



Coast to Cascades Community Wellness Network
STEERING COMMITTEE
February 11, 2026 / 2:00 p.m. to 3:00 p.m.
Virtual - Microsoft Teams Meeting

AGENDA

Topics	Disposition	Lead
I. Welcome <ul style="list-style-type: none"> ▪ Safety/Reliability Moment 		Dr. Robert Fallows
II. Meeting Summary <ul style="list-style-type: none"> ▪ December 10, 2025 	Approve	Ryan Combs
III. Federal and State Grant Reports (Consent) <ul style="list-style-type: none"> a. HRSA Grant – Addressing Violence in Rural Oregon Communities “AVIROC” <ul style="list-style-type: none"> ▪ Written Report b. HRSA Grant – Project Nurturing Empowerment, eXcellence and Transformation for Youth “Project NEXT” <ul style="list-style-type: none"> ▪ Grant Activities ▪ Assessment Plan 	Approve	Sommer McLeish
IV. Community Health Improvement Plan Update <ul style="list-style-type: none"> a. Focus on Behavioral Health Priority Area 	Information	Amy Young/Sara Herd
V. Overview of CCCWN, Steering Committee, and Regional Coalitions	Discussion	Nike Neuenheim
VI. Defining the CCCWN’s Focus: Prevention-Focused vs. Treatment-Focused	Information	Ryan Combs
VII. Behavioral Health Resource Networks “BHRN” <ul style="list-style-type: none"> a. Update on BHRN Funding Reduction b. Linn County BHRN Updates c. County BHRN Updates 	Information	Nike Neuenheim
	Information	Thien Nguyen Counties
VIII. Member Updates	Information	All
IX. Next Meeting – April 8, 2026		
X. Gratitude Moment/Adjourn:		Dr. Robert Fallows

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**Coast to Cascades Community Wellness Network (CCCWN)
Steering Committee
Held Virtually - Microsoft Teams
2:00 p.m. – 3:00 p.m.
December 10, 2025
Meeting Summary**

Attendance-Members:

Ryan Combs, Jeannie Davis, Ed.D., Wendy Hausotter, Linda Mann, Traci Sackett, Amy Young

Attendance-Staff:

Paulina Kaiser, Heidi May-Stoulil, Sommer McLeish, Jolynn Meza Wynkoop, Nike Neuenheim, Thien Nguyen, and Shelley Hazelton

Welcome:

Ryan Combs called the meeting to order and welcomed everyone.

Safety and Reliability Moment:

Attendees shared a safety/reliability moment.

- Heidi May-Stoulil wanted to remind people that Samaritan Health Services (SHS) has a no gift policy in reference to accepting gifts from patients. She shared a recent story of a patient bringing in a gift for a staff member.

Meeting Summary:

Committee members reviewed the meeting minutes from the October 8, 2025, CCCWN Steering Committee meeting. **Wendy Hausotter moved to approve the meeting minutes as presented, and Dr. Jeannie Davis seconded. The motion passed unanimously, with all 6 voting members, representing 6 different agencies, approving.**

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 noted the following highlights of the grant.

- Collaborating with a consultant for maintenance and update of the CCCWN website.
- Finished the Partner Toolkit, updated with Spanish translation. Will add this to the website soon. It will be available for anyone to download.
- The Violence Prevention Summit will be on May 22, 2026, with a family presentation option at the Boys & Girls Club of Greater Santiam in Lebanon on May 21, 2026.

The theme will be around *Strengthening Allyship for Violence Prevention*. Hoping to also have an interactive healing arts session.

- Finished the Teen Resource Guide, which we will have translated to Spanish and is in the final formatting stages for printing. There will be an English and a Spanish version with a QR code sticker to redirect people to the CCCWN website.
- **Work Plan deliverable** – Develop and implement data tools to track incidence of human trafficking identified by participating agencies in Lincoln and east Linn Counties. At the January 13, 2026, Linn, Benton, Lincoln Partners for Health meeting, Coleman Tanner, TA, Georgia Health Policy Center, will be available to help us complete a ‘Behavior Over Time’ activity.

Wendy Hausotter moved to approve the HRSA AVIROC Grant and Work Plan highlights as presented, with Dr. Jeannie Davis seconding. The motion passed unanimously, with all 6 voting members, representing 6 different agencies, approving.

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

Jolynn Meza Wynkoop reported that she is the new Project Director for the HRSA Project NEXT Grant and noted that she presented at the last full CCCWN meeting regarding the grant.

- The grant will increase access to behavioral health and well-being of youth and young adults and increase access to behavioral health services.
- We are still waiting to get a new updated Notice of Award from HRSA. We had to do updates to the Work Plan and budget. Waiting to hear from HRSA before we can spend funds.
- Currently following up with partners on the grant – Lincoln County Health and Human Services, Samaritan Treatment and Recovery Services-Newport, and Lincoln County Department of Justice.

