

# COLLECTIVE IMPACT EVALUATION

**NEBRASKA PANHANDLE**



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**PRODUCED BY  
KELSEY IRVINE, MPH, CPH  
COMMUNITY HEALTH PLANNER  
PERFORMANCE IMPROVEMENT COORDINATOR  
PANHANDLE PUBLIC HEALTH DISTRICT**

**IN COLLABORATION WITH  
FAITH MILLS  
EXECUTIVE DIRECTOR  
PANHANDLE PARTNERSHIP, INC**

**JESSICA LECHER  
OPERATIONS COORDINATOR  
PANHANDLE PARTNERSHIP, INC**

**KIM ENGEL, MBA  
HEALTH DIRECTOR  
PANHANDLE PUBLIC HEALTH DISTRICT**

**SPECIAL THANKS TO  
DANIEL BENNETT  
CIVIC NEBRASKA  
FORMERLY OF PANHANDLE AREA DEVELOPMENT DISTRICT**





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# ABOUT EVALUATION

## WHAT IS EVALUATION?<sup>1</sup>

Evaluation supports the ability to monitor and measure the quality, pace, and direction of change that individuals, communities, and organizations undertake. It does this by systematically generating knowledge that can support learning, quality improvement, and good judgement in decision-making. Evaluation aligns purpose, action, and impact to ensure that longer-term change at the societal level unfolds progressively.

## WHAT IS DEVELOPMENTAL EVALUATION?<sup>2</sup>

Traditional evaluation focuses on outcomes. Developmental Evaluation is a unique approach to evaluation that is well-suited for innovations for which the path to success is unclear. It can answer questions like:

- What is emerging as the innovation takes shape?
- What do initial results reveal about expected progress?
- How have different values, perspectives, and relationships influenced the innovation and its outcomes?
- What variations in effects are we seeing?
- How is the larger system or environment responding to the innovation?

This lets us know how a new initiative, program, or innovation should be adapted in response to changing circumstances and what is being learned along the way.

## THE EVALUATION PROCESS

1. Identify assumptions about why the initiative will work.
2. Determine what change you expect to see.
3. Collect and analyze data to understand what happened.
4. Communicate, interpret, and reflect on the results.
5. Make informed decisions to make improvements.

## WHY DO EVALUATION?

While initiatives generally complete some form of evaluation in cooperation with their funding source, we do not currently look at the systems-level outcomes and impacts of the collective impact work completed across the Panhandle. This evaluation will provide us with a broad view of how the various efforts interact to create change, and reinforce the need for funding of initiatives in the Panhandle - especially those that may be new or novel.

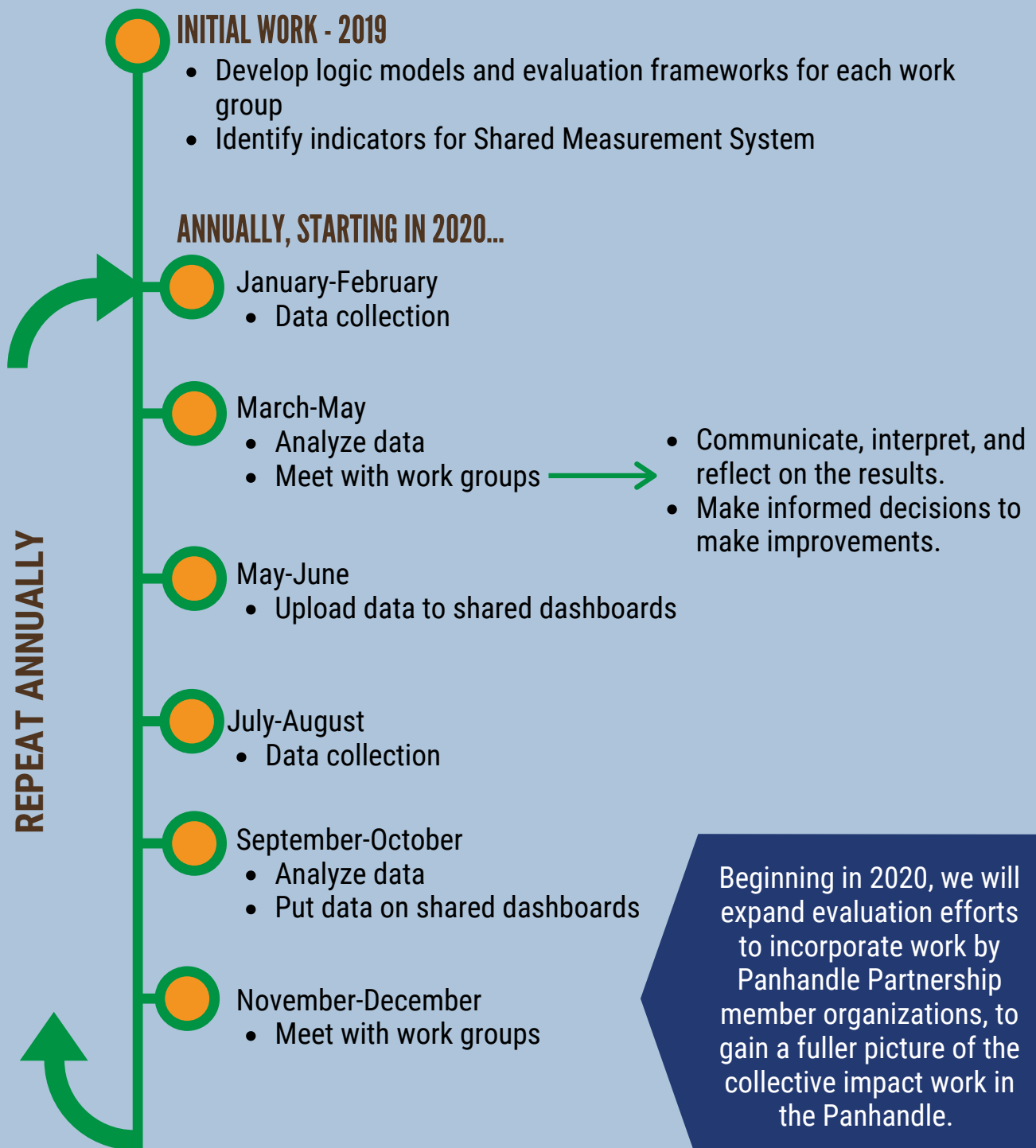
<sup>1</sup> W.K. Kellogg Foundation. (2017). The step-by-step guide to evaluation: How to become savvy evaluation consumers. Retrieved from: <https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook>

<sup>2</sup> Parkhurst, M., Preskill, H., Lynn, J., & Moore, M. (2016). *The case for developmental evaluation*. FSG. Retrieved from <https://www.fsg.org/blog/case-developmental-evaluation>



## THE EVALUATION TIMELINE IN THE PANHANDLE

Typical evaluation would look at results *after* the end of the initiative. Developmental evaluation looks at the data and results *throughout* implementation in order to make improvements as needed.



## ABOUT COLLECTIVE IMPACT<sup>3,4</sup>

Collective Impact (CI) does not mean collaboration. It is, in fact, a very specific type of collaboration that requires five conditions to be met. Without any of these elements in place, a collaboration is not performing the Collective Impact process. These conditions are:

### 1 COMMON AGENDA

Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions.

### 2 SHARED MEASUREMENT

Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

### 3 MUTUALLY REINFORCING ACTIVITIES

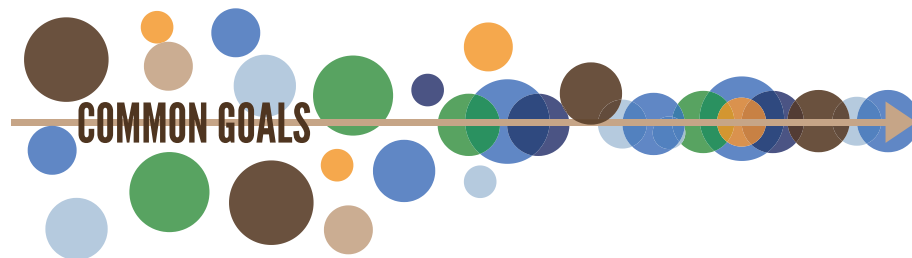
Each participant in the collaborative undertakes a specific set of activities at which it excels, in a way that supports and is coordinated with the actions of others.

### 4 CONTINUOUS COMMUNICATION

Regular meetings and other tech-based communications to develop a shared vocabulary, build trust, and ensure sustainable coordination of activities.

### 5 BACKBONE ORGANIZATION

Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails. The Panhandle Partnership acts as the backbone organization for enhancing family and community life in Panhandle.



<sup>3</sup> (2019). *Collective Impact*. Panhandle Partnership. Retrieved from <https://panhandlepartnership.com/about-us/collective-impact/>

<sup>4</sup> Kania, J. & Kramer, M. (2011). *Collective Impact*. Stanford Social Innovation Review. Retrieved from [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

# COLLECTIVE IMPACT IN THE PANHANDLE

Collective impact in the Panhandle occurs through collaboration of many community organizations, coordinated in large part by the Panhandle Partnership via Work Groups and Member Organizations. This collaboration occurs in cascading levels.<sup>5</sup>

# COLLECTIVE IMPACT IN THE NEBRASKA PANHANDLE

## SHARED MEASURES

### PANHANDLE PARTNERSHIP

Backbone Organization



Coordinate Continuous Communication



### COMMON AGENDA

Building collaboration among agencies, networks and the broader community to find creative solutions to improve the quality of life of people and communities in the Panhandle.

### WORK GROUPS

*with mutually reinforcing activities*

- Continuum of Care for Housing and Homelessness
- Juvenile Justice
- Connected Youth Initiative 14-24 (CYI)
- Social Enterprise
- Lifespan Respite
- Panhandle Prevention Coalition (PPC)
- Systems of Care Birth to Eight

### PARTNERS

Panhandle Partnership Member Organizations

### COMMUNITY MEMBERS

Constituents of the 11-County Panhandle Region  
Banner | Box Butte | Cheyenne | Dawes | Deuel | Garden  
Kimball | Morrill | Scotts Bluff | Sheridan | Sioux

### VISION & STRATEGY



### ACTION PLANNING



### EXECUTION



### PUBLIC WILL

## TRAINING ACADEMY

91022190

<sup>5</sup>Kania, J. & Kramer, M. (2013). Embracing emergence: How collective impact addresses complexity. Stanford Social Innovation Review. Retrieved from [https://ssir.org/articles/entry/social\\_progress\\_through\\_collective\\_impact](https://ssir.org/articles/entry/social_progress_through_collective_impact)



## COMMON AGENDA

The overarching goal in the Panhandle is to build collaboration among agencies, networks and the broader community to find creative solutions to improve the quality of life of people and communities in the Panhandle.

The collective impact work in the Panhandle currently falls into the following of areas of focus:

- Behavioral Health
  - Mental Health and Well-Being
  - Substance Use and Abuse
- Education
- Early Childhood
- Child Well-Being
- Juvenile Justice
- Older Youth
- Poverty
- Community Revitalization
- Housing and Homelessness

These areas of focus arose from needs identified in the area as well as opportunities for funding. These areas of focus are ever changing as the Panhandle identifies additional needs and puts programs and strategies in place.



## SHARED MEASUREMENT

Through creation of logic models for each work group (see Appendix A), data indicators were identified. These data indicators were used to create a Dashboard for each work group that show the interconnected and mutually reinforcing indicators across the efforts. Dashboards can be found on the Partnership website, and can also be found online by clicking on the links below:

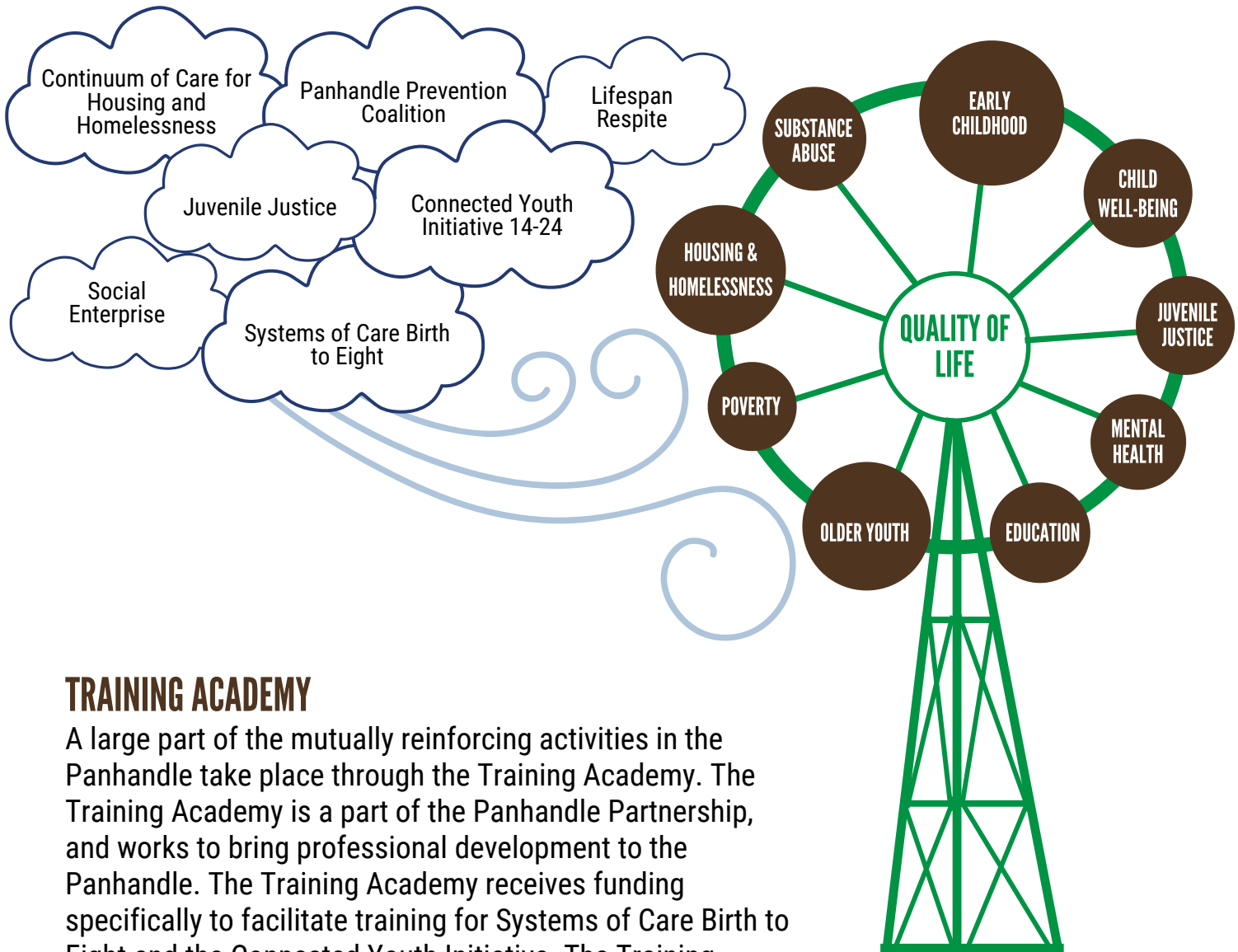
- Work Group Dashboards:
  - Continuum of Care for Housing and Homelessness
  - Juvenile Justice
  - Connected Youth Initiative 14-24 (CYI)
  - Social Enterprise
  - Lifespan Respite
  - Panhandle Prevention Coalition (PPC)
  - Systems of Care Birth to Eight

Currently, measurement focuses on the work groups only. In the next phase of development of the evaluation of collective impact in the Panhandle, Partnership member organization work will be identified and indicators added where appropriate.



## MUTUALLY REINFORCING ACTIVITIES

As data indicators were identified for each work group, mutually reinforcing activities were also identified. These activities may be different, but work toward the same goals.



## TRAINING ACADEMY

A large part of the mutually reinforcing activities in the Panhandle take place through the Training Academy. The Training Academy is a part of the Panhandle Partnership, and works to bring professional development to the Panhandle. The Training Academy receives funding specifically to facilitate training for Systems of Care Birth to Eight and the Connected Youth Initiative. The Training Academy also receives broader funds to bring in trainings for the entire Panhandle based on needs identified and what is offered in metropolitan areas that would not normally be offered in the Panhandle. Additionally, member organizations and outside entities may use the Training Academy to coordinate professional development in the region.

Many of the trainings offered through the Training Academy offer education cross-cutting a variety of focus areas. For example, while Motivational Interviewing may be offered as a request of the Connected Youth Initiative, it is also a good training for workers with a focus in other areas.



## CONTINUOUS COMMUNICATION

The Panhandle Partnership holds quarterly meetings to which all member organizations are invited. Work group progress is shared out at these meetings, as well as opportunities for collaboration and other current happenings in the region.

The Panhandle Partnership also coordinates email updates through various listservs. These updates include reminders for upcoming trainings, opportunities for collaboration, meetings, and more.

Each work group holds meetings on a regular basis, generally on a monthly or quarterly schedule.

The Panhandle region is rooted in collaboration, and many member organizations collaborate on projects outside of meetings specifically facilitated by the Panhandle Partnership.



## BACKBONE ORGANIZATION

The Panhandle Partnership brings the Collective Impact approach to the Nebraska Panhandle to integrate services across the region, maximize financial resources, and align efforts towards common goals. As the backbone agency, the Panhandle Partnership coordinates the interactions between collaborative partners. There are a variety of sanctioned work groups to which funding flows through the Panhandle Partnership:

- Continuum of Care for Housing and Homelessness
- Juvenile Justice
- Connected Youth Initiative 14-24 (CYI)
- Social Enterprise
- Lifespan Respite
- Panhandle Prevention Coalition (PPC)
- Systems of Care Birth to Eight

The collaborative is also made up of member organizations that represent a variety of health and human services areas. See Appendices A and B for additional details on work groups and member organizations.



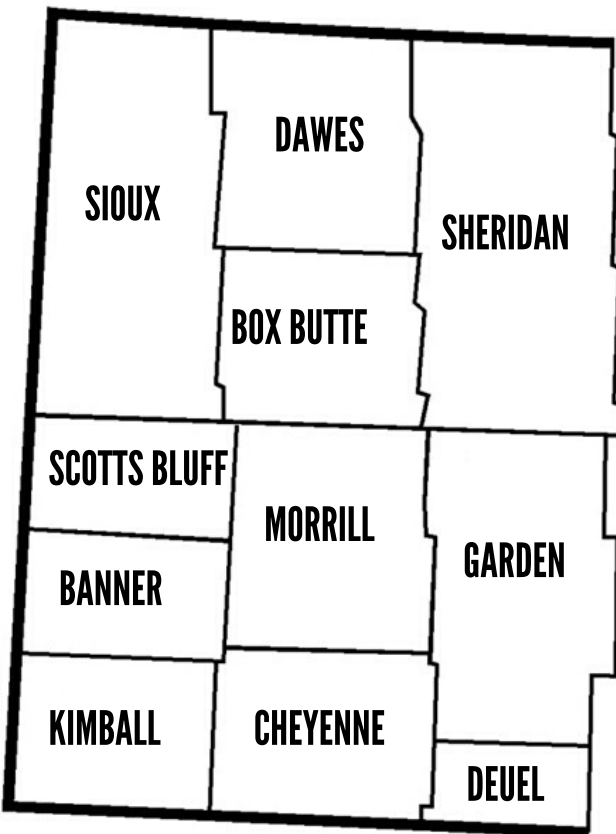
# EVALUATION REPORT

For 2019, the evaluation report will focus on long-term outcomes. In 2020, the first round of data from work groups will be gathered, and inform progress on outcomes, short-, and mid-term outcomes.

## ABOUT

The Nebraska Panhandle is a rural region on the high plains, surrounded by neighbors of Wyoming to the west, Colorado to the south, and South Dakota to the north. Its agricultural backbone perhaps has insulated it from the most recent economic downturn but has likely also contributed to out-migration as fewer opportunities have been available compared to larger cities for young adults with diverse professional trades. Population consolidation continues, wages remain lower than the state and national averages, and the median age continues to increase as the baby boomers age, birth rate stabilizes, and out-migration of youth continues. The unique bluffs, escarpments, and open space are some of the most treasured assets in the region which lay the foundation for tourist and historic attractions.

The geographic Nebraska Panhandle consists of the counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux.



### PANHANDLE QUICK FACTS

Population: 86,323

Unemployment rate: 2.9%

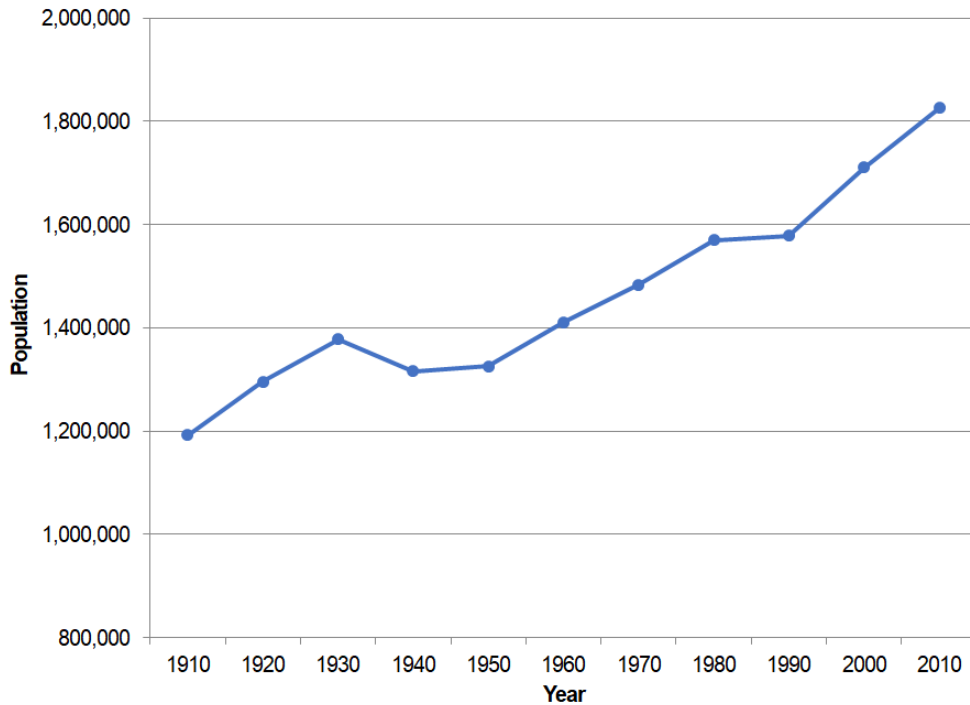
Total land area: 14,180 square miles



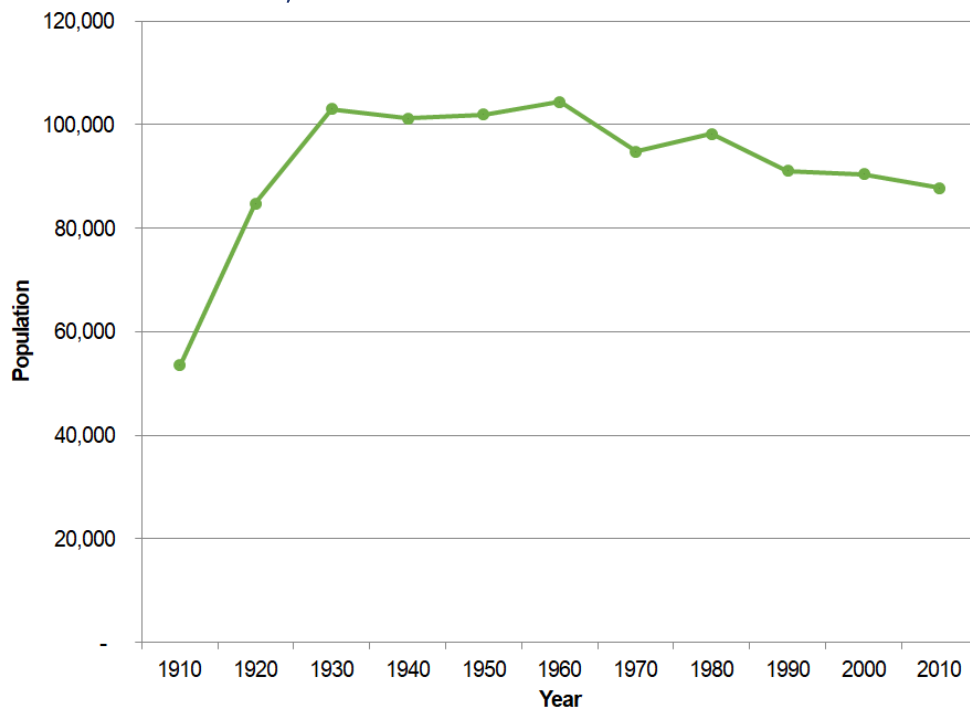
# POPULATION

While the population of Nebraska has been slowly but steadily increasing over the past 60 years, the Panhandle's population peaked in the 1960s. Much of Nebraska's growth can be attributed to the metropolitan areas.

### NEBRASKA POPULATION, 1910-2010



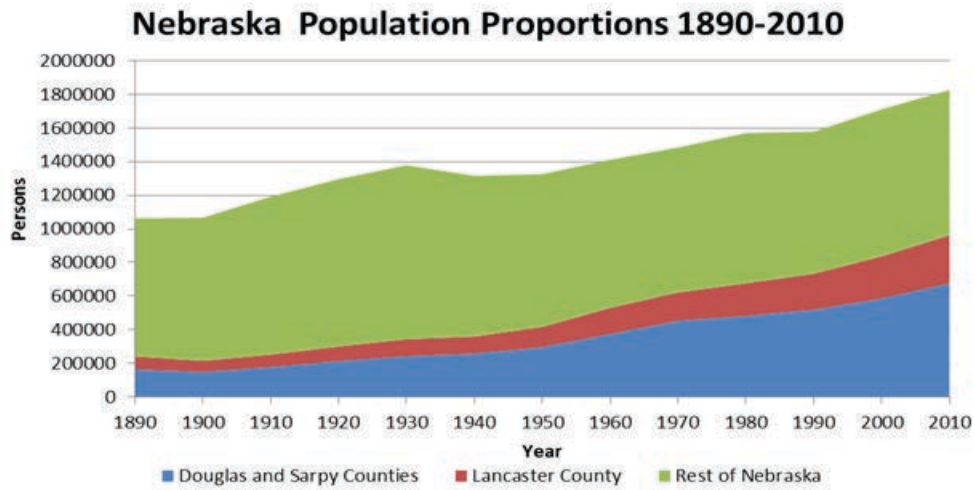
### PANHANDLE POPULATION, 1910-2010



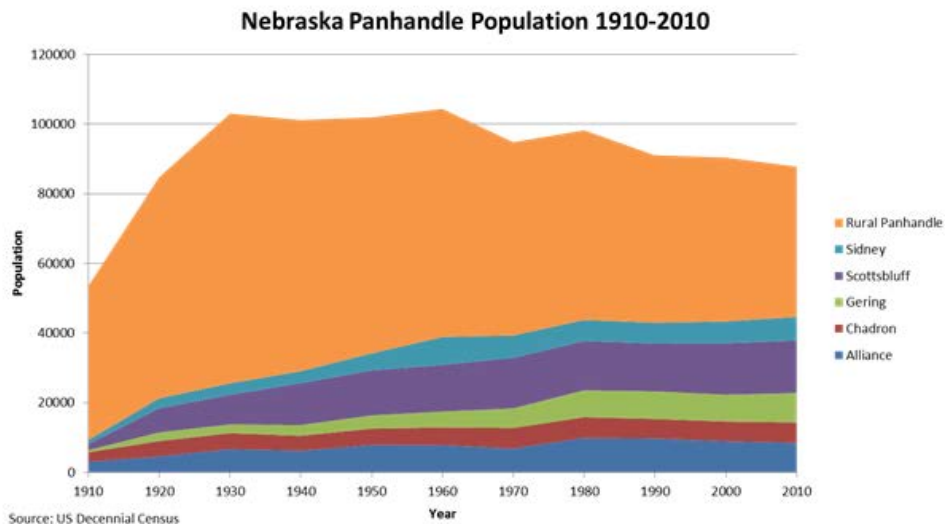
SOURCE: U.S. DECENNIAL CENSUS  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Nebraska's population growth has been concentrated almost entirely in the metropolitan counties of Douglas, Sarpy, and Lancaster in the eastern part of the state. These counties are home to the Omaha metropolitan area and the state capital metropolitan area of Lincoln.

### NEBRASKA POPULATION, OMAHA AND LINCOLN METRO AREAS AND REST OF STATE



### NEBRASKA PANHANDLE POPULATION CONSOLIDATION, 1910-2010



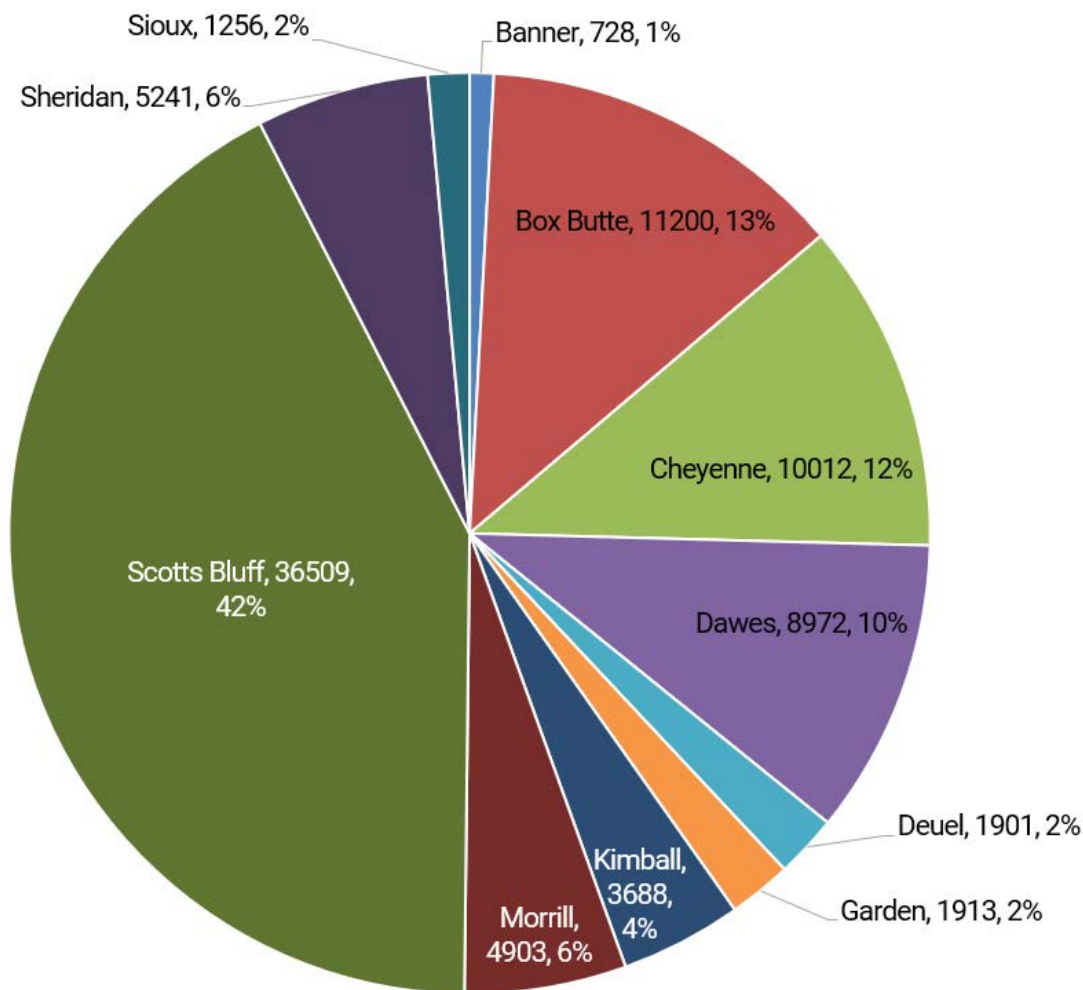
SOURCE: U.S. DECENNIAL CENSUS

Population consolidation away from rural areas is not new, is a global phenomenon, and has also been occurring within our region. The emergence of the service and innovation-based economy and decrease of farm employment practically ensures this pattern will continue into the future. For this reason, communities should not undertake frantic efforts to stop population loss but rather measured strategies which aim to steadily improve quality of life and opportunities for their citizens. What the Panhandle lacks in critical mass of resources and people, it must make up for in creative solutions and the strengthening of partnerships to build a collective impact.

Seventy-seven percent of the Panhandle’s population is concentrated in the 4 ‘trade counties’ of Scotts Bluff, Box Butte, Cheyenne, and Dawes. These counties are home to the cities that draw from large areas that tend to have more amenities, retail, and services. Many of the ‘rural counties’ also boast communities with excellent local services. However, in the rural counties, travel time, available labor, and lower levels of public revenue pose obstacles for economic growth and community vitality.

**77%** of the Panhandle's population is concentrated into the 4 trade counties:  
**Scotts Bluff**  
**Box Butte**  
**Cheyenne**  
**Dawes**

**PANHANDLE POPULATION BY COUNTY, COUNT AND PERCENTAGE**



SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## POPULATION PROJECTIONS

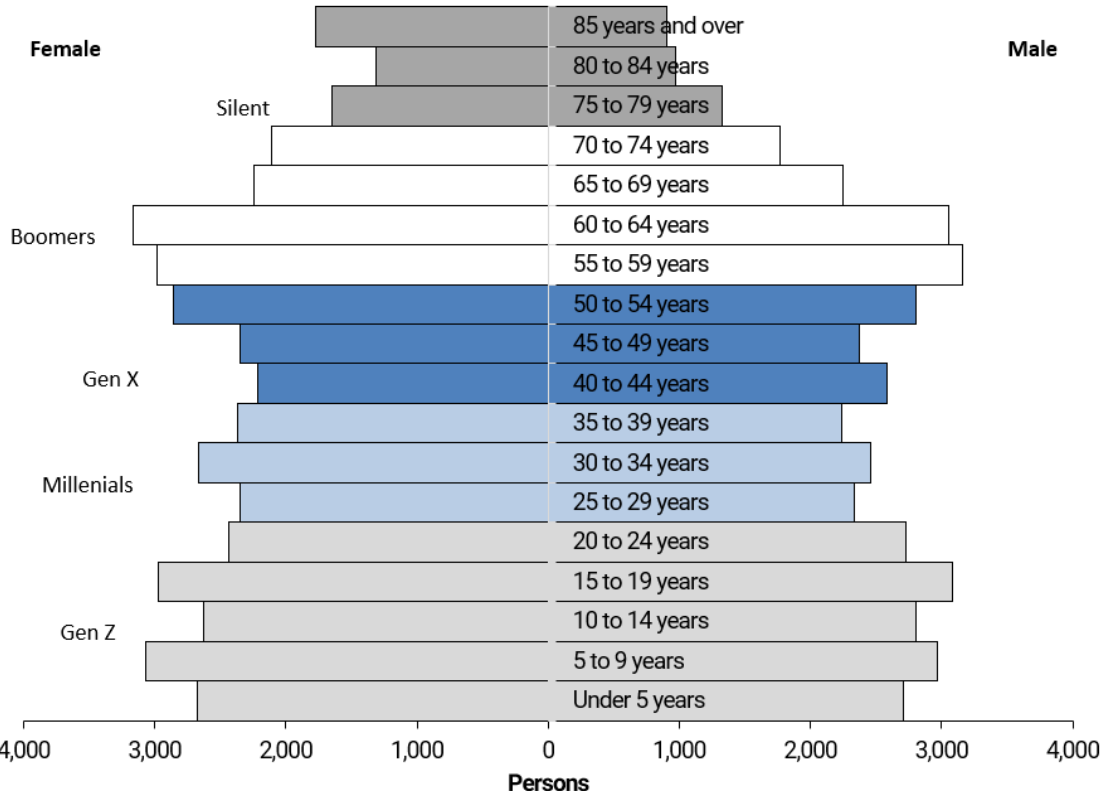
The population pyramid from 2013-2017 American Community Survey (ACS) Estimates shows the general age make-up of the Nebraska Panhandle. Typically, in a population pyramid you like to see a pyramid shape, hence the name population pyramid. When the graph displays as a pyramid, it means that the population is growing, and older generations are producing larger newer generations. With a more rectangular shape, older generations are being replaced with newer generations of about the same size. In the population pyramid for the Panhandle you see a strongly pronounced baby boom generation. The shape of this pyramid shows issues both in opportunities for young adults and taking care of an aging population. Decreased family sizes also affect the straight 'trunk' rather than the wide base.

