Coast to Cascades Community Wellness Network

STEERING COMMITTEE
December 10, 2025 / 2:00 p.m. to 3:30 p.m.
Virtual - Microsoft Teams Meeting

AGENDA

	Topics	Disposition	Lead
I.	Welcome ▪ Safety/Reliability Moment		Dr. Robert Fallows
II.	Meeting Summary ▪ October 8, 2025	Approve	Ryan Combs
III.	Federal and State Grants Report (Consent) a. HRSA Grant: ▪ Addressing Violence in Rural Oregon Communities "AVIROC" (*End of 4-Year Grant Term: June 30, 2027)*	Approve	Sommer McLeish
IV.	HRSA Grant: ▪ Project NEXT (Nurturing Empowerment, eXcellence, and Transformation for Youth in Lincoln County (*4 Year Grant Term: August 1, 2025 – July 31, 2029)*	Information	Jolynn Meza Wynkoop
V.	Community Health Improvement Plan Process Update	Information	Amy Young
VI.	CCCWN & Steering Committee Roster, Quorum, Etc. ▪ Steering Committee Roster & Attendance ▪ Steering Committee & CCCWN Quorum ▪ Review of Draft of Strategic Planning Document	Discussion	Dr. Fallows/Ryan Combs/Nike Neuvenheim
VII.	Coalition Updates ▪ Partners For Health ▪ Mental Health/SUD ▪ Regional Oral Health	 Information Information Information	 Dr. Jeannie Davis Heidi May-Stoulil Nike Neuvenheim/ Linda Mann
VIII.	Behavioral Health Resource Networks "BHRN" a. Samaritan Health Services - BHRN Linn County b. County BHRN Updates	 Information Information	 Thien Nguyen Counties
IX.	Other Member Updates	Information	All

X. 2026 CCCWN and CCWN Steering Committee Meetings — Nike Neuvenheim/All

a. CCCWN Steering Committee Meetings:
   - *Bi-monthly virtual meeting at 2:00 p.m. – second Wednesday beginning February 11th*
   - *Duration of Meeting – 1 or 1.5 hours*
   - *Proposed dates: 2/11/26, 4/8/26, 6/10/26, 8/12/26, 10/14/26, 12/9/26*

b. CCCWN Full Network Meetings:
   - *Bi-annually virtual and in-person meeting options*
   - *May Meeting: Corvallis or Coast – Date TBD*
   - *November Meeting: Samaritan Lebanon Community Hospital – Date TBD*

XI. Gratitude Moment/Adjourn: — Ryan Combs

Microsoft Teams

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Coast to Cascades Community Wellness Network (CCCWN)
Steering Committee
Held Virtually - Microsoft Teams
2:00 p.m. – 2:50 p.m.
October 8, 2025
Meeting Summary

Attendance-Members:
Bryan Decker, Robert Fallows, PsyD, Sara Hartstein, Wendy Hausotter, Linda Mann, Traci Sackett, Amy Young

Attendance-Staff:
Shelagh Baird, Paulina Kaiser, Heidi May-Stoulil, Sommer McLeish, Nike Neuvenheim, Thien Nguyen, and Shelley Hazelton

Welcome:
Dr. Robert Fallows called the meeting to order and welcomed everyone.

Shelagh Baird noted that she will be leaving Samaritan Health Services on October 23, 2025. Nike Neuvenheim was hired as her replacement as Manager, Community Wellness Network. She comes from Marion County Health and Human Services and has a master's in public administration. Shelagh Baird welcomed Nike Neuvenheim and shared background information.

Nike Neuvenheim thanked Shelagh Baird and shared that she is pleased to fill this roll and further the mission of the CCCWN. She indicated she has 8+ years in public health and behavioral Health housing and would also like to thank Mary Landis and the Grants and Sponsored Programs team. She looks forward to working with all of us on this Network. She will set up one-on-one meetings with partners. Email – niken@samhealth.org

Safety and Reliability Moment:
Attendees shared a safety/reliability moment.

- Shelagh Baird reminded everyone to make sure and wear helmets when riding bikes/ electronic bikes and keep your wheels on the ground.

CCCWN/CCCWN Steering Committee Co-Chairs:
Dr. Robert Fallows led discussion around the CCCWN and CCCWN Steering Committee Co-Chairs.

- At the last meeting of the CCCWN Steering Committee we had discussed that both he and Kelley Kaiser would Co-Chair the CCCWN and CCCWN Steering Committee. Kelley Kaiser's position with Samaritan Health Services (SHS) has since been eliminated. She has done great work for our system.

Dr. Robert Fallows noted that he spoke with both Mary Landis and Shelagh Baird, and it was suggested that Ryan Combs be Co-Chair. He is the VP/Chief Operating Officer for Samaritan Pacific Communities Hospital/ Samaritan North Lincoln Hospital. They did talk with Ryan Combs, and he was excited to be able to partner with us.

Members present agreed by consensus to have Ryan Combs Co-Chair the CCCWN and CCCWN Steering Committee along with Dr. Robert Fallows.