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

Amy Young provided a Regional CHIP update.

- The Partnership for Community Health (PCH) Steering Committee has been looking at the goals/strategies and overall mission and looking at the focus area – Access to Quality Care, with Medicaid access. With climate and current administration there may be issues that affect the priorities. Leadership at the County Health Departments are looking at supports for those at risk with Medicaid as well as the InterCommunity Health Network-Coordinated Care Organization (IHN-CCO) is looking as well.
- Have had conversations with Nike Neuenheim and working to repurpose and look at collaboration with PCH and the CCCWN and how we align the Regional CHIP goals and priorities with the CCCWN.
- There is internal tracking and planning and looking at planning for the next assessment. 2026 will be a planning year, especially as it related to community engagement along with mindful resources and band width.

CCCWN and CCCWN Steering Committee Roster, Quorum, Draft Strategic Planning Document:

Nike Neuenheim led discussion around the CCCWN Steering Committee roster, quorum, and draft Strategic Planning document.

- We are looking at actively engaging the consortium and one of the functions is the oversight of the HRSA grants and addressing projects that help address health in our region.

- Have had discussions with Dr. Robert Fallows and Ryan Combs on the roster, attendance, and what constitutes a forum.
- Will be reaching out to members to see what their experience is serving on the CCCWN Steering Committee and ways which we could further define their roles/make it more impactful while still meeting grant requirements.
- The CCCWN Steering Committee noted the CCCWN Charter distributed in the agenda packet prior to the meeting.
 - a. Indicates that members of the CCCWN will actively participate in CCCWN and Steering Committee meetings.
 - b. We could revise the Charter and add additional language to include attendance requirements – CCCWN Steering Committee members or designated alternates must attend at least 75% of the bi-monthly meetings. Proposed update: Steering Committee members, or their designated alternates, shall attend 75% of annual meetings (i.e., four of six meetings).
 - c. The Charter outlines the roles and responsibilities.
- **Nike Neuenheim** - Do we want to keep the CCCWN Steering Committee at 14 members and she will then meet one-on-one with committee members with the goal of making the meetings more impactful?
 - a. **Wendy Hausotter** – Has been on the CCCWN and CCCWN Steering Committee for a while. Sometimes gets confused on both. Like the idea of keeping at 14. Thinks it is critical to do the one-on-one meetings and ask people if they want to continue with the group. Staff is the thread that holds the group together. It would be nice to see a flow chart of who is in each group. It would be helpful to have an orientation on the committee, what has the committee done, goals, and to be able to come into the group with context.
 - b. **Nike Neuenheim** – Does like the idea of a flow chart and orientation for new members.
 - c. **Jolynn Meza Wynkoop** – CCCWN website - Some of the information we are covering is located here: <https://cccwn.org/about-us/> - Some of the content does need to be updated. Has an organization structure chart.
- **Traci Sackett** – Agrees with everyone. Is the interim director for Lincoln County Health and Human Services. The new director will start in January. Feels like communication is key for new members.
- **Nike Neuenheim:**
 - a. Currently, the CCCWN Steering Committee has 14 voting members and the CCCWN larger network has 24 voting members.
 - b. Discussed with Ryan Combs and Dr. Robert Fallows on a quorum for the CCCWN meetings and CCCWN Steering Committee meetings. Proposed the following:

Quorum for 2026 Calendar Year:

 - CCCWN (larger Network): 8 members required for quorum.
 - CCCWN Steering Committee: 5 members required for quorum.

Quorum for 2027 Calendar Year:

 - CCCWN (larger Network): 12 members required for quorum.
 - CCCWN Steering Committee: 7 members required for quorum.

Quorum for 2028 Calendar Year:

 - CCCWN (larger Network): 15 members required for quorum.
 - CCCWN Steering Committee: 8 members required for quorum.
 - c. **Wendy Hausotter** – This makes sense.
 - d. **Sommer McLeish** – What happens if there is not a quorum?

- e. **Nike Neuvenheim** – Items that need vote would move to subsequent meetings or could send out an email vote and would add language to the Charter.
- **Draft Strategic Planning Document:**
 - a. Noted the draft Strategic Planning document.
 - b. Nike Neuvenheim noted that we initiated the planning document in 2024. The larger CCCWN network met on May 15, 2024, with two TA’s out of the Georgia Health Policy Center to walk the Network through the Strategic Plan. We reviewed a draft copy of the plan at the November 6, 2024, CCCWN meeting. We then mentioned the draft form again at the May 5, 2025, meeting.
 - c. The CCCWN Strategic Planning document identifies four key priority areas that will guide the Network’s work over the next three years, including Workforce Development; Diversity, Equity, and Inclusion; Mental and Behavioral Health; and Substance Use Disorder (SUD). This document also aligns CCCWN goals and recommendations with strategies outlined within the Regional Community Health Improvement Plan for Linn, Benton, Lincoln Counties (2024-2028).
 - d. How would we like to proceed with this document, and does it need further review?
 - e. **Ryan Combs** – Do we want a subcommittee/work group to review and finalize this document initiated in 2024?
- **Nike Neuvenheim** – *Will summarize and bring questions via email to the CCCWN Steering Committee in reference to the CCCWN and CCCWN Steering Committee roster, quorum, draft Strategic Planning document.*

Coalition Updates:

Members provided Coalition updates.

