



HALL COUNTY COMMUNITY COLLABORATIVE

CHILD WELL-BEING INITIATIVES SIX MONTH EVALUATION REPORT January 1, 2015 – June 30, 2015

DEMOGRAPHIC INFORMATION

The Hall County Community Collaborative (H3C) incorporated and received Non-profit 501(c)(3) status with the IRS in 2014. Central District Health Department acts as the Backbone Organization and fiscal agent for the H3C and dedicates a portion of time of a staff member for data collection and day-to-day support. H3C members meet every other month to build Collective Impact, learn leadership skills, support sub-committee work, address gaps and needs in services to children and families, create project partnerships, network, and promote requests and offers. There are four sub-committees of the H3C that focus on developing the system of care for children ages 0 to 5, 6 to 11, 12 to 18, and Transitional Youth ages 16 to 24. Each of these committees meets at least four times per year and has a committee facilitator and/or co-facilitator. The sub-committees enable additional community members to be involved in the work of the collaborative specific to their interest.

There is an 11-member Board of Directors that is comprised of representatives from five different sectors of the community to assure diversity of representation. The Board provides oversight of grant funds, monitors the financial structure of the collaboration, approves invoices/reviews financial statements/supports the fiscal agent, and enhances the collaborative capacity of the organization by processing new opportunities or requests to the organization.

A local consultant contracts on a part-time basis with the H3C for collaborative consultation to build collaboration capacity, assist in information flow and integration of work between the committees, assist with collaboration building, maintain collaborative documentation suitable for grant reports, research opportunities support the goals, vision and mission of the group, and manage implementation processes for new projects.

Hall County has a population of 61,492 (2014 Census Estimate). The majority of the population lives in the county seat, Grand Island that has a population of 50,550 (2014 Census Estimate). Hall County and a portion of the surrounding area received a Metropolitan Designation in the past year based on population. The Hispanic/Latino population in Hall County and Grand Island is 25.4% and 26.7% respectively. Birth rates to teen mothers have been consistently higher in Hall compared to Nebraska since 2008. Of all children under age 5 in Hall County, 26.2% live in poverty and 34.1% of all children live in a single-parent family (compared to 20.0% and 27.7% respectively for the state). The percentage of students receiving free and reduced-price meals in Grand Island Public Schools is 69.1%, in Hall County – 61.5%, and in Nebraska Public Schools – 44.2%.

The demographic data is based on four strategies: School Intervention Program, Community Response, SANKOFA and Community Café. FAST was not implemented during this time period.

Overall Summary of Children and Families Served			
Number of Families Served Directly	100	Number of Families Served Indirectly	31
Number of Children Served Directly	234	Number of Children Served Indirectly	35
Number of Parents with Disabilities Served Directly	11	Number of Staff participating	24
Number of Children directly served with Disabilities	10	Number of Organizations participating	17
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

RESOURCES OBTAINED

Summary of total funding obtained during this 6-month time period:

Funding from Nebraska Children:	\$ 64,000 (6-month)
Other funding received directly to the collaborative:	\$205,000 (annual)
New funding obtained by partners as a result of the collaborative:	<u>\$307,978 (annual)</u>
Total funding obtained Jan-June 2015	\$576,978

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	CWB, CR, School Intervention, FAST	1/1/2015 - 6/30/2015	\$33,000.00 (\$66,000.00)
CBCAP	CWB	1/1/2015 - 6/30/2015	\$25,000.00 (\$50,000.00)
NCAFP	Community Cafes	1/1/2015 - 6/30/2015	\$6,000.00

<i>New Grants and Funding Awarded Directly to Collaborative</i>						
Organization	Collaborative Priority Area and Collaborative Role	Type	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
H3C	Transitional Youth Services	Grant	1/1/15 to 12/31/15	\$130,000	X	\$3,850 for grant administration and fiscal management.
H3C	Rooted in Relationships/Pyramid Mode	Grant (BECF NHB)	3/1/15 to 6/30/16	\$ 75,000	X	\$5,135 for grant administration and fiscal management