Meeting Summary:
Committee members reviewed the meeting minutes from the August 13, 2025, CCCWN Steering Committee meeting. **Wendy Hausotter moved to approve the meeting minutes as presented, with Sara Hartstein seconding. Members present unanimously approved the motion.**

Federal/State Grants Reports:

Health Resources and Services Administration (HRSA) Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities (AVIROC) Project Update:
The committee reviewed the written report and Work Plan highlights from the HRSA Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities Project shared prior to the meeting.

- Sommer McLeish reported that the annual Violence Prevention Summit is scheduled for May 22, 2026, at Samaritan Lebanon Community Hospital. Linn, Benton, Lincoln Partners for Health are helping plan the summit.
- There is a Violence Prevention Partner Toolkit on the CCCWN website. There are videos and images that align around child abuse, domestic violence, human trafficking, human trafficking in Indigenous communities, and rural community resources with social media post. We will also provide these items in Spanish.

Wendy Hausotter moved to approve the HRSA AVIROC Grant and Work Plan highlights as presented, with Sara Hartstein seconding. Members present unanimously approved the motion.

Regional Community Health Improvement Plan (Regional CHIP) Process Update:
Amy Young provided a Regional CHIP update.

- They are starting to shift their focus on the Regional Community Health Assessment. They will be doing an annual update.
- They have had the data team collaborating with the Epidemiologist on key elements.
- The next Regional Community Health Assessment will be due in mid-2028.
- 2026 will be a planning year, especially around community engagement and looking at mindful resources and band width.
- As part of the Regional Community Health Assessment, there has been work behind the scenes to update the data dashboard and create a one-page Community Health Improvement Plan update. Learned lessons related to data sources.
- In the past year, and the impact of work and the federal situation, their Steering Committee is looking at what partnerships can do to support each other and the community and looking at the Regional CHIP goals/strategies (Access to Affordable Housing, Access to Quality Care, Access to Behavioral Health, and Inclusion, Diversity, Anti-Racism, and Equity-IDARE) and revisiting these, especially around Access to Care and IDARE.

Looking at REALD (Race, Ethnicity, and Language, Disability) and SOGI (Sexual Orientation, Gender Identity) data. Will be looking at a deep dive and realign to better reflect reality and look at action-oriented items.

- **Dr. Robert Fallows** – It is important to get that direct feedback from the community.
- **Wendy Hausotter** – You mentioned learning lessons. Can you expand on that?
    a. **Amy Young** – Related to feedback from data sources – They used census data. There were marginalized groups that did not see this as reflective. Will lean on data expertise and find additional data sources.
    b. **Wendy Hausotter** – Are there more representation data sources?
    c. **Amy Young** – Does believe we have the tools to get additional/better information.
    d. **Sara Hartstein** – Because there is always data holds. You never have all the data to see the full picture. Our data task force identified as a need and will meet to work through and ensure more reflective data at a local level.

Coalition Updates:
Members provided Coalition updates.

Linn, Benton, Lincoln Partners for Health:
Shelagh Baird provided a Linn, Benton, Lincoln Partners for Health update.

- As Sommer McLeish mentioned earlier Linn, Benton, Lincoln Partners for Health are helping to plan the Violence Prevention Summit for 2026. This group will combine their summit with the Violence Prevention Summit like we did for 2025.

Regional Mental Health/Substance Use Disorder (SUD) Coalition:
Heidi May-Stoulil provided a Regional Mental Health/SUD Coalition update.

- This Coalition meets monthly on the second Monday of each month at 10:30 a.m. Have added a new member.
- **Shelagh Baird** – The coastal Samaritan Treatment and Recovery Services (STARS) facility will be opening this month.
- **Heidi May-Stoulil** – "Yes." Karla Clem posted that the Grand Opening/Ribbon Cutting event for the new 16-bed inpatient Coastal STARS facility is October 20, 2025, at 3:30 p.m. All are welcome to attend. Please R.S.V.P. to Mary Jo Kerlin at mkerlin@samhealth.org – Only those with disabled permits are invited to park near/onsite. All others need to park at the movie theater across the highway and ride the shuttle bus provided by Thompson's Sanitary Service from 3:00 p.m. to 6:00 p.m. The location for the facility is 5840 NW Biggs Street, Newport, OR.

Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition):
Shelagh Baird provided a Regional Oral Health Coalition update.

- This Coalition has been meeting quarterly, and their next meeting is in November.
- The Co-Location Oral Health grant did end August 31, 2025. We were not able to keep the Expanded Practice Dental Hygienist (EPDH) in the coastal hospitals. Leah Hitz, EPDH, is now working with Capitol Dental Care and will continue to provide community outreach and education in Lincoln County. We will continue to build partnerships and activities with the hope to have a future EPDH in our hospitals.

Shelagh Baird noted that the HRSA Rural Communities Opioid Response Program – Implementation (RCORP-I) – Helping Impact Women and Youth (HIWAY) Project Grant for Lincoln County also ended on August 31, 2025.

Behavioral Health Resource Networks (BHRN) Update:
Committee members reported on the Behavioral Health Resource Networks (BHRN's).