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

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

- Noted that she is the Chair for the Regional Mental Health/SUD Coalition and became the Chair in April of 2025.
- The Coalition meets monthly for one hour, and we have standing agenda items such as the review of meeting minutes, grant reports, and SHS SUD reports, law enforcement overdose reports, and updates from the Behavioral Health Resource Networks. Have been starting to bring in presenter as well.
- Looking at making the Coalition more engaging. Have been having presentations lately at the monthly meetings.

Linn, Benton, Lincoln Partners for Health:

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

- The Coalition meets monthly.
- We merged the yearly summit with Sommer McLeish’s AVIROC - Violence Prevention Summit over the last couple of years. As Sommer McLeish mentioned the summit in 2026 will be on May 22, 2026, at Samaritan Lebanon Hospital from 9:00 a.m. – 3:00 p.m. We will hold a dinner meeting with a keynote speaker the day prior on May 21, 2026. The same keynote speaker will present at both events. There will be three workshops on May 22, 2026, and instead of a panel, the group agreed to have an interactive healings arts type session. There is a “Save the Date flyer.” Registration will be available soon through Eventbrite.

Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition):

Nike Neuenheim reported on the Regional Oral Health Coalition.

- The recent Oral Health Co-Location grant has ended.
- The Regional Oral Health Coalition has been meeting quarterly with the local Oral Health Coalitions and is reviewing its membership and overall direction to ensure its efforts continue to be effective and responsive to regional oral health needs. On November 24, 2025, we sent out an email requesting input on the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon. The email asked the following questions of the Coalition:
 - a. What would encourage you or your organization to be more actively involved in the Coalition?
 - b. Do you feel there is still a unique role for the Coalition, or is this work being addressed by other groups in the region?
 - c. How should the Coalition evolve to best support regional oral health priorities (e.g., continue, restructure, merge with another group)?
 - d. Are there specific projects, programs, or partnerships you would like the Coalition to support or facilitate (e.g., grant funding, advocacy, data sharing)?
 - e. How would you prefer to engage with the Coalition (e.g., email updates, virtual meetings, in-person gatherings, work groups)?
 - f. Are there obstacles (e.g., staffing, funding, access issues) that make participation difficult, and how could the Coalition help address them?
 - g. Do you have any other suggestions to strengthen the Coalition, increase participation, or improve impact in the region?
- We received around four responses back from the email. There are currently no HRSA requirement related to continuing with the Coalition.
- **Linda Mann** – Was not surprised on the lack of engagement with this group. Has seen a decline in attendance and engagement over the last few years. Maybe look at pausing and if topics or future grants come up we can reengage the Coalition.
- **Nike Neuenheim** – *Will have further internal conversations around this and bring back the outcome to the next Steering Committee meeting.*

Behavioral Health Resource Networks (BHRN) Update:

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

- **Thien Nguyen – Linn County:**
 - a. C.H.A.N.C.E (Communities Helping All Negotiate Change Effectively) will be reopening their Lebanon office in January 2026.
 - b. Family Tree Relief Nursery:
 - Are celebrating the first round of graduation for their Substance Use Disorder Nurturing Parenting Class.
 - Will be opening a food bank starting in January 2026.
 - Their January Peer Support Specialist training is now full, with the next class coming in July 2026.
 - c. David Hickerson has retired from Emergence Addiction and Behavioral Therapies. They have hired a new director.

Lincoln County:

- a. Samaritan Treatment and Recovery Services (STARS)-Newport – Looking to hire CADC's (Certified Alcohol and Drug Counselors).

Other Member Updates:

Members provided updates.

- **Linda Mann** – Does this Coalition or any partners plan to apply for the Rural Health Transformation Program? Capitol Dental Care would love to partner with someone on this.
 - a. **Ryan Combs** – Feels like someone from Samaritan Health Services (SHS) was going to submit for this.
 - b. **Nike Neuenheim** – Had initial conversations on this and spoke to Amy Young as well. Not sure if anyone from SHS has submitted anything.
 - c. **Amy Young** – The official Request for Proposal has not opened yet. Believes it will be February. Did discuss at the Partnership for Community Health Steering Committee. There was a non-binding survey that went out. ***Will look for a direct contact and forward to Linda Mann.***
 - d. **Paulina Kaiser** – Does not believe that SHS did submit to the non-binding survey. Will be discussing further.