<i>New Grants and Funding Obtained by Partner as a Result of Collective Impact</i>						
Organization	Collaborative Priority Area and Collaborative Role	Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Positive Youth Development SANKOFA (private)	System of Care for Youth 6 – 11, 12 – 18, assess, plan, positive youth development, common data, common reporting	CHI	2015	\$74,370	X	No
Common Agenda: System of care ages 12-18, assessment, planning, committee, collective accountability, align resources	System of Care for Youth 12 – 18, assess, plan, positive youth development, common data, common reporting	Nebraska Crime Commission & Hall County Diversion	7/2014 – 6/2015	\$164,094	X	This funding was not new between Jan. – June 2015 but was ongoing during that time.
Strengthening Families – GISAPC/ CNCAA	System of Care for youth 6 – 11 and 12 – 18, positive youth development, family support	SPF-PFS	July 1 – Dec. 31, 2014	\$18,774	X	No new funding but previous funds carried over into 2015.
Project Everlast Positive Youth	Assess, plan, integrate youth	Aligned resources	1/1/15 – 6/30/15	\$50,740	X	

Development and Social Emotional for older youth (Heartland CASA)	system and services, Youth Council, Youth Leadership, contract for coordination	(NCFE)				
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TRAINING ACTIVITIES

SANKOFA has received three additional years of funding through CHI. Training was held in June 2015 to replace those who were previously trained but no longer able to facilitate. SANKOFA continues to braid funding with CHI, the Nebraska Crime Commission/Hall County Juvenile Diversion, and the H3C.

The FAST program has seen a fairly high turnover of trained facilitators so training was held in April 2015 to fill some of the leadership gaps to maintain fidelity. There were parents interested in helping with the program and in providing translation services, but they were not trained in FAST. Joanne Garrison, GIPS Welcome Center Coordinator, is qualified to “train the trainer” so will continue to train facilitators, as needed.

The offer of Community Café training was provided to the H3C and training held on March 17, 2015 with 12 participants representing Hope Harbor (homeless center), Sixpence (Head Start/Grand Island Public Schools), Central District Health Department, the H3C, and parents.

<i>Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)</i>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
6/1-6/5/15 and 6/8-6/9/15	SANKOFA Facilitator Training	7	7
4/25-4/26/15	FAST Facilitator Training	14	5 agencies and parents
3/17/15	Community Cafes	12	4 and parents
5/30/15	Rooted in Relationships/Pyramid Model 1	20	5

<i>Training for Communities (e.g. Autism Training)</i>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
	<i>None</i>		

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
3/25-3/26/15	FSG Collective Impact Conference, Washington DC	2	2

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
2 Board Members shall serve on each H3C Subcommittee. Approved March 2015.	Common Agenda, Constant Communication
Parent incentive for Community Café training, planning, and implementation set at \$13 per hour	Mutually Reinforcing Activities
Decisions of the Collaborative shall be made through consensus decision-making, except for Board elections, budget approval, and by-law amendments. Other exceptions may occur with H3C member approval.	Common Agenda, Mutually Reinforcing Activities, Backbone Organization
Every other month H3C meeting facilitation will be shared among H3C members to provide leadership opportunities to be developed among all members.	Common Agenda, Backbone Organization

Legislative Policy	
Short Description of Policy	Role of Collaborative
<i>None</i>	

State Policy	
Short Description of Policy	Role of Collaborative
<i>None</i>	

SUMMARY OF EACH PREVENTIVE STRATEGY

FAMILIES AND SCHOOLS TOGETHER (FAST)

Families and Schools Together (FAST) is a parent-child evidence based project for children moving from preschool to kindergarten and for elementary aged children and their families. Student/parent outcomes for FAST include improved attendance, improved learning, improved school behavior and promotion of protective factors.

No FAST sessions were held during the spring semester but facilitator training was held in April 2015. FAST requires that facilitators be representative of the schools where the program is held and that translators/interpreters complete the FAST training as well. To ensure fidelity, no sessions could be held between January and May 2015.

Accomplishments: The funding NCFE provided enabled the H3C to recruit and train additional FAST facilitators to ensure an adequate number for fall 2015 and spring 2016 FAST classes. Due to a variety of reasons, several of the originally trained FAST facilitators were unable to continue with the program. Facilitators were recruited from interested and eligible elementary schools and from the community. These funds made it possible to conduct much needed FAST training and allow other budgeted funds to be invested in the program that served children and families. Two days of training were held on April 25 and 26, 2015. A total of 14 individuals were trained representing the following agencies: Grand Island Public Schools, Central Nebraska Community Services, Central Community College, Multicultural Coalition, Hope Harbor, and parents.

