

Hall County Community Collaborative

July 1, 2019-June 30, 2020

1. GENERAL UPDATE AND COV-19 UPDATE – SEE APPENDIX C

2. TRAINING UPDATE

2.1 What training has the collaborative offered?

Training				
Date(s)	Training Topic/Description (e.g. Youth and Families Thrive, Bridges Out of Poverty, Your Money Your Goals, PIWI facilitator training, PCIT advanced training, autism training, training on trauma informed care, suicide prevention training, collective impact training, FAST training, motivational interviewing training)	# of Attendees	# of Organizations Represented by Attendees	Held Virtually? (Yes/No)
10/25/19	Bridges Out of Poverty	85	22	N/A
11/18/19	40 Developmental Assets	5	0	N/A
12/5/19	Trauma 101 & Recovery	28	Unknown	N/A
12/5/19	Trauma and Children	36	Unknown	N/A
6-Month Total (July-Dec/Fall)		154	22	N/A
1/9/2020	1. Motivational Interviewing: Skill Building for Helping Professionals	36	32	No
1/13/2020	2. 40 Developmental Assets	28	1	No
1/27/2020	3. H3C Subcontractor Training	6	4	No
2/6/2020	4. Marijuana – Katie Usaak	23	20	No
2/7/2020	5. Youth Mental Health First Aid	18	15	No
2/10/2020	6. 40 Developmental Assets	11	1	No
2/18/2020	7. Comment Sense Parenting Classes	9	1	No
– 3/24/2020				
2/24/2020	8. H3C Board of Director Training	10	10	No
3/3/2020- 3/4/2020	9. Positive Culture Framework Training	29	19	No
3/11/2020	10. Adult Mental Health First Aid	14	11	No
3/17/2020	11. COVID-19	45	37	Yes
3/17/2020	12. Mental Health Resources for Youth	20	7	Yes

4/20/2020-4/24/2020	13. American Red Cross Babysitting Training	10	0	Yes
4/20/2020-4/23/2020	14. American Red Cross Babysitting Training	10	0	Yes
4/27/2020-5/1/2020	15. American Red Cross Babysitting Training	12	0	Yes
4/27/2020-4/30/2020	16. American Red Cross Babysitting Training	11	0	Yes
5/12/2020	17. Family Navigator Goal Setting Training	6	1	Yes
5/15/2020	18. Local Demographics and Citizenship	43	43	Yes
5/18/2020	19. Finding Strength in the Struggle for Childcare Providers	23	23	Yes
5/20/2020	20. Finding Strength in the Struggle for Childcare Providers	16	16	Yes
5/27/2020	21. COVID-19, Dr. Bob Rauner, Lincoln Physician, Lincoln Public Schools Board Member	23	23	Yes
6/2/2020	22. COVID-19 Dr. Jeff Gould UNMC Activities Update	47	40	Yes
6/30/2020	23. Central Navigation Coaches Training	12	6	Yes
6/30/2020	24. Motivational Interviewing: Skill Building for Helping Professionals (Central Navigators/Coaches)	17	12	Yes
6-Month Total (Jan-June/Spring)		479	322	
12-Month Total (and Fall to Spring Change)		633	344	

Training Sponsored by Rooted in Relationships				
Date(s)	Training Topic/Description (e.g., Pyramid trainings, COSP)	# of Attendees	# of Organizations Represented by Attendees	Held Virtually? (Yes/No)
7/16/19	Center Director and Family Child Care Owner Training – review Pyramid model and implementation in the program	6 Directors 4 Coaches	6	N/A
7/20/19	Module 1A for providers and directors – promoting children’s success building relationships	21 Providers 4 Coaches	6	N/A
11/2/19	Module 1B for providers and directors – supportive environments – understanding and creating high quality environments	19 Providers 4 Coaches	6	N/A
6-Month Total (July-Dec/Fall)		54	18	
2/8/2020	1. Module 2A for providers and directors – focus on being intentional on teaching social and emotional skills with supporting development	13 Providers 4 Coaches	6	N/A

	of friendship skills. Beginning to understand feelings and empathy.			
	2. E-Module 2A for providers and directors – focus on being intentional on teaching social and emotional skills with supporting development of friendship skills. Beginning to understand feelings and empathy.	3	1	Yes
	April and June were scheduled but canceled due to COVID-19.			
6/23/2020	3. Provider/Director Focus Group			Yes
6-Month Total (Jan-June/Spring)		20	7	
12-Month Total (and Fall to Spring Change)		74	25	

