

# Buffalo County **Well-Being Collaborative**



## **ORIENTATION**

The Well-Being Collaborative is a collaborative using collective impact and results based accountability to address community health problems.

[bcchp.org/2030](http://bcchp.org/2030)

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# Foundations of the Well-Being Buffalo County Collaborative

As a participant of the Well-Being Collaborative you can expect dialogue and action on complex social issues in your community. The collaborative is using innovative solutions to solve complex social issues in the areas of: Behavioral Health, Access to Resources, Thriving Children and Families, and Vulnerable Populations.

If you have been a member of previous coalitions, you have seen the impact your community has made in the past. Thank you for your efforts; together, we are moving from good work to great work. These six foundations adopted by the collaborative are the keystones for decision making inside the collaborative.

## Collective Impact

This model is an intentional way of working towards the same goal and measuring the same things.

## Results Based Accountability

This model measures our work, not just asking 'how much did we do' and 'how well did we do it,' also asking 'is anyone better off due to our collective efforts'?

## Wellness Indicators

Community data based on proven prevention strategies to establish baseline metrics for the work of the collaborative.

## Community Gaps

Bringing people together to identify gaps and addressing them using the foundations of the collaborative.

## 2030 Vision

By 2030, Buffalo County will have communities that:

- Will have resources that are easy to understand and accessible for all
- Will have access to basic services for all residents
- Will thrive when partners work together to coordinate services
- Will value all people and their voices will inform our work

## Collaborative Structure

The collaborative structure is how we implement the foundations to move our vision statement into reality.

Ready to Join?  
[bcchp.org/volunteer](http://bcchp.org/volunteer)

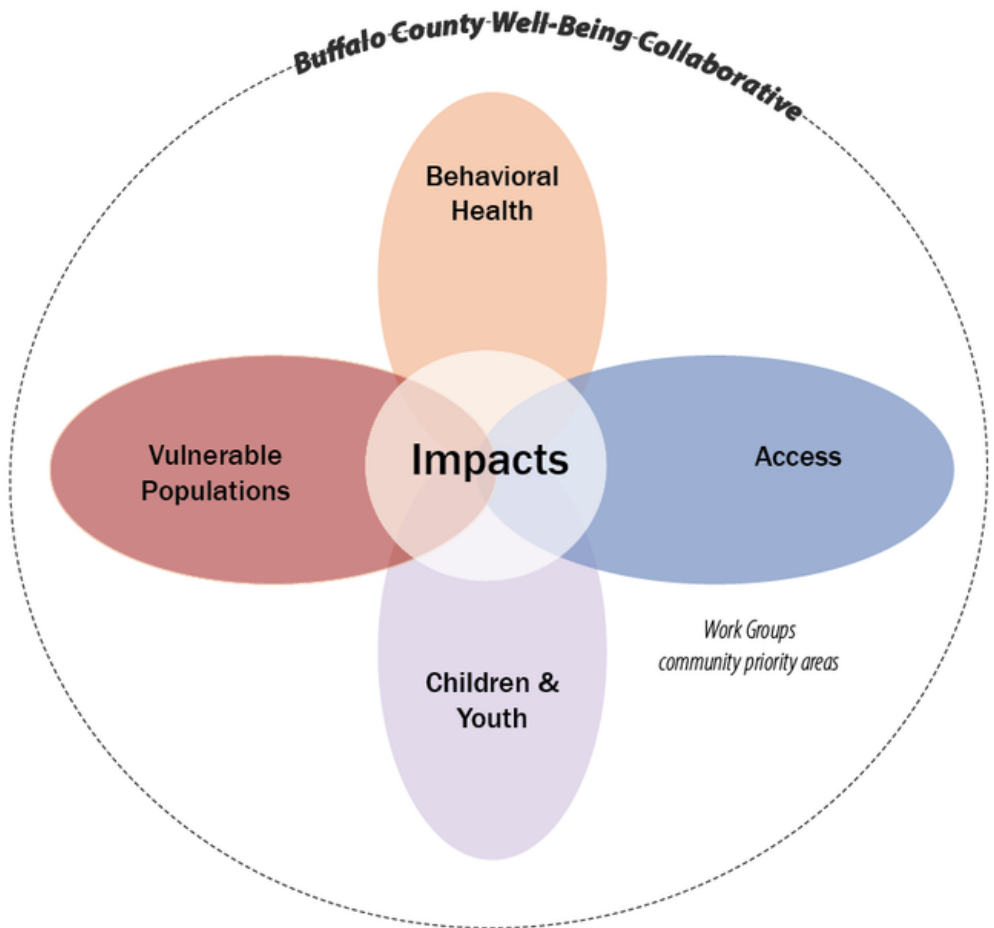
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## Structure

The graphic to the right is The Buffalo County Well-Being Collaborative, made up of 100+ community members from 12 different community sectors. The Collaborative has prioritized four areas of intense focus, behavioral health, children and youth, vulnerable populations and access.