In addition, a new FAST project manager was hired in May 2015. Verna Haberman will be managing the program and plans to coordinate FAST at each of the following elementary schools: Knickrehm, Howard, and Wasmer. We anticipate holding one session per school in the fall and one session per school in the spring for a total of six sessions.

Families and Schools Together Success Story: “One mom we had go through FAST invited her grandparents-parents-siblings to graduation. She cried and afterwards told us that she had never completed anything before and that she had not graduated from high school. We helped her signed up for GED classes and a year later she had a diploma and got bumped up to manager at KFC where she had been working while raising two boys on her own.”

Challenges: One challenge of FAST is the turnover of trained facilitators for the program, which impacts implementation with fidelity. No FAST sessions were held between January and June 2015 because there were insufficient numbers of facilitators per school to meet program requirements. This provided an opportunity to recruit additional facilitators and hold training. Joanne Garrison, Outreach Center Director, completed the Train-the-Trainer sessions so was able to provide training to 14 individuals. FAST is on-track for fall 2015 to hold sessions at three schools.

SCHOOL INTERVENTION PROGRAM (I.E., COMMUNITY RESPONSE GRANT)

Grand Island Public Schools coordinates the School Intervention Program at the Grand Island Senior High and collaborates with DHHS, Juvenile Diversion, and Nebraska Probation. The 2014 Community Response grant funded the program.

Strategy: School Intervention Program			
Number of Families Served Directly	0	Number of Families Served Indirectly	0
Number of Children Served Directly	35	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	1
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

School Intervention Program (Grand Island Senior High)				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
Effort	# of students entering the program	40	% of students completing the program	100%
	# of times connecting with students (1-2 TIMES PER WEEK DURING SEMESTER)	500 – 1,000	% of parents satisfied with the program (end of school year mail survey)	Not collected
	# of students in diversion	8	% of youth satisfied with the program	Not collected
	# of students on probation	32		
	# of referrals made	55		
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of students completing probation		Unknown	
	# and % of students staying in school (6 of the 40 were sent to alternative school to complete)+		40	100%
	# and % of students graduating (seniors)		2	100%
	# and % of students pursuing higher education (seniors)		0	0%

Evaluation Findings: The program was successful in keeping teens in high school or in an educational setting. Most youth in the program were younger but of the two seniors in the program, both graduated. No formal evaluations were conducted to assess satisfaction of the program by parents or youth.

Accomplishments: Discussions about the school success and truancy needs of youth in the Diversion program led to planning for the transition of the School Intervention Worker from the umbrella of the H3C to that of Hall County Juvenile Diversion. The identification of needs at the middle school level was also explored. As a result, funding for a full-time School Intervention Worker at Grand Island Senior High and a full-time Worker to be split between Walnut and Barr

Middle Schools was requested and awarded from the Nebraska Crime Commission. Both positions have been filled and the transition was complete as of July 1, 2015. This was a great example of collective impact at work and opportunity to create sustainability of a much needed service for adjudicated youth.

Challenges: From the Senior High Intervention Worker: “The number one frustration was truancy. If students were not at school, then it was difficult for me to “intervene.” I did not always feel I had the support of probation to reinforce that the students MUST be in school. Often, I would find I was most effective if I initiated a home visit, but there are many liabilities that come with doing so. Our truancy cases were cases of students who either were already on probation or diversion or would soon be on diversion or probation. These challenges are being addressed by Diversion and Probation.”

From the H3C: There have been three School Intervention Workers in this position since it began in November 2013. The high turn-over rate has created challenges with consistency within the program and with program implementation. A new director of Hall County Juvenile Diversion intends to work more closely with the Interventionist and school staff to create an improved communication flow and adherence to eligibility guidelines.

The Senior High Intervention Worker was at capacity for the number of students she was able to serve. The H3C intended on piloting the program at Grand Island Senior High and then expanding the number of students served at GISH and including youth from Northwest High School. Unfortunately, the expansion will not occur until additional funds can be secured to hire an additional School Intervention Worker. The hope is that the Middle School Intervention Worker will be able to work with youth transitioning to Senior High and help divert some of the youth needing intervention assistance in high school.

COMMUNITY RESPONSE

Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care. The H3C successfully coordinated Community Response for 57 families with children (59 adults and 158 children) in January 2015 by providing resources for a one-time unmet need. These needs had to be an expense not met through any other community service or program. The majority of the funds were used to help with housing costs such as rent and utilities, and also for transportation costs. Grand Island Public Schools and Central Nebraska Head Start/Early Head Start worked with the H3C and DHHS to coordinate services and ensure unduplicated efforts.

Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade.

Strategy: Community Response			
Number of Families Served Directly	57	Number of Families Served Indirectly	0
Number of Children Served Directly	158	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	11	Number of Staff participating	0
Number of Children directly served with Disabilities	10	Number of Organizations participating	6
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Strategy: Community Response					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated	57	# and % who strongly agree or mostly agree that they were able to set their own family goals.	49	86.3%
			# and % who strongly agree or mostly agree that they learned how to find ways to get my basic needs met.	50	92.6%
	# of families re-referred to strategy (case closure form)	57	# and % who strongly agree or mostly agree that their life situation improved as a results of the help received.	50	92.6%
			# and % who strongly agree or mostly agree that they would return to the program if they needed help again.	52	96.3%
Is anyone better off? (Outcome)	# of families that did not enter the child welfare system (case closure form)			56 out of 57	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			not collected	

	# and % of goals completed by families (# of goals completed / total # identified on case closure form)	not collected
	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)	(PFS was not administered)
*Statistical Analysis will be completed as data is available.		

Evaluation Findings: A pre-and-post Protective Factor Survey (PFS) was not completed with each family because the time-frame of support was prohibitive to completion of the surveys. However, DHHS researched involvement with the state system 90-days after families were served and a follow-up Consumer Satisfaction Survey was completed with the majority of those served.

Satisfaction surveys were completed by 54 of the 57 families with the results indicated in the RBA above. Families were very satisfied with the program as most would return to the program if needing help again and almost all agreed that the help they received improved their life situation. Complete results with open-ended responses are located in the Appendix.

Accomplishments: Since January 2015, DHHS confirmed that only one child became a state ward and four of the families served became involved with DHHS through a hotline call. Of the families served in January, only two of the families had never received services from DHHS; one family did not receive service because they had dropped out of the Head Start program; and two others were not served at all. Of the 57 families served, 44 indicated they were receiving case management from a community agency.

Comments from the families served:

- “Thank You very much you have no idea how this will help our family.”
- “I can go back to the dentist and have my children’s teeth worked on without the worry of not being able to pay.”
- “I can go to the doctor, again.”
- “My family can sit at a table and eat meals together.”
- “I don’t have to worry about my car working anymore.”
- “The gas won’t be shut off?”
- “My front door will be fixed and we can use it again”.
- “I can get my driver’s license, again”
- “We finally have beds for the kids; they will not have to sleep on the floor anymore”.
- “We have a stove now”.
- “We now have a washing machine, no more trips to the laundry mat”.
- “I can finish taking college classes”

Challenges: The response to the availability of direct service funds to children and families confirmed that many financial needs of families are not funded through any other resource and there are families in Hall County that are not eligible for any other program or service. The H3C would like to move forward with Community Response in the future but are in the planning stages for a fully integrated service that ensures effective evaluation and data collection. *This process also confirmed the need for a Central Access Navigation system for children and families in addition to youth who have been or are state wards.*

COMMUNITY CAFÉS

Community Cafés are a series of guided conversations based on the Strengthening Families™ Protective Factors Framework leadership development and parent partnership. These conversations are hosted by parent leaders who use the World Café technique to increase community wisdom, build parent voice and facilitate action to improve lives for children. The process is designed, planned and implemented by parents, working with their community partners. Typical community partners include:

- early child care and education sites
- neighborhood centers
- community based family resource centers
- schools
- immigrant and refugee agencies
- faith based organizations
- health departments or any system or agency that touches the lives of families and children.

Strategy: Community Café			
Number of Families Served Directly	20	Number of Families Served Indirectly	0
Number of Children Served Directly	17	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	12
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

Evaluation Findings: At each of the Community Cafés, participants rated items on a survey that reflected their satisfaction with the Cafés (e.g., felt welcomed or participation was helpful) or outcomes (e.g. understood child’s development, more confident as a parent, etc.) A total of 12 individuals out of the 20 families completed the survey.

Overall the participants rated the Cafés very positively (4.60 overall average). Responses by item are summarized in the table below. Results found that the highest rated outcome areas

were related to how welcome they felt at the Cafes and the logistics of the meetings. Rated somewhat lower was the need for more Cafés in the community.

