

Community Health Implementation Strategy

Good Samaritan Regional Medical Center



Samaritan
Health Services



Good Samaritan Regional Medical Center

Community Health Implementation Strategy 2026–2028

Mission: Building Healthier Communities Together

Values: Passion, Respect, Integrity, Dedication and Excellence

Adopted by Good Samaritan Regional Medical Center Board of Directors on April 28, 2026

To request a copy of this report or to share feedback, please email communityhealth@samhealth.org



Table of Contents

- Executive Summary 4
- Acronyms 4
- Introduction 5
 - Organization Mission, Vision & Values 5
 - Community Profile 5
- Implementation Strategy Process 5
 - Prioritized List of Significant Health Needs 6
 - Table 1. Regional CHIP Priority Areas and Goals 6
- Community Health Implementation Strategies7
 - Table 2. Strategies to Address Access to Affordable Housing..... 8
 - Table 3. Strategies to Address Access to Quality Care 9
 - Table 4. Strategies to Address Access to Behavioral Health10
 - Table 5. Strategies to Address IDARE11
- Conclusion11



Executive Summary

Good Samaritan Regional Medical Center (GSRMC), a nonprofit hospital affiliated with Samaritan Health Services (SHS), completed this 2026-2028 Community Health Implementation Strategy (CHIS) to respond to the community health needs identified in the 2026-2028 Community Health Needs Assessment (CHNA) (available online at <https://samhealth.org/about-samaritan/community-benefit-initiatives/community-benefit-and-grants/community-benefit-health-assessments>). This CHIS fulfills IRS 501(r)(3) requirements and provides a framework for responding to the most pressing needs in the community. The CHIS was developed in collaboration with Samaritan’s other hospitals (Samaritan Albany General Hospital in Albany, Samaritan Lebanon Community Hospital in Lebanon, Samaritan North Lincoln Hospital in Lincoln City and Samaritan Pacific Communities Hospital in Newport).

Acronyms

Acronyms are used widely in health care. To aid in readability, below is a list of commonly used acronyms found throughout this document.

CBAC	Community Benefit Advisory Committee
CHIS	Community Health Implementation Strategy
CHNA	Community Health Needs Assessment
GSRMC	Good Samaritan Regional Medical Center
IDARE	Inclusion, Diversity, Anti-Racism, Equity
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
R-CHIP	Regional Community Health Improvement Plan
SMG	Samaritan Medical Group
SHS	Samaritan Health Services



Introduction

This Community Health Implementation Strategy (CHIS) for Good Samaritan Regional Medical Center (GSRMC) will guide hospital and system-based community benefit work for the next three years (2026–2028). Using the 2026–2028 Community Health Needs Assessment (CHNA) as a launching point, the CHIS outlines current and planned hospital strategies along with community partnerships to address the identified community health needs: access to affordable housing, access to quality care, behavioral health, and inclusion, diversity, anti-racism and equity (IDARE).

Samaritan Health Services' Mission, Vision and Values

- Our Mission: Building Healthier Communities Together
- Our Vision: Serving Our Communities With PRIDE
- Our Values: Passion, Respect, Integrity, Dedication, Excellence

Community Profile

Good Samaritan Regional Medical Center (GSRMC) serves a diverse tri-county region that spans rural, coastal and university communities across Benton, Lincoln and Linn counties. Although each county has distinct geographic, economic and demographic characteristics, residents across the region experience shared challenges related to housing affordability, behavioral health workforce shortages, transportation barriers and rising costs of basic needs.

The [2022 Regional Health Assessment](#) highlighted overlapping disparities affecting rural households, communities of color, people with disabilities and low-income families, as well as widespread concerns about access to timely medical, dental and behavioral health services.

Implementation Strategy Process

GSRMC's CHIS was developed through stakeholder engagement and leadership insight. Input was gathered from the Patient & Family Advisory Councils (PFACs) at each SHS facility to ensure the lived experience of patients and families were considered. Input was



also gathered from the systemwide Community Benefit Advisory Committee (CBAC) which consists of SHS senior executives, hospital CEOs and community representatives from SHS entities’ board of directors. In addition, interviews with key hospital leaders provided strategic, operational and clinical perspectives to align with community needs.

Prioritized List of Significant Health Needs

Four priority areas emerged through the CHNA data review and community input process. These priorities are in alignment with the Regional Community Health Improvement Plan (R-CHIP) priorities which promote coordination and collective impact across many organizations in our communities. The R-CHIP was published in early 2025 by the Partnership for Community Health (PCH) of Linn, Benton & Lincoln Counties. The PCH is a multiagency collaborative of local public health authorities, health systems and key partners committed to improving community health in the region. The full R-CHIP report can be found on the PCH website at <https://www.lblpartnershipforhealth.org/>. The priority areas and goals are shown in Table 1.

Table 1. Regional CHIP Priority Areas and Goals

Priority Area	Goals
Access to Affordable Housing	<ul style="list-style-type: none"> • Expand the availability of brick-and-mortar shelter, transitional and/or permanent housing units by developing, acquiring or securing properties across Linn, Benton and Lincoln counties. • Expand and sustainably fund supportive services for shelter, transitional and/or permanent housing. • Improve data across the spectrum of shelter and housing providers to help create future progress measures and inform planning.
Access to Quality Care	<ul style="list-style-type: none"> • Grow the regional health care workforce in innovative, supportive and sustainable ways. • Reduce barriers to Oregon Health Plan enrollment and the use of benefits. • Ensure that care is timely, local and empowering.
Behavioral Health	<ul style="list-style-type: none"> • Use a person-centered, culturally responsive and trauma-informed approach to behavioral health promotion and



	<p>destigmatization through education, communication and engagement.</p> <ul style="list-style-type: none"> • Increase access to responsive, transformative behavioral health services and supports that are culturally and linguistically appropriate. • Develop and improve a comprehensive continuum of care that integrates regional behavioral health systems and community-based organizations (CBOs) using a person-centered and community-focused approach.
<p>Inclusion, Diversity, Anti-Racism and Equity (IDARE)</p>	<ul style="list-style-type: none"> • Change systems, remove barriers, nurture equity and improve well-being. • Increase inclusion, diversity, anti-racism and equity (IDARE) and gender justice education and accountability measures in the system of services. • Improve the process of collecting, using and sharing data by creating a data task force.