2026 Meetings:

Discussion followed on 2026 meetings.

- Do we want to continue with Bi-monthly virtual CCCWN Steering Committee meetings on the second Wednesday beginning February 11, 2026, at 2:00 p.m.?
- Duration of the meetings – Do we want a 1-hour meeting or 1.5 hours?
- Proposed 2026 dates - 2/11/26, 4/8/26, 6/10/26, 8/12/26, 10/14/26, and 12/9/26.
- ***CCCWN Steering Committee members agreed to keep the same type of schedule as 2025 and as noted in the above bullet points for 2026.***

2026 CCCWN full Network meetings will be as follow:

- May 20, 2026 – 2:00 p.m. – 4:00 p.m. – Location to be determined and finalized.
- November 18, 2026 – 2:00 p.m. – 4:00 p.m. – Location to be determined and finalized.

Gratitude Moment:

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

- Linda Mann noted she was grateful it stopped raining.
- Dr. Davis noted she was grateful for the third-year medical students on campus.

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.)



Project NEXT
Nurturing Empowerment,
eXcellence, and Transformation
for Youth

Project Update - February 2026

Project Overview

Project Name	Nurturing Empowerment, eXcellence, and Transformation for Youth
Project Director	Jolynn Meza Wynkoop
Project Location	Lincoln County
Project Duration	4 years - Start date: 8/1/2025 End date: 7/31/2029
Project Partners	Samaritan North Lincoln Hospital/Project Director (PD), Samaritan Treatment and Recovery Services (STARS) - Newport, Lincoln County Community Justice (LCCJ), and Lincoln County Health and Human Services (LCHHS)

Project Updates

PD	STARS - Newport	LCCJ	LCHHS
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- Met with HRSA Outreach Grant Project Officer (Nkem Osian) and Technical Assistant (Alicia Casey-McCall) on October 29, November 25, and December 17, 2025 as well as January 7 and February 4, 2026.
- Attended FORHP Outreach Grantee Meetings on November 12 & 19, 2025.
- Had preliminary planning meetings with partners on December 5, 2025 (STARS), December 31, 2025 (LCCJ), January 6, 2026 (LCHHS), and January 22, 2026 (LCHHS & School District).
- Received NoA on January 7, 2026.
- Attended outreach event at Taft Elementary School on February 3 from 5-7PM. Interacted with families and youth and distributed age-appropriate educational books and SUD education brochures.

In the Works

- Subaward agreements will go out to partners soon.
- MHFA for Youth training in Lincoln County - Goal: train 25 adults who work with youth.
- Creating a calendar of outreach events to attend in Lincoln County.
- Researching resources for young adults/youth related to mental/behavioral health education.
- Ongoing partner meetings to plan for work plan activities.

Assessment Plan Deliverable

Grant Number: D04RH55103

Award Recipient Organization: Samaritan North Lincoln Hospital

Title of Grant Funded Project: Nurturing Empowerment, eXcellence and Transformation for Youth “Project NEXT”

Introduction

Project NEXT (Nurturing Empowerment, eXcellence and Transformation for Youth) **improves the behavioral health and well-being of youth and young adults in rural Lincoln County, Oregon**, by expanding the delivery of evidence-based behavioral health care services through a strong and actively engaged consortium. This initiative increases the availability of substance use disorder (SUD) and mental health condition (MHC) services through improved access and utilization, ultimately impacting health outcomes for youth and young adults across the region.

Project NEXT establishes the infrastructure to implement **four evidence-based strategies**:

- **Peer Support for SUD**, modified to serve youth and young adults as supported by the Substance Abuse and Mental Health Services Administration (SAMSHA), to increase access to SUD services early in addiction.
- **Peer Support for Mental Health**, modified to serve youth and young adults, to provide outreach and support for individuals experiencing a mental health crisis or with mental health conditions.
- **Botvin’s LifeSkills Training curriculum**, to provide SUD prevention education in high school classrooms.
- **Integration of Behavioral Health Services into the Primary Care Setting**, to increase access to mental health counseling services for youth and young adults.

Peer support services have been shown to provide essential support for individuals with SUD as well as individuals with MHCs. Peer Support workers with lived experience are relatable to individuals with SUD or MHCs and help de-stigmatize seeking care. They are also able to provide critical support through relapse and recovery. Outreach provided by the peer support specialist will bring support directly to youth and young adults where they gather, increasing accessibility of behavioral health services.

Botvin’s LifeSkills Training was selected for its affordability, ease of implementation in the classroom, and robust evidence base. The curriculum has been shown to significantly reduce tobacco, alcohol, and drug use among adolescents, with effects lasting up to five years. Once piloted, it is expected to be highly sustainable and scalable across the school district.

