



Linn, Benton, Lincoln Partners for Health (Partners for Health)
Virtual through Microsoft Teams
1:00 p.m. – 1:55 p.m.
June 9, 2026
Meeting Summary

Participants: Luis Acosta, Marina Cassandra, Jeannie Davis, Ed.D., Misha Mayers, Jolynn Meza Wynkoop, Sommer McLeish, Thien Nguyen, Shannon Rose, Jacob Stewart, Kacey Urrutia, Mary Zelinka, and Shelley Hazelton

Welcome:

Dr. Jeannie Davis welcomed everyone to the meeting and led introductions.

Meeting Minutes:

The committee reviewed the minutes from the May 12, 2026, meeting of the Linn, Benton, Lincoln Partners for Health Coalition. **Shannon Rose moved to approve the meeting minutes as presented, with Mary Zelinka seconding. Members present unanimously approved the motion.**

Health Resources and Services Administration (HRSA) Grant - Addressing Violence in Rural Oregon Communities (AVIROC) Update:

Sommer McLeish reported on the Addressing Violence in Rural Oregon Communities Grant.

- Acosta Services continues to implement Action Plan deliverables, increasing community trainings, tabling events, and distribution of prevention materials. Looking at youth programming and sustainability.
- Center Against Rape and Domestic Violence (CARDV) social media campaign continues, school presentations pause for summer break and providing resources at tabling events in rural Linn County.
- The new grant year starts on July 1, 2026.
- Sarah's Place provided a presentation last month and they are supporting staff with attending professional development trainings. Shared the training attended in April.
 - a. Attended (End Violence Against Women International) during the month of April. EVAWI is an organization that confronts interpersonal violence against adults and adolescents of all genders and specializes in trauma-informed responses. They focus on multidisciplinary training for health care providers, prosecutors, advocates, law enforcement, and others who respond to survivors. Their mission is to inspire and educate those who respond to gender-based violence, equipping them with the knowledge and tools they need to support victims and hold perpetrators accountable.

They promote victim-centered multidisciplinary collaboration, which strengthens the response of the criminal justice system, other professionals, allies, and the general public-making communities safer.

- Session- Trust Fall: Overcoming "Credibility Challenges" in sexual violence investigations - This session discussed what our professional and societal biases are surrounding victims of sexual assault and domestic violence. Most people in our society, when they think of a victim, imagine the "perfect" victim who is viewed as an "innocent", "pure", "good" person who resists the act of sexual violence in a way that is socially acceptable, reports to law enforcement immediately, and is not involved with the perpetrator. If these characteristics do not align with a victim, they are perceived not or less believable. In reality this is a myth, anyone can be a victim of gender-based violence and there is not a "perfect" way that someone responds to trauma, it is different for each person. Other common challenges victims encounter in their believability are having a substance use disorder, a criminal history, and any mental health diagnosis. It is important that we all learn and understand what our biases are. Biases are shaped by experience, cultural messages, and societal norms. They operate outside of our conscious awareness and impact on our perceptions and decisions. Bias can have an enormous impact on legal outcomes of cases for victims as well. They shared practical strategies to mitigate biases: Being mindful to counter bias, ongoing training and education, and collaboration with advocates. Also, by creating a survivor-centered approach which includes safety & basic needs, transparency, non-discriminating support, and choice/options. They also shared communication strategies:

- Effective Interview Techniques:
 1. Calm/comfortable environment.
 2. Humanize yourself.
 3. Open ended questions.
 4. Neutral language
- Active Listening & Validation:
 1. Leave space/time for their thought process.
 2. Patience with the answers.
 3. No room for judgement.
 4. Nonverbal indicators that you are listening.
 5. "Tell me more" responses.
- Recognizing trauma responses:
 1. Remember the "perfect victim" myth...their behavior may not be what you expect and that is normal.

Lastly, their Call to Action:

1. Recognize your own biases-challenge narratives that align with the "perfect" victim myth.
2. Develop interview techniques that are trauma informed. Your words and actions matter.
3. Counter "credibility challenges" with facts: vulnerable populations are at increased risk of sexual violence.

The very arguments used to cast doubt on these survivors are exactly why they need support as they navigate the system.

