Youth, Adolescents and Children Work Group of the Buffalo County Well Being Collaborative Powered by Buffalo County Community Partners (ver. 8.16.22)

"What from our past, present and anticipated future will help us prevent children Ages 0-5 from (re)entering the system?"

Accomplishments	Set Backs	Strengths	Weaknesses	Threats	opportunities
Kearney Parks and Rec, Library, YMCA KA Children's Museum: Safe Neutral Environment. Parents and Supervised Visits create safe environment Social Emotional Initiatives: Pyramid, Rooted Early Intervention: EDN, Early Head Start Sixpence Home	 COVID School and Child care expulsions Hard to focus on SE due to hierarchy needs not met Lack of child care options Child Care staffing and turnover Lack of Funding Low CHild Care Pay Mental Health needs Lack of importance understanding of developmental milestones Lack of importance of early childhood Prenatal stress on baby Poverty Transportation Language and communication barriers Access to food 	 Attention to early childhood has highest dividends Expansion of early childhood initiatives and curriculums: SOcial emotional, spanish-speaking trainings, parent education Expanding, adding more locations, home based centers for families that cannot access centers Social Emotional Sixpence expanded-added 3 programs Communities for Kids: Quality and Capacity, Early Learning Scholarships Providing more spanish-speaking trainings for providers Lunch program 	 High Rate Expulsions Lack of knowledge of early childhood importance Forced importance has been placed on technology and the adverse effects Burnout of educators and providers, compassion fatigue Stress for the families Stress for employers, community Knowledge of how to deal with disruptive and severe behaviors Abuse and neglect Lack of understanding of 	 Funding Burnout of child care providers Parents not returning to work due to high cost of child care Social Emotional Impact of Covid is a threat: technology dependence as it relates to parents productivity and less engagement with child, no boundaries, unintended modeling of overuse of technology for work, social skills declining Parent Education on the risks of technology Over stimulation-The inability to be bored, Instant gratification (low number of high school jobs, hopping jobs) Inflation: threats to needs (formula, foods) Knowledge of basic chores due to parent engagement 	 Providing more opportunities for life skills: household chores, family and parent education, finances Family and Parent Education in High school More paid maternal and paternal leave (sweden) Intentional and in person Programs aimed at creative outlets, finding the balance screens and real play Education on screen time including school Social Skills: more of an acceptance of the importance Parent Education

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		 (KPS) Free programs for families Parent Education and Classes: COSP, Parent Pyramid, Head Start Scholarships for children to participate in programs: United Way Awareness and Platform to discuss early childhood due to COVID Employers flexibility for work life balance 	the secure bond and attachment: leads to all other barriers on the list Lack of communication between parents and providers Stigma of labels: behavioral health needs, family needs Culture barriers		
Past		Pres	sent	Future	
Accomplishments	Set Backs	Strengths	Weaknesses	Threats	opportunities

[&]quot;What from our past, present and anticipated future will help us prevent children Ages 0-5 from (re)entering the system?"

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"What from our past, present and anticipated future will help us prevent children ages 6-17 from (re)entering the system?"

Accomplishments	Set Backs	Strengths	Weaknesses	Threats	opportunities
 Truancy issues that were addressed then came to Hanny Arram Center (HAC) and graduated ** Friends program (mentoring) success stories from matches HHS implementing alternative response (voluntary services vs traditional response) Having Community response dollars Robust referral system Move from more punitive to community based HOPE squads at UNK, KH and Horizon MS to help with mental health and suicide prevention in a peer to peer model ** 	 Covid ** Access to services during the pandemic ** Getting more referrals than the services can handle (waiting lists) ** System involvement due to mental health ** Child is the one with the juv petition, but often it's a family issue Parental involvement Lack of volunteers (result of pandemic) Climate of our nation (politically) Social media and internet 	 Matching a youth to a positive role model (mentoring) Accessing funding for pre-adjudication teenagers/young people that volunteer are learning the value of this, nonforced to volunteer Having RYH in our community is a strength HAC *** UNK having the counseling program More support at KPS with social workers and allowing outside supports to come in KPD more community involvement with youth and other opportunities to build positive relationships Mobile crisis 	 With the HAC, they are limited in only taking kids from KPS (would be nice to serve outside of this) Lack of rural service *** Not as many options for support with school for younger that middle school aged students When parents don't see the behavior as an issue, change is difficult No "warm center" to help before a full blown crisis *** Staff capacity (open positions that remain unfilled) Kearney Bound - specific 'type' of student. High 	 Funding/sustainability *** Climate of our country (politically) and administration changes Lack of family involvement*** Economic instability High turnover rates, Low paying positions in the helping field *** Idea that mental health should be "free" service? Insurance companies that only pay for certain services or providers 	 We've learned to work through a pandemic and should be prepared for future issues, can push ahead from the pandemic and move forward Schools have learned to adapt some with students learning online School support specialist (boystown) at Horizon *** Make Buffalo County more inclusive (not just Kearney but rural communities as well) *** Crisis response Ride along with police? Co responder model Families first prevention services act funds WRAP groups if we have capacity UNK – capacity

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		response Access to services has improved, 988 ** Circle of security (supports older children as well) Kearney Bound (scholarship program) Trauma informed care in school system Referrals from - to physicians. More supports from medical practices	achieving academic students No more bereavement services (aseraCare). Budget cuts? Lack of support groups across the board. Funding. Scheduling. Are barriers. Short on mental health providers Limitations of service definitions		support. Innovative and free. Motivation and energy around mental health supports, more comprehensive than past 5 yrs. Celebrating young people when they prioritize their mental health ***
Past		Pres	sent	Future	
Accomplishments	Set Backs	Strengths	Weaknesses	Threats	opportunities

[&]quot;What from our past, present and anticipated future will help us prevent children ages 6-17 from (re)entering the system?"

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"What from our past, present and anticipated future will help us prevent children ages 18+ from (re)entering the system?"

Accomplishments	Set Backs	Strengths	Weaknesses	Threats	im possible Opportunities
 Thompson Scholars:access to education Kearney Bound program KPS Transition 18,19,20 1st time offender Minor in Possession Juvenile Justice Program HHS Bridge to Independence program Project Everlast program Connected Youth Initiative Drug Court Veterans court HHS: alternative response unit more proactive & preventive 	 Didn't view holistic need of person receiving help Bridge to Independence: aged out & certain factors create barrier to be in program Budget cuts/funding Housing Employment MH Practitioners available/workfor ce capacity Lack of services/compet ency 	 Scholarships/pr ograms Extra funding sources Reduced rates for low income families Broadband program Taskforces: MH, Housing, Proactive collaboratives Ride Along for MH, Substance Abuse. Clinician s ride w/law enforcement Kearney Intervention Team Unite Us/211 	 Transportation Undiagnosed traumatic brain injury lack of screening tools for TBI Awareness of programs available Distribution of getting resources to target population 	 Finding funding Staffing Burnout Apathetic attitude due to financial assistance received Hybrid option for learning/work Lack of connectivity Too much connection via screens Issues with reengaging youth Drug Misuse/abuse Brain Injury 	 Collaboratives that help meet community needs & action steps not just conversations Funding for COVID programs Harm reduction Prevention
Past		Pres	ent	Future	