Buffalo County Community Partners Board serves as the backbone.

For a full list of collaborative members see: [bcchp.org/2030](http://bcchp.org/2030) vision.



## Impact Statements

Early prevention creates opportunities for families to thrive in our community. Access to resources continues to be the number one barrier that faces our community members.

The Collaborative is creating innovative solutions to address these needs in our community to create impact.



**align performance measures and population health targets around these two impact statements**



# Collective Impact

Buffalo County Collective Impact Model, Definitions and Questions  
Community Well-Being Reflection Tool for Collaboratives

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## Moving from Isolated Impact to Collective Impact

### Isolated Impact



- Great initiatives, projects and pilots that **do not coordinate** with one another
- **Duplication** of efforts and inability to compare results and track big picture progress
- Sense of **competition** and turf battles

### Collaboration/ Partnership



- Agreement and excitement around a **common “topic”**
- Too often, parties involved only include the “**usual suspects**”
- Meetings and working groups typically **lack real alignment** or shared measures / accountability

### Collective Impact



- All relevant actors work toward the **same goal** and measure the **same things**
- Cross-sector **alignment**, includes “unusual suspects”
- Organizations actively **coordinate** their action and **share** lessons learned



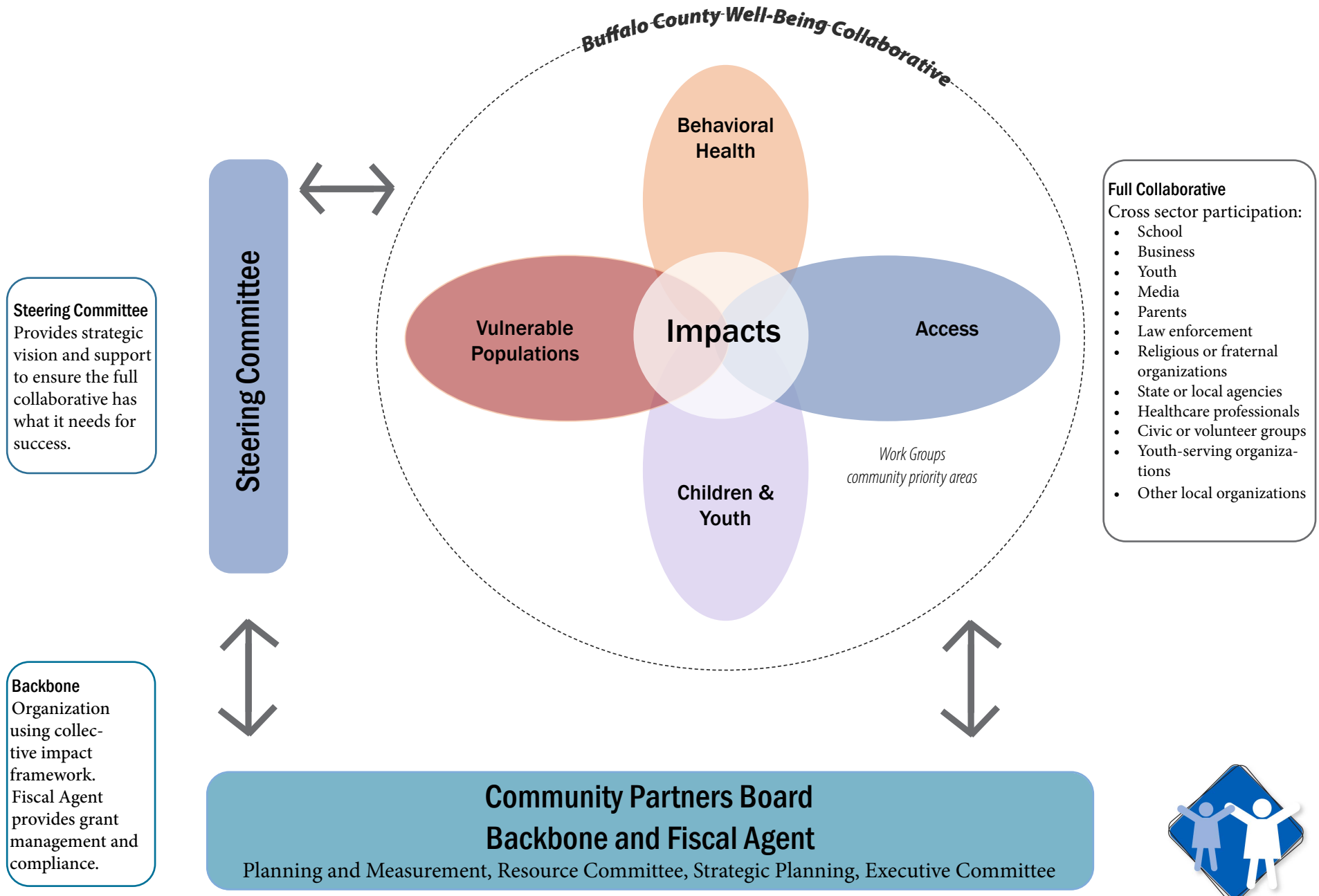
# Results Based Accountability



Figure 2



# Buffalo County Well-Being Collaborative Structure



# Workgroup Children Youth Adolscents

The Children, Youth, and Adolescent workgroup of Buffalo County Community Partners is focused on creating impact for youth in Buffalo County. They are using the models from the collaborative to define how they will create impact in our community. The documents below give insight into the efforts of the collaborative workgroup.

## Phases of A Workgroup

This model shows the phases the workgroup will use to achieve a desired outcome collectively.

## SWOT Analysis

This brainstorm activity identified the communities top 3 accomplishments, setbacks, strengths, weaknesses, threats, and opportunities broken up by age group.

## Resource Matrix

This is a baseline of resources in our community that are available for youth.

## Shared Connections

This work shows the top 5 connections from the SWOT activity. The group prioritized "parent engagement" from the list.