## PANHANDLE POPULATION BY SEX AND 5-YEAR AGE GROUP

	Both Sexes		Male	Female
	Estimate	Percent	Estimate	Estimate
Total Population	86323		42506	43817
Under 5 years	5385	6.2%	2713	2672
5 to 9 years	6042	7.0%	2971	3071
10 to 14 years	5434	6.3%	2804	2630
15 to 19 years	6057	7.0%	3082	2975
20 to 24 years	5161	6.0%	2728	2433
25 to 29 years	4683	5.4%	2332	2351
30 to 34 years	5117	5.9%	2456	2661
35 to 39 years	4606	5.3%	2234	2372
40 to 44 years	4795	5.6%	2585	2210
45 to 49 years	4719	5.5%	2368	2351
50 to 54 years	5665	6.6%	2805	2860
55 to 59 years	6145	7.1%	3160	2985
60 to 64 years	6218	7.2%	3056	3162
65 to 69 years	4490	5.2%	2250	2240
70 to 74 years	3875	4.5%	1763	2112
75 to 79 years	2968	3.4%	1323	1645
80 to 84 years	2281	2.6%	972	1309
85 years and over	2682	3.1%	904	1778

SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

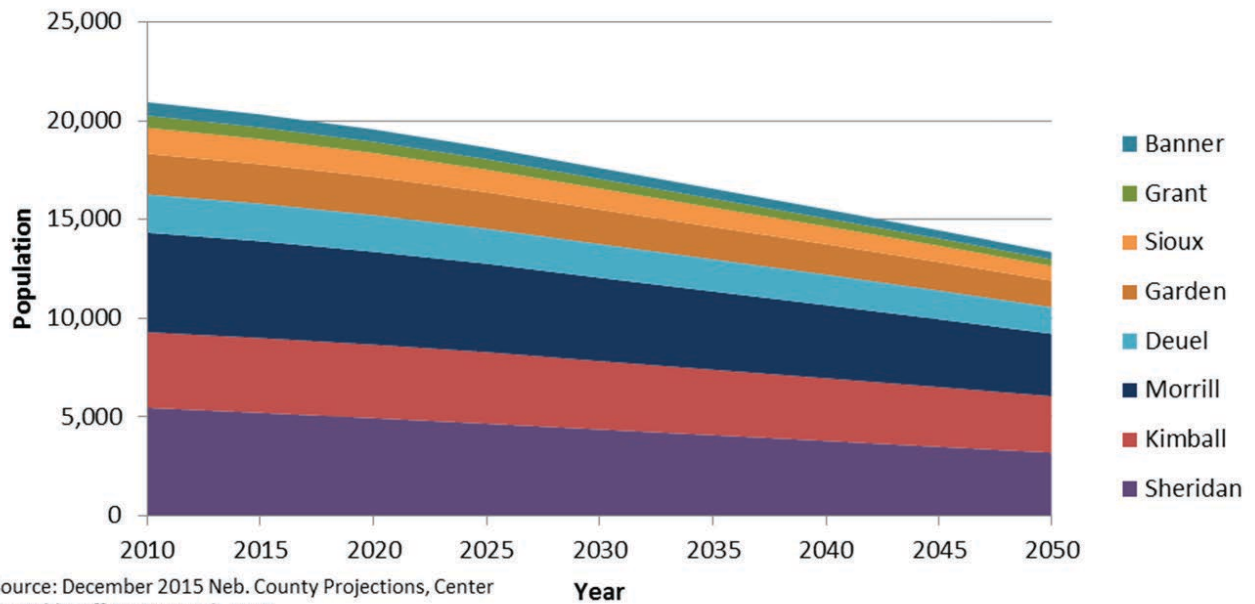
## PANHANDLE POPULATION PYRAMID



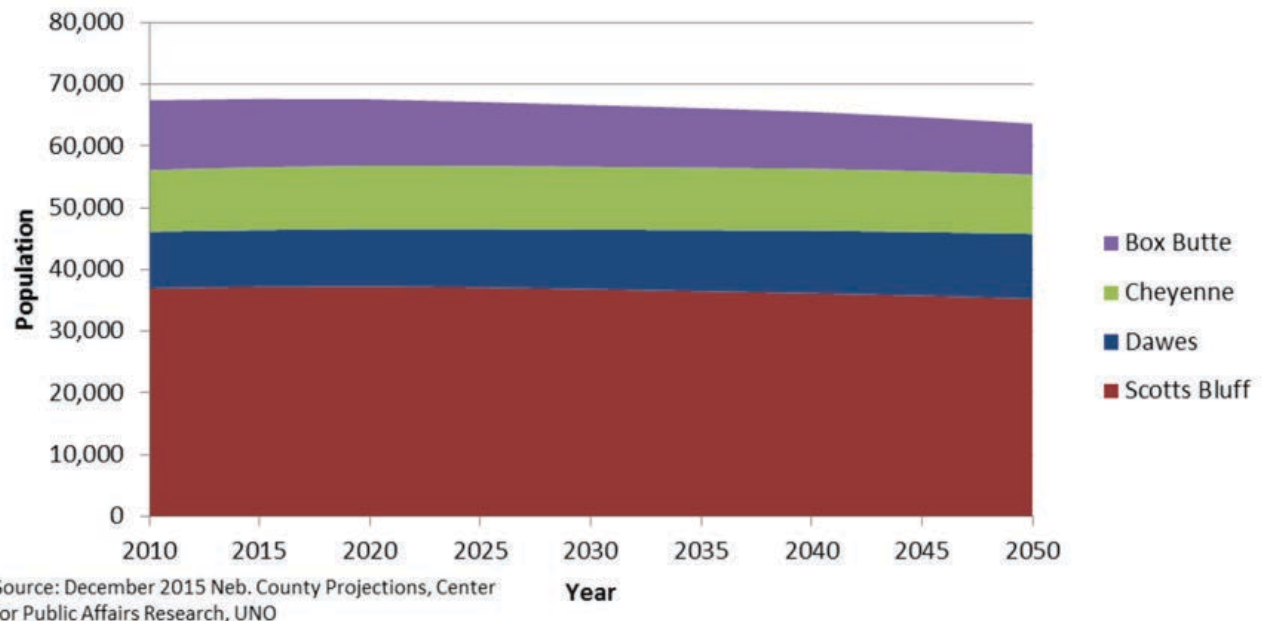
SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Population projections for the Panhandle counties show a slight growth or steady population in Cheyenne, Scotts Bluff and Dawes Counties and steady to significant decline in all other counties through 2030.

### Panhandle Counties (without city over 5,000) Population , Projected 2010-2050



### 'Big 4' Panhandle Counties Population , Projected 2010-2050





## RACE AND ETHNICITY

Race patterns in a population are important to assess because they reveal social patterns. Health and economic disparities in America have long existed along racial and ethnic lines. Examining social and economic patterns along racial and ethnic lines can help reveal the extent to which disparities exist and are either improving or worsening to spur thinking and action about equality of opportunity, economic mobility, and improving health for all citizens.

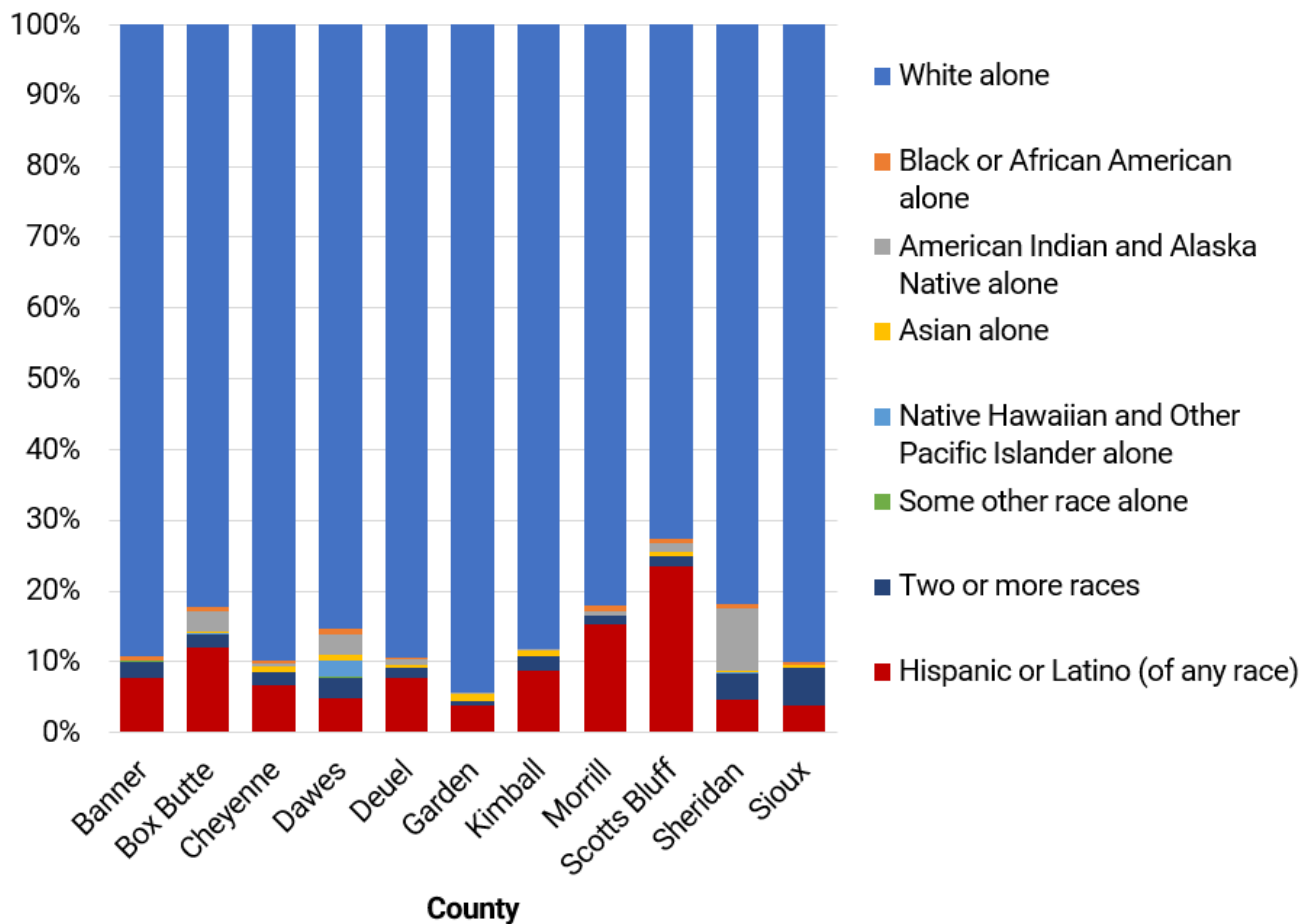
In the Nebraska Panhandle, the majority race is non-Hispanic White, but some communities have Hispanic persons making up 15 to 30 percent of their population and some also have relatively large American Indian populations. Scotts Bluff and Morrill counties show higher Hispanic populations while Sheridan County shows an almost 10% American Indian population. As the high English proficiency and low foreign-born rates show, however, many Hispanic families have been in the area for multiple generations.

Some communities are made up of

# 15-30%

Hispanic peoples, many of which have been in the area for generations.

### PANHANDLE COUNTIES BY RACE AND ETHNICITY



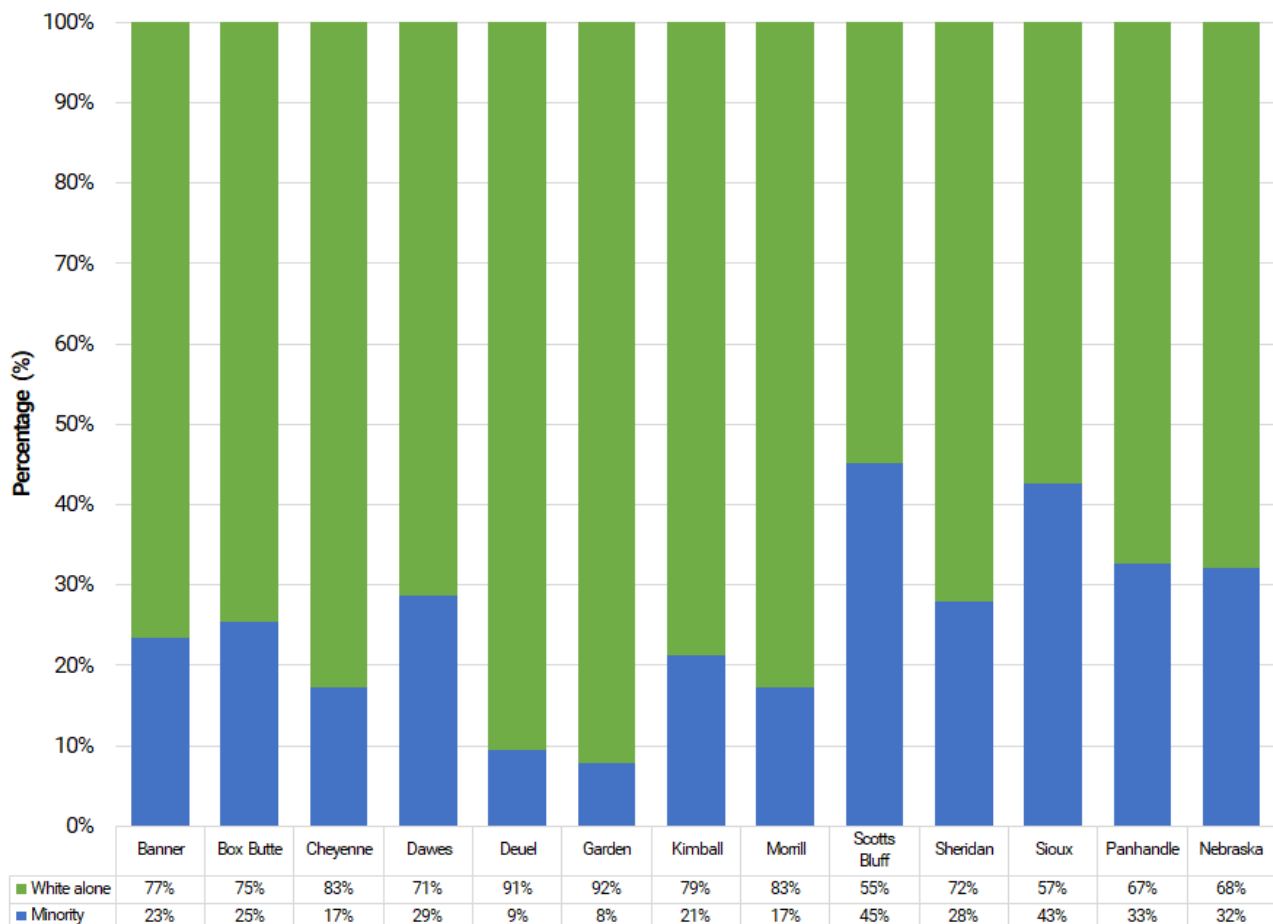
SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Like the rest of Nebraska, younger generations of new Nebraskans born to Hispanic or Latino families is the driver behind the growth of Hispanic or Latino populations in the region. However, unlike other parts of Nebraska, the Panhandle’s Hispanic population is largely US born and has been for decades. New generations of Nebraskans in the Panhandle born to Hispanic families are often second, third, or fourth generation Americans.

	United States	Nebraska	Banner County	Box Butte Co.	Cheyenne Co.	Dawes Co.	Deuel Co.
Speak English less than “very well”	8.5%	5.0%	0.0%	1.5%	0.9%	2.2%	2.5%
	Garden Co.	Grant Co.	Kimball Co.	Morrill Co.	Scotts Bluff Co.	Sheridan Co.	Sioux Co.
Speak English less than “very well”	1.0%	0.0%	1.0%	3.5%	3.3%	1.0%	0.0%

The population in younger age groups is much more diverse than that of the general population. In Box Butte, Scotts Bluff, and Sheridan Counties, over one third of all children were counted to be of minority race or ethnicity (something other than non-Hispanic, White).

### PANHANDLE POPULATION AGE 5 AND UNDER BY RACE/ETHNICITY



SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

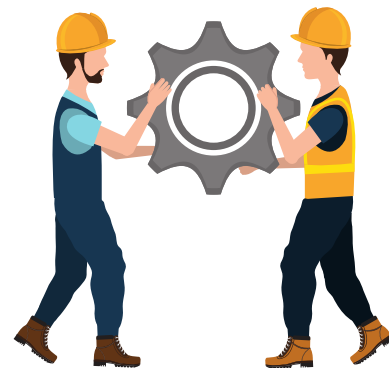
## ECONOMY

Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of well-being, quality economic opportunities contribute heavily to the quality of income and the access to education and health care. Thriving local and regional economies also contribute to the vibrancy of communities and provide a base for shared investments in things like infrastructure, law enforcement, public spaces, and maintaining positive neighborhood environments.

The Nebraska Panhandle has its roots in a strong agricultural economy and has fared well in economic downturns, maintaining unemployment rates often much lower than the nation. Wages and professional opportunities, however, lag behind the state and nation as the region has struggled to compete with the metropolitan areas' pool of talent and innovation.

## EMPLOYMENT AND WORKFORCE

The Panhandle generally has a similar unemployment rate (2.9%) when compared to Nebraska (2.8%) and has a low unemployment rate compared to the nation (3.9%). While unemployment rose in Nebraska and Panhandle counties during the recession (as seen in 2010), it was not nearly to the extent of the nation as a whole which had an unemployment rate that reached nearly 10% during the height of the recession.



### PANHANDLE UNEMPLOYMENT RATE (%), 2000-2018 12-MONTH AVERAGE

County	2000	2008	2010	2016	2018
Banner County	3.0	2.5	4.4	3.4	3.4
Box Butte County	3.9	3.7	5.0	3.6	2.8
Cheyenne County	2.3	2.8	3.6	2.8	2.8
Dawes County	3.0	2.9	4.0	2.9	2.7
Deuel County	3.0	2.9	3.9	2.6	3.0
Garden County	2.6	3.0	4.1	3.3	2.3
Kimball County	2.5	3.4	4.7	4.1	2.6
Morrill County	3.5	3.1	4.1	3.2	2.7
Scotts Bluff County	4.0	3.7	5.5	3.5	3.2
Sheridan County	2.9	2.7	3.5	2.9	2.6
Sioux County	1.9	3.4	3.7	2.7	2.6
<b>Panhandle</b>	<b>3.4</b>	<b>3.4</b>	<b>4.7</b>	<b>3.3</b>	<b>2.9</b>
<b>Nebraska</b>	<b>2.8</b>	<b>3.3</b>	<b>4.6</b>	<b>3.2</b>	<b>2.8</b>
<b>United States</b>	<b>4.0</b>	<b>5.8</b>	<b>9.6</b>	<b>4.9</b>	<b>3.9</b>

SOURCE: BUREAU OF LABOR STATISTICS  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## LABOR FORCE

While unemployment can give us a quick glance as to the percentage of people out of work in an area, it does not account for the rate of people who are underemployed or who are working multiple jobs to make ends meet. In an economic downturn, someone who is self-employed or working multiple jobs could lose a significant amount of their work and still not technically be unemployed. Unemployment also does not account for size of the labor force which has decreased consistently since 2000.

People leave the county labor force by not continuing to look for work, moving away, or retiring. While unemployment is typically lower than the nation in the Panhandle counties, the change in labor force is negative overall and relatively high in some counties. Banner, Box Butte, Cheyenne, Deuel, and Sheridan counties all recorded double digit percentage decreases in total labor force from 2000 to 2018. This sharp decrease in total labor force is a trend that continued through the recession and has continued even while the national economy has recovered.



### PANHANDLE LABOR FORCE, 2000-2018

County	2000	2010	2018	Change 2000-2018
Banner County	428	413	381	-11.0%
Box Butte County	6,422	5,852	5,399	-15.9%
Cheyenne County	5,655	5,558	4,731	-16.3%
Dawes County	5,062	5,499	5,040	-0.4%
Deuel County	1,175	1,031	974	-17.1%
Garden County	1,217	1,266	1,192	-2.1%
Kimball County	2,198	2,124	2,016	-8.3%
Morrill County	2,798	2,650	2,599	-7.1%
Scotts Bluff County	18,775	19,200	18,422	-1.9%
Sheridan County	3,295	2,821	2,690	-18.4%
Sioux County	802	835	743	-7.4%
<b>Panhandle</b>	<b>47,827</b>	<b>47,249</b>	<b>44,187</b>	<b>-7.6%</b>
<b>Nebraska</b>	<b>944,986</b>	<b>993,400</b>	<b>1,011,635</b>	<b>7.1%</b>
<b>United States</b>	<b>143,893,664</b>	<b>155,539,411</b>	<b>161,370,049</b>	<b>12.1%</b>

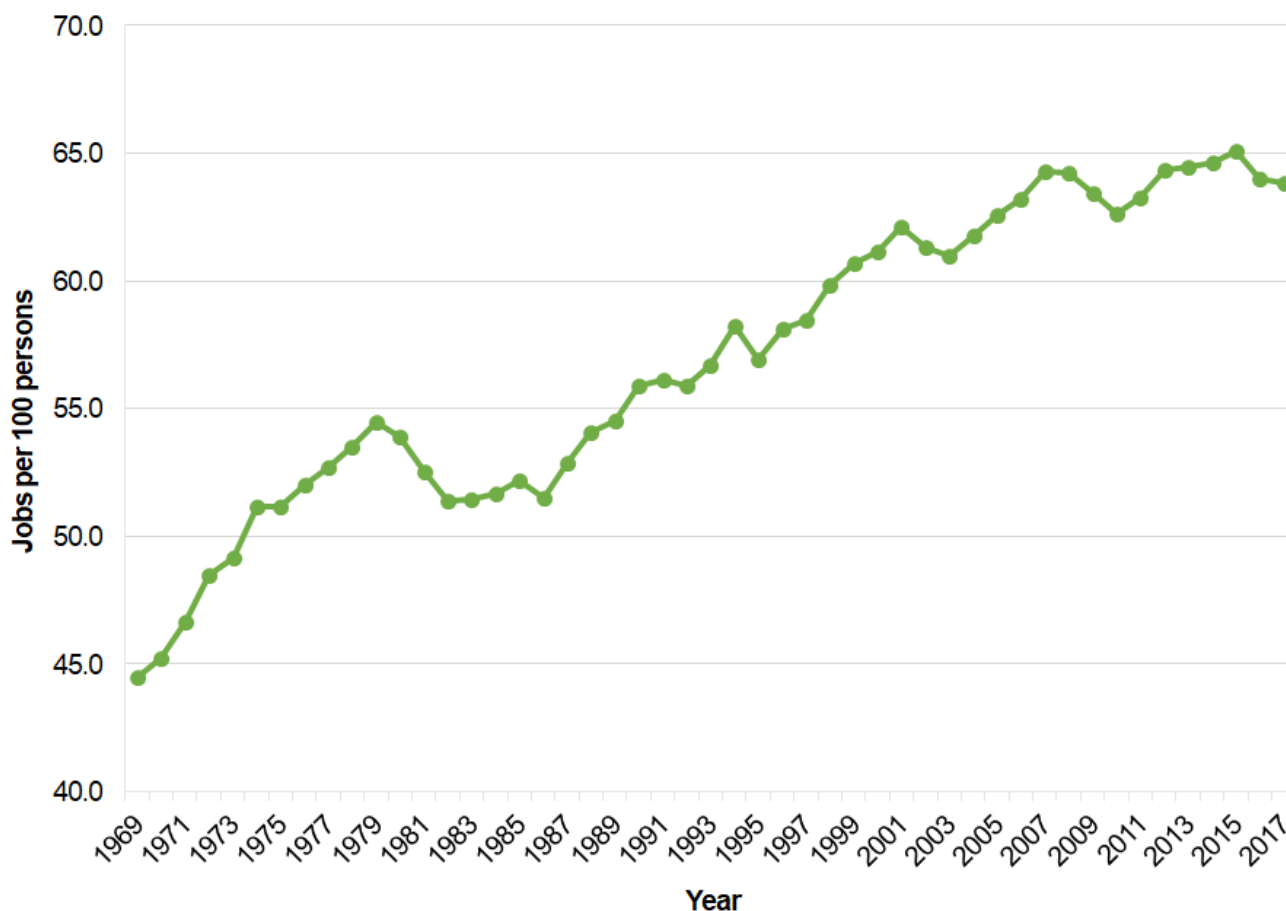
SOURCE: BUREAU OF LABOR STATISTICS  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Historically, the number of jobs available per 100 persons has increased while wages still remain below the national and state averages. While this ratio's increase can be partly attributed to loss of population in the region, it also illustrates the importance of the quality of jobs we grow in the region, not just the quantity of jobs. Families with parents who work multiple jobs run a risk of instability since the parents are not able to be home as often.

While the number of jobs has increased... 

...wages still remain below national and state averages. 

### JOBS PER 100 PERSONS, 1969-2017, PANHANDLE



SOURCE: US BUREAU OF ECONOMIC ANALYSIS, REGIONAL ECONOMIC INFORMATION SYSTEM. RELEASED NOVEMBER 2018. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

### JOBS PER 100 PERSONS, 2006-2017, PANHANDLE

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
63.2	64.3	64.2	63.4	62.6	63.2	64.3	64.5	64.6	65.1	64.0	63.8

SOURCE: US BUREAU OF ECONOMIC ANALYSIS, REGIONAL ECONOMIC INFORMATION SYSTEM. RELEASED NOVEMBER 2018. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



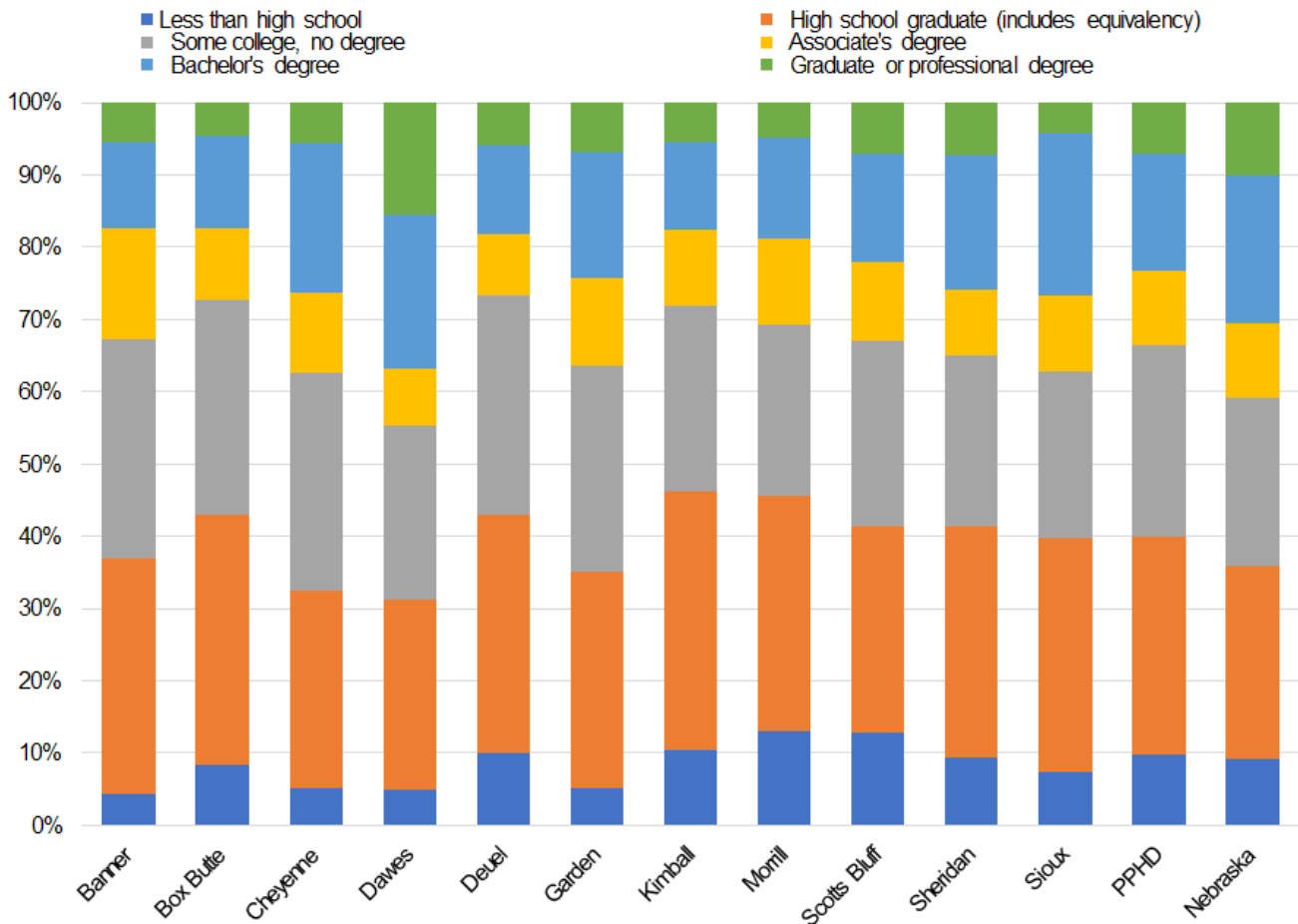
# EDUCATION

## EDUCATIONAL ATTAINMENT

Lower levels of educational attainment in the Panhandle reflect the fact that many of the jobs available in agriculture, transportation, and manufacturing do not require a bachelor's degree. Currently, the region's workforce is about six percentage points below the state and national rates for population 25 or older with a bachelor's degree or higher. Dawes County is the exception where the presence of Chadron State College likely increases the percentage of the population with advanced degrees.



### EDUCATIONAL ATTAINMENT, PANHANDLE, POPULATION 25 YEARS AND OVER



SOURCE: 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES; TABLE S1501  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

The 4-year graduation rate across the state of Nebraska for the 2017-2018 school year was 89%. Of public schools in the Educational Service Unit (ESU) 13 service area in the Panhandle, several fell under the state graduation rate: Alliance Public Schools, Crawford Public Schools, and Creek Valley Public Schools.

The 4-year graduation rate in many counties has remained virtually the same across the past 4 school years, although there are some stand out schools. Rates in Alliance Public Schools, Crawford Public Schools, Creek Valley Public Schools, and Sidney Public Schools have seen a decrease in graduation rates. Morrill Public Schools has seen an increase in graduation rates, from 67% in the 2014-2015 school year to 96% in the 2017-2018 school year. Some counties within the Panhandle have such small student numbers that their graduation rate may not be available for every year schools, signified by "NA".

#### 4-YEAR GRADUATION RATE, PANHANDLE PUBLIC SCHOOLS AND NEBRASKA

	2014-2015	2015-2016	2016-2017	2017-2018
Alliance Public Schools	87%	89%	84%	83%
Banner County Public Schools	100%	NA	NA	NA
Bayard Public Schools	90%	100%	88%	100%
Bridgeport Public Schools	93%	89%	87%	92%
Chadron Public Schools	94%	90%	95%	96%
Crawford Public Schools	100%	94%	92%	86%
Creek Valley Schools	94%	91%	95%	87%
Garden County Schools	100%	100%	100%	100%
Gering Public Schools	93%	88%	87%	91%
Gordon-Rushville Public Schools	95%	92%	91%	94%
Hay Springs Public Schools	95%	100%	83%	92%
Hemingford Public Schools	90%	88%	97%	89%
Kimball Public Schools	83%	98%	94%	89%
Leyton Public Schools	NA	100%	100%	100%
Minatare Public Schools	83%	NA	93%	100%
Mitchell Public Schools	95%	95%	95%	92%
Morrill Public Schools	67%	83%	90%	96%
Potter-Dix Public Schools	88%	93%	85%	NA
Scottsbluff Public Schools	88%	92%	91%	91%
Sidney Public Schools	94%	97%	95%	89%
Sioux County Public Schools	NA	NA	NA	NA
<b>Nebraska</b>	<b>89%</b>	<b>89%</b>	<b>89%</b>	<b>89%</b>

SOURCE: NEBRASKA DEPARTMENT OF EDUCATION  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## EARLY CHILDHOOD EDUCATION

The number of children 5 and under with all available parents working, meaning these children need out of home care, tends to be less in Panhandle counties when compared to the state of Nebraska. However, opportunities for licensed and quality early child care and education tends to be less available in the Panhandle. For 2012-2016 combined, 4,357 children 5 and under had all available parents working.

### CHILDREN 5 AND UNDER WITH ALL AVAILABLE PARENTS WORKING, PANHANDLE, NEBRASKA

	2008-2012		2012-2016	
	#	%	#	%
Banner County	25	30.1%	37	58.7%
Box Butte County	406	51.5%	569	74.2%
Cheyenne County	550	74.9%	528	68.1%
Dawes County	396	74.9%	433	70.0%
Deuel County	63	70.8%	94	82.5%
Garden County	142	100.0%	101	91.8%
Kimball County	162	60.7%	227	75.7%
Morrill County	193	58.5%	205	79.2%
Scotts Bluff County	2,170	73.0%	1,973	68.6%
Sheridan County	208	59.6%	210	79.5%
Sioux County	42	59.2%	83	82.2%
<b>Nebraska</b>	<b>112,004</b>	<b>73.9%</b>	<b>110,101</b>	<b>72.2%</b>

SOURCE: U.S. CENSUS BUREAU, 2012 AND 2016 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

There are three head start and early head start grantees that serve Panhandle counties: Northwest Community Action Partnership, Migrant and Seasonal Head Start, and Educational Service Unit (ESU) 13. These grantees served a total of 673 children in the 2016/2017 year. Two Panhandle Counties (Sioux and Banner) are not served by any head start or early head start programs.

### CHILDREN SERVED BY HEAD START/EARLY HEAD START

	2013/2014	2014/2015	2015/2016	2016/2017
Northwest Community Action Partnership	258	258	258	258
Migrant and Seasonal Head Start	46	65	65	65
Educational Service Unit 13	350	350	350	350
<b>Total Served</b>	<b>654</b>	<b>673</b>	<b>673</b>	<b>673</b>

SOURCE: FEDERAL HEAD START PIR SYSTEM, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



There are 136 licensed child care facilities in the Panhandle. Sioux and Banner Counties have no licensed child care facilities. The table below shows total capacity, capacity for those who serve only children five and older (after school programs), and capacity for those who serve children starting at an age younger than five. Overall, there are 2,984 spots for children in centers who serve children starting at an age younger than five years old.

### LICENSED CHILD CARE AND PRESCHOOL PROGRAMS IN NEBRASKA, AS OF 9/20/2019

	Number of Facilities	Total Capacity	Capacity for children 5 and older	Capacity for Children under 5
Banner County	0	0	0	0
Box Butte County	13	246	0	246
Cheyenne County	12	746	395	351
Dawes County	23	378	0	378
Deuel County	3	65	0	65
Garden County	3	84	40	44
Kimball County	3	34	0	34
Morrill County	4	83	0	83
Scotts Bluff County	65	2,126	470	1,656
Sheridan County	10	127	0	127
Sioux County	0	0	0	0
<b>Panhandle</b>	<b>136</b>	<b>3,889</b>	<b>905</b>	<b>2,984</b>

SOURCE: ROSTER OF LICENSED CHILD CARE AND PRESCHOOL PROGRAMS IN NEBRASKA, NEBRASKA DHHS  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

With 673 spots available through Head Start or Early Head Start, and 2,984 served through licensed child care facilities, 3,657 total children are served. This leaves approximately 700 children under 5 with both parents working outside of the home in some kind of non-regulated child care situation.

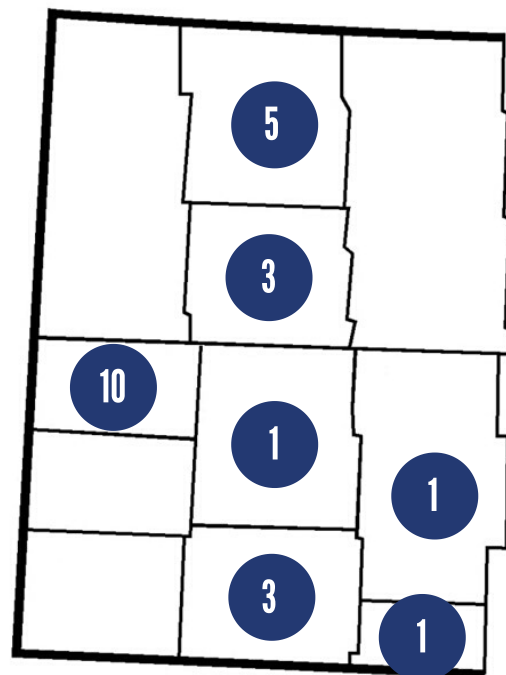
### STEP UP TO QUALITY

Nebraska Step Up to Quality is an early childhood quality rating and improvement system. The goal of the system is to improve early care and education quality, and increase positive outcomes for young children.