Integration of behavioral health services into the primary care setting was selected due to its ability to address two significant barriers to entering treatment. First, this integration will increase the number of counseling hours available for youth and young adults, mitigating the overall lack of available services. Secondly, it directly addresses the access barrier by integrating services into the school-based health centers at two local high schools allowing students to access care while at school, eliminating transportation and/or complicated scheduling challenges. Furthermore, the school-based health center is a location already familiar to students, increasing overall accessibility.

Summary of goals and objectives:

1. **Expand the delivery of accessible evidence-based behavioral health services** for youth and young adults in Lincoln County by July 31, 2029.
 - a. Increase access to behavioral health counseling through expanded integration into school-based health centers and increase access to peer support services for young adults with SUD and/or MHCs.

2. **Expand the delivery of behavioral health education and outreach** for youth and young adults in Lincoln County by July 31, 2029.
 - a. Provide Botvin’s LifeSkills Training curriculum in high need high schools and expand behavioral health outreach to youth and young adults.
3. **Expand access to safety net services and emergency housing** for youth and young adults in crisis in Lincoln County by July 31, 2029.
 - a. Increase access to shelter and safety net support services for youth and young adults.
4. **Develop and sustain innovative, multi-sectoral approaches** to ensure the continued availability of grant-developed services in Lincoln County by July 31, 2029.
 - a. Establish formal project infrastructure to meet deliverables and provide effective communication to key stakeholders and community members; identify and coordinate resources and funding to ensure services are sustained.

Project NEXT is implemented by a four-member consortium. Members include:

- Lincoln County Health and Human Services (Behavioral Health and Public Health)
- Lincoln County Community Justice, Youth Tides Shelter
- Samaritan North Lincoln Hospital, owned by parent organization Samaritan Health Services
- Samaritan Pacific Communities Hospital, Samaritan Treatment and Recovery Services (STARS) - Newport, both owned by the Pacific Communities Health District, a governmental entity. Pacific Communities Health District has entered into a long-term contract with Samaritan Health Services to operate the hospital and STARS - Newport.

Activities:

Accessible Behavioral Health Services: A 0.25 FTE Clinical Counselor/Qualified Mental Health Professional (QMHP) will provide counseling services in high-need high schools through LCHHS school-based health centers, with capacity to serve approximately eight youth (ages 12-18) per week.

A 0.50 FTE Peer Support Specialist will be trained to address the unique needs of teens and young adults with SUD and/or untreated MHCs. Spanish interpretation services will ensure accessibility for Spanish-speaking youth and young adults, a population that has historically experienced disparities in access and outcomes. The Peer Support Specialist will conduct outreach at a minimum of four community or school events per month.

The Peer Support Specialist will connect young adults (ages 18+) to SUD treatment at the new STARS-Newport center and youth under 18 to services at LCHHS. They will provide referrals to medical, behavioral health, dental, and social services, and will remain engaged with youth throughout treatment and recovery, including during relapse.

Both the Peer Support Specialist and Project Director will receive CALM and MHFA Youth training to support youth experiencing mental health crises. In Year 1, MHFA Youth training will also be offered to community adults, with a goal of training twenty-five individuals to strengthen community-wide support for youth mental health.

SUD Prevention Education: Currently, no SUD prevention education is provided in Lincoln County schools. Project NEXT will implement Botvin’s LifeSkills Training in high-need high schools identified through community input and school district collaboration. This ten-week curriculum addresses substance use, violence prevention, and other high-risk behaviors. It is expected to reach approximately 360 teens per year and will be piloted to inform district-wide implementation.

Safety net services and emergency housing: Resource navigation, emergency housing, and other safety net services will be provided to youth young adults ages 12-20 through Youth Tides Shelter. Youth Tides Shelter provides prevention, emergency shelter, and transitional living services. Services include screenings, education, assessments, and connections to outpatient treatment services for youth at risk for or experiencing homelessness, family conflict, runaway behavior, sexual exploitation, mental health disorders, and substance use or addiction. Youth Tides Shelter provides residents with a safe and healthy living environment for up to 12 youth where they can develop a path to reunify with family or supportive adults, learn skills for independent living and conflict resolution, and build self-esteem.

For youth and young adults outside of the Newport/Toledo area, emergency housing and support services will be provided at community organizations nearest where the youth or young adult is located. Some organizations will also be able to provide resource navigation and other support; where additional supports are less available, the Peer Support Specialist will support the youth or young adults in navigating necessary services.

The Project NEXT Project Director developed the first assessment planning draft. Utilizing the grant's program goals, objectives, and work plan, an initial draft was developed that addressed the key priorities of Project NEXT. After a draft was developed, the CCCWN Network Director reviewed the plan for accuracy and quality. They provided revisions and improvements to the draft. The assessment plan draft was then sent out via email to the Project NEXT consortium including Lincoln County Health and Human Services, Lincoln County Community Justice, and Samaritan Treatment and Recovery Services-Newport. The partners were presented with the opportunity to provide feedback and revisions ensuring that all assessment plan questions were in alignment with their organization's goals, objectives, timelines, and capabilities. After making final revisions, the assessment plan was sent to the Grants Administration Specialist within Samaritan Health Services to upload to the EHB.

