July 1, 2015 – June 30, 2018

Comprehensive Juvenile Services Plan for Hall County

I. County Board of Supervisors

Hall County applies for Nebraska Crime Commission grant funds that have historically been utilized in partially funding Juvenile Diversion staff positions. The following persons serve on the Hall County Board of Supervisors and coordinate their work through a Board Assistant, whose name is also provided.

Name	Title	Address	Phone	E-mail
Stacey Ruzicka	Board Assistant	121 S. Pine St. Grand Island, NE 68801	308-385-5093	staceyr@hallcountyne.gov
Douglas Lanfear	District 1 Supervisor	2128 North Custer Avenue Grand Island, NE 68803	308-384-7289	dougl@hallcountyne.gov
Daniel Purdy	District 2 Supervisor	3559 Hillside Dr. Grand Island, NE 68803	308-381-8463	daprpurdy@q.com
Stephen Schuppan	District 3 Supervisor	275 W. Lowry Rd. Doniphan, NE 68832	308-380-0362	steve@schuppantrailers.com
Pamela Lancaster	District 4 Supervisor	2809 Apache Rd. Grand Island, NE 68801	308-381-2754	pelcommish@charter.net
Jane Richardson	District 5 Supervisor	47 Kuester Lake. Grand Island, NE 68801	308-382-5878	janer@hallcountyne.gov
Gary Quandt	District 6 Supervisor	609 W. 14th St. Grand Island, NE 68801	308-382-8255	garyq@hcgi.org
Scott Arnold	District 7 Supervisor	412 N. Custer Ave. Grand Island, NE 68803	308-384-3905	sarnald@hallcountyne.gov

II. Community Team Description

The Hall County Community Collaborative, 12 – 18+ System of Care Subcommittee, conducted initial data collection and assessments to determine gaps and needs in the Juvenile Services continuum of care in the Hall County Comprehensive Juvenile Services Plan. Those findings were presented to the Hall County Community Collaborative (H3C) for review, input, and development for the Juvenile Services Plan. The H3C includes a wide array of governmental, judicial, legal, human service, law enforcement, educational, medical, and business

representatives working together to coordinate community efforts to enhance the prevention system of care for children 0 to 24, and for families in Hall County.

The strategies identified by the Hall County Community Collaborative target different populations across the life span including violence prevention, improvement in school attendance, reduction of youth involvement in the judicial system, and creation of a comprehensive system of care for youth across multiple sectors. Strategies include: 1) sustaining one or more evidence-based programs to keep 60 middle school youths at extreme risk for recruitment from joining gangs, 2) funding one or more programs for preschool, elementary, and middle school youths and parents/guardians to increase protective factors, and 3) exploring options to prevent pre-adjudicated youths from entering the court system and to aid youth already involved in the system from getting further involved. Together, the strategies create a comprehensive continuum of services for the juvenile justice system.

Collaborative planning for the Juvenile Services Plan has provided Hall County with an opportunity to:

- Coordinate programs across the prevention system
- Promote communication of services, opportunities, and data
- Create common outcomes/assessments/terminology
- Improve linkages to braid funding streams
- Research evidence-based, evidence-informed, and promising programs
- Conduct assessments and collect county-wide data
- Share resources and training
- Evaluate for impact and outcomes throughout Hall County
- Advocate for policy changes to meet the needs of the rural area

In recent years, this work has included emerging collaboration for assessment, planning, and evaluation of local efforts for children and youth including:

- Local Public Health District Assessments (2015 Preliminary Community Health Assessment)
- Nebraska Risk and Protective Factor Student Survey (2012)
- Child Well-Being indicators identified by the Nebraska Children and Families Foundation for comparison of local to state rates (low infant birth weight, infant mortality, adolescent pregnancy, child welfare-children living in out-of-home care, child abuse/neglect, juvenile arrests, substance use, and high school graduation and dropout rates, 2014)
- Adolescent pregnancy data (Nebraska Vital Statistics, 2014)
- Hall County Comprehensive Juvenile Services Assessment and Plan (2012 & 2015)
- Results-Based Accountability matrices for measuring outcomes of evidence-based and evidence-informed practices programs in Hall County (modeled after the Department of Health and Human Services RBA)
- Central Access Navigation for youth ages 16 – 24 that are or have been in the State foster care system (DHHS data on youth aging out of the foster care system, agency data)

Structure for Juvenile Assessment and Planning

In 2012, the Hall County Community Collaborative (H3C) convened multiple groups to prepare the 2012-2015 Hall County Comprehensive Juvenile Services Plan. This was the first time that a truly comprehensive approach was taken to prepare the Juvenile Services Plan, and it included collecting data across the prevention and intervention systems of care for youth, assessing gaps and needs in services across agencies in the county, and prioritizing selected strategies for implementation and follow-up. The H3C provided the structure for assessment and planning for the Comprehensive Juvenile Services Assessment and Planning process. In addition, the H3C hosted a Central Nebraska Juvenile Justice Focus Group in December 2014 with the University of Nebraska Omaha's Juvenile Justice Institute to provide input into the Nebraska Commission on Law Enforcement and Criminal Justice State Three-Year Comprehensive Juvenile Justice and Delinquency Prevention Plan (2015-2018).

The H3C 12 – 18+ System of Care Sub-committee has met regularly since October 2014 to plan for the 2015-2018 Comprehensive Plan to braid resources and coordinate planning across the Prevention and Juvenile Justice Systems. As a part of that coordinated process, the Sub-committee also discussed and assisted with development of the Hall County 2015 Community Based Juvenile Services Aid grant application to expand prevention services for youth in or at-risk for involvement with the Juvenile Justice system. The application was presented to the full membership of H3C for recommendations and approval before being presented to the Hall County Board of Supervisors for final approval. The H3C 12 – 18+ sub-committee's recent focus has been on reallocation adjustment requests for the current Community Based grant and Hall County's 2015 – 2018 Comprehensive Juvenile Service Plan.

Structure for the Three-Year Hall County Comprehensive Juvenile Services System Plan

The pre-2013 Hall County Community Team (HCCT) structure was revisited in 2012 and multiple community collaborative committees combined to better coordinate planning efforts and more effectively utilize the time and resources of Hall County leaders. County leaders realized that the goal of improving outcomes for youth and families can only be accomplished through the combined effort of coalitions and committees across the County, including but not limited to the Hall County Community Collaborative, Child Well-Being Initiative, Violence Prevention, Juvenile Services, Substance Abuse Prevention, Multicultural Coalition, and the Continuum of Care for Housing and Homelessness groups. Many local programs and funding have been cut or eliminated due to state and federal budget shortfalls and funding reallocation plans. Sustainability and opportunity to improve outcomes for youth is reliant on braiding multiple plans, sharing resources, identifying common outcomes, and coordinating systems of care.

The Hall County Community Collaborative (H3C) works closely with the System of Care Sub-committee in order to: 1) Maintain and enhance a quality, coordinated, integrated prevention system of evidence-based and/or evidence –influenced programs, policies, and practices, 2) Maintain and enhance violence prevention interventions for targeted high-risk youth populations, 3) Promote evidence-based and promising practices, programs, and policies for gang members and families/caregivers, 4) Maintain and enhance the Hall County Juvenile Diversion Program, 5) Develop an array of alternatives to juvenile detention, 6) Develop an

array of options for Problem-solving Courts, and 7) Develop and implement evidence-based community programs and services designed for targeted at-risk youth. The work also includes maintaining an effective collective impact structure to: 1) Maintain an effective backbone organization to assess, plan and implement for collective impact, 2) Develop an effective system to monitor Disproportionate Minority Contact, and 3) Maintain an effective data collection system.

A key component of the Collaborative work is to enhance current work plans for multiple actions (diversion, probation, and prevention system of care), establish meeting dates for the collaborative (at least four times per year), and review structure. The extent to which work can be braided will in large part depend on funding availability from various sources.

This action is especially important to the 2015 - 2018 Comprehensive Juvenile Justice Services Plan Implementation. The current plan outlines actions to be undertaken through coordinated efforts across collaborations. These include addressing systemic processes such as a system of care approach for high-risk youth, positive parent-child interaction across targeted populations, and expanded Juvenile Diversion assessments and programming. Community leaders note that while there is a strong desire and intent to collaborate, coordination is essential to assure forward progress. Limited resources for this work create an ongoing challenge.

Comprehensive Assessment and Plan Process:
Chronology of Hall County Community Team Assessment and Planning Events

DATE	EVENT	ACTION
October 1, 2014 November 19, 2014 December 5, 2014	Hall County Community Collaborative 12 – 18 Sub-committee meeting to begin planning for 2015-2018 Comprehensive Plan	Committee members representing Diversion, Probation, Education, Mental Health, Substance Abuse, Domestic Violence, Law Enforcement, DHHS, Youth-serving agencies, and Health Care agencies met to review the work completed to achieve the goals of the last plan and identify what data was needed to begin the assessment process for the next 3 years.

December 17, 2014	H3C hosted a Central Nebraska Juvenile Justice Focus Group in December 2014 with the University of Nebraska Omaha's Juvenile Justice Institute to provide input into the Nebraska Commission on Law Enforcement and Criminal Justice State Three-Year Comprehensive Juvenile Justice and Delinquency Prevention Plan (2015-2018).	Representatives from Diversion, Probation, Youth Services, Mental Health, Health Care, and Human Service agencies discussed and voted on priorities for the Nebraska State Plan and identified others to invite to participate in the Comp Plan process.
January 14, 2015	Hall County Community Collaborative partner meeting.	Hall County Juvenile Services Comprehensive Plan 2012-2015 work plan update presented to partners for input into prevention system of care development. Crime Commission grant amendment presented to partners for input and approval for proposed modifications. Approval given by consensus.
February 6, 2015	Hall County Community Collaborative 12 – 18 Sub-committee meeting	Committee members representing Diversion, Probation, Education, Mental Health, Substance Abuse, Domestic Violence, Law Enforcement, DHHS, Youth-serving agencies, and Health Care agencies met to continue the data collection and assessment process for 2015-2018 Comprehensive Plan and 2015 Crime Commission grants.
March 11, 2015	Hall County Community Collaborative partner meeting.	Hall County Juvenile Services Comprehensive Plan 2012-2015 work plan update presented to partners for input into prevention system of care development.

March 20, 2015	Hall County Community Collaborative 12 – 18 Sub-committee meeting	Committee members representing Diversion, Probation, Education, Mental Health, Substance Abuse, Domestic Violence, Law Enforcement, DHHS, Youth-serving agencies, and Health Care agencies reviewed and revised (with consensus) the draft priorities and strategies
March – April 2015	Draft 2015-2018 Comprehensive Plan narrative, priorities, and strategies in process of being written.	Members of the H3C Sub-committee contributed to writing the plan, updating data, and using data to determine priorities and strategies for the next three years to be presented to H3C partners at the May 2015 meeting for input, suggestions, revisions, and recommendations for approval.
May 26, 2015	Draft Comprehensive JS Plan priorities reviewed and updated by partners throughout Hall County for review.	Hall County and City of Grand Island elected officials, representatives from Doniphan, Wood River, and Cairo public schools, law enforcement (City and County), human service agencies, education, governmental, medical, and mental health invited to attend a Comp Plan planning and review meeting. Priorities ranked and input provided.
May 2015	Comprehensive Community Planning for Community Based Aid.	Hall County Juvenile Services
June 16, 2015	Hall County Board of Supervisors meeting.	Members of the planning team presented the2015-2018 Comprehensive Plan to the Hall County Board of Supervisors requesting approval for submission to the Nebraska Crime Commission. **ATTACHMENT 9.**

Hall County Community Collaborative Members

The Hall County Community Collaborative (H3C) incorporated and received Non-profit 501(c)(3) status with the IRS in 2014. The work of the H3C is based on the five principles of Collective Impact: 1) Common Agenda, 2) Shared Measurement System, 3) Mutually Reinforcing Activities, 4) Continuous Communication, and 5) Backbone Support.

H3C members meet every other month to build Collective Impact, learn leadership skills, support sub-committee work, address gaps and needs in services to children and families, create project partnerships, network, and promote requests and offers. Participation in this process is open to any person in Hall County. Meetings notices are widely distributed through email list serves. A full list of individuals that were invited to and/or participated in the Hall County Assessment and Planning meetings is provided in **ATTACHMENT 1.**

There are four sub-committees of the H3C that work to develop the prevention and intervention system of care for children ages 0 to 5, 6 to 11, 12 to 18, 19 and older. Each of these committees meets at least four times per year and has a committee facilitator and/or co-facilitator. The sub-committees enable additional community members to be involved in the work of the collaborative specific to their interest.

Central District Health Department acts as fiscal agent for the Hall County Collaborative, dedicates a portion of time of a staff member for data collection and day-to-day support, manages accounting/audit/grant reporting, provides a percentage of Directors' and Officers' Insurance, and works with the Hall County Collaborative Board of Directors, which represent five different sectors of the community to assure diversity of representation. The Board provides oversight of grant funds, monitors the financial structure of the collaboration, approves invoices/reviews financial statements/supports the fiscal agent, and enhances the collaborative capacity of the organization by processing new opportunities or requests to the organization.

Community Comment

As noted in the chronology of Hall County Community Collaborative Team assessment and planning events, regular meetings have been held since October 2014. Attendance lists for these meetings are attached in **ATTACHMENT 2**. Meeting notes were provided to those who could not attend meetings. Through the process of coming to consensus about the Juvenile Services Plan, comments from participants were collected and recorded regarding their perception of the process. Some data and other planning documents may be available on H3C's website**,** www.h3cne.com.

III. COMMUNITY SOCIOECONOMIC INDICATORS

Geographic Area

Hall County is located in South Central Nebraska and is comprised of the towns and villages of Grand Island, Wood River, Alda, Doniphan, and Cairo. The County seat is Grand Island with a population of 50,550 (2013 estimate.) The County has a total of 546.29 square miles with a density of 92.5 (2013) people per square mile (Nebraska 23.8 persons per square mile). Hall County is easily accessible via Interstate 80, U.S. Highways 30, 34, and 281, Nebraska

Highways 2 and 11, and Central Nebraska Regional Airport. It is a regional hub for shopping, lodging, entertainment, medical care, community services, and transportation.

Population	**2014 est.**	**2010**	**2000**	**1990**	**1980**	**1970**	**1960**
Nebraska	1,881,503	1,826,34	1,711,263	1,578,35	1,569,82	1,483,4	1,411,330
Hall	61,492	58,607	53,534	48,925	47,690	42,851	35,757

The 2014 Census estimate report for Hall County's population of 61,492 is a population increase of 4.9% from April 1, 2010 to April 1, 2014. This estimated population increase is higher than the state's increase of 3.0%. Just over 82% of Hall County's population lives in the County seat, Grand Island.

Ethnicity

Grand Island has become an increasingly ethnically diverse community in the past several years. Racial and ethnic minorities comprise of over 32% of County residents. The 2000, 2010, and 2013 Census reported the percentage of ethnicities in Hall County as follows:

	2000	**2010**	**2013**
White (a)	88.7%	82.6%	92.7%
Black or African American (a)	0.4%	1.7%	2.5%
American Indian and Alaska Native (a)	0.3%	0.9%	1.6%
Asian (a)	1.1%	1.0%	1.3%
Native Hawaiian and Other Pacific Islander	0.1%	.2%	.5%
Hispanic or Latino (b)	14.%	23.3%	25.4%

(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories.

Between 2000 and 2010, the population of White residents showed a decreased of almost 6%. The 2013 numbers show a 10% increase in White population, the numbers of Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, and Hispanic residents also increased. As noted above, Hispanics may be of any race, so they are also included in applicable race categories. Grand Island has seen an increase in Sudanese, Somali, and Cuban refugee populations in the last several years. Grand Island is home to a beef packing plant that employs an array of individuals from diverse populations. That diversity is represented in the Grand Island Public Schools as well.

Education

According to the Nebraska Department of Education's 2013-2014 State of the Schools Report, within Grand Island Public Schools:

- Over 9,300 students in Pre-K – 12th grade
- 15.3% of Grand Island Public Schools students are English Language Learners, compared to 6.04% statewide.
- Hispanic students comprise 52% of Grand Island Public Schools students (4,475 of 9,313 students)

- 68.8% of Grand Island Public Schools students qualify for free or reduced-price meals, compared to 44.9% statewide.

