



## HALL COUNTY COMMUNITY COLLABORATIVE

### CHILD WELL-BEING INITIATIVES SIX MONTH EVALUATION REPORT July 1, 2015 – December 31, 2015

#### ABOUT COLLABORATIVE

The Hall County Community Collaborative (H3C) incorporated and received Non-profit 501(c)(3) status with the IRS in 2014. The H3C Vision is: *A safe, healthy, & thriving community and families*. 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. The H3C has a distribution list of over 160 individuals and agencies and averages 30 to 35 in attendance at bi-monthly meetings.

Three sub-committees of the H3C focus on developing the system of care for children ages 0 to 24: Birth to 11, 12 to 24, and Behavioral Health. 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.

- The Birth to 11 Subcommittee acts as the Advisory Committee for the Sixpence and Rooted in Relationships initiatives; monitors changes in and gaps in services for children and families; oversees Families and Schools Together (FAST); promotes Community Cafes; and supports community initiatives that align with H3C work.
- The 12 to 24 Subcommittee provides guidance to and input for Central Navigation and Project Everlast/Youth Council for youth with state ward experience; development of the Social Innovation Fund proposal for expansion of Central Navigation for youth with juvenile justice, homeless, or other at-risk life circumstance; acts as the Juvenile Justice Committee for development of and updates to the Hall County Comprehensive Juvenile Services Plan; and monitors changes in and gaps in services for youth and families.
- CHI-Saint Francis approached the H3C about collaborating on a behavioral study and a plan for the CHI service area that they were conducting in 2015. The gap of mental and

behavioral health prevention and intervention services has been identified as an issue in the Birth to 11 and 12 to 24 Subcommittees so the request aligned with the priorities of the H3C. As a result, a separate subcommittee was formed of H3C and community members with a mental and behavioral health focus ensuring a system approach to providing services for children, youth, and families, meeting gaps in services, and creating a community plan. The goal selected by the subcommittee is: *To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.* The committee priorities are to provide additional parenting resources and parental support through Boys Town In-home Family Service, developing a community resource for Circle of Security, and expand substance abuse prevention efforts through Discovery Kids selected in Grand Island Public Schools Elementary Schools.

There is a 12-member Board of Directors that is comprised of representatives from 11 different sectors of the community and one individual 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.

In 2015, a local consultant contracted 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 County 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%.

## DEMOGRAPHIC INFORMATION

The demographic data is based on the FAST program and was the only program implemented during this time period.

<b>Overall Summary of Children and Families Served</b>			
Number of Families Served Directly	18	Number of Families Served Indirectly	n/a
Number of Children Served Directly	36	Number of Children Served Indirectly	15
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	11
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	5
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

## RESOURCES OBTAINED

<b>Funding from NC: CBCAP, PSSF and NCAPF &amp; Other Priorities</b> (Completed by Nebraska Children –do not edit)				
Source	Type	Strategies Supported	Funding Period	Amount
PSSF	Federal	CWB, CR, FAST	1/1/15 – 12/31/15	\$66,000.00
CBCAP	Federal	CWB, CR, FAST	1/1/15 – 12/31/15	\$50,000.00
BECF	Private	Implementation of strategies that support and enhance the social-emotional development of children, birth through age 8, including Pyramid Model implementation and other social-emotional systems strategies outlined in the community work plan.	3/1/15 – 6/30/16	\$54,400.00
NHB	State	Pyramid Model Implementation	3/1/15 – 6/30/16	\$26,000.00
NCAPF	State	Community Cafes	10/1/15 – 6/30/16 pending	\$7,000.00 estimated
Chafee and Private		Transitional Support Services for youth with a focus on social/emotional well-being for older youth (youth 15-21)	7/1/15 – 6/30/16	\$180,000.00
		Sixpence		\$150,000.00

<b><i>New Grants and Funding Awarded Directly to Collaborative</i></b>						
<b>Organization</b>	<b>Collaborative Priority Area and Collaborative Role</b>	<b>Type</b>	<b>Funding Period</b>	<b>Amount</b>	<b>Used for Services? (Check Box)</b>	<b>Used for Backbone Infrastructure/staffing for collaborative (Please explain)</b>