As of September 2018, there were 24 Step Up to Quality programs in seven Panhandle counties. Sioux, Sheridan, Banner, and Kimball Counties did not have any Step Up to Quality Programs at that time. These 24 programs represent just 19% of the 127 childcare facilities who offer care to children starting at an age younger than five years old

### COLLECTIVE IMPACT EVALUATION: NEBRASKA PANHANDLE

### PANHANDLE STEP UP TO QUALITY PROGRAMS BY COUNTY, AS OF 9/14/2018



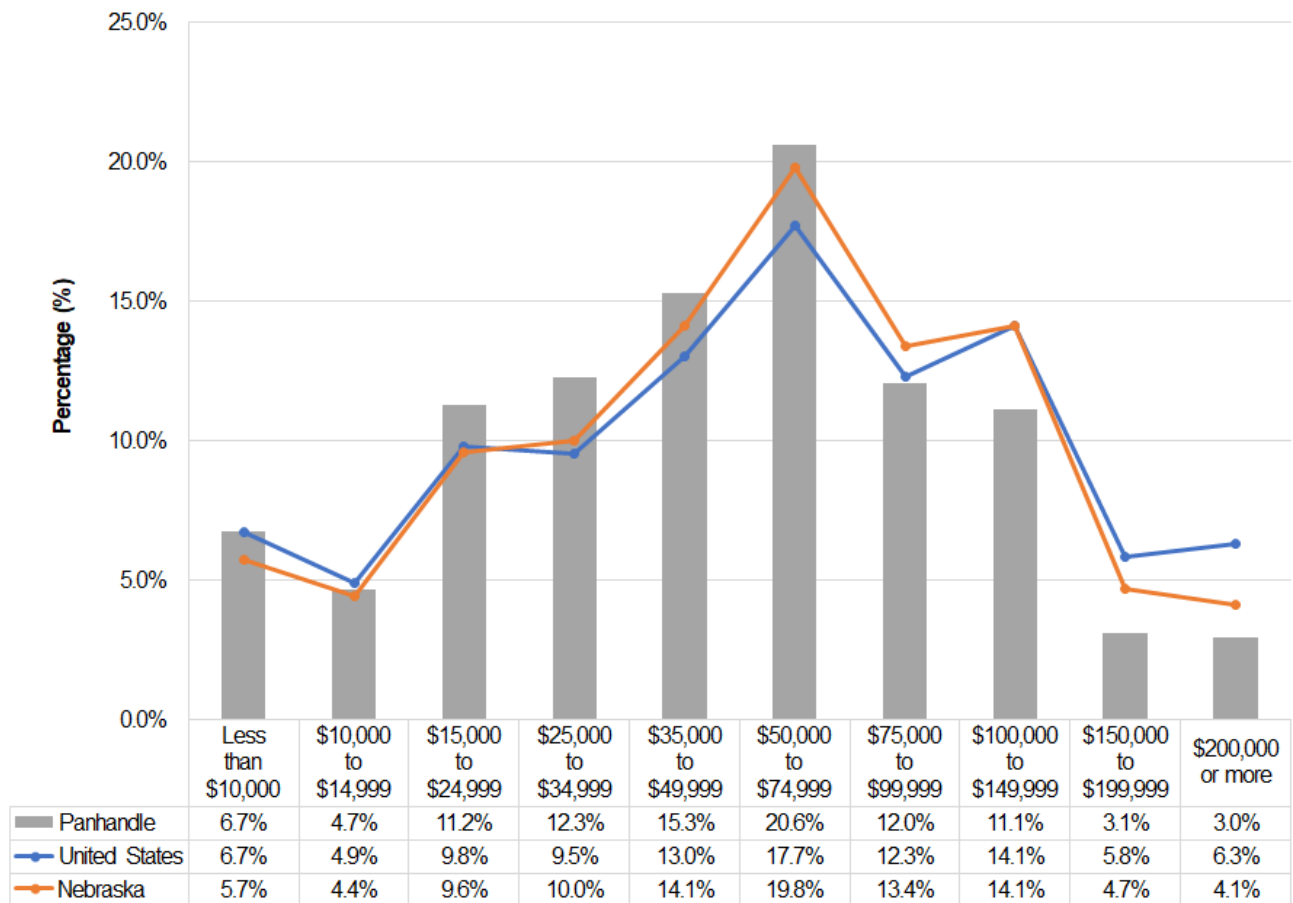
SOURCE: NEBRASKA DEPARTMENT OF EDUCATION, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

# INCOME

Wages are generally well below the average for both Nebraska and the nation. The state median household income is \$56,675. Only Cheyenne County recorded a higher median income in the most recent estimates; however, this is likely to change with recent closing of a large employer in the community. While the cost of living expenses are generally lower in the Panhandle, wages are still relatively low and are a noted problem by citizens and community leaders across the region.

Income distribution in the Panhandle shows a lot of households in the middle of the spectrum with the distribution slightly heavier towards the low income side. Maintaining this large middle income population is important as too much of a gulf between the low and high income earners is detrimental for a community. While the Panhandle has a similar percentage of its households in the \$50,000-74,999 bracket as the state, it has a lower percentage in the \$75,000-\$149,000 brackets and more in the under \$35,000 brackets. Fewer professional, science, and technology based jobs likely lead to this outcome.

## HOUSEHOLD INCOME DISTRIBUTION, PANHANDLE, 2017 INFLATION-ADJUSTED DOLLARS



SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES; TABLE DP03  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## MEDIAN HOUSEHOLD INCOME, PANHANDLE

County	2010	2017	Change
Banner County	\$38,753	\$55,000	41.92%
Box Butte County	\$50,518	\$56,328	11.50%
Cheyenne County	\$56,308	\$58,770	4.37%
Dawes County	\$39,748	\$46,146	16.10%
Deuel County	\$42,263	\$53,438	26.44%
Garden County	\$37,194	\$48,125	29.39%
Kimball County	\$47,795	\$43,017	-10.00%
Morrill County	\$42,910	\$44,201	3.01%
Scotts Bluff County	\$44,375	\$47,975	8.11%
Sheridan County	\$38,236	\$41,209	7.78%
Sioux County	\$48,222	\$45,375	-5.90%
<b>Nebraska</b>	<b>\$56,136</b>	<b>\$56,675</b>	<b>0.96%</b>
<b>United States</b>	<b>\$59,062</b>	<b>\$57,652</b>	<b>-2.39%</b>

SOURCE: U.S. CENSUS BUREAU, 2006-2010 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES; 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES; BUREAU OF LABOR STATISTICS CPI INFLATION CALCULATOR  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Change in median household income varied from 2010 to 2017 by county with small counties such as Banner, Garden, and Deuel counties showing the largest gains and Kimball and Sioux counties recording a decrease in household median income. The data contains data from years of the recession which likely accounts for the decrease in income on the national and state levels.

## PER CAPITA INCOME IN THE PAST 12 MONTHS, PANHANDLE, 2017 INFLATION ADJUSTED DOLLARS

County	Per capita income (\$)
Banner County	30,736
Box Butte County	28,483
Cheyenne County	32,995
Dawes County	24,811
Deuel County	28,225
Garden County	35,602
Kimball County	24,011
Morrill County	25,120
Scotts Bluff County	26,532
Sheridan County	25,817
Sioux County	26,852
<b>United States</b>	<b>31,177</b>
<b>Nebraska</b>	<b>29,866</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Per capita income of counties is calculated by taking all the income in a county in a year and dividing it by the number of people in the county. This gives an idea of the general wealth circulating in the area and the strength of the economy.



## POVERTY

Poverty in the Panhandle is generally higher than in the rest of the state and nearby metro areas. The college student population in Dawes County skews the poverty rate in that county, but three other Panhandle counties had estimated poverty rates of over the state average by the most recent estimates. This a decrease to the number of counties with an estimated poverty rate above the state average in past years.



### PERCENT OF ALL POPULATION WITH INCOME IN PAST 12 MONTHS BELOW POVERTY LEVEL, PANHANDLE

County	%
Sheridan County	15.8%
Dawes County	14.3%
Scotts Bluff County	13.2%
Sioux County	12.4%
Garden County	11.7%
Kimball County	11.4%
Deuel County	11.1%
Box Butte County	10.9%
Cheyenne County	10.9%
Morrill County	9.4%
Banner County	8.9%
<b>Panhandle</b>	<b>12.5%</b>
<b>Nebraska</b>	<b>12.0%</b>
<b>United States</b>	<b>14.6%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## RACE & POVERTY

By race, American Indian and Hispanic or Latino origin (of any race) are the largest minority groups in the Panhandle and have poverty rates higher than the area average. White (not Hispanic) race had the lowest prevalence of poverty.

### PERCENT OF ALL POPULATION WITH INCOME IN PAST 12 MONTHS BELOW POVERTY LEVEL, BY RACE AND ETHNICITY, PANHANDLE

County	White alone	American Indian alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Banner County	8.2%	-	43.8%	33.3%	6.0%
Box Butte County	7.5%	53.4%	67.8%	13.9%	6.8%
Cheyenne County	10.4%	0.0%	18.9%	30.8%	9.2%
Dawes County	13.1%	59.7%	7.0%	13.1%	13.1%
Deuel County	10.9%	0.0%	0.0%	29.7%	9.9%
Garden County	11.6%	0.0%	33.3%	0.0%	12.0%
Kimball County	12.0%	0.0%	0.0%	14.2%	11.5%
Morrill County	9.4%	0.0%	16.5%	22.6%	6.7%
Scotts Bluff County	12.7%	29.1%	14.2%	25.2%	8.9%
Sheridan County	11.4%	61.6%	5.8%	30.9%	10.8%
Sioux County	13.2%	0.0%	0.0%	14.6%	13.2%
<b>Panhandle</b>	<b>11.4%</b>	<b>45.7%</b>	<b>19.3%</b>	<b>23.4%</b>	<b>9.4%</b>
<b>Nebraska</b>	<b>10.3%</b>	<b>32.6%</b>	<b>20.5%</b>	<b>22.7%</b>	<b>9.0%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## CHILDHOOD POVERTY

Particularly high poverty rates exist for children under 18, with five of the eleven counties having childhood poverty rates higher than that of the latest state estimate. Sheridan County has the highest rate at 27.5%, then Scotts Bluff, Sioux, Deuel, and Cheyenne Counties. More children in poverty means more children growing up with potential obstacles to career, educational, and health care opportunities. Childhood poverty threatens the overall prosperity of a community. Although five of the eleven counties have a higher child poverty rate when compared to the state, there has been an overall decline in poverty and childhood poverty in the region, which may have spiked during the recession beginning in 2009. This recent decrease is good news but still exposes the vulnerability of the area to changes in economy and lay-offs from major employers.

## PERCENT OF CHILDREN UNDER 18 WITH INCOME IN PAST 12 MONTHS BELOW POVERTY LEVEL, PANHANDLE

County	Percent
Sheridan County	27.5%
Scotts Bluff County	19.4%
Sioux County	18.7%
Deuel County	17.6%
Cheyenne County	16.3%
Box Butte County	14.3%
Morrill County	11.4%
Dawes County	10.8%
Banner County	10.5%
Garden County	10.5%
Kimball County	9.5%
<b>Panhandle</b>	<b>17.0%</b>
<b>Nebraska</b>	<b>15.6%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## POVERTY BY EDUCATIONAL ATTAINMENT

The Panhandle's lower rate of poverty among people with lower educational attainment likely reflects the good paying jobs available for non-bachelor degree levels of education. The region's 30% poverty rate for those with a high school degree or less is drastically lower than big cities such as Denver (43%), Rapid City (45%), or Omaha (42%). Regional poverty rates also give credence to the benefit of higher education in accessing higher paying opportunities, with just 3% of those with a bachelor's degree or higher being below the poverty level.

## PERCENT OF POPULATION IN POVERTY BY EDUCATIONAL ATTAINMENT, POPULATION 25+, PANHANDLE

	Less than high school	High school graduate	Some college, associate's degree	Bachelor's degree or higher
Banner County	0.0%	11.2%	11.9%	0.0%
Box Butte County	17.8%	12.9%	6.6%	0.5%
Cheyenne County	12.6%	12.5%	8.2%	1.2%
Dawes County	25.2%	17.5%	10.6%	3.5%
Deuel County	14.8%	7.8%	9.4%	1.6%
Garden County	35.4%	13.3%	9.9%	6.3%
Kimball County	18.6%	14.8%	8.2%	7.7%
Morrill County	16.8%	9.0%	5.0%	3.4%
Scotts Bluff County	22.8%	9.3%	9.3%	3.4%
Sheridan County	28.7%	9.7%	11.4%	8.5%
Sioux County	16.4%	13.6%	10.1%	7.0%
<b>Panhandle</b>	<b>21.2%</b>	<b>11.3%</b>	<b>8.8%</b>	<b>3.4%</b>
<b>Nebraska</b>	<b>22.5%</b>	<b>10.5%</b>	<b>8.3%</b>	<b>3.3%</b>

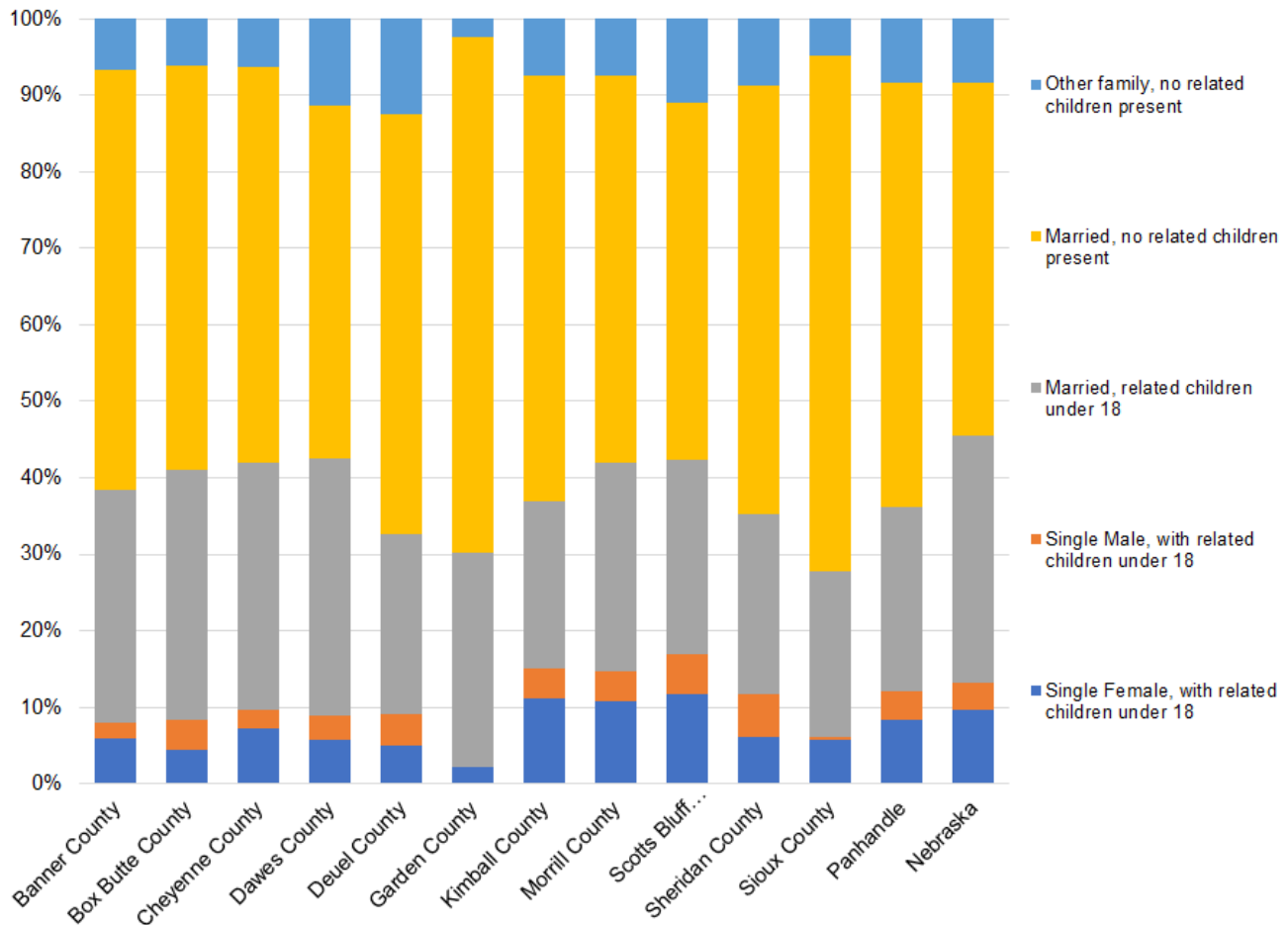


SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## POVERTY BY FAMILY TYPE

Most families in the Panhandle do not have children under 18 years of age. Single parent families with children make up about 14% of all Panhandle families. The highest rates of single parent families with children occur in Kimball, Morrill, and Scotts Bluff Counties, with highest rates of married families occurring in the more rural counties of Banner, Deuel, Garden, and Sioux.

### FAMILY TYPE BY COUNTY, PANHANDLE

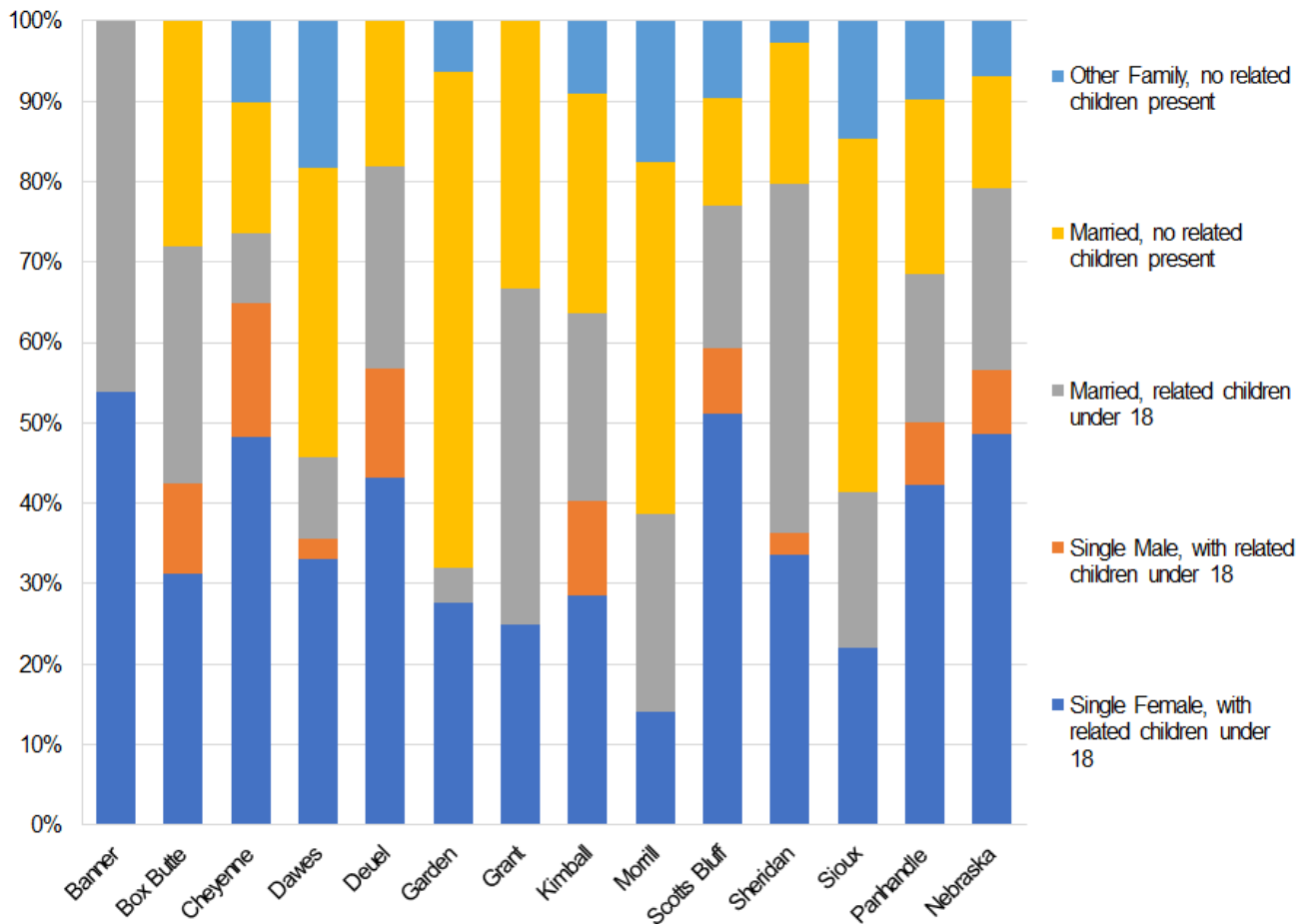


	Single Female, with related children under 18	Single Male, with related children under 18	Married, related children under 18	Married, no related children present	Other family, no related children present
Banner County	6%	2%	30%	55%	7%
Box Butte County	4%	4%	33%	53%	6%
Cheyenne County	7%	3%	32%	52%	6%
Dawes County	6%	3%	34%	46%	11%
Deuel County	5%	4%	23%	55%	13%
Garden County	2%	0%	28%	67%	2%
Kimball County	11%	4%	22%	56%	7%
Morrill County	11%	4%	27%	51%	7%
Scotts Bluff County	12%	5%	25%	47%	11%
Sheridan County	6%	6%	23%	56%	9%
Sioux County	6%	0%	22%	67%	5%
<b>Panhandle</b>	<b>9%</b>	<b>4%</b>	<b>26%</b>	<b>60%</b>	<b>9%</b>
<b>Nebraska</b>	<b>10%</b>	<b>4%</b>	<b>32%</b>	<b>46%</b>	<b>8%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

When looking at the families with income at or below poverty, we find that the vast majority of families in poverty are families with children under 18 years of age. Single female headed families with children are particularly prevalent among families in poverty, making up over 40% of all families in the Panhandle with an income level below the poverty line. More dependents increases the strain to make ends meet, particularly if a household only has one income to contribute.

### FAMILIES WITH INCOME BELOW THE POVERTY LINE BY FAMILY TYPE, PANHANDLE



	Single Female, with related children under 18	Single Male, with related children under 18	Married, related children under 18	Married, no related children present	Other Family, no related children present
Banner County	53.8%	0.0%	46.2%	0.0%	0.0%
Box Butte County	31.2%	11.2%	29.6%	28.0%	0.0%
Cheyenne County	48.2%	16.8%	8.6%	16.2%	10.2%
Dawes County	33.0%	2.6%	10.3%	35.9%	18.3%
Deuel County	43.2%	13.6%	25.0%	18.2%	0.0%
Garden County	27.7%	0.0%	4.3%	61.7%	6.4%
Grant County	25.0%	0.0%	41.7%	33.3%	0.0%
Kimball County	28.6%	11.7%	23.4%	27.3%	9.1%
Morrill County	14.0%	0.0%	24.6%	43.9%	17.5%
Scotts Bluff County	51.1%	8.2%	17.8%	13.2%	9.7%
Sheridan County	33.6%	2.7%	43.4%	17.7%	2.7%
Sioux County	22.0%	0.0%	19.5%	43.9%	14.6%
<b>Panhandle</b>	<b>42.3%</b>	<b>7.7%</b>	<b>18.6%</b>	<b>21.6%</b>	<b>9.9%</b>
<b>Nebraska</b>	<b>48.6%</b>	<b>7.9%</b>	<b>22.6%</b>	<b>14.0%</b>	<b>6.9%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



# HOUSING

## AGE OF HOUSING

The age of housing stock is related to population growth and employment growth. There is less new housing stock in the Panhandle when compared to the broader state of Nebraska.

### HOUSING AGE BY YEAR BUILT, PANHANDLE COUNTIES

	2014 or later	2010 to 2013	2000 to 2009	1990 to 1999	1980 to 1989	1970 to 1979	1960 to 1969	1950 to 1959	1940 to 1949	1939 or earlier
Banner County	0.5%	1.5%	8.4%	4.7%	4.0%	15.3%	6.9%	10.4%	17.3%	31.1%
Box Butte County	0.0%	0.8%	1.5%	4.2%	12.1%	26.2%	6.3%	10.7%	7.8%	30.4%
Cheyenne County	2.3%	0.3%	9.3%	7.1%	6.2%	7.8%	6.0%	22.4%	12.6%	26.0%
Dawes County	0.5%	2.2%	3.9%	7.6%	5.0%	11.7%	10.4%	9.6%	7.0%	42.2%
Deuel County	0.0%	0.4%	6.0%	1.8%	2.8%	7.1%	10.3%	14.8%	17.7%	39.1%
Garden County	0.0%	2.2%	10.3%	3.4%	4.3%	6.4%	11.4%	10.1%	10.7%	41.2%
Kimball County	0.0%	0.5%	3.1%	10.7%	1.5%	9.2%	17.6%	24.0%	6.2%	27.2%
Morrill County	0.2%	1.3%	5.2%	3.8%	6.9%	16.9%	11.4%	7.8%	10.6%	36.0%
Scotts Bluff County	0.2%	0.9%	6.6%	7.0%	7.7%	21.3%	12.5%	12.7%	9.4%	21.7%
Sheridan County	0.0%	0.1%	5.6%	6.5%	5.3%	11.4%	9.1%	12.2%	8.7%	41.0%
Sioux County	0.4%	0.2%	7.8%	5.0%	8.0%	5.6%	4.4%	6.7%	8.7%	53.2%
<b>Panhandle</b>	<b>0.4%</b>	<b>0.9%</b>	<b>5.8%</b>	<b>6.4%</b>	<b>7.1%</b>	<b>16.7%</b>	<b>10.3%</b>	<b>13.3%</b>	<b>9.5%</b>	<b>29.6%</b>
<b>Nebraska</b>	<b>0.9%</b>	<b>2.6%</b>	<b>12.0%</b>	<b>11.5%</b>	<b>9.4%</b>	<b>16.2%</b>	<b>11.2%</b>	<b>9.7%</b>	<b>4.9%</b>	<b>21.4%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Housing stock built before 1979 is especially more common in rural areas such as the Panhandle. Lead in residential paints was banned in 1978, which means houses built in 1978 or earlier are more likely to contain lead-based paint, which can lead to lead poisoning in children. It is more common for low income peoples or people of color to live in older housing, due to affordability, which contributes to disproportionate lead poisoning in these populations.

Lead poisoning is highly toxic to young children under the age of six and interferes with brain and organ development. The negative impacts of lead poisoning are irreversible.<sup>6</sup>

### PRE-1979 HOUSING STOCK

Banner County	81.0%
Box Butte County	81.4%
Cheyenne County	74.8%
Dawes County	80.9%
Deuel County	89.0%
Garden County	79.8%
Kimball County	84.2%
Morrill County	82.7%
Scotts Bluff County	77.6%
Sheridan County	82.4%
Sioux County	78.6%
<b>Panhandle</b>	<b>79.4%</b>
<b>Nebraska</b>	<b>63.4%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



<sup>6</sup>National Center for Healthy Housing. (2019). Lead. Retrieved from <https://nchh.org/information-and-evidence/learn-about-healthy-housing/lead/>

## HOUSING TENURE

The majority of housing in the Panhandle is owner-occupied, with higher rates of owner-occupied housing units compared to the overall state of Nebraska. The exception to this is Dawes County, with an owner-occupied housing units rate of 62.5%, likely due to the college population in the Chadron community. Garden County has the highest rate of owner-occupied housing units, at 80.4%.

## EXCESSIVE HOUSING COST BURDEN

Housing costs that exceed 30% of household income are typically viewed as an indicator of housing affordability problems. Across Panhandle counties, there are significantly more renters than owners at lower income levels for which housing costs are 30% or more of household income. This is in line with the trend across the state of Nebraska as well. Dawes County has the highest rate of renter-occupied households with income less than \$20,000 whose housing costs make up more than 30% of their household income. This is likely related to the large college population in the Chadron area. Deuel, Morrill, and Sioux counties have the lowest rates of renter-occupied households with income less than \$20,000 whose housing costs make up more than 30% of their household income. Sioux County has higher rates of owner-occupied housing units with housing costs making up more than 30% of their household income compared to renter-occupied units. This may be related to less rental units being available in this community.

## COLLECTIVE IMPACT EVALUATION: NEBRASKA PANHANDLE

## HOUSING TENURE, PANHANDLE COUNTIES & NEBRASKA

	Occupied housing units	Owner-occupied	Renter-occupied
Banner County	300	68.3%	31.7%
Box Butte County	4,610	71.7%	28.3%
Cheyenne County	4,400	70.7%	29.3%
Dawes County	3,557	62.5%	37.5%
Deuel County	833	75.2%	24.8%
Garden County	897	80.4%	19.6%
Kimball County	1,546	66.7%	33.3%
Morrill County	2,017	71.3%	28.7%
Scotts Bluff County	14,425	68.9%	31.1%
Sheridan County	2,306	70.3%	29.7%
Sioux County	579	75.6%	24.4%
<b>Nebraska</b>	<b>748,405</b>	<b>66.0%</b>	<b>34.0%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## MONTHLY HOUSING COSTS AS 30% OR MORE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS, OWNER-OCCUPIED AND RENTER-OCCUPIED HOUSING UNITS, BY INCOME LEVEL

	Less than \$20,000	\$20,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 or more
<b>Banner County</b>					
Owner-occupied	4.9%	2.9%	1.0%	5.9%	0.0%
Renter-occupied	18.9%	0.0%	4.2%	0.0%	0.0%
<b>Box Butte County</b>					
Owner-occupied	5.4%	2.9%	2.9%	2.2%	0.6%
Renter-occupied	22.2%	15.7%	0.0%	0.0%	0.0%
<b>Cheyenne County</b>					
Owner-occupied	6.7%	4.4%	1.9%	1.4%	0.5%
Renter-occupied	19.5%	7.5%	1.4%	0.0%	0.0%
<b>Dawes County</b>					
Owner-occupied	7.5%	2.7%	2.8%	0.9%	1.3%
Renter-occupied	26.7%	7.3%	0.0%	1.5%	1.0%
<b>Deuel County</b>					
Owner-occupied	6.2%	9.4%	0.5%	0.3%	0.0%
Renter-occupied	6.8%	9.7%	0.0%	0.0%	0.0%
<b>Garden County</b>					
Owner-occupied	7.5%	1.5%	2.4%	0.4%	0.0%
Renter-occupied	14.8%	0.0%	0.0%	0.0%	0.0%
<b>Kimball County</b>					
Owner-occupied	10.3%	9.9%	1.5%	1.6%	0.0%
Renter-occupied	17.1%	11.3%	0.2%	1.0%	0.0%
<b>Morrill County</b>					
Owner-occupied	8.2%	5.6%	3.1%	0.1%	0.0%
Renter-occupied	10.9%	13.5%	2.2%	0.0%	0.0%
<b>Scotts Bluff County</b>					
Owner-occupied	7.0%	6.4%	4.7%	3.2%	1.6%
Renter-occupied	22.9%	13.6%	3.3%	0.5%	0.2%
<b>Sheridan County</b>					
Owner-occupied	9.3%	4.0%	2.3%	0.5%	0.6%
Renter-occupied	14.8%	6.4%	2.0%	0.0%	0.0%
<b>Sioux County</b>					
Owner-occupied	11.4%	12.3%	0.7%	2.1%	0.0%
Renter-occupied	9.9%	0.0%	0.0%	0.0%	0.0%
<b>Nebraska</b>					
<b>Owner-occupied</b>	<b>5.6%</b>	<b>4.7%</b>	<b>3.3%</b>	<b>2.7%</b>	<b>1.4%</b>
<b>Renter-occupied</b>	<b>20.8%</b>	<b>13.3%</b>	<b>3.9%</b>	<b>1.1%</b>	<b>0.2%</b>

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## HOMELESSNESS

Homelessness is measured every 10 years by the U.S. Census by counting the number of people in emergency and transitional shelters. This means that homeless people who may be living on the streets are not accounted for. In the last U.S. Census (2010), only 17 people in emergency and transitional shelters were counted as homeless.

The Continuum of Care (CoC) Program, a HUD funded program, was created with the goal of ending homelessness. The Panhandle of Nebraska CoC serves the Panhandle area. In 2010, the CoC counted 57 homeless persons in the Panhandle. These homeless persons were identified from both shelters (emergency shelters and transitional housing) and outside of shelters. Only 7 individuals were found to be "unsheltered", which indicates the vast majority of homeless people in the Panhandle seek assistance through emergency shelters or transitional housing. However, there are few emergency shelters or opportunities for transitional housing in the Panhandle, meaning these numbers will likely always be low.

### NUMBER OF PEOPLE IN EMERGENCY AND TRANSITIONAL SHELTERS (WITH SLEEPING FACILITIES) FOR PEOPLE EXPERIENCING HOMELESSNESS, 2010

Banner County	0
Box Butte County	0
Cheyenne County	0
Dawes County	7
Deuel County	0
Garden County	0
Kimball County	0
Morrill County	0
Scotts Bluff County	6
Sheridan County	4
Sioux County	0
<b>Panhandle</b>	<b>17</b>

SOURCE: U.S. CENSUS BUREAU, 2010 DECENNIAL CENSUS  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## COMMUNITY REVITALIZATION

A key social determinant of health is stable, affordable housing. Where a person grows up strongly impacts their health and lifespan, as well as their success in school as a child. Many people do not live in safe and stable neighborhoods.<sup>7</sup>

Community (or neighborhood) revitalization seeks to improve communities in a way that makes lasting impact on the quality of life of its residents.<sup>8</sup>

There are multiple community revitalization efforts occurring in the Panhandle at any given time, whether it be addressing a Brownfield site (an abandoned or underutilized facility in which redevelopment may be burdened by environmental contamination),<sup>9</sup> revitalizing a community landmark such as a movie theater, developing walking paths in the community, and more.



<sup>7</sup> Habitat for Humanity. (2019). Habitat's Quality of Life Framework. Retrieved from <https://www.habitat.org/impact/our-work/neighborhood-revitalization/importance-of-healthy-neighborhoods>

<sup>8</sup> Habitat for Humanity. (2019). Neighborhood Revitalization. Retrieved from <https://www.habitat.org/impact/our-work/neighborhood-revitalization>

<sup>9</sup> Maurer, K. (n.d.). Brownfield Redevelopment. University of Michigan. Retrieved from <http://www.umich.edu/~econdev/brownfields/>

## RESIDENTIAL MOBILITY

Residential mobility, or moving housing units, can impact community revitalization efforts, as it can create a dynamic and fluid environment.<sup>10</sup>

The percentage of people one year and older in Panhandle counties who remained in their same house one year prior, according to 2017 estimates, is approximately the same or slightly higher than that of the state of Nebraska. One major exception to this is Dawes County, which likely has to do with the transient college population in the Chadron community.

There is a fair amount of moving within individual counties, as evidenced by the "Same County" line below, which indicates that an individual lives in a different house but within the same county as their previous residence.

Many moves within the same community can be an indicator of upward mobility, or people moving to improve their housing situation. However, movement within the same county can also indicate frequent moves of low-income households who rent and must move because of economic or social distress.

The percentage of population that move between a Panhandle county and a different state is higher among those counties that border Colorado, South Dakota, and Wyoming. There is much continuity between neighboring counties across state lines.