According to the Nebraska Department of Education's 2013-2014 State of the Schools Report for Northwest, Doniphan, and Wood River Schools (other Hall County Schools):

- Over 2,500 total students in Pre-K – 12th grade
- 2.03% of Northwest and 10.6% of Wood River students are English Language Learners, compared to 6.04% statewide. Doniphan numbers were "masked."
- Hispanic students comprise 12% (Northwest,) 26% (Wood River,) and 7% (Doniphan).
- 30.95% (Northwest,) 29.97% (Doniphan,) and 47.02% (Wood River) students qualify for free or reduced-price meals, compared to 44.9% statewide.

**The town of Cairo is also located in Hall Co., but many students from Cairo attend Centura Public School, a consolidated school located in Howard County and, as a result, is not included in the information above.*

NE Department of Education Attendance, Dropout, and Graduation Information

Attendance rate for all students					
Years	**Percentage**				
	State	**GIPS**	**NW**	**Wood River**	**Doniphan**
2009-2010	94.77	95.15	96.46	95.92	96.01
2010-2011	95.18	95.33	96.89	96.15	96.45
2011-2012	95.55	95.87	96.75	96.39	96.91
2012-2013	95.30	95.55	96.25	96.17	96.36

Dropout rate all students					
Years	**Percentage**				
	State	**GIPS**	**NW**	**Wood River**	**Doniphan**
2009-2010	1.47	2.61	*	*	*
2010-2011	1.38	2.41	*	*	*
2011-2012	1.46	1.26	*	*	*
2012-2013	1.05	1.53	*	*	*

** Data has been masked to protect the identity of students*

Graduation rate all students										
Year	**State**		**GIPS**		**NW**		**Wood River**		**Doniphan**	
	%	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**
2011	86.12	19313	82.16	456	93.75	150	92.00	46	93.75	150
2012	87.63	19317	84.95	429	87.62	177	*	*	87.62	177
2013	88.47	19391	86.99	495	94.67	160	*	*	94.67	160
2011	88.62	19957	84.52	475	95.00	152	92.00	46	95.00	152
2012	90.25	19944	88.61	451	88.06	177	*	*	88.06	177

2011	89.64	20211	85.05	478	95.00	152	92.00	46	95.00	152

** Data has been masked to protect the identity of students*
Source: Nebraska Department of Education 2012 – 2013 State of the School Report www.education.ne.gov

School attendance has been identified by school administration and educators as an indicator of school success and a contributor to graduation/dropout rates. For Grand Island Public Schools (GIPS), which has the largest student population in Hall County, the overall percentage of student absence is low (97%). However, the number of students absent during a portion of each day is extraordinarily high.

For instance, at Grand Island Senior High, between August 2013 and May 2014, the high school census was 2,278 students. Of that number:

- 584 students (or 26%) missed at least one class up to 20 times
- 340 students (or 15%) missed approximately 20+ days of school (does not include office, suspensions, school activities, etc.)
- 434 students (or 19%) are absent 1 or more periods on any given day

Youth in kindergarten through 8th grade that reach a specified number of absences are referred to the Hall County Absentee Court and an attendance plan is developed with the Court, parents/guardians, the student, and school social workers/other school staff. Unfortunately, students in 9th through 12th grades are not eligible to be referred to Absentee Court.

In response to this need, the Hall County Community Collaborative partnered with GIPS, Hall County Juvenile Diversion, and Region 9 Probation to develop a School Intervention Worker position to work with pre-adjudicated and adjudicated youth who are at risk of failing or dropping out of school. A full-time School Intervention Worker started in November 2013 and has worked with more than 40 students per semester to develop relationships, ensure connections to needed resources, and assist with school attendance. In addition, a School Intervention Worker has been hired to work with Middle School youth at Barr and Walnut Middle Schools beginning August 2015.

Preschools and child care facilities in Hall County

There are 67 Family Child Care Home I providers, 10 Family Child Care Home II providers, 17 childcare centers, and 5 licensed preschools. Because of the high number of single parents and parents working two jobs, access to quality, affordable day care is an extremely difficult issue for many in this area.

Public and Private Pre-Kindergarten, Elementary, and Secondary Schools

Four public school districts are located in Hall County. The school districts located in Hall County with students in pre-kindergarten through 12th grade are Grand Island Public Schools, Northwest Public Schools, Doniphan-Trumbull Public Schools, and Wood River Rural Schools. Private schools in Hall County are Grand Island Central Catholic School, Trinity Lutheran School, Heartland Lutheran High School, Grand Island Christian School, Platte Valley Seventh-Day Adventist Elementary School, and New Hope Christian Elementary School.

Students living in Cairo (in Hall County) and Boelus and Dannebrog (located in Howard County) attend Centura Public Schools (located in Howard County). Because Centura Public School is located in Howard County, and includes students from Howard County, statistics about Centura Public Schools are not included with the Juvenile Services Plan.
According to the Nebraska Department of Education, there were 144 home-schooled students in Hall County in school year 2014/2015.

Descriptions of the schools, their enrollments, ethnicity, and free and reduced-price meal rates are shown in the table below:

Public School Districts (All are pre-kindergarten through 12th grade)				
	Description	**Enrollment**	**Ethnicity**	**Free/Reduced Meals**
Grand Island Public Schools	1 preschool 14 elementary schools 3 middle schools 1 high school Alternative schools: Success, Skills, OMB, and Career Pathway.	9,553 students	44% White 49% Hispanic 56% Minority	66% 6,260 students
Northwest Public Schools	4 schools (Pre-K through 8th grade): Cedar Hollow, District 1-R, St. Libory, and Chapman	1,453 students	87% White 10% Hispanic 13% Minority	30% 429 students
Wood River Rural Schools	1 elementary school 1 middle school 1 high school	572 students	75% White 23% Hispanic 26% Minority	48% 273 students
Doniphan-Trumbull Public Schools	1 elementary school 1 secondary	489 students	93% White 5% Hispanic 7% Minority	30% 147 students

Private Schools				
	Description	**Enrollment**	**Ethnicity**	**Free/Reduced Meals**
Grand Island Central Catholic Schools	1 middle school (Grades 6-8) 1 high school (Grades 9-12)	307 students	85% White 9% Hispanic 15% Minority	Unavailable (Masked Data*)

Trinity Lutheran School	1 school (Pre-K through 8th Grade)	147 students	88% White 5% Hispanic 12% Minority	16% 24 students
Platte Valley Seventh Day Adventist	1 school (K-8)	7 students	14% White 0% Hispanic 86% Minority	Unavailable (Masked Data)
New Hope Christian School	1 school (Pre-K through 8th Grade)	24 students	100% White 0% Hispanic 0% Minority	Unavailable (Masked Data)
Grand Island Christian School	1 school (Pre-K through 8th Grade)	31 students	81% White 13% Hispanic 19% Minority	Unavailable (Masked Data)
Heartland Lutheran High School	1 high school (Grades 9-12)	74 students	84% White 9% Hispanic 16% Minority	Unavailable (Masked Data)
TOTAL		**12,657 students**	**54% White** **39% Hispanic** **46% Minority**	**58%** (excludes Masked Data schools)

"Masked" data represents schools or districts that have greater than 99% participation or counts that contain less than 10 participants and is used to protect the privacy of students.
Sources: *Nebraska Department of Education, 2012-2013 Membership by Grade, Race, and Gender (Updated 11-21-2011) Nebraska Department of Education, 2012-2013 Free and Reduced Lunch Counts by School Available at: www.education.ne.gov/DataServices/Data_and_Information.html*

Postsecondary education is available in Hall County from Central Community College and College Park, which is served by Doane College and Bellevue University. Central Community College, Grand Island campus, served 11,251 students during 2013-2014; this includes 2,407 on-campus full-time students and 2,608 distance learning students. The distance learning student enrollment increased nearly 38% since 2010 – 2011.

A summary of educational facilities/options is listed below:

Primary and Secondary Education		
Public Schools	**Postsecondary Education**	**Other Educational Opportunities**
Grand Island Public Schools (Pre-K through 12th Grade)	Central Community College – Grand Island Campus	Vocational Rehabilitation
Northwest Public Schools (Pre-K through 12th Grade)	College Park	Adult Basic Education through Central Community College
Doniphan-Trumbull Public Schools (Pre-K through 12th Grade)	Doane College	Grand Island Area Literacy Council

Wood River Rural Schools (Pre-K through 12th Grade)	Bellevue College	
Centura Public Schools* (Pre-K through 12th Grade)	Nebraska Law Enforcement Training Center	
Private Schools	Nebraska State Patrol Training Academy	
Grand Island Central Catholic (6th -12th)		
Trinity Lutheran School (Pre-K – 8th)		
Heartland Lutheran High School (9th – 12th)		
Grand Island Christian School (Pre- K – 8th)		
Platte Valley Seventh-Day Adventist School (K-5th)		
New Hope Christian Elementary School (K-8th)		

** Centura Public Schools is located in Howard County. Students from Cairo (Hall County) and Boelus and Dannebrog (Howard County) attend Centura Public Schools.*

Overall, 18.1% of Hall County residents age 25 and older has less than a high school education, compared to 9.5% statewide. In Nebraska, the graduation rate of white students was 91% in 2011-2012, for Hispanic students it was 78%, for Black students it was 74%, and for Asian/Pacific Islander students it was 83%. This disparity is evident in Hall County as well. ***Source:*** *U.S. Census, 2009-2009 American Community Survey, www.governing.com*

However, the Nebraska's Coordinating Commission for Postsecondary Education 2014 Progress Report notes that the overall percentage of minority students graduating from public high schools is increasing, but "Hispanic students still tend to graduate from high school at lower rates than white and Asian students." The report further notes that a higher percentage of female students graduate compared to the percentage of male students, and a disproportionately higher percentage of Hispanic, Native American, or black non-Hispanic male and female students drop out of school than their peers.

The juvenile arrest rate (youth ages 10 – 17) in Hall County is 92 arrests per 1000. This is about 1.75 times higher than the rest of the state with 53 per 1,000. Hall County's juvenile arrest rate of 92 per 1,000 is the third highest in the state.
Source*: (2014 Voices for Children Annual Report.) (Hall County Juvenile Arrest Data* ***ATTACHMENT 3****; Voices for Children chart* ***ATTACHMENT 4***

Juvenile involved gang incident reports:
According to the Grand Island Police Department (GIPD), in 2013 there were 28 juvenile involved gang incident reports, in 2014 there were 29 reports. During the first three months of 2015 (Jan – Mar) there have been 27 flagged gang incident reports. There has been a decline in juvenile gang field interviews, according to GIPD reports from a high in 2011 (35) to 8 interviews in 2013. A small increase was reported in 2014 (11.) Thus far, during the first two months of 2015 there have been 7 juvenile gang field interviews. If this average continues through 2015, the total juvenile gang field interview number will reach the highest level since 2011.
Source*: GIPD ICMA Annual Report,* ***ATTACHMENT 8***

Hall County Juvenile Success Rates:
In 2014, a total of 294 youth were enrolled in the Hall County Juvenile Diversion Program. Of these youths, 83% (245) successfully completed the program requirements, 7.5% (22) failed to comply with the program requirements, and 10% (30) had new law violations and were referred back for prosecution on their original offense.

Youth Substance Use Nebraska Risk and Protective Factor Student Survey:

Lifetime Alcohol Use
Results from the 2013 Nebraska Risk Protective Factor Student Survey (NRPFSS) for Hall County shows a gradual decrease in the proportion of youth reporting drinking during their lifetime between 2008 and 2013 (from 54.1% to 39.5%). Additionally, according to the 2013 NRPFSS, only 16.0% of youth drank before age 12. The trend from the NRPFSS shows a decrease in the proportion of Hall County youth who reported having drank before the age of 12 from 2008 (20.8%) to 2013 (16%).

Past 30 Day Alcohol Use & Binge Drinking
For Hall County, the 2013 NRPFSS data showed a decrease in the proportion of youth who had consumed alcohol in the past 30 days to a low of 14.1% in 2013. The proportion of 8th, 10th, and 12th graders drinking in the past 30 days decreased from 23.4% in 2008 to 14.1% in 2013. The 2013 NRPFSS showed that 7.9% of Hall County youth in 8th, 10th, and 12th grades have binge drank in the past 30 days. Local trends show the proportion of youth binge drinking during the past 30 days decreased steadily from 14.5% in 2008 to 7.9% in 2013.

In addition to alcohol use, perception of risk is another important risk factor. Trend data from the NRPFSS shows that Hall County youth in 8th, 10th, and 12th grades that reported they think people are at great risk of harming themselves if they consume one or two drinks of alcohol nearly every day stayed fairly stable. There was a slight decrease from 2008 to 2011 (31.1% to 30.8%), followed by a slight increase in 2013 (39.0%).

The percentage of Hall County youth who reported perceiving great risk of harm for individuals that have five or more drinks of alcohol once or twice a week was 49.7% in 2013. This is an increase from 45.3% in 2011 (this question was not asked in 2008 NRPFSS).

Underage Alcohol Arrests
On average, 3.3% of Hall County arrests involving those under the age of 21 were DUI arrests in

2013. Hall County reported 7.1 underage DUI arrests per 1,000 people in 2013, which was higher than the statewide average of 4.0 per 1,000. Overall, trend data shows a modest decrease in the number of DUI arrests for individuals under the age of 21 across the state of Nebraska. Hall County saw a decrease in the number of arrests per 1,000 people from 7.4 in 2011 to 6.4 in 2012 but then saw an increase to 7.1 in 2013.

Community Perceptions

As a result of SPF- PFS funding, a new measurement of community perceptions was fielded in the form of questions on the omnibus Nebraska Annual Social Indicators Survey (NASIS), and the Nebraska Community Alcohol Opinion Survey (NCAOS). Overall, across Nebraska, nearly half (48.2%) of individuals over the age of 19 reported they felt it was very wrong for individuals under the age of 18 to have one or two drinks. Respondents in Hall County reported a significantly higher percentage at 64.2%.

These results demonstrate that Hall County adults are significantly more likely to perceive underage drinking as very wrong compared to adults in the state. When queried about individuals under the age of 18 having five or more drinks in one setting, the percentage of very wrong jumped up to 86.9% Hall County and 84.1% statewide. When youth in 8th, 10th, and 12th grades were asked about their perceptions on how wrong adults (over age 21) in their community would think it is very wrong or wrong for youth their age to drink alcohol, the 2013 NRPFSS showed a response of 84.9%. This proportion was up slightly from when this question was asked in 2008 and 2011. Additionally, in 2013, 96.4% of Hall County respondents – up slightly from 94.5% in 2011 – reported that their perceptions of most adults in their community would think it is very wrong or wrong for youth their age to drive after drinking alcohol.

When asked if individuals risk harming themselves, physically or in other ways, if they have 5 or more drinks of an alcoholic beverage once or twice a week, the majority of adults in Hall County (83%) perceive binge drinking as risky, with 46.8% perceiving it as a great risk and 36.2% as a moderate risk. These perceptions were similar to that of other Nebraskans across the state.

Source*: Hall County Annual Child Well-being Indicator Report March, 2015) (ATTACHMENT 5); Nebraska Strategic Prevention Framework,* ***ATTACHMENT 6***

Hall County / Grand Island Four Core Measures Survey:

In 2012, the NRPFSS was administered, although Grand Island Senior High students were unable to participate. As a result, in January 2013 the Central Nebraska Council on Alcoholism and Addictions conducted a brief survey of Four Core Measure items in order to ascertain a reliable estimate on alcohol, drug, and tobacco use and related behaviors among Grand Island Senior High students. This Four Core Measures Survey was an abbreviated survey modeling key questions from the NRPFSS. The Four Core Measures Survey was completed by students online via *SurveyMonkey*. Results from the two surveys are comparable, however it is necessary to use some caution, given the different rates of participation and the different methodologies for administering the two surveys.

Tenth grade Grand Island Senior High youth responding to the Four Core Measures Survey 2013 reported 30 day marijuana use (17.1%) as compared to the state rate of (8.6%) 30-day marijuana use (2012 NRPFSS). The 12th grade students reported 30-day marijuana use was 19.8% compared to the state rate of 11.8%.