Due to the delayed issuance of the Notice of Award (January 7, 2026) allowing us to expend grant funds, the Assessment Plan may require further refinement to ensure that strategies and performance indicators accurately align with and support program activities. As partners begin implementation, they may identify necessary adjustments or additions to strengthen the plan and ensure it reflects actual practice.

Assessment Questions

Goal 1: Behavioral Health Services Expansion

- Were clinical counselor(s) identified/hired to provide behavioral health intervention services to youth (ages 12-18) as intended? (type: process)
- To what extent did behavioral health intervention services increase for youth (ages 12-18)? (type: outcome)
- Was a peer support specialist identified/hired/onboarded to provide peer support services to young adults (ages 18-24) as intended? (type: process)
- To what extent did peer support services increase for young adults (ages 18-24)? (type: outcome)

Goal 2: Behavioral Health Education and Outreach

- Was a mental health intervention specialist identified/hired to provide Botvin's LifeSkills training in the high schools (10th grade) as intended? (type: process)
- How effective was the Botvin's LifeSkills curriculum in creating measurable change for youth (10th graders)? (type: outcome)

- Did the peer support specialist and project director collaborate to engage in outreach activities in the community as intended? (type: process)

Goal 3: Safety Net Services and Emergency Housing

- Was there an increase for youth and young adults (ages 12-24) in accessing shelter and safety net support services? (type: process)
- How did access to safety net services influence crisis outcomes for youth and young adults (ages 12-24)? (type: outcome)

Goal 4: Multi-Sectoral Coordination and Sustainability

- How effectively was the Project NEXT consortium established and maintained? (type: process)
- Did the consortium’s work improve the overall behavioral health system for youth and young adults (ages 12-24) in Lincoln County? (type: outcome)

Data Collection

Refer to the Data Collection Plan table in the Attachments section.

Data Analysis

Project NEXT will use a mixed-methods evaluation approach that integrates quantitative analysis of service delivery and outcome metrics with qualitative insights from youth and young adults, Project NEXT consortium members, and staff. Quantitative data (e.g., number of youth receiving counseling, number of youth receiving LifeSkills Training, outreach activities completed, emergency housing supports provided) will be summarized to identify trends over time, changes in service utilization, and progress toward project goals. Qualitative data – such as feedback from youth, young adults, school partners, and Project NEXT consortium members – will be analyzed thematically to understand implementation experiences, perceived impacts, and contextual factors influencing outcomes.

As data is collected mostly on a monthly schedule or as services are provided, Project NEXT partners will review the findings collaboratively. Regular data review meetings will be conducted by Project NEXT partners with key stakeholders, including the school district representatives, behavioral health providers, and youth-serving organizations. These sessions will help validate findings, identify emerging needs, and guide mid-course adjustments. Youth and young adults will be engaged through pre- and post-surveys, questionnaires, and be provided the opportunity to give feedback to ensure their perspectives inform program design and implementation. The Project NEXT consortium will review the synthesized data during monthly meetings to support strategic planning, sustainability efforts, and resource allocation.

These approaches for measuring data ensure that data interpretation is grounded in the perspectives from the target population (youth and young adults ages 12-24) and community partners. The approaches ensure transparency and provide an avenue for partners to have shared ownership over project deliverables.

Several potential limitations may affect the completeness or interpretation of Project NEXT data. Participation in services and feedback activities is voluntary, which may result in non-response or selection bias – particularly among youth experiencing elevated levels of instability or crisis. Data collected from the Project NEXT consortium may vary in consistency or completeness, especially during early implementation as new workflows are established and key personnel are identified, hired, and onboarded. Some outcome measures, such as

improvements in well-being or improvements to the overall behavioral health system, rely on self-reported data or organizational perception of the status of the system, which may be influenced by recall or personal perception.

Additionally, because Project NEXT operates in rural Lincoln County, factors such as workforce shortages, transportation barriers, and community crises can influence both service delivery and outcomes. Finally, the long-term impacts of prevention and early intervention activities may extend beyond the grant period, limiting the ability to fully capture downstream effects within the project timeline.

Communications/Utilization Plan

The Project NEXT consortium will meet quarterly to review collected data, including information gathered through email communication and standardized data-tracking forms. These meetings will provide structured opportunities to assess progress on work plan activities, review assessment plan findings, and engage in collaborative problem-solving when challenges or unexpected issues arise. The Project Director will work closely with consortium members, supported by the Regional Mental Health/Substance Use Disorder Coalition, the Coast to Cascades Community Wellness Network (CCCWN) Steering Committee, and the full CCCWN, to gather feedback, secure approval for key activities, and address emerging needs throughout implementation.