3. POLICY UPDATE

3.1 What policy work has the collaborative, or its members engaged in?

Policy Work Engaged In
Short Description of Activity
<p><u>July-Dec 2019:</u></p> <p>1. On December 6, 2019 an open house was held in Grand Island to hear about proposed bus routes that would link Grand Island, Hastings, and Kearney. Some H3C members were in attendance.</p>
<p>1. Senator Dan Quick has been actively attending the COVID-19 Community Response and Communications Planning Meetings. He also posted a pictures and message on why he wanted to #WinBackGI, staying home, wearing a mask, and practicing social distancing that was featured on the WinBack GI Facebook page. Senator Quick has also participated in some of the Birth – 11 meetings during the reporting period.</p>
<p>2. Grand Island Mayor Roger Steele has been actively promoting the communications team’s efforts to place signs, even allowing his Parks and Recreation Department employees to put signs along the trails. He and his wife paid for some of the signs and have actively promoted our hash tags #DoYourPartGI, #HazTuParteGI, #ThisIsRealGI, #estoEsRealGI, #WinBackGI, #MaskUpGI</p>
<p>3. Senator Dave Murman attends the Adams, Clay, Nuckolls, and Webster Community Response Meetings to help develop the community playbook for that area.</p>
<p>4. Senator Steve Halloran has attended some of the Adams, Clay, Nuckolls, and Webster Community Response Meetings to help develop the community playbook for that area.</p>
<p>5. In response to COVID-19, our Birth – 11 leadership team began to meet weekly to ensure that childcare providers had the support that was needed in an ever-changing environment. Amidst all the negative news, this presented a wonderful opportunity to build a relationship with providers, which has resulted in regular communication, hearing their needs, and finding solutions. Several distributions of cleaning supplies, food and milk was coordinated during the reporting period. New partnerships were also formed with Grand Island Economic Development and JBS company.</p>
<p>6. As a result of COVID-19, the way mental health services and substance abuse treatment services are offered has changed. Facilities and providers continue to provide services in a social distancing format</p>

<p>and via telehealth. Although free internet is being provided in the community with schools not being in session, limitations exist with people having the equipment and a long wait time to receive the services. Behavioral Health training typically offered in person has either been changed to Zoom or is not being offered which has presented a gap. H3C Behavioral Health subcommittee worked on finding solutions, which included 30 devices (stream laptops and iPad). Each device was set up with zoom, google meet and WebEx after potential providers were surveyed to determine what software was needed. The devices were checked out to local providers to address individuals with no access so video behavioral health and substance abuse services could be provided. As needed, they also came with internet service. This was provided at no cost to the individual or the agency.</p>
<p>7. The COVID-19 Communications committee met regularly with a primary goal to get the message out in a native language about the importance of wearing a mask, social distancing and staying home with the significant outbreak of COVID-19 for Hall, Hamilton, Howard, and Merrick counties. This plan included the development of a new website keepahead.info that provides information in English, Arabic, Spanish and Somali; organizing and distributing of signs in English and Spanish to every business that was open in Grand Island; placement of yard signs at high traffic areas including businesses along the highway and the bike trail. Social media was used including hashtags, a Facebook frame, videos from medical personal and a new Facebook site called WinBackGI.</p>
<p>8. During the reporting period, H3C partnered with local emergency shelters and the Central District Health Department to develop a community wide unsheltered individual plan related to COVID-19 and lessening the spread in the community. This plan included several flow charts processes to ensure an individual was followed from start to finish with case management and health care services. This plan was presented to the Governor and listed as a best practice.</p>
<p>9. No Small Matter film was shown at the Grand Theatre in downtown Grand Island with a question answer session that followed. In attendance was Senator Dan Quick, Mayor Roger Steele and Mr. Marcie Kemnetz – Central Community College Grand Island Campus President</p>

4. ENGAGEMENT UPDATE

4.1 How is your collaborative working to ensure that young people and families are actively engaged in the planning, implementation, and evaluation of their community's prevention system?

July-Dec 2019:

No work was completed in this area during the reporting period.

Jan-June 2020:

During the reporting period, youth were engaged as part of the COVID-19 Communications Committee. They helped develop the messaging then went out to their peers and did a video on the importance of social distancing, wearing a mask and staying home in multiple languages.

<https://www.facebook.com/watch/?v=228165185062167>

The COVID-19 Communications committee's primary goal was to get the message out about the importance of wearing a mask, social distancing and staying home with the significant outbreak of COVID-19 for Hall, Hamilton, Howard, and Merrick counties. One of the things that was done was placing signs in every business in Grand Island and some of the outlying areas using billboards and yard signs. Two members of the committee provided a list of all the minority businesses in the area and volunteers reached out to every business on foot. A KeepAhead.info website was created to provide specific information

regarding best practices during COVID-19. This website allows clicking on the information in English, Arabic, Spanish and Somali.

5. EVENTS UPDATE

5.1 What events has the collaborative hosted or helped organize?

Events			
Date(s)	Event Topic/Description	# of Attendees	Audience (Parents, Young People, General Public, etc.)
N/A	N/A	N/A	N/A
6-Month Total (July-Dec/Fall)		0	N/A
1/8/2020	1. H3C Coaches Agency Initial Meeting	15	Agencies who could provide family coaching
1/16/2020	2. No Small Matter Movie	181	Community Childcare Providers
1/29/2020	3. H3C Coaches Agency Follow-Up Meeting	15	Agencies who could provide family coaching
1/30/2020	4. Elevating Nebraska's Early Childhood Workforce: Report and Recommendations of the Commission Watch Party	23	Birth – 11 Community Partners
2/20/2020	5. H3C Planning Conversation with Dr. Catapano from University of Nebraska Kearney	4	UNK Alexandra Dillon CCC – Grand Island
2/27/2020	6. RIR Provider/Director Collaboration Meeting	15	RIR Providers and Directors
3/31/2020	7. RIR Provider/Director Collaboration Meeting	18	RIR Providers and Directors
4/3/2020-4/6/2020	8. Birth – 11 Committee Delivery of milk and bread	75	Home and Center Childcare Providers
4/7/2020	9. Community Response Networking	15	Central NE Collaborative Staff
4/23/2020	10. Community COVID-19 Sign Distribution	12	Businesses
4/30/2020	11. RIR Virtual Director Collaboration Meeting	9	RIR Directors
4/30/2020	12. RIR Virtual Provider Collaboration Meeting	17	RIR Providers
5/27/2020	13. Birth – 11 Committee Drive-Thru Pick-Up of Beef, Sanitizer, other food	54	Home and Center Childcare Providers
5/28/2020	14. RIR Virtual Director Collaboration Meeting	9	RIR Directors