Tenth grade GISH youth reported a 16.7% "Great risk of harm in regular marijuana use (once or twice per week" compared to an 81.8% state rate (2012 NRPFSS). Twelfth grade GISH students reported a 22.9% perceived risk compared to the state rate of 74.6% (2012 NRPFSS.)
(**ATTACHMENT 7** Grand Island Four Core Measures Survey 2013)

Socioeconomic
Hall County residents have a poverty rate that is similar to that of Nebraska (13.7% compared to 12.4%), but lower than that of the nation (14.5%). Of children under age 17 in Hall County, 18% live in poverty, 23% of children under the age of 5 are living in poverty, and 30% of single-parent homes are at poverty level. Of minority children 17 and younger in Hall County, 30% live at or below poverty level. The proportion of residents living in poverty was generally higher for racial/ethnic minority groups than for Whites. The percentage of students eligible for Free and Reduce-Price meals in Hall County is 61%, compared to 44% in the state. Free and reduced-price meal rates are generally recognized as an indicator of poverty. The chart below shows a comparison of poverty and poverty indicator totals for Hall County as compared to Nebraska.

Category	Hall County	Nebraska
Poverty Rate	13.7%	12.4%
Children age 17 & under in Poverty (2009)	18%	17%
Children under age 5 in Poverty (2011)	23%	20%
Children of color age 17 & under in Poverty (2012)	30%	33%
Children age 17 & under in poverty single parent household (2011)	30%	38%
Children age 17 & under in poverty married-couple family (2009)	27%	33%
Children under 6 in poverty (2012)	29.1%	19.3%
Children under 6 with both parents in workforce (2012)	73%	73%
Free and Reduce-price Meals (2012)	61%	44%

Source: (2014 Voices for Children data; U.S. Census data)

Economic
Manufacturing and trade, agriculture, transportation, and utilities are the top employment categories in Hall County. The economic health of Hall County has suffered slightly in the last few years as state aid to counties has decreased, and other mandated service costs have increased. In March 2012, the Grand Island Independent reported that, "Hall County has had more than $1.9 million in annual lost revenue or added expenses due to legislative changes in the last four to five years." Towns and villages within Hall County have seen other challenges due to decreased sales tax revenues and increased demand on already high property tax rates.

These cuts have impacted public, private, and not-for-profit agencies and have challenged agencies to be creative in sharing resources and braiding funding. The largest numbers of jobs in

South Central Nebraska are in manufacturing, agriculture, trade/transportation /utilities, government, education and health services, and leisure and hospitality. Between April 2013 and April 2015, the Nebraska Department of Labor reported the closing of or layoffs from, 6 businesses resulting in a loss of about 1,049 jobs in the area. The majority of layoffs occurred in manufacturing, retail, and services (Chief, Case New Holland, Oakland Logistics Service, Salvation Army, K-Mart, and Skagway).
***Source**: Nebraska Department of Labor*

According to the Grand Island Area Economic Development Corporation, Grand Island created 1,333 new jobs during the economic recession between 2008 and 2013. The LB840 Economic Development Incentive program has been a valuable tool in recruiting and maintaining jobs. There was also a period of significant job loss when the unemployment rate rose to 6.7% (January 2014), which increased the needs of many local residents for human service and job training programs. The toll of those needs continues to impact many non-profit, human service agencies. More recently, unemployment rates have decreased at a comparable rate with the state and nation. April 2015 unemployment rates are as follows:

Hall County	2.9% (down from 4.1% in 2012)
Nebraska	2.5% (down from 4.0% in 2012)
National	5.4% (down from 8.4% in 2012)

Grand Island/Hall County is home to a myriad of organizations, human service agencies, and other groups who serve children and families in some capacity. The sheer population of this rural county is an ongoing challenge to effectively coordinate information and services relevant to children and families.

Child Well-Being Indicators

In 2010, Hall County began to look at interrelated factors for youth outcomes through the Child Well- Being indicator data identified by the Nebraska Children and Families Foundation as part of the statewide efforts to plan and track for a core set of common data. The eight Child Well-Being Indicators are: 1) low birth weight, 2) infant mortality, 3) adolescent pregnancy, 4) child welfare (children living in out-of-home care and child abuse/neglect), 5) juvenile arrests, 6) substance use, 7) high school graduation and 8) dropout rates. *Hall County data was higher than the state average in six of the eight categories.*

Review of the Child Well-being Indicator list was, and continues to be, a catalyst for local dialogue on the possibility of braiding plans and resources that address a number of these risk factors in order to assure more effective outcomes and sustainability of efforts. Significant community coordination and effort has been focused on decreasing adolescent pregnancy rates and in developing a more comprehensive out-of-school/after- school system of care for elementary and middle-school aged children. Of significance to the Juvenile Services Planning process is the direct and indirect impact that Child Well-Being Indicators have on juvenile arrest rates and gang recruitment and involvement. (Note: juvenile arrest rate is one of the indicators.)

The state data summary for Hall County is included in the 2014 Child Well-Being report as **ATTACHMENT 5.**

Community Collaborative Capacity

Since 2010, Grand Island/Hall County has been working to develop and sustain infrastructure and build relationships necessary for prevention system change. This work has been undertaken with funding and technical assistance from the Nebraska Children and Families Foundation. The objective is to create a functional, sustainable, effective broad-based collaboration to enhance collective impact.

Highlights of this work to date include:

- Participation in a statewide Collective Impact Work Group for collaboration, community building, and leadership skill enhancement

- Developed a listing of available evidence-based/evidence-informed services available in Hall County as a supplement to the 2009 Service Array Assessment of 40 prevention services and priority plan

- Child Well-Being Assessment and Plan (2011-2016)

- Partnered with Grand Island Public Schools and Nebraska Children to train school and community staff to facilitate an evidence-based parent/child relationship building program called Families and Schools Together (FAST) in selected elementary schools in Grand Island. The program was selected through a community selection process after it was determined that there was a significant gap in after-school/out-of-school time evidence-based programs. Kids F.A.S.T. was implemented in February 2013 at Dodge, Howard, Knickrehm, and Jefferson Elementary Schools in Grand Island. This program was selected for implementation after a lengthy research period that identified risks, program gaps, and community needs. Three cycles have been held at all three schools in spring 2013, fall 2013, and spring 2014 serving a total of 60 families (more than 200 children). F.A.S.T. is a collaborative prevention and parent involvement program designed to prevent substance abuse, juvenile delinquency, school failure, child abuse and neglect, mental health problems, and violence. The F.A.S.T. strategy is to reduce risk factors and build protective factors related to those problems by using a family-based model for young children and their families. Building protective factors creates resistance against failure in school, substance abuse, and other risk factors faced by children and their families.

- Partnered with Grand Island Public Schools, CHI-Saint Francis, Grand Island Police Department, Hall County Sheriff's Department, and youth-serving agencies to develop and train school and community staff to facilitate an evidence-based gang resistance/ violence prevention program called SANKOFA in GIPS Middle Schools to deter youth from being recruited into gangs, improve school success and attendance, develop relationships, build skills, and provide support. Since the spring of 2012:
  - -196 students have been enrolled ion SANKOFA
  - -130 students have graduated from SANKOFA

- Partnered with Grand Island Public Schools, Head Start/Early Head Start, Central Community College, CHI-Saint Francis, and the Grand Island Public Library to expand the Early Childhood System of Care through the development and implementation of a teen parent/pregnant teen Home Visitation and support program at Grand Island Senior High through a Sixpence grant.

- Partnered with Hall County Diversion, Region 9 Probation, and Grand Island Public Schools to develop a School Intervention Worker position to pilot a program working with adjudicated youth at Grand Island Senior High to increase attendance, improve graduation rates, and build relationships. The first School Intervention Worker started in November 2013 and has served more than 40 students per semester since that time.

- Partnered with multiple youth-serving agencies to develop Central Access Navigation for youth ages 16 to 24 who have been or are state wards in Adams and Hall County. Through the Navigator, youth can receive referrals for assistance from area agencies and access funds for basic needs, education, transportation, and other assistance.

- Trained parents and agency staff to facilitate Community Cafés and are developing a plan for implementing the Community Café process in multiple agencies.

- Received and coordinated implementation of an early childhood social-emotional development skill-building model in selected child care centers in Hall County. The project is called Rooted in Relationships/Pyramid Model.

- Successful achievement of 501(c)3 status for the H3C to serve as an independent backbone organization for ongoing collective impact collaboration.

Part IV: Priority and Strategy Selection Process

The Priority and Strategy Selection process occurred through dialogue and shared information at multiple H3C sub-committee and community planning sessions. The group built on the robust 2012-2015 Hall County Comprehensive Juvenile Services Plan that covers the spectrum from prevention to additional risk assessment to services for both pre-adjudicated and adjudicated youth. It is not intended that a plan of this depth be the responsibility of a single organization. Rather the plan demonstrates how community resources can be aligned to have collective impact on common goals.

Two key areas for action were identified for the 2015 – 2018 Comprehensive Juvenile Services Plan: 1) Issue-Based Priorities and 2) Organizational Priorities. *Issue-Based priorities* refer to the specific components of the Comprehensive Juvenile Services System that need to be developed, enhanced, or sustained. The work undertaken for these priorities reflect evidence-based or evidence-influenced programs, policies, and practices. The group will determine when developing work plans which programs, practices, and policies will be implemented.

The components of the Issue-Based priorities are interrelated and therefore impact each other.

Throughout the duration of this plan, constant review of priority areas and a process of system-wide continuous quality improvement will assist in assuring effective use of local resources.

The 2015-2018 Hall County Comprehensive Juvenile Services planning group ranked the following state-identified priorities from one to 10 and selected the top five needs of youth in Hall County for the initial focus of planning. For each priority, the group identified relevant data, resources, and gaps related to each priority. The remaining five Issue-Based Priorities and three Organizational Priorities will be addressed during the coming year and data, resources, and gaps will be identified. The priorities in order of ranking are:

1. Mental Health/Behavioral Health
   (integrated into Work Plan Priority 7)
2. School-based Programs/Education
   (integrated into Work Plan Priorities 6 and7)
3. Family Involvement/Family Driven support
   (integrated into Work Plan Priorities 1, 2, and 3)
4. Substance Abuse/Juvenile Treatment Needs
   (integrated into Work Plan Priorities 5 and 7)
5. Prevention/Access to Prevention Services
   (integrated into Work Plan Priorities 1, 2, 3, and 7)
6. Diversion
   (integrated into Work Plan Priority 4)
7. Detention/Alternatives to Detention
   (integrated into Work Plan Priority 5)
8. Juvenile Re-entry/Aging Out
   (integrated into Work Plan Priority 7)
9. Crossover between adjudicated youth and youth who are victims of abuse and neglect
   (integrated into Work Plan Priorities 4 and 7)
10. Disproportionate Minority Contact (DMC)/Equity/Bias
    (integrated into Work Plan Priority 2)

Organizational priorities refer to the structure required to work collectively to meet the issue-based priorities. These actions are needed not only for the implementation of the Comprehensive Juvenile Services Plan but for improved outcomes for related sectors (Child Abuse Prevention, out-of-school time programs, parent-child interaction).

Both the issue-based and organizational priorities are cross referenced in other plans.

As such, the Hall County Comprehensive Juvenile Services Plan is viewed as a strategic plan. It provides a big picture guidepost to systems development and change. Specific implementation activities or work plans will be determined by the group on an annual basis and as additional opportunities are presented.

PART V: Hall County Comprehensive Juvenile Services Plan 2015- 2018 Work Plan Priorities and Strategies

Issue-Based Priorities: Develop an effective, efficient comprehensive juvenile services system that provides a continuum of programs, policies, and practices to meet the needs of Hall County youth and communities.
GOAL: Decrease the number of youth involved in the juvenile justice system.

Priority 1: Maintain and enhance a quality, coordinated, integrated prevention system of evidence-based and/or evidenced influenced programs, policies, and practices.

Relevant Data: Truancy rate, Truancy Court numbers, high rates of free and reduced lunch students, high minority rate, high substance use rate, low perceived risk of harm for substance use, high juvenile crime rate, DHHS Vital Statistics, Nebraska Department of Education data, KIDS Count data, Child Well-being data.

Other Contributing Factors: Low education rates, dropout rate, graduation rates, increases in self-harm among middle school students, domestic violence at younger ages, bullying.

Resources: Crisis Center middle school girls group, out-of-school/after-school programs at Grand Island Public Library, CNCAA (Developmental Assets trainings), FAST, GISAPC Strengthening Families Program, GREAT, Child Abuse Prevention, Association for Child Abuse Prevention, Child Advocacy Center, school activities, Suicide Prevention/QPR, Region 3, Central Health Center, Health Fairs, churches, Youth Leadership development programs, 40 Developmental Assets, Results-based Accountability, Protective Factor Surveys, Crime Commission Case Management tools

Gaps: Youth, families, and professionals often don't know what resources are available, Transportation, Flexibility in the hours, days, and locations services are offered, Community Awareness.

Strategies

1.1 Use Service Array or an equivalent assessment tool; assess the system on a regular basis for accessibility, quality and quantity of prevention services.
1.2 Develop a community-wide approach and foundation to promote 40 Developmental Assets.
1.3 Develop a mechanism to measure the unduplicated number of children, youth, and families who are engaged in the programs.
1.4 Develop and sustain a continuum of prevention services and for youth without prior law enforcement or court contact (i.e. affordable quality out-of-school time programs, delinquency prevention resources, substance abuse prevention, internet and cell phone safety, violence prevention, sexual activity/youth pregnancy including but not limited to after school clubs, sports, 4H, FFA, church youth groups, Scouts, cognitive programming, etc.)
1.5 Develop and sustain a continuum of Parent-Child Interaction Programs, policies and

practices across the prevention age span.

1.6 Use common evaluation tools to measure outcomes.

1.7 Develop shared evaluation and continuous quality improvement processes for the prevention system.

<u>Priority 2:</u> Maintain and enhance violence prevention interventions for targeted high-risk populations of youth. (PREVENTION)

<u>Relevant Data:</u> Truancy rate, Truancy Court numbers, high rates of free and reduced lunch students, high minority rate, high substance use rate, low perceived risk of harm for substance use, gang involved youth, and high juvenile crime rate.

<u>Other Contributing Factors:</u> Adult gang members, high rate of juvenile gang involved criminal activity, low education rates among adults, low unemployment rate, low skilled work force, and low social economic status.

<u>Resources:</u> SANKOFA, Beyond SANKOFA, FAST, Crisis Center, Child Advocacy Center, Grand Island Police Department Gang Unit, GREAT program, Sixpence (early childhood home visitation program for pregnant and parenting teens).

<u>Gaps:</u> Limited number of evidence-based programs available, duplication in services.

<u>Strategies:</u>

2.1 Develop a comprehensive screening and assessment process to assure effective targeted interventions using common tools for screening, assessment, and family-centered practice.

2.2 Develop and sustain a continuum of evidence-based and evidence-influenced programs for parents and pre- gang youth.

2.3 Identify and coordinate with other violence prevention programs in Hall County (bullying, dating violence, etc.).

<u>Priority 3:</u> Implement a continuum of cost effective promising practices, programs, and policies for gang members and their families/caregivers. (GANG PREVENTION – INTERVENTION)

<u>Relevant Data:</u> Truancy rate, Truancy Court numbers, high rate of free and reduced lunch students, high minority rate, high substance use rate, low perceived risk of harm for substance use, gang involved youth, and high juvenile crime rate, repeated contacts with law enforcement, numbers in diversion, reports from human service agencies.

<u>Other Contributing Factors:</u> Adult gang members, high rate of juvenile gang involved criminal activity, low education rates, low unemployment, low skilled work force, and low social economic status.

Resources: Families Care – Family Navigators, SANKOFA and Beyond SANKOFA, Community Cafes, CASA, Common Sense Parenting, Circle of Security, Nebraska Family Hotline, Strengthening Families, ACAP Parenting Classes, FAST, in-home services, Gang Resistance Education And Training (GREAT), GIPD Cyber Investigator and Gang Units, Statewide Gang member tracking system, Gang Unit, support the GIPD School Resource Officers' (SRO) efforts to contact high risk potential youth gang recruits.

