



**Coast to Cascades Community Wellness Network (CCCWN)  
Steering Committee  
Held Virtually - Microsoft Teams  
2:00 p.m. – 3:00 p.m.  
April 8, 2026  
Meeting Summary**

**Attendance-Members:**

Ryan Combs, Jeannie Davis, Ed.D., Robert Fallows, PsyD, Sara Hartstein, Linda Mann, Lacey Mollel, Ryan Vogt, Amy Young

**Attendance-Staff/Others:**

Paulina Kaiser, PhD, Mary Landis, Heidi May-Stoulil, Sommer McLeish, Christine Mosbaugh, Thien Nguyen, and Shelley Hazelton

**Welcome:**

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

**Safety and Reliability Moment:**

Attendees shared a safety/reliability moment.

- Ryan Combs shared a safety/reliability moment regarding timely reads on images. We have imaging throughout our hospitals and clinics. Starting at 8:00 p.m. there is a switch, and a third party reads exams until the following morning. We do have a shortage of radiologists, and the waiting time for turnaround can be longer. Patients may leave our Emergency Departments due to the wait. We are working behind the scenes to bring timely reads on images.

**Meeting Summary:**

Committee members reviewed the meeting minutes of the February 11, 2026, CCCWN Steering Committee meeting. **Dr. Jeannie Davis moved to approve the meeting minutes as presented, and Lacey Mollel seconded. The motion passed unanimously, with all 8 voting members, representing 8 different agencies, approving.**

**Staffing Update:**

Mary Landis provided a staffing update.

- Nike Neuenheim, CCCWN Network Director, has resigned. We will contract out the CCCWN Network Director position. We have identified qualified individuals and will identify the final candidate soon. We will review how it goes for approximately six months and then re-evaluate after that.
- Mary Landis noted that she would be retiring on May 6, 2026. She noted that she has been with Samaritan Health Services now for 18 years.

Nike Neuenheim was to take over as the Department Director for the Grants and Sponsored Programs Department along with her CCCWN Director duties.

- Dr. Paulina Kaiser has agreed to step in as the Director and the department's name will change to Community Health and Grants Department. There will also be additional staff from Paulina's Kaiser's current department joining the new department.
- Dr. Paulina Kaiser noted that she was excited about the opportunity to take on the responsibilities of the department and it makes sense to work closely with the group.
- Dr. Robert Fallows thanked Mary Landis for her update and her continued work with our Network.

### **Federal/State Grants Reports:**

#### **Health Resources and Services Administration (HRSA) Rural Health Network Development Grant Addressing Violence in Rural Oregon Communities (AVIROC) Project Update:**

Sommer McLeish presented 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 noted highlights from the grant.

- Teen Resource Guides are now available in both English and Spanish. Have added a QR code to direct people to the CCCWN website. Please let her know if you would like to order any copies. You can order here - <https://forms.gle/yUMbt5D7VnTa2nPH7>
- The Violence Prevention Summit will be on May 22, 2026, at Samaritan Lebanon Community Hospital, with a family presentation option at the Boys & Girls Club of Greater Santiam in Lebanon on May 21, 2026. The day event will feature "Guided Drawing" to help attendees unwind during a day of heavy topics. Information on "Guided Drawing" - [https://youtu.be/e5FR19F\\_VvE?si=Recy56PBwvdYfnGu](https://youtu.be/e5FR19F_VvE?si=Recy56PBwvdYfnGu)  
Summit registration: <https://ThirdAnnualViolencePrevention.eventbrite.com>
- Acosta Services is helping implement activities identified in the Action Plan addressing child abuse, domestic violence, and human trafficking in Spanish and Mam-speaking Lincoln County Communities, and has hosted and provided support for different community training courses.
- In Our Backyard, who were speakers at last year's Violence Prevention Summit also has training courses and will come down to help provide different trainings to the community.
- Information on the Violence Prevention Partner Toolkit is available on the CCCWN website - [Violence Prevention Partner Toolkit - CCCWN](#)  
There are videos and graphics to raise awareness on child abuse, domestic violence/intimate partner violence, human trafficking, human trafficking in Indigenous Communities, and Rural Communities Resources.