<b><i>New Grants and Funding Obtained by Partner as a Result of Collective Impact</i></b>						
<b>Organization</b>	<b>Collaborative Priority Area and Collaborative Role</b>	<b>Source</b>	<b>Funding Period</b>	<b>Amount</b>	<b>Used for Services? (Check Box)</b>	<b>Used for Backbone Infrastructure/staffing for collaborative (Please explain)</b>

**Total funding reported from tables above:**

**\$533,400**

**TRAINING ACTIVITIES**

<b><i>Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
Oct. 14-15	Community Café Orientation, Lincoln and Ashland, NE	3	2

<b><i>Training for Communities (e.g. Autism Training)</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., autism training)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
Sept. 2015	Youth Suicide Prevention Summit	18 youth	11

<b><i>Training that Enhances Collaborative System (e.g. Collective Impact Training)</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., collective impact)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
Nov. 4-5	Community Response Peer Meeting, North Platte	4	4

## POLICIES INITIATED OR INFLUENCED

<b>Administrative (Local) Policy</b>	
<b>Short Description of Policy</b>	<b>Role of Collaborative</b>
Financial Policies Adopted by H3C Board on 11/16/15	H3C Board
Conflict of Interest form and policy adopted by H3C Board on 11/16/16	H3C Board

<b>Legislative Policy</b>	
<b>Short Description of Policy</b>	<b>Role of Collaborative</b>

<b>State Policy</b>	
<b>Short Description of Policy</b>	<b>Role of Collaborative</b>

## 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.

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

#### **FAST Demographic Information – Fall 2015**

<b>Strategy: FAST</b>			
Number of Families Served Directly	18	Number of Families Served Indirectly	n/a
Number of Children Served Directly	36	Number of Children Served Indirectly	15
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	11
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	5
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Strategy: FAST (Families and Schools Together)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of sessions that community members and families meet	8	# and % of parents attending at least 75% of sessions (attendance roster)	18	100%
	# of families that attend sessions	18	# and % of parents very satisfied (at least 9 on a 10 point scale) with program (satisfaction survey)	Not collected	
			# and % parents completing program (graduates) (attendance roster)	18	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# 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 not completed	

## Evaluation Findings

FAST Evaluation Results Summary from Fall of 2014 Session (no session were held in the spring of 2015)

School	Number of Families Participating*	Number of Families Graduating**	Percent of Parents Reporting Improvements in...			
			Family Relationships	Relationship with FAST Child	Parent School Involvement	Social Support
Jefferson Elementary	5	3	67%	71%	86%	38%
Howard Elementary	8	6	67%	60%	40%	67%
Dodge Elementary	11	5	38%	85%	50%	62%

\*Participating families attended at least one session.

\*\*Graduating families attended at least 6 of the 8 weekly sessions.

## Conclusions - Accomplishments and Barriers

We are off to a good start. Lots of fathers present for this training.

## PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

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

## OTHER COLLABORATIVE PROGRAMS

**1. Hall County Juvenile Diversion** – As of July 1, 2015, School Intervention Worker services was transitioned to the umbrella of Hall County Juvenile Diversion and expanded to include both an SIW at Grand Island Senior High School and one shared between Barr and Walnut Middle Schools. This transition occurred as a result of the alignment of resources between the H3C and Juvenile Diversion and created sustainability for the service.

The H3C worked with Hall County Juvenile Diversion to develop a plan for use of \$47,547 in additional funding made available to Hall County by the Nebraska Unicameral. The 12 to 24 H3C Subcommittee met on multiple occasions to review the 3-year Hall County Comprehensive Juvenile Services Plan and other community reports, identify gaps/needs/barriers to services, and develop a plan to strengthen the Hall County system of care for older youth. As a result, Hall County applied for funding to 1) complete a Comprehensive Community Assessment of the Hall County juvenile service system including: assets, capacities, limitations, and needs relevant to youth ages 12 to 18. The anticipated goal of the Assessment is to compile qualitative primary and secondary local, state, and national data into a format that enables Hall County and the consultant to create a work plan around Positive Youth Development and prioritize needs for prevention and intervention services for youth; 2) contract with a provider for programming that enhances Protective Factors for participants in the Hall County Juvenile Diversion Program. The anticipated goal of the monthly programming is to improve engagement, provide strengthen based learning opportunities, and encourage improved relationships between program participants and their community; and 3) provide Juvenile Class Facilitation Services including identified cognitive groups and educational activities to at-risk youth involved in the Hall County Juvenile Diversion Program.

