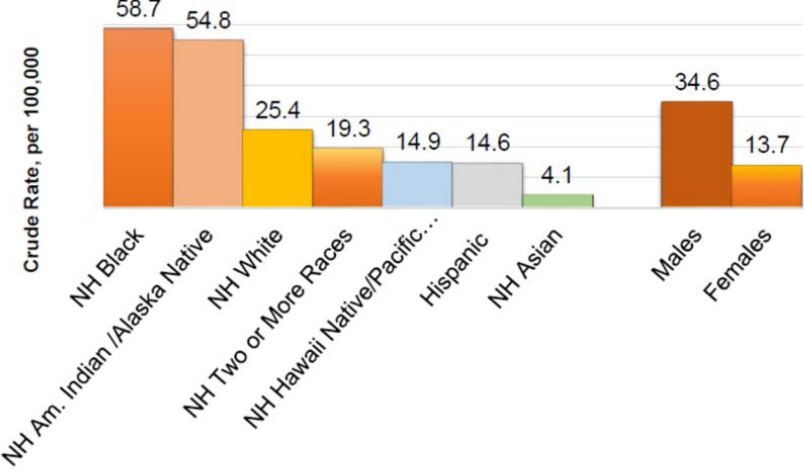
ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>connection, to give them a sense of purpose. For example, Men’s Shed groups have organized to pick up playgrounds, build bunk beds, or create bird houses. It doesn’t cost any money. You just need one person who’s able to lead it. <a href="https://usmenssheds.org/">https://usmenssheds.org/</a></p> <p>Carol asked if we able to classify <b>careers with a high suicide risk</b>. She noted that there as been a 300% increase in suicide since COVID among farmers and ranchers, mostly male. As rural as this community is that’s an area that would need to be reached out to nontraditionally, such as in feed stores or with equipment vendors.</p> <ul style="list-style-type: none"> <li>Galli answered that agricultural workers have an incredible rate of suicide. Occupations at highest rates of suicide include: dentists, veterinary doctors, first responders, law enforcement, firefighters, agricultural workers, and construction workers.</li> </ul> <p>Anne asked about the risk for <b>people who are homeless</b>.</p> <ul style="list-style-type: none"> <li>Galli answered that people experiencing homelessness have about four times the rate of suicide compared to housed individuals. People who are using substances; people experiencing homelessness; people experiencing domestic violence; those who have mental health conditions; those involved in juvenile justice, law enforcement system, or child welfare system have a high risk of suicide.</li> </ul> <p>Kim stated that we can schedule another time for her to talk about mental health initiatives, such as the pen pal program.</p>	

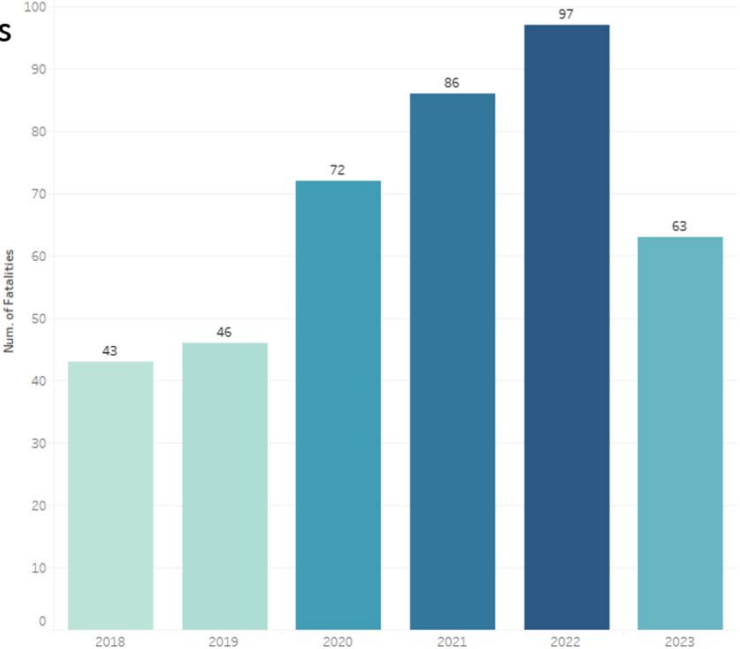
ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p>Galli shared that her job is to work in partnership. Contact Information:            Galli Murray, LCSW, Suicide Prevention Coordinator, Clackamas County Health, Housing and Human Services:  <a href="mailto:Gallimur@Clackamas.us">Gallimur@Clackamas.us</a> or 971-201-8468</p>	
<p><b>Current State of Addiction Crisis in Clackamas County</b></p>	<p>Current State of the Addiction Crisis in Clackamas County            Apryl Herron, Senior Program Coordinator, Clackamas County Public Health Division</p> <p>Apryl leads the substance use and overdose prevention work in Clackamas County Public Health.</p> <p>Presentation Objectives</p> <hr/> <ul style="list-style-type: none"> <li>▪ Present data and trends showing the impact of opioids and other drugs nationally and locally</li> <li>▪ Share high-level response strategies and resources to help address the addiction crisis</li> </ul>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p data-bbox="499 228 936 269">National Opioid Crisis</p> <hr data-bbox="499 298 1688 302"/> <p data-bbox="512 326 1436 358">Drug-Involved Overdose Deaths, Number Among All Ages, 1999-2021</p>  <p data-bbox="499 922 856 943">Source: CDC Wonder Online Database, released 1/2023.</p> <p data-bbox="457 964 1633 1089">The most confirmed final data goes through 2021. 2022 data is still provisional. In 2019 fentanyl was primarily on the East Coast. We really are talking about a fentanyl overdose crisis.</p>	