## Performance Measure

This tool grounds the work of action planning for the priority "Parent Engagement."



# Workgroup Phases



## Youth, Adolescents' and Children (YAC) Collaborative Work Group

Phases of a collaborative approach to bring innovative solutions to solve complex problems facing youth, adolescents' and children (YAC).

Community Leaders: Chandra Diaz (UNK), Alexandra Dillon (ESU10), Nicole Hersh (DHHS), Jason Owen (Hanny Arram), Dulce Valdez (Counselor), Bryan Waugh (Police Chief),

Phases of Community Impact	Learning Phase	Sharing Phase	Alignment Phase	Connected Phase	Prioritize Phase	Measuring Phase	Celebration Phase
Where to Engage?	Zoom	Zoom	In-Person	In-Person	In-Person	Zoom	In-Person
What to expect?	Orientation	Sharing Resources	Sharing Data and results	Learning from those with Lived Experience	Community Partners looking at all elements of well-being	Coordinated services, programs, education, trainings	More effective systems and improved outcomes
What questions to ask or answer?	Where do you see your work or your experience in this body of work?	What do you wish the community knew about your work or your lived experience?	How much are we doing to impact this community problem? (programs, services, trainings, etc.)	How well are we doing as a community or organization addressing this community problem?	Is anyone better off? What skills, behavior, attitudes, or circumstances have changed?	What have learned? What needs refined?	Who needs to hear about this work?
Collective Impact	Who is not at the table?	Where do I find resources?	Where do programs, services and trainings align?	Where is community synergy?	Are we looking at the same targets?	Who would have the capacity to serve this target?	CELEBRATE COMMUNICATE COMMUNICATE COMMUNICATE

*The Collaborative backbone is Buffalo County Community Partners Board of Directors, who have taken steps in an effort to sustain and scale long-term systemic change and impact in the community. The role of the backbone organization in collective impact is complex and can be difficult to explain. Backbone organizations essentially pursue six common activities to support and facilitate collective impact: they, guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, mobilize funding. Over time, backbone organizations can expect these activities to lead to changes among partners, funders, policymakers, and community members which, in turn, lead to more effective systems and improved community outcomes.*