5/28/2020	15. RIR Virtual Provider Collaboration Meeting	17	RIR Providers
5/29/2020	16. Distribution of ½ gallon and individual containers of milk, sanitizer	60	Home and Center Childcare Providers
6-Month Total (Jan-June/Spring)		539	
12-Month Total (and Fall to Spring Change)		539	

6. FUNDING UPDATE

6.1 What efforts has NC funding supported?

Funding from or Administered through Nebraska Children and Families Foundation			
Source and Fiscal Agent	Efforts Supported	Funding Period	Total Amount
Community Well-Being- Promoting Safe and Stable Families (PSSF), Title IV-E Waiver Alternative Response/Community Response Expansion (IV-E) – Hall County Community Collaborative	Community Response Flood Assistance Flex Funds for Dental, Mental Health and Direct Services Central Navigation	6/1/2019-12/31/2019	\$38,000.00 (not previously reported; contract executed during the July 1, 2019-June 30, 2020 reporting period)
Rooted in Relationships – Grand Island Public Schools	Pyramid Model Implementation Community Work Selection of Systems Priority	7/1/19 – 6/30/20	\$100,000
Rooted in Relationships - Nurturing Healthy Behavior (NHB), Child Care Development Fund (CCDF), Buffett Early Childhood Fund (BECF) – Buffalo County Community Partners	Buffalo County	7/1/19 – 6/30/20	\$160,000**
Rooted in Relationships – Nurturing Healthy Behaviors (NHB), Buffet Early Childhood Fund	Dawson County	7/1/19-6/30/20	\$100,000**

(BECF) – Two Rivers Public Health Department			
Ready Rosie – Preschool Development Grant (PDG) - Head Start Child & Family Development Program, Inc.	Subscriptions for 2 home based providers and 2 Ha programs Mileage paid to Head Start	7/1/19-12/31/19	\$1,194.88**
Communities for Kids – Buffet Early Childhood Foundation (BECF), Scott - Grand Island Public Schools	Facilitates conversations among Grand Island’s public and private organizations and provides, expertise, tools, and resources to the community	11/1/19-6/30/20	\$9,800
Sixpence CCP – Grand Island Public Schools	Support to parents of young children and early childhood caregivers to create safe, stimulating environments	7/1/19-6/30/20	\$225,000
Sixpence CCP – Hastings Public Schools	Support to parents of young children and early childhood caregivers to create safe, stimulating environments	7/1/19-6/30/20	\$225,000
Sixpence – Grand Island Public Schools	Home Based	7/1/2019-6/30/2020	\$159,870**
Sixpence -- CCP		7/1/2019-6/30/2020	\$225,000**
6-Month Total (July-Dec/Fall)			\$1,287,279.23
Community Well-Being – Hall County Community Collaborative	Community Response Flex Funds for Behavioral, Physical/Dental health, Housing, Parenting, Transportation and Utility Assistance Family Navigators Host Homes Parent Connectors Circle of Security Parenting Classes Discovery Kids Community Training	1/1/2020-9/30/2020	\$425,830 new; \$24,855.19 carryover
Connected Youth Initiative/PALS and Opportunity Passport – Central Plains Center for Services	Coaching Opportunity Passport	4/1/2020-9/30/2020	\$40,000

Nebraska Impact COVID-19 Fund – Hall County Community Collaborative	COVID Community Response Flex Funds for Behavioral, Physical/Dental health, Housing, Parenting, Transportation and Utility Assistance	4/30/2020-	\$50,000
Communities for Kids – Buffet Early Childhood Foundation (BECF), Scott – United Way of South Central Nebraska	Adams County	4/1/20-6/30/21	\$7,500
Communities for Kids – Buffet Early Childhood Foundation (BECF), Scott – First United Methodist Church of Lexington	Lexington (Dawson Co)	1/1/20 – 6/30/20	\$11,741.00
Beyond School Bells – Sherwood – Kearney CLC Program	Buffalo Co – ELO	4/1/2020-3/31/2021	\$17,500
6-Month Total (Jan-June/Spring)			\$577,426.19
12-Month Total (and Fall to Spring Change)			\$1,864,705.42 (-\$709,853.04)

Items marked with a ** indicate items added to this table that were not present in the earlier, July through December reporting template.

6.2 In addition to NC funding, what new funding has been awarded to the collaborative during this reporting period?

New Funding Awarded to Collaborative Since July				
Name of Funding	Source	For	Funding Period	Total Amount
N/A	N/A	N/A	N/A	N/A
6-Month Total (July-Dec/Fall)				\$0
4/24/2020	Community Compassion Fund – CHI Saint Francis Medical Center	Community Response – Housing and Utility Assistance	30 days after receipt	\$20,000
6-Month Total (Jan-June/Spring)				\$20,000
12-Month Total (and Fall to Spring Change)				\$20,000

6.3 Since January 1, what new funding has been obtained by the collaborative’s partners as a result of collective impact during this reporting period? Like above, only report multi-year grants in the 6-month period during which they were initially awarded and list the total amount and the entire funding period. For

example, if a three-year grant was awarded to the collaborative this August, provide the amount of the grant and the start and end dates for the three-year funding period. Do not re-report this grant in future.