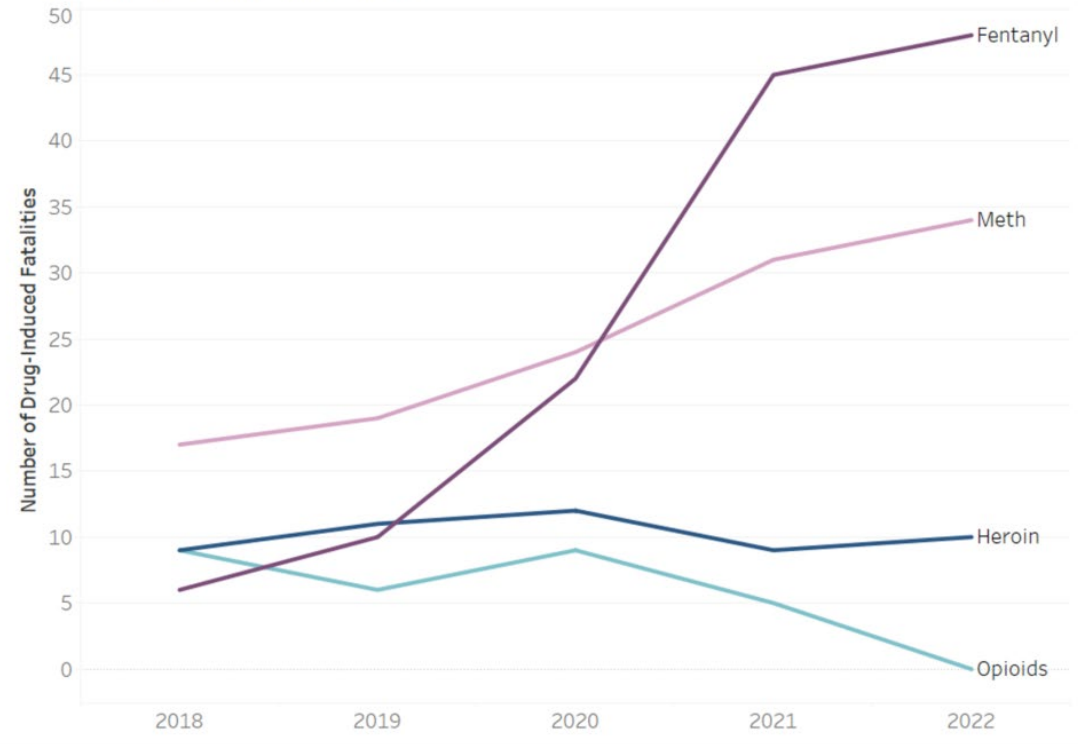
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	<p data-bbox="472 215 819 256">Impact to Oregon</p> <hr data-bbox="472 280 1631 284"/> <p data-bbox="472 310 1171 363"><b>Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: Sep. 2022 to Sep. 2023</b></p> <div data-bbox="472 370 1144 803"> <p data-bbox="472 771 1144 803"><b>Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods</b> -16.7 41.5</p> </div> <p data-bbox="1192 310 1554 378">Percent Change for Oregon 41.5% ▲</p> <ul data-bbox="1192 467 1663 669" style="list-style-type: none"> <li>• Oregon now ranks 2nd in the country for substance use disorders</li> <li>• Oregon ranks 1st in prescription opioid misuse</li> <li>• Oregon ranks 1st in methamphetamine use</li> </ul> <p data-bbox="1192 751 1631 784"><small>*National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 2020</small></p> <p data-bbox="472 816 997 854"><small>CDC, Center for Health Statistics, Vital Statistics Rapid Release (VSRR) program: <a href="https://emergency.cdc.gov/han/2020/han00438.asp">https://emergency.cdc.gov/han/2020/han00438.asp</a></small></p> <hr data-bbox="457 865 1690 868"/> <p data-bbox="457 889 1684 1015">Oregon saw the highest increase in predicted overdose deaths in September 2022 to September 2023. This does not mean that Oregon had the highest <i>number</i> of deaths, just the highest increase.</p>	