# SWOT - Past, Present, Future

Youth, Adolescents and Children Work Group of the Buffalo County Well Being Collaborative

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"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
<ul style="list-style-type: none"> <li>● ● Early Childhood Initiatives</li> <li>● Parent Education and Support</li> <li>● Community Support systems: KACF, Kearney Parks and Rec, Library, YMCA</li> <li>● KA Children's Museum: Safe Neutral</li> <li>● Environment. Parents and Supervised Visits</li> <li>● create safe environment</li> <li>● Social Emotional Initiatives: Pyramid, Rooted</li> <li>● Early Intervention: EDN, Early Head Start</li> <li>● Sixpence Home Visitation Programs</li> <li>● Parenting You Circle of Security Parenting</li> <li>● Parenting Education at Head Start</li> </ul>	<ul style="list-style-type: none"> <li>● COVID School and Child care expulsions</li> <li>● Hard to focus on SE due to hierarchy</li> <li>● needs not met</li> <li>● Lack of child care options</li> <li>● Child Care staffing and turnover</li> <li>● Lack of Funding</li> <li>● Low Child Care Pay</li> <li>● Mental Health needs</li> <li>● Lack of importance understanding of developmental milestones</li> <li>● Lack of importance of early childhood</li> <li>● Prenatal stress on baby</li> <li>● Poverty</li> <li>● Transportation</li> <li>● Language and communication barriers</li> <li>● Access to food</li> </ul>	<ul style="list-style-type: none"> <li>● Attention to early childhood has highest dividends</li> <li>● Expansion of early childhood initiatives and curriculums: Social emotional, spanish-speaking trainings, parent education</li> <li>● Expanding, adding more locations, home based centers for families that cannot access centers</li> <li>● Social Emotional</li> <li>● Sixpence expanded-added 3 programs</li> <li>● Communities for Kids: Quality and Capacity, Early Learning Scholarships</li> <li>● Providing more spanish-speaking trainings for providers</li> <li>● Lunch program</li> </ul>	<ul style="list-style-type: none"> <li>● High Rate Expulsions</li> <li>● Lack of knowledge of early childhood importance</li> <li>● Forced importance has been placed on technology and the adverse effects</li> <li>● Burnout of educators and providers, compassion fatigue</li> <li>● Stress for the families</li> <li>● Stress for employers, community</li> <li>● Knowledge of how to deal with disruptive and severe behaviors</li> <li>● Abuse and neglect</li> <li>● Lack of understanding of</li> </ul>	<ul style="list-style-type: none"> <li>● Funding</li> <li>● Burnout of child care providers</li> <li>● Parents not returning to work due to high cost of child care</li> <li>● 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</li> <li>● Parent Education on the risks of technology</li> <li>● Over stimulation-The inability to be bored, Instant gratification (low number of high school jobs, hopping jobs)</li> <li>● Inflation: threats to needs (formula, foods)</li> <li>● Knowledge of basic chores due to parent engagement</li> </ul>	<ul style="list-style-type: none"> <li>● Providing more opportunities for life skills: household chores, family and parent education, finances</li> <li>● Family and Parent Education in High school</li> <li>● More paid maternal and paternal leave (sweden)</li> <li>● Intentional and in person Programs aimed at creative outlets, finding the balance screens and real play</li> <li>● Education on screen time including school</li> <li>● Social Skills: more of an acceptance of the importance</li> <li>● Parent Education</li> </ul>



# SWOT - Past, Present, Future

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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		Present		Future	
					
Accomplishments	Set Backs	Strengths	Weaknesses	Threats	Opportunities







“What from our past, present and anticipated future will help us prevent children [Ages 0-5 from \(re\)entering the system?](#)”