### RESIDENCE 1 YEAR AGO, POPULATION 1 YEAR AND OLDER, PANHANDLE COUNTIES & NEBRASKA

	Banner County	Box Butte County	Cheyenne County	Dawes County	Deuel County	Garden County	Kimball County	Morrill County	Scotts Bluff County	Sheridan County	Sioux County	Nebraska
Same house	92.1%	86.8%	86.2%	74.9%	83.7%	90.2%	82.5%	87.5%	86.2%	89.2%	94.8%	83.8%
Different house in the U.S.	7.9%	13.2%	13.7%	24.9%	16.2%	9.7%	16.9%	12.5%	13.7%	10.8%	5.2%	15.7%
Same county	2.9%	10.5%	8.1%	10.6%	4.5%	3.7%	10.9%	5.1%	9.4%	4.5%	2.3%	9.3%
Different county	5.0%	2.7%	5.6%	14.3%	11.7%	6.0%	6.0%	7.4%	4.3%	6.3%	2.8%	6.4%
Same state	0.4%	1.2%	1.7%	6.3%	5.3%	1.6%	1.4%	4.3%	1.6%	2.1%	1.6%	3.7%
Different state	4.6%	1.5%	3.9%	8.0%	6.4%	4.3%	4.6%	3.1%	2.7%	4.3%	1.2%	2.7%
Abroad	0.0%	0.0%	0.1%	0.1%	0.2%	0.1%	0.6%	0.0%	0.1%	0.0%	0.0%	0.5%

SOURCE: U.S. CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



<sup>10</sup>Coulton, C., Theodos, B., & Turner, M. (2012). Residential mobility and neighborhood change: Real neighborhoods under the microscope. *Cityscape: A Journal of Policy Development and Research*, 14(3), 55-90. Retrieved from [https://www.huduser.gov/portal/periodicals/cityscpe/vol14num3/Cityscape\\_Nov2012\\_res\\_mobility\\_neigh.pdf](https://www.huduser.gov/portal/periodicals/cityscpe/vol14num3/Cityscape_Nov2012_res_mobility_neigh.pdf)



## CHILD WELFARE

### CHILD MALTREATMENT

In 2017, six of the eleven Panhandle counties (Box Butte, Deuel, Garden, Morrill, Scotts Bluff, Sheridan) had a child maltreatment rate higher than that of the state of Nebraska (7.6 per 1,000 children). The rate of child maltreatment in Panhandle communities can vary widely year-to-year due to small county numbers, but the rate has generally decreased over time.

#### CHILD MALTREATMENT RATE\* (PER 1,000 CHILDREN), PANHANDLE COUNTIES

	2010	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Box Butte County	7.0	14.4	7.8	3.5	3.8	2.1	2.5	9.8
Cheyenne County	5.5	6.7	6.9	3.2	3.3	4.1	2.1	3.0
Dawes County	16.0	12.0	17.5	7.8	5.4	4.3	4.3	3.9
Deuel County	2.5	21.8	4.7	9.6	2.5	2.5	2.6	10.2
Garden County	0.0	5.3	17.1	0.0	0.0	0.0	8.2	8.0
Kimball County	7.0	15.5	19.7	14.8	8.5	0.0	6.1	5.0
Morrill County	8.2	7.4	13.4	7.6	6.7	7.6	5.1	9.6
Scotts Bluff County	17.9	21.8	17.0	6.9	9.4	10.5	9.7	8.9
Sheridan County	3.9	12.3	5.8	6.0	5.9	6.9	1.7	11.9
Sioux County	0.0	0.0	3.3	0.0	0.0	0.0	8.0	0.0
<b>Nebraska</b>	<b>11.2</b>	<b>11.4</b>	<b>9.3</b>	<b>6.2</b>	<b>5.5</b>	<b>7.9</b>	<b>7.9</b>	<b>7.6</b>

\*NUMBER OF SUBSTANTIATED VICTIMS OF CHILD MALTREATMENT  
 SOURCE: NEBRASKA DHHS, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

#### STATE WARDS, RATE PER 1,000 CHILDREN, PANHANDLE COUNTIES

	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	6.7	0.0	13.8	12.4	12.3	5.7
Box Butte County	11.2	10.6	5.6	4.5	4.5	4.9	4.4
Cheyenne County	17.6	12.6	10.9	11.4	11.1	13.3	13.9
Dawes County	14.2	9.4	7.2	11.4	5.6	9.2	12.2
Deuel County	21.8	16.4	16.8	12.3	9.9	10.3	20.3
Garden County	5.3	11.4	12.1	5.9	5.7	16.4	26.6
Kimball County	32.2	26.6	16.0	18.3	17.5	13.4	8.8
Morrill County	9.9	7.5	8.4	5.1	3.4	6.0	9.6
Scotts Bluff County	28.2	22.6	21.2	17.9	18.4	22.2	24.0
Sheridan County	9.0	10.0	7.7	14.3	15.5	11.0	11.0
Sioux County	0.0	3.3	10.0	0.0	0.0	0.0	0.0
<b>Nebraska</b>	<b>21.2</b>	<b>20.0</b>	<b>18.2</b>	<b>16.1</b>	<b>14.4</b>	<b>15.2</b>	<b>15.0</b>

SOURCE: NEBRASKA DHHS, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

The rate of state wards (per 1,000 children) in some Panhandle counties has consistently remained higher than that of the state of Nebraska. Scotts Bluff County specifically has a consistently high rate of state wards, with Garden and Deuel Counties also rising above the state rate in 2017.



Removal from the home is a traumatic event for a child, with lasting impacts. In an effort to keep more children in the home with their parents, some children are involved in the child welfare system on a non-court basis. This means they stay in the home, and may not have a substantiated incident of child maltreatment, but are able to receive services as a measure to prevent potential future incidents of child maltreatment. In the Panhandle, Garden and Morrill counties had higher rates of children with non-court welfare involvement in 2017 when compared to that of the state.

### CHILDREN WITH NON-COURT CHILD WELFARE INVOLVEMENT, 2013 & 2017, PANHANDLE COUNTIES

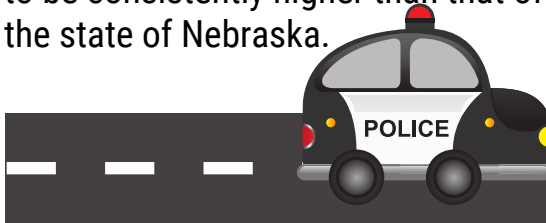
	2013	Rate per 1,000 children	2017	Rate per 1,000 children
Banner County	0	0.0	0	0.0
Box Butte County	21	7.4	14	5.1
Cheyenne County	29	11.7	18	7.8
Dawes County	21	12.6	1	0.6
Deuel County	7	16.8	0	0.0
Garden County	2	6.0	5	13.3
Kimball County	25	30.8	1	1.3
Morrill County	15	12.6	10	8.7
Scotts Bluff County	201	22.0	30	3.3
Sheridan County	23	19.6	1	0.8
Sioux County	0	0.0	0	0.0
<b>Nebraska</b>	<b>4,348</b>	<b>9.4</b>	<b>3,296</b>	<b>6.9</b>

SOURCE: NEBRASKA DHHS, AS CITED BY KIDS COUNT IN NEBRASKA ANNUAL REPORT  
 PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## JUVENILE JUSTICE

In recent years, the arrest rate for youth aged 10 to 17 has generally been the same or lower in Panhandle counties when compared to the state of Nebraska. The exception to this is Scotts Bluff County, where the youth arrest rate has been and continues to be consistently higher than that of the state of Nebraska.



## YOUTH ARREST RATE PER 1,000 YOUTH AGED 10-17, PANHANDLE COUNTIES & NEBRASKA, 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Banner County	14.3	13.7	0.0	0.0	0.0	13.7	26.7
Box Butte County	93.9	2.4	5.4	5.5	48.1	16.9	15.3
Cheyenne County	34.0	31.8	8.7	5.8	34.5	15.0	25.4
Dawes County	41.4	34.3	39.3	37.1	42.8	51.6	27.9
Deuel County	74.3	31.1	0.0	0.0	5.2	0.0	5.2
Garden County	0.0	0.0	6.2	8.8	5.9	0.0	0.0
Kimball County	57.4	75.1	57.5	58.0	13.8	16.8	2.8
Morrill County	41.2	36.6	5.2	5.4	26.3	43.5	23.9
Scotts Bluff County	84.5	84.4	88.0	88.2	62.3	57.2	81.5
Sheridan County	134.8	47.7	57.7	52.0	41.7	5.3	17.5
Sioux County	0.0	6.8	21.0	23.3	24.2	0.0	0.0
<b>Nebraska</b>	<b>65.9</b>	<b>61.1</b>	<b>52.2</b>	<b>52.8</b>	<b>50.9</b>	<b>45.6</b>	<b>47.0</b>

SOURCE: KIDS COUNT IN NEBRASKA ANNUAL REPORT  
PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

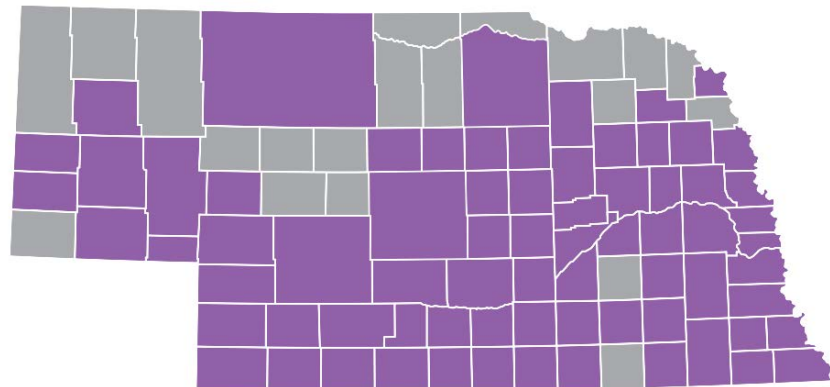
The U.S. Census conducted in 2010 counted the number of youth in juvenile facilities in Panhandle counties, including group homes for juveniles (non-correctional), residential treatment centers for juveniles (non-correctional), and correctional facilities intended for juveniles. Nine juveniles were counted in non-correctional group homes for juveniles in Scotts Bluff County. No other juveniles were recorded in these facilities.

## DIVERSION

Diversion programs are pretrial programs based on the belief that juvenile cases are sometimes better handled outside of the court. Diversion is a voluntary program that offers eligible youth the opportunity to demonstrate rehabilitation. When diversion is successfully completed, youth have the opportunity to avoid formal court charges and have the specific record being dealt with sealed. Diversion programs save counties significant funds by diverting cases from the court system.<sup>11</sup>

Seven of the 11 Panhandle counties offered a juvenile diversion program in 2017:

- Scotts Bluff County
- Banner County
- Box Butte County
- Morrill County
- Cheyenne County
- Garden County
- Deuel County



11

<sup>11</sup>Voices for Children in Nebraska. (2019). 2018 Kids Count in Nebraska Report. Retrieved from <https://voicesforchildren.com/wp-content/uploads/2019/01/2018-Kids-Count-in-Nebraska-Report.pdf>

## BEHAVIORAL HEALTH

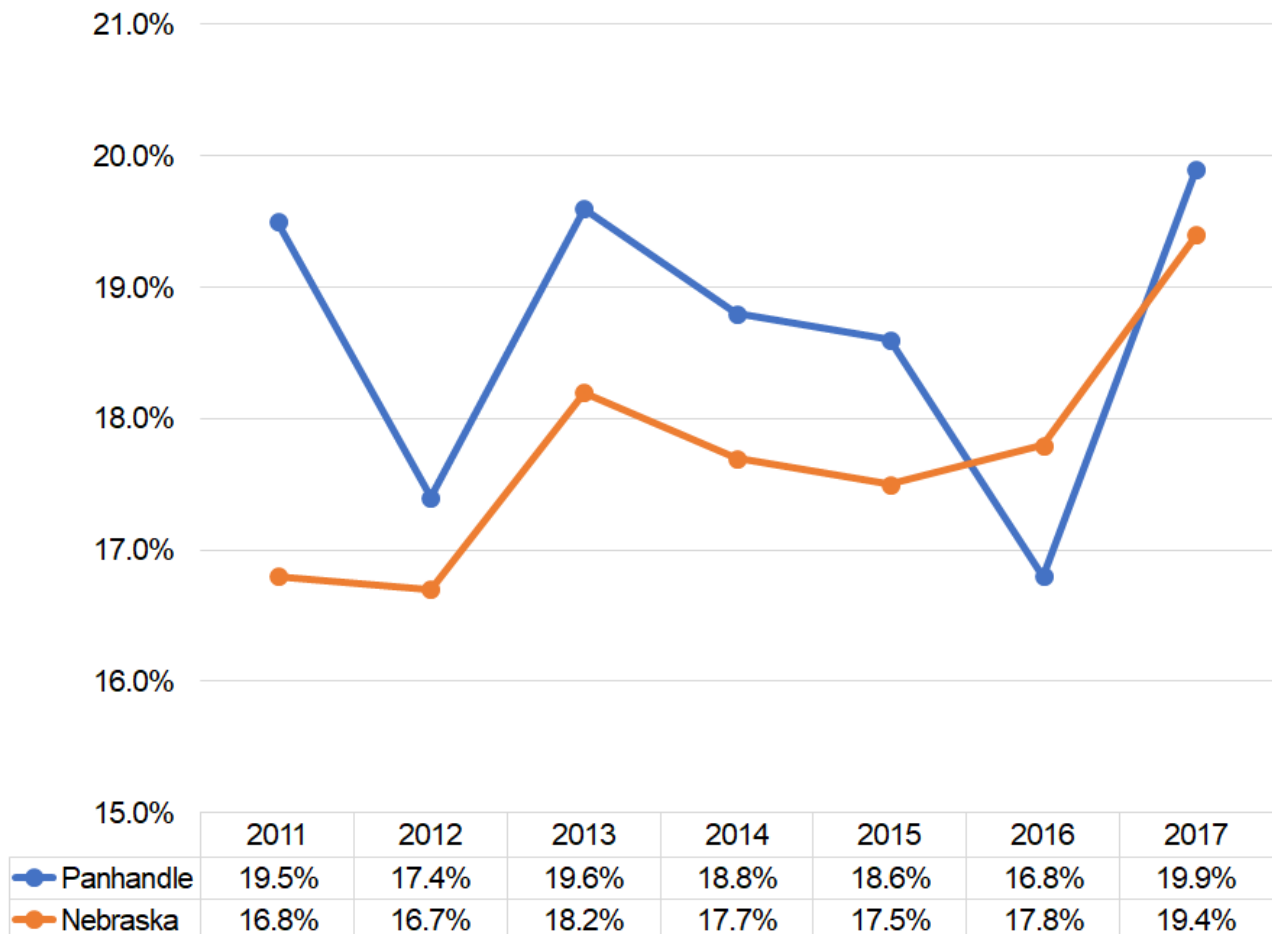
### MENTAL & EMOTIONAL WELL-BEING

Mental health is "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges."<sup>12</sup>

Mental health is typically measured by the rate of mental disorders within the people of a community. An additional measure of mental health is the suicide rate for a given community.

The rate of adults diagnosed with depression in the Panhandle has historically been higher than that of the state of Nebraska, with a small drop below the state rate in 2016. The rate in the Panhandle increased from 2016 to 2017 by approximately three points.

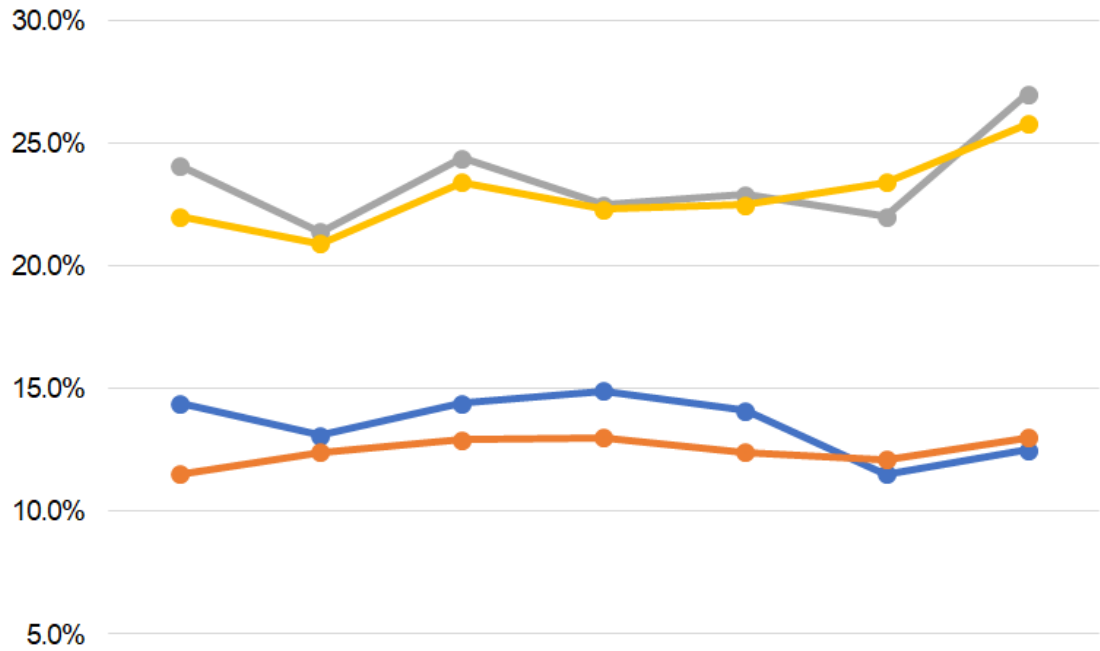
#### EVER TOLD THEY HAVE DEPRESSION\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017



SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEY HAVE EVER BEEN TOLD BY A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL THAT THEY HAVE A DEPRESSIVE DISORDER (DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

<sup>12</sup>Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Mental Health and Mental Disorders. *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

## EVER TOLD THEY HAVE DEPRESSION\*, MEN AND WOMEN, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017



	2011	2012	2013	2014	2015	2016	2017
Men - Panhandle	14.4%	13.1%	14.4%	14.9%	14.1%	11.5%	12.5%
Men - Nebraska	11.5%	12.4%	12.9%	13.0%	12.4%	12.1%	13.0%
Women - Panhandle	24.1%	21.4%	24.4%	22.5%	22.9%	22.0%	27.0%
Women - Nebraska	22.0%	20.9%	23.4%	22.3%	22.5%	23.4%	25.8%

SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEY HAVE EVER BEEN TOLD BY A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL THAT THEY HAVE A DEPRESSIVE DISORDER (DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION). \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Women tend to be diagnosed with depression more often than men, and the trends between these two genders follows that of the overall and state trend. Women are more likely to be diagnosed with depression than men, with approximately twice as many women than men experiencing depression in the United States.<sup>13</sup>

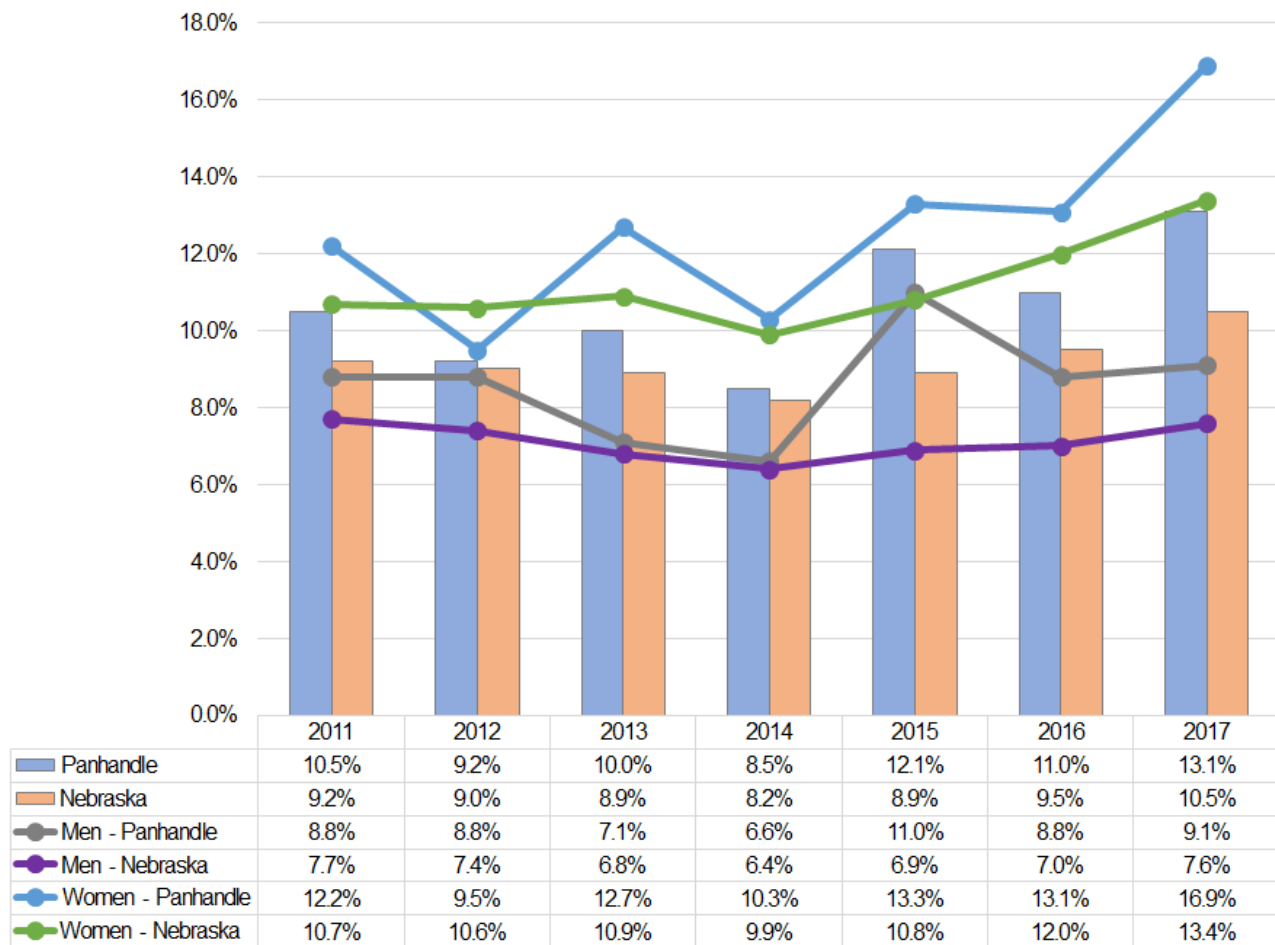


<sup>13</sup>Mayo Clinic. 2019. Depression in women: Understanding the gender gap. Retrieved from <https://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20047725>

Frequent mental distress accounts for those who report their mental health was not good on 14 or more of the previous 30 days. Frequent mental distress is historically higher in the Panhandle when compared to the state of Nebraska, with a significantly higher rate in the Panhandle in 2015. This significance is also seen in the difference between frequent distress of men in the Panhandle versus men in the state of Nebraska. While the rate of women who experience mental distress is generally higher than that in the Panhandle when compared to the state, and appears to be rising at an increased rate, there was no significant difference in any year.



### FREQUENT MENTAL DISTRESS IN PAST 30 DAYS\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017



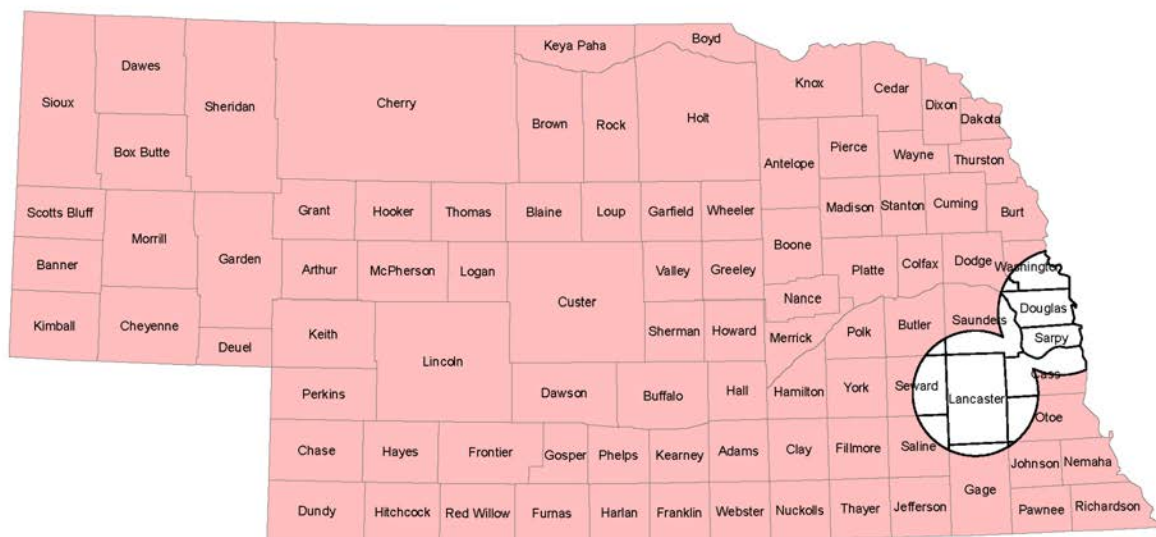
SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEIR MENTAL HEALTH (INCLUDING STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS) WAS NOT GOOD ON 14 OR MORE OF THE PREVIOUS 30 DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



All of the Panhandle counties are state-designated shortage areas for psychiatry and mental health professionals, as is much of the rest of the state of Nebraska.

With heightened rates of depression and frequent mental distress in the Panhandle and low amounts of mental health professionals to meet these needs, receiving appropriate services when they are needed can be challenging for those struggling with mental disorders.

## State-Designated Shortage Areas Psychiatry and Mental Health



- State Shortage Area
- Not State Shortage Area

Source: Rural Health Advisory Commission  
DHHS - Nebraska Office of Rural Health  
Statewide Review: 2019  
Last Updated: April 2019  
Location: K: RURAL\_HEALTH > Rural Health Intern > State Shortage Areas 2019  
Data File Location: K: RURAL\_HEALTH > Rural Health Intern > State Shortage Areas 2019 >  
Excel files > Copy of HPTS hours for SDMS - IM

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS  
For: Thomas Rauner | Primary Care Office Director  
thomas.rauner@nebraska.gov | 402-471-0148



## SUBSTANCE USE & ABUSE

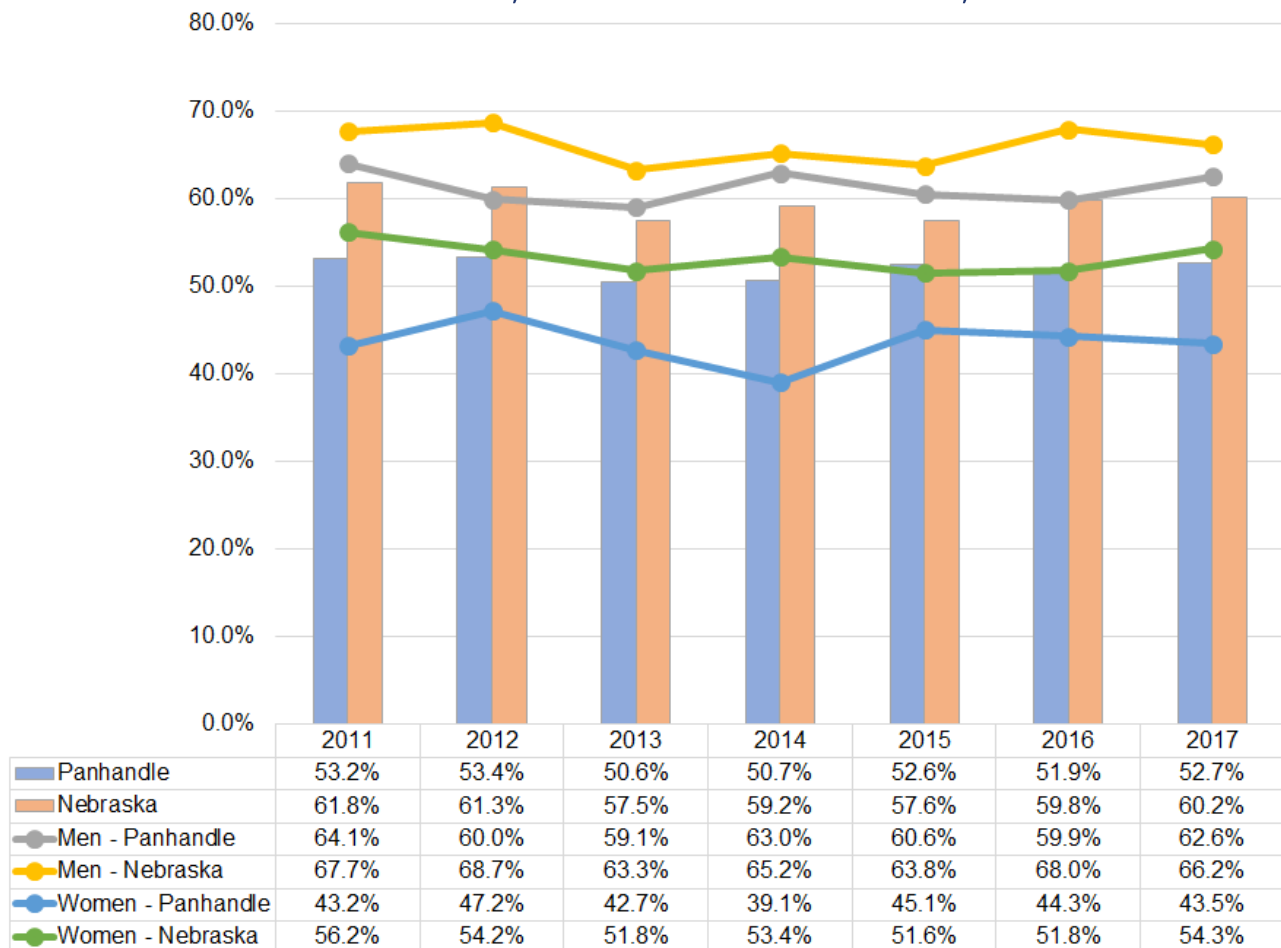
Substance abuse is "a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes". Because of social and political attitudes and legal responses to substance use, substance abuse is a complex public health issue.<sup>14</sup>

"Substance" refers to legal (such as alcohol and tobacco) and illegal (such as heroin, methamphetamine, illegally obtained prescriptions, inappropriately used legal substances, etc.) substances.

### ALCOHOL

The percentage of adults who reported they drank in the past 30 days was lower in the Panhandle in all years from 2011 to 2017, and has remained fairly flat across the years. There is a higher rate of men who drank in the past 30 days in the Panhandle when compared to women, but both genders fell below their state counterparts.

#### ADULT PAST 30 DAY ALCOHOL CONSUMPTION\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017

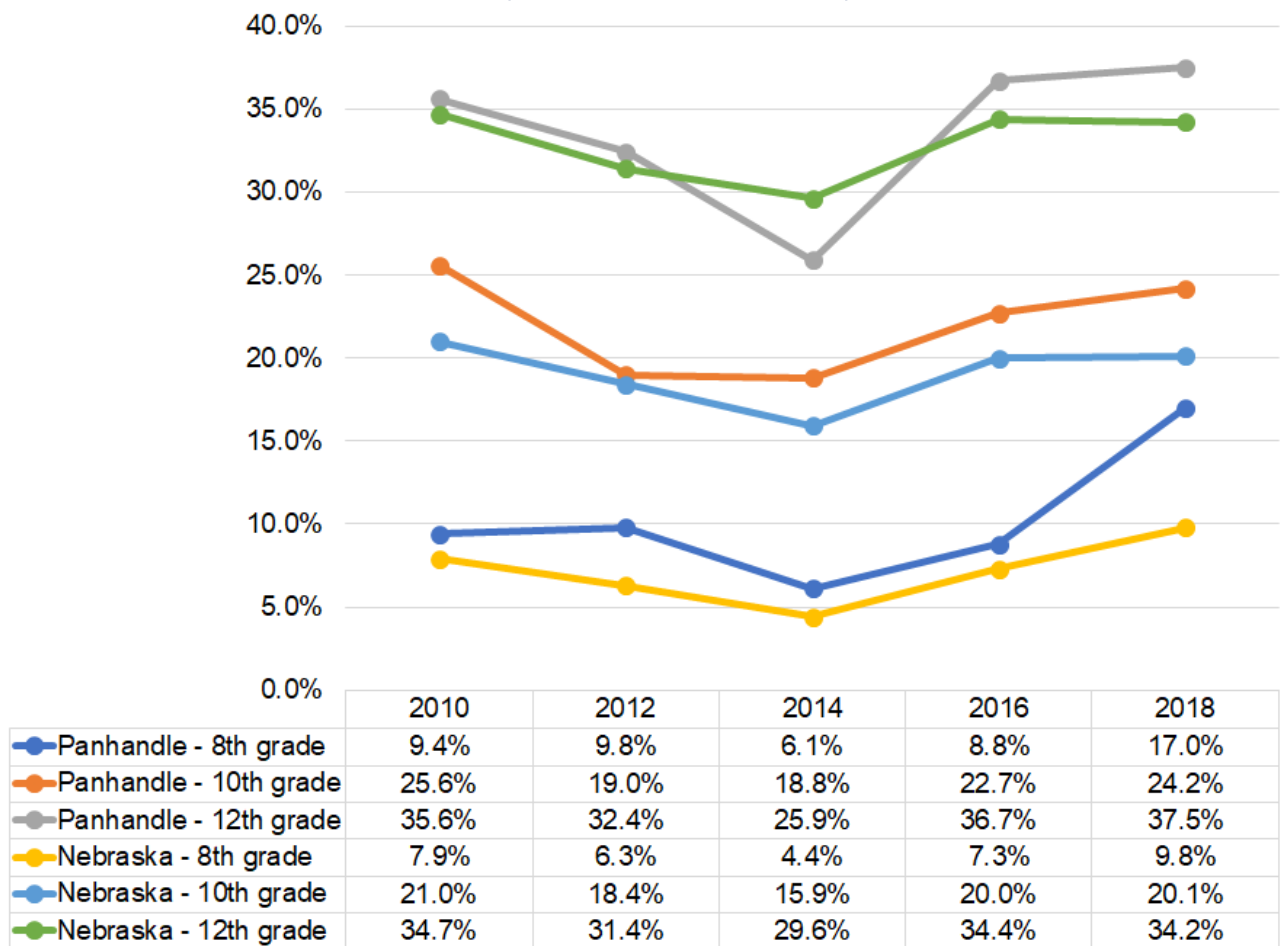


SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT HAVING AT LEAST ONE ALCOHOLIC BEVERAGE DURING THE PAST 30 DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

<sup>14</sup>Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Substance Abuse. *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

The percentage of youth in grades 8, 10, and 12 who reported drinking in the past 30 days is historically higher in the Panhandle when compared to the overall state of Nebraska. As would be expected, 8th graders report drinking less than 10th graders, who in turn report drinking less than 12th graders. A decrease in past 30 day drinking of Panhandle youth was seen from 2010 to 2014, but there has been an increase in the recent years of 2016 and 2018.

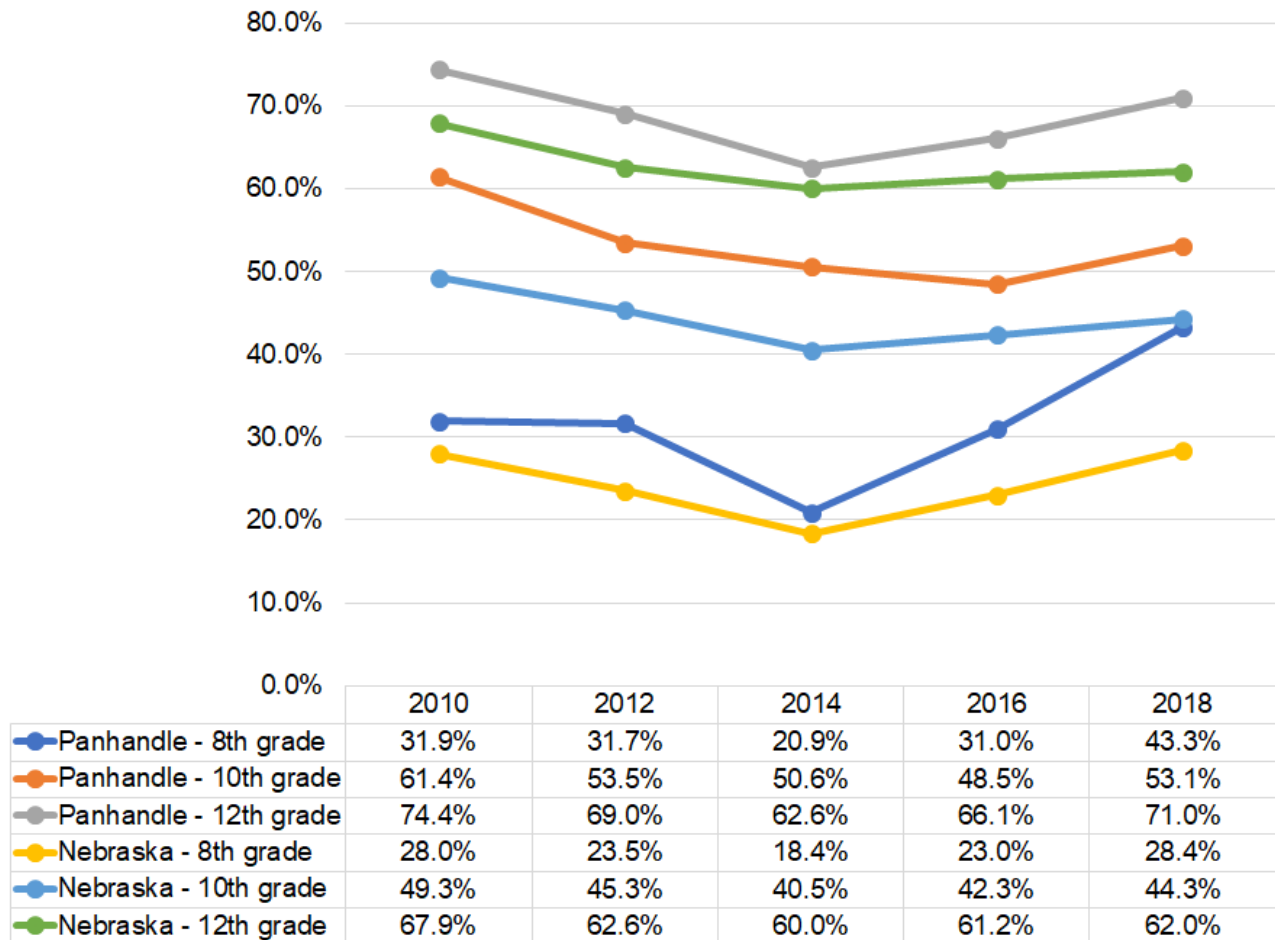
### YOUTH PAST 30 DAY ALCOHOL CONSUMPTION\*, PANHANDLE AND NEBRASKA, 2010-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER HAD BEER, WINE, OR HARD LIQUOR TO DRINK IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## YOUTH LIFETIME ALCOHOL CONSUMPTION\*, PANHANDLE AND NEBRASKA, 2010-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER HAD MORE THAN A FEW SIPS OF BEER, WINE, OR HARD LIQUOR. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

The percentage of youth in grades 8, 10, and 12 who reported they had ever drunk is also historically higher in the Panhandle when compared to the state of Nebraska. Similar to the past 30 day drinking rate, 8th graders report having ever drunk less than 10th graders, who in turn report having ever drunk less than 12th graders. In another similarity, a decrease in lifetime drinking of Panhandle youth was seen from 2010 to 2016, but there was an increase reported in 2018.