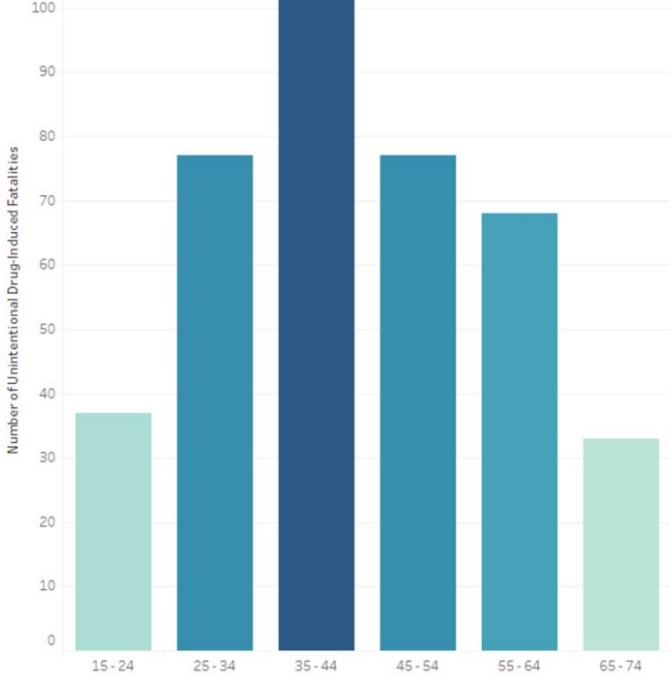
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	<p data-bbox="478 228 1465 272">Oregon Overdose Deaths, July 2019-March 2023</p>  <p data-bbox="604 313 1291 375">Unintentional/undetermined drug overdose deaths by drug and quarter, Oregon, July 2019 - March 2023*</p> <p data-bbox="520 391 1396 828">             The chart displays the number of deaths per quarter for five categories: All drugs (solid blue line), Fentanyl (solid orange line), Cocaine (dashed blue line), Meth (solid grey line), and Heroin (dashed yellow line). The y-axis represents the number of deaths from 0 to 450. The x-axis shows quarters from 2019 Q3 to 2023 Q1. A callout box points to the 2022 Q3 data point for Fentanyl, stating: 'Fentanyl deaths newly exceeded methamphetamine deaths in 2022'.         </p> <p data-bbox="520 852 1218 876">Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2023</p> <p data-bbox="457 893 1648 1063">Oregon was the last state to see fentanyl impacts. Often we see an East to West movement across the country. For 2023 we have about 628 deaths pending going back to July. We probably won't know final 2023 numbers until the end of this year.</p>	