New Funding Awarded to Partners as a Result of Collective Impact Since July				
Name of Funding	Source	For	Funding Period	Total Amount
N/A	N/A	N/A	N/A	N/A
6-Month Total (July-Dec/Fall)				\$0
N/A	N/A	N/A	N/A	N/A
6-Month Total (Jan-June/Spring)				\$0
12-Month Total (and Fall to Spring Change)				\$0

7. ESTIMATE OF STAFFING AND PARTNERS

7.1 How many organizations and staff do you estimate currently participate (as of this reporting period) in the core prevention strategies listed below?"

Estimate of Organizations and Staff Participating in Core and Other Strategies		
Strategy	# of Organizations (Jan-June/Spring)	# of Staff (Jan-June/Spring)
Circle of Security Parenting (COS-P)	4	6
Community Response (CR)	2	3
Parent Child Interaction Therapy (PCIT)	1	1
Parents Interacting with Infants (PIWI)	1	13
Rooted in Relationships (RIR)	1	5
Sixpence and Sixpence CCP	2	5
Discovery Kids	1	2
Family Navigators:	1	5
Host Homes	1	1
Parent Connectors	2	3

8. UPDATE ON IMPLEMENTATION OF PREVENTION STRATEGIES

8.1 What are the prevention strategies that the collaborative has offered or worked toward offering during the most recent six months (January-June 2020)? Examples include but are not limited to Circle of Security Parenting (COS-P); Community Response (CR); Parent Child Interaction Therapy (PCIT); Parents Interacting with Infants (PIWI). If there are other prevention strategies that have been offered or the collaborative has worked toward offering in the most recent 6-month, also list them below.

8.2. For each prevention strategy listed above, what have been the main successes and challenges during the most recent six months (January-June 2020)?

Circle of Security Parenting: COVID-19 significantly impacted the number of classes that were offered during the reporting period. One class was completed prior to the pandemic, a second class had been started but was interrupted. H3C only had one facilitator who was interested in doing the class online, so the interrupted course was completed.

Community Response: COVID – 19 has changed the way our services are provided to families. This has presented opportunities for growth especially online access to our materials. We have updated the H3C website to reflect resources and applications. We have hired a part-time Spanish navigator to provide services and outreach. During the reporting period we have seen many applicants who have never used services before but have been laid off. We developed a list of all utility providers in the service area and communicated how they were handling shut-off notices during the pandemic. Our biggest accomplishment was the training of coaches to begin services in July 2020.

Parent Child Interaction Therapy: In the gathering of the information for this report, it was brought to our attention that a local mental health provider, Amy Sjolholm is using this type of therapy with services that she is providing through Mid Plains.

Parents Interacting with Infants (PIWI): PIWI is utilized through the Early Head Start home visiting program and EHS and Sixpence socializations. Prior to COVID, Sixpence offered 1 socialization per month, while Early Head Start offered them twice per month. Additional training could be offered to train additional staff members and childcare providers who work with infants.

Rooted in Relationships – Amidst COVID, coaching was still occurring with providers. During the period, a coach resigned so another coach stepped in to continue services to ensure a seamless transition by establishing her relationship virtually. To better support directors and providers, separate virtual meetings were held to address the different needs. During the reporting period, providers have seen the importance of the Rooted Coaches and the Program in general. Social/emotional materials were provided to enhance the outdoor space; coaches noticed significant growth in providers in understanding, utilization, and development in this area. As a direct response to COVID-19 and provider concerns/needs, weekly emails were sent for the Birth – 11 Committee to respond to immediate concerns like bread, milk, cleaning supplies, hand sanitizer and the growing concern over the cost of meat through a hamburger donation. Finding Strength in the struggle was offered to providers to help them cope and implement mindfulness into their daily activities and help alleviate the anxiety and stress during the ever-changing time. American Red Cross babysitting courses were offered. Provider recognition day was an opportunity to continue to build on the relationship with providers and support children's social/emotional development – Mood and Emotion mirrors and a social-emotional board book set were distributed. COVID has challenged providers but has presented an opportunity to connect with non-RIR programs and positively impact the quality of early childhood care in the community.

Sixpence and Sixpence CCP: Sixpence and Sixpence CCP have continued to offer services throughout the reporting period, somewhere offered in person prior to COVID while others done via zoom. The part of

the program most impacted were the socializations during COVID. Parents missed out on the getting together and the in-person role modeling.

Discovery Kids: Prior to COVID-19, Discovery Kids had impacted 40 students in the offering of their classes. Additional classes were scheduled but since they are held in the schools, they were unable to continue after the pandemic began. During this time, the Discovery Kids staff continued to do research and have worked on plans to provide some services virtually if needed in the future.

Family Navigators: Family Navigators continues to partner with Hastings Public Schools to provide services to at-risk families. COVID-19 impacted how they provided the service but did not cease unless a family chose to do so. The program has implemented a formalized goal setting process which will show the family accomplishments and track the work that is being done.

Host Homes: Host Homes was not utilized during the reporting period.

Parent Connectors: Parent Connectors continues to provide services but struggles to complete weekly calls with families. The families that are completing those calls are provided knowledge and access to resources by their Parent Connector.

9. FEEDBACK

9.1 What is one way in which Nebraska Children, Consultants, and/or UNMC/MMI can better support work being done in your community (optional)?

Continuing to provide a consultant for our program is extremely beneficial. I would also like some professional development related to press releases. I would like to use these for our evaluation data and when we are awarded funding.

9.2 Any other feedback or thoughts (optional)?

RIR has increased support from NCFE during COVID and was able to discuss options and different strategies on a weekly basis through our leadership team meetings and individually. I think the support, especially related to COVID 19 has been wonderful.