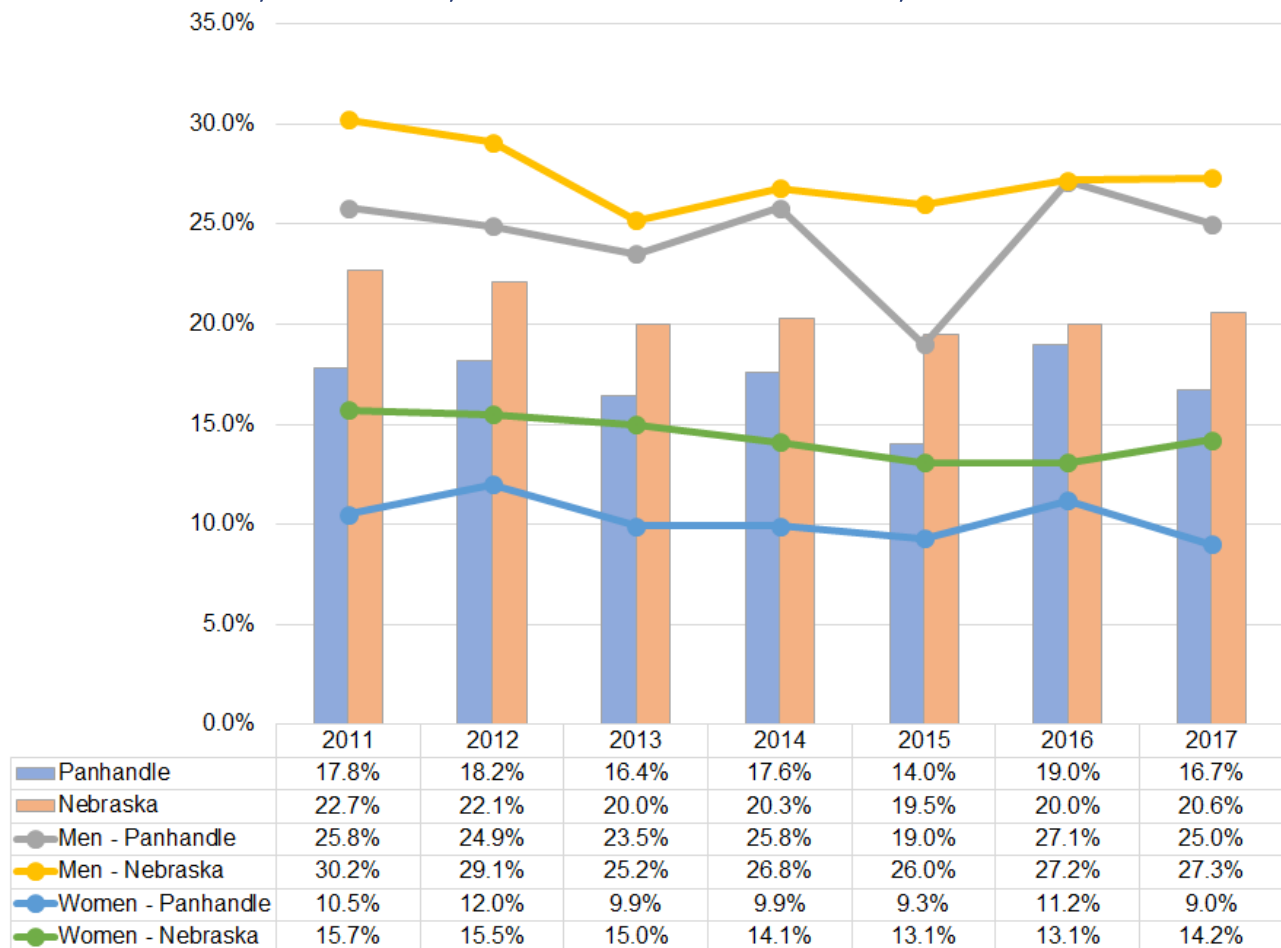






Binge drinking is defined as the consumption of five or more drinks in one sitting for men or four or more drinks in one sitting for women. The percentage of adults who reported they binge drank in the past 30 days was lower in the Panhandle when compared to the state of Nebraska for all years 2011 to 2017. The rate of binge drinking is significantly lower for Panhandle women when compared to Panhandle men.

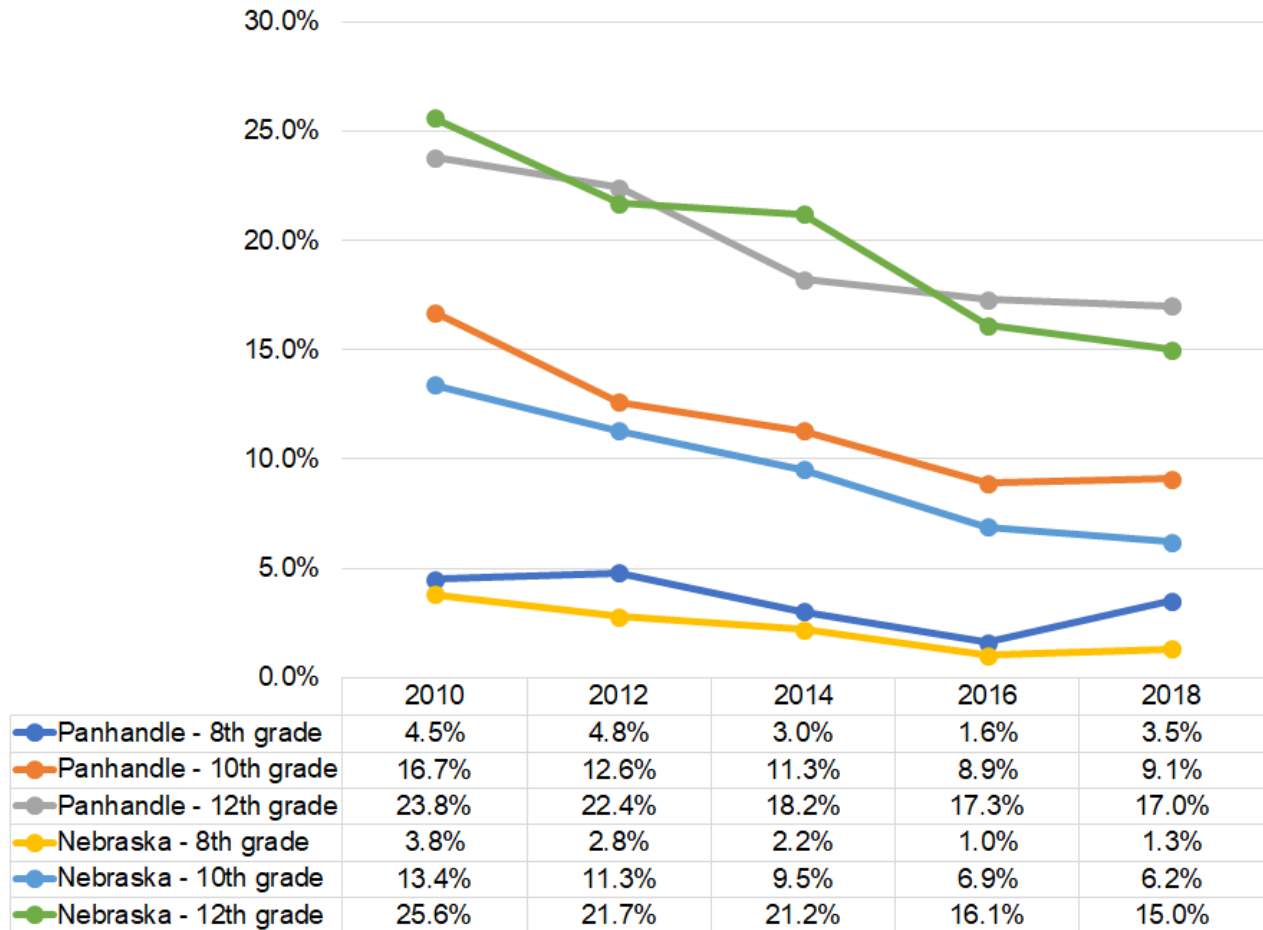
**ADULT BINGE DRINKING, PAST 30 DAYS\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017**



SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT HAVING FIVE OR MORE ACOHOLIC DRINKS FOR MEN/FOUR OR MORE ALCOHOLIC DRINKS FOR WOMEN ON AT LEAST ONE OCCASSION DURING THE PAST 30 DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## YOUTH BINGE DRINKING, PAST 30 DAYS\*, PANHANDLE AND NEBRASKA, 2011-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY HAD FIVE OR MORE ACOHOLIC DRINKS FOR MEN/FOUR OR MORE ALCOHOLIC DRINKS FOR WOMEN ON AT LEAST ONE OCCASSION DURING THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

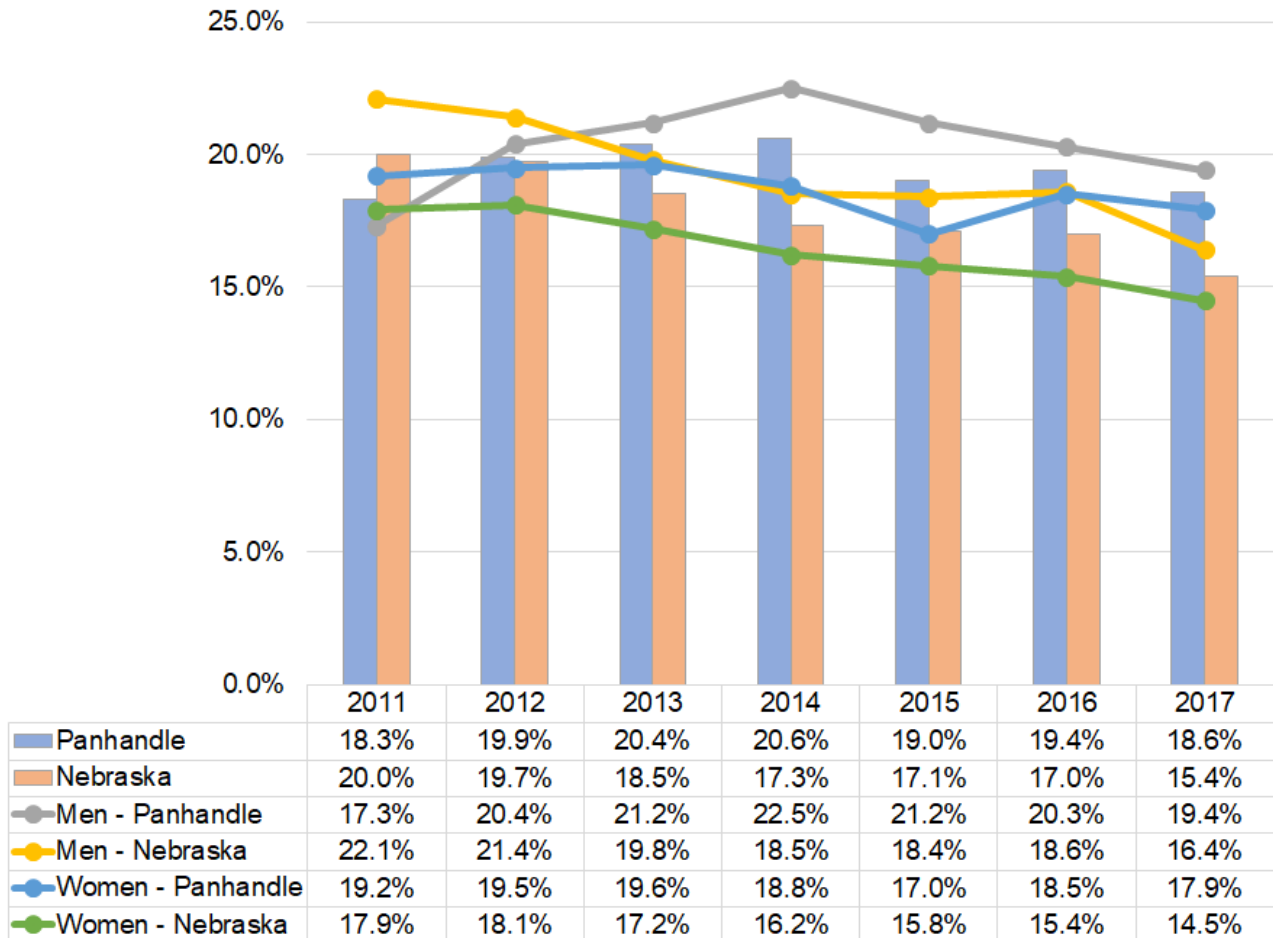
Youth binge drinking in the Panhandle has steadily decreased from 2010 to 2018. The youth binge drinking rate is historically higher in the Panhandle when compared to the state of Nebraska, although the rate for Panhandle 12th graders dropped below the rate for 12th graders across the state in 2018.



## TOBACCO AND NICOTINE USE

Current cigarette smoking among adults was trending up from 2011 to 2014, but has decreased from 2015 to 2017. The rate of Panhandle men who smoke has followed this trend with some exaggeration, with Panhandle men currently smoking at slightly higher rates than the overall Panhandle. Smoking rates across the state have decreased steadily overall, with similar patterns seen in men and women.

### ADULT CURRENT CIGARETTE SMOKING\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017



SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEY CURRENTLY SMOKE CIGARETTES EITHER EVERY DAY OR ON SOME DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Adult use of smokeless tobacco is historically higher in the Panhandle when compared to the state of Nebraska, and continues to trend higher as time passes. Panhandle residents report using smokeless tobacco more than double than residents across the entire state of Nebraska. Smokeless tobacco may be chewing tobacco, snuff, or snus.

### ADULT CURRENT SMOKELESS TOBACCO USE\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017

	Panhandle	Nebraska
2011	8.5%	5.6%
2012	9.7%	5.1%
2013	9.0%	5.3%
2014	6.9%	4.7%
2015	7.6%	5.5%
2016	10.1%	5.7%
2017	10.7%	5.3%

SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEY CURRENTLY USE SMOKELESS TOBACCO PRODUCTS (CHEWING TOBACCO, SNUFF, OR SNU) EITHER EVERY DAY OR ON SOME DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

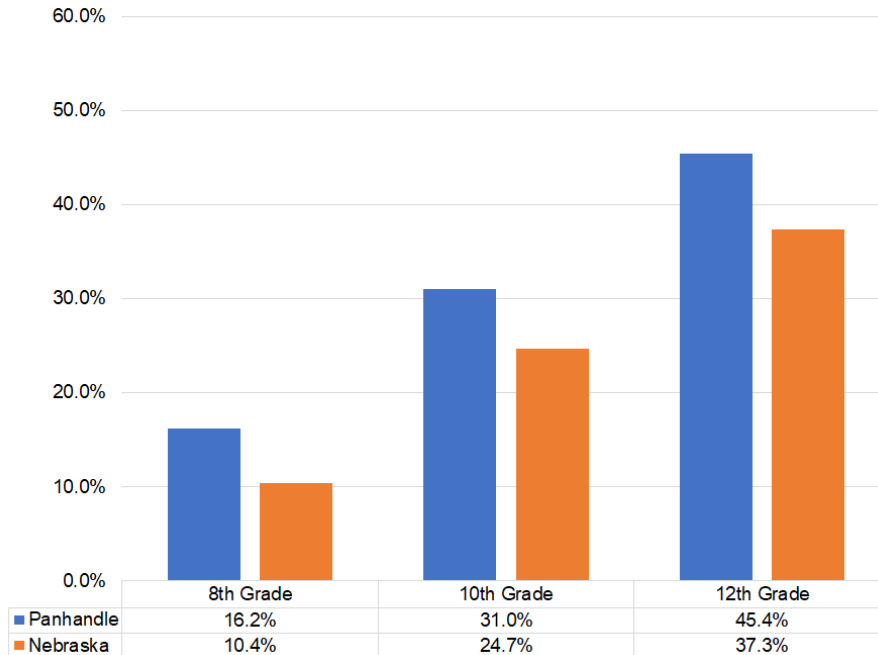
Adult current e-cigarette use, or vaping, is lower in the Panhandle when compared to the state of Nebraska. Vaping among youth, however, is alarmingly higher in the Panhandle when compared to the state of Nebraska, in both initiation and current use. There is nearly a 10-point difference in 8th graders who report they have ever tried e-cigarettes in the Panhandle compared to the state.

**ADULT CURRENT E-CIGARETTE USE\*, PPHD JURISDICTION\*\* AND NEBRASKA, 2011-2017**

	Panhandle	Nebraska
2016	3.5%	4.9%
2017	2.6%	3.8%

SOURCE: NEBRASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. \*PERCENTAGE OF ADULTS 18 AND OLDER WHO REPORT THAT THEY CURRENTLY USE E-CIGARETTES OR OTHER ELECTRONIC "VAPING" PRODUCTS EITHER EVERY DAY OR ON SOME DAYS. \*\*PANHANDLE PUBLIC HEALTH DISTRICT COVERS THE 11-COUNTY GEOGRAPHIC PANHANDLE AND GRANT COUNTY. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

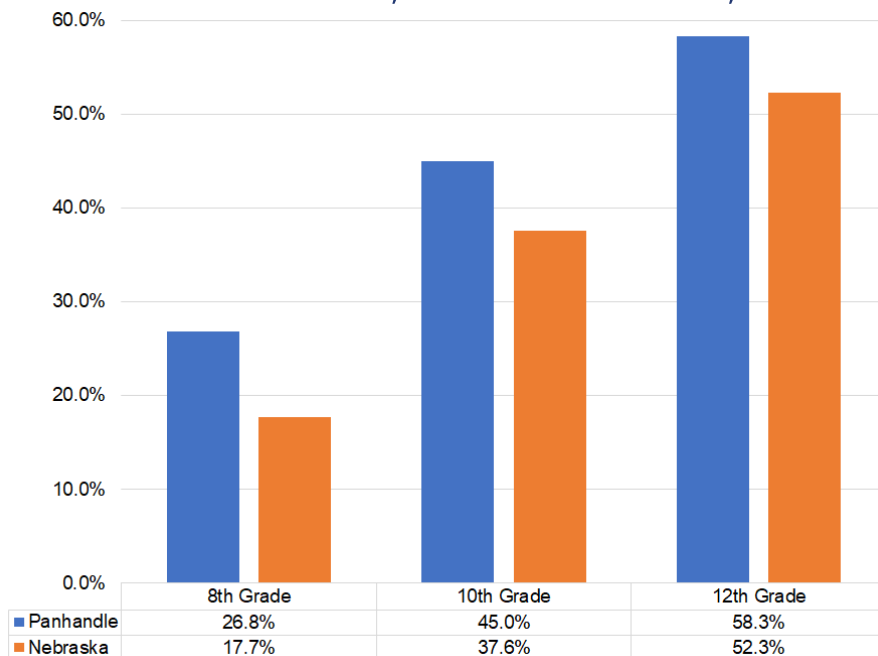
**YOUTH CURRENT E-CIGARETTE USE\*, PANHANDLE AND NEBRASKA, 2018**



**Youth current e-cigarette use in the Panhandle is higher across all age groups.**

SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

**YOUTH LIFETIME E-CIGARETTE USE\*, PANHANDLE AND NEBRASKA, 2018**



**Initiation of e-cigarettes for 8th graders is nearly 10 points higher in the Panhandle than across the state**

SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED AN ELECTRONIC VAPOR. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

For the two years of the Nebraska Risk and Protective Factor Student Survey that have asked about e-cigarette use, the increase in both initiation and past 30 day use has been staggering. As e-cigarette use picks up, cigarette smoking among youth decreases.

**YOUTH CURRENT E-CIGARETTE USE\*, PANHANDLE AND NEBRASKA, 2016-2018**

	2016	2018
<b>Panhandle</b>		
8th Grade	9.4%	16.2%
10th Grade	15.3%	31.0%
12th Grade	18.2%	45.4%
<b>Nebraska</b>		
8th Grade	6.0%	10.4%
10th Grade	12.3%	24.7%
12th Grade	18.7%	37.3%

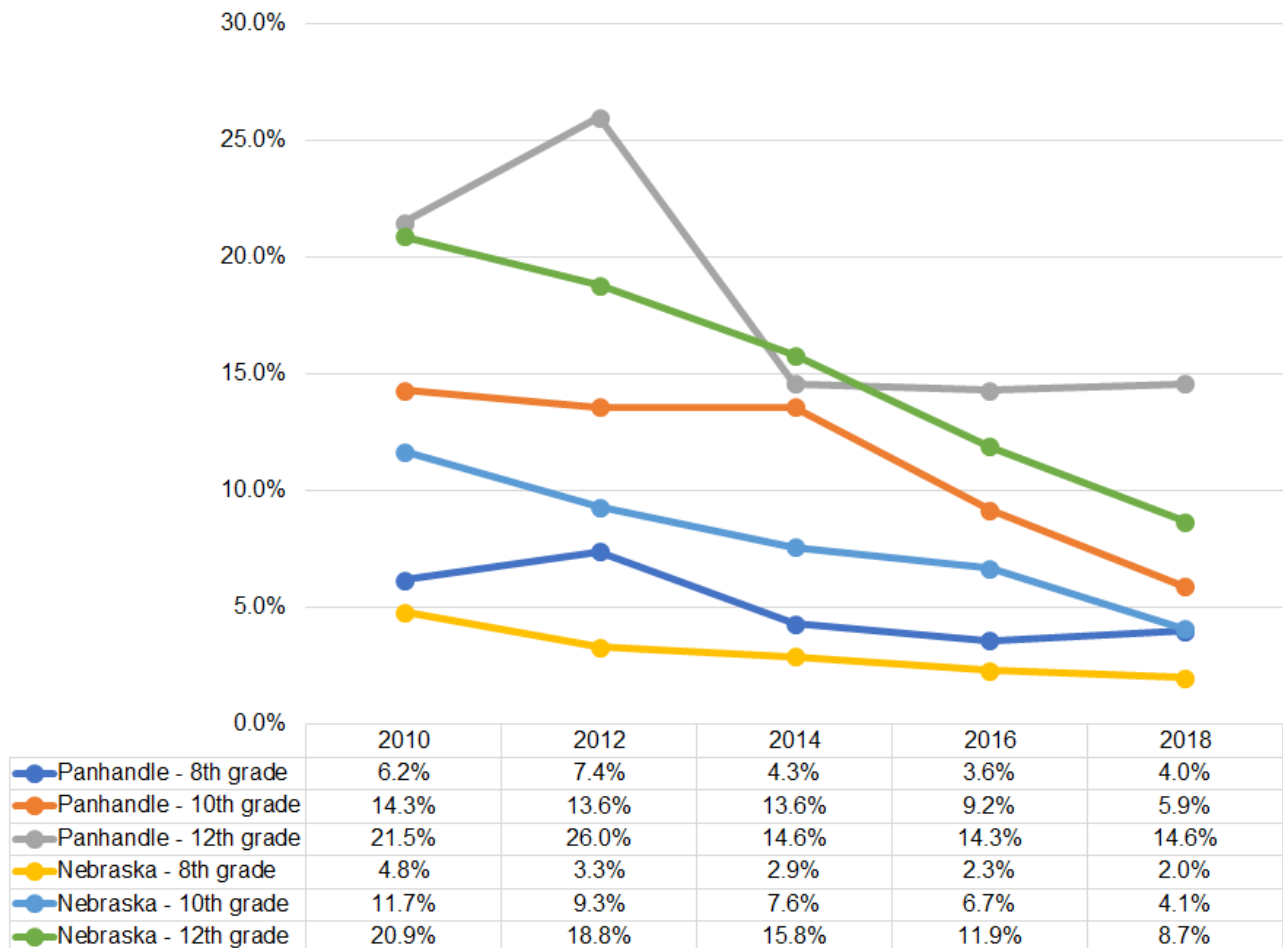
SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

**YOUTH LIFETIME E-CIGARETTE USE\*, PANHANDLE AND NEBRASKA, 2016-2018**

	2016	2018
<b>Panhandle</b>		
8th Grade	18.7%	26.8%
10th Grade	34.6%	45.0%
12th Grade	51.5%	58.3%
<b>Nebraska</b>		
8th Grade	12.4%	17.7%
10th Grade	28.0%	37.6%
12th Grade	43.4%	52.3%

SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED AN ELECTRONIC VAPOR. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

**YOUTH CURRENT CIGARETTE SMOKING\*, PANHANDLE AND NEBRASKA, 2010-2018**



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY SMOKED CIGARETTES IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## MARIJUANA USE

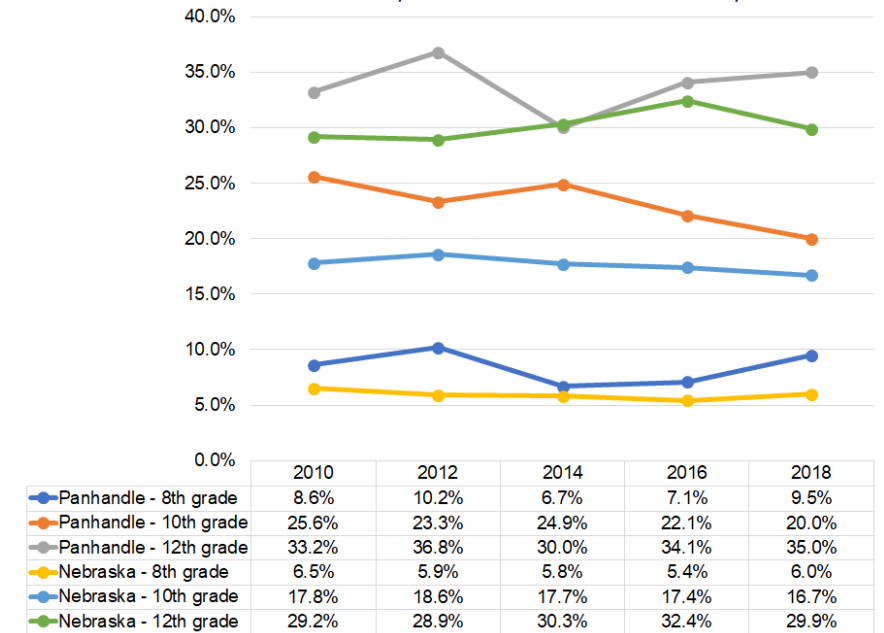
The rate of youth in 8th, 10th, and 12th grade that reported they have ever used marijuana (lifetime use) has remained relatively flat from 2010 to 2018. The rate of youth who report they have ever used marijuana is slightly higher in the Panhandle when compared to the state of Nebraska.

The rate of youth in 8th, 10th, and 12th grade that reported current marijuana use has remained relatively flat for Panhandle 10th and 12th graders. There has been a slight increase in Panhandle 8th graders who report they currently use marijuana from 2010 to 2018, by about two and a half points. Youth current marijuana use in the Panhandle follows very similar trends to the overall state youth current marijuana use, although slightly higher in the Panhandle across all grades.

## OPIOID USE

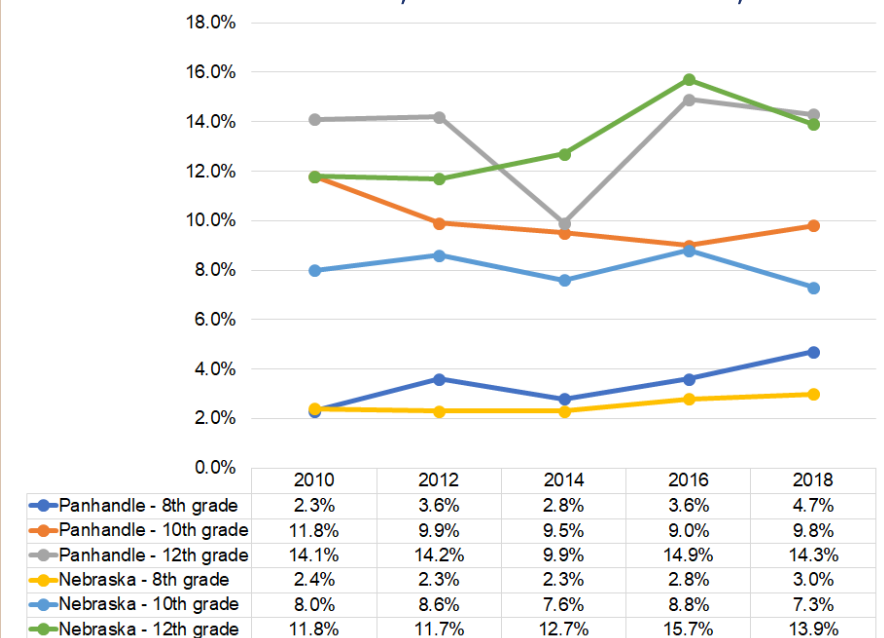
The Nebraska Panhandle was identified as a high-burden area for drug overdose deaths in 2014, based off of death rates from drug overdoses tracked by Nebraska Vital Records. The United States is in the midst of an opioid epidemic, and the state of Nebraska, while perhaps not hit as hard as other areas, is no exception.

### YOUTH LIFETIME MARIJUANA USE\*, PANHANDLE AND NEBRASKA, 2010-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED MARIJUANA. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

### YOUTH CURRENT MARIJUANA USE\*, PANHANDLE AND NEBRASKA, 2010-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED MARIJUANA IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT



## YOUTH OTHER SUBSTANCE USE, PANHANDLE AND NEBRASKA, 2018

	Heroin*	Synthetic Drugs**
<b>Panhandle</b>		
8th Grade	0.0%	1.6%
10th Grade	0.0%	1.4%
12th Grade	0.9%	2.1%
<b>Nebraska</b>		
8th Grade	0.1%	0.7%
10th Grade	0.1%	1.0%
12th Grade	0.4%	1.3%

SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED HEROIN. \*\*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED SYNTHETIC DRUGS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

Opioids include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available by prescription such as oxycodone, hydrocodone, codeine, morphine, and more. Opioids are highly addictive. Overdoses and death are common.<sup>15</sup>

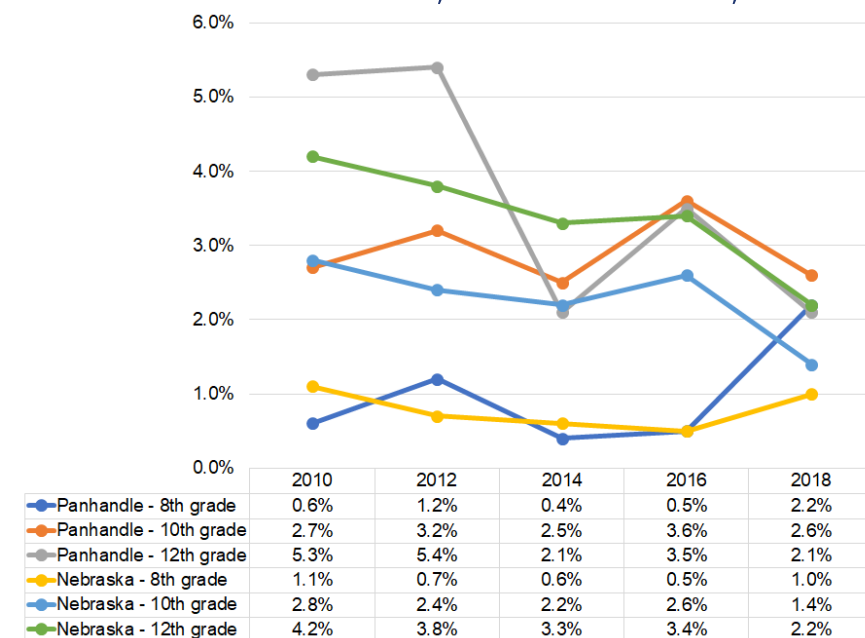
Panhandle youth who report currently using prescription drugs, which includes but is not limited to prescription opioids, has decreased over the years. The exception to this is 8th graders, who saw an increase in use by about two points in 2018.

Panhandle youth who report they have ever used prescription drugs has also decreased over the years, again with an increase in 2018 for 8th graders.

The rate of Panhandle youth who have ever used heroin is very low, less than one percent. The rate of Panhandle youth who have ever used synthetic drugs (man-made drugs such as K2, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, or Skunk) is also low, although has historically been higher than youth across the state of Nebraska.