- Session-Empowering Safety in the Digital Era: Tackling Dating App-Facilitated Sexual Violence - This session discussed the use of dating apps to facilitate sexual violence. Any adult can create an online dating profile very easily. The sign-up process only requires a phone number and/or email address. There is no authentication of data provided. And people can easily use fake photos or AI-generated images. It is quite easy to bypass identity verification. There are supposed to have "safety" language requirements on the dating website, but it is general information that is given, they use tiny font, and do not require criminal background checks. There are no sexual assault reporting data being captured from sexual assault occurring from people who meet on these websites. Violent sexual assault predators use dating apps as hunting grounds. Statistically 1 in 3 women reported sexual assault from someone they met on a dating app. Of these women, 1 in 3 reports to law enforcement, 98% of these perpetrators will have no consequences and 37% have prior convictions. As a country, we need to move beyond safety guidelines, US current policies are not effective, they are only safety tips.
- Session-From Chemistry to Felony: The Dark Evolution of GHB - GHB (Gamma-Hydroxybutyrate) was first synthesized in the 1870's but not clinically explored. In the 1960's GHB was studied as an anesthetic/sedative for surgery and for during childbirth. It reliably produced sleep-it put people into a coma and was reversible. Misinformation begins in the late 1970's- GHB causes and increase release of growth hormone and the body builder community latches onto this. Later it was found that the increase in growth hormone was happening due to the body builders getting more sleep (the body builders would take the GHB at bedtime). In 1990 it was found that people were overdosing from GHB, so it was banned.
 - GHB levels:
 1. Low dose - patients feel euphoria, sociability, increased sex drive.
 2. Medium dose - patients feel drowsy, confused, ataxia, amnesia.
 3. High dose- rapid coma, respiratory depression, seizures, apnea, death.
 - Drug Facilitated Sexual Assault Timeline using GHB:
 1. 0-30 minutes - patients have a feeling of warmth, relaxation, euphoria, drowsiness.
 2. 20-60 minutes - patients feel sleepy, no balance, speech slurred, confusion, amnesia.
 3. 4-6 hours- coming off drug (effects taper off). Amnesia may continue for hours.
 - Chem Sex:
 1. Using drugs to enhance sexual experience.
 2. Use GHB/meth/ecstasy/MDMA/poppers/Viagra.

3. "PartynPlay" or "PNP", paid experiences with sex workers or recreational sex parties.

- Session- "Fight, Flight, Freeze" to "Survival Mode" and "Reflexes and Habits" (This is the session that will change my practice in how I think and teach about neurobiology of trauma). We need new concepts and language when we think about the neurobiology of trauma, need to get away from the F's (fight, flight, freeze, fawn). Problems with the F's- confuses physiology and behavior, many people do not fight or flight with sexual assault, and it assigns blame and shame to the victim if they respond differently (people think the Fs are the normal and only responses). What was purposed is a switch to Survival Mode which is the physiology of what is happening during a traumatic experience in the body and Reflexes & Habits which is the behavior that happens during a traumatic experience. The prefrontal cortex portion of our brain is used for executive function (attention, focus, reasoning, rational thoughts, moral response). The amygdala in our brain is our defense circuitry. It is always monitoring and searching for danger. The amygdala alters the function of the circuitry in the brain. The more severe the stress and fear the more the defense circuitry dominates-impairs the prefrontal cortex. This defense circuitry implements reflexes and indirectly triggers habit behaviors. The new language is Survival Mode (physiology) and Reflexes & Habits (behaviors).

Survival Reflexes in Sexual Assault. It is important to use the survivor's words!

- Detection freezing (everything stops).
- Mind goes blank, scanning, receptive mode.
- It tends to be a moment of transformation where reflexes/habits happen.
- Key moment is when attack is detected.
- No one decides their reflexes.
- If freezing does not happen, what type of behavior usually comes first?
 1. Common self-protection habits.
 - Polite and passive responses to dominate or aggressive people.
 - Polite and passive responses to unwanted sexual advances.
 - Hoping and pretending it is no big deal-trying to save face.

Reflexes:

- Habitual behaviors that worked previously.
- They can be old habits from trauma/abuse (childhood).
- Conditioned.
- Submission.

Tonic Immobility:

- Not the same as freezing.