- **Thien Nguyen – Linn County:**
    a. Family Tree Relief Nursery's peer support training program continues to see high attendance, with upcoming classes at capacity.
    b. Emergence Addiction and Behavioral Therapies have partnered with United Way and are now able to offer limited resources for up to one year of a post office box, storage unit assistance, and hotel or rental assistance for short term stays. These resources are for Emergence clients who are actively engaged in treatment and demonstrating a commitment to sobriety.
    c. Shared a flyer from Emergence who has begun hosting "Help for Helpers," a closed Alcoholics Anonymous group geared towards professional in the behavioral health field. Meetings are Sundays at 4:30 p.m. and held at Emergency Addiction and Behavioral Therapies in Albany, OR.
    d. Tabled at different locations in Linn County for National Recovery Month.

  Lincoln County:
    a. Attended the Hands Across the Bridge event in Waldport, OR on September 20th as part of the National Recovery Month.
    b. Tabled at the coastal hospitals for the National Recovery Month.
- **Bryan Decker** – Communities Helping All Negotiate Change Effectively (C.H.A.N.C.E.) Recovery had their annual Bridges 2 Recovery event September 13, 2025. They shut down the block around their C.H.A.N.C.E. Albany office. It was a carnival theme with games, dunk tank, prizes, DJ, food. Shared pictures. There were individuals that talked about their recovery. Caesar, the lama, was there. They had around 200 people that attended.
- **Sara Hartstein – Benton County**:
    a. Oregon Health Authority is changing what type of data is to be collected and submitted. They are updating a change in name as well. They want to move away from Measure 110 and the law and stick to the Behavioral Health Resource Network.
    b. Benton County Health Department was funded for harm reduction services and is changing the name to "risk reduction services." It is the same work and intention. They are still meeting people where they are at on their journey and walking with them and helping to get services.
- **Dr. Robert Fallows** – We have had to adjust our language, and we are seeing common themes with the current administration. This may be an agenda item for a future meeting for discussion.

HRSA Rural Outreach Grant:
Shelagh Baird reported that we received notice of approval for a 4-year HRSA Rural Outreach Grant to implement Project NEXT (Nurturing, Empowerment, Excellence, and Transformation) for youth in rural Lincoln, County.

- We did do a revision to language to align with current government/administration's policies.
- We will not be able to start the grant until we get the revised Notice of Award (NOA). This did not occur before the government shut down.
- The grant will improve the behavioral health and well-being of youth and young adults.
- It will increase access to behavioral health services. We will integrate counseling services and trainings in the schools, provide support services for those with substance use disorder with peer support outreach provided, along with emergency housing and support.
- The grant will be under the Regional Mental Health/Substance Use Disorder Coalition.

- Jolynn Meza Wynkoop will be the Project Director for the grant. She will be back to work from Family Leave around October 27, 2025.

Member Updates:
Members provided updates.

- **Traci Sackett** – Is representing Lincoln County Health and Human Services. Jayne Romero retired. They do have a new Mental Health/Behavioral Health Director, Michael Holder. They are looking for a replacement for Jayne Romero. They do have a good Behavioral Health Resource Network team, and they have had realignment with staffing.

Next Meeting:
We have scheduled the next meeting for December 10, 2025, at 2:00 p.m.

Gratitude Moment:
Dr. Robert Fallows asked if anyone would like to share a gratitude moment.

- Shelagh Baird noted this was her last meeting and she is grateful for the last six years to have worked with all of us and the communities, including Lincoln County. She thanked everyone for all their support and encouraged everyone to keep doing amazing work.
- Dr. Robert Fallows expressed his thanks to Shelagh Baird for her work with the Network and wished her well.
- Additional members expressed thanks to Shelagh Baird as well.

Adjourn:
With no further business to discuss, the meeting adjourned at 2:50 p.m.

Respectfully Submitted,
Shelley Hazelton
Grants and Sponsored Programs

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

Addressing Violence in Rural Oregon Communities (AVIROC)

CCCWN Meeting Update – October- November 2025

CCCWN

COAST TO CASCADES COMMUNITY WELLNESS NETWORK

Samaritan Lebanon Communities Hospital requested $1,200,000 to implement the Addressing Violence in Rural Oregon Communities (AVIROC) project to expand the capacity to improve health outcomes around child abuse, domestic violence, and human trafficking. Through AVIROC, CCCWN/PFH will develop a coordinated approach to addressing these issues by 1) Conducting outreach/education with staff, providers, and the public; 2) Expanding survivor services into our rural and underserved communities.

Project funding was awarded and began July 1, 2023. The funding was granted for four years and will last till June 30, 2027.

Partners on the project include Samaritan Lebanon Communities Hospital (SLCH), Samaritan Pacific Communities Hospital (SPCH), ABC House (ABCH), Acosta Services (AS), Center Against Rape and Domestic Violence (CARDV), Linn-Benton Anti-Trafficking Coalition (LBATC), and Sarah's Place (SP).

Updates:

- *Acosta Services* has initiated partner connections and planning for the *Community Action Plan* in Lincoln County; first Community Training is scheduled for 1/28/26.
- *Center Against Rape and Domestic Violence (CARDV)* social media campaign continues, school presentations start back up, and providing resources at tabling events in rural Linn Co
- Partner Toolkit has been updated with Spanish translation and will be uploaded to the website soon; Marketing Plan due 12/12/25.
- Teen Resource Guide has been translated to Spanish and is in final formatting stages for printing
- Violence Prevention Summit is on 5/22/26; family presentation option at Boys & Girls Club on 5/21/26
- *Sarah's Place* will provide professional development and community resources with AVIROC.