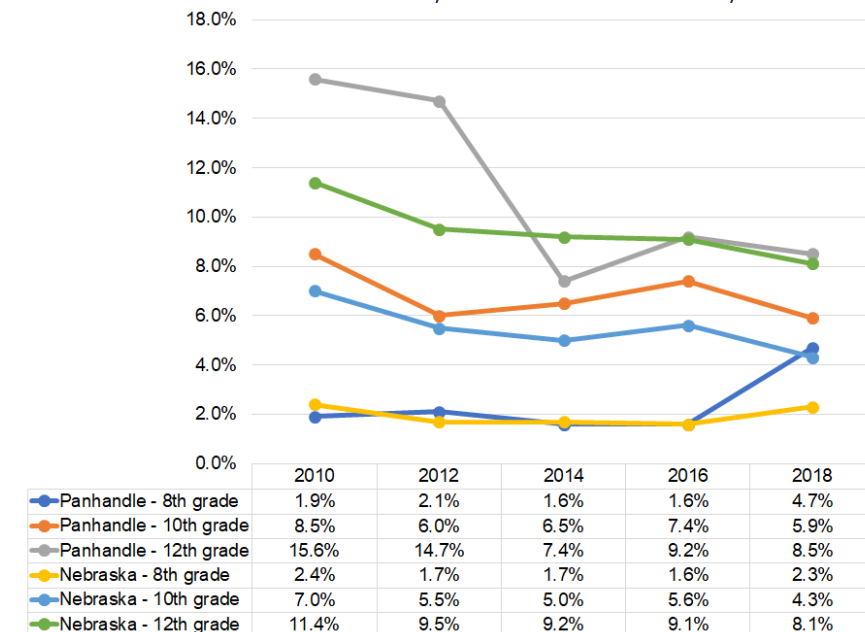
<sup>15</sup>National Institute on Drug Abuse. (2019). Prescription Opioids. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>

## YOUTH CURRENT PRESCRIPTION DRUG USE\*, PANHANDLE AND NEBRASKA, 2010-2018



SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED PRESCRIPTION DRUGS IN THE PAST 30 DAYS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## YOUTH LIFETIME PRESCRIPTION DRUG USE\*, PANHANDLE AND NEBRASKA, 2010-2018

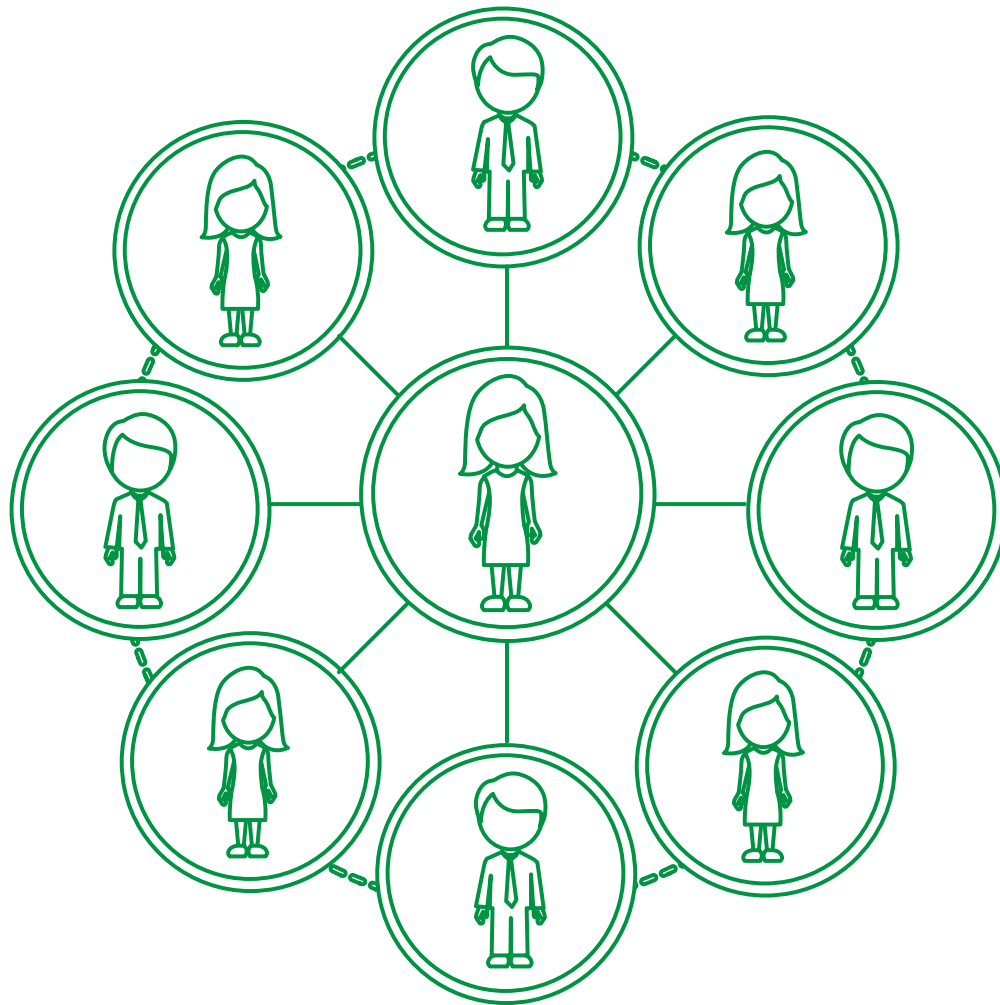


SOURCE: NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY. \*PERCENTAGE OF 8TH, 10TH, AND 12TH GRADERS WHO INDICATED THEY EVER USED PRESCRIPTION DRUGS. PREPARED BY KELSEY IRVINE, PANHANDLE PUBLIC HEALTH DISTRICT

## APPENDIX A: WORK GROUPS

The following section contains a description of each work group as well as the logic model for each work group.

- Continuum of Care for Housing and Homelessness
- Juvenile Justice
- Connected Youth Initiative 14-24 (CYI)
- Social Enterprise
- Lifespan Respite
- Panhandle Prevention Coalition (PPC)
- Systems of Care Birth to Eight
- Training Academy

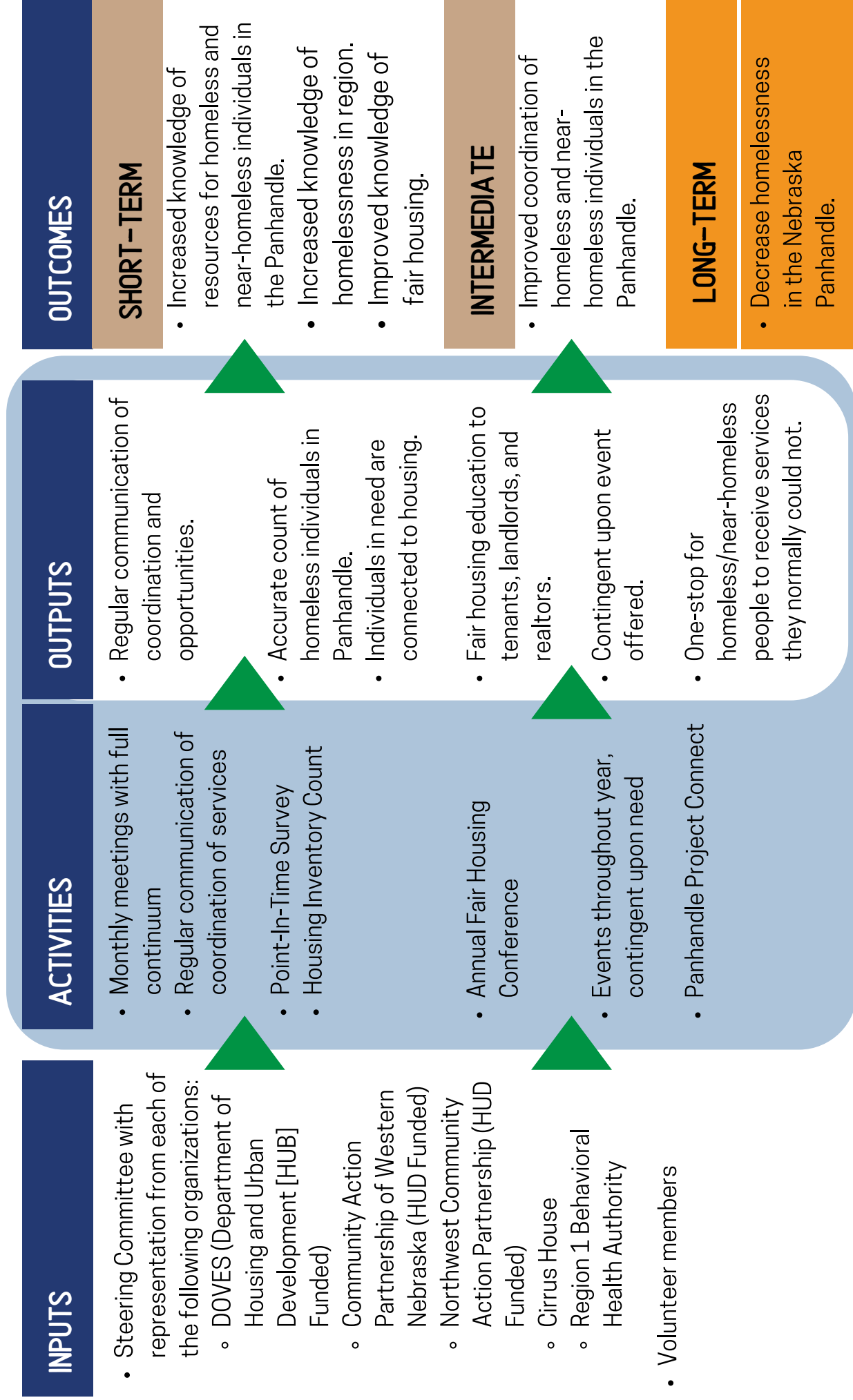


## COMMON AGENDA

The Panhandle Continuum of Care for Housing and Homelessness is a collaboration of agencies throughout the Panhandle who are committed to serving homeless or near homeless individuals and families in our community. They are also working together to eliminate and prevent homelessness throughout the Panhandle



# CONTINUUM OF CARE FOR HOUSING AND HOMELESSNESS



THE PANHANDLE CONTINUUM OF CARE FOR HOUSING AND HOMELESSNESS IS A COLLABORATION OF AGENCIES THROUGHOUT THE PANHANDLE WHO ARE COMMITTED TO SERVING HOMELESS OR NEAR HOMELESS INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. THEY ARE ALSO WORKING TOGETHER TO ELIMINATE AND PREVENT HOMELESSNESS THROUGHOUT THE PANHANDLE.

## COMMON AGENDA

Designed to aid in the establishment and provision of community-based services for juveniles who come in contact with the juvenile justice system.





# JUVENILE JUSTICE

## INPUTS

- Annual funds received from Crime Commission
  - State dollars
  - Legislatively created
  - Formulaic
- Collaborative work between counties
- Staff time for oversight in each county
- 3-Year Comprehensive Planning Process completed by Panhandle Partnership

## INITIATIVES\*

- Dawes County
- Box Butte County
- Sheridan County
- Cheyenne, Kimball, and Deuel Counties
- Scotts Bluff, Banner, and Morrill Counties

## OUTCOMES

### SHORT –TERM

- Increase student and family knowledge of community resources
- Increase knowledge of leadership skills and college preparation
- Increase knowledge of social activities
- Increase knowledge of dangers of substance abuse
- Increase knowledge of dangers of bullying
- Increase knowledge of mental health resources
- Increase knowledge of community resources
- Increase knowledge of pro-social behaviors
- Increase knowledge of conflict resolution
- Increase knowledge of community resources for mental health and substance abuse
- Increase knowledge of positive coping skills
- Increase knowledge of educational assistance resources
- Increase knowledge of community pro-social activities

### INTERMEDIATE

- Improve school attendance
- Increase positive social-emotional skills
- Improve mental/behavioral health
- Improve graduation rate
- Improve working relationship with law enforcement
- Improve communication between families in crisis and law enforcement
- Decrease community risk factors
- Increase community protection factors
- Reduce recidivism among diverted juvenile defenders
- Improve social connectedness

### LONG-TERM

- Decrease number of students involved with juvenile justice system

**DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.**

\*SEE THE SPECIFIC LOGIC MODEL FOR EACH INITIATIVE TO LEARN MORE ABOUT INPUTS, ACTIVITIES, AND OUTPUTS.

# DAWES COUNTY

## ACTIVITIES

### School Social Worker

- 0.5 FTE School Social Worker in Chadron and Crawford Public Schools
- Coordinated and integrated youth driven, family centered Secondary Prevention programs, policies, and practices are available through multiple funding sources and without requiring access to higher end systems

## OUTPUTS

- Home visits
- Participation in 1184, special education (SPED), and attendance meetings
- Refer families to community resources
- Pairing students with community mentors and organizing the student/mentor lunches
- Assist SPED teachers in creating behavior goals for referred SPED students
- Complete survey of reinforcers and school refusal assessments on unmotivated/apathetic students and create behavior reinforcement menus to help motivate and encourage students to complete classwork
- Assist students with the process of signing up for other support programs such as TeamMates mentoring, Upward Bound, etc.;
- Assist with the process of having students placed in treatment facility and/or Boys Town
- Assist high school students in pursuit of employment, applying for college, and applying for financial aid
- Facilitate meetings or phone conversations between families and HHS
- Assist Middle School counselor with "Girls Group"
- Assist pregnant teens in signing up for community services such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, Diaper Bank, prenatal classes
- Transport students to and from medical and eye appointments
- Counsel families or students or refer to counselors as needed
- Ongoing liaison with students/families and community agencies, etc.

## OUTCOMES

### SHORT-TERM

- Increase student and family knowledge of community resources
- Increased knowledge of leadership skills and college preparation

### INTERMEDIATE

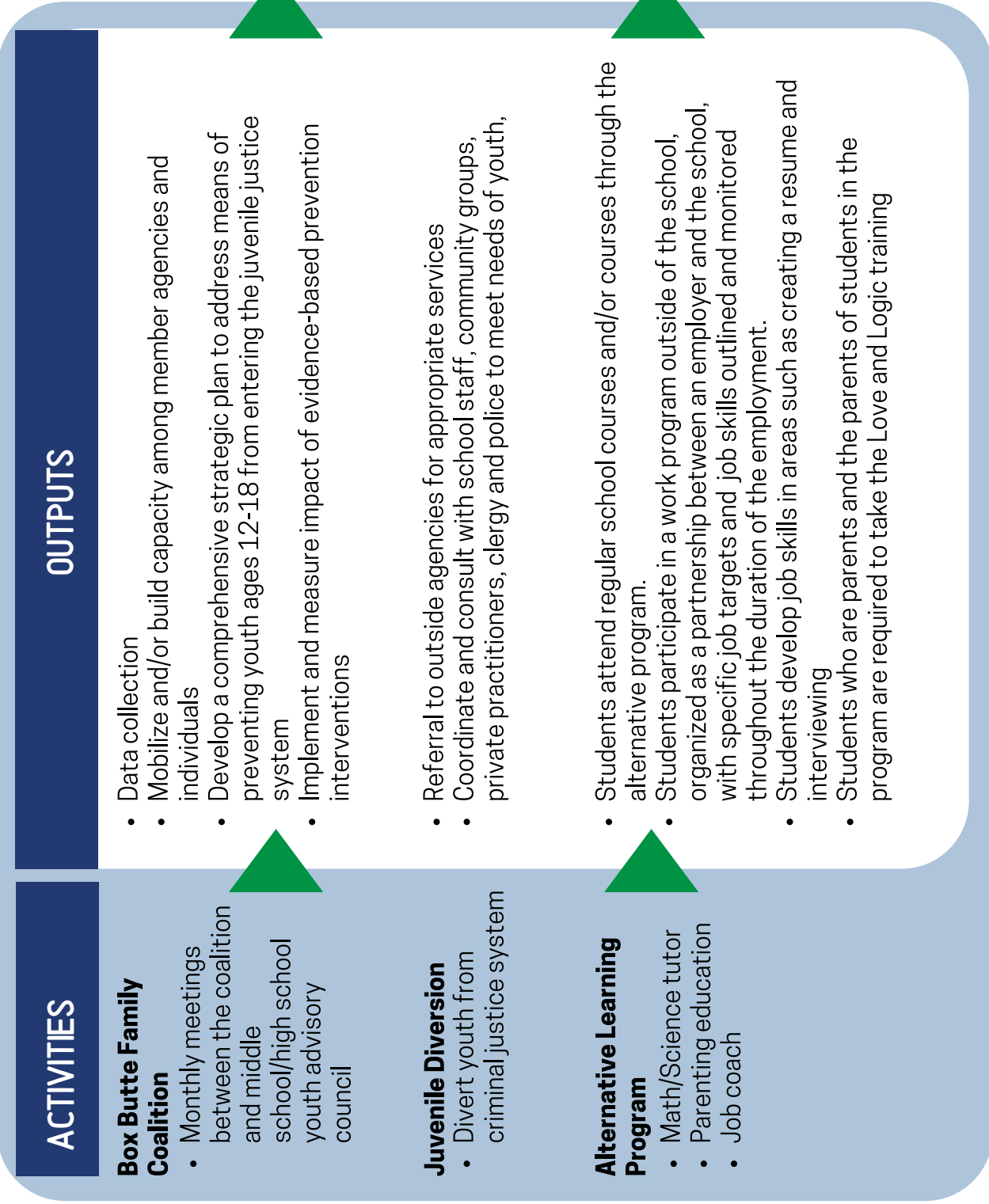
- Increase school attendance
- Increase positive social-emotional skills
- Increase mental/behavioral health

### LONG-TERM

- Decrease number of students involved with juvenile justice system

DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.

# BOX BUTTE COUNTY



## ACTIVITIES

- Box Butte Family Coalition**
- Monthly meetings between the coalition and middle school/high school youth advisory council

- Juvenile Diversion**
- Divert youth from criminal justice system

- Alternative Learning Program**
- Math/Science tutor
  - Parenting education
  - Job coach

## OUTPUTS

- Data collection
- Mobilize and/or build capacity among member agencies and individuals
- Develop a comprehensive strategic plan to address means of preventing youth ages 12-18 from entering the juvenile justice system
- Implement and measure impact of evidence-based prevention interventions
- Referral to outside agencies for appropriate services
- Coordinate and consult with school staff, community groups, private practitioners, clergy and police to meet needs of youth,
- Students attend regular school courses and/or courses through the alternative program.
- Students participate in a work program outside of the school, organized as a partnership between an employer and the school, with specific job targets and job skills outlined and monitored throughout the duration of the employment.
- Students develop job skills in areas such as creating a resume and interviewing
- Students who are parents and the parents of students in the program are required to take the Love and Logic training

## OUTCOMES

### SHORT – TERM

- Improve knowledge of dangers of substance abuse
- Improve knowledge of positive social supports
- Improve knowledge of academic supports
- Improved knowledge of parenting skills

### INTERMEDIATE

- Decrease school truancy
- Improve graduation rates
- Decrease youth use of drugs/alcohol
- Increase youth work experience
- Improved parent/child relationships

### LONG – TERM

- Decrease number of students involved with juvenile justice system

DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.

# SHERIDAN COUNTY

## ACTIVITIES

### 1.0 FTE School Resource Officer (SRO)

- Classroom visits to provide education on safety information, law-enforcement careers, and legal issues
- Assist students in crisis
- Address family crisis offering services available within the community
- Assist classroom teachers in teaching Class Action and Project Northland curriculums

## OUTPUTS

Strengthen the protective factors and assets that address risk and criminogenic need factors:

- Parental support and bonding, participation in social activities, school based substance abuse prevention education programs (Class Action, Project Northland, etc.) that promote self-esteem, and work to decrease bullying which are risk factors for both substance abuse and mental health problems
- Review of alcohol, tobacco and other drug policies within the school
- Establishment of Human Performance Project program,
- Reinforcement of boundaries and expectations and positive values through Human Performance Project and 40 asset activities within co-curricular programs
- Teens in the Driver's Seat.

## OUTCOMES

### SHORT-TERM

- Increase knowledge of social activities
- Increase knowledge of dangers of substance abuse
- Increase knowledge of dangers of bullying
- Increase knowledge of mental health resources

### INTERMEDIATE

- Improve graduation rate
- Improve working relationship with law enforcement
- Improve communication between families in crisis and law enforcement
- Decrease community risk factors
- Increase community protection factors

### LONG-TERM

- Decrease number of students involved with juvenile justice system

DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.

# CHEYENNE, KIMBALL, & DEUEL COUNTIES



## ACTIVITIES

### **Diversion/Truancy**

- Divert youth from involvement in the juvenile justice systems
- Identify the cause of the truancy, eliminate barriers and connect youth and families with community based services and supports

### **Unified Raiders & Kimball Prevention Coalition**

- After school program for any student aged 11-18, voluntary or referred
- Provide youth with the opportunity to learn problem solving, decision making and social skills
- Youth identify and plan community service projects

## OUTPUTS

- Refer students to diversion based upon individual contact due to illegal activities
- School officials refer students to the Youth Services Coordinator for truancy based upon attendance of students

- Provide student participants with Positive Action curriculum targeting anti-social behaviors, substance abuse, conflict resolution, and bullying.
  - Group meets weekly for 2 hours during school year
  - 1-2 lessons completed weekly
  - Community members provide special presentations on a variety of topics
  - Students complete intake survey annually

## OUTCOMES

### **SHORT-TERM**

- Increase knowledge of community resources
- Increase knowledge of pro-social behaviors
- Increase knowledge of the dangers of substance abuse
- Increase knowledge of conflict resolution

### **INTERMEDIATE**

- Improve school attendance
- Improve positive social-emotional skills
- Improve mental/behavioral health

### **LONG-TERM**

- Decrease number of students involved with juvenile justice system

DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.



# SCOTTS BLUFF, BANNER, & MORRILL COUNTIES

## ACTIVITIES

### Juvenile Diversion

- Provide eligible juvenile offenders with an alternative program in lieu of adjudication through juvenile court or conviction through adult court

### Juvenile Assessment Center

- Utilize a centralized facility for individualized processing, assessing, screening, and referring of at-risk youth and juvenile offenders to help them avoid involvement in the Juvenile Justice System.

## OUTPUTS

- Provide mental health services
- Provide substance abuse/education services
- Provide community services
- Provide mediation services
- Participants complete the Nebraska Youth Screen (NYS) and results are used to develop diversion plan that may consist of:
  - Program fee
  - Completion of community service at an approved community, non-profit entity
  - Formal written apology to victim
  - Restitution to victim
  - Monthly meetings with Juvenile Diversion staff

- Participants complete the Youth Level of Service/Case Management Inventory (YLS/CMI) and the (Massachusetts Youth Screening Instrument (MAYSI-2) self-screening tool to assess risks, needs, and strengths
- Service plan is created based off of the results of the screening tools, and includes a family involvement component
- Services that can be part of the service plan may include:
  - Involving the youth in the community
  - Referral to mental health services
  - Referral to substance abuse services
  - Tutoring
  - Mentoring
  - Use of evidence-based self-help workbooks for teens
  - Assisting the youth in finding a prosocial, out-of-school activity

## OUTCOMES

### SHORT-TERM

- Increase knowledge of community resources for mental health and substance abuse
- Increase knowledge of positive coping skills
- Increase knowledge of educational assistance resources
- Increase knowledge of community pro-social activities

### INTERMEDIATE

- Improve school attendance
- Reduce recidivism among diverted juvenile defenders
- Improve social connectedness
- Improve mental health status

### LONG-TERM

- Decrease number of students involved with juvenile justice system

DESIGNED TO AID IN THE ESTABLISHMENT AND PROVISION OF COMMUNITY-BASED SERVICES FOR JUVENILES WHO COME IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM.

## COMMON AGENDA

Coordinate and align services of agencies serving unconnected youth ages 14-24.

## ACTIVITIES

### YOUTH LEADERSHIP

- **Why:** Unconnected youth do not have similar opportunities to learn and exhibit leadership.
- **Who:** Unconnected Youth (young people ages 14-24 who have been in foster care, but are not aging out of the system to qualify for Bridges to Independence, and youth who have received in home & out of home services from the Department of Health and Human Services as a result of abuse or neglect, and youth who have multiple system involvement (Department of Health and Human Services, juvenile justice, mental health, and/or homeless/near homeless with unmet needs) without traditional leadership opportunities.
- **How:** Through 1) Youth Leadership Institute 2) Youth in Leadership 3) Service learning 4) Activities.

### TRANSITIONAL SERVICES

- **Why:** Filling gaps that exist in available resources and transitional services.
- **Who:** Panhandle providers.
- **How:** Developed from original asset maps.

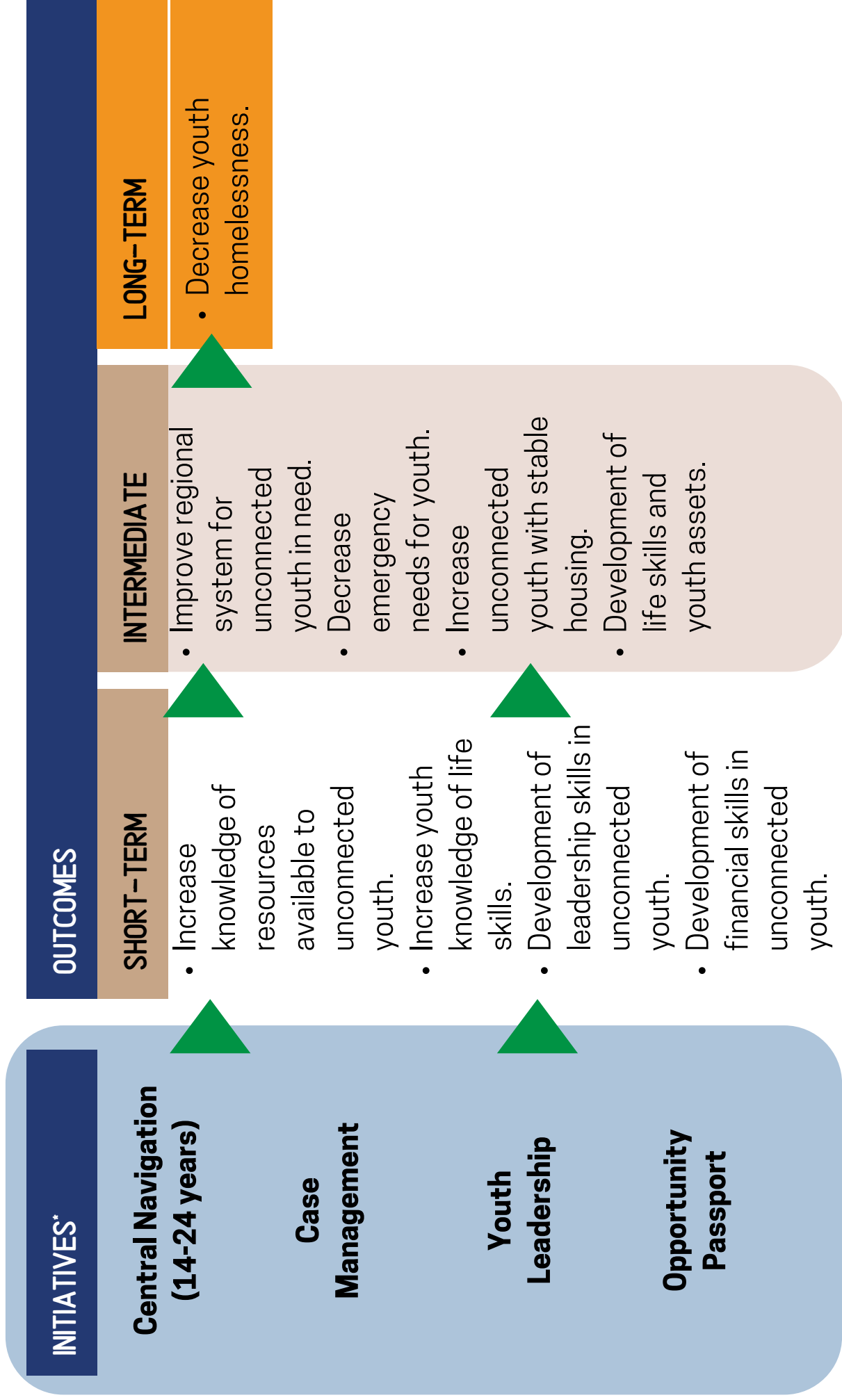
### OPPORTUNITY PASSPORT

- **Why:** Financial case management has been identified as a significant need for unconnected youth.
- **Who:** Embedded financial case management through training in Panhandle agencies who serve unconnected youth.
- **How:** Transitional process beginning with basic education around money that moves towards asset acquisition-specific training.

### REGIONAL TRAINING PLAN

- Developed during collective meetings with all providers present
- Agency and system needs identified
  - Overlapping of needs are often discovered
  - Trainings are rolled out to meet these needs

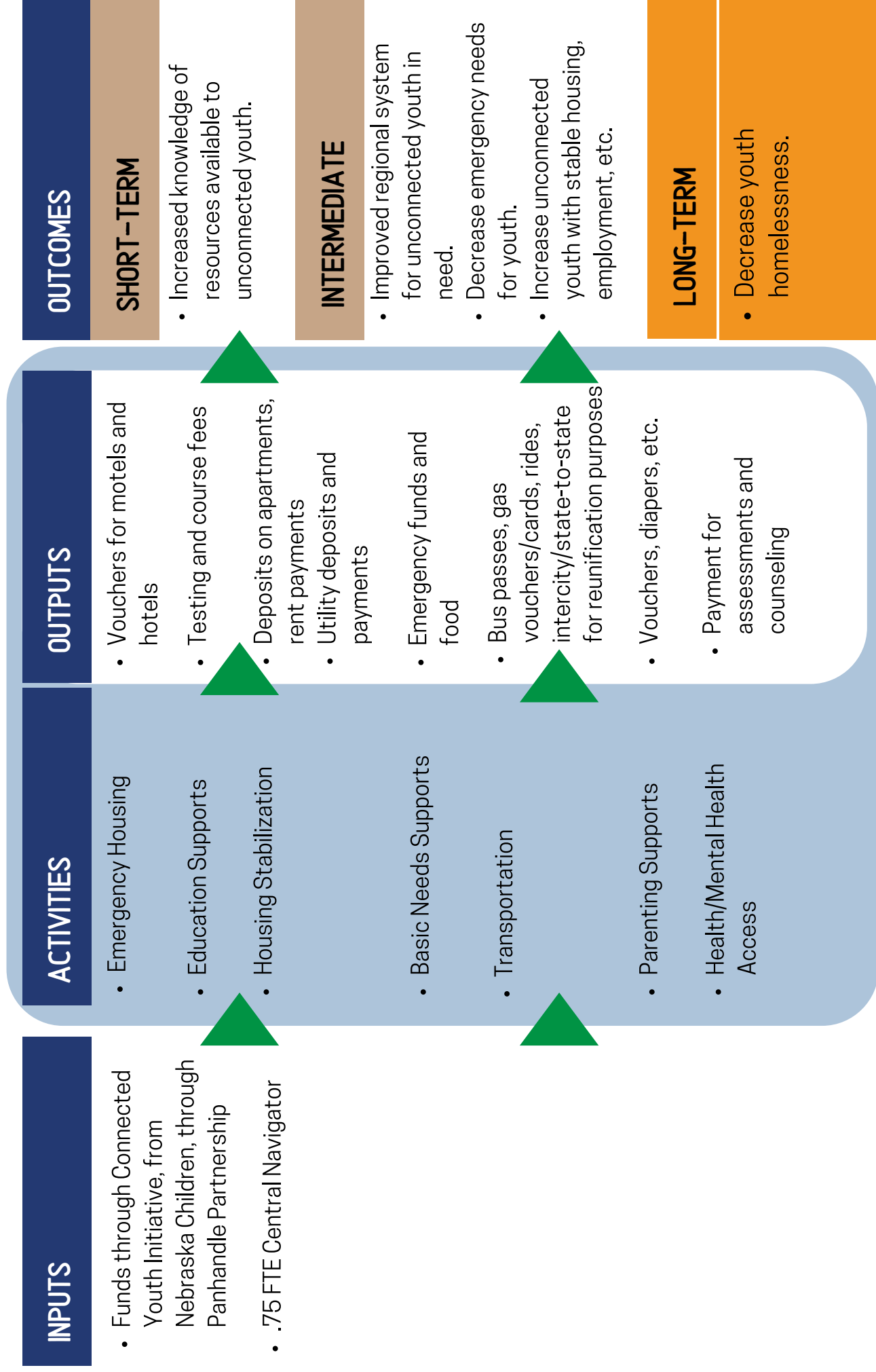
# CONNECTED YOUTH INITIATIVE



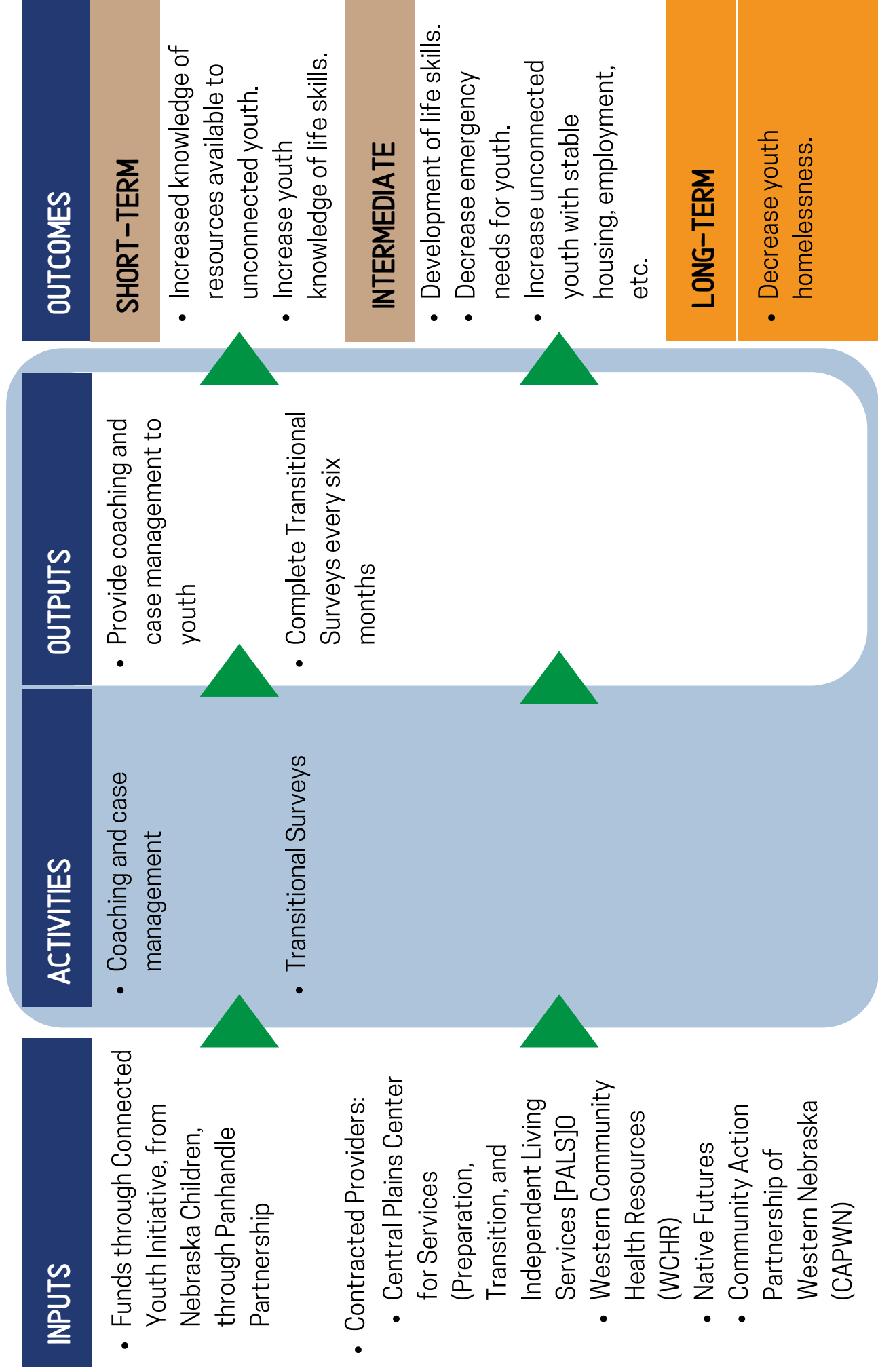
**COORDINATE AND ALIGN SERVICES OF AGENCIES SERVING UNCONNECTED YOUTH AGES 14-24**

\*SEE THE SPECIFIC LOGIC MODEL FOR EACH INITIATIVE TO LEARN MORE ABOUT INPUTS, ACTIVITIES, AND OUTPUTS.