**Dr. Jeannie Davis moved to approve the AVIROC project update as presented, and Lacey Mollel seconded. The motion passed unanimously, with all 9 voting members, representing 8 different agencies, approving.**

#### **HRSA Rural Outreach Grant – Project NEXT (Nurturing Empowerment, eXcellence, and Transformation) for Youth in Lincoln County:**

Mary Landis provided a Project NEXT update. Provided a written report in the agenda packet was prior to the meeting.

- Grantees received the Noncompeting Continuation Report template in March. The Project Director has completed a "draft" copy of this report. She submitted the report by the due date of March 4, 2026.

- Two Youth Mental Health First Aid courses will take place on April 27, 2026, and April 28, 2026. The April 28<sup>th</sup> event will take place in Newport at the Center for Health Education and there are around 30 people who signed up for that event to date. The April 27<sup>th</sup> event will be in Lincoln City at the Lincoln City Community Center and there are approximately 6 people signed up for that event to date. Conducting the training courses in partnership with Oregon Pacific Area Health Education Center and Jaime Montgomery is the instructor.
- Samaritan Treatment and Recovery Services (STARS)-Newport – Working to finalize a job description for the Peer Support Specialist position. This will be a combined 1.0 FTE with a .5 FTE through the Project NEXT grant and a .5 FTE through our Behavioral Health Resource Network Grant.
- Sent out Subaward agreements for signature to Lincoln County Health and Human Services and Lincoln County Community Justice.
- Lincoln County Health and Human Services has identified staff to serve as the Mental health Intervention Specialist (LifeSkills Trainer) and Clinical Counselor. Will pilot LifeSkills curriculum in the Fall 2026. Planning conversations with Lincoln County School District are ongoing.
- Lincoln County Community Justice will be utilizing grant funds to pay for nightly stays for youth and young adults in crisis at their Youth Tides and Raising Tides shelters. They will also utilize grant funds for basic needs items such as hygiene supplies, meals, clothing, bus passes, and other things as well.

**Regional Community Health Improvement Plan (Regional CHIP) Process Update:**

Amy Young provided an update on the Community Health Improvement Plan and Transformation Pilots.

- **Partnership for Community Health:**
  - a. The Partnership for Community Health of Linn, Benton and Lincoln Counties (PCH) is a multiagency collaborative of local public health authorities, health systems, and key partners committed to improving community health in the region.
  - b. A Steering Committee of member organizations meets monthly for strategic collaboration and planning.
  - c. Established the PCH in 2021 to promote a shared vision for community health and positive change.
  - d. She shared a list of partners.
    - InterCommunity Health Network (IHN)/Coordinated Care Organization (CCO)
    - Linn-Benton-Lincoln Health Equity Alliance
    - Confederated Tribes of Siletz Indians
    - United Way of Linn, Benton, & Lincoln Counties
    - Lincoln County Health and Human Services
    - Linn County Health Services
    - Benton County Health Services
    - Santiam Hospital and Clinics
    - Samaritan Health Services,
    - Community Advisory Council
- **PCH Updates:**
  - a. Mid-term reporting for Modernization grants.
    - 13 projects funded totaling \$315,000 across all priority areas.
  - b. Collaboration with Delivery System Transformation Committee.
    - Program evaluation on funded projects; Alignment for the next Request for Proposal Grant (RFPG).