Work Plan Highlights:

Quarter 10 (October 1- December 31, 2025)

- ☑ Convene monthly meetings of CCCWN/PFH to guide activity coordination among organizations and w/in the Network (ongoing)
- ☑ Provide progress reports and project updates to the CCCWN Steering Committee and full CCCWN (ongoing)
- ☑ Provide copies of all required federal reports and documents to the CCCWN Steering Committee and full CCCWN (ongoing)
- ☐ Conduct annual training for CCCWN/PFH members on child abuse, domestic violence, and human trafficking (Q9) ~~10/14- ABC House;~~ 12/9- CARDV; 1/13- TA 'Behavior Over Time' presentation/activity; 2/10- Acosta Services; 3/10- Sarah's Place
- ☐ Provide counseling for survivors of child abuse at Sweet Home Family Medicine Clinic one day per week (on hold) Community partner ABC House pauses counseling services with AVIROC
- ☐ Identify ongoing funding opportunities, including eligibility for VOCA and CAMI funding (ongoing)
- ☐ Identify best practices in child abuse, domestic violence, and human trafficking prevention and trauma-informed response (ongoing) review federal guidelines: https://acf.gov/sites/default/files/documents/otip/adult_human_trafficking_screening_tool_and_guide.pdf
- ☐ Continue to collect and report data to CCCWN and CCCWN/PFH to ensure continued implementation of and support for strategies that address violence in rural communities (ongoing)
- ☐ Implement activities identified in the Action Plan that address child abuse, domestic violence, and human trafficking in Spanish- and Mam-speaking Lincoln County communities (Q9- Q16) Networking has started in Lincoln Co primarily with religious leaders supporting a training for staff and posting violence prevention resources in community; first training scheduled for 1/28/26
- ☐ Provide resources and outreach information to connect community members to agencies/services in rural east Linn County (Q9-Q12)- Focus on resource tables at community events, locations for informational materials, and social media posts
- ☐ Develop and implement data tools to track incidence of human trafficking identified by participating agencies in Lincoln and east Linn Counties (Q5-Q16)- The Partners for Health coalition is starting to explore what this will look like for our rural region and will complete 'Behavior Over Time' activity in Jan 2026.

The Coast to Cascades Community Wellness Network
Charter
2025

Article I. **Name**

Section 1. The name of this group shall be the Coast to Cascades Community Wellness Network (CCCWN).

Article II. **Mission/Vision**

Section 1. Mission: To provide leadership to enhance the health of communities through development and support for collaborative regional partnerships and community health programs in Benton, Lincoln, and Linn Counties.

Section 2. Vision: The Coast to Cascades Community Wellness Network leads and sustains a system of partnerships of agencies and organizations working together to provide integrated services and programs to promote individual and community health.

Article III. **Organization**

Section 1. The CCCWN will consist of a general body of members and a Steering Committee. Additional committees may be organized to develop and support community health projects.

Article IV. **Membership**

Section 1. Members shall include key leaders and executives that have an interest in issues related to the overall health and wellbeing of all people in Benton, Lincoln, and Linn County areas.

Section 2. Membership contributions of the CCCWN are voluntary. Contributions are used to cover meeting materials, meals, room rentals, related activities and grant matching funds. Contributions are not used for staff or administration.

Section 3. Members or an appropriate delegate shall actively participate in biannual CCCWN meetings.

Article V. **Steering Committee**

Section 1. The Steering Committee will be developed from the body of the CCCWN and have representation of at least one person from each county.

Section 2. The Steering Committee is responsible for the overall direction of the CCCWN.

Section 3. The Steering Committee will meet to review activities of the CCCWN.

Section 4. Members shall actively participate in CCCWN and Steering Committee meetings.

Article VI. **Officers**

Section 1. The CCCWN shall have a Chairperson.

Section 2. The Chairperson shall be nominated and elected by the CCCWN.

Section 3. The Chairperson shall preside over all CCCWN meetings and serve on the CCCWN Steering Committee.

Section 4. In the event the Chairperson is unable to attend the CCCWN meeting, the Chairperson will contact staff or a Steering Committee member to preside over the meeting.

Section 5. Terms of office shall be reviewed annually.

Article VII. **Meetings**

Section 1. The CCCWN shall meet two times a year. Official business will include but is not limited to reports, discussion of projects and goals, funding and grant opportunities, and any additional activities surrounding overall health in the region. The meetings will rotate between each of the counties to include Benton, Lincoln, and Linn.

Section 2. The Steering Committee will meet every other month. The Steering Committee will set the agenda, review programs and activities, and identify projects for the CCCWN. The Steering Committee can meet virtually.

Article VIII. **Staffing**

Section 1. Staffing of the CCCWN will be provided by Samaritan Health Services Grants and Sponsored Programs Department.

Section 2. Staff shall work with the Chairperson to develop and distribute the agenda, meeting summaries, and other information that is of interest to the CCCWN.

Section 3. Staff shall maintain communications with members and other local organizations and agencies and shall maintain and update the CCCWN website as necessary.

Article IX. **Roles & Responsibilities**

Section 1. The CCCWN Steering Committee will review and approve all grant reports, applications, and other relevant information before forwarding to the full CCCWN.