Community Café Survey Items (Original Survey)	Overall Average
1. I felt welcome in the Cafés.	5.0
2. It was easy to understand the process.	4.4
3. I liked the place where the café was held.	4.9
4. The time of the café worked for me.	3.8
5. I liked having a meal/snack at the café.	4.8
6. I like having childcare and transportation available to me, if I needed it.	4.6
7. The topics we talked about were things that mattered to me.	4.6
8. I would like to see more cafes in the community.	3.6

Accomplishments: Twelve parents and community agency staff completed the day-long training on March 17, 2015. Hope Harbor and Sixpence staff took the lead in coordinating Community Cafes with their parents. Community Cafes with parents and children were held on May 21st (5 adults/2 children), June 4th (8 adults/10 children), June 18th (3 adults/4 children), and June 25th (4 adults/1 child). Two protective factors (parental resilience and social supports) were selected as the focus for the cafes. Each adult completed a Community Café Participant Survey. The concept of a Community Café was fairly well-received but implementation was more challenging than anticipated.

Challenges: Although the concept of a Community Café was presented as a tool that could be used within existing programs, the one-time training was confusing and the amount of time needed to work with parents and plan for cafes was daunting. Those trained were under the impression that this would not be an additional “program” that would require a large amount of staff time. The reality was much different. We found that there needed to be a “champion agency” to pilot the Community Café tool and recruiting parents to lead (even from those that attended the training) was difficult. Parents at Hope Harbor and teen parents participating in Sixpence were at capacity in their ability to add events to their schedules and they are absolutely unable to take time off for or travel out-of-town to attend training.

One Sixpence staff noted that being funded on a reimbursement system was a barrier to their families to being able to lead/plan independently. Many parents would not financially be able to purchase the items and wait for the reimbursement. One pointed out that the only way for her to do that would be to use her EBT card, and we can’t give someone money in exchange for SNAP benefits.

Another Sixpence staff provided the following thoughts: “I thought it was great to have people get together that don’t know each other. It was good to have people from different walks of life to talk about what is going on with them. It was insightful for all going I think. Although, the cafés HAVE to have someone who is entirely responsible for the coordinating of the café’s and

the purchasing of needed items (food, supplies, etc.). There also should have been a binder created by the lead person of the cafés that listed what needs to be done before a café, during a café, and the post cafés. This is something that I took on to do which was very time consuming, and still needs “fixed up”. I also believe that whoever is the lead coordinator (which should remain the same person throughout the cafe’s) should be the recorder of the post café questionnaires, handing out survey’s, attendance, and reimbursements; but the lead person NEEDS to have assistance from the host of the cafés.”

Altogether, there just needs to be more time to plan and purchase things. There needs be some sort of account set up at a grocery store where the lead coordinator can purchase whatever else is needed. There needs to be a way for people to RSVP in order to have enough supplies, room, and food. This will allow for invites of other agencies and the clients there.

SANKOFA

The SANKOFA Youth Violence Prevention Program is a strengths-based, culturally tailored preventive intervention.

Population Targeted: Middle school youth in the Grand Island Public School District (i.e., Barr, Walnut and Westridge).

Strategy: SANKOFA			
Number of Families Served Directly	23	Number of Families Served Indirectly	31
Number of Children Served Directly	24	Number of Children Served Indirectly	35
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	11
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	5
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown	SFMC, GIPS, (3) speakers	

Strategy: SANOKFA				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
Effort	# of youth in the program this fall	35	% completing program	24%
			% of students in attendance at twice-a-week sessions (average)	24%
	# of sessions hosted this fall	72	% youth satisfied with program (not yet collected)	unknown
*Effect <i>Is anyone better off? (Outcomes)</i>	# and % of youth improving personal skills		24	100%
	# and % of youth improving attendance at school		16	66.7%
	# and % of youth improving grades		19	79.2%
	# and % of youth staying in school		24	100%
	# and % of youth staying out of trouble (no legal involvement)		24	100%
<i>*Effect # and % for graduating youth only</i>				

Evaluation Findings: The SANKOFA program continues to be a strong program for youth in the three middle schools with students' attendance at the twice-a-week sessions averaging 25% of students in the program at each session. Outcomes measured by program assessments indicated improvement in personal skills, youth staying in schools and out of trouble by all youth completing the assessment. Attendance and grades were also improved for the majority of the program participants.