10. DATA ON CWB CORE PREVENTION STRATEGIES

Circle of Security

Circle of Security Parenting™ (COS-P) is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child.

Strategy: COS-P			
Number of Participants Served Directly	34	Number of Participants Served Indirectly	N/A
Number of Participants' Children Served Directly	106	Number of Participants' Children Served Indirectly	N/A

Strategy: COS-P			
Number of Participants who identified as Female	17	Number of Participants who identified as Male	17
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			16
Number of Participants with Disabilities Served Directly			
Number of Participants' Children with Disabilities Served Directly			

Race					
White	Asian	Black or African American	Multi-Racial	American Indian or Alaska Native	Other
30	1			2	

Ethnicity	
Hispanic/Latino	Not Hispanic/Latino
6	27

Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5-point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were statistically significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to relationships with their children and parenting and decreased stress.

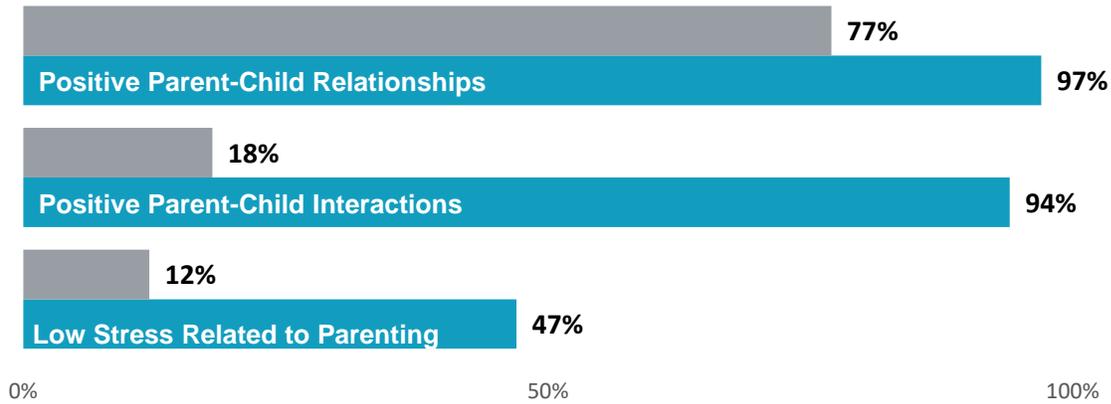
Although there were statistically significant improvements in reduced parenting stress, the majority of the parents continued to rate their stress in the moderate range.

	Number of Parents	Low Stress	Parent-Child Relationships	Parent-Child Interactions
Statistical Analyses Results				
Pre-Mean	33	2.55	4.09	3.03
Post-Mean	33	3.30	4.64	4.46
Significance Value		$p=.005^*$	$p<.001^*$	$p<.001^*$

*Represents a significant change in scores.

Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.

More parents rated their stress level lower by the end of the COS-P session.



Summary of Satisfaction

Families completed a satisfaction survey to provide feedback about their experience with COS-P. Overall, the parents rated the program implementation very positively, rating the items as mostly or strongly agreed.

Quality <i>How well? (Process)</i>		
# and % who strongly agree or mostly agree that meeting with a group of parents was helpful.	33/34	97.1%
# and % who strongly agree or mostly agree that the leader did a good job working with the group.	34/34	100%

Community Response

Community Response is a voluntary system that is available to all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community. Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

Strategy: Central Navigation – SUMMARY (ALL PARTICIPANTS)			
Number of Participants Served Directly	252	Number of Participants Served Indirectly	N/A
Number of Participants' Children Served Directly	545	Number of Participants' Children Served Indirectly	N/A

Strategy: Central Navigation – SELECT DEMOGRAPHICS (ALL PARTICIPANTS)			
Number of Participants who identified as Female	202	Number of Participants who identified as Male	49
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			186
Number of Participants with Disabilities Served Directly			17
Number of Participants' Children with Disabilities Served Directly			37

Race/Ethnicity					
White	Hispanic or Latino	Black or African American	Multi-Racial	American Indian or Alaska Native	Other
130	87	16	1	7	

Strategy: Central Navigation: People 25 and Under, With System Experience			
Number of Participants Served Directly	36	Number of Participants Served Indirectly	N/A
Number of Participants' Children Served Directly	13	Number of Participants' Children Served Indirectly	N/A

Strategy: Central Navigation: People 25 and Under, With System Experience			
Number of Participants who identified as Female	21	Number of Participants who identified as Male	14
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			22
Number of Participants with Disabilities Served Directly			0
Number of Participants' Children with Disabilities Served Directly			

Race/Ethnicity					
White	Hispanic or Latino	Black or African American	Multi-Racial	American Indian or Alaska Native	Other
27	3	4		1	

Description of Participants in Community Response: Initial Self-Ratings of their Access to Concrete and Social Supports	
% of people who rated themselves low in Social Supports*	% of people who rated themselves low in Concrete Supports*
34.5%	22.3%

*Rating of 3 or lower on a 5point Likert scale

Protective factors. Several strategies were used to evaluate the efficacy of Community Response. At completion of services (which was typically 30 to 90 days), families were asked to complete the pre-post survey that was comprised of four areas of protective factors including: social supports, concrete supports, hope and resilience. No data is available for analyses.

Access to services. Families were asked to rate the degree that they were able to access services prior to and after coaching. No data is available for analyses.

Satisfaction ratings. Parents were asked to rate the degree they were satisfied with the services provided by Community Response. No data is available for analyses.

