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**Tillamook County**

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Senate Committee on Early Childhood and Behavioral Health  
Oregon State Legislature  
900 Court Street NE  
Salem, OR 97301

Chair Reynolds, Vice Chair Anderson, members of the committee, for the record I'm Dusti Linnell, and I serve as an Associate Professor of Practice at Oregon State University in the Extension Family and Community Health Program and the College of Health. I am grateful to for the opportunity to testify about "Community Conversations about Behavioral Health," in which we convene communities in conversations about mental health and substance use. Others also refer to this as "Community Conversations about Mental Health," and that represents the same work.

I have served Tillamook and Lincoln Counties since 2016. Around 2019, I learned that mental health and substance use issues were a concern in our coastal communities. Agricultural workers in farming, fishing, and forestry have high risks for mental health challenges and substance use. They experience significant and chronic stress due to many factors, and these stressors can lead to depression, anxiety, suicide, and substance use disorder.

Our team has responded by developing programs to promote mental health, especially in our rural communities. One of those is "Community Conversations about Behavioral Health." It is a community planning model that brings together agencies across sectors, connecting behavioral health, healthcare, law enforcement, schools, elected officials, funders, and other stakeholders to have deep discussions about how to address challenges and improve behavioral health. The process involves four sessions, where participants consider local health data; they build a map to visualize the whole system from prevention to treatment to recovery; they assess strengths and gaps in the system; and then they work together to prioritize needs and solutions, culminating in a written action plan.

Our first "Community Conversation about Behavioral Health" took place in Tillamook County in 2021. There were tangible and significant outcomes of that work. To put it into context, these conversations were held at a time when new funding was becoming available through Behavioral Health Resources Networks and Opioid Settlement Funds. To say the timing was good is an understatement. By having action plans and ready-to-go priorities, the partners had a road map for using those funds. Since then, organizations in Tillamook County have brought in more than three million dollars toward their action plan, including expanding care services, building a new homeless shelter, creating new housing for people in recovery from substance use disorder, and bolstering the behavioral health workforce. Four years later, the action plan is still being used. For example, OUR Tillamook, an opioid response coalition, recently used the action plan as a foundation to inform their new strategic plan.

The work in Tillamook County is just one example of our "Community Conversations." We have completed a total of five in Columbia, Malheur, Tillamook, Union, and Umatilla Counties. These communities now have a shared understanding of the local situation, including the resources that exist and those that are missing. They have more knowledge of one another's roles and responsibilities and stronger working relationships. They have increased knowledge about evidence-based practices that can address their needs. They also have action plans that can be followed to address gaps and implement innovative practices.

We also know that there are more communities who need support to increase cross-sector relationships and develop shared action plans, so we are training others to implement “Community Conversations about Behavioral Health.” We have developed a comprehensive facilitator toolkit and are providing trainings through webinars and workshops. For example, in October last year I trained 12 individuals participating in the Oregon Center of Excellence in Behavioral Health and Aging Leadership Academy. Now 12 more people are equipped to help communities across Oregon.

I would like to share a few reasons why I believe we have been effective in this work. First, our missions at the OSU Extension Service and in the College of Health are to improve the health of Oregonians and help them thrive. Because we have faculty located within communities across Oregon, we are able to learn about local health issues and respond quickly with our resources for education, research, and technical assistance. Second, we are trusted in the communities we serve, especially in our rural communities. We have built strong partnerships because of our work in health, agriculture, forestry, 4-H, and other programs. Having those partnerships are key to doing cross-sector work that can improve the health for whole communities. It also means that we can help our behavioral health and health sector partners connect to audiences that can be harder to reach.

In conclusion, I would also like to thank you again for the opportunity to testify in support of Senate Bill 920. I would like to ask for your support of Senate Bill 779, which supports the Agristress Helpline for Oregon, and Senate Bill 2408, which funds the OSU Extension Service and Family and Community Health program.

Sincerely,

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