Gaps: Limited family economic and financial resources, few resources in multiple languages, youth, families, and professionals often don't know what resources are available, transportation, an effective referral process to programs that do exist in Hall County.

Strategies

3.1 Support communitywide primary prevention system and efforts that promote gang resistance.
3.2 Identify, implement, and evaluate an array of promising secondary prevention programs, policies, and practices for youth at high risk of gang involvement or gang membership.
3.3 Research and implement gang intervention strategies for gang-involved youth, families, and siblings.
3.4 Coordinate and identify targeted suppression strategies for serious and chronic youth gang offenders.

Priority 4: Maintain and enhance the Hall County Juvenile Diversion Program

Relevant Data: Screen referred youth for Diversion eligibility, NCJIS diversion and criminal history report and Hall County Attorney's criminal Case Management System.

Other Contributing Factors: State law changes to law enforcement requirements with regard to youth arrests and criminal behavior.

Resources: Expanded office space, adequate number of staff, School Intervention Workers at high school and two middle schools, Nebraska Crime Commission funding, successful merging of Diversion into the Hall County Attorney's office.

Gaps: Need to track crossover youth involved in both diversion/probation and those that have been a state ward due to abuse or neglect.

Strategies:

4.1 Assure adequate staffing and program resources
4.2 Design, fund, and evaluate for effectiveness and sustainability (Coordinate efforts with Hall Co. Attorney's Office to identify and refer potential Diversion eligible youth)
4.3 Explore options for addressing chronic absenteeism among youth grades 6 through 12
4.4 Provide program compliance opportunities to diversion youth and their guardians, "Street Laws" class, "Early Pathways" class, substance use programming referrals, mental health referrals, behavioral modification and cognitive classes which include decision making,

anger management, etc.

4.5 Strengthen the collaboration with community prevention programs and District 9 Probation

4.6 Monitor the number of crossover youth involved with both juvenile justice system and that have been or are, state wards due to abuse and neglect

Priority 5: Develop an array of juvenile detention alternatives.

Relevant Data: Truancy rate, Truancy Court numbers, high rate of free and reduced lunch students, high minority rate, high substance use rate, low perceived risk of harm for substance use, gang involved youth, high juvenile crime rate, school surveys (SHARP, Four Core Measures), Court records, Crime Commission statistics.

Other Contributing Factors: Limited local detention alternatives, low social economic status, and cost of in-home family support programs, limited service array knowledge, limited juvenile services (i.e. substance abuse treatment programs). Significant issues discussed during planning:

- Juvenile arrest rates have decreased because of changes in state law, not necessarily because fewer youth are engaging in criminal activity.
- Gang membership numbers have decreased.
- The number of youth cited for alcohol and drug possession is increasing.
- Probation intakes occur only if the youth may need to be detained so this is a low number and not an accurate reflection taken alone.

The 2014-2015 Crisis Center self-report survey of girls at Barr and Walnut middle schools indicates that there are a large number of girls using drugs and inflicting self-harm on their bodies.

Resources: CNCAA – prevention and intervention programs, Student Wellness Center, CHI-Saint Francis Alcohol, Drug, Treatment Center, Region 3, Mid-Plains and MST

Gaps: Resources are scarce, few long-term resources, CHI-Saint Francis youth treatment services are out-patient only, sharing information across sectors is challenging due to confidentiality or sealed records, no dual-diagnosis programs, funding, no residential/intensive out-patient treatment that fits where youth are developmentally in their lives, limited family involvement, and collecting and tracking accurate and effective data is an issue.

Strategies

5.1 Review array of services, outcomes based on data, usage, and reasons for detention

5.2 Identify options and need for all types of detention services for youth

5.3 Enhance the use of local resources through contractual relationships to provide options for detention when feasible (Boys Town Shelter, Mid-Plains Center, and GISH Wellness Center)

5.4 Monitor and enhance the School Intervention Worker role

5.5 Assess effectiveness of treatment and non-treatment programs for youth.

Priority 6: Develop an array of options for Problem-solving Courts

Relevant Data: Absenteeism data from public schools, recidivism rates for Diversion and Probation, graduation/dropout rates, teen pregnancy rates, free and reduced meal rates, homeless/near homeless youth and families

Other Contributing Factors: Transportation
Resources: School Resource Officers, School Intervention Workers in Grand Island Senior High and at Walnut and Barr Middle Schools, School Social Workers, Truancy Court for K – 8th grade students, FAST, SANKOFA, Common Sense Parenting, ACAP Parenting Classes, Crisis Center support group for identified high-risk middle school females, SKILLS Academy, Ombudsman, PASS Program, School-based WRAP and Co-Op for Success, School Wellness Center, Teen Chat, TeamMates, BBBS, Extracurricular school activities, Grand Island Public Schools Foundation, Grand Island Community Foundation Discovery Kids, Kids Power, Career Pathways Institute, GISH Wellness Center, Success Academy, DHHS Community Resource Guide, Out-of-School time program matrix, and Services Array.

Gaps: Current access to programs – what programs are available, how many youth are participating, how are we evaluating effectiveness? Resources needed for out-of-school and after-school programs. An effective way to capture the information about what is available and can data be separated according to primary, secondary, and tertiary prevention? Transportation. Costs and fees.

Strategies

6.1 Review array of services, usage and outcomes annually
6.2 Explore options for expansion of Absenteeism Problem-solving Court past 9th
6.3 Revisit options for Family Drug Problem-solving Court

Priority 7: Develop and implement evidence-based community programs and services designed for targeted at-risk youth (INTERVENTION)

Relevant Data: Truancy rate, Truancy Court numbers, high rate of free and reduced lunch students, high minority rate, high substance use rate, low perceived risk of harm for substance use, gang involved youth, and high juvenile crime rate. YRBS surveys, Student Wellness Center referrals, data from Mid-Plains, SHARP, Region 3 data, DHHS, UNMC Research

Other Contributing Factors: Increases in mental health issues among youth, increases in self-harm among middle school girls

Resources: Probation group programming, SWATT, Truancy Court, SRO, Low, Intermediate, and High Risk specialized Probation Officers, Juvenile Probation Service Coordinator, Juvenile Voucher program, cognitive programming, MRT, tracking, E.M, School Intervention Worker and School Social Workers, Mental Health First Aid for Youth, Region 3, School Intervention, Central Access Navigation, CNCAA, CHI- Saint Francis ADTC, Boys Town, Nebraska Family Helpline, Early Development Network, H3C primary prevention programs, SKILLS-GIPS,

home-based services, Region 3

Gaps:

- We have a need to track the number of crossover youth involved with law enforcement that have also been a state ward due to abuse or neglect.
- For youth under age 12, there are few inpatient resources and no Medicaid coverage.
- Limited intensive mental health services for youth.
- High cost/fees for services.
- Transportation issues.
- Confusion between agencies about payment responsibilities for youth services.
- Lack of consistent and adequate funding.
- Telehealth availability is underdeveloped.
- No Crisis Stabilization Unit for youth.
- Foster care placement shortage.
- High risk youth are usually covered but there is no place for Crisis Stabilization.
- Gaps in available out-of-home services.

Strategies

7.1 Review array of services, usage, and outcomes annually.
7.2 Maintain and enhance day-reporting services.
7.3 Explore options for addressing chronic absenteeism among youth grades 9 – 12.
7.4 Integrate Behavioral Health System of Care planning to reduce duplication of services to enhance the system.
7.5 Address the increase in cross-over cases with abuse and neglect.
7.6 Address Juvenile Re-entry into the criminal system and issues associated with aging out of foster care.

Organizational Priorities

Goal: Increase the effective, efficient, collaborative organization that enhances use of community resources toward outcomes for youth.

Priority 1: Maintain an effective backbone organization to assess, plan, and implement for collective impact.

Relevant Data: 2009 Service Array to identify gaps and needs in the prevention and intervention system of care, H3C meeting notes and updates, 2014 Hall County Child Well-Being Indicators Assessment

Other Contributing Factors: Stanford Review of Collective Impact

Resources: Nebraska Children and Community Foundation, H3C membership and sub-committees, Heartland United Way, Other community/county agencies and services, coordinated evaluation processes, Annual H3C Evaluation and Child Well-being Indicators Updates

Gaps: Involvement from businesses and elected officials in prevention/intervention system work, active participation from all Hall County schools in Doniphan, Wood River, Cairo, and Grand Island.

Strategies

1.1 Establish an open and inclusive structure based on a common vision for Hall County.
1.2 Ensure county-wide participation, information distribution, and dialogue in plan implementation.
1.3 Assure sound principles of management and accounting.
1.4 Assure effective coordination and continuous communication.
1.5 Identify and establish common data systems.
1.6 Cross reference assessments and plans to develop mutually reinforcing activities.
1.7 Braid resources and efforts for effective outcomes.
1.8 Evaluate collaborative capacity.

Priority 2: Develop an effective system for monitoring Disproportionate Minority Contact

Relevant Data: Arrest data from the Nebraska Crime Commission, race and/or ethnicity in Hall County Juvenile Diversion and Region 9 Probation, race/ethnicity of youth referred to Absenteeism Court/ Detention/DHHS

Other Contributing Factors: Demographic ethnic and racial minority data-2010 Census

Resources: Hall County Community Collaborative (H3C), H3C 0 – 5 System of Care Subcommittee, H3C 6 – 11 Subcommittee, H3C 12 – 18+ Subcommittee

Gaps: Accurate numbers of juvenile arrests by race or ethnicity, a baseline measurement, a plan for addressing DMC, effective measurement of juvenile arrests by race or ethnicity

Strategies

2.1 Receive and review state DMC report.
2.2 Provide community information on DMC.
2.3 Educate professionals and juvenile justice system of DMC factors.
2.4 Hold community dialogues based on the Annie E. Casey Foundation Juvenile Detention Alternative format.
2.5 Evaluate information and education efforts to measure for impact.
2.6 Identify and institute interim actions such as translating forms to Spanish or providing interpreters.

Priority 3: Maintain effective data collection systems

Relevant Data: Child Well-being Indicators, Annual H3C Evaluation for Nebraska Children

Other Contributing Factors: Every youth-serving agency collects data. Unfortunately it is not

collected or reported in a common manner.

Resources: Protective Factor Pre-and Post-Surveys, Protective Factor Retrospective Survey, Program and collaboration evaluations and reports from Schmeeckle Research, Inc., student school I.D. numbers for tracking, SHARP Youth Surveys and Four Core Measures Survey

Gaps: Agencies collect different data for a variety of programs so the consistency of data often varies by agency. There are challenges with sharing information across sectors due to confidentiality or sealed records, and with duplicated data.

Strategies

3.1 Identify data needs to be collected and shared.
3.2 Research common data collection systems that will enhance capacity to monitor outputs and outcomes.

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Verna Haberman	vhaberman@gips.org	Grand Island Public Schools
Yolando Nuncio	ychaveznuncio@lfsneb.org	Lutheran Family Services

H3C Planning Committee Attendance List										
Name	**Agency**	**Email**	**10/1/14**	**11/19/14**	**12/5/14**	**12/17/15**	**2/6/15**	**3/20/15**	4/27/15	5/26/15
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Hall Co. Juvenile Arrests 2000 - 2013
AGENCY: Hall CO. S.O. NE, State Patrol
AGE: JUVENILE (0-17 yrs.)
Result Set: 9617 records found

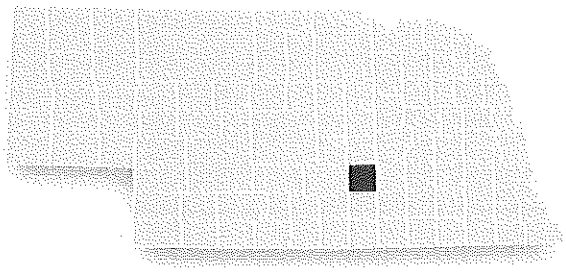
Offense	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
Larceny	206	171	117	139	139	141	131	108	149	252	196	251	240	140	2380
All Other Offenses (except traffic)	93	91	64	53	49	61	60	52	58	45	223	198	181	153	1381
Liquor Laws	96	59	65	113	79	72	97	113	116	130	108	126	93	96	1363
Simple Assault	142	106	52	51	44	47	67	54	79	95	74	92	99	85	1087
Vandalism	175	74	12	34	25	38	38	30	68	80	98	97	68	62	899
Drug Abuse Violations	57	66	46	67	51	70	70	39	63	68	63	45	45	39	789
Disorderly Conduct	38	23	25	20	31	26	13	14	37	50	9	42	26	13	367
Burglary	24	16	3	5	8	8	8	9	25	17	29	40	12	7	211
Driving Under the Influence	14	16	13	14	13	23	16	14	14	12	19	7	9	10	194
Curfew (Juvenile only)	17	18	2	14	5	24	18	11	20	9	5	7	7	0	157
Sex Offenses (except rape and prostitution)	47	13	6	4	8	7	7	15	10	3	1	2	0	2	125
Aggravated Assault	17	21	8	9	4	3	5	4	12	11	5	5	8	1	113
Weapons	19	9	7	11	10	3	5	3	10	9	4	11	4	6	111
Stolen Property	22	17	2	2	4	2	6	2	13	16	5	4	0	0	95
Motor Vehicle Theft	5	14	10	7	5	4	6	4	7	6	4	10	7	4	93
Runaway (Juvenile only)	43	34	0	2	2	0	3	0	0	4	0	0	0	0	88
Fraud	9	1	0	2	8	0	4	3	2	2	1	4	6	5	47
Forgery and Counterfeiting	5	17	0	1	0	1	1	0	0	1	3	2	2	2	35
Arson	2	0	0	3	0	6	3	0	0	3	1	2	5	0	25
Forcible Rape	1	0	0	0	1	2	1	0	0	0	2	2	7	7	23
Robbery	0	2	1	0	0	2	4	2	1	2	2	4	1	0	21
Offense Against Family and Children	4	3	0	0	0	0	1	1	1	2	1	0	0	0	13
Totals	1036	771	433	551	486	540	564	478	685	817	853	951	820	632	9617

http://www.ncc.nebraska.gov/statistics/data_searchy/arrest_crosstab

voices for children IN NEBRASKA

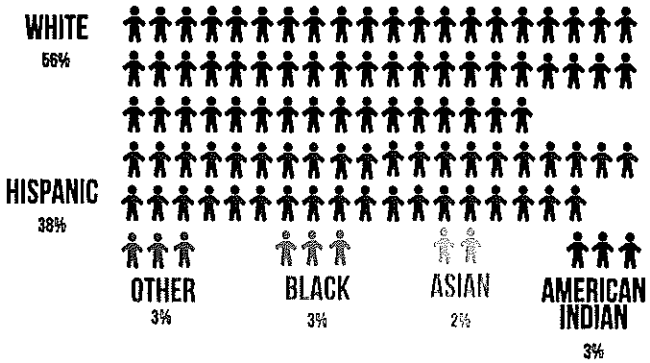
2014 KIDS COUNT IN NEBRASKA

HALL COUNTY

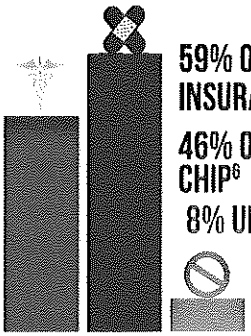


TOTAL POPULATION: 60,720[1]

17,846 KIDS[2,3]



HEALTH



59% ON PRIVATE INSURANCE[7]

46% ON MEDICAID/ CHIP[6]

8% UNINSURED[5]

CHILD WELFARE

3 IN 1000 EXPERIENCED MALTREATMENT[1, 13]

13 PER 1000 CHILDREN IN OUT OF HOME CARE[1,14]

ECONOMIC STABILITY

73% OF KIDS UNDER 6 WITH BOTH PARENTS IN WORKFORCE[8]

$10.00 FAMILY BOTTOM LINE HOURLY WAGE[15]

18% KIDS IN POVERTY[3]

25% ENROLLED IN SNAP PROGRAM[4]

EDUCATION

$1,001 PER MO. AVG. CHILD CARE EXPENSES[9]

70% 3RD GRADE READING PROFICIENCY[10]

JUVENILE JUSTICE

92 PER 1000 JUVENILE ARRESTS[1, 11] AGES 10-17

86 IN ADULT COURT[12]

[1,2] US Census ACS 2008-2012 Estimates Table B01001
[3] US Census ACS 2008-2012 Estimates Table B17006B-I
[4] DHHS Financial Services Program 2013
[5] US Census ACS 2008-2012 Estimates Table B27001
[6] DHHS Financial Services Program 2013
[7] US census ACS 2008-2012 Estimates Table B27002
[8] US census ACS 2008-2012 Estimates Table B23008
[9] Family Bottom Line Report 2014. Monthly cost for 1 infant, 1 preschooler
[10] Nebraska Department of Education 2012-13 school year NESA scores : School districts with masked data were not included in averages.
[11] Nebraska Commision on Law Enforcement & Criminal Justice
[12] JUSTICE Administrative Office of the Courts, 2013
[13] DHHS, 2013 * Number of substantiated victims
[14] DHHS, Dec. 31, 2013
[15] Family Bottom Line Report 2014 : Hourly wage for 2080 hours of work for 2 adult, 1 infant, 1 preschooler family.