Assessment findings will be shared at bi-monthly CCCWN Steering Committee meetings and at full CCCWN meetings twice per year. These groups include experienced organizational leaders who routinely use data to guide continuous improvement efforts. Their feedback will help Project NEXT refine implementation strategies, strengthen partnerships, and ensure alignment with regional behavioral health priorities. Key project updates will also be posted on the CCCWN website, making information accessible to the broader community.

Project activities and outcomes will be communicated to youth, young adults, families, and community members through multiple outreach channels, including:

- Brochures and flyers distributed in locations where youth and young adults gather.
- Articles in Heart to Heart, a regional health magazine reaching 27,000 households.
- Articles in Samaritan Health Services' Well-Informed newsletter, distributed to 5,100 employees.

Sharing lessons learned is a core priority. The Project NEXT consortium aims to provide a replicable framework for other rural communities facing similar challenges in expanding youth behavioral health services. Ongoing feedback and evaluation at CCCWN meetings will support the development of a "lessons learned" section for our final report that will aid in helping other communities navigate practical and logistical barriers.

To further disseminate findings, the consortium plans to present Project NEXT implementation experiences at the Oregon Rural Health Conference in 2026, 2027, and 2028. Additionally, Project NEXT will collaborate with the Addressing Violence in Rural Oregon Communities (AVIROC) Regional Health Summit to deliver educational seminars on youth and young adult mental health in project Years 2 and 3.

Internally, data will be used to guide continuous quality improvement. Findings will inform adjustments to staffing, outreach strategies, training needs, and coordination processes across partner agencies. This ongoing feedback loop ensures that Project NEXT remains responsive to community needs and grounded in evidence throughout the grant period.

ATTACHMENTS

1. Reference Data Collection Plan (Table 1).

Data Collection Plan (Table 1.)						
Assessment Questions <i>What do we want to know about the program?</i>	Indicator(s) <i>How will we measure it?</i>	Data Source/ Instrument <i>From what data source or tool will you obtain the data?</i>	Methods <i>How will you collect/pull the data?</i>	Timeline <i>When will we collect the data?</i>	Individual(s) Responsible <i>Who will collect and report on the data?</i>	Desired Status/Goal for This Measure <i>What does success look like?</i>
Question Type <i>Process or Outcome?</i>						
Intervention/ Strategy	1. Behavioral Health Services Expansion					
Question: <i>Were clinical counselor(s) identified/hired to provide behavioral health intervention services to youth (ages 12-18) as intended?</i> Type: <i>Process</i>	<i>Number of clinical counselors identified/hired</i> <i>Start date of clinical counselor(s)</i> <i>School-based health centers served</i>	<i>Email communication</i>	<i>Email communication</i>	<i>Year 1 (Jan. 7, 2026 – Jul. 31, 2026) *</i> <i>*Updated Notice of Award issued on Jan. 7, 2026 allowing expenditures – project activities were delayed due to this.</i>	<i>Lincoln County Health and Human Services</i>	<i>Clinical counselor(s) hired and providing services to youth (ages 12-18) in the local high school school-based health centers</i>
Question: <i>To what extent did behavioral health intervention services increase for youth (ages 12-18)?</i> Type: <i>Outcome</i>	<i>Number of youth ages 12-18 (unduplicated) who received behavioral health intervention services</i> <i>Number of behavioral health intervention services provided</i> <i>Attendance rate for appointments (show rate for scheduled appointments)</i> <i>Number of referrals made</i> <i>Types of referrals made</i>	<i>Monthly reporting form</i>	<i>School-based health center records</i>	<i>Monthly</i>	<i>Lincoln County Health and Human Services</i>	<i>8 youth (ages 12-18) served monthly by the counselor</i>