Section 2. The CCCWN Steering Committee will review and approve consortium grant applications; full network members will be given opportunity to review and respond within two weeks of receipt of documents.

Section 3. The CCCWN will review and approve all reports, assessments, and plans that are required by local organizations and agencies.

Section 4. The CCCWN Chairperson will endorse requested letters of support that align with the vision and mission of the CCCWN.

Adopted: July 31, 2013
Revised: May 27, 2015
Revised: November 6, 2024

CCCWN STRATEGIC PLANNING

Draft outline for discussion

I. CCCWN Priority Areas/Community Focus Areas

CCCWN membership has recognized 11 priority areas for community health improvement. These focus areas align significantly with the seven key themes identified in the most recent regional community health assessment. The chart below shows areas of overlap.

CCCWN PRIORITY AREAS	REGIONAL HEALTH NEEDS ASSESSMENT: KEY THEMES
1. Pregnancy prevention and prenatal care.	• Healthy youth and families.
2. Housing.	• Access to affordable housing and houselessness.
3. Chronic conditions.	• Healthy youth and families.
4. Oral health.	• Healthy youth and families.
5. Access to care and workforce.	• Access to quality care.
6. Behavioral health and mental health.	• Mental health.
7. Violence prevention.	• Healthy youth and families.
8. Diversity, equity and inclusion (DEI)	• Diversity, antiracism and equity (IDARE)
9. Food access.	• Food insecurity/access.
10. Tobacco prevention.	• Substance use and misuse.
11. Substance use disorder.	• Substance use and misuse.

CCCWN members have expressed strong support for strengthening and maintaining the alignment of Network priorities with the goals and strategies of regional partners on a three-year cycle. In terms of specific Network priorities over the next three years, CCCWN's initial strategic planning meeting emphasized four primary focus areas: *Workforce Development*, *Diversity, Equity and Inclusion*; *Mental and Behavioral Health*; and *Substance Use Disorder*. Factors in identifying these priority areas include county, state and regional health assessment data; internal data from Network members and partners; estimates of organizational and systemic capacity; identified disparities and inequities in access to care, quality of care, and health outcomes; public/organizational momentum for change; identified opportunities to address upstream issues; and the Network's own capacity to serve as an effective partner or leader in driving local, regional and systemic change.

Similarly, CHIP planning have worked with the community to narrow their focus to four areas: *Housing*; *Access to Quality Care*; *Behavioral Health*; and *Inclusion, Diversity, Anti-Racism and Equity (IDARE)*. There is a strong potential to better align CHIP priorities and CCCWN priorities, which often overlap internally and externally.

Workforce

All Network goals rely on developing and retaining a trained and resilient workforce, particularly in the badly understaffed mental and behavioral health fields. Improving access to services without adding adequate workforce will, at best, result in longer waitlists, suboptimal care and worse patient outcomes. DEI/IDARE goals also depend heavily on a diverse and

trauma-informed workforce, especially when it comes to mental and behavioral health care providers; currently, nondominant populations in the tri-county region are too often served by providers who may question or even deny their lived experience of identity-based trauma.

CCCWN WORKGROUP RECOMMENDATIONS	RELATED CHIP STRATEGIES
Workforce should include Oregon Health Plan optimization and supportive services.	
Identify new and emerging regional health care training and workforce opportunities, with a focus on engaging uncounted/ unrepresented groups.	• IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.
Support new and existing legislation for workforce development.	
Pool funds to support training for Peer Support Specialists, CHW, CADC, and others.	• IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.
Provide staff with lived experience to support workforce members undergoing secondary trauma.	• IDARE 2.1. Grow and maintain a healthy behavioral health provider workforce by addressing retention strategies, burnout, and recruitment. Example: For retention and recruitment, support career development opportunities such as internships, mentorships, and culturally specific peer supports. • AQC 1.1. Sustainability – Increase the number of all levels and types of health care providers in the region (and particularly in rural areas). Focus areas include addressing institutional barriers, prioritizing meaningful strategies for recruitment and retention of diverse talent, and exploring innovative ideas to address provider burnout.
Expand peer support into EDs, law enforcement and other agencies.	• IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.
Identify sustainable funding sources to maintain staff and programs (e.g., discuss creative payment models with IHN-CCO).	

Strengths and opportunities

- Promising workforce development models include Marion County Medical Assistant Program through Willamette ESD Career Center; the Community Health Workers program at Linn-Benton Community College (LBCC); and Lane County 'hybrid programs for dental assistants and other providers; and Albany's para-medicine program.
- Delivery system transformation funding through IHN-CCO has helped fund regional training hubs.

Threats and weaknesses

- New workforce positions may require considerable upfront investment without providing currently billable services.
- Nonprofit and long-term funding opportunities may fall outside the three-year strategic planning window.

Diversity, Equity and Inclusion

DEI/IDARE strategies are crucial to workforce development efforts, the provision and delivery of member and partner services, reaching underserved and/or mistrustful populations, CCCWN's strategic planning and decision-making, and to the Network's efforts to expand and sustain its membership. Transforming the health and social services systems to work for all people logically entails transforming CCCWN itself to include under-represented voices and culturally specific advocates and to act on their recommendations (the chart below shows the stages by which dominant-culture organizations typically engage nondominant community members in decision-making and ownership).