- c. Piloting new project and progress measure tracking platforms.
- d. Data equity task force.
  - Recommendations for managing data disaggregation and safety.
  - Best practices for all phases of Community Health Assessment, power shifting.
- e. Access to Care workgroup, collaboration with innovator agents.
  - Response to H.R.1 (federal budget bill) and possible loss of Oregon Health Plan (OHP) coverage.
- f. PCH communications assessment online –
  - <https://www.lblpartnershipforhealth.org/reports/pch-communications-assessment/>
- Distributed Regional and Linn County Modernization grants.
- Shared the Equity Framework.
- How is the CHIP organized?
  - a. Priority areas – Themes for health improvement identified from Community Health Assessment.
  - b. Goals - Long-term outcomes changes to the health of the community.
  - c. Strategies - Action plans to reach the goals.
- **CHIP priority areas include:**
  - a. **Access to Affordable Housing**
    - H1. Expand housing units
    - H2. Expand supportive services
    - H3. Improve housing data
  - b. **Access to Quality Care**
    - AQC1. Grow and sustain workforce
    - AQC2. Increase Oregon Health Plan access and use
    - AQC3. Timely, local, empowering care
  - c. **Behavioral Health**
    - BH1. Build community resilience
    - BH2. Grow a healthy workforce BH3. Improve care coordination
  - d. **Inclusion, Diversity, Anti-racism, and Equity (IDARE)**
    - IDARE1. Improve equity and well-being
    - IDARE2. Increase education and accountability
    - IDARE3. Improve data quality
- **Transforming healthcare:**
  - a. Oregon works towards the triple aim of better health, better care, and lower costs.
  - b. CCOs address social determinants of health for OHP recipients and the broader community.
  - c. Transformation pilots fund innovative ideas and collaborative strategies to equal opportunities for health.
- Shared achievements and opportunities for each of the four priority areas.
  - Access to Affordable Housing:
  - **Achievements:**
    - a. County and local-level homeless response and shelter programs.
    - b. Community Based Organizations (CBOs) support farmworker housing.
    - c. Housing navigation embedded into other health and public health services.
  - **Opportunities:**
    - a. Tri-county Continuum of Care is currently on hold - next steps.
    - b. Funding cuts to shelter and housing programs.
    - c. Tracking and engagement of Health-Related Social Needs (HRSN)-Medicaid benefit impact.

- d. Potential for implementation group to track grant opportunities and funding.

Access to Quality Care:

**Achievements:**

- a. Lincoln County Mobile Health unit.
- b. Regional Modernization prioritizes sexually transmitted infections (STI) prevention and vaccination.
- c. Regional collaboration on communicable disease and overdose response.

**Opportunities:**

- a. H.R.1 will result in Medicaid “churn” and loss of coverage.
- b. Provider recruitment and retention impacted by factors beyond our control.
- c. Monitoring impact of closed-loop referral system.
- d. Tracking of Oregon Health Plan Assister and Community Partnerships.

Behavioral Health:

**Achievements:**

- a. Local Public Health Agencies (LPHA)-county health departments and grant-funded projects emphasizing cultural and community-responsiveness.
- b. Regional investment in Mental Health First Aid (MHFA) and suicide prevention training.
- c. Linn-Benton Community College (LBCC) is adding degrees in community health.
- d. Tribal clinics are offering integrated behavioral health, substance use disorder (SUD), and medical services.

**Opportunities:**

- a. Promotion and intra-operability of referral loops such as UniteUs.
- b. Challenges in provider recruitment and retention at all levels.
- c. Standardization of Protocol for Responding to and Assessing Patients’ Assets, Risk, and Experiences-PRAPARE (risk assessment tool used by social services) and Social Determinants of Health (SDOH) screening.
- Met last week with the Confederated Tribes of Siletz Indians who have integrated services with one-stop type shopping with behavioral health, mental health, SUD, and medical services.

IDARE:

**Achievements:**

- a. Data task force has convened and is working towards deliverables.
- b. Linn-Benton-Lincoln Health Equity Alliance (LBLHEA) is developing and offering data equity training.
- c. Emphasis on language access in County services and community partners.