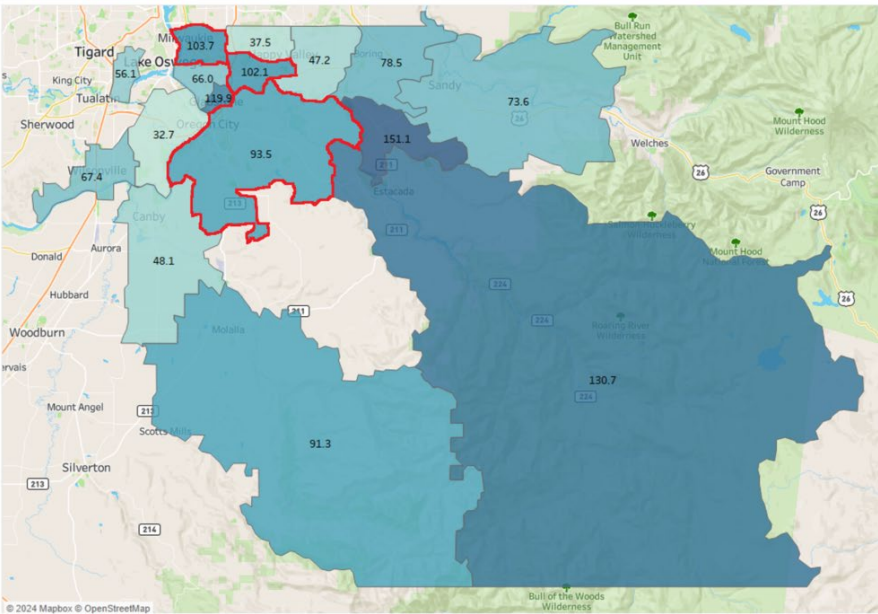
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	<p data-bbox="472 219 1669 267">Disproportionate Burden of Overdose Deaths in Oregon</p> <div data-bbox="661 316 1459 852"> <p data-bbox="787 316 1396 373">Unintentional/Undetermined Drug Overdose Death Rate, by Race / Ethnicity and Sex, Oregon, 2020-2022</p>  <table border="1" data-bbox="661 381 1459 852"> <thead> <tr> <th>Category</th> <th>Crude Rate, per 100,000</th> </tr> </thead> <tbody> <tr> <td>NH Black</td> <td>58.7</td> </tr> <tr> <td>NH Am. Indian /Alaska Native</td> <td>54.8</td> </tr> <tr> <td>NH White</td> <td>25.4</td> </tr> <tr> <td>NH Two or More Races</td> <td>19.3</td> </tr> <tr> <td>NH Hawaii Native/Pacific...</td> <td>14.9</td> </tr> <tr> <td>Hispanic</td> <td>14.6</td> </tr> <tr> <td>NH Asian</td> <td>4.1</td> </tr> <tr> <td>Males</td> <td>34.6</td> </tr> <tr> <td>Females</td> <td>13.7</td> </tr> </tbody> </table> </div> <p data-bbox="651 876 1449 901">Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS) 2023</p>	Category	Crude Rate, per 100,000	NH Black	58.7	NH Am. Indian /Alaska Native	54.8	NH White	25.4	NH Two or More Races	19.3	NH Hawaii Native/Pacific...	14.9	Hispanic	14.6	NH Asian	4.1	Males	34.6	Females	13.7	
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	<p data-bbox="464 224 968 298"><b>Number of Drug-Induced Fatalities in Clackamas County by Year</b></p> <p data-bbox="506 303 926 362">Note: 2022-2023 data provisional and subject to change            Source: CDC Wonder, Vital Statistics            Created by Clackamas County Public Health Division</p>  <table border="1" data-bbox="953 212 1688 857"> <thead> <tr> <th>Year</th> <th>Number of Fatalities</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>43</td> </tr> <tr> <td>2019</td> <td>46</td> </tr> <tr> <td>2020</td> <td>72</td> </tr> <tr> <td>2021</td> <td>86</td> </tr> <tr> <td>2022</td> <td>97</td> </tr> <tr> <td>2023</td> <td>63</td> </tr> </tbody> </table> <p data-bbox="457 878 1604 1003">Deaths have continued to increase in Clackamas County. 2022 was highest number the county has ever seen. The 2023 numbers are still coming in, but these are on par with 2022, if not slightly higher.</p>	Year	Number of Fatalities	2018	43	2019	46	2020	72	2021	86	2022	97	2023	63	
Year	Number of Fatalities															
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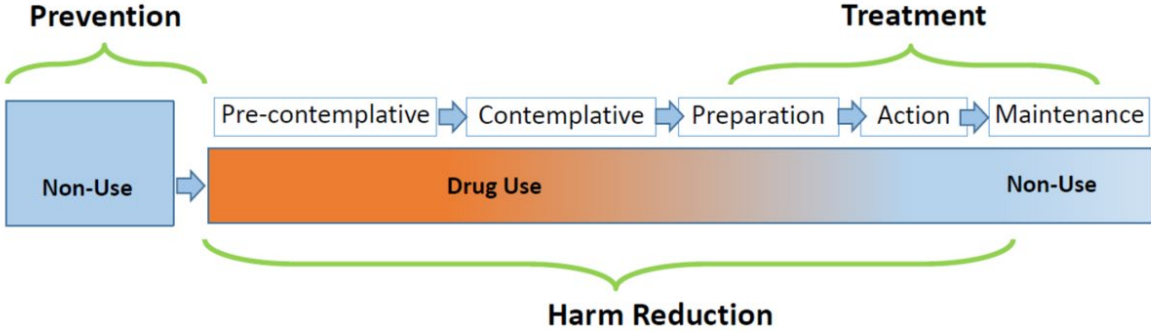



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	<p><b>Number of Yearly Drug-Induced Fatalities in Clackamas County by Drug Type</b></p> <p>*2022 provisional and subject to change            Source: CDC Wonder, Vital Statistics            Created by: Clackamas County Public Health Division</p>  <table border="1" data-bbox="472 349 1543 1088"> <caption>Number of Drug-Induced Fatalities by Drug Type (2018-2022)</caption> <thead> <tr> <th>Year</th> <th>Fentanyl</th> <th>Meth</th> <th>Heroin</th> <th>Opioids</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>6</td> <td>17</td> <td>9</td> <td>9</td> </tr> <tr> <td>2019</td> <td>10</td> <td>19</td> <td>11</td> <td>6</td> </tr> <tr> <td>2020</td> <td>22</td> <td>24</td> <td>12</td> <td>9</td> </tr> <tr> <td>2021</td> <td>45</td> <td>31</td> <td>9</td> <td>5</td> </tr> <tr> <td>2022</td> <td>49</td> <td>34</td> <td>10</td> <td>0</td> </tr> </tbody> </table> <p>Substances can be counted in more than one category. About 50% of the deaths occur from polysubstance use, most often fentanyl and methamphetamine.</p>	Year	Fentanyl	Meth	Heroin	Opioids	2018	6	17	9	9	2019	10	19	11	6	2020	22	24	12	9	2021	45	31	9	5	2022	49	34	10	0	
Year	Fentanyl	Meth	Heroin	Opioids																												
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2020	22	24	12	9																												
2021	45	31	9	5																												
2022	49	34	10	0																												