# SWOT - Past, Present, Future

Youth, Adolescents and Children Work Group of the Buffalo County Well Being Collaborative  
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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
<ul style="list-style-type: none"> <li>● Truancy issues that were addressed then came to Hanny Arram Center (HAC) and graduated **</li> <li>● Friends program (mentoring) success stories from matches</li> <li>● HHS implementing alternative response (voluntary services vs traditional response)</li> <li>● Having Community response dollars</li> <li>● Robust referral system</li> <li>● Move from more punitive to community based</li> <li>● HOPE squads at UNK, KH and Horizon MS to help with mental health and suicide prevention in a peer to peer model **</li> </ul>	<ul style="list-style-type: none"> <li>● Covid **</li> <li>● Access to services during the pandemic **</li> <li>● Getting more referrals than the services can handle (waiting lists) **</li> <li>● System involvement due to mental health **</li> <li>● Child is the one with the juv petition, but often it's a family issue</li> <li>● Parental involvement (result of pandemic)</li> <li>● Climate of our nation (politically)</li> <li>● Social media and internet</li> </ul>	<ul style="list-style-type: none"> <li>● Matching a youth to a positive role model (mentoring)</li> <li>● Accessing funding for pre-adjudication</li> <li>● teenagers/young people that volunteer are learning the value of this, non-forced to volunteer ***</li> <li>● Having RYH in our community is a strength</li> <li>● HAC ***</li> <li>● UNK having the counseling program</li> <li>● More support at KPS with social workers and allowing outside supports to come in</li> <li>● KPD more community involvement with youth and other opportunities to build positive relationships ***</li> <li>● Mobile crisis</li> </ul>	<ul style="list-style-type: none"> <li>● With the HAC, they are limited in only taking kids from KPS (would be nice to serve outside of this)</li> <li>● Lack of rural service ***</li> <li>● Not as many options for support with school for younger that middle school aged students</li> <li>● When parents don't see the behavior as an issue, change is difficult</li> <li>● No “warm center” to help before a full blown crisis ***</li> <li>● Staff capacity (open positions that remain unfilled)</li> <li>● Kearney Bound - specific ‘type’ of student. High</li> </ul>	<ul style="list-style-type: none"> <li>● Funding/sustainability ***</li> <li>● Climate of our country (politically) and administration changes</li> <li>● Lack of family involvement***</li> <li>● Economic instability</li> <li>● High turnover rates, Low paying positions in the helping field ***</li> <li>● Idea that mental health should be “free” service?</li> <li>● Insurance companies that only pay for certain services or providers</li> </ul>	<ul style="list-style-type: none"> <li>● We've learned to work through a pandemic and should be prepared for future issues, can push ahead from the pandemic and move forward</li> <li>● Schools have learned to adapt some with students learning online</li> <li>● School support specialist (boystown) at Horizon ***</li> <li>● Make Buffalo County more inclusive (not just Kearney but rural communities as well) ***</li> <li>● Crisis response.. Ride along with police? Co responder model</li> <li>● Families first</li> <li>● prevention services act funds</li> <li>● WRAP groups if we have capacity</li> <li>● UNK – capacity</li> </ul>



# SWOT - Past, Present, Future

Youth, Adolescents and Children Work Group of the Buffalo County Well Being Collaborative  
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		<ul style="list-style-type: none"> <li>● response</li> <li>● Access to services has improved, 988 **</li> <li>● Circle of security (supports older children as well)</li> <li>● Kearney Bound (scholarship program)</li> <li>● Trauma informed care in school system</li> <li>● Referrals from - to physicians. More supports from medical practices</li> </ul>	<ul style="list-style-type: none"> <li>● achieving academic students</li> <li>● No more bereavement services (aseraCare). Budget cuts?</li> <li>● Lack of support groups across the board. Funding. Scheduling. Are barriers.</li> <li>● Short on mental health providers</li> <li>● Limitations of service definitions</li> </ul>		<ul style="list-style-type: none"> <li>● support. Innovative and free.</li> <li>● Motivation and energy around mental health supports, more comprehensive than past 5 yrs.</li> <li>● Celebrating young people when they prioritize their mental health ***</li> </ul>
Past		Present		Future	
					