Hall County Community Collaborative

Child Well-Being Annual Evaluation Report

12-month Report

July 1, 2013 - June 30, 2014

Schmeeckle Research Inc.

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Hall County Community Collaborative 12-Month Evaluation Report

July 1, 2013 – June 30, 2014

DEMOGRAPHIC INFORMATION

Table 1 below outlines the numbers of children and families served by the Hall County Community Collaborative (H3C) between July 1 and December 31st, 2013.

Table 1. Demographic Information

Overall Summary of Children and Families Served			
Number of Families Served Directly	90	Number of Families Served Indirectly	95
Number of Children Served Directly*	220	Number of Children Served Indirectly	194
Number of Parents with Disabilities Served Directly	unknown		
Number of Children directly served with Disabilities**	16		
Number of First Time Children with Substantiated Child Abuse who were directly served**	1		

*More than one touch point with children and families and duplication may occur if, for example, a youth participates in both FAST and SANKOFA.
**School Intervention Program Only

RESOURCES OBTAINED

H3C was able to leverage the following funds between July 2013 and June 2014. Hall County was also funded for a Federal Qualified Health Center that opened in February 2014. H3C sponsored the showing of the movie "Inequality for All", combining resources from H3C, the Association for Child Abuse Prevention, and Voices for Children. There were 82 people in attendance and about $1,000 leveraged to show and promote the movie.

Table 2a. Funds Leveraged

Collaborative Priority Area	Collaborative Role	Source	Funding Year	Amount
Early Childhood Home Visitation (Sixpence - Susan Buffett Foundation)	0 – 5 Subcommittee priority, develop early childhood home visitation system	Grant	2013	$150,000

Collective Impact Backbone Organization	Common Vision, Assessment and Planning, member communication, aligning resources, evaluation, data, identifying policies. Collective Accountability.	NCFF CBCAP	7/1/13-6/30/14	$30,000
Physical, Social and Emotional/ Parenting Education/ Violence Prevention (Families and Schools Together, Children 4-10 and 11-18)	System of Care 0-5 Assessment, Planning. Committee, contract for implementation, collective accountability, align resources	NCFF PSSF	10/1/2013 – 9/30/2014	$30,000
School Community Partnerships (NCFF - FAST Addendum)	System of Care 6 – 11, Assessment, Planning. Committee, contract for implementation, collective accountability	NCFF PSSF	7/1/2013 – 6/30/2013	$15,000
School Community Partnerships NCFF - School Intervention Grant (i.e., Community Response)	System of Care for Older Youth 12 - 18, Assess, plan, positive youth develop, common data, common reporting	NCFF-CR (Community Response)	7/1/2013 – 6/30/2013	$40,000
Collaborative Capacity NCFF - CBCAP Addendum	This consultant role supports the backbone organization and the Collaboration through technical assistance and supports for consistency in planning, aligning resources, resource development, evaluation and development.	Contracted Technical Support	7/1/2013 – 6/30/2013	$20,000
Positive Youth Development SANKOFA (private)	System of Care for Youth 6 – 11, 12 – 18, Assess, plan, positive youth develop, common data, common reporting	Aligned resources	7/1/2013 – 6/30/2013	$23,569
Positive Youth Development SANKOFA (federal)	System of Care for Youth 6 – 11, 12 – 18, Assess, plan, positive youth develop, common data, common reporting	Aligned resources	7/1/2013 – 6/30/2013	$15,855

Collaborative Capacity NCFF – Consultant	This consultant role supports the backbone organization through technical assistance and supports to backbone organization for planning, aligning resources, resource development, evaluation and development.	Contracted Technical Support	7/1/2013 – 6/30/2013	$12,000 (estimated)
NCFF – External Evaluation	This consultant role provides external evaluation for NCFF funded initiatives in the Panhandle. This work includes: data reports, compilation and reporting of parent and user surveys, RBA frameworks, program evaluation design.	Contracted Technical Support	1/1/2013 – 12/31/2013	$9,500
Project Everlast Positive Youth Development and Social emotional for older youth (Heartland CASA)	Assess, plan, integrate youth system and services, Youth Council, Youth Leadership, contract for coordination.	Aligned resources (NCFF)	7/1/2013 – 6/30/2013	$36,000

Table 2b. Funds Aligned

Organization	Collaborative Priority Area and Collaborative Role	Type	Funding Year	Amount
BBBBS- System of Care for Older Youth – Juvenile Justice System – A direct result of the collaboration and the juvenile justice plan. DOL/ETA grant for youth to work mentoring	H3C was described in detail in the grant application to show the strength of collaboration in Hall County. H3C members met with BBBS National representative to discuss the role of the collaboration in the project and the role of individual member agencies. The project aligns with Child Well-being priorities of improving high school graduation rates and providing mentoring for youth.	Department of Labor	January 2013	$105,000
Mid-Plains Center for Behavioral Health	Grant awarded to implement 2 MST-CM teams to provide MST services to youth, which was identified as a need in the Hall County Juvenile Justice Comprehensive Plan.	Nebraska Crime Commission	Awarded May 2, 2014	$92,439

TRAINING ACTIVITES

The collaborative provided leadership with expansion of Early Childhood Home Visitation Programs through training, local assessments and planning for Hall, Buffalo and Dawson Counties with the state. The results led H3C to collaborate on multiple home visitation program applications for Hall County. The one direct training activity conducted by the collaborative is described below.

Table 3. Training Activities

Professional Training for specific Child Well-Being Strategies, e.g. PCIT, FAST			
Date(s)	**Training Topic/Description**	**# of People Attended**	**# of Organizations Participated**
1/7/2014	FAST Team Training	7	4
5/14/2014	FAST Team Training	5	3

Training for Communities (Either Parent or Professional)			
Date(s)	**Training Topic/Description**	**# of People Attended**	**# of Organizations Participated**
January 2014	SANKOFA Parenting Training	7	1
June 24, 2014	NCFF sponsored Outcome Accountability training with Friends	1	1

Training that Enhances Collaborative System			
Date(s)	**Training Topic/Description**	**# of People Attended**	**# of Organizations Participated**
June 3-4	FSG training in Lincoln regarding Collective Impact	2 from Hall County	2
May 13	H3C Subcommittee Facilitator training	8	6

POLICY INFLUENCED

H3C was involved in influencing the following policies in 2013-2014.

Table 4. Policy Influenced

Policy that was influenced and role of Collaborative.	State or Local Policy
The community was selected as a pilot site for implementation of Alternative Response with the Department of Health and Human Services. One of the selection criteria was community capacity.	State
SANKOFA initiated additional tracking of students by Grand Island Public Schools.	Local
Hall County was identified as a potential site to develop a Public Private Partnership for Older Youth to expand the supportive system of care for youth ages 14 - 24	State

SUMMARY OF EACH PREVENTIVE STRATEGY SUPPORTED BY CHILD WELL BEING

FAMILIES AND SCHOOLS TOGETHER (FAST)

Families and Schools Together (FAST) is a parent-child evidence based project for children moving from preschool to kindergarten and for elementary aged children and their families. Student/parent outcomes for FAST include improved attendance, improved learning, improved school behavior and promotion of protective factors. The FAST Goals are: enhance family functioning; prevent child from experiencing school failure; prevent child abuse and neglect; prevent substance abuse by the child and family; and reduce stress that parents and children experience from daily life situations.

Table 2. FAST Demographic Information

Strategy: FAST			
Number of Families Served Directly	60	Number of Families Served Indirectly	NA
Number of Children Served Directly	60	Number of Children Served Indirectly	191
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	13
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	10
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

Evaluation Findings

The evaluation reports from the FAST implemented in Grand Island during the fall 2013 cycles at Howard, Knickrehm and Dodge schools were submitted to NCFF and UNMC - MMI. Spring evaluations will be submitted when available in August.

The FAST evaluation collects parent surveys for each school. Highlighted results from the fall evaluation are located in Table 3. Parent survey results indicated improvement in family relationships, relationship with child, parent/school relationship and social supports.

Table 3. FAST Spring Evaluation Results Summary

School	Number of Families Participating*	Number of Families Graduating**	Percent of Parents Reporting Improvements in…			
			Family Relationships	Relationship with FAST Child	Parent School Involvement	Social Support
Knickrehm Elementary	9	5	100%	40%	100%	40%
Howard Elementary	12	10	75%	80%	80%	60%
Dodge Elementary	10	6	83%	83%	50%	67%

*Participating families attended at least one session.
**Graduating families attended at least 6 of the 8 weekly sessions.

Protective Factor Survey. The *FRIENDS Protective Factor Survey* (PFS) was used to measure parent protective factors. The PFS The examined four factors including:

- Supporting family functioning and parent resilience (how families communicate and support each other)
- Accessing social support (have others to talk with or who can support them)
- Demonstrating attachment and nurturing behaviors (enjoy their child)
- Knowledge of child development

The tool is set up on a 1-7 scale, with 7 indicating that positive family supports and interactive parenting were consistently evident.

All parents that were assessed from July 1, 2013 through June 30, 2014 are included in these analyses. Families were asked to complete a retrospective pre-post survey. A total of 14 parents completed the pre-post surveys. The results found that parents on average scored within the mid-high range. Parents made the most progress in the areas of parent resilience and nurturing and attachment. There were slight decreases in their access to concrete supports.

Table 4. Summary of Parents' Responses to Protective Factors Survey: Pre-Post Comparison of Participation in FAST

Agency	Number of Surveys	Family Functioning/Parent Resilience	Social Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	14	5.17	5.14	5.93	5.40	4.17
Post	14	5.50	5.24	6.29	5.63	4.10

Accomplishments

In the fall cycle, many families had perfect attendance or only missed one day. The commitment from families has been evident and this is also reflected in parents wanting to continue the FAST experience in FAST Works. All three sites have FAST Works running. The sites are combing the graduating FAST cycles from the 2012-2013 school year with the graduating cycles from the 2013-2014 school year into one large FAST Works at each school.

In the spring cycle a new school site was added in Grand Island. The core team from Knickrehm elementary transferred to Jefferson elementary to bring the FAST program to this school. The first implementation of FAST at this new school site was well received. Now there are four school sites that have working FAST teams and ongoing FAST Works for parents.

Specific and individual successes are as follows:

- There are many success stories with FAST. Overall, the greatest success is watching families develop and become stronger units. Parents are learning the skills they need to become better parents and to interact with their children in positive ways that help their children become secure and stable, which in turn allows children to actively engage in home and school.
- A mom told a school partner the following: "Before coming to FAST I had never been involved in my kid's school before. I was scared to come into school and scared of the principal and the teachers. Now I feel like I can talk to the people at school and that they will help me with problems. I feel much better about getting involved and I hope I can keep staying involved in school!"
- Another mom shared in parent time the following: "I have met other parents who can help me with the things I am struggling with. I have never had other parents I can turn to before."
- From a FAST School Partner: "The support the parents get from each other is something that will help them when FAST is over. I have seen them form really strong friendships with each other, and they have developed a sense of community that was not there in the beginning."
- One mom reports that through involvement in FAST she has made some decisions to further her own education and is looking for employment. Another mom shared how FAST has helped her develop a better relationship with her son and with her older children. All of her kids came to the FAST meetings and they all had a great time!

- Another parent said she is struggling with being a single mom and found that the parent's support group has helped her to be able to share, and reduce her overall feelings of anxiety. She remarked that, she did not know how she would have been able to cope with all of the pressures she was under if it were not for the parent's support group.
- One of our FAST parents remarked that she was very thankful to all the FAST team members for all of the encouragement and support they gave her. She is also very thankful for the connections she has made at her child's school. She said, "I would not have been able to get to know all of these people if it were not for FAST."
- A FAST dad said he was grateful for the help with his children. He said, "I feel more connected to my kids and I have a better relationship with them now than I had before I came to FAST."
- Another mom stated, "I felt like I could talk about anything in the parents' group and no one would judge me or what I said. I feel like I will always be friends with my FAST family."
- We had FAST Training for some of our new FAST Team and we were able to add a new FAST school. FAST Works is really getting underway and it is wonderful that we now have FAST Works running at four different school sites.
- From a FAST School Partner "The parents love to meet together and have that time to talk amongst themselves. This seems to give them the support they need to get through lots of trials and difficulties they face in life."
- One FAST mom said, "I love everything about FAST. My kids love coming and I have learned how to play with my son, who was difficult for me before I started coming to FAST."
- Another FAST mom commented, "I feel a lot closer to my child's school and to her teachers now that I have gone through FAST. Prior to coming to FAST I was scared to go to the school or to talk with the teachers or principal. Now, I feel like I am a part of the team."
- One of the FAST parents made the comment "The FAST Team members always made us feel welcome and were very helpful. I have made a lot of new friends through FAST."
- One of the FAST parents remarked, "I feel so much closer to my kids and as a family than I did before I came to FAST. I am very grateful to have had this experience."

School Intervention Program (i.e., Community Response Grant)

Grand Island Public Schools coordinates the School Intervention Program at the Grand Island Senior High and collaborates with DHHS, Juvenile Diversion, and Nebraska Probation. Together, they identify youth that are adjudicated and at risk of becoming involved in a higher level of care due to truancy, academic progress, or risk of failure and drop out. Eligible youth will have the capacity to improve academic success and reduce truancy with a limited amount of support and supervision to sustain accountability.

Table 5. School Intervention Program Demographic Information

Strategy: School Intervention Program			
Number of Families Served Directly	30	Number of Families Served Indirectly	3
Number of Children Served Directly	30	Number of Children Served Indirectly	3
Number of Parents with Disabilities Served Directly	Unknown	Number of Staff participating	1
Number of Children directly served with Disabilities	16	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served	1		

Accomplishments and Challenges

Youth at Grand Island Senior High are referred through the SWAAT (Social Work Academic and Attendance Meetings) that are held at Grand Island Senior High School every Thursday. Every attending agency; whether it be Diversion, Probation, HHS, social workers, or school administration; sit down and discuss some of the difficult youth who have challenging situations. The agencies agree if a youth would benefit from more support or an extra set of eyes on them, the youth is then referred to the School Intervention Worker. The Worker meets with the youth, on a regular basis (varies per individual need), visit with their families, attend Individual Education Plan (IEP) meetings, and monitor their daily attendance and needs.

The program has assisted youth with "saving grades," and visiting with teacher's to allow an extra opportunity for credit or to bring their grades to passing. The program has also helped the school to develop a safety plan with some of the court involved youth that have behavioral issues, and to have the Worker assist and visit with the youth when things are escalating. The program has also developed rapport with the court involved youth to talk to the Worker when having issues and help in connecting them, and their families, to appropriate resources. All of these interventions have been a great success with Grand Island Senior High youth.

The program is being recognized by other youth as a safe place to seek help. Other high-risk youth stop by the program staff office to visit and talk and seek the director out for assistance even though these students have not been referred to the program.

The program director attended the Nebraska Juvenile Justice Conference that was held in Kearney, Nebraska on May 7th through 9th.

Challenges facing the program this past year that have been corrected. First the staff office was not centrally located within the building so all students had easy access to staff. The other issue that has been addressed was that some students moved out of the building to other programs in the district and were dropped from the program. This has been corrected and students in the program will be followed to other buildings the coming school year.

Evaluation Findings

In the fall of 2014, the program will be developing a Results Based Accountability matrix to determine program outcomes and measures. Assessments will be determined and/or developed as well.