The Spectrum of Community Engagement to Ownership

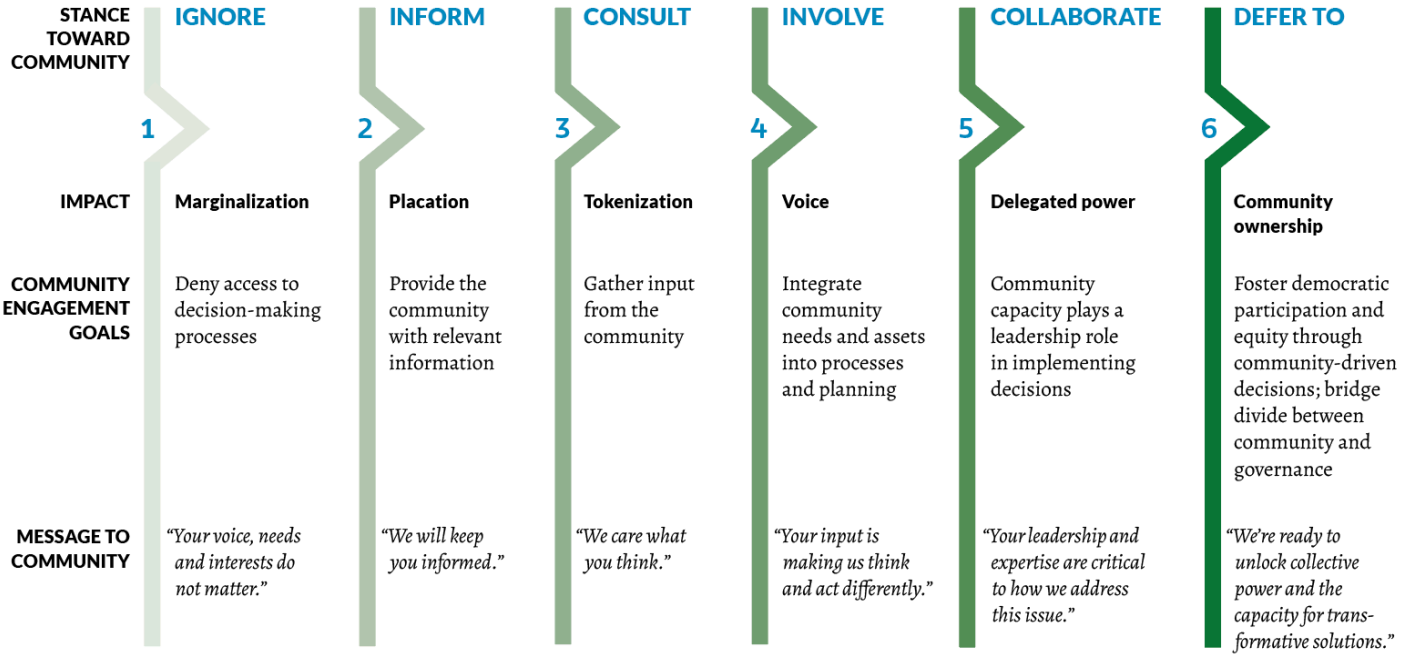


Chart adapted from Community Commons: https://www.communitycommons.org/entities/3aec405c-6908-4bae-9230-f33bef9f40e1

CCCWN's initial strategic planning identified the following steps toward transformative—as opposed to superficial, rhetorical or merely performative—DEI work; related CHIP goals and IDARE activities appear in the adjacent column.

CCCWN WORKGROUP RECOMMENDATIONS	RELATED CHIP STRATEGIES
Incorporate achievable and accountable EDI goals into the Network's mission and value statements.	IDARE 2.2. Build accountability measures for providers and community members. IDARE 1.1. Develop community-driven practices which embed equity principles in the removal of institutional barriers.
Marketing should communicate DEI values.	IDARE 2.3. Provide resources (e.g., funding) and supports to community members around participation in decision-making bodies and advocacy.
Improve data collection relating to underserved and marginalized population and DEI goals (Note: This entails strengthening relationships with culturally specific, community-based organizations; the practice of collecting data without welcoming deeper collaboration from the partners who provide it is a long-time complaint of organizations and advocates serving nondominant populations.)	• IDARE 3.1. Change strategies for gathering data to reflect inclusion, diversity, antiracism, and equity and gender justice. • IDARE 3.2. Centralize and coordinate data collection. • IDARE 3.3. Disaggregate data using a combination of quantitative (statistical) and qualitative data (people's experiences). • BH 2.3. Create learning opportunities for providers that increase awareness around cultural competence and the unique health needs of marginalized (under-resourced) communities.