<p>Question: Was a peer support specialist identified/hired/onboarded to provide peer support services to young adults (ages 18-24) as intended?</p> <p>Type: Process</p>	<p>Start date of peer support specialist</p> <p>Date peer support specialist completes Counseling on Access to Lethal Means (CALM) training</p> <p>Date peer support specialist completes Mental Health First Aid (MHFA) for youth training</p>	<p>Email communication</p>	<p>Email communication</p>	<p>Year 1 (Jan. 7, 2026 – Jul. 31, 2026) *</p> <p>*Updated Notice of Award issued on Jan. 7, 2026 allowing expenditures – project activities were delayed due to this.</p>	<p>Samaritan Treatment and Recovery Services-Newport</p>	<p>Peer support specialist hired/onboarded and providing services to young adults (ages 18-24) in the residential treatment facility</p>
<p>Question: To what extent did peer support services increase for young adults (ages 18-24)?</p> <p>Type: Outcome</p>	<p>Number of unduplicated young adults (ages 18-24) served</p> <p>Number of peer support services provided</p> <p>Attendance rate for appointments (show rate for scheduled appointments)</p> <p>Number of referrals made</p> <p>Types of referrals made</p>	<p>Monthly reporting form</p>	<p>EHR – Epic/peer support’s tracking method</p>	<p>Monthly</p>	<p>Samaritan Treatment and Recovery Services-Newport</p>	<p>Young adults served monthly by the peer support specialist</p>
<p>Intervention/ Strategy</p>	<p>2. Behavioral Health Education and Outreach</p>					
<p>Question: Was a mental health intervention specialist identified/hired to provide Botvin’s LifeSkills training in the high schools (10th grade) as intended?</p> <p>Type: Process</p>	<p>Start date of mental health intervention specialist</p> <p>Schools identified to implement curriculum</p> <p>Dates that curriculum will be implemented in the schools</p>	<p>Email communication</p>	<p>Email communication</p>	<p>Year 1 (Jan. 7, 2026 – Jul. 31, 2026) *</p> <p>*Updated Notice of Award issued on Jan. 7, 2026 allowing expenditures – project activities were delayed due to this.</p>	<p>Lincoln County Health and Human Services</p>	<p>Mental Health Intervention Specialist hired and providing Botvin’s Lifeskills training in the high schools (10th grade)</p>
<p>Question: How effective was the Botvin’s LifeSkills curriculum in creating measurable change for youth (10th graders)?</p>	<p>Number of students receiving curriculum and who attended required number of sessions</p>	<p>Tracking sheets</p> <p>Pre- & post-surveys</p>	<p>Mental health intervention specialist’s tracking method</p> <p>Mental health intervention</p>	<p>Once after each curriculum takes place</p> <p>Before and after each session</p>	<p>Lincoln County Health and Human Services</p>	<p>360 youth/year</p> <p>80% of high-school youth (10th graders)</p>

Type: Outcome	Self-reported by youth Teacher follow-up after curriculum is implemented	Survey	specialist surveys the youth before and after each session; data recorded in Excel Email communication	Once after the conclusion of the implementation of the curriculum		receiving the curriculum express improved self-management, social, and drug resistance skills Teacher expresses satisfaction with the curriculum and suggests that other classrooms receive the curriculum
Question: Did the peer support specialist and project director collaborate to engage in outreach activities in the community as intended? Type: Process	Number of meetings/dates Number of outreach activities planned for/dates Number and list of items purchased for outreach events Number of outreach events attended	Tracking sheets	Tracking sheets will be compiled between the peer support specialist and project director	After each outreach event, details will be added to the tracking sheet and monitored over time	Project Director, Samaritan Treatment and Recovery Services-Newport	Improved coordination of outreach activities Increased engagement during outreach activities for youth and young adults
Intervention/ Strategy	3. Safety Net Services and Emergency Housing					
Question: Was there an increase for youth and young adults (ages 12-24) in accessing shelter and safety net support services? Type: Process	Number of youth/young adults supported through resource navigation Number of youth/young adults supported through emergency housing Number of youth/young adults supported through basic needs services	Resource navigator and other key personnel tracking the data	Tracking spreadsheet	Monthly	Lincoln County Community Justice	Expanded access to shelter and safety net support services for youth and young adults
Question: How did access to safety net services influence crisis outcomes for youth and young adults (ages 12-24)?	Self-reported by youth and young adults	Questionnaire	Questionnaire given to youth/young adults accessing services	Quarterly	Lincoln County Community Justice	100% of youth report safety net services were helpful in assisting them during challenging times

Type: Outcome						
Intervention/ Strategy	4. Multi-Sectoral Coordination and Sustainability					
Question: How effectively was the Project NEXT consortium established and maintained? Type: Process	<i>Dates subawards signed by subawardees and/or contracts executed</i> <i>Number of meetings conducted/dates</i> <i>Number of reports developed</i> <i>Number of reports submitted</i>	<i>Internal files</i> <i>Meeting attendance records</i> <i>Internal files</i>	<i>Internal files</i> <i>Microsoft teams meeting records</i> <i>Internal files</i>	<i>After each contract is signed, meeting is conducted and report is submitted</i>	<i>Project Director</i>	<i>Established partnerships and infrastructure required to carry out services effectively</i>
Question: Did the consortium's work improve the overall behavioral health system for youth and young adults (ages 12-24) in Lincoln County? Type: Outcome	<i>Success stories/positive impacts/anecdotal data</i>	<i>Project NEXT Consortium: Lincoln County Health and Human Services, Lincoln County Community Justice and Samaritan Treatment and Recovery Services – Newport</i>	<i>Individual organization's records</i>	<i>Monthly</i>	<i>Lincoln County Health and Human Services, Lincoln County Community Justice, Samaritan Treatment and Recovery Services- Newport, Project Director</i>	<i>100% of youth and young adults (ages 12-24) engaging with Project-NEXT express a positive experience, interaction or service received.</i>