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	<p><b>Number of Unintentional Drug-Induced Deaths by Age Range (2018 – 2023)</b>  <i>Note: 2022 &amp; 2023 data provisional and subject to change</i>            Source: CDC Wonder            Created by: Clackamas County Public Health Division</p>  <table border="1" data-bbox="1010 272 1675 943"> <caption>Number of Unintentional Drug-Induced Fatalities by Age Range</caption> <thead> <tr> <th>Age Range</th> <th>Number of Fatalities</th> </tr> </thead> <tbody> <tr> <td>15 - 24</td> <td>37</td> </tr> <tr> <td>25 - 34</td> <td>77</td> </tr> <tr> <td>35 - 44</td> <td>103</td> </tr> <tr> <td>45 - 54</td> <td>77</td> </tr> <tr> <td>55 - 64</td> <td>68</td> </tr> <tr> <td>65 - 74</td> <td>33</td> </tr> </tbody> </table> <p>There is also non-fatal 911 call data. These are CDC (Centers for Disease Control) categories. Deaths for youth under the age of 18 is extremely low.</p>	Age Range	Number of Fatalities	15 - 24	37	25 - 34	77	35 - 44	103	45 - 54	77	55 - 64	68	65 - 74	33	
Age Range	Number of Fatalities															
15 - 24	37															
25 - 34	77															
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65 - 74	33															





ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p><b>Rate of Drug-Induced Fatalities by Resident Zip Code (2019 – June 2023)</b>  <i>Note: 2023 data provisional and subject to change; zip codes with less than 5 deaths suppressed</i>            Source: Vital Statistics, American Community Survey 2021            Created by: Clackamas County Public Health Division</p>  <p>○ = zip codes with highest raw number of fatalities</p> <p>Darker colors indicate zip codes with the highest rates versus the red outlined zip codes have the highest raw numbers of deaths.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p style="text-align: center;">Circumstances of unintentional drug overdose deaths</p> <hr/> <ul style="list-style-type: none"> <li>▪ Many people who died of an OD had never touched the health care system           <ul style="list-style-type: none"> <li>▪ 78.3% <b>not receiving current treatment</b> for mental health issues or substance abuse</li> </ul> </li> <li>▪ 71% of people who unintentionally overdosed were not administered naloxone</li> <li>▪ Root causes: lack of community cohesion, mental health issues, and absence of basic needs           <ul style="list-style-type: none"> <li>▪ 36.1% had diagnosed mental illness</li> <li>▪ 19.9% were houseless at time of overdose</li> </ul> </li> <li>▪ Stigma associated with substance use</li> <li>▪ Lack of access to shelters, detox facilities, and treatment centers</li> <li>▪ Many don't know what community resources exist</li> </ul> <div style="text-align: right; margin-top: 20px;">  </div> <div style="background-color: #0070C0; color: white; padding: 5px; margin-top: 10px;"> <p>Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2022</p> </div> <p>You will see similarities with the information that Galli shared; risk factors and underlying issues are the same for unintentional drug overdose deaths and those who die from suicide.</p>	


ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<h2 style="text-align: center;">Solutions Across the Drug Use Continuum</h2>  <p style="text-align: center;">Investing in the Continuum of Care will help people at whichever stage they are in. Often people move back and forth between these stages. We have a significant gap in funding for prevention in Oregon. There's not a lot of primary prevention work happening right now.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP										
	<p data-bbox="472 219 1667 264">Evidence-Based Strategies to Address the Substance Use Crisis</p> <hr data-bbox="556 324 1633 332"/> <table data-bbox="472 397 1692 665"> <tr> <td data-bbox="472 397 1018 430">1) Targeted naloxone distribution</td> <td data-bbox="1060 397 1528 430">6) Healthcare system interventions</td> </tr> <tr> <td data-bbox="472 454 898 487">2) Criminal justice interventions</td> <td data-bbox="1060 454 1692 487">7) Warm hand-off program &amp; recovery support</td> </tr> <tr> <td data-bbox="472 511 982 544">3) Medication for Opioid Use Disorder</td> <td data-bbox="1060 511 1507 544">8) Data surveillance and research</td> </tr> <tr> <td data-bbox="472 568 882 600">4) Enrich prevention strategies</td> <td data-bbox="1060 568 1675 641">9) Treatment during pregnancy &amp; postpartum period</td> </tr> <tr> <td data-bbox="472 633 1018 665">5) Linkage to Syringe Exchange programs</td> <td></td> </tr> </table> <div data-bbox="1549 695 1675 800" style="text-align: right;">  </div> <p data-bbox="457 820 1625 950">These strategies are recommended by Johns Hopkins School of Public Health for responding to the opioid crisis. They cross the Continuum of Care.</p>	1) Targeted naloxone distribution	6) Healthcare system interventions	2) Criminal justice interventions	7) Warm hand-off program & recovery support	3) Medication for Opioid Use Disorder	8) Data surveillance and research	4) Enrich prevention strategies	9) Treatment during pregnancy & postpartum period	5) Linkage to Syringe Exchange programs		
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ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p style="text-align: center;"><b>Behavioral Health Resource Network (BHRN)</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Funded through Ballot Measure 110</li> <li>▪ Increases access to vital services:               <ul style="list-style-type: none"> <li>▪ Treatment</li> <li>▪ Peer support and recovery services</li> <li>▪ Housing</li> <li>▪ Employment</li> <li>▪ Harm reduction</li> </ul> </li> <li>▪ 16 funded organizations in Clackamas County</li> </ul> <p><a href="https://www.clackamas.us/behavioralhealth/substance-use-treatment-and-recovery">https://www.clackamas.us/behavioralhealth/substance-use-treatment-and-recovery</a></p> <p>Ballot Measure 110 provides marijuana tax revenue that supports these programs.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
	<p style="text-align: center;"><u>Harm Reduction</u></p> <p><b>Overdose Prevention</b></p> <ul style="list-style-type: none"> <li>▪ Naloxone: <a href="#">Naloxone Kit Request Form   Clackamas County</a></li> <li>▪ First Responder leave-behind program: HB allows leave-behind for law enforcement, firefighters, and EMS providers</li> <li>▪ Naloxone trainings</li> <li>▪ Wound care kits, sharps containers, <u>Deterra</u> medication/drug dissolving pouches for safe drug disposal</li> </ul> <p>We receive funding through CareOregon.</p> <p style="text-align: center;"><u>Project Hope</u> </p> <ul style="list-style-type: none"> <li>▪ Recovery supports for overdose survivors and those navigating the road to recovery</li> <li>▪ Team: 2 peer recovery mentors, 1 case Manager, and 1 community paramedic</li> <li>▪ Goals:               <ol style="list-style-type: none"> <li>1) Reduce the number of people who have an OD</li> <li>2) Improve quality of life</li> <li>3) Bridge gaps in care</li> </ol> </li> <li>▪ Connections to peer recovery support, treatment, harm reduction, housing, employment, healthcare, basic needs</li> </ul> <div style="text-align: right;">      </div> <div style="text-align: right; margin-top: 20px;">  </div> <p>Project Hope is a multidisciplinary warm handoff program operating out of</p>	



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	<p>Public Health. The Team will be expanding over the next couple of months. It is common to get referrals to Project Hope for people who have had ten or more overdoses. Once someone has experienced a nonfatal overdose, they are at much higher risk of a fatal overdose within the next twelve months. The image on the right shows where Project Hope receives most referrals.</p> <h2 style="text-align: center;">Fentanyl Awareness Campaign</h2> <ul style="list-style-type: none"> <li>• Two webpages  <a href="https://preventdrugoverdose.com">https://preventdrugoverdose.com</a>  <a href="https://prevenirsobredosis.com">https://prevenirsobredosis.com</a> </li> <li>• 5 Social media posts (English, Spanish, Chinese, Vietnamese, Russian, and Ukrainian) <a href="#">Prevent Drug Overdose Campaign toolkit</a></li> <li>• Streaming audio and display ads (Spanish, Vietnamese, and Chinese), and publications in Russian and Ukrainian magazines.</li> </ul> <div style="text-align: center;"> <p>Key Messages</p> <ul style="list-style-type: none"> <li>▪ Be aware of fentanyl and fake pills or powders</li> <li>▪ Naloxone saves lives</li> <li>▪ Reducing stigma/Help is here</li> </ul>  </div> <p><a href="https://preventdrugoverdose.com">https://preventdrugoverdose.com</a>  <a href="https://prevenirsobredosis.com">https://prevenirsobredosis.com</a></p> <p>Scott noticed connections to the lack of infrastructure. Related to overdoses for seniors being about on par with young adults he asked if</p>	