Accomplishments	Set Backs	Strengths	Weaknesses	Threats	Opportunities







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



# SWOT - Past, Present, Future

Youth, Adolescents and Children Work Group of the Buffalo County Well Being Collaborative  
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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	 Opportunities
<ul style="list-style-type: none"> <li>● Thompson Scholars:access to education</li> <li>● Kearney Bound program</li> <li>● KPS Transition</li> <li>● 18,19,20 1st time offender Minor in Possession Juvenile Justice Program</li> <li>● HHS Bridge to Independence program</li> <li>● Project Everlast program</li> <li>● Connected Youth Initiative</li> <li>● Drug Court</li> <li>● Veterans court</li> <li>● HHS: alternative response unit more proactive &amp; preventive</li> </ul>	<ul style="list-style-type: none"> <li>● Didn't view holistic need of person receiving help</li> <li>● Bridge to Independence: aged out &amp; certain factors create barrier to be in program</li> <li>● Budget cuts/funding</li> <li>● Housing</li> <li>● Employment</li> <li>● MH Practitioners available/workforce capacity</li> <li>● Lack of services/competency</li> </ul>	<ul style="list-style-type: none"> <li>● Scholarships/pr ograms</li> <li>● Extra funding sources</li> <li>● Reduced rates for low income families</li> <li>● Broadband program</li> <li>● Taskforces: MH, Housing,</li> <li>● Proactive collaboratives</li> <li>● Ride Along for MH, Substance Abuse.Clinicians ride w/law enforcement</li> <li>● Kearney</li> <li>● Intervention Team</li> <li>● Unite Us/211</li> </ul>	<ul style="list-style-type: none"> <li>● Transportation</li> <li>● Undiagnosed traumatic brain injury</li> <li>● lack of screening tools for TBI</li> <li>● Awareness of programs available</li> <li>● Distribution of getting resources to target population</li> </ul>	<ul style="list-style-type: none"> <li>● Finding funding</li> <li>● Staffing</li> <li>● Burnout</li> <li>● Apathetic attitude due to financial assistance received</li> <li>● Hybrid option for learning/work</li> <li>● Lack of connectivity</li> <li>● Too much connection via screens</li> <li>● Issues with re engaging youth</li> <li>● Drug Misuse/abuse</li> <li>● Brain Injury</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>● Collaboratives that help meet community needs &amp; action steps not just conversations</li> <li>● Funding for COVID programs</li> <li>● Harm reduction</li> <li>● Prevention</li> <li>●</li> </ul>
Past		Present		Future	



# Shared Connections

Buffalo County Well-Being Collaborative: Youth, Children, and

Adolescent Workgroup

Priorities Developed at August 24, 2022 Meeting from Past, Present and Future Community Assessment

Connection #1 Parent Education/ Family Involvement	
Shared Connection	
<ul style="list-style-type: none"> <li>Partnering with families for growth.</li> </ul>	
Ideas/Plans to Achieve Priority Status/Metrics	Reporting
<ul style="list-style-type: none"> <li>Parents and providers partnering to provide education.</li> <li>Decide what the focused education will be (self-control/exec functioning)</li> </ul>	
<p>Additional Comments</p> <ul style="list-style-type: none"> <li>How to reach families early (birthing centers)</li> <li>Offer nutrition and health classes in schools before college               <ul style="list-style-type: none"> <li>Building an understanding of what we will focus on for education (Executive Functioning/Self Control)</li> <li>Skills to start school (self-control, literacy controls, social emotional skills vs literacy skills, how we get along with others)</li> </ul> </li> <li>Employers are in need of strategic thinking skills which is often lacking in today's workforce.</li> </ul>	

## Connection #2 Mental Health

Shared Connection	
<ul style="list-style-type: none"> <li>Encouraging and modeling mental well-being for children, families, and adults.</li> <li>Educating, learning, and modeling how to communicate/express difficult behaviors.</li> <li>Building healthy trusting relationships, support networks, and connections.</li> <li><b>(Need to work on this draft as final draft was not completed at meeting)</b></li> </ul>	
Ideas/Plans to Achieve Priority Status/Metrics	Reporting
<ul style="list-style-type: none"> <li>A toolkit or a navigation plan to ensure all youth have a connection to a caring adult</li> <li>Who is doing this well and how do we build on it</li> <li>education to teachers about what kids need (no recess)</li> <li>Appointments after hours and weekends</li> </ul>	





# Shared Connections

## Buffalo County Well-Being Collaborative: Youth, Children, and Adolescent Workgroup

Priorities Developed at August 24, 2022 Meeting from Past, Present and Future Community Assessment

<ul style="list-style-type: none"> <li>• Maybe opportunities with manage care and telehealth</li> </ul>	
Additional Comments <ul style="list-style-type: none"> <li>• Invite health care to this work</li> </ul>	

### **Connection #3 Workforce** *(tied with Accessibility)*

Shared Connection	
<ul style="list-style-type: none"> <li>• Building, supporting, and sustaining a quality career workforce.</li> </ul>	
Ideas/Plans to Achieve Priority Status/Metrics Reporting	
Understand if employers are able to increase pay <ul style="list-style-type: none"> <li>• Understand what is currently happening (survey)</li> <li>• Need employers at the table to align with our work</li> </ul>	
Additional Comments	