**Opportunities:**

- a. Politicization of equity and funding threats.
- b. Implementation of Race, Ethnicity, and Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data collection.
- There were renaming of different things with IDARE, but the principles are very alive in public health.
- Shared the focus areas with goals and strategies.
  - a. **Behavioral Health:**
    - Goal 1** - Use a person-centered, culturally responsive, and trauma-informed approach to behavioral health promotion and destigmatization through education, communication, and engagement.
      - **Strategy 1.1:** Connect physical, emotional, and social health and well-being by supporting individual and community tools that promote resilience and healthy coping.

- **Strategy 1.2:** Encourage help-seeking by reducing barriers to access through outreach to specific populations (e.g., youth, veterans, tribal, and others).
- **Strategy 1.3:** Create population-specific educational resources that increase community awareness of existing behavioral health services and destigmatize behavioral health and wellness.

**Goal 2** - Increase access to responsive, transformative behavioral health services and supports that are culturally and linguistically appropriate.

- **Strategy 2.1:** Grow and maintain healthy behavioral health provider workforce by addressing retention strategies, burnout, and recruitment.
- **Strategy 2.2:** Reduce barriers to access to care including the physical barriers of transportation, rural and tribal needs, and culturally appropriate and gender-affirming treatment options.
- **Strategy 2.3:** Create learning opportunities for providers that increase awareness around cultural competence and the unique behavioral health needs of communities that have been economically and socially marginalized.

**Goal 3** - Develop and improve a comprehensive continuum of care that integrates regional behavioral health systems and community-based organizations using a person-centered and community-focused approach.

- **Strategy 3.1:** Create spaces to engage in collaborative discussions for relationship-building across systems.
- **Strategy 3.2:** Identify and address insurance barriers to behavioral healthcare access.
- **Strategy 3.3:** Streamline the client experience across organizations by establishing a flexible data collection and communication system adaptable to different organizational requirements, limitations, and needs.

b. Shared Behavioral Health key indicators.

c. **Access to Quality Care:**

**Goal 1** - Grow the regional healthcare workforce in innovative, supportive, and sustainable ways.

- **Strategy 1.1:** Sustainably increase the number of all levels and types of providers, particularly in rural areas.
- **Strategy 1.2:** Grow an electronic-closed loop referral system between community and clinical services.
- **Strategy 1.3:** Create sustainable funding mechanisms for community-based care delivery.

**Goal 2** - Increase Oregon Health Plan access and reduce barriers to utilization of benefits.

- **Strategy 2.1:** Expand certified Oregon Health Plan Community Partnerships and Assister engagement in the community.
- **Strategy 2.2:** Increase awareness, accessibility, and satisfaction with IHN-CCO member resources.

**Goal 3** - Ensure that care is timely, local, and empowering.

- **Strategy 3.1:** Collaborate with community partners to explore innovative ways to provide the right care at the right time.
- **Strategy 3.2:** Increase resources and financial support for communities that have been marginalized to engage in healthcare quality improvement.
- **Strategy 3.3:** Share resources, best practices, and training among organizations to improve the quality and consistency of care.