- Freezing - Alert and immobile, but able to move once options arise in brain.
 - Tonic Immobility - Paralysis, cannot move or speak.
 1. Muscles are rigid.
 2. Caused by extreme fear, physical contact with perpetrator, restraint, perception of inescapability/
 3. Not uncommon in sexual and non-sexual assaults.
- Collapsed Immobility:
 - Physiological cause - Heart gets massive parasympathetic input, resulting in...
 1. Extreme decrease in heart rate and blood pressure.
 2. Faintness, "sleepiness," loss of consciousness/
 3. Loss of muscle tone-Collapsed, limp, etc.
- Dissociation:
 - Blanked/Spaced out, disconnected from body, autopilot.
 - Can do sexual things if experienced-on autopilot while dissociating.
- Examples of Reflexes and Habits:
 - Reflexes:
 1. Freezing- detection, shock, and no good choices.
 2. Extreme survival reflexes- tonic and collapsed immobility, dissociation.
 - Habits:
 1. Passive, Polite- from dating, from child abuse, from domination.
 2. Dissociative- autopilot, submission, sex acts while dissociating.
- Sommer McLeish noted that there are report deliverables with the AVIROC grant that are also due:
 - a. Sustainability/Business Plan – due in August.
 - b. Performance Improvement Measurement System (PIMS) report due in July.
 - c. Evaluation Plan – due in July.
- Planning for the media campaign – Year 4.
 - a. Looking at public service announcements, survivor’s stories, mini-trainings – watch video and answer questions.
 - b. Worked in the past with Kat and Company and AHM Brands. Done billboard and social media campaigns.
 - c. The media campaign will start July 1, 2026, and will focus on rural communities.
 - d. **Dr. Jeannie Davis** – The message for rural communities is different.
 - e. **Sommer McLeish** – In the beginning of our media campaigns we did rural messaging on billboards – “You are not alone” reminding people what happens in rural areas.
 - f. **Dr. Jeannie Davis** – Goes with “You Belong.” Learned more conversations need to occur.
 - g. Share information through Marketplace and Facebook.
 - h. **Sommer McLeish** – Have website and can update things and draw people toward the website. Social media has a big reach.
 - i. **Jolynn Meza Wynkoop** – Start or attend focus groups. Linn Together is a great group. Get feedback on what people think human trafficking is.

Working with the specific populations in Linn and Lincoln County is good. Can interview and ask questions.

- j. **Dr. Jeannie Davis** – Surveys are always good. She could send out to medical student population as well.
- Sommer McLeish noted that when we had the Violence Prevention combined summit in Lincoln City the year before, we had a keynote speaker from “In Our Backyard” and we got the teen resource guide on human trafficking. There is a person from “In Our Backyard” that does presentations in the community and schools for free. Would we be interested in having her come in August and give a presentation? It is about a 45-minute presentation. We can also collaborate and have her do additional presentations in Lincoln County and other places.
 - a. *Members present agreed to have the individual present at our August meeting and do additional presentations in the community.*

2026 Violence Prevention Summit Recap/2027 Summit:

Sommer McLeish asked members to provide a recap from the Violence Prevention Summit on May 21-22, 2026.

- **Dr. Jeannie Davis** – Thank you to Kacey Urrutia for providing the “welcome” on Friday. Noted that she prefers doing housekeeping type announcements. Kacey Urrutia was great. We could in the future produce “who we are and what we do” as an introduction for the “opening/welcome.”
 - a. She thinks the event was fabulous.
 - b. The chaplains were great.
 - c. The information presented was incredible.
 - d. Loved that we had everyone in the same room with the sessions.
 - e. The keynote was incredible Thursday evening and Friday. Thursday, attendance was low, but it was more intimate atmosphere and conversations. Look at how to market better. They also had the Chamber Ambassadors (Business After Hours) there at the Boys & Girls Club of Greater Santiam that Thursday evening.
- **Misha Mayers** – Chris Huffine was great. She appreciated the way he went about explaining things during his presentation. Brought her son Thursday evening. The speaker was great and integrated him into the conversation.
- **Kacey Urrutia** – Brought her daughter Thursday evening as well. It was nice to have a conversation with her after the event.
- **Dr. Jeannie Davis** – The kids were great and as mentioned included in conversations with the speaker on Thursday evening. It was nice to see this inclusion.
- **Sommer McLeish** – Do we want to pick a date for next year’s summit? We have tended to pick the Friday before Memorial Day in the past.
- Suggest another Friday rather than a day before the weekend of a holiday.
- April is Child Abuse/Sexual Assault Awareness Month. April or May would be good. To tie into a prevention month would make sense.
- **Kacey Urrutia** – There are local groups that do awareness during those months, look at pulling together people doing the work.
- **Sommer McLeish** – The 2027 Violence Prevention Summit will be in Lincoln County. Will aim for April 2027. Do we want to do the combined summit with Partners for Health?