Accomplishments: As of spring 2015, five semesters of SANKOFA have been completed (started January 2013) and 130 middle-school students have successfully completed the program. CHI funding was awarded funding to support SANKOFA in Barr, Walnut, and Westridge Middle Schools (G.I. Public Schools) for an additional three years. In June, seven (7) new facilitators were trained, with representation from all three Middle Schools.

Challenges: Struggling to implement youth satisfaction survey and measuring success of participants. There is a challenge in getting the students who need the program the most to continue attending the 12 weeks of sessions, working around extra-curricular activities, and having facilitators who teach/work at the middle schools at each site.

PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

No Protective Factor Surveys were collected during this 6-month period.

UPDATE ON YOUR COLLABORATIVE

Work with another county/Mutually Reinforcing Activities/Shared Measurement: Central Navigation, for youth ages 16 to 24 that were or are state wards, was launched in April 2015 for youth in Hall and Adams County. This process was challenging as it required representatives from **Adams and Hall County** to join together to develop one process for all eligible youth in those counties. There was some confusion among committee members about the role of Project Everlast compared to Central Navigation that required multiple meetings to clarify. In the end, we took an existing model and modified it to fit the needs of youth in Hall and Adams County. One of the H3C organization members, Region 3, agreed to house the Central Navigator and hired Jessica Schlegelmilch to provide that referral service.

Work with other CWB and Project Everlast communities: Between January and July 2015, the Central Access Navigator, a representative from Region 3, and a representative from the H3C have attended statewide meetings to develop the Central Access System of Care. The group is comprised of Lincoln and Omaha Project Everlast/Opportunity Passport groups and other CWB communities. As a result of these meetings, a common referral form was created, common evaluation tools are being developed, and a common process for Central Navigation is being generated.

Common Agenda/Continuous Communication/Mutually Reinforcing Activities: During the past six months, the H3C has been transitioning from a “state of dependency to a self-sustaining model that can provide internal leadership”. A membership fee structure and application process was adopted by the H3C in December 2014 with memberships being accepted in January 2015 for the year. To date, there are 21 paid organization/business and 2 individual memberships. H3C Board Members are required to be members. In addition, the H3C began using Mail Chimp for an email distribution program and has a subscription list of more than 160 people.

The H3C meets every other month and averages about 25 people per meeting. H3C meetings continue to be well-attended, new members added, and involvement in sub-committees grown. At the May 2015 meeting, members expressed that there is improved trust within the H3C and an understanding that when the members agree to pursue a task, there is improved and increased inter-agency coordination than in the past. They felt this is a good example of the difference between programs and system work. The transition of School Intervention from the H3C to Hall County Juvenile Diversion is an example of successful inter-agency coordination. In addition, the work of the sub-committees is resulting in “getting things done”.

In the off-months or as needed, the 0 to 5, 6 to 11, and 12 – 18+ (to age 24) Subcommittees meet to work on the system of care for respective groups. The subcommittees worked together to plan and implement the Rooted in Relationships/Pyramid model in five child care facilities with 16 classroom teachers, recruit parents and agency staff to become trained in Community Café facilitation, worked with Hall County Juvenile Diversion to transition the School Intervention Worker (SIW) at Grand Island Senior High to their umbrella and added a SIW to split their time between Barr and Walnut Middle Schools, developed Central Access Navigation for Transitional Youth, and completed the 2015-2018 Hall County Comprehensive Juvenile Services Plan.

Continuous Communication/Common Agenda/Mutually Reinforcing Activities: There have been several opportunities recently that highlight the value of collaboration to enable the community to quickly respond. Most recently, the strength of collaboration was seen in three instances and, although two of the events occurred in July, the affirmation of the value and support of the H3C is well worth noting in this report. In early July, the Buffett Institute asked the H3C for assistance to plan a community meeting of people interested in early childhood development on July 15. H3C members were asked for assistance in securing a location and an invitation was sent to H3C members and others with whom the collaborative has worked to develop the early childhood system of care. Grand Island Public Schools volunteered to host the meeting at their Early Childhood Development Center. In less than three weeks, almost 30 individuals responded that they would attend the meeting and 27 came to the meeting. After the meeting, many of those in attendance commented that “but for the H3C, this type of event and amount of interest would not have occurred” and “this was an excellent example of the strength of collaboration”.