CCCWN WORKGROUP RECOMMENDATIONS	RELATED CHIP STRATEGIES
Recognize that some marginalized people will continue to avoid health and social services institutions, and identify ways to deliver the services, resources and education they need through culturally specific partners they already trust. (Note: In many cases, this may entail empowering, trusting and funding these organizations to make their own decisions.)	• BH 2.2. Reduce barriers of access to care including the physical barriers of transportation, rural and tribal needs, and culturally appropriate and gender-affirming treatment options. Example: Support funding for existing community service providers, CBOs, tribal organizations/support (term TBD), and non-clinical settings. • IDARE 1.1. Develop community-driven practices which embed equity principles in the removal of institutional barriers. • IDARE 1.2. Improve equitable access to culturally and linguistically appropriate service (CLAS) providers. • IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.
Engage culturally specific partners and Network members in setting meaningful standards for DEI accountability and maintenance. (Note: To be effective and trustworthy, accountability measures require formal input from end users of the services and their advocates rather than institutional self-policing.)	• IDARE 2.2. Build accountability measures for providers and community members.

Mental Health/Behavioral Health

CCCWN's workgroups agreed that although SUD technically falls under this heading, it's a wide-ranging issue that may have separate resources and goals and therefore requires its own focus area. While this is a somewhat different approach from CHIP, both approaches have similar goals and strategies. The workgroup assigned to the topic identified *youth/families*, *equity and inclusion*, and *training opportunities* as significant needs in this area.

Mental/behavioral health issues among marginalized communities are often compounded by experiences of institutional trauma, neglect, abuse, and/or lack of access to respectful and compassionate care within hospitals and other systems. People who don't feel safe in these spaces are unlikely to seek care from them regardless of their access to or awareness of resources; reaching these patients will likely require increased support for trusted, culturally specific organizations.

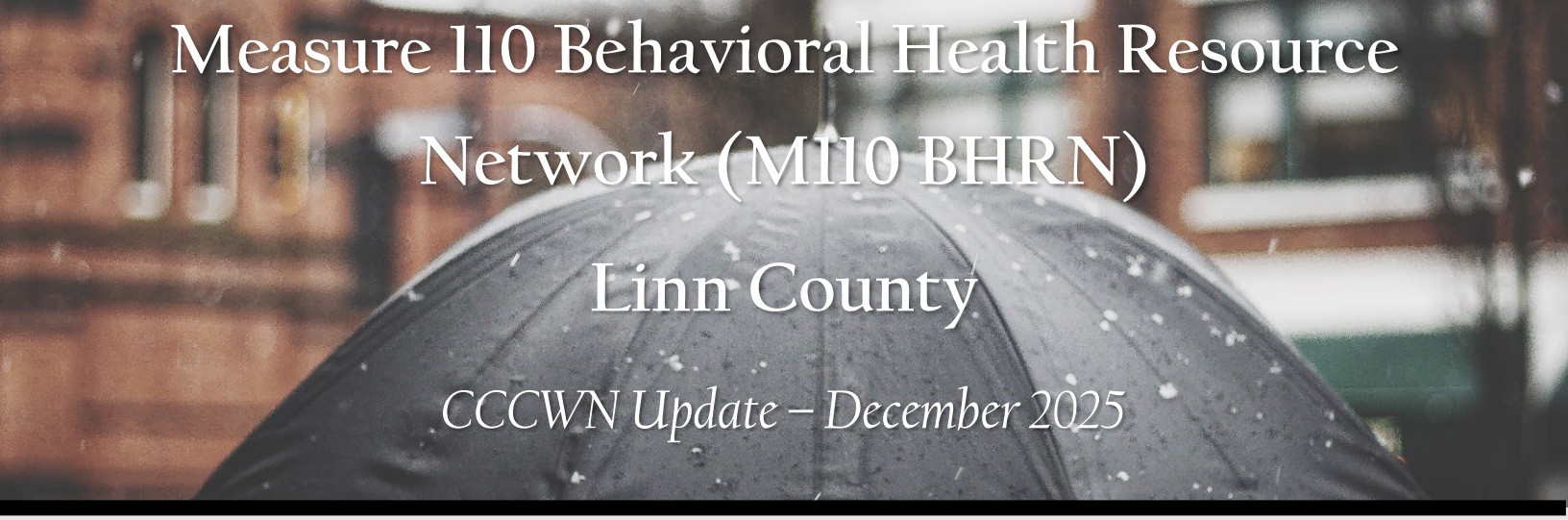
CCCWN WORKGROUP RECOMMENDATIONS	RELATED CHIP STRATEGIES
Increase trauma-informed, linguistically and culturally appropriate training.	• BH 2.2. Reduce barriers of access to care including the physical barriers of transportation, rural and tribal needs, and culturally appropriate and gender-affirming treatment options. Example: Support funding for existing community service providers, CBOs, tribal organizations/support (term TBD), and non-clinical settings.
Create workforce retention strategies, especially in rural areas.	• AQC 1.1. Sustainability. Increase the number of all levels and types of health care providers in the region (and particularly in rural areas). Focus areas include addressing institutional barriers, prioritizing meaningful strategies for recruitment and retention of diverse talent, and exploring innovative ideas to address provider burnout.
Define pathways along the continuum of care to educate providers and community members on where to get appropriate mental/behavioral health services.	• IDARE 1.2. Improve equitable access to culturally and linguistically appropriate service (CLAS) providers.

Substance Use Disorder

People with SUD have often experienced trauma, identity-based discrimination and other inequitable treatment, as well as involvement in the criminal justice system. Many of them complain of dismissive, disrespectful, traumatizing interactions with regional providers as well as substandard or inadequate care. Provider bias against people using substances is pervasive enough that even people who do *not* have SUD report being designated by ED staff as "drug-seeking" patients on the basis of what these staff perceive as an "unconventional" appearance.