**2. Youth Suicide Prevention Summit** – The H3C connected partner agencies with Cassy Rockwell to develop a Suicide Prevention Plan and Summit for Hall County. Community planning meetings began on August 4<sup>th</sup> and the Summit was held on September 24, 2015. Agencies involved in planning for the event included Grand Island Public Schools, Heartland United Way, Maryland Living Center/Hastings, Region 3 Behavioral Health, H3C Central Navigation, Lutheran Family Services/Veterans, Central District Health Department/Veterans, Grand Island Substance Abuse Prevention Coalition, CHI-Saint Francis, Central Community College/Grand Island, Crisis Center, and the H3C. The H3C was able to identify and recruit partners quickly to work within the short time frame. The aligned priorities of the H3C and member agencies contributed to the success of this project and expanding MUTUALLY REINFORCING ACTIVITIES AND COMMON AGENDAS.

**3. Community Cafés** – The initial implementation of Community Cafes in Hall County was met with various barriers and challenges. After additional discussion, the H3C hired a new Families and Schools Together (FAST) coordinator and made the decision to restructure use of

Community Cafés in the community. The new FAST Coordinator and H3C members reviewed the needs for renewing FASTWORKS (for families that have completed the FAST program) and determined that the Community Café model would be a good fit for FASTWORKS. The FAST Coordinator, a parent, and the H3C Consultant attended the orientation and intend to begin using the Community Café model when FASTWORKS begins in March 2016. The H3C is braiding PSSF and Community Café funds to support FASTWORKS through a COMMON AGENDA.

## UPDATE ON YOUR COLLABORATIVE

**See previous section for MUTUALLY REINFORCING ACTIVITIES AND COMMON AGENDA successes and challenges.**

H3C CONTINUOUS IMPROVEMENT and BACKBONE ORGANIZATION Successes – The H3C opened its first-ever checking account with funds for Rooted in Relationships and Transitional Youth/Project Everlast. For fiscal management, the Board voted to purchase an on-line QuickBooks program and contract with the Panhandle Partnership bookkeeper to set up the account and train an H3C designee to update and maintain it. Additionally, Fiscal Management policies were adopted by the Board. Board members adopted and signed a Conflict of Interest form to be signed annually.

**Additionally, please describe any collaboration with other CWB Communities or surrounding communities.**

H3C members talked at length with representatives from the North Platte CWB group in November, 2015 at the NCFE Workshop to answer questions about Collective Impact and how to develop a fully functioning collaborative. North Platte also asked for assistance in December in assisting them in that process. H3C encouraged them to work with their consultants in these development areas. In part this was because volunteers in H3C did not feel they could provide the time to act in this behalf. The workshop provided valuable insight into the difference between Hall County and the Panhandle Partnership and other CWB communities.

## SUCCESS STORIES

**Collaborative.** As a result of a Circle of Security presentation at the Sept. 9, 2015 H3C meeting, the COS facilitator was connected with several H3C partners to offer COS classes to their clients. In addition, the H3C Behavioral Health Subcommittee determined to work with CHI-Saint Francis to apply for funding that would pay for creating a process for embedding COS in the Hall County System of Care for children and families, subsidizing COS classes for families in the next 3 years, and supporting training in COS for interested professionals. The first year provides for community education and marketing to ensure that area professionals understand the value and impact of COS. This has been a multi-year process in Hall County and is a tribute the value of MUTUALLY REINFORCING ACTIVITIES and COMMON AGENDAS within H3C partnerships in addressing gaps in services.



**FAST.** One mom told us she never knew how good it felt to be in control instead of ran over by her son. Another family told us the best thing that happened was eating as a family. They learned so much about their child's school at meal time. They *want* to come to school.