Support service funds were available to each community to distribute to families based on their needs. The following table demonstrates how the community distributed their funds.

Support Services Funds Breakdown –
Central Navigation – SUMMARY: ALL PARTICIPANTS

Priority Area	Total Number of Participants Receiving Funds	All Dollars	Average Dollars
Housing	104	\$63,191.57	\$607.61
Employment	0		
Utilities	115	\$30,445.25	\$264.74
Physical/ Dental Health	1	\$594.56	\$594.56
Daily Living	1	\$1,100.00	\$1,100.00
Mental Health	3	\$1,223.00	\$407.67
Education	0		
Parenting	1	\$500.00	\$ 500.00
Transportation	22	\$6,288.25	\$285.83
Other	0		
Total	247	\$103,342.63	\$418.39

Central Navigation: People 25 and Under, With System Experience

Priority Area	Total Number of Participants Receiving Funds	All Dollars	Average Dollars
Housing	2	\$1,317.51	\$ 658.76
Employment	0		
Utilities	0		
Physical/ Dental Health	0		
Daily Living	0		
Mental Health	0		
Education	0		
Parenting	0		
Transportation	3	\$729.07	\$243.02
Other	0		
Total	5	\$2,046.58	\$409.32

11. DATA ON LOCAL PREVENTION STRATEGIES

Strategy: Discovery Kids			
Number of Participants Served Directly	0	Number of Participants Served Indirectly	0
Number of Participants' Children Served Directly	40	Number of Participants' Children Served Indirectly	0

Strategy: Discovery Kids			
Number of Participants who identified as Female	23	Number of Participants who identified as Male	17
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			NA
Number of Participants with Disabilities Served Directly			NA
Number of Participants' Children with Disabilities Served Directly			NA

Strategy: Host Homes			
Number of Participants Served Directly	0	Number of Participants Served Indirectly	0
Number of Participants' Children Served Directly	0	Number of Participants' Children Served Indirectly	0

Strategy: Host Homes			
Number of Participants who identified as Female	NA	Number of Participants who identified as Male	NA
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			NA
Number of Participants with Disabilities Served Directly			NA
Number of Participants' Children with Disabilities Served Directly			NA

Strategy: Parent Connectors			
Number of Participants Served Directly	11	Number of Participants Served Indirectly	0
Number of Participants' Children Served Directly	NA	Number of Participants' Children Served Indirectly	23

Strategy: Parent Connectors			
Number of Participants who identified as Female	11	Number of Participants who identified as Male	0
Number of Participants who Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			NA
Number of Participants with Disabilities Served Directly			NA
Number of Participants' Children with Disabilities Served Directly			NA

12. CHILDREN AND FAMILIES REACHED IN ROOTED IN RELATIONSHIPS

Directions: In the table below, please provide a summary of the children and families served as part of your Rooted in Relationships grant during the most recent 6 months (January-June 2020). Include counts of for all children and families served, making sure to include children and families served for strategies that might also be listed above (for example, PIWI or PCIT, if these were funded using both Rooted in Relationships and Community Well-Being dollars). Also include Pyramid and other systems strategies that are included in your work plan. The counts should include any family or child that was active at any point in this time period. Also, please complete Appendix A, Community Work Plan Updates – Rooted in Relationships.

See Appendix B – Definitions for complete definitions of terms used in the table below (e.g. “families served directly”, “families served indirectly”).

RIR Total/Summary of Children & Families Reached			
Number of Families Served Directly	146	Number of Families Served Indirectly	78
Number of Children Served Directly	212	Number of Children Served Indirectly	156

APPENDIX A –ROOTED IN RELATIONSHIPS WORKPLAN UPDATES

Directions: In the following section, please identify your work plan objectives and then describe your recent challenges, successes, and next steps for each of the objectives identified in your work plan. Please focus on the work that has occurred during the current 6-month reporting period (i.e. January 1, 2020–June 30, 2020); in other words, no need to restate information provided in prior reports. If your community has more than three objectives, you can copy and paste below. If this is the first year of Rooted participation, please provide narrative related to planning and list “Rooted in Relationships Planning” as the Objective.

Objective 1: To continue to meet as a group to develop a more in-depth work plan for systems work around child development.
Accomplishments
Three subcommittees were formed to focus on specific areas, workforce development, partnerships outside of learning and provider/parent relationships. New and strengthened relationships with home and center childcare providers during COVID 19. Leadership Team met weekly to hear and respond to childcare providers needs and find solutions. Provider appreciation day allowed engagement with all providers in Grand Island.
Challenges
Items were put on hold due to COVID-19, like a system to engage the business community
Next Steps
Engage non-English speaking providers Complete a business survey

Objective 2: Improve community member’s knowledge of child development.
Accomplishments
American Red Cross babysitting courses were offered to older children who were providing care for younger siblings due to school closures. No Small Matter film was show in partnership with a local theatre, 181 people were in attendance. Attendance included Senator Dan Quick, Grand Island Mayor Roger Steele and Central Community College Grand Island Campus President Dr. Marcie Kemnetz Elevating Nebraska’s Early Childhood Workforce: Report and Recommendation launch was held at Central Community College and Mary Berlie, Executive Vice President at Grand Island Economic Development Corporation, Channel 4 & 13 television stations were in attendance
Challenges
Outreach to different audiences such as Rotary, Leadership Tomorrow, etc. was postponed due to the pandemic
Next Steps
Recruit business members to serve on the Birth – 11 committee Expand Ready Rosie program to increase child development knowledge in parents Create a newsletter that highlights events, opportunities 4 times per year.