Community Health Implementation Strategies

The following tables outline GSRMC and SHS’s plans and collaborative partnerships to address the most pressing needs in the community. The timeframe for all strategies is 2026–2028, consistent with this CHIS cycle.



Table 2. Strategies to Address Access to Affordable Housing

Strategy	Collaborative Partner
Support community-based organizations working to improve housing access through Social Accountability grants.	SHS CBAC
Expand respite and recuperative care and other housing solutions to ensure safe discharge for patients in need.	SHS Care Hub
Deliver homeless outreach services (supplies, resource referral, etc.) to vulnerable community members.	SHS Care Hub
Support the Mario Pastega House, located on the GSRMC campus, housing and family support for Samaritan patients, their families and community members needing overnight accommodation while receiving care.	SHS Foundations
Host the Patient Support Program, providing financial assistance for housing-related expenses to reduce barriers to health and promote healing.	SHS Foundations
Provide support for IHN-CCO Delivery System Transformation pilot projects that promote housing access.	IHN-CCO
Improve utilization of Connect Oregon (Unite Us), an electronic closed loop referral system between community and clinical services, to improve housing access.	SHS & IHN-CCO



Table 3. Strategies to Address Access to Quality Care

Strategy	Collaborative Partner
Support community-based organizations working to improve access to care, through Social Accountability grants.	SHS CBAC
<p>Continue implementing SMG Primary Care’s strategic plan to increase access to care by optimizing people, processes and technology, including the following:</p> <ul style="list-style-type: none"> • Partner with SHS residency programs to recruit and retain clinicians. • Build policies and procedures for optimizing the roles of clinic support staff regarding in-basket management, preventive care and value-based metric capture. • Leverage AI scribe programs and bolster ongoing training and education opportunities for clinicians. • Support the deployment of additional Epic self-service tools to improve patient experience. 	SHS SMG
Reduce medical and social barriers to care by improving care and coordination services for vulnerable patients.	SHS Care Hub
Improve health care access and utilization for underserved and marginalized populations, through the expansion of clinical services available in the community.	SHS Mobile Care Clinics and Street Medicine teams
Improve access to health education workshops and resources by supporting the Regional Health Education Hub.	SHS Health Education
Ensure timely and coordinated referrals to health and social services through improved utilization of Connect Oregon (Unite Us), the electronic closed loop referral system between community and clinical services.	IHN-CCO
Provide support for IHN-CCO Delivery System Transformation pilot projects that aim to improve access to care.	IHN-CCO



Table 4. Strategies to Address Access to Behavioral Health

Strategy	Collaborative Partner
Support community-based organizations working to improve behavioral health, through Social Accountability grants.	SHS CBAC
<p>Improve treatment options for community members with serious mental illness, substance use disorders and complex medical conditions through the following efforts:</p> <ul style="list-style-type: none"> • Supporting the growth of the Samaritan Treatment & Recovery Services substance abuse disorder treatment and recovery program, including expansion of services in Lincoln County. • Supporting the Behavioral Health & Recovery Clinic in Lebanon to provide integrated behavioral health, primary care, and addiction medicine services • Evaluating options for sustainability of inpatient addiction medicine consult services 	SHS & SMG
Support the Regional Behavioral Health Strategy Committee in addressing barriers to accessing behavioral health services by collaborating within the Samaritan system as well as with county health departments and community partners.	SMG & IHN-CCO
Provide support for IHN-CCO Delivery System Transformation pilot projects that improve access to behavioral health services.	IHN-CCO
Expand and improve use of Connect Oregon (Unite Us), the electronic closed loop referral platform, to ensure timely, coordinated referrals to behavioral health services.	IHN-CCO



Table 5. Strategies to Address Inclusion, Diversity, Anti-Racism and Equity

Strategy	Collaborative Partner
Support community-based organizations working to improve IDARE, through Social Accountability grants.	SHS CBAC
Sustain a systemwide approach to enhancing and integrating well-being and belonging initiatives to ensure all staff feel supported, valued and included.	SHS Alliance for Belonging Council
Improve communication and patient experience through the expansion of culturally and linguistically appropriate language access services across hospitals and clinics.	SHS & SMG
Improve utilization of Connect Oregon (Unite Us), the electronic closed loop referral system between community and clinical services to improve access to inclusive and equitable support services.	IHN-CCO
Provide support for IHN-CCO Delivery System Transformation pilot projects that address IDARE.	IHN-CCO

Conclusion

This CHIS reflects GSRMC’s and SHS’s commitment to prioritizing the health and well-being of the communities we serve. We are dedicated to transparency, accountability and continuous improvement as we strive to create lasting, positive impact in our communities. Through collaboration with community partners, patients and families, we will continue to implement and refine these strategies over time. Some community health needs fall outside GSRMC’s capacity or are best addressed by other sectors. For these needs, GSRMC and SHS will collaborate with community partners to support thoughtful, sustainable implementation strategies to promote health and well-being, reduce health disparities and strengthen systems that improve access to care for all residents.