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	<p>those tended to be related to prescribed medications.</p> <ul style="list-style-type: none"> <li>• Apryl looks at nonfatal calls that come through 911, but not medical examiner records. Most 911 calls related to drug use for those age 65 and older are attributed to a prescription opioid: taking too much of medication or taking with another medication.</li> <li>• Jim shared that during many years working in an emergency room they would see a revolving door of people getting treated and returning.</li> <li>• Apryl noted the importance of peer recovery mentors. When you have someone walking alongside of you, even if you have missteps, that person can be a thread through the entire process. We have two for Project Hope, which is not enough. Clackamas County Public Health is looking at leveraging funding with the Sheriff’s Office and other community partners to get more folks out in the community and connected with access points. We have to be creative about where we’re connecting with people in the community.</li> </ul> <p>Carol asked: With the change to recriminalize some amounts (with House Bill 4002), will we see a trend back to more positive?</p> <ul style="list-style-type: none"> <li>• Apryl answered that it’s too soon to tell. There were so many things happening at the time Measure 110 was passed (in 2020) – e.g. being in the middle of a pandemic. It will create deflection pathways where people are given a choice pre-arrest to steer more people toward treatment. People don’t know what resources exist. Oregon went from last in access to treatment across the country to about seventh worst. We only really have</li> </ul>	

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	<p>one main detox facility in Portland. You have to get there very early in the morning and are not guaranteed to get in that day. Recovery Works Northwest (<a href="https://recoveryworks nw.com/">https://recoveryworks nw.com/</a>) will add 16 beds on the border of Multnomah and Clackamas Counties.</p> <p>Contact her at: <a href="mailto:AprylHer@clackamas.us">AprylHer@clackamas.us</a>. Please feel free to reach out with ideas, questions, and opportunities for partnerships. She said that, yes, it's ok to share the slides with local Senior Centers.</p>	
<b>Adult Center Liaison Committee</b>	<p>Brenda and Jeanie gave a recap of a meeting they had with Marge last week. Members were sent the reports from 2023 Senior Center Reviews this morning. There is some interesting information there about the quality of food. When you go to visit as a group you will be asked to rate your experience of the food and environment.</p> <p>Marge is planning to launch a <b>series of visits for 2024</b>. She is working on a schedule. You will all get a link to Sign Up Genius to register for for Center visits. Please go to at least one. You're more than welcome to go to more than one.</p> <p>We talked about providing <b>training</b> for this committee to help draw out information from participants. This will be in the April meeting.</p> <p>Jeanie was not with Clackamas County last year, but did something similar with Washington County. She has also scheduled visits to meet with Directors in person and participate in their meals. When Council Members do go out, know that your evaluation is less regulatory. Jeanne will take on role to make sure they're meeting requirements around nutrition. ASAC Members will be out their sampling the food and providing feedback on</p>	<p>EXEC: Add training on Senior Center visits to April meeting.</p>

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	<p>the environment.</p> <p>Jill asked if Jeanie is also visiting Centers that do not have meals provided? If so, are you able to let us know when you're visiting the centers?</p> <ul style="list-style-type: none"> <li>Jeanie is happy to provide a schedule. Her visit is really a get to know you / what kind of training and support can we provide as Clackamas County Aging Services / program development. It will be just her visiting for those conversations.</li> </ul> <p>Brenda shared that there are <b>two Centers that currently don't have congregate meals</b>, Hoodland (forever) and Canby (temporary). Monitoring was put on hold over COVID. The second phase of ramping up monitoring will be related to home delivery.</p> <ul style="list-style-type: none"> <li>Michelle works with Hoodland Community Center. [Corrected: They provide lunch sometimes.] One of biggest complaints she's been getting is that the frozen meals don't have any flavor. She has been suggesting that they let the County know that they no longer want the frozen meals (rather than throwing them away).</li> </ul> <p>Anne wanted to reinforce for the new people that when ASAC Members go to the Centers, we spread out and sit at various tables. We don't all sit together so we can talk to the participants at the tables. The idea is to engage with the people who come there and ask them questions. It's a positive experience for us and for them, not an us against them with us coming to find something are wrong. We want to talk why people came there and their experience and make sure everything is ok. Brenda added that she and Jeanie want to know about your experience and any</p>	

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	<p>improvements that can be made.</p> <p>Sonya shared some of her experiences visiting the Senior Centers as a Member of ASAC. Sometimes, even if the meals aren't that great people are there to enjoy each others' company. Brenda highlighted, going back to Galli's slides, that nutrition programs are suicide prevention. Any time you get people together in community to have a nice time, this is suicide prevention.</p> <p>Pat shared that Molalla Adult Community Center got a soup and salad bar first Wednesday of the month. They love it! It's \$5 and they're bringing their friends in. It's an opportunity for conversation and visiting. Eric noted that these are new developments in that community that they have really started to invest in. Pat added that they're trying to get their center built, and more and more people are coming in. They're trying to encourage people in the outlying areas to come in.</p> <ul style="list-style-type: none"> <li>• Scott asked about bus access. Eric answered that you can get there by south county transit from Clackamas Community College.</li> </ul> <p>Jill asked about the site review forms from 2023. Where these say "number of reviews", is that the number of individuals we were able to talk with or number of us who went out.</p> <ul style="list-style-type: none"> <li>• Brenda answered that this is the number of ASAC members who went out. The more people from this committee who can go out, the more people we can talk to, the better data we will get. Sonya added that the more people who go, the more conversations that can be had with participants. Anne added that</li> </ul>	

