

Medicine: Clinic can serve between 300 and 350 people

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Noice said — couldn't get established before in-person meetings were discontinued.

The clinic's doors remained open, medication went to everyone who needed it, new people signed up and care never ceased. Patients still underwent urine analyses, met with counselors — if only briefly — and scheduled longer therapy sessions to take place later by phone or video.

"But we didn't build a community the way that you normally see a community develop in a clinic like that," Noice said.

The pandemic has so defined the experience of Seaside's staff and patients that it is hard to tell whether unforeseen challenges — for instance, the patient population has not increased as fast as CODA had expected — are due to COVID or the newness of the clinic.

Noice said the Seaside Recovery Center did not see an unusually high rate of relapse or ongoing opiate use among patients. What CODA has seen across their clinics, including Seaside's, is that once people get into treatment, they generally stay and do well. "We just didn't see people initiating treatment at the rate that we anticipated we would," she said.

The clinic can serve between 300 and 350 people. At the moment, they have about 120 patients, about 110 of whom are actively coming, and 60% of those pass through the clinic daily, according to Staci Donley, the senior clinical manager.

"If you're a person who has been struggling with the idea of whether or not you want to be sober, COVID was a lousy time to get sober," Noice said. "And so I worry a lot about how many people out there could have benefited from our help — maybe didn't know that we were still available — and I really hope we can help more."

'Zoom fatigue'

When Clatsop Behavioral Healthcare's medication-assisted treatment took its group counseling virtual, attendance remained at nearly its normal level, hovering between eight



Hailey Hoffman/The Astorian

The Seaside Recovery Center had to adjust operations due to the coronavirus pandemic.

and 12 patients — at least at first, according to Rick Martinez, the lead clinician. Most patients were used to participating in group sessions twice a week.

"Zoom was very productive in the beginning," Martinez said. "Clients just wanted some kind of contact."

As the pandemic dragged on, however, "Zoom fatigue" began to set in and fewer patients began showing up at sessions.

"Not having that (in-person) interaction and peer support was really difficult for them," Martinez said.

The program, which works with prescribing doctors at Columbia Memorial Hospital in Astoria and Oregon Health & Science University's Primary Care Clinic in Scappoose, has about 60 patients on the roster, about 45 of whom work with Martinez. Clatsop Behavioral Healthcare, Clatsop County's mental health and substance abuse contractor, has served about 200 patients since the program opened in 2018, according to Dave Hsiao, an agency program manager.

Suboxone contains buprenorphine and nal-

oxone, which, like methadone, are approved by the U.S. Food and Drug Administration to treat opioid abuse. The medicine is intended to reduce cravings and withdrawal from opioids.

Martinez was doing assessments by phone, trying to bring in new patients that way, but that also started to slow down. "Folks didn't appear to be seeking treatment like they were when we were open," he said, adding that his caseload has recently increased. Some patients who had managed to stay sober for a while before COVID started using again during the pandemic, Martinez said.

When vaccinations got underway and Oregon started opening up, patients began meeting for group therapy again. "People were very happy to be back — be back in the office and be back in the groups," Martinez said. The nearby Shilo Inn donated a large conference room for their sessions to help them spread out.

Now, as the delta variant circulates and virus cases climb, Martinez is watching attendance drop again. At least two of his patients recently contracted COVID, though not, he said, from the group therapy.

Hospital: Mask up

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Brown said she would deploy up to 1,500 Oregon National Guard personnel later this month to help at hospitals across the state.

Clatsop County stopped providing updates on local hospitalizations when new virus cases are reported. The county's COVID-19 Public Information Hub has posted a weekly total. From July 31 to Aug. 6, there were 10 local hospitalizations.

"Maintaining open inpatient beds for emergencies, as well as COVID-19 patients, requires that all elective procedures be delayed at this time," Erik Thorsen, Columbia Memorial's CEO, said in a statement.

The hospital has created a panel of administrators and surgeons to determine which scheduled surgeries are necessary and which can be rescheduled.

Hospital officials urge people who test positive for the virus to only seek care at the emergency room if they are experiencing severe symptoms. For those only mildly ill or asymptomatic, they should quarantine at home.

They also urge people not to go to the emergency room or urgent care to be tested, rather to contact the county Public Health Department. Starting Wednesday, the county will provide testing by appointment only.

"We cannot stress enough the importance of vaccination and masking," Dr. Chris Strear, Columbia Memorial's chief medical officer, said in a statement. "The most serious COVID cases we are treating are those who are unvaccinated."

Brown had ordered hospitals early in pandemic to stop nonemergency procedures to conserve medical supplies for virus patients. Columbia Memorial also pulled back on elective surgeries in November during a wave of virus cases across the state.