SANKOFA

The SANKOFA Youth Violence Prevention Program is a strengths-based, culturally tailored preventive intervention. The goal of the school-based intervention is to equip youth with the knowledge, attitudes, skills, confidence, and motivation to minimize their risk for involvement in violence, victimization as a result of violence, and other negative behaviors, such as alcohol and other drug use. The intervention promotes resilience and survival in difficult and even life-threatening situations. SANKOFA includes 24 modules. For the Beyond SANKOFA Program, 6-weeks of booster classes were conducted and the group continues to meet weekly.

In Grand Island SANKOFA is used as a prevention program and mandatory diversion program operating at four levels: (1) grade school level program for prevention of gang recruitment, (2) middle school level program for prevention of gang recruitment, (3) police intervention and diversion for intervention in gang activity, and (4) court diversion and sentencing for intervention and treatment of violence and gang activity. The SANKOFA program in Grand Island also offers training and education for parents.

Population Targeted: Middle school youth in the Grand Island Public School District (i.e., Barr, Walnut and Westridge)

Table 5. SANKOFA Demographic Information

Strategy: SANKOFA			
Number of Families Served Directly	0	Number of Families Served Indirectly	92*
Number of Children Served Directly	130**	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	10
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

*92 (12 whose child continues to participate in Beyond SANKOFA and 14 have participated directly in parent training)
*130 (92 have graduated and 24 continue to participate in Beyond SANKOFA) we continue to track 107 students in middle school and high school; 23 students have left school or have moved out of the area)

Evaluation Findings

Evaluation: Five indicators are used to measure success: (1) graduation from the program, (2) increasing personal assets, (3) improved attendance, (4) improved grades and grade level

advancement, and (5) staying in school and avoiding a police record. So far the program is on track to meet all five measures.

Program objectives are listed in Table 5 below for year 1 and year 2. All program objectives exceeded the 3-year targets.

Table 5. SANKOFA Outcomes

SANKOFA Baseline Measures Total Year 1				
Improvement Objectives	**3-Year Target**	**Succeeded**	**Total**	**Percent**
Complete SANKOFA program	70% of 180 recruits	37	60	61.7%
Improvement in personal skills	60% of graduates	36	60	60.0%
Improve attendance at school	50% of graduates	30	38	78.9%
Improve grades	50% of graduates	30	38	78.9%
Stay in school	50% of graduates	35	36	97.2%
Stay out of trouble	50% of graduates	29	36	80.6%
SANKOFA Baseline Measures Total Year 2				
Improvement Objectives	**3-Year Target**	**Succeeded**	**Total**	**Percent**
Complete SANKOFA program	70% of 180 recruits	55	70	78.6%
Improvement in personal skills	60% of graduates	55	70	78.6%
Improve attendance at school	50% of graduates	46	55	83.6%
Improve grades	50% of graduates	41	55	74.5%
Stay in school	50% of graduates	51	55	92.7%
Stay out of trouble	50% of graduates	42	55	76.4%

Accomplishments and Challenges

Aside from having almost 100 youth participants already, a major accomplishment was creating the referral system that includes Police Resource officers, school counselors, social workers, and Hall County Juvenile Services. Through the collaboration of these agencies SANKOFA is both a prevention and intervention program for youth in grade school through high school.

We did have a class of youths at Westridge do a rap song about SANKOFA that they performed at graduation. We also have had at least two or three youths ask to retake the class after we kicked them out for behavior issues. We also have one freshman girl that took SANKOFA in its first year that made the honor roll. I also have this report from Jim Duering, head of Grand Island Police Gang Task Force who reports that the number of active gang members is down (they were tracking about 150 at the time we applied for the grant) and that the violent type of crime is down. He cautions, though, that both of these trends are cyclical by nature.

"According to our records, the number of gang members is at about 300. However, the number of active members is probably closer to 100 [form 150]. My explanation for this is that there is a high number of documented members incarcerated currently (the round up and other enforcement efforts). There is always some recruiting and "back staffing" when this occurs which results in a larger number on the books as incarcerated members aren't removed. However, the number of members active in our community was down significantly and has edged up only slightly this year by my estimation.

The number of identifiable gangs has increased slightly to around 9 [up from six but fewer members in each gang]. Again, this is attributed to the fragmentation of pre-existing gangs, and smaller gangs forming in a scramble to grab some power in the void left by recent enforcement efforts.

Gang Violence is diminishing, but is cyclical. There is still little concern with race or territory with MOST gangs in Grand Island. There has been an increase in ethnic supremacist activity over the past few years, but it is still a very small piece of the gang scene."

Strengths of the program:

- Evidence-based
- Participation required from all students
- All participants regarded as equals
- SANKOFA T-shirts seem to unite participants and build camaraderie
- Beyond SANKOFA program keeps in touch with students after they leave the program
- Student behavior, grades are tracked after they leave program
- Facilitators are highly motivated
- Kids have reported using skill sets in real-life situations

Weaknesses of the program:

- Some video lessons outdated (facilitators are updating materials over the summer)
- After school time slot competes with sports activities
- Parental involvement is mixed (kids come some tough home situations)
- We are still working toward more buy-in from GIPS for sustainability (school principals have become more supportive)
- Transportation issues still can preclude some kids from participating

UPDATE ON THE COLLABORATIVE

Capacity Development

Significant capacity development has occurred during this time period. The steering committee developed a framework for the application as a not-for-profit organization including articles of

incorporation, bylaws, guiding principles and membership structure. This work was approved by the members in the summer and a lawyer was retained who has filed the articles of incorporation.

From January to June 2014, the Articles of Incorporation were approved by the state and the application for the not-for-profit status submitted to the Internal Revenue Services. The by-laws were approved by the Collaboration.

A new name was selected during the not-for-profit organizational process: Hall County Community Collaborative also known as "H3C". The success in organizing the collaboration has been in large part due to a high level of engagement from the leadership at Grand Island Public Schools, Region 9 Probation, Saint Francis Medical Center, Central District Health Department, and the Department of Health and Human Services. The organization remains inclusive with a high level of participation from a broad-based group. However, this core group of community leaders has been able to stabilize the collaborative and provide non-confrontational leadership. From January to June 2014, work began in developing a centralized web site for the H3C, a logo, and a comprehensive distribution list. The services of a web developer were procured and design is well underway. The website address is www.h3cgi.org .

Given the history of the collaborative in relationship to a coordinator position, the steering committee decided that an alternative leadership structure was needed. It was decided to develop a number of leadership positions to enhance capacity, skills and function. To ensure smooth and effective leadership of these groups, facilitators were selected from the membership. There was an open call to the members to be a facilitator. The offer includes a $200 facilitator stipend per committee meeting and training in a leadership coaching model with Joan Frances. In January 2014, Sub-committee facilitators were selected by the Collaboration for each of the groups and two trainings held with those individuals regarding the responsibilities and rationale for subcommittee work. Each Sub-committee facilitator signed an agreement for volunteer stipend and willingness to complete outlined responsibilities.

In addition, funds from CBCAP ($20,000) were used to retain Joni Kuzma to perform the following tasks:

- Research additional opportunities for H3C that support the goals, vision and mission of the group. Bring these before the collaboration.
- Develop and maintain an H3C website.
- Assist in information flow and integration of work between the committees of H3C.
- Support facilitation of committees as needed.
- Participate in the facilitation team meetings.
- Maintain collaborative documentation suitable for grant reports.
- Draft grant reports for Steering Committee/Board.
- Review all grants written on behalf of H3C before submitting them to funders.
- Develop and maintain up to date documentation about H3C for use in messaging and grants.

Committee Restructure

The organization restructured committees and work groups in order to become more productive in several areas at one time. These work groups and committees are:

1. System of Care 0-5
2. System of Care 6-11
3. System of Care 12-18

One of the benefits of this structure has been the participation of members that have interest in a specific topic or field. Sub-committee meeting participants often vary from those attending member meetings. For example, over 25 people attended the system of care for youth meetings to revise the juvenile justice plan. Over 75% of these attendees were those that do not attend membership meetings.

Both the Community Context and Steering Committees still stand. The Steering Committee will become a formal Board when the articles of incorporation are finalized. In addition, an evaluation committee is being formed with each of the committee facilitators and other interested members led by the external evaluator, Joyce Schmeeckle. The Steering Committee became a formal board, finalized the Articles of Incorporation, and elected officers in April 2014. The Evaluation Committee has met and continues to review potential evaluation formats/documents.

Membership Meetings

Another transition that has occurred is that the Steering Committee and other participating members have been responsible for leading and organizing membership meetings and committee meetings. There continue to be an average of 30-40 participants at member meetings that are held every 2 months.
A draft structure for collecting membership dues has been discussed and will be implemented in January 2015.

Collaborative Evidence-based Practices Being Implemented

1. FAST continues to be implemented in four schools to fidelity. There will be three cycles of FAST for the 2014-2015 school year.

2. SANKOFA has received additional funding to expand the number of trainers. It has also expanded services to include youth as they enter high school. One of the SANKOFA trained leaders has been meeting with the youth over lunch at the high school to connect them with additional resources. SANKOFA has also begun the work to engage parents but this has proven difficult as parents are reluctant to participate in programs perceived to be connected to the system.

SANKOFA facilitators have spent the last few months researching additional topics to discuss with participating youth that are more relevant to their lives. They have been reimbursed for their time.

3. An evaluation committee has met once and reviewed various evaluation requirements and survey and assessment possibilities, for use not only for H3C direct services, but for programs in general. The Protective Factor Survey (retrospective) will be used consistently across programs in the community and used to determine overall changes in parenting norms.

Future of H3C

1. Complete not-for-profit status and hold first board election – in process
2. Formalize evaluation committee and identify assessments and protocols for administering assessment across the community
3. Update service assessment and asset mapping that relates to Alternative Response and Probation -in process
4. Update service assessment and asset mapping that relates to the system of care for Older Youth ages 14 – 24

Challenges and Areas of Improvement

Continue to work at collaborative capacity with shared leadership to maintain and enhance shared community decision making, inclusive positive relationships, and equity for all partners.

Each of the systems of care will write and revise their work plans and identify additional priorities for next year.

Collective Impact Areas and Related Indicators:

Common Agenda: All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Actions and successes:

- BBBS, Mid-Plains, and CNCAA all implemented programs that will meet gaps in services that were identified within the Child Well-being and Hall County Juvenile Justice Comprehensive Plans.
- Planning us underway for a Youth Services Assessment to prepare for system of care expansion for older youth
- Hall County was selected as a site for Alternative Response implementation
- Four members of H3C participated as a panel at the Nebraska Juvenile Justice Association Conference on May 7 about working collectively to improve outcomes for youth.

Shared Measurement: Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Actions and successes:

- Results-based Accountability grid developed by Joyce Schmeeckle for all funded programs and shared with the Evaluation Committee.

Mutually Reinforcing Activities: Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Actions and successes:

- $381,924 in leveraged resources
- $197,439 in aligned resources from partners toward common objectives (Mid-Plains, BBBS)
- SANKOFA initiated additional tracking of students by Grand Island Public Schools.

Continuous Communication: Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

Actions and successes:

- Email list updated and imported into a web-based program
- Web developer secured and web development underway
- Grand Island Independent newspaper article printed on Sunday, March 9 about the Collaboration

Backbone Organization: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Actions and successes:

- Board of Directors and officers elected to be submitted with Articles of Incorporation and Not-for-Profit status
- Judicious use of email communications to respect member time
- Effective sub-committees afford people the opportunity to participate in areas of interest
- Additional Board Members approved by the Collaborative to fill Board openings

SUCCESS STORIES

Families and Schools Together (FAST)

It has been very gratifying to watch our students and families grow together during this FAST cycle. I am amazed at how powerful the Special Play time is for families. When I watch how a

child and their parent start off in special play, and how they end up, it is very clear that something important is happening during this time. Something as simple as learning how to focus on your child and play together can make a real impact on the relationship between the child and their parent. It is also very gratifying to watch parents grow in their ability to positively interact with their child and to become a parent leader in the household.

I enjoy watching the families as they become comfortable with FAST and as they begin to take a real ownership of the process. Some of our moms really get into cooking for the group and they produce some of the best meals ever! A few moms need some help and direction when it is their turn to cook for the group, but overall, they love it. The kids also are excited when it is their night to do the cooking. It becomes a family event that you can see, brings the families a lot closer together.

I love how the school and the family grow closer together and really start working together. I think in particular of a family that had a lot of issues and were really struggling. They came to FAST and mom and the kids just dove into the program. The loved coming to FAST and you could see that mom was gaining more confidence from the group and her relationship with her kids was getting better. When things go better at home they tend to go better at school. I saw this family become more involved in school, start attending parent-teacher conferences and coming to parent nights.

A mom told a school partner the following: "I love coming to FAST. The support I receive is wonderful and my kids love the games. We work on Special play at home and I am better able to talk with my children now."

Joanne Garrison
Project Director

School Intervention Program Success Stories

Story #1

Latesha, a diversion client was having behaviors almost daily at Grand Island Senior High. She has been diagnosed with major mental health problems and was on the verge of being kicked out of GISH, however, we had a meeting and developed a safety plan for her that if she were to continue to have behaviors that we would have a “safe” place for her to go. We made that safe place my office, since I have been working with Latesha, I have received phone calls and emails from teachers and principals thanking me because they did not see the behaviors that they were once seeing. I have been working on healthy decision making, healthy relationships, working on impulse control, and healthy ways of self-expression with her. Our day varies on how she is feeling, however, she has told me she feels comfortable coming down and talking, working on homework, or just having a safe place to express her emotions.

A safe environment was provided for Latesha to go when she was having problems. We worked on healthy decision-making, impulse control, and healthy ways to express herself (rather than blowing up) like her prior behavior. I assisted with homework and served as a liaison between her and her grandmother to help them appropriately express themselves to each other.

Lessening of behaviors and visits to the principal's office. She was able to remain at Grand Island Senior High. Latesha was able to remain in school and not be placed on homebound. Latesha did not exhibit the symptoms she was feverishly exhibiting before intervention occurred.

Story #2

Junior, a probation client, struggled with attendance and getting his homework done. Junior was a senior who was at risk of not graduating, and behind several credits. He was also a parent to a little two-year-old boy. Junior said he had missed a considerable amount of school because he had to watch his son while his girlfriend worked during the day. He thought it was more beneficial to take care of his son than to be in school. The last couple of months of school I started really working with Junior about his ideas on school and what he was going to do with the rest of his life. Junior's guidance counselor and principal were adamant that he probably wouldn't graduate. Junior was overwhelmed by his school requirements and by being a father. He quite couldn't get everything aligned to graduate and was unsure of what it would take to graduate. I started collaborating with junior's teachers, visited with them about him making up past work. Junior agreed to come to my office every day, during the day and after school to work on things he needed to get done. We sat down almost daily to study and work on his Biology class. I was in contact with Junior's dad, teachers, principal, and guidance counselor to make sure everyone was on the same page supporting his progress. Junior did graduate and make up all the credits he was deficient on. His teacher, guidance counselor, and father thanked me for the work I had done with Junior and perseverance to push and motivate Junior to graduate.

Working with Junior daily on assignments, studying, and collaboration between administration, teachers, and his father. I made daily contact with him to make sure he was still on track. Junior was attending school daily and graduated from Grand Island Senior High. Junior received a high school diploma.

Lorelei Fox
Program Director

Collaboration Success Story

This is a story about the success of the H3C in enlarging leadership opportunities for members and providing additional ways to become involved with the Collaborative. During the past year, it became evident that many community members wanted to be involved with the H3C but

were unable to attend the Collaborative meeting every other month due to other conflicts or time constraints. To ensure that everyone had the opportunity to be involved in their area of interest, the Collaboration formed three sub-committees. The sub-committees generally address issues specific to the following age groups: 0 – 5, 6 – 11, and 12 – 18. A volunteer stipend is available to the sub-committee facilitators. One sub-committee facilitator has been allowed to fill the position as a part of her employment so has not taken the stipend.

The need for sub-committee facilitators was sent to all members of the collaborative. There was sufficient response to fill all of the positions, with enough interest that two of the three committees have co-chairs. Guidelines and responsibilities were drafted based on the 5 Collective Impact conditions and each committee facilitator/co-facilitator was asked to sign their agreement to follow the guidelines. Sub-committee facilitators were also invited to attend a bi-monthly leadership training to review their responsibilities, reporting requirements, and the collaborative purpose.