- d. Shared Access to Quality Care key indicators.
- e. **Access to Affordable Housing:**
- Goal 1** - Expand the availability of shelter, transitional, and permanent housing by developing and acquiring properties.
- **Strategy 1.1:** Increase access to existing units through landlord engagement and relationship building.
  - **Strategy 1.2:** Build brick-and-mortar housing to expand availability.
  - **Strategy 1.3:** Create or expand emergency shelter options that reflect community and cultural needs to address systemic barriers.
- Goal 2** - Expand and sustainably fund supportive services for shelter, transitional, and permanent housing.
- **Strategy 2.1:** Partner with IHN-CCO to fund supportive services that are culturally and linguistically appropriate.
  - **Strategy 2.2:** Partner with existing workforce and shelters.
  - **Strategy 2.3:** Identify and apply for sustainable grant opportunities to strengthen housing supportive services.
- Goal 3** - Improve data across the spectrum of housing and shelter providers to inform future planning.
- **Strategy 3.1:** Work towards a Tri-county Continuum of Care.
  - **Strategy 3.2:** Research, expand and adopt a culturally specific, situationally reflective coordinated entry assessment tool.
  - **Strategy 3.3:** Improve the Continuum of Care's information technology (IT) systems to improve data collection.
  - **Strategy 3.4:** Align data management, policies, and training across the region.
- f. Shared Access to Affordable Housing key indicators.
- g. **IDARE:**
- Goal 1** - Change systems, remove barriers, nurture equity, and improve well-being.
- **Strategy 1.1:** Develop community-driven practices that embed equity principles in the removal of institutional barriers.
  - **Strategy 1.2:** Build accountability measures for providers and community members.
  - **Strategy 1.3:** Increase the number of culturally and linguistically appropriate service providers by uplifting communities.
- Goal 2** - Increase IDARE and gender justice education and accountability measures in the system of services.
- **Strategy 2.1:** Grow and maintain a healthy behavioral health provider workforce by addressing retention, burnout, and recruitment.
  - **Strategy 2.2:** Improve equity access to culturally and linguistically appropriate service providers.
  - **Strategy 2.3:** Provide resources and funding to community members around participation in decision-making and advocacy.
- Goal 3** - Improve the process of collecting, using, owning, and sharing data by creating a task force.
- **Strategy 3.1:** Change strategies for gathering data to reflect IDARE and gender justice.
  - **Strategy 3.2:** Centralize and coordinate data collection.
  - **Strategy 3.3:** Disaggregate data using a combination of quantitative and qualitative data.
- h. Shared IDARE key indicators.

### **Coalition Updates:**

Members provided Coalition updates.

### **Linn, Benton, Lincoln Partners for Health:**

Dr. Jeannie Davis reported on Linn, Benton, Lincoln Partners for Health.

- The Coalition meets monthly and goes over the AVIROC grant and has been planning the Violence Prevention Summit.
  - a. As mentioned earlier by Sommer McLeish, the full day summit will be on May 22, 2026, at Samaritan Lebanon Hospital from 9:00 a.m. – 3:00 p.m. There will be resource tables and “Guided Drawing” throughout the day. Sommer McLeish shared a link earlier to the “Guided Drawing.” There will be three different sessions with speakers throughout the day.
    - Session 1 – Human Trafficking 101
    - Session 2 - Oregon DOJ’s Sanctuary Promise Community Toolkit
    - Session 3 - Understanding the Mindset of Abusive Partners
  - b. We will hold a dinner meeting with a keynote speaker the day prior on May 21, 2026, from 6:00 p.m. to 8:00 p.m. at the Boys & Girls Club of Greater Santiam. This will be a family event with the same keynote speaker as the day session, and she will be speaking on – *“How Parents can Protect their Children from Online Groomers & Predators.”*

### **Regional Mental Health/Substance Use Disorder (SUD) Coalition:**

Heidi May-Stoulil provided a Regional Mental Health/SUD Coalition update.

- She is the Chair of the Coalition and noted they have been meeting monthly.
- They are currently having different presentations at the meetings and trying to increase mental health involvement.
  - a. The Coalition will meet next week and will have a representative presenting from Lincoln County Community Justice with the Youth Tides Lincoln County Juvenile Department.
- They have law enforcement involved from Linn and Benton Counties and look at overdoses throughout the region, discuss any trends, and offer resources.

### **Behavioral Health Resource Networks (BHRN) Update:**

Committee members reported on the Behavioral Health Resource Networks (BHRN’s).

- **Thien Nguyen – Linn County and Lincoln County:**
  - a. The quarterly report is due next month.
  - b. The Linn County and Lincoln County BHRN will both be meeting quarterly.
  - c. He hosted with Samaritan Treatment and Recovery Services a Mid-Valley Behavioral Health Meet & Greet on April 3<sup>rd</sup> and had around 65 people in attendance. There were great presenters, collaboration, and sharing of resources. The Sweet Home New Era Newspaper did an article on the event. Thien Nguyen shared pictures from the event.
  - d. **Dr. Robert Fallows** – Attended and it was a great event. It was a good opportunity to talk face to face with others.
  - e. Family Tree Relief Nursery continues to run training programs for Peer Support Specialists.
- **Sara Hartstein – Benton County:**