The second example was an opportunity to assist DHHS Division of Economic Assistance to identify community resources for their clients. DHHS staff scheduled a “Meet and Greet” with any and all community agencies to determine a need for a regularly scheduled meeting where agencies could come together to identify resources and exchange information. In response to the invitation, Joni told DHHS about the Hall County Community Collaborative, resource guides that have already been completed, and how the H3C could assist them in connecting with agencies and resources.

A meeting of about 40 community agencies was held and from that meeting two existing opportunities were identified that DHHS could use as an existing resource: the H3C and the Continuum of Care for Housing and Homelessness (CoC). *The consensus of the meeting was that there was not a need to create another group that would meet on a regular basis because the H3C encompassed the system of care for children birth to 24 and families and the CoC addressed issues around housing and homelessness.* Instead, DHHS staff was encouraged to become involved with the H3C and with the Continuum of Care.

The City of Grand Island completed a visioning process early in 2015 and one of the priorities within the plan was “early childhood education”. Members of the H3C contacted the Grow Grand Island committee chair and told them about the efforts of the H3C and the work of the 0 to 5 Subcommittee. As a result, the Grow Grand Island Early Childhood subcommittee chair attended a 0 to 5 Subcommittee meeting and is interested in working with the H3C to achieve the goals of the visioning process. The work of the H3C will enable the community to create a common vision, braid resources, and avoid duplication of efforts.

Challenges: The H3C has experienced rapid growth recently and realize the importance of ensuring that new members become familiar with the vision and mission of the collaborative, understand Collective Impact, feel comfortable asking questions, and receive timely responses to questions. Persons interested in the collaboration now receive an invitation to participate in the distribution list, an overview of the H3C, an Organizational Chart, a Membership Overview, and a Membership Application. The process for contacting people that are interested or those who have been identified as agencies/staff that would be valuable to the Collective Impact process is not clearly defined. As a result, when there is staff turnover in an agency or new agency directors, contact is not always made in a one-on-one, timely manner.

The H3C has also been challenged in addressing diversity in the community. There is no plan to effectively address diversity or to ensure that the organization is culturally competent. In the next six months, the H3C may consider options for being more inclusive and working more closely with the Multicultural Coalition.

SUCCESS STORIES

School Intervention Success Story: Adrian (*the name has been changed): A little bit into the semester, one of the social workers requested at our weekly SWAAT meetings that I work with Adrian. Adrian was pretty hesitant to start working with me. It was rumored that she may or may not be pregnant, but she didn't discuss any of that during our first meeting. In fact, she stated that she missed so much school because her mom couldn't speak English and she had to go to doctor appointments with her to translate. During our second meeting, just a few days later, Adrian opened up quite a bit more. We talked about a lot of things. Finally, she said to me "I have to tell you something that nobody else at the school knows. I'm pregnant."

We worked through some of the logistics -- letting her teachers know, communicating with her counselor, etc. The problem was that Adrian was so sick. She also let her sickness be an excuse not to roll out of bed in the mornings, so I was constantly honking in her driveway. We had many heart-to-heart conversations discussing why it was so important to graduate from high school, most especially with a baby on the way. After weeks of working together every single day to get her caught up in school, Adrian and I had created a strong relationship. When we had first started working together, she had all F's. By the end of the semester, she had A's and B's. She let me in on the "reveal" celebration that she would be having a girl. She even asked me to attend one of her doctor appointments due to the lack of family support available to help her. She moved out of her house and into her boyfriend's home with his family, which was a much healthier and happier environment than what she was used to.

Adrian's last schedule for her senior year is very accommodating for a mother with a baby. She is hoping to gain a seat at the Success Academy to be able to power out some of her last graduation requirements. Adrian will be a wonderful mother and I know that if it was not for my persistency, she would not be where she is at and on track to graduate.

Community Cafés: Comments from one of the agency staff involved in the Community Café effort: "I hadn't put much time and effort into the cafés as Amy and Kari however, I completely agree with what both of them said. I think the first couple cafés overall turned out well. We had people from different walks of life that attended but then when we would mention having the parents take over it almost seemed like they got intimidated. I understand why they would because we also were confused on what to do. That made it more difficult to train the parents. "Thank you ladies for your time and energy in coordinating the Community Cafés." Granted it was a struggle to coordinate schedules/times I do believe it was a success. We did everything we could with what we had offered to us. I also wanted to suggest the Community Café training should be split into 2 days. They could be half days, which in my opinion would work out the greatest. Personally for myself I was on information overload towards the end of the day."