Objective 3: Pyramid Model Implementation
Accomplishments
<p>Monthly reflective coaching has continued, despite COVID-19, it was just done virtually and, in many cases, increased during the reporting period.</p> <p>Provider in-person or virtual provider collaboration meetings were held in February, March, April, May, and June.</p> <p>A Rooted in Relationships Director collaboration meeting was added in April and May to focus on the unique needs of directing a childcare center.</p>
Challenges
<p>NTI conference was cancelled due to COVID-19.</p> <p>Due to COVID-19 some providers decreased the amount of time with their coaches due to the stress of staying open and maintaining a safe environment for staff and children.</p> <p>Not all module trainings were completed due to the pandemic.</p>
Next Steps
<p>Complete 4 pyramid module trainings for participating providers</p> <p>Continue to provide monthly coaching</p> <p>Offer 6 provider and 6 director collaboration meetings</p> <p>Implement Pyramid Module trainings</p>

APPENDIX B – DEFINITIONS

EXAMPLE

RIR Total/Summary of Children & Families Reached			
Number of Families Served Directly	100	Number of Families Served Indirectly	200
Number of Children Served Directly	300	Number of Children Served Indirectly	400

Families: Families = Parents for reporting purposes. In the example above, the 100 “families” are 100 parents. This is the number of families who received services aimed at preventing child abuse and neglect during the reporting period. These services may be directed at specific populations identified as being at increased risk of becoming abusive and may be designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. *Note:* You should not duplicate your counts. In other words, if you served 100 families in which there were 300 children, you would report 300 children in the child category and the 100 in the family category.

Number of Organizations Participating: The number of organizations represented by the staff actively participating in the design and delivery of a strategy.

Number of Staff Participating: The number of staff actively participating in the design and delivery of a strategy. Number of staff should almost always be greater than or equal to the number of organizations.

Served Directly: Children or families with whom there is **sustained and direct contact** with such as PCIT sessions, Community Response, Circle of Security-Parenting classes, and PIWI sessions. Also includes

families and children served directly through Rooted in Relationships work. Note: PIWI strategies infused into different programs (for example, infused into home visitation, Head Start) can be counted as direct services only if carried out by certified trained person and if Nebraska Children/NCAPF Board evaluation measures are completed (i.e. CR/CYI Evaluation Packet, PIWI Evaluation Packet).

Served Indirectly: Children and families with whom there is **not sustained and direct contact**. Typically, this category applies to short-term activities with children and families. Children may be served indirectly through Rooted in Relationship work, and other example of families or children served directly are:

- Count of families that attend a health fair
- Count of children associated with the families above that attended a health fair
- Count of families that attended a training event
- Count of children associated with the families above that attended a training event
- For families participating in PIWI or PCIT, a count of children in the family other than the child actually participating. In other words, siblings of children in PIWI or PCIT are counted as served indirectly, because they are indirectly benefiting from their parent's participation in the service.

With Disabilities: Reflects field on the CR/CYI Participant Information Form where a parent (or therapist, in the case of PCIT) indicates the presence of a disability.

APPENDIX C – FOCUS GROUP NARRATIVE

Hall County Community Collaborative Focus Group Summary June 2020 COVID Focus Group - UNMC MMI Focus group/interview questions

BACKGROUND

External evaluators with UNMC MMI conducted a focus group in June 2020, with the H3C director, the Central Navigator and the NCCF consultant. The purpose of the focus group was twofold, 1) to identify successes and challenges related to the work of the Collaborative and 2) to gather information in order to understand how the collaborative-related work was impacted by COVID-19 and how the community responded.

COLLABORATIVE UPDATE

It has been a positive year for the collaborative. The director noted, "We've gotten to be a better, much more organized program and have been able to assist a lot of families with the capacity that has been built." Their team has grown to include a full time director, a full-time central navigator and a part time bilingual navigator. Regular meetings have helped to strengthen the collaboration and the collaborative. The next phase is to build a coaching system so people who access support through central navigation can receive additional guidance and resources. They have met with three coaching agencies and set up the procedures, the forms and the budgeting trainings. They are excited that coaching will finally start in Hall County. The Central Navigator noted, "Coaching is coming in at the perfect time. People will need the support with all the new bills... Families will need the help."

In several ways, COVID has strengthened the collaborative

New partnerships have formed:

- Weekly calls, initiated by the Heartland United Way, began on March 16, bringing together 37 organizations, including the health department, the hospital, physicians, work force development leaders, churches, business leaders and other non-profits. A trained facilitator leads the calls. As of June 1, the calls have continued every other week. There has been a greater sharing of resources, increased communication about the services available and greater coordination.
- The Central Navigation subcommittee has grown through his time. They have surveyed the community to determine current needs and to project what needs will be in the near future.
- State Senator Quick was active in the COVID calls and participated in the United Way community meetings. This enhanced partnership with their state senator has been greatly appreciated.

New sources of funding have emerged:

- Local Churches: H3C is now working closely with local churches that have funds to distribute but do not have a way connecting directly with people who need the help. The Central Navigator has assisted them in distributing funds effectively.
- Hospital Foundation: An additional source of funding is the St. Francis Hospital foundation fund that set aside \$20,000 for COVID relief for families. H3C has had the opportunity to use these monies.