Since the pandemic began, Clatsop County recorded 1,475 virus cases and 11 deaths. The health authority recorded 42 new virus cases in the county on Friday and 35 new cases on Thursday.

Outbreak: Clatsop County has reported more than a dozen outbreaks

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The staff members who tested positive are not direct caregivers and are believed to have come in contact with the virus from family members outside of the facility, Johnson said.

Since learning of the outbreak, staff at the center have transitioned to wearing N95 masks and face shields and have stopped allowing outside visitors and vendors as they wait for additional test results.

"One difficult thing that

we're having to do is keep the residents from doing any communal activities until we can verify that all tests have come back negative," Johnson said.

Prior to the outbreak, staff and residents wore surgical masks and were able to engage in socially-distant activities within the facility. Visitors had to wear masks and submit to screening for symptoms, temperature checks and a questionnaire assessing their potential for virus exposure.

Clatsop County has reported more than a dozen

recent outbreaks, but has declined to provide details.

"We have 15 outbreaks at this time. It's a lot for Clatsop County, but it's not unique to Clatsop County," Margo Lalich, the county's interim public health director, said at a county Board of Commissioners work session on Wednesday. "Those outbreaks are multisector. We're seeing it in the clinical setting. We're seeing it in congregant living. We're seeing it in long-term care facilities, as well as that sporadic spread."

Starting Wednesday, the county Public Health Department will end walk-in virus testing and offer testing by appointment only, Lalich said.

"Testing is less of a priority now, and it's becoming quite a challenge. We're doing hundreds of tests a day in our community," Lalich said. "Some individuals pre-

fer to use testing as a way of monitoring their status versus getting vaccinated. It's overwhelming the system, not just here but in other places."

One reason for requiring appointments is to determine whether a person is appropriate for testing.

"We want to be able to test those most at risk and those

most vulnerable. We do not want to be testing those who are frequently showing up just for screening because they do not want to get vaccinated," Lalich said. "Right now, with our shortage of resources, that's not an appropriate use."

Erick Bengel contributed to this report.

Homeless: 'The city cannot solve this problem'

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services agencies and volunteer groups. The liaisons help the homeless fill out government forms and medical documents and provide vouchers to those in need.

Even when housing is found, the work often continues.

"Working with the unsheltered population, we do measure if they go into housing and retain housing after six months," Matthews said. "The people that do find housing, we try to support them as much as we can. So they stay housed, with any kind of services that we might be able to provide. Any we don't provide, we look someplace else. But our goal is to, when somebody goes into housing, to stay in housing."

Seaside's push to address homelessness grew amid reports of people living in

cars, the streets and in the woods. The topic was among the top identified issues at a City Council goal-setting meeting in January.

City Councilor Tita Montero and Mayor Jay Barber, who organized the homelessness forums, met with Police Chief Dave Ham, Fire Chief Joey Daniels, Public Works Director Dale McDowell and Library Director Esther Moberg in late June to get a better understanding of how homelessness affects city management and staff.

"What are they having to do?" Montero asked. "What are they having to face?"

The think tank — a smaller group designed to consider strategies — will consist of Matthews, Montero, Barber and McDowell. Homeless advocates Rick Bowers and Nelle Mofett and Monica Steele, the assistant county manager, are also signed on.

Ariel Nelson, a lobbyist from the League of Oregon Cities, will participate, Montero said.

"We're going to make recommendations for which strategies we think the City Council should consider for implementation," Montero said. "We hope to have that to the City Council by the end of October."

A Facebook page will aim to bring diverse voices together to meet the need.

"This was not an effort to solve the homeless problem," Barber said. "It is an effort to gain greater understanding of the homeless issue in our community, and to help us to begin to work together. The city cannot solve this problem. It takes a village and takes all of us working together to really begin to address the issue in a way that progressively helps."

"But that's really what this is all about."

Business: Partnership described as 'symbiotic'

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partnership. With the help of Grafton's husband and business partner, previously unused space in the gallery has been transformed into an entirely new workspace designed for Rund's work.

"We talked about how we'd worked together for so long and how we know each other, and that we thought our personalities would be a good fit," Rund said. "So, we just were like, 'Yeah, let's do it.'"

Grafton said she'd been looking to do framing at RiverSea for a long time, and described a potential

partnership with Rund as "symbiotic."

"It's really a complementary business for us. I've wanted to offer framing for a while but never had figured out an effective way to do it," Grafton said. "I've known her as long I've had my business. Leann has been known as the best framer around, and I've had my business since 1997."

Though Rund expects to have many returning clients, she hopes to attract new customers seeking design guidance and original creations, as opposed to refurbishing old pieces or frames.

"What I feel like I'm really good at is design, that's the more important part of the framing process," she said.

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