# CENTRAL NAVIGATION (14-24 YEARS)

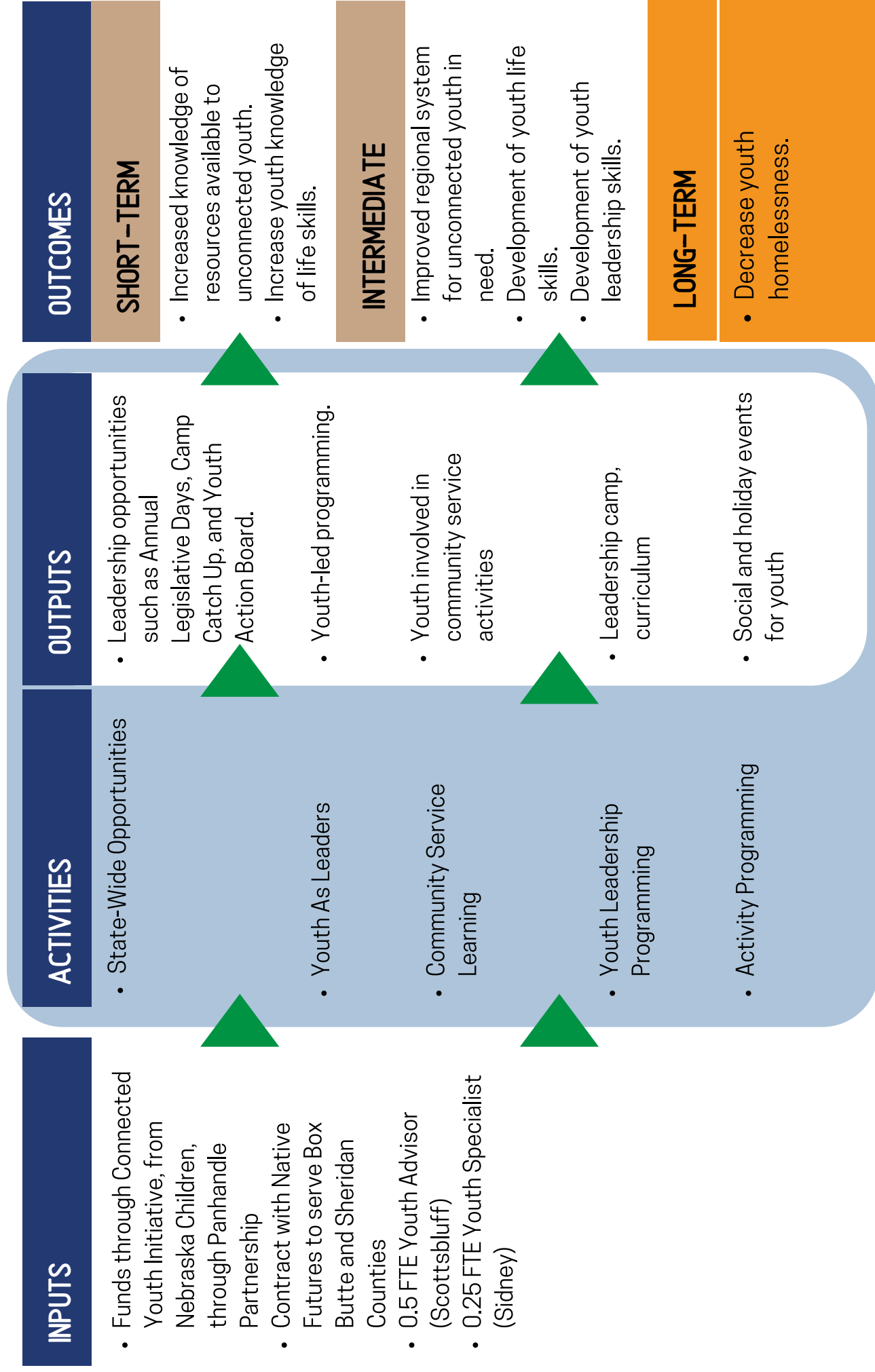


# CASE MANAGEMENT

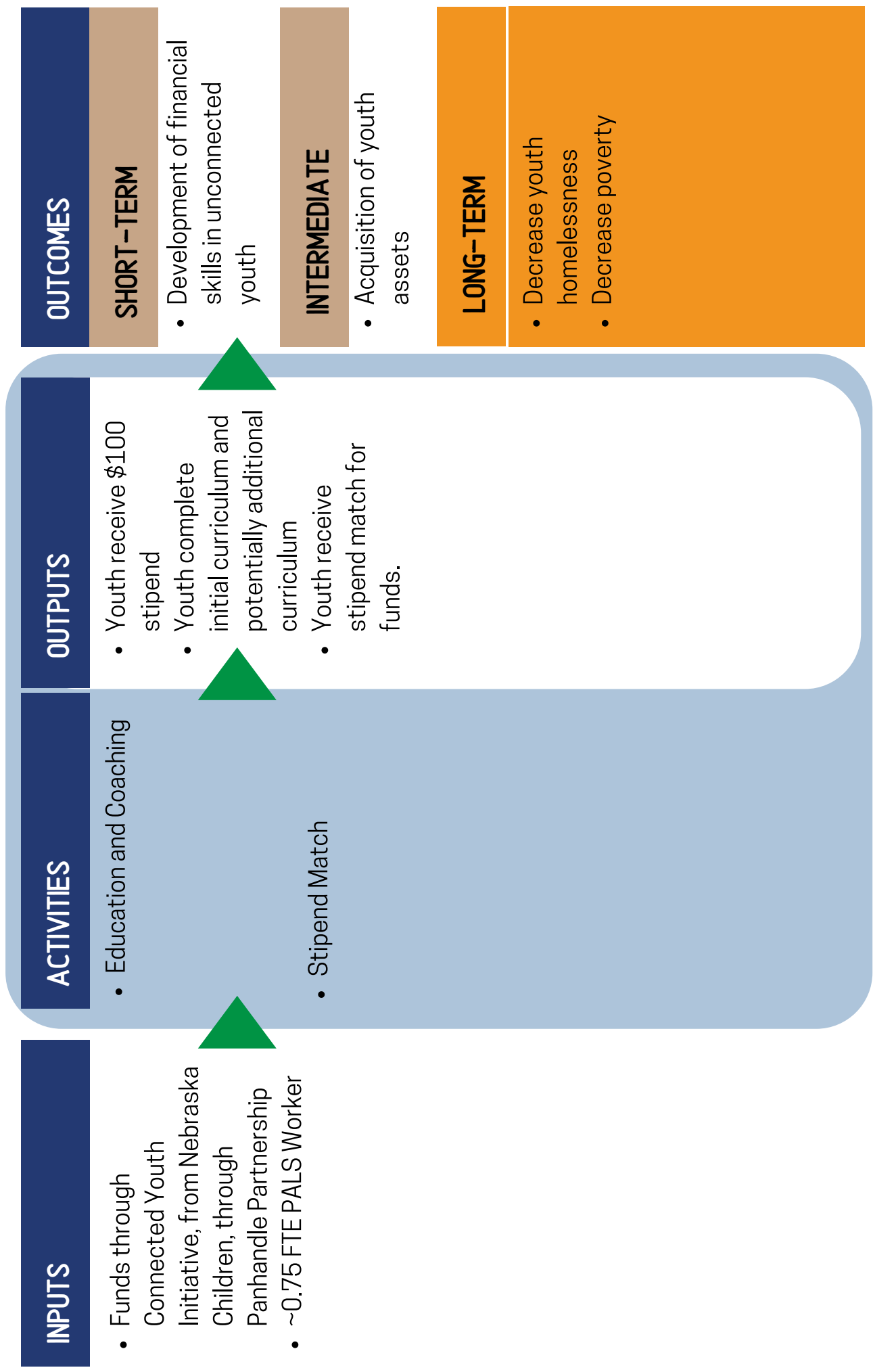




# YOUTH LEADERSHIP



# OPPORTUNITY PASSPORT



Social enterprises are businesses whose primary purpose is the common good. They use the methods and disciplines of business and the power of the marketplace to address a social, environmental and human justice need. At the heart of this work is the desire to link economic and community development based on common values and vision.

### **INNOVATION AND INVESTMENTS FUND**

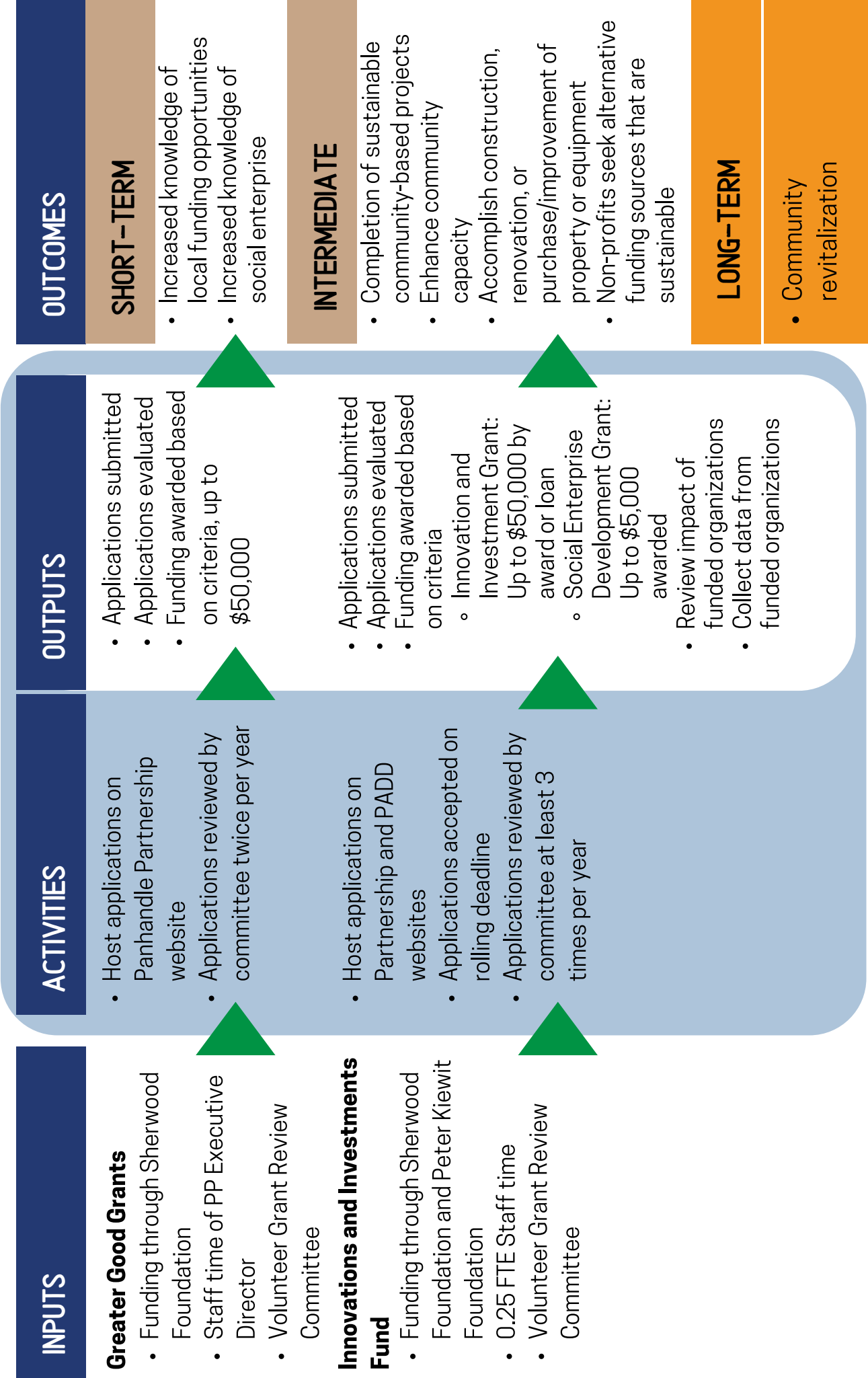
The purpose of the Innovations and Investment fund is to support social enterprise businesses or projects. Support could be designated both for standalone social enterprise businesses or existing non-profit 'spin-off' initiatives where a program will run like a business to meet a particular mission. Applicants will be expected to plan and research prior to starting up just like any other business and can draw on the support of area partners for education and mentoring on business and social impact best practices. For this first year, cash infusions will be made generally not to exceed \$50,000 and 100% match is required.

### **GREATER GOOD GRANT**

The purpose of Greater Good community grants is to support community efforts to responsibly use, develop and sustain the common wealth of the region. The common wealth is defined as:

- Gifts of the natural world and human society that have monetary and non-monetary value in supporting life and well-being for both human and natural communities.
- Wealth we inherit or create together, which we desire to pass on, as undiminished and regenerative as possible, to our children and future generations
- A sector of the economy that compliments but is also distinct from the market and government sectors
- Communal assets that increase or decrease depending on management

# SOCIAL ENTERPRISE



## INPUTS

- **Greater Good Grants**
- Funding through Sherwood Foundation
- Staff time of PP Executive Director
- Volunteer Grant Review Committee
- **Innovations and Investments Fund**
- Funding through Sherwood Foundation and Peter Kiewit Foundation
- 0.25 FTE Staff time
- Volunteer Grant Review Committee

## ACTIVITIES

- Host applications on Panhandle Partnership website
- Applications reviewed by committee twice per year
- Host applications on Partnership and PADD websites
- Applications accepted on rolling deadline
- Applications reviewed by committee at least 3 times per year

## OUTPUTS

- Applications submitted
- Applications evaluated
- Funding awarded based on criteria, up to \$50,000
- Applications submitted
- Applications evaluated
- Funding awarded based on criteria
  - Innovation and Investment Grant: Up to \$50,000 by award or loan
  - Social Enterprise Development Grant: Up to \$5,000 awarded
- Review impact of funded organizations
- Collect data from funded organizations

## OUTCOMES

- **SHORT-TERM**
- Increased knowledge of local funding opportunities
- Increased knowledge of social enterprise
- **INTERMEDIATE**
- Completion of sustainable community-based projects
- Enhance community capacity
- Accomplish construction, renovation, or purchase/improvement of property or equipment
- Non-profits seek alternative funding sources that are sustainable
- **LONG-TERM**
- Community revitalization

**SOCIAL ENTERPRISES ARE BUSINESSES WHOSE PRIMARY PURPOSE IS THE COMMON GOOD. THEY USE THE METHODS AND DISCIPLINES OF BUSINESS AND THE POWER OF THE MARKETPLACE TO ADDRESS A SOCIAL, ENVIRONMENTAL AND HUMAN JUSTICE NEED.**

## LIFESPAN RESPITE



Respite provides caregivers of those with long term or lifelong disabilities of any age an opportunity to have some time away from their caregiving duties. A respite break can be as short as a few hours or as long as a couple of days or weeks. The Panhandle Partnership Respite Program is one of six Nebraska Lifespan Respite Network Sites. The Nebraska Lifespan Respite Network offers information & referral services for families & potential or current respite providers.

Nebraska Lifespan Respite Network connects caregivers with information about appropriate respite services in their local area. It assists with names & phone numbers of respite providers or assists families who have selected their own provider with the information to have their provider become approved.

Respite can occur in many different ways & places depending on the needs of the caregiver & the person they are caring for. Respite can occur:

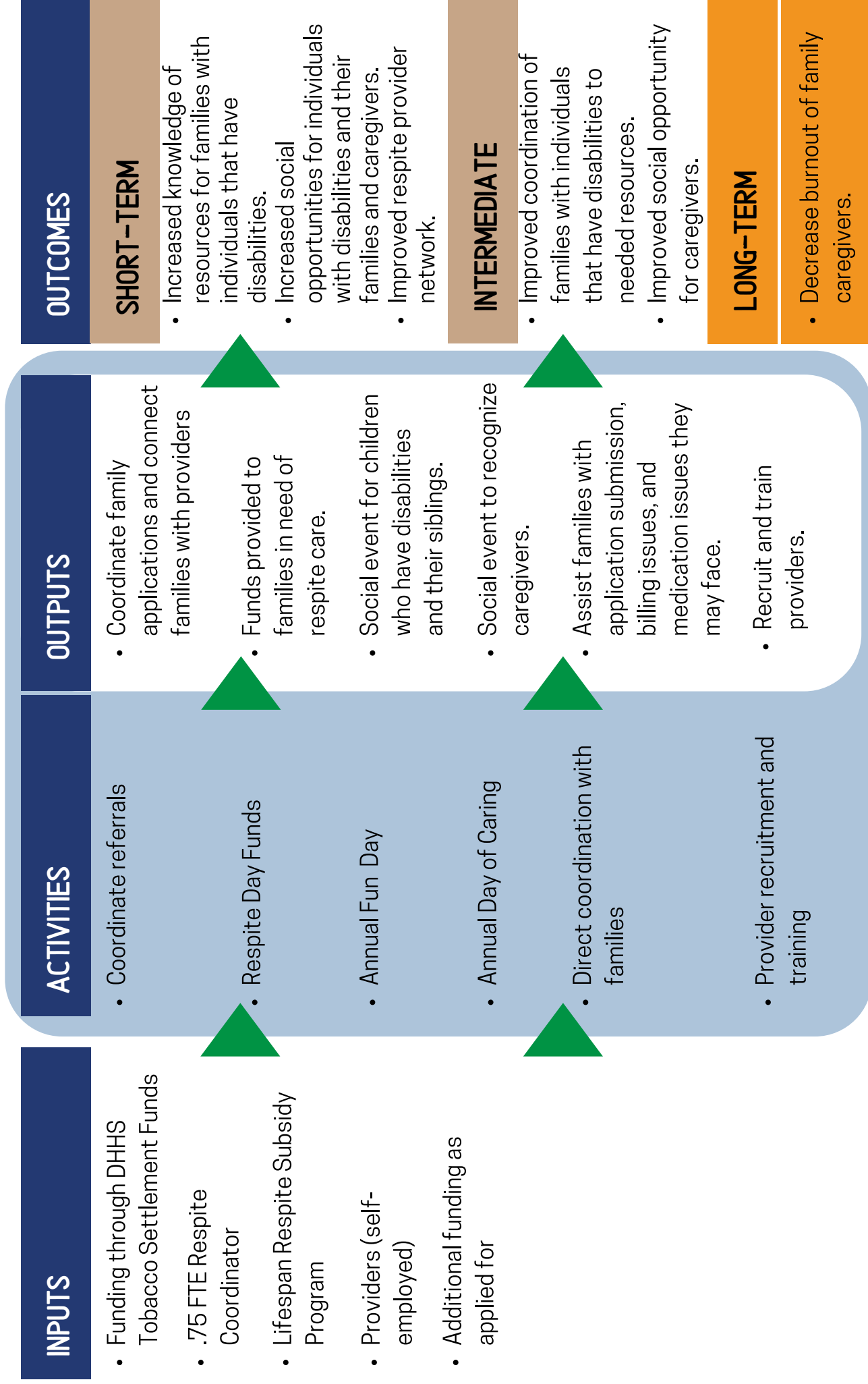
- In the family's home
- In the provider's home
- At a child care facility
- With a licensed child care provider
- At a long-term care facility
- At community organizations the care recipient is able to connect with, such as Buckboard Therapeutic Riding Academy or the YMCA

The respite coordinator assists families with their individual needs.





# LIFESPAN RESPITE – WESTERN NEBRASKA



RESPITE PROVIDES CAREGIVERS OF THOSE WITH LONG TERM OR LIFELONG DISABILITIES AN OPPORTUNITY TO HAVE SOME TIME AWAY FROM THEIR CARE GIVING DUTIES.

The Panhandle Prevention Coalition is united together by a passion and dedication to improve the health and safety of western Nebraska residents across the lifespan.

The purpose is to reduce the impact of substance use and abuse, including underage drinking, binge drinking, drinking and driving, tobacco use, drug use, and prescription drug abuse, while promoting and supporting mental and emotional health for all in the Panhandle.

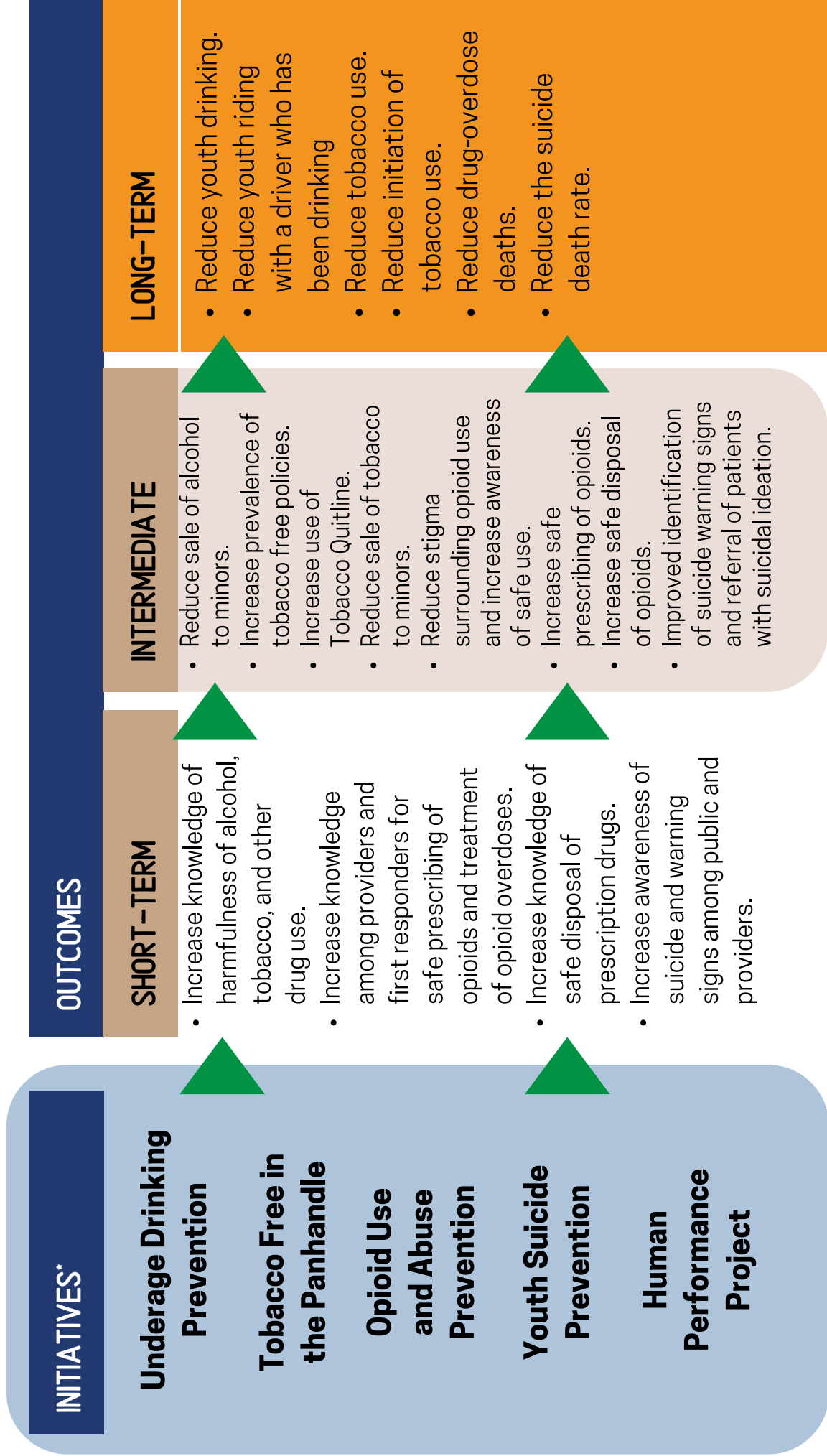
## WE DO THIS BY

- Seeking policy change at the local and state levels to reduce youth access to alcohol, tobacco, and other substances.
- Collaborating with law enforcement to facilitate, fund, and standardize compliance checks, beverage server training, and sobriety checks.
- Educating and generating awareness about the dangers of substance use and abuse.
- Ongoing collaboration between practitioners, experts, and leaders across the continuum of care.



**TOGETHER, WE ARE UNITED FOR CHANGE.**

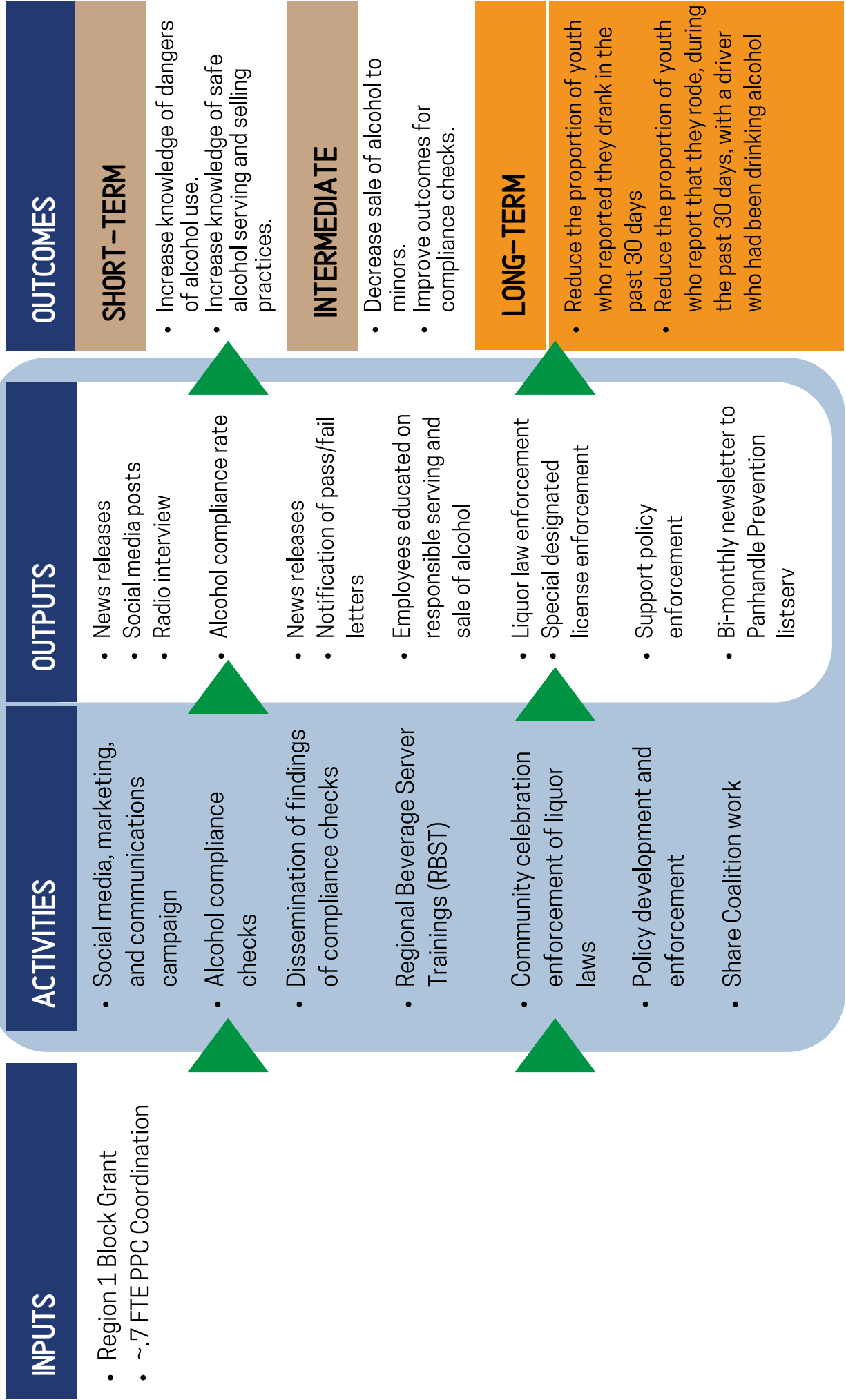
# PANHANDLE PREVENTION COALITION



**OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRINKING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.**

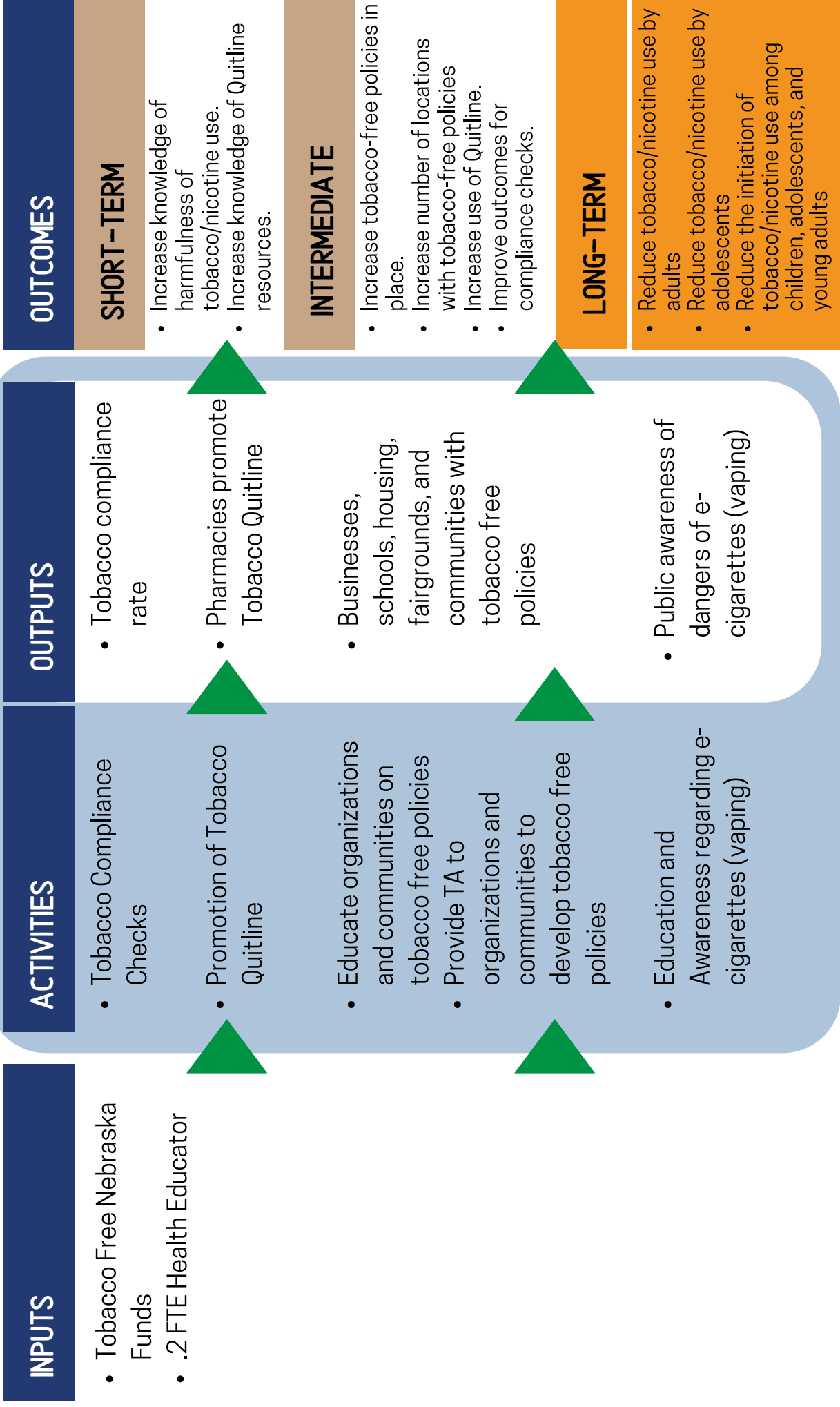
\*SEE THE SPECIFIC LOGIC MODEL FOR EACH INITIATIVE TO LEARN MORE ABOUT INPUTS, ACTIVITIES, AND OUTPUTS.

# UNDERAGE DRINKING PREVENTION



**OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRINKING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.**

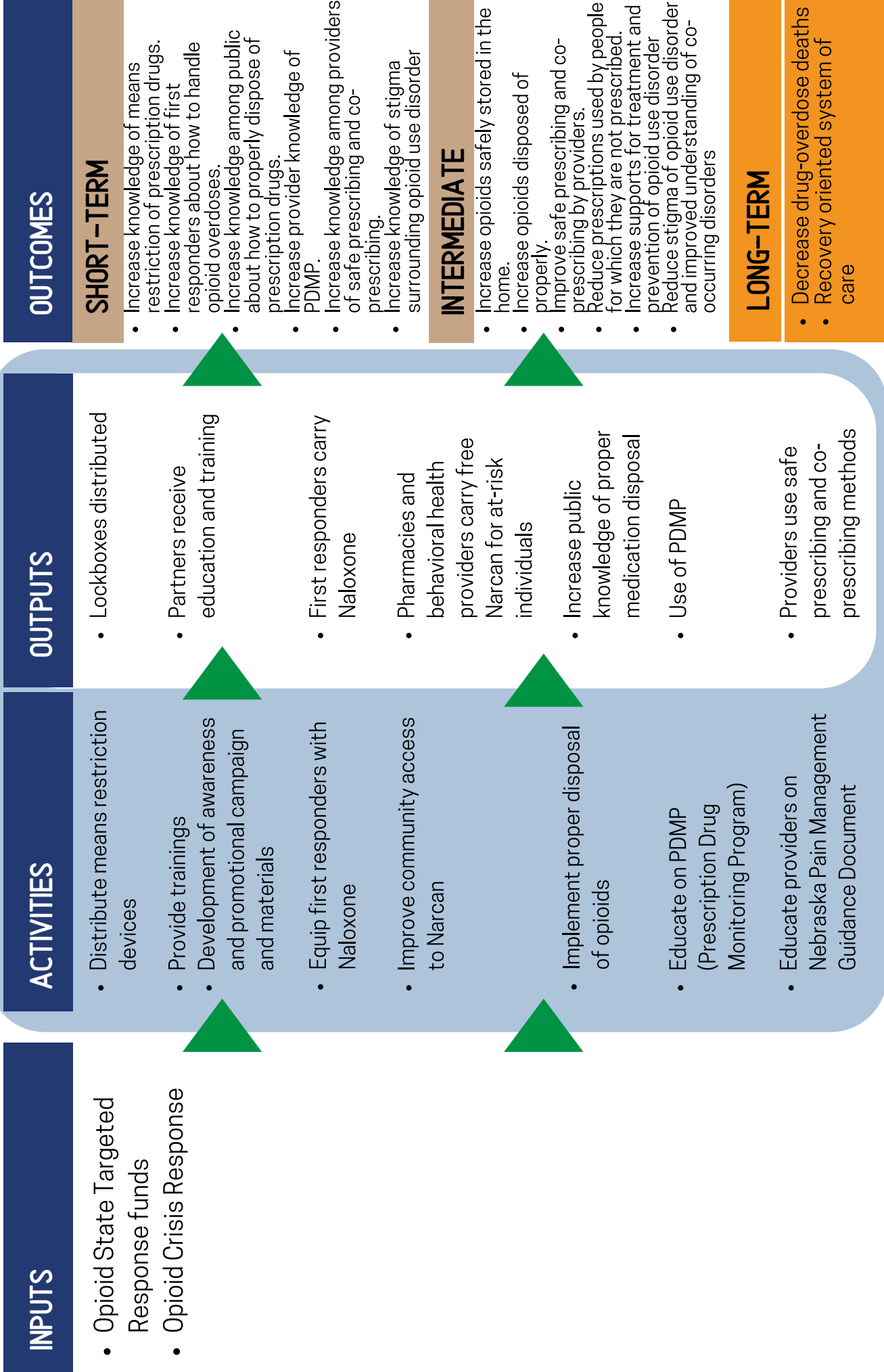
# TOBACCO FREE IN THE PANHANDLE



**OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRINKING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.**



# OPIOID USE AND ABUSE PREVENTION



## INPUTS

- Opioid State Targeted Response funds
- Opioid Crisis Response

## ACTIVITIES

- Distribute means restriction devices
- Provide trainings
- Development of awareness and promotional campaign and materials
- Equip first responders with Naloxone
- Improve community access to Narcan
- Implement proper disposal of opioids
- Educate on PDMP (Prescription Drug Monitoring Program)
- Educate providers on Nebraska Pain Management Guidance Document

## OUTPUTS

- Lockboxes distributed
- Partners receive education and training
- First responders carry Naloxone
- Pharmacies and behavioral health providers carry free Narcan for at-risk individuals
- Increase public knowledge of proper medication disposal
- Use of PDMP
- Providers use safe prescribing and co-prescribing methods

## INTERMEDIATE

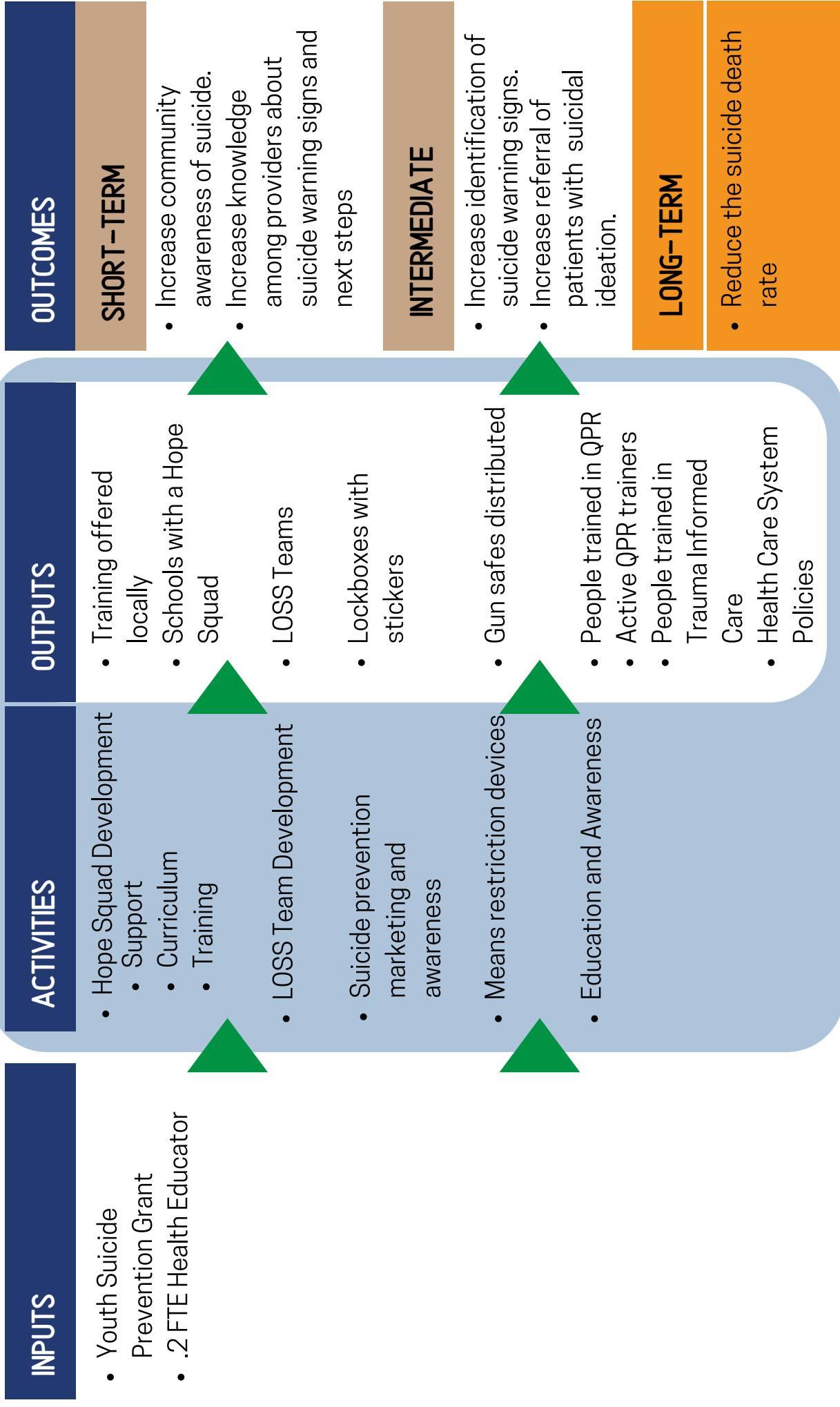
- Increase opioids safely stored in the home.
- Increase opioids disposed of properly.
- Improve safe prescribing and co-prescribing by providers.
- Reduce prescriptions used by people for which they are not prescribed.
- Increase supports for treatment and prevention of opioid use disorder
- Reduce stigma of opioid use disorder and improved understanding of co-occurring disorders

## LONG-TERM

- Decrease drug-overdose deaths
- Recovery oriented system of care

OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRIVING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.