### **Connection #4 Accessibility** *(tied with Workforce)*

Shared Connection	
<ul style="list-style-type: none"> <li>• Every person should have access to services to meet their basic needs.</li> </ul>	
Ideas/Plans to Achieve Priority Status/Metrics Reporting	
<ul style="list-style-type: none"> <li>• How do we find what basic needs are for people in our community?</li> <li>• Do we have a list of basic needs services available?</li> <li>• Families who fall through cracks, building that safety net</li> </ul>	
Additional Comments	
<ul style="list-style-type: none"> <li>• Invite health care to this work</li> </ul>	



# Shared Connections

## Buffalo County Well-Being Collaborative: Youth, Children, and Adolescent Workgroup

Priorities Developed at August 24, 2022 Meeting from Past, Present and Future Community Assessment

Connection #5 Technology	
Shared Connection	
<ul style="list-style-type: none"><li>• Balance the positive and negative impacts of technology, and using it to communicate effectively.</li></ul>	
Ideas/Plans to Achieve Priority Status/Metrics Reporting	
<ul style="list-style-type: none"><li>• Find research for 10 tips to effective use of technology</li><li>• Technology is a communication skill, education on how to use it effectively</li></ul>	
Additional Comments	
<ul style="list-style-type: none"><li>• Invite health care to this work</li><li>• Not to be shaming of parents</li><li>• Resources to talk about toys that promote learning (noting technology around Christmas)</li><li>• Know how technology impacts the brain (take the small screen away)</li><li>•</li></ul>	

Community partners in attendance voted to create a prioritized list of shared connections with at least two possible action steps. This information will be presented at the September 28 Collaborative Meeting.

Rankings by those in attendance (with votes #):

Parent Education/Family Involvement: 14

Mental Health/Difficult Behaviors: 8

Workforce: 7

Access to Basic Needs: 7

Technology : 1



# Performance Measure

## Buffalo County Youth, Adolescent and Children Collaborative WORK GROUP

### Performance Measure Development Worksheet (9.28.22 ver.)

Our *impact* will support parents/care givers (customers) of children with greatest potential for brain development, most often occurring prenatal to three years of age and again during pre-adolescents.

Our *shared connections* are around **Partnering with Families for Growth.**

Results Based Accountability Model for Developing Performance Measures for the work group

How Much Do We Do as a Community? ( <i>quantitative</i> )	How Well Do We Do It? ( <i>qualitative</i> )
Early Head Start Head Start Prenatal Visits with Peds/Physicians Mental Health Screenings for Post-Partum Depression with clinicians (6-12 months post) Circle of Security Parenting Classes Abuse / Neglect Assessments at Hospitals Managed Care Organizations – incentivize prenatal appointments, transportation to doctors, care management, etc. Sixpense at Kearney Public Step Up to Quality (DHHS) Second Step curriculum in schools Buffalo County Diversion Boystown Compass Foster Parenting/Counseling CHI Health – Prevention Education in Schools Migrant parent programs at ESU's <i>*could use list of services shared in earlier meetings of discovery, posted on work group's web page</i>	Sixpense is tracking success of life of child and will have academic data at KPS (gold) HeadStart proven successful, great research Rooted program for teens <i>(just started brainstorming, these are just a few examples)</i>  <i>*started many many home visitation programs, however, funding expires and program folds</i>  <i>*Pull gaps from Past, Present, Future Work sheet completed previously by workgroup members posted on work group's web page</i>
Is Anyone Better Off? ( <i>change in behavior, attitude, etc.</i> )	
Are parents engaged to co-design this work? How do we engage them? (next meeting) Do we have gaps in children and adolescent programs for language, culture, disabilities? Can we gather data in our community that determines what prevention supports a family received when entering systems, like, diversion, boystown, etc. Would the YMCA (Martha invite Ray L.) join our next meeting to talk about gaps and strengths, could they lift up some of this work for our identified customers? Invite probation (Ellery) Consider teenagers who fill in as parents/care givers in our customer definition. Dr. Shaffer estimation that 1000 babies born in Kearney, 50% to new moms – could we talk about this more in defining our impact? Secure attachment to a trusted adult seems to be a unanimous fact to be a part of the effort/promotion/program, etc.	