As a result, each of the three sub-committees has actively met at least three times in the past six to eight months and is comprised of members who attend the bi-monthly meeting and members who attend the sub-committee only. Those involved with the sub-committees only have expressed their appreciation for the new structure and their ability to participate at this level. Several have noted that their understanding of the Collaborative has increased as a result of their involvement with the sub-committees because the structure relies on Collaborative input and decision making.

One key to the effectiveness of the sub-committees is the attendance of the collaborative consultant at each committee to help maintain the Collective Impact model and provide support to the facilitators.

Joni Kuzma

Nebraska Strategic Prevention Framework

Partnership For Success (SPF-PFS)

Annual Evaluation Report

Year-One Final Report

March 2015

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Introduction

Persistently higher rates of alcohol use are found among Nebraska youth than the national average. This places the reduction of underage drinking as a high priority at the statewide level and in communities across Nebraska. Alcohol use is both a product of and contributing factor in major community problems. Based on various protective and risk factors within communities, some counties and regions are in more immediate need of assistance to address alcohol use and abuse than others, particularly among youth. Given the complex and intertwined nature of underlying community conditions, an integrated and extensive plan is necessary to address the issues. In order to achieve the goal of implementing an effective prevention plan and promote sustainable systems change, the Strategic Prevention Framework is utilized.

The Strategic Prevention Framework Partnership for Success (SPF-PFS) project seeks to reduce problems related to underage drinking by preventing the onset and reducing underage drinking among Nebraskans aged 12 to 20. The focus is on targeted sub-populations based on need, established through protective and risk factor indicators. In addition, the project focuses on the importance of equity by addressing identified issues related to race, ethnicity, and sexual orientation status. Using the Strategic Prevention Framework (SPF), these goals will be achieved through careful planning, strategic implementation, and effective evaluation.

Nebraska is divided into six (sub-state) Regional Behavioral Health Authorities or "Regions" serving as quasi-governmental agencies with which the State contracts for community based treatment and prevention services. The Nebraska Department of Health and Human Services Division of Behavioral Health (DBH) chose to sub grant SPF-PFS funding through each of the six Regions and allocate their awards based on the number of targeted counties in that Region. The Regions, in turn, subcontracted the SPF-PFS dollars to eligible community coalitions (sub-recipients).

Through the use of a risk-and-protective-factor framework, the DBH chose to fund communities identified with personal, family, and/or community characteristics that increase the likelihood of a substance abuse problem developing. Targeted sub-populations for the SPF-PFS are Nebraska counties found to have fewer protective factors and higher risk among the surveyed population. These counties were selected as a result of comparing demographic, survey and health profiles of the State's 93 counties and ranking each county against the statewide average of the selected indicators. The 11 sub-recipients are the Nebraska counties identified through this process: Adams, Boyd, Dawes, Dawson, Hall, Hall, Lancaster, Madison, Platte, Scottsbluff, and Thurston. See the Appendices for information from the SPF-PFS proposal that describes the selection process in more detail.

Methods

Evaluation Approach

The purpose of the SPF-PFS evaluation is to assess the impact on the state- and community level outcomes, as well as to identify and describe strengths and limitations associated with the administration of the grant. The SPF-PFS will be assessed utilizing both process and outcome evaluations. The process evaluation will inform the administration of the SPF-PFS by providing information needed to most effectively meet the proposed goals and objectives and to explain variation in outcomes. The impact of SPF-PFS efforts relative to their stated goals and objectives will be assessed in the outcome evaluation. This report outlines the results of local-level evaluation efforts during year-one of the SPF-PFS initiative for the Grand Island Substance Abuse Prevention (GISAP) Coalition, which serves Hall County, Nebraska.

Process Evaluation

Multiple evaluation methods have been employed to gather process evaluation data. The evaluation uses existing information whenever possible to reduce burden, including reports submitted to SAMHSA and the cross-site evaluation team. In addition to reviewing available information, the following sections describe the process data collected by the evaluation team directly from key stakeholders at the state and community-levels.

Work plans and Quarterly Reports

All sub-recipients are required to submit to the DBH an initial work plan, followed by quarterly reports, which include details on accomplishments and challenges. The DBH shares these reports with the evaluation team for review. This information is used to assess adherence to the SPF steps, implementation of selected strategies, training and technical assistance received, and to identify successes and barriers.

Sub-recipient Site Visits

Annual site visits were conducted with each funded community coalition. The year-one site visits were conducted in August-September 2014. The site visits conducted in the first year provided a baseline assessment of SPF adherence, community readiness, capacity, leveraging of resources, access to Cultural and Linguistically Appropriate Standards (CLAS), and early implementation. The visits taking place during years 2-4 will provide insightful process evaluation information to guide modifications to further improve implementation and administration. The final site visit in the last year will elicit information to further explain final outcomes and describe the impact on underage drinking, state- and community-level capacity, prevention infrastructure, and changes in the leveraging of resources. See the Appendices for the site visit protocol.

Fidelity Interviews

Fidelity rubrics created by the SPF-SIG Implementation Fidelity Committee are being completed to assess implementation fidelity. The evaluation team will continue to conduct interviews with

the coalition coordinator or implementation staff for each strategy during its implementation phase on a semi-annual basis, with the first interviews completed in tandem with year-one site visits in August-September 2014. The interviews are conducted in-person or over the telephone. With the shortened subgrantee year-one contractual period resulting in delayed strategy implementation, only one round of fidelity rubrics was completed. Results from the fidelity rubrics will be reported in year-two.

Coalition Capacity Member Survey and Coalition Coordinator Survey

A survey was administered to all coalition members, including the coalition coordinators, to measure coalition capacity and community readiness, with plans to repeat the survey every other year throughout the course of the grant period. The evaluators were part of a Center for the Application of Prevention Technologies (CAPT) subcommittee to develop common measures for a capacity survey that can be used among multiple grantees to allow aggregate data collection across states. The committee reviewed existing instruments and sought feedback from experts in the field to develop the instrument. Due to the collaboration with this subcommittee, the survey implementation was delayed; rather than implementing late in year-one, the baseline survey was implemented early in year-two. The survey assessed coalition members' perceptions of several prevention system qualities, including member involvement; organizational mission, vision, goals; and sustainability. The survey also measured systems change areas, such as inter-organizational relationships, coalition learning, assessment, planning, implementation, evaluation, and cultural competency. The evaluation team worked with coalition coordinators to identify coalition members, administer the survey, as well as collect member contact information in order to achieve a representative response. One barrier in implementation was the identification of coalition members, as several respondents asked to be removed from the list because they did not consider themselves coalition members. The survey was first fielded via web survey in early December with a follow-up reminder in late December. To achieve a higher response rate, paper surveys were mailed to those who had not yet completed the web survey in early January. The GISAP Coalition's response rate was 71.4%.

The SPF-PFS Coalition Coordinator Survey, which included items inquiring about the number of meetings held, member expectations, members actively involved, mission/vision statements, by-laws, self-assessments, coalition structure, sustainability plans, perceived performance of DBH and Region staff, was implemented solely via web survey in mid-December, with a follow-up reminder in early January. In some instances, two people completed the coordinator survey due to the shared structure of this role in those coalitions. In these cases, the responses were weighted by the inverse of the number of responses per respective coalition in order to prevent biased data by creating an N size of 12 (1 per currently funded subrecipient coalition).

Community-level Instrument

The community-level instrument (CLI), developed by the cross-site team, will be used to assess each sub-recipient's adherence to the SPF model. The CLI gathers information describing the selected strategies being implemented through SPF-PFS funding as well as other funding streams, active partnerships supporting local SPF-PFS initiatives, as well as the number and

demographics of people reached through the selected strategies. It is the responsibility of the coalition coordinator to complete the CLI on a semi-annual basis. The evaluation team has been, and continues to, work with sub-recipients to develop tools to gather CLI information, throughout implementation, to ease completion of the CLI and to provide high quality and accurate information. As of the submission date of this report, this instrument has not been made available for implementation by the cross-site team.

Nebraska Prevention Information Reporting System

The Nebraska Prevention Information Reporting System (NPIRS) is an internet based reporting system designed to collect prevention activity data in the State of Nebraska. Recipients of the Substance Abuse Prevention and Treatment Block Grant, and SPF-PFS funds use the system to report data per state and federal requirements. NPIRS is available for use by internal state staff as well as any entity conducting prevention activities in Nebraska which includes, but is not limited to, community coalitions, private not for profit agencies, and Regional Behavioral Health Authorities. Key features of NPIRS include internet based reporting, reporting at multiple levels, and coordinated reporting between various funding sources. This nature of the entry fields available in the system are designed to assist users in measuring progress toward meeting community goals and for reporting state progress in meeting National Outcome Measures (NOMs). NPIRS data was reviewed for subgrantee compliance with data-entry, types of interventions being used, and numbers of individuals served by SPF-PFS funding.

Outcome Evaluation

A variety of data sources are used to assess the impact of SPF-PFS on underage drinking behaviors, intervening variables and consequences. Data sources using sampling techniques designed to allow statewide estimates were used to evaluate the impact on the state as a whole. In contrast, community-level impacts are being assessed by analyzing data collected from a census or sample drawn with the intent of providing local-level estimates. As the SPF-PFS is not targeted as a statewide effort, community-level analysis will be the primary focus and comparisons between targeted and non-targeted counties were made when the data was available at the county-level. In most cases, national outcome measures are primarily used. In some instances, these measures are supplemented with additional measures that have been tested and used longitudinally in ongoing surveys (e.g., NRPFSS and NYAAOS), but no new outcome measures are being used in the evaluation.

Nebraska Risk & Protective Factor Student Survey

The Nebraska Risk & Protective Factor Student Survey (NRPFSS), also a part of the SHARP Surveillance System, consists of community level data on lifetime use of alcohol, the age of onset, and past 30 day use. The NRPFSS is conducted biennially during even years (reported in odd years) in-person in Nebraska schools and is collected by the Bureau of Sociological Research (BOSR). The NRPFSS is designed and implemented as a census of students in grades 8, 10, and 12 where every public and non-public school with an eligible grade can choose to participate. Risk and protective factors found in the NRPFSS have been used from the Communities that Care (CTC) survey, the foundation of reliable and valid risk and protective

factor information. In the 2013 administration of the NRPFSS, the overall participation statewide was 31.3% (N=30,109).

Nebraska Annual Social Indicators Survey/Nebraska Community Alcohol Opinion Survey

The Nebraska Annual Social Indicators Survey (NASIS) is an annual omnibus mail survey administered by the BOSR to residents of the state of Nebraska age 19 or over. While the NASIS has not historically collected alcohol related data, the survey, administered in fall 2014, included intervening variable and community perception measures to provide statewide and community-level estimates. A simple random sample was drawn from a postal delivery sequence of household addresses to provide a representative statewide sample of Nebraska households. The last birthday method was used to randomly select an adult in the household to complete the survey. A three-stage mail survey design was used, which resulted in a total of 1,018 completed surveys (29.1% response rate). The full NASIS methodology report is available in the Appendices.

In addition, the SPF-PFS relevant questions from the NASIS survey were used separately to field the Nebraska Community Alcohol Opinion Survey (NCAOS). An oversample of households in the SPF-PFS targeted counties, using the same random sampling design as NASIS after removing NASIS selected households, was used for the NCAOS survey. The two-page NCAOS survey included demographics and SPF-PFS relevant questions only and was administered in both English and Spanish for the first survey mailing (second and third mailings were in English only). Of the 2,188 completed surveys, 21 were returned using the Spanish version of the survey. The overall response rate for the NCAOS was 34.3%, with 212 completed surveys in Hall County (30.3% county-level response rate). See the Appendices for the full NCAOS methodology report.

Program Level Survey

Sub-recipients implementing individual level strategies are collecting pre- and post-test surveys. The surveys are administered to all participants receiving the programming prior to beginning the program and again when programming is complete. Participants will be matched over time through the use of an identification number generated from multiple survey items that remain stable over time, such as birth date and gender. The evaluation team is working in tandem with coalition coordinators to ensure program level surveys are completed. It is expected that enough surveys will be completed in year-two to allow inclusion in the statewide report in year-two.

Other Data Sources

In addition to the surveys discussed above, other sources of data were obtained from the Liquor Control Commission, Nebraska Crime Commission, Nebraska Department of Correctional Services, Nebraska Office of Probation Administration, Nebraska Hospital Discharge Data, and the Nebraska Office of Highway Safety. These resources provide information on alcohol related motor vehicle accidents; corrections, probation, and arrest data; hospitalizations; and compliance check failure rates. These data are available at the county-level.

Results

This section discusses county- and community-level results. This data focuses on baseline measures, process oriented measures, and implementation results.

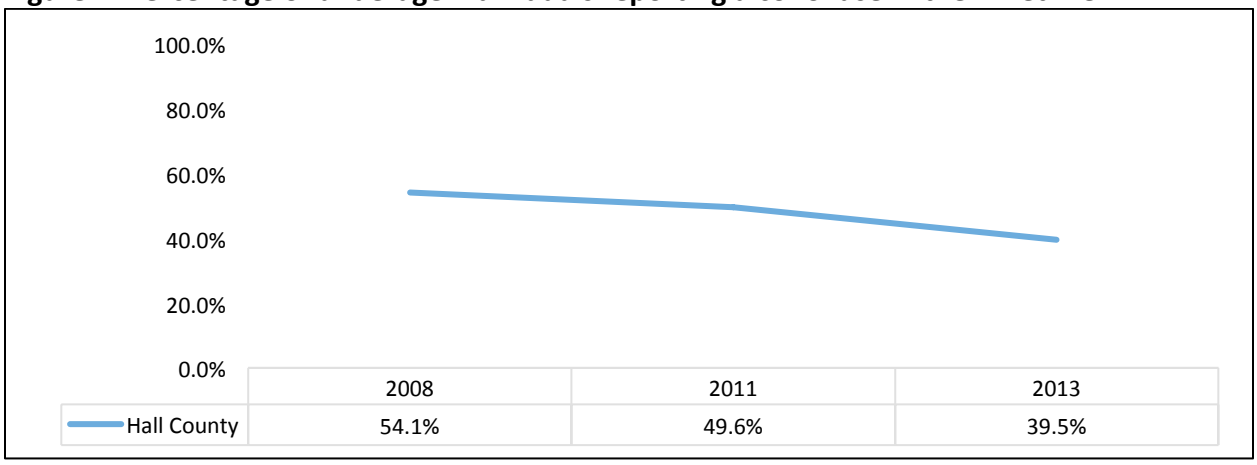
County-Level Baseline Indicators

The following section provides baseline data on behaviors, attitudes, and perceptions of underage alcohol use for the SPF-PFS target county of Hall. Future reports will include updates on these indicators to assess impacts of SPF-PFS funding in Hall County. The targeted age range of SPF-PFS is 12-20 year olds. Data from the 2008, 2011, and 2013 Nebraska Risk and Protective Factor Student Survey (NRPFSS) were used to determine underage drinking among high school aged youth. Additionally, consequence data including alcohol related crashes, hospitalizations, arrests, etc. were collected and used for the targeted 12-20 year old age range.