# YOUTH SUICIDE PREVENTION



**OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRINKING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.**

# HUMAN PERFORMANCE PROJECT

Prevent underage drinking and marijuana use in 9-20 year olds



## INPUTS

- Partnership for Success Grant (Dawes, Sheridan, Box Butte, Scotts Bluff Counties)
  - Funding dispersed to local coalitions
- Region 1 Behavioral Health Authority representative

## ACTIVITIES

### Human Performance Project

- Teams within middle and high schools that focus on mental health, chemical health, sleeping, eating, being good representation of school
- Monthly meetings by local coalition members

### Policy Development and Implementation

- Currently a promising practice, working toward evidence-based status
- Data collection from schools is contingent upon school activities

## OUTPUTS

- Children participating by school
- Monthly meetings with community organizers
- Consultant working on transition to evidence-based practice
  - Develop uniform data collection (starting Fall 2020)
- Develop standardized pre/post-test for participants (pilot Spring 2020)

## OUTCOMES

### SHORT-TERM

- Improve knowledge of adverse impact of substance abuse
- Improve knowledge of healthy sleep habits
- Improve knowledge of healthy eating habits
- Improve knowledge of healthy mental health habits

### INTERMEDIATE

- Decreased substance abuse
- Improved sleep habits
- Improved healthy eating habits
- Improved mental health

### LONG-TERM

- Reduce rates of substance abuse among students
- Increase positive lifestyle choices
- Nurture successful, healthy individuals

OUR PURPOSE IS TO REDUCE THE IMPACT OF SUBSTANCE USE AND ABUSE INCLUDING UNDERAGE DRINKING, BINGE DRINKING, DRINKING AND DRIVING, TOBACCO USE, DRUG USE, AND PRESCRIPTION DRUG ABUSE, WHILE PROMOTING AND SUPPORTING MENTAL AND EMOTIONAL HEALTH FOR ALL IN THE PANHANDLE.

## COMMON AGENDA

Build collaboration among agencies, networks, and the broader community to find innovative solutions to improve the quality of life for families with young children and their communities in the Panhandle.

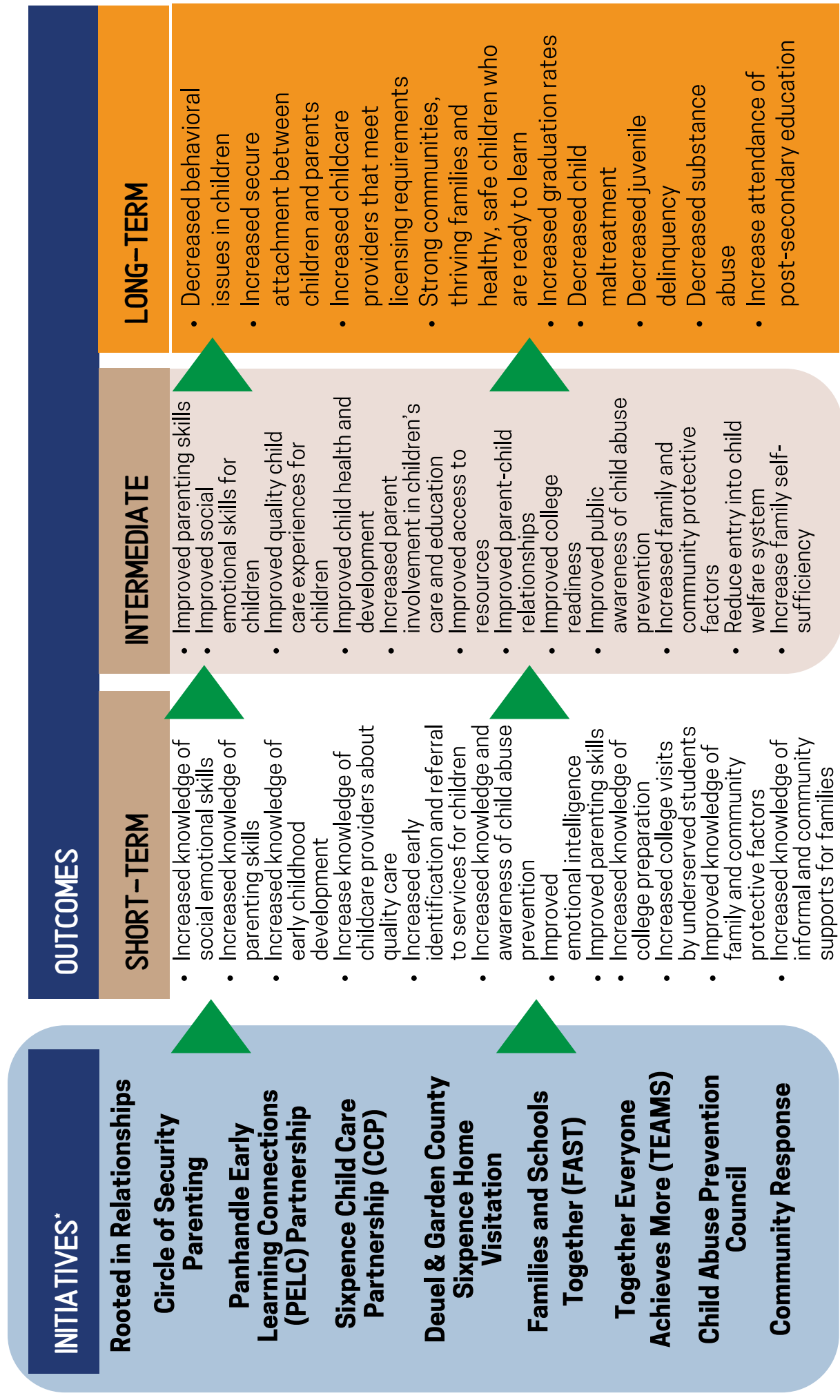
## EARLY CHILDHOOD SYSTEM PROGRAMS

- **Circle of Security-Parenting**
- **Families and Students Together (FAST):** FAST is a family support service currently modeled in Chadron, NE that offers multifamily group interventions designed to build relationships between families, schools, and communities. FAST is a parent-child evidence-based project for children moving from preschool to kindergarten and for elementary aged children and their families.
- **Together Everyone Achieves More Success (TEAMS):** TEAMS is a University of Nebraska Lincoln Extension project designed to improve middle school and high school students' likelihoods of staying in school, graduating, and attending college. It is a partnership between UNL Extension, Western Nebraska Community College, Minatare and Scottsbluff School Districts, and the Panhandle Partnership.

## EARLY CHILDHOOD SYSTEM ENHANCEMENTS

- **Access:** Community Response is the actions a community takes to develop a system of resources and services which strengthen families, build protective factors, and enhance access to prevention resources. Community Response dollars are intended to address resource gaps in a community's existing services and to not supplant these resources. The Community Response process requires the broad-based collaboration of agencies committed to working together to access all available resources. The intended population for Community Response is families with children 0-14 years of age who are at risk for entering higher end systems of care due to an assessed risk of abuse or neglect.
- **Professional Development:** Regional Training Plan
- **Assessment and Planning:** Ongoing assessment of community needs is part of the work of Systems of Care: Birth-8.

# SYSTEMS OF CARE BIRTH-8



**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

\*SEE THE SPECIFIC LOGIC MODEL FOR EACH INITIATIVE TO LEARN MORE ABOUT INPUTS, ACTIVITIES, AND OUTPUTS.

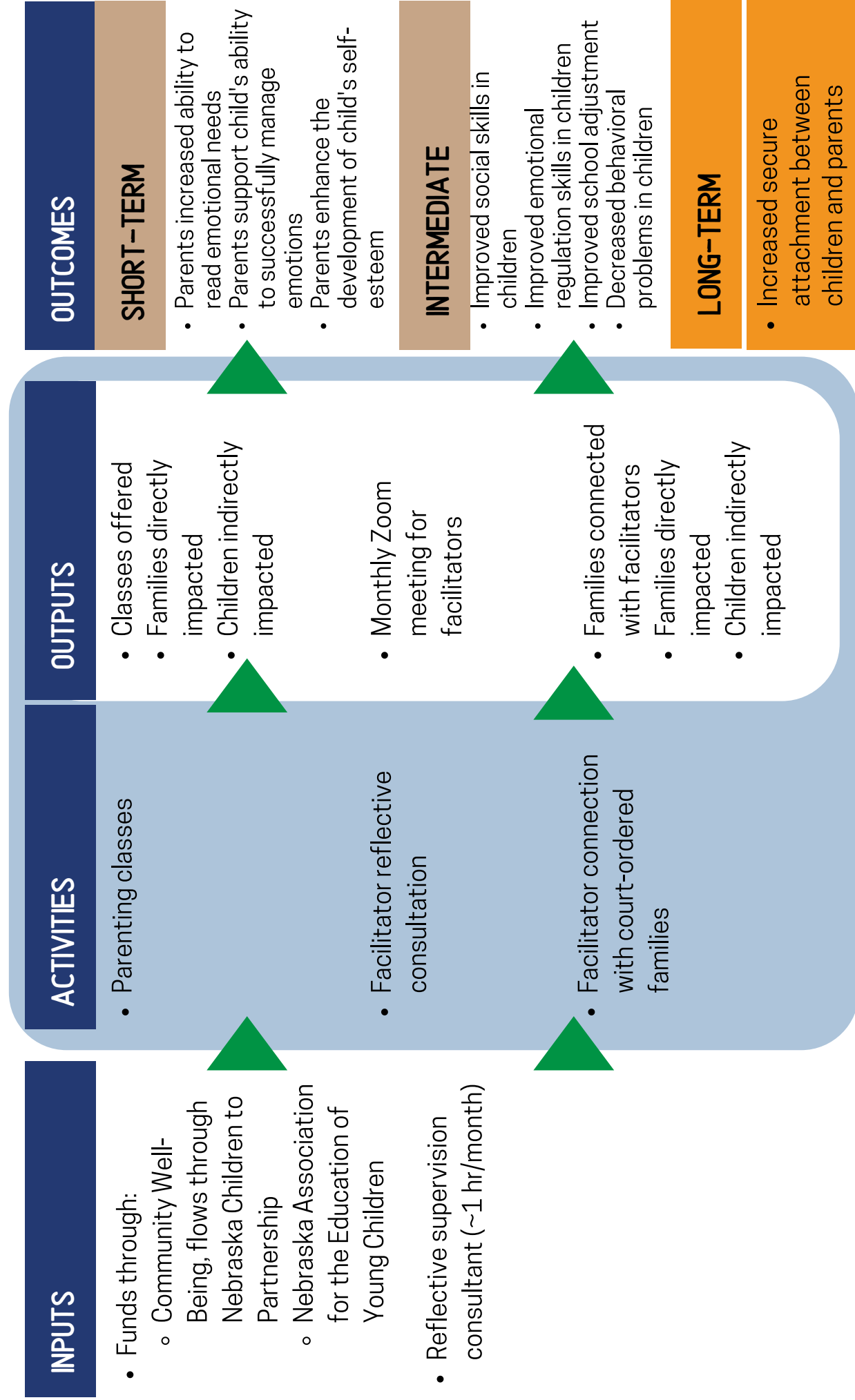


# ROOTED IN RELATIONSHIPS



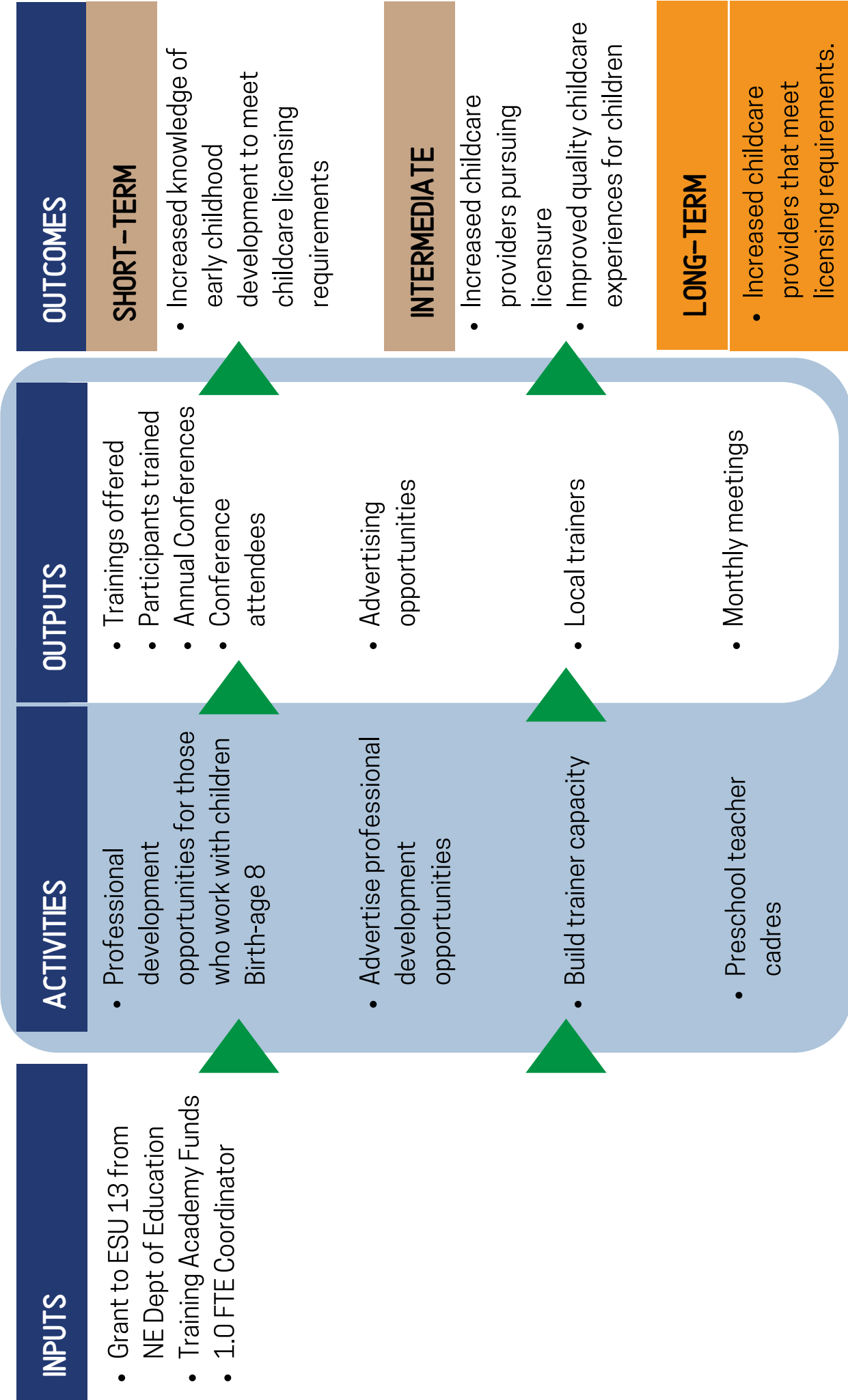
**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

# CIRCLE OF SECURITY PARENTING (COS-P)



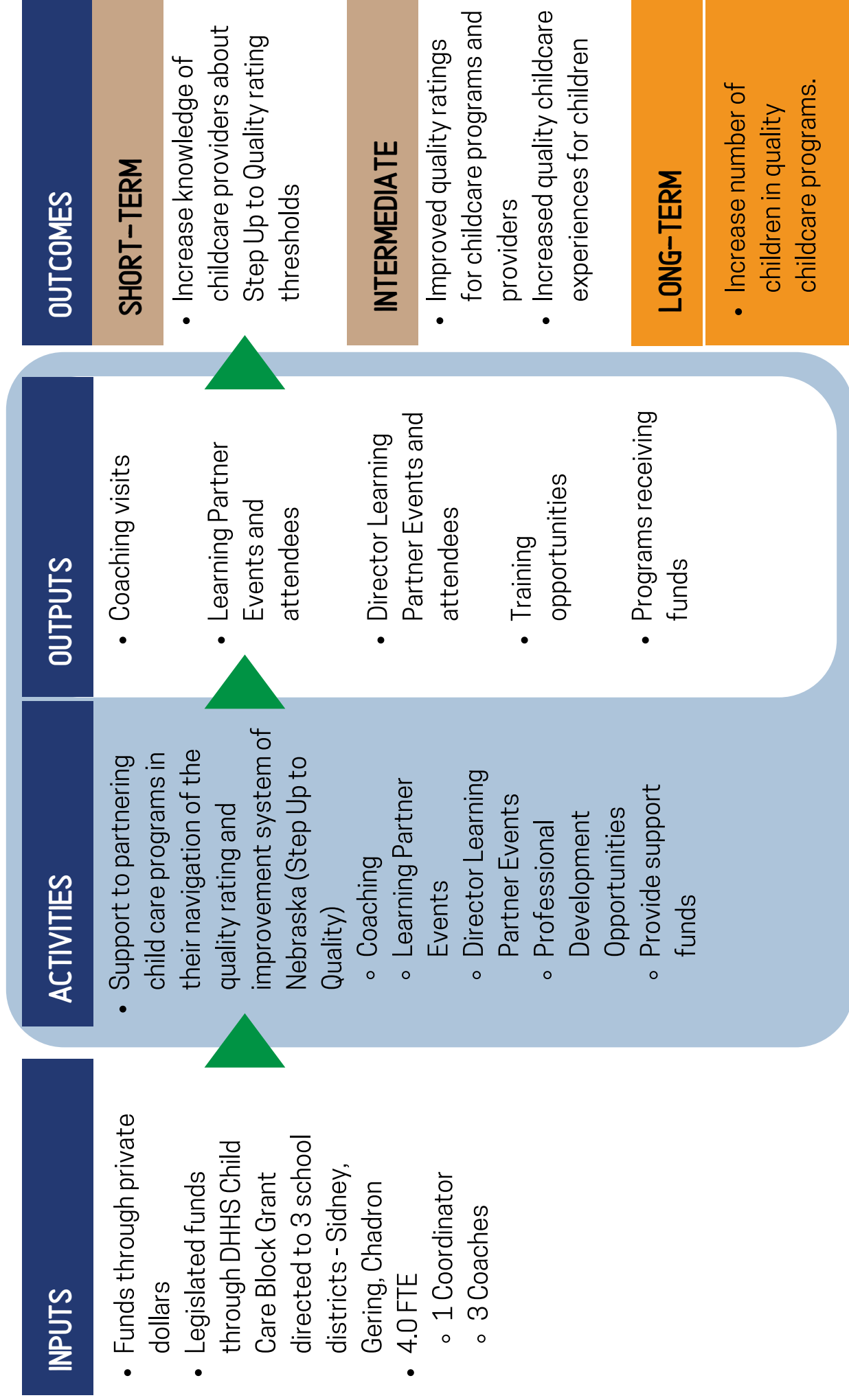
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# PANHANDLE EARLY LEARNING CONNECTIONS (PELC) PARTNERSHIP



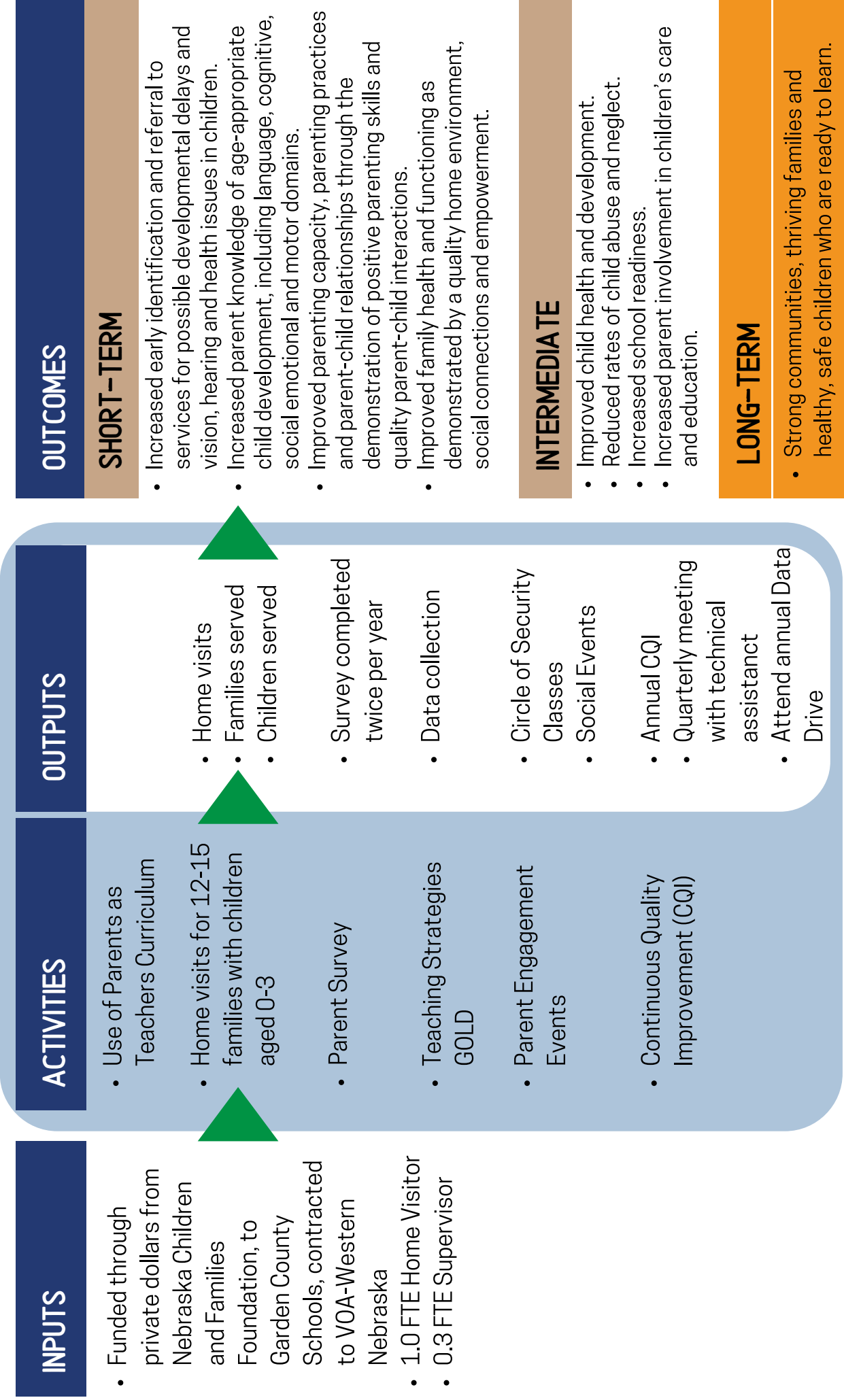
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# SIXPENCE CHILD CARE PARTNERSHIP (CCP)



**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

# DEUEL & GARDEN COUNTY SIXPENCE HOME VISITATION

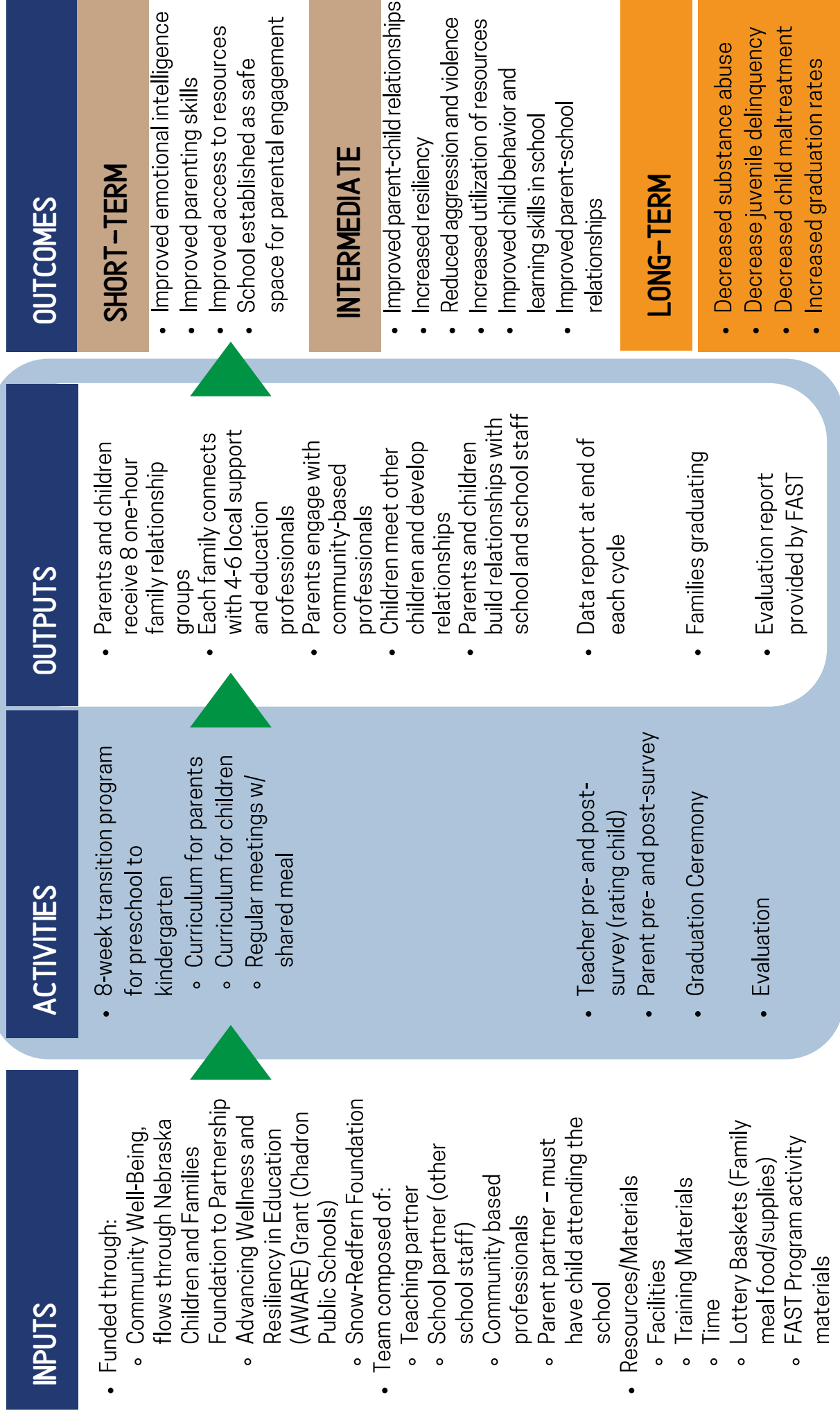


**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**



# FAMILY AND SCHOOLS TOGETHER (FAST)

CHADRON, CRAWFORD, HAY SPRINGS



**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

# TOGETHER EVERYONE ACHIEVES MORE SUCCESS (TEAMS)



SCOTTSBLUFF, MINATARE

## INPUTS

- Funded through:
  - Community Well-Being fund through Nebraska Children and Families Foundation
  - Nebraska Extension
  - Western Nebraska Community College (WNCC)
  - Minatare Public Schools
- Facilities provided by Scottsbluff Public Schools
- Transportation provided by Scottsbluff Public Schools, Minatare Public Schools, and WNCC
- Partnership with Scottsbluff Public Schools and Minatare Public Schools
- Summer Intern
- ~.50 FTE TEAMS Coordinator
- ~.05 FTE Extension Educator
- Assistance provided by school counselors as needed

## ACTIVITIES

- Juntos Program (All)**
  - Weekly meetings with 8th grade participants
  - 6-week Juntos college preparation program
  - Summer college camp
- TEAMS**
  - Leadership opportunities and college visits
  - Annual Student Evaluation
  - Senior Year Student Evaluation
  - Protective Factors Survey (Nebraska Childrens and Families Foundation)
- TEAMS (Minatare)**
  - College preparation program with bi-weekly sessions with participants in grades 9-11
- TEAMS (Scottsbluff)**
  - Weekly sessions with ninth grade participants

## OUTPUTS

- Leadership development
- Graduating students
- Students attending post-secondary education
  - College
  - Trade School
  - Military
  - Etc.
- Students attending college visits
- Students and families participating
- Annual Student Evaluation results
- Senior Year Student Evaluation
- Development of protective factors

## OUTCOMES

### SHORT-TERM

- Increased knowledge of leadership skills
- Increased knowledge of college preparation
- Increased college visits by underserved students

### INTERMEDIATE

- Development of protective factors
- Increased graduation rates
- Improved college readiness

### LONG-TERM

- Increase high school graduation rates
- Increase attendance of post-secondary education

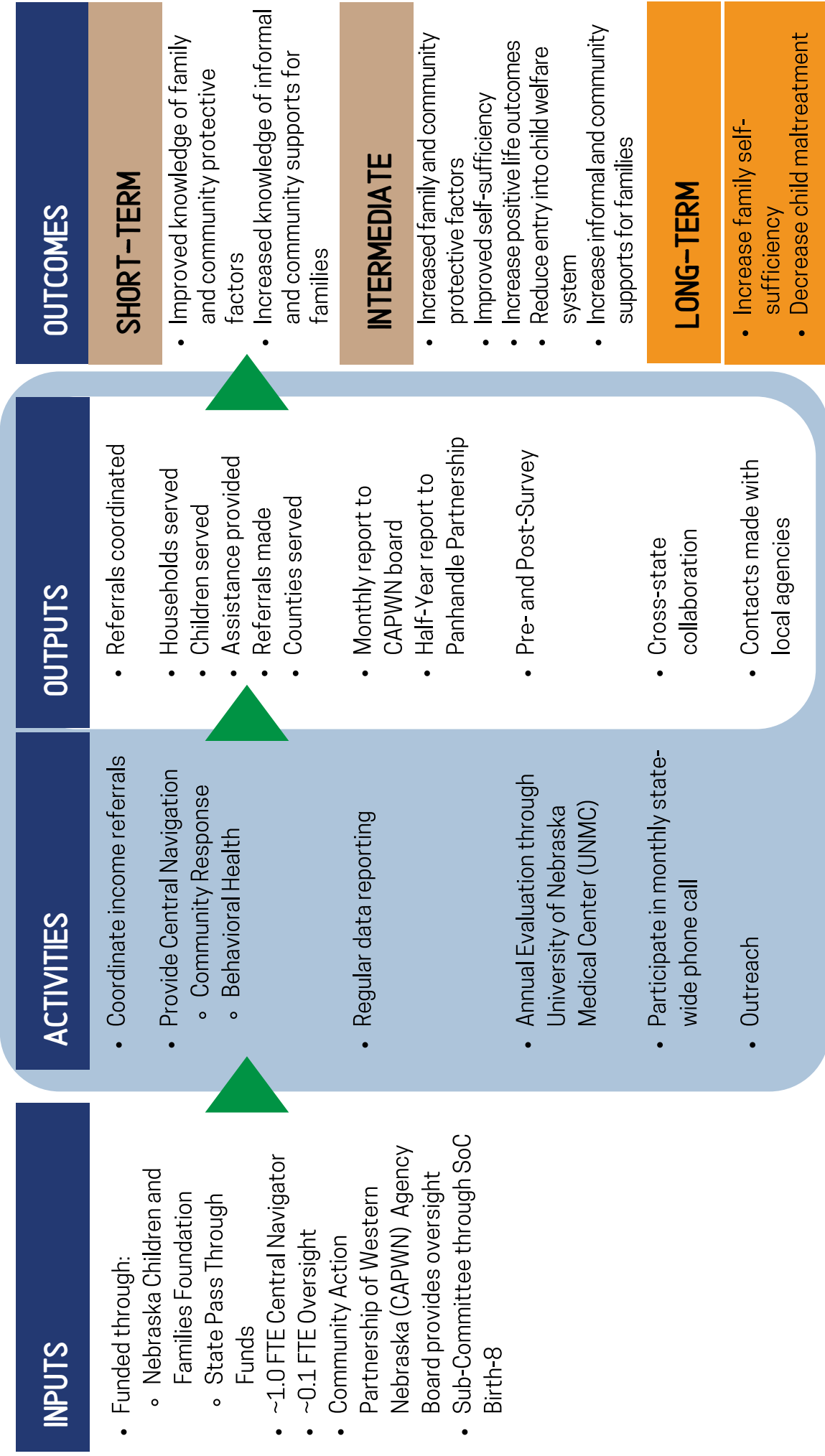
**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

# CHILD ABUSE PREVENTION COUNCIL



**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

# COMMUNITY RESPONSE



**COMMUNITY RESPONSE CAN BE CONSIDERED THE PREVENTION TRACK TO ALTERNATIVE RESPONSE, AND IS PART OF A COMMUNITY PREVENTION SYSTEM BEING IMPLEMENTED IN COMMUNITIES ACROSS NEBRASKA | COVERS THE 11-COUNTY PANHANDLE REGION**

**BUILD COLLABORATION AMONG AGENCIES, NETWORKS, AND THE BROADER COMMUNITY TO FIND INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH YOUNG CHILDREN AND THEIR COMMUNITIES IN THE PANHANDLE.**

## APPENDIX B: MEMBER ORGANIZATIONS

- Aging Office of Western Nebraska
- Bayard Public Schools
- Box Butte Family Focus Coalition
- CAPstone Child Advocacy Center
- CASA Cheyenne County
- Central Plains Center for Services
- Chadron Community Hospital
- Chadron Public Schools
- Cirrus House
- City of Chappell
- City of Hay Springs
- City of Scottsbluff
- Community Action Partnership of Western Nebraska
- Department of Health and Human Services
- Disability Rights Nebraska
- The DOVES Program
- Educational Service Unit 13
- Garden County
- Garden County Public Schools
- Housing Authority of Scottsbluff
- Immigrant Legal Center
- Independence Rising
- Joan Cromer
- Legal Aid of Nebraska
- Living Environment Foundation
- Mediation West
- Minatare Public Schools
- Monument Prevention Coalition
- Native Futures
- Nebraska Children's Home Society
- Kim Anderson, LMHP
- Nebraska Civic Engagement
- Nebraska Commission for the Deaf & Hard of Hearing
- Nebraska Department of Labor
- Nebraska Foster & Adoptive Parent Association
- Nebraska Panhandle Area Health Education Center
- Nebraska Senior Health Insurance Information Program
- Northwest Community Action Partnership
- Open Door Counseling
- Optimal Family Preservation
- Panhandle Development District
- Panhandle Equality
- Panhandle Public Health District
- Panhandle Trails Intercity Public Transit
- Region 1 Behavioral Health Authority
- Region 1 Office of Human Development
- Regional West Medical Center
- Roger Wess
- Scotts Bluff County
- Shirley Belk
- Snow-Redfern Foundation
- State of Nebraska UNL
- United Way of Western Nebraska
- University of Nebraska at Lincoln Panhandle Extension Center
- Volunteers of America
- Well Care
- Western Community Health Resources
- Western Nebraska Community College