- a. Works in connection with their Benton County Risk Reduction Team, Family Tree Relief Nursery, Communities Helping All Negotiate Change Effectively (CHANCE), Pathfinders Clubhouse, Milestones Recovery, Phoenix Wellness Center, Corvallis Housing First.
- b. They are seeing transitions among staff.
- c. Moving back to a model for sharing about services and referrals.
- d. They are moving forward, and good things are happening.
- e. Pathfinders Clubhouse is purchasing a new location.
- f. Corvallis Housing First is building 47 housing units.
- g. Family Tree Relief Nursery – Has new parenting curriculum and provided training for 16 new certified Peer Support Specialists.
- h. Milestone Recovery – Is partnering with Family Tree Relief Nursery with the new residential program for women.
- i. Phoenix Wellness Center has been doing a designated, culturally rooted, alternative program to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- j. CHANCE is getting around 1,600 visitors per month.
- k. The Benton County Harm Reduction Team is now known as the Risk Reduction Team.

### **Member Updates/Additional Business:**

Members provided updates.

- **Dr. Jeannie Davis** – The 2<sup>nd</sup> annual Oregon Rural Health Care Equity Fair is scheduled for Saturday, May 2, 2026, at the Lebanon River Center from 9:00 a.m. – 4:00 p.m. This is a free event offering screenings, youth/sports physicals, nutrition education, Osteopathic Manipulative Treatment, and resources. Western University of Health Sciences is sponsoring the event.
- **Lacey Mollel** – The U.S. House Committee on Energy and Commerce, issued a letter to Oregon Governor Tina Kotek regarding oversight and program integrity within Medicaid. In response, Governor Tina Kotek provided a formal reply outlining Oregon’s current program structure, safeguards, and compliance approach. As a result of the inquiry, beginning January 1, 2027, individuals enrolled in Healthier Oregon Plan (HOP) will transition out of the Coordinated Care Organization model and into Open Card (fee-for-service). This means services will no longer be administered through CCO networks but instead through the state’s direct payment structure. The Oregon Primary Care Association has been having on-going conversations with Oregon Health Authority (OHA) about how this will impact both care and financial operations at Community Health Centers across Oregon, as they provide primary care services to the vast majority of the HOP recipients.
- **Sara Hartstein** – They have had 14 cases of measles in Oregon. They have not seen any cases in Benton County yet, but they do have cases in Linn County. They are planning for a tri-county measles exercise working with OHA with initial response. OHA has a hot sheet with key communication materials. OHA has also released a wastewater dashboard – looking at wastewater across the state. They are encouraging families to get the MMR (measles, mumps, and rubella) vaccine.
- **Dr. Robert Fallows** – On May 7, 2026, at 3:30 p.m. there will be a ribbon cutting/open house event at Samaritan Behavioral Health & Recovery Clinic in Lebanon. The clinic is located at 100 Mullins Dr, STE. C1, Lebanon, OR 97355. The clinic will offer services around behavioral health, primary care, and recovery and will collaborate with community organizations to provide holistic support.
- **Amy Young** – Happy National Public Health Week.

**Meetings:**

- The next meeting of the CCCWN Steering Committee is June 10, 2026, at 2:00 p.m. The meeting is virtual through Microsoft Teams.
- The CCCWN Spring Meeting is May 20, 2026, at 2:00 p.m. at the Center for Health Education in Newport. This will be a Hybrid meeting – both in-person and virtual.

**Gratitude Moment:**

Members shared a gratitude moment.

- **Dr. Robert Fallows** – Expressed gratitude to Mary Landis for all her work and leadership with Samaritan. Others expressed gratitude to Mary Landis as well.

**Adjourn:**

With no further business to discuss, the meeting adjourned at 3:00 p.m.

**Respectfully Submitted,**

Shelley Hazelton

Grants and Sponsored Programs

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