The collaborative has been effective in solving problems created by COVID

- Helped get behavioral health resources and technology to people who need it so they could continue to get services through tele-health
- Helped child care providers get milk and bread
- Offered counseling sessions to support child care providers suffering from "COVID fatigue"
- Funded a facilitator to teach five American Red Cross baby sitter classes online so older siblings are better prepared to watch the younger kids in their family.
- Helped practicum students offer free counseling
- Will partially fund a Spanish language support group for COVID-positive individuals and families.
- A food committee was formed to address the increased food insecurity caused by the closing businesses in response to COVID.

COVID has impacted various aspects of the collaborative's work

Trainings:

At first, nearly all trainings were cancelled, but over time H3C found ways to continue trainings virtually. Some trainings were "paused" and have since resumed including Youth Mental Health First Aid and Trauma 101.

Policies:

- **New policies were developed to accommodate new services.** With the introduction of hotel/motel vouchers for homeless individuals, H3C leadership discovered quickly that guidelines were needed to implement this new service. They also set up a system to partner with the health

department. All claims are now processed electronically, and they will continue this system as it has been very successful.

- **Old policies are under review.** H3C is considering upping the limit of dollars that can be distributed to a family. They are seeing stark financial impacts of COVID and recognize that some families may need more assistance than was previously allowed as unemployment persists and rent that was initially suspended is coming due.

Youth Engagement:

The only change has been meeting with youth over the phone instead of in person.

Events:

Membership meetings have been held virtually. Guest speakers and presentations have continued.

Funding:

Pre-COVID, the Birth to 11 committee formed a partnership with local Economic Development (ED) organization and added representatives to the committee. The ED organization is willing to pay for some trainings and is helping H3C connect with the business community particularly to support quality childcare. This includes sponsoring trainings and providing stipends for childcare providers to attend.

Community Response (CR):

Community Response has continued through the pandemic but there are no in person meetings. CR now accepts verbal consult over the phone to participate and be a part of the evaluation.

Circle of Security Parenting (COS-P):

COS-P has continued on a smaller scale. One class started pre-COVID and finished it virtually. H3C anticipates that the series will continue virtually for a long time to come. There is a waiting list now – the maximum for each class is 3 participants. H3C has 6 COS-P facilitators willing to teach. There are a few others who are trained but not providing classes. It has been a challenge to find Spanish speaking facilitators.

COVID-19 COMMUNITY SOLUTIONS FROM THE COVID PLAYBOOK

- **The #1 issue has been providing communication in multiple languages.** There is a communications team including H3C director that came together to provide community messages using billboards, posters, and door to door outreach to businesses to get them posters to put up.
- **Weekly community calls, started by the Heartland United Way, have been very effective.** They have brought together the health department, economic development leaders, non-profits, churches, the hospital, physicians and
- **Suicide prevention was a key focus.** Messaging around suicide prevention was developed in English, Spanish, Arabic and Somali. The city parks department posted yard signs across the trails system. H3C would like continue to provide communication in these four languages and offer create Central Navigation forms in Somali and Arabic. They would also like to have a language phone line for other languages. They are also investigating the feasibility of contracting with someone who can speak/read Arabic so support the work in the community.
- **The Playbook plan for childcare support was implemented and was effective.**

- **Mental Health services have been provided remotely.**
- **Young adults and families have been a part of the conversation around COVID and community response but have not been problem solvers.** Grand Island Public Schools have helped bring parents to the table for certain topics related to schools.
- **Additional dollars were used to update the H3C website.** They have added a new page with resources for childcare providers. They update the website daily and include activities for caregivers to do with young children based on their developmental age.

Challenges:

- **At times the Governor's message did not match what the local health officials were saying.** This made decision-making and communication difficult. Over time, the local and state leadership aligned and this was no longer an issue. The head of communications at the Grand Island Public Schools helped lead a community-wide communication plan, which increased the alignment around public health messaging. Local journalists were included in this work.
- **Some solutions took longer to implement than anticipated.** One example was getting access to the needed technology to continue vital health services. There was a five-week delay in getting sufficient devices to provide mental health services to those who needed them. They started with 30 devices and that was not enough.
- **Youth should have been included on the communication committee from the start.** They were added later, and their input was very helpful. The youth helped make public service messages and provided input on how to promote social distancing.

NCCF SUPPORT

- **The weekly calls have been extremely important and their value has increased over time.** It has been helpful to learn about resources and initiatives across the state that are available to every community. They also like the Greater Nebraska calls that address needs and concerns that are unique to smaller communities.
- **Having the First Lady on the weekly calls was particularly important.** They felt she gave them access the Governor's office and that she expedited their requests. An example of this was their request for materials about COVID prevention in Spanish to distribute in their community.
- **NCCF staff provided vital support to the process of developing the Playbook.** One-on-one conversations as well as statewide calls contributed to H3C's successful completion of this vital tool for getting needed funding and for solving unique local problems at the local level.
- **NCCF helped H3C support a new community to start a collaborative with H3C serving as the fiscal agent.**

Suggestions for NCCF

- **The directive to house the homeless in hotels was sudden and seemed disorganized.** It was difficult to learn about this initiative on a state-wide call. The community had many questions and did not find this initial announcement actionable. The urgency was evident but without local buy-in and support it was difficult to implement quickly.

- **It would be helpful to know what each community is doing with their funding.** They would like to learn about how other communities are expanding services to individual without children during the pandemic. They also want to hear how others fill the funding gaps.

SUMMARY

Overall, the H3C collaborative is stronger and better prepared to address community needs than ever before. The expansion of partnerships, new sources of funding, and improved communication has helped the community endure the pandemic.