While eradicating stigma among providers and staff is a necessary step in providing appropriate care, people who hold multiply stigmatized identities or who have experienced egregious mistreatment within the "official" health and social services systems may still be unwilling to see these providers as safe. For these reasons and others—including lack of transportation and the difficulty of navigating support systems—the SUD workgroup emphasized the value of bringing services to people through trusted community-based partners, using such methods as hub-and-spoke mobile providers, one-stop facilities and street outreach.

CCCWN WORKGROUP RECOMMENDATIONS	RELATED CHIP STRATEGIES
Meet people with SUD where they are instead of focusing on pulling them into existing systems. Consistently provide safe, trauma-informed, culturally appropriate services and referrals to people with SUD. Delegate outreach and services to local community-based organizations that have already built trust with people who have SUD. Partners could develop, fund and staff one-stop sites where people can access multiple services and types of assistance (e.g., coordinated care, medication management, housing and food assistance, MAT, harm reduction services, navigation services, mental/behavioral health services, legal assistance, translation/interpretation, and other resources) without having to travel to multiple locations.	• BH 2.2. Reduce barriers of access to care including the physical barriers of transportation, rural and tribal needs, and culturally appropriate and gender-affirming treatment options. Example: Support funding for existing community service providers, CBOs, tribal organizations/support (term TBD), and nonclinical settings. • BH 2.3. Create learning opportunities for providers that increase awareness around cultural competence and the unique health needs of marginalized (under-resourced) (term TBD) communities. • AQC 1.1. Sustainability. Increase the number of all levels and types of health care providers in the region (and particularly in rural areas). Focus areas include addressing institutional barriers, prioritizing meaningful strategies for recruitment and retention of diverse talent, and exploring innovative ideas to address provider burnout. • o AQC 1.2. Grow an electronic, closed loop referral system between community and clinical services that supports community partners in accessing resources, meeting patient needs, gathering standardized data, and expanding community-based care. • Create sustainable funding mechanisms for effective community-based care delivery. Examples include establishing reimbursement guidelines and fee schedules.
Improve pathways for people who connect with recovery services to becomes peer support specialists or other types of providers or communtiy-based advocates (cf. ReConnections Counseling program in Lincoln County).	• BH 2.1. Grow and maintain a healthy behavioral health provider workforce by addressing retention strategies, burnout, and recruitment. Example: For retention and recruitment, support career development opportunities such as internships, mentorships, and culturally specific peer supports. AQC 1.1. Sustainability – Increase the number of all levels and types of health care providers in the region (and particularly in rural areas). Focus areas include addressing institutional barriers, prioritizing meaningful strategies for recruitment and retention of diverse talent, and exploring innovative ideas to address provider burnout. • IDARE 2.3. Provide resources (e.g., funding) and supports to community members around participation in decision-making bodies and advocacy. • IDARE 1.3. Increase the number of culturally and linguistically appropriate service providers by removing institutional barriers and uplifting communities into these roles.



Measure 110 Behavioral Health Resource Network (M110 BHRN)

Linn County

CCCWN Update – December 2025

Seven community-based and governmental organizations are working together to support individuals actively using substances or diagnosed with substance use disorder in Linn County. Organizations are providing services to individuals in the areas of Peer Support Services, Screenings and Behavioral Health Needs, Low Barrier Substance Use Treatment, Housing Services, Harm Reduction Services and Supported Employment Services. While the target populations are individuals who identify as Black, Latinx, Native American, LGBTQIA2S+, Asian, Pacific Islander, houseless, incarcerated, veterans, and anyone qualifies who has lived with the experience of SUD/OUD.

Partners on the project include Albany Comprehensive Treatment Center (Albany CTC), CHANCE Recovery, Community Services Consortium (CSC), Emergence Addiction Counseling and Education Services of Albany, Faith Hope and Charity (FHC), Family Tree Relief Nursery (FTRN) and Samaritan Treatment and Recovery Services (STARS).

Reporting:

- Quarter 2 reports are due by Jan 31st, 2026.
- OHA resources for data collection and submission can be found at this webpage.

BHRN Partner Updates:

- Emergence continues to host "Help for Helpers," a closed AA group geared towards professionals in the behavioral health field. Meetings are Sundays at 4:30pm, at Emergence's Albany office. For more info, please contact Lynnae Hayes (lhayes@4emergence.com).
- Family Tree Relief Nursery are celebrating the first round of graduations for their Substance Use Disorder Nurturing Parenting class. There will be six individuals receiving certificates. The class averages 18 people attending each week.

BHRN Partner Updates, cont.:

- Family Tree Relief Nursery will be opening a food bank starting in January.
- Family Tree Relief Nursery's January Peer Support Specialist training is now full, with the next class coming in July. Individuals who wish to be added to the waitlist for upcoming classes may contact Meredith Schrepfer (mschrepfer@familytreern.org).
- As an outreach project, Samaritan Health Services has purchased several books covering mental health and substance use recovery, for distribution among community members. If you would like to review a list of available books and request copies for your organization, please contact Thien Nguyen (thnguyen@samhealth.org).