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	<p>it's really good if we have five to six of us at each center.</p> <p>Jeanie will remind the Center Directors that they will receive a call from Marge about the visits.</p>	
<b>Nomination of First Vice Chair</b>	<p>Eric shared that the Executive Committee recommends nomination of Michelle for First Vice Chair. Pat moved to approve; Scott seconded; All in favor. Michelle is approved as First Vice Chair.</p>	
<b>Recruitment Updates</b>	<p>R.E. updated that we have two prospective members present in this meeting. We also received two additional applications. R.E. recommends reopening the recruitment once the County software change is complete.</p>	<p>R.E.: Reopen recruitment</p>
<b>Aging Services Program Updates</b>	<p>Jeanie Butler, Aging Services Program Manager</p> <p><b>OPI-M (Oregon Project Independence – Medicaid)</b>  <a href="http://www.oregon.gov/oha/HPA/HP-MAC/MACmeetings/3.1%20OPI-M%20fact%20sheet%20-%202022.pdf">www.oregon.gov/oha/HPA/HP-MAC/MACmeetings/3.1%20OPI-M%20fact%20sheet%20-%202022.pdf</a>) is here. We are looking at a June launch. There is so much planning and processes that have to be put in place. We will be going through current OPI wait list (people may have been on it for years) first and looking at high acuity consumers on OPI. Most people we are currently serving will be eligible, but will be their choice about adding the Medicare expansion. State partners are also staffing up. We are working with the State on the referral pathways and how we can keep informed of where consumers are in the pipeline. Jeanie</p>	

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	<p>could provide a presentation before we break for summer.</p> <p><b>Money Management</b> received additional funding for utilities assistance. 1.5 FTE positions have been offered or hired. One started today, another within next couple of weeks.</p> <p>Across the State we are reviewing <b>ADRC</b> (Aging and Disabilities Resource Connection) <b>standards</b>. In past we have had a federal grant to support this work. Those funds ended some time ago. Now we're looking across state at acceptable and reasonable standards for ADRC when we're relying on OAA (Older Americans Act). The work includes: information and referral; options counseling; helping consumers access public benefits. Some of the more rural areas struggle to meet the standards due to staffing.</p> <p>In support of OPI we contract with in-home care agencies. Right now we have two, which is not sufficient enough to serve the consumers. We are launching a new Request for Proposals to engage new agencies. We did a survey and found 13 in-home agencies who are interested in partnering with Clackamas County.</p> <p>Michelle heard from the new administrator of Hoodland Senior Center heard that they're not going to do <b>estate recovery</b>. Jeanie answered that that was one of the sticking points that held up the approval for so long. We were able to get approval for not having estate recovery.</p>	

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
<b>Executive Committee Updates</b>		
<b>Member Updates</b>	<p>Pat: Molalla is working on having veterans meetings. They started a second meeting in the evening. Her goal is to have a room for the veterans.</p> <p>Lynne: Can ASAC receive training on QPR?</p> <ul style="list-style-type: none"> <li>Brenda shared that we have done that in the past for Veterans. If there is interest, ASAC is booked through June. It would take a whole meeting. You can sign up individually (<a href="https://gettrainedtohelp.com/trainings/qpr/">https://gettrainedtohelp.com/trainings/qpr/</a>) or maybe ASAC could do this over the summer.</li> </ul> <p>Jill shared that she will be moving by the end of the summer and will need someone else to take her place on the Service Equity Committee. It is her intention to continue her involvement until her position ends in June.</p> <p>R.E. shared that the Veterans Advisory Council will hold a Veterans Expo on Monday 11/18/24 at Clackamas Community College, Gregory Forum. Brenda noted that there will be a website with a vendor and a participant form to sign up.</p>	<p>ALL: Need a representative for the Service Equity Committee to replace Jill.</p> <p>Schedule a QPR meeting</p>
<b>Adjourn</b>	The meeting was adjourned at 12:09pm.	
<b>Next Meeting</b>	April 15, 10am-12pm	



<b>ITEMS / ISSUES</b>	<b>DISCUSSION</b>	<b>FOLLOW-UP</b>
	Hybrid: In Person at DSB 120 OR <a href="https://clackamascounty.zoom.us/j/88417813313">https://clackamascounty.zoom.us/j/88417813313</a>	