Appendix
Consumer Response Program
Family Survey RESULTS
June 2015

Number of surveys collected: 54

	Strongly Disagree (1)	Mostly Disagree (2)	Slightly Disagree (3)	Neutral (4)	Slightly Agree (5)	Mostly Agree (6)	Strongly Agree (7)	Average
1. My ideas and opinions were valued. (n=54)	0.0%	0.0%	0.0%	1.9%	5.6%	18.5%	74.1%	6.65
2. I was able to set my own family goals. (n=54)	0.0%	0.0%	0.0%	0.0%	3.7%	13.0%	83.3%	6.80
3. I learned how to find ways to get my basic needs (i.e. food, clothing etc.) met. (n=54)	0.0%	0.0%	1.3%	3.7%	1.9%	18.5%	74.1%	6.59
4. I think my life situation improved as a result of the help I received. (n=54)	1.9%	0.0%	1.9%	1.9%	1.9%	14.8%	77.8%	6.57
5. I was treated with respect and dignity by all persons helping me to meet my goals. (n=54)	1.9%	0.0%	0.0%	0.0%	0.0%	7.4%	90.7%	6.81
6. If I were in need of help again, I would come back. (n=54)	0.0%	0.0%	0.0%	0.0%	3.7%	1.9%	94.4%	6.87

Comments you would like to make about the program:

- A lot of people needing and she does not help. Donna talking about other classes not professional.
- After bills were caught up, I was able to get clothes for my kids. Life improved without worries about payments.
- After finally getting the dental bill paid the kids were able to go back to the dentist. Thank you all so much
- Back rent paid, made a huge difference. We are not able to see the light.
- Continue to help there are a lot of people that need it and sometimes will not qualify for programs I the community
- Getting the utility bill paid was very helpful, nothing was shut off.
- Good program hope there is more in the future
- Having past due rent and gas paid, I was able to provide for my child better!
- I appreciate all the help I received.
- I can now drive again, with my reinstatement. We eat family meals together.
- I could buy stuff my daughters were needing.
- I don't have to go to the laundromat, the dryer really helped.
- I enjoyed the program, my family has learned a lot and I am so happy for everything head start has done for my family.
- I had surgery and this program really helped. Verna was awesome.
- I think this is a really good program.
- I was able to get a computer to help with college classes.

- It helps me so much. I am very appreciate. My mom said it was like an answer from god. Thank you!
- It was a great help for my family.
- It's a good program for people that need it in certain situations.
- It's a good program, very beneficial and helped a lot.
- My back rent paid, I'm able to provide for my family better.
- My car now runs and I didn't have to pay the landlord for the front door. I'm able to find a better home for my family.
- New tires we don't have to worry anymore, able to get things for our children now.
- No more warring about the car. Thank you very much
- She pays half of due payment.
- Thank you for the program my daughter is in the hospital.
- Thanks and it's very nice to have these kind of programs.
- That it is a very good program and hope it continues to help other families, becuae it was a very big help for me.
- The new tires made a huge difference for our family. They don't have to worry about driving.
- They were able to buy food.
- This program helped me a lot very thankful. This money was available to help us and other families.
- Very thankful for help I received.
- Was a huge relief lifted. Not worried about collection agencies coming after us. Thank you to all involved.
- Was able to continue taking classes at UNK
- We liked it, it was helpful
- With back rent and doctor bills paid, I am on time with rent and was able to paint the rooms in my house.
- With this help I received I could fix my car because I was transporting my son.
- With this help we received was great and with the money that has saved to pay the bills. He paid hospital bills that I had.
- Wonderful program did not know this existed in Grand Island

Gender (n=54)

Male	Female
7.4%	92.6%

Age (in years) (n=51)

20 and under	21-25	26-30	31-35	36-40	41-45	46-50	Over 50	Average age
17.6%	5.9%	13.7%	35.3%	11.8%	7.8%	5.9%	2.0%	31.8

Race/Ethnicity (please choose the ONE that best describes how you identify yourself) (n=53)

Native American or Alaskan Native	African American	Hispanic or Latino	White (non-Hispanic)	Multi-racial	Other
1.9%	1.9%	52.8%	43.4%	0.0%	0.0%