Lifetime Substance Use

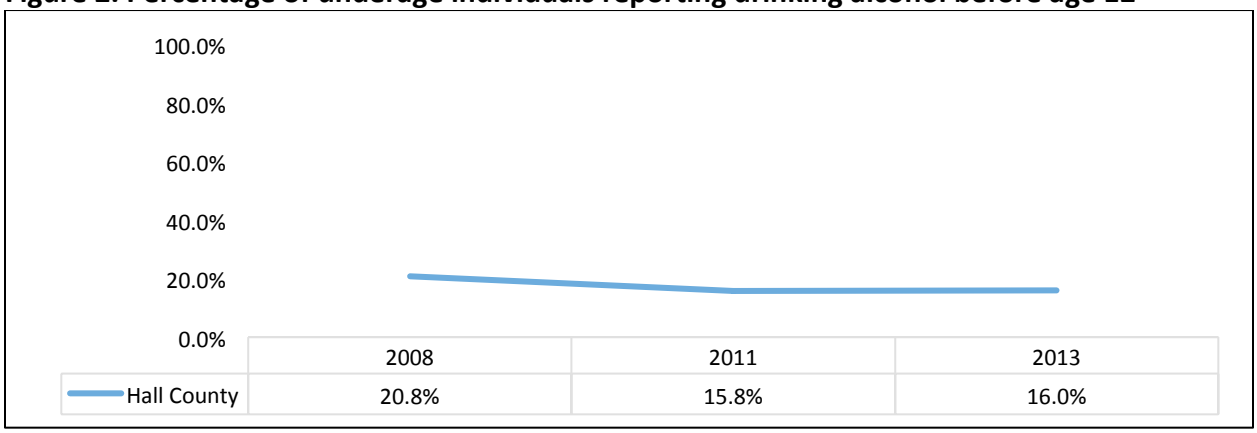
Figure 1 shows 2013 NRPFSS data for Hall County, which shows a gradual decrease in the proportion of youth reporting drinking in their lifetime between 2008 and 2013 (from 54.1% to 39.5%). Additionally, according to the 2013 NRPFSS, only 16.0% of youth drank before age 12 (see figure 2). The trend from the NRPFSS shows a decrease in the proportion of Hall County youth who reported having drank before the age of 12 from 2008 (20.8%) to 2013 (16%).

Figure 1. Percentage of underage individuals reporting alcohol use in their lifetime



Source: Nebraska Risk & Protective Factor Student Survey

Figure 2. Percentage of underage individuals reporting drinking alcohol before age 12

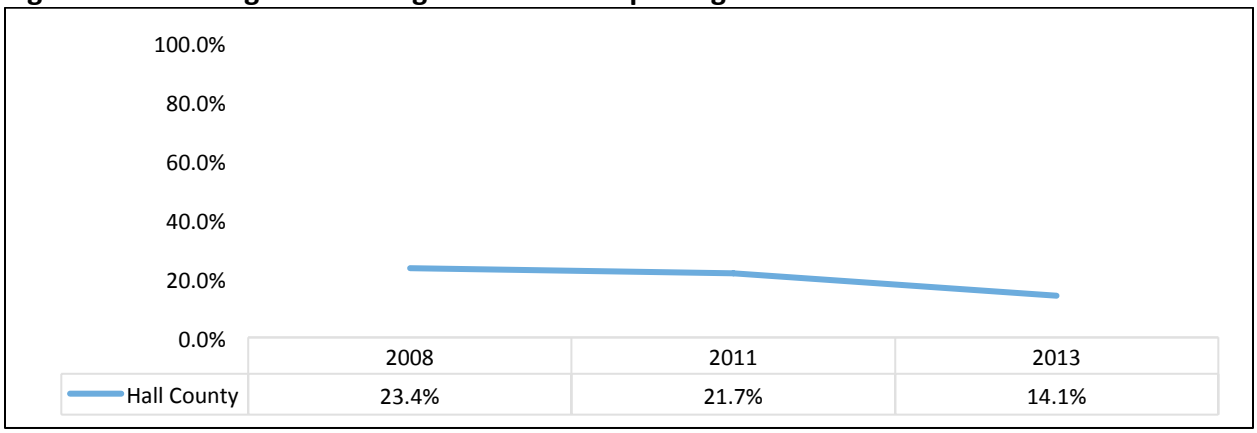


Source: Nebraska Risk & Protective Factor Student Survey

Past 30 Day Alcohol Use & Binge Drinking

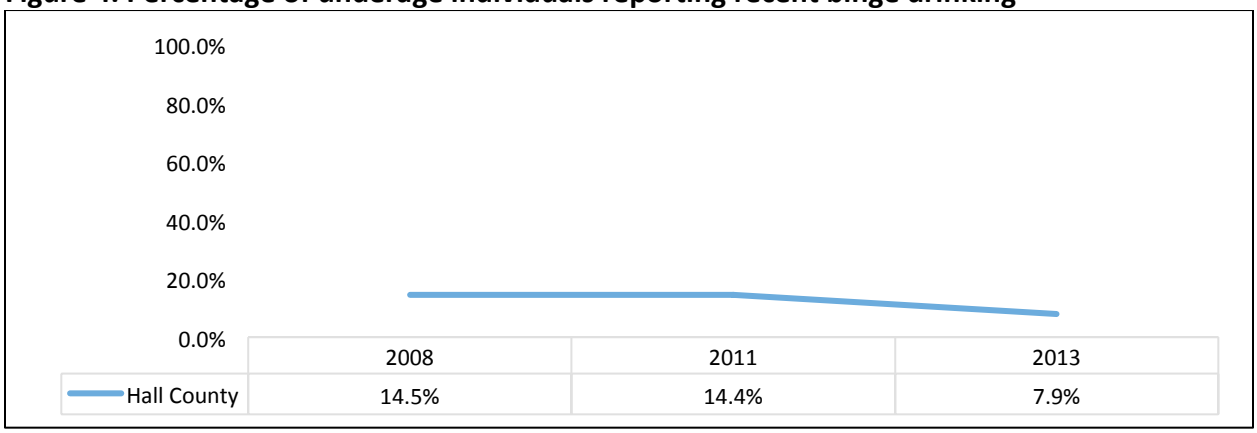
For Hall County, the 2013 NRPFSS data showed a decrease in the proportion of youth who had consumed alcohol in the past 30 days over time to a low of 14.1% in 2013. As figure 3 shows, the proportion of 8th, 10th, and 12th graders drinking in the past 30 days decreased from 23.4% in 2008 to 14.1% in 2013. The 2013 NRPFSS showed that 7.9% of Hall County youth in 8th, 10th, and 12th grades have binge drank in the past 30 days. Trends over time show that the proportion of youth binge drinking in the past 30 days decreased steadily over time: from 14.5% in 2008 to 7.9% in 2013.

Figure 3. Percentage of underage individuals reporting recent alcohol use



Source: Nebraska Risk & Protective Factor Student Survey

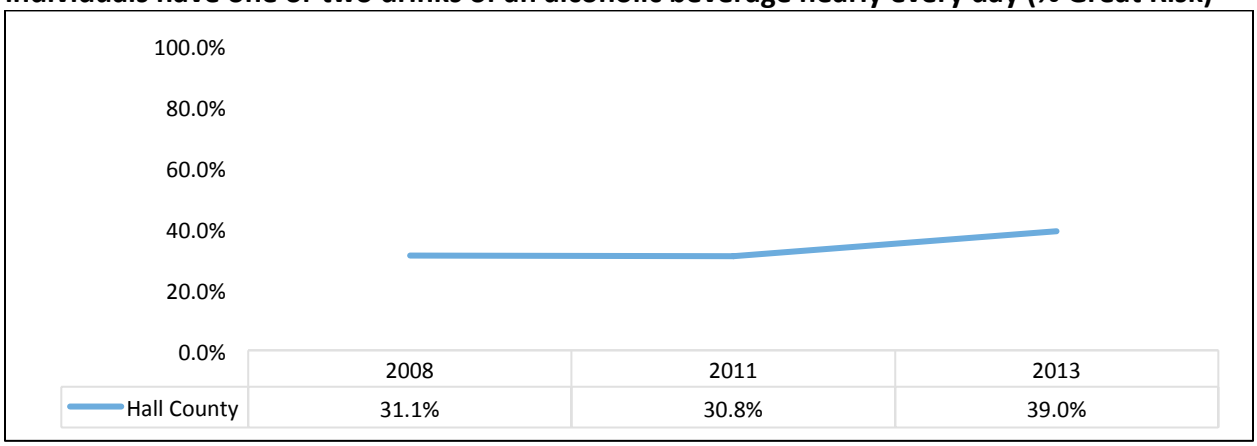
Figure 4. Percentage of underage individuals reporting recent binge drinking



Source: Nebraska Risk & Protective Factor Student Survey

In addition to alcohol use, perception of risk is another important item to analyze. Trend data from the NRPFSS shows that Hall County youth in 8th, 10th, and 12th grades that reported they think people are at great risk of harming themselves if they consume one or two drinks of alcohol nearly every day stayed fairly stable over time (see figure 5). There was a slight decrease from 2008 to 2011 (31.1% to 30.8%), followed by a slight increase in 2013 (39.0%). The percentage of Hall County youth that reported perceiving great risk of harm for individuals that have five or more drinks of alcohol once or twice a week was 49.7% in 2013. This is an increase from 45.3% in 2011 (this question was not asked in 2008).

Figure 5. Underage perception of risk harming themselves physically or in other ways if individuals have one or two drinks of an alcoholic beverage nearly every day (% Great Risk)



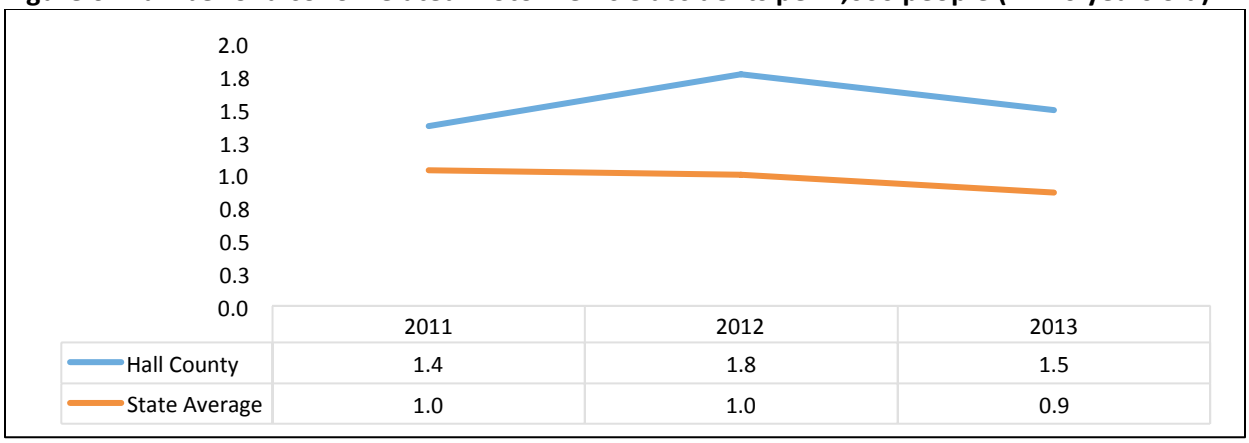
Source: Nebraska Risk & Protective Factors Student Survey

Alcohol-Related Driving and Crashes

According to the 2013 NRPFSS, of youth in Hall County, 98.1% reported thinking it is very wrong or wrong for someone their age to drive after drinking beer, wine, or hard liquor. This is up marginally from 96.3% in 2010. The perception of there being a great risk of harm if someone drives after drinking was reported as 80.5% in Hall County, which is up marginally from 79.5% in 2011. These items were not asked in 2008.

On average, 3.3% of all motor vehicle crashes in Hall County in 2013 – compared to the statewide report of 2.3% – involved individuals aged 12-20 with alcohol in their systems at the time of the crash. This is up slightly from 2.8% in 2011 and down slightly from 4.1% in 2012. Of alcohol-related crashes involving individuals aged 12-20, the 2013 Hall County average was 1.5 per 1,000 people. Trend data shows that Hall County consistently experienced a higher level of alcohol-related accidents involving this targeted age range compared to statewide (see figure 6).

Figure 6. Number of alcohol-related motor vehicle accidents per 1,000 people (12-20 years old)



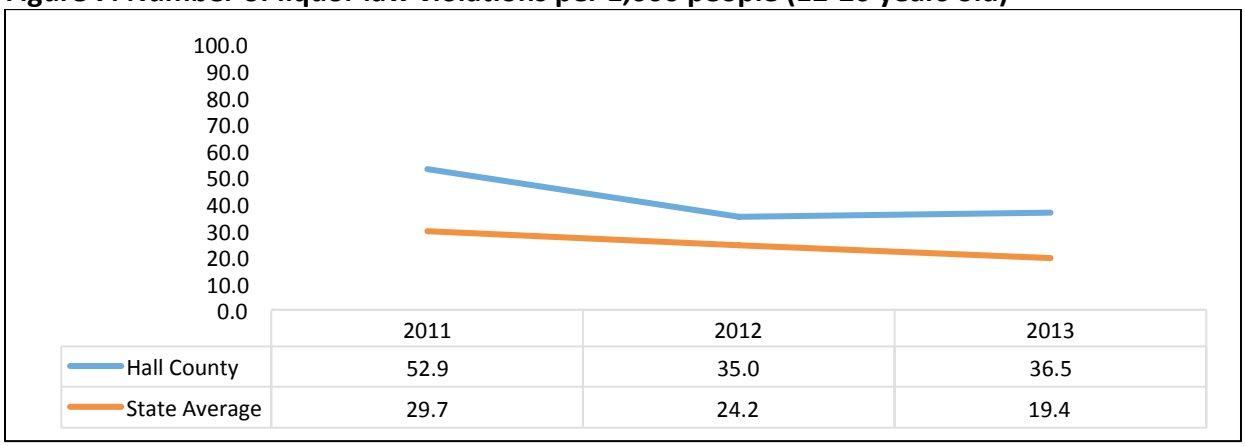
	2011	2012	2013
Hall County	1.4	1.8	1.5
State Average	1.0	1.0	0.9

Source: Office of Highway Safety

Liquor Law Violations

In 2013, liquor law violations among those in the targeted age range of 12-20 in Hall County were 36.5 per 1,000 people. This represents a slight increase from 2012 (35.0), but overall, this is a decrease from 2011 (52.9 per 1,000). Hall County rates remained higher than the statewide average over time (see figure 7).

Figure 7. Number of liquor law violations per 1,000 people (12-20 years old)



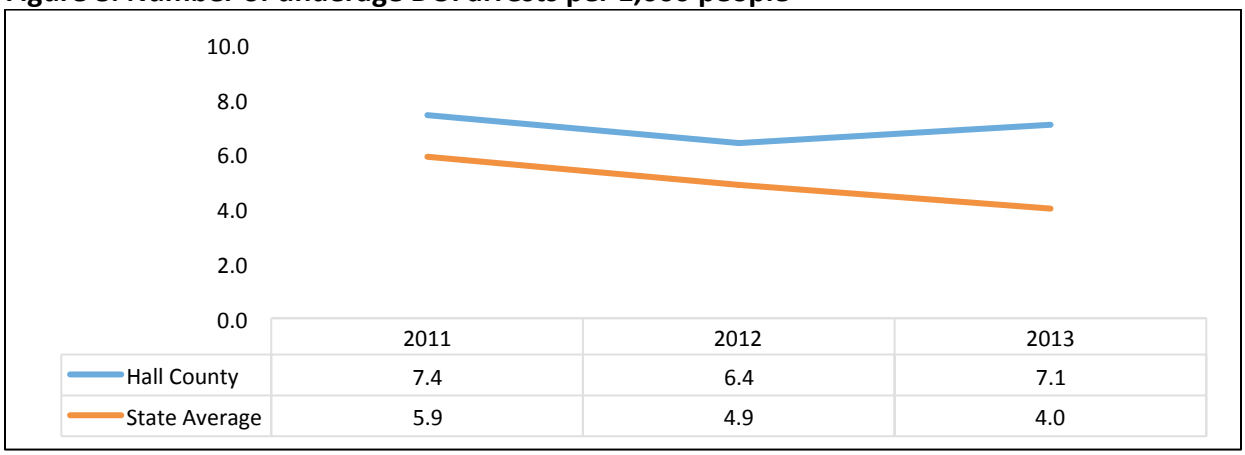
	2011	2012	2013
Hall County	52.9	35.0	36.5
State Average	29.7	24.2	19.4

Source: Nebraska Crime Commission

Arrests

On average, 3.3% of Hall County arrests involving those under the age of 21, were DUI arrests in 2013. Hall County reported 7.1 per 1,000 people in 2013, which was higher than the statewide average of 4.0 per 1,000 (see figure 8). Overall, trend data shows a modest decrease in the number of DUI arrests under the age of 21 across the state of Nebraska. Hall County saw a decrease in number of arrests per 1,000 people from 7.4 in 2011 to 6.4 in 2012 but then saw an increase to 7.1 in 2013.

Figure 8. Number of underage DUI arrests per 1,000 people