Also, look more toward the end of April and could look to tie into the National Day of Awareness for Missing and Murdered Indigenous Persons (MMIP) on May 5th. Dates to consider could be April 23, 2027, or April 30, 2027.

- a. **Members agreed to have the combined summit.**
- b. **Members agreed to the date of April 30, 2027.**
- **Sommer McLeish** – Has reached out to the Performing Arts Center in Newport to get an estimate.
- **Kacey Urrutia** – Have we had options in the past to be virtual or combined virtual/in-person?
 - a. **Sommer McLeish** – During COVID had virtual only. Have had the hybrid option before with our PFH summit.
- **Jolynn Meza Wynkoop** – She could check with Salishan and see if that might be an option. The Hatfield Marine Science Center might be an option or having at one of the schools could be an option as well.
- Ideas for topics for the summit could include topics around child abuse, tie in Court Appointed Special Advocates (CASA), affordable housing, behavioral health.
 - a. Do we need to look at something specific to AVIROC?
 - b. Jackson Street Youth Services – They have always been great presenters in the past.
 - c. **Sommer McLeish** – There was a housing group out of Portland for youth and survivors. ***She can try to connect with them.***
 - d. Opioid addiction, housing, and behavioral health all time in together.
 - e. **Dr. Jeannie Davis** – Our Regional Mental Health/Substance Use Disorder Coalition reviews monthly overdose information. We also have law enforcement at our meetings reporting on overdoses as well. The Coalition discusses and tracks the overdoses, and the Samaritan Health Services overdose data shared shows overdoses by age and gender.
 - f. **Kacey Urrutia** – She and Sommer McLeish can get together and look at topics and review any additional topics that might be of interest.

Ideas for Future Meetings/Increasing Attendance:

Sommer McLeish led discussions around ideas for future meetings and increasing attendance.

- Having regular presentations can be a good way to increase attendance.
- Sommer McLeish noted that we will have the presentation in August from the presenter from “In Our Backyard.”
- Invite someone to present from the CARE Program (domestic violence program) through the Confederated Tribes of Siletz Indians and connect to Missing and Murdered Indigenous Women. It would be nice to have them come every year to inform and update us.
- **Kacey Urrutia** – She works with the Coast to Cascades Community Wellness Network as the Interim Director and works with the co-chairs of this group along with the chairs of Partners for Health and the Regional Mental Health/Substance Use Disorder Coalition. Will be looking at topics and ideas for funding. Thinks it is great this group wants to bring education to meetings and provide education out into our communities/region. If you have any further ideas for this group or ideas on how things are going, please let her know.

Additional Business/Announcements:

Members shared additional business/announcements.

- **Dr. Jeannie Davis** – With the medical school, will be having a high school summer camp on June 24, 2026.
 - a. The medical school graduation went well.
 - b. She will also be leaving for Paris on July 6, 2026, and traveling with the Lebanon High School International Club.
- **Misha Mayers** – Will be stepping away from current position and joining Oregon Health Authority. This is her last meeting with our group.
 - a. Members thanked Misha Mayers for being part of the group.
 - b. **Kacey Urrutia** – If there are any state level things that would align with the summit, please let us know.

Next Meeting:

Sommer McLeish noted that sometimes during the summer months we cancel a meeting. Do we want to look at cancelling the July meeting?

- ***Members present agreed to cancel the July meeting.***

The next meeting of Linn, Benton, Lincoln Partners for Health will be August 11, 2026.

Adjourn:

With no further business to discuss, the meeting adjourned at 1:55 p.m.

Respectfully Submitted,
 Shelley Hazelton
 Grants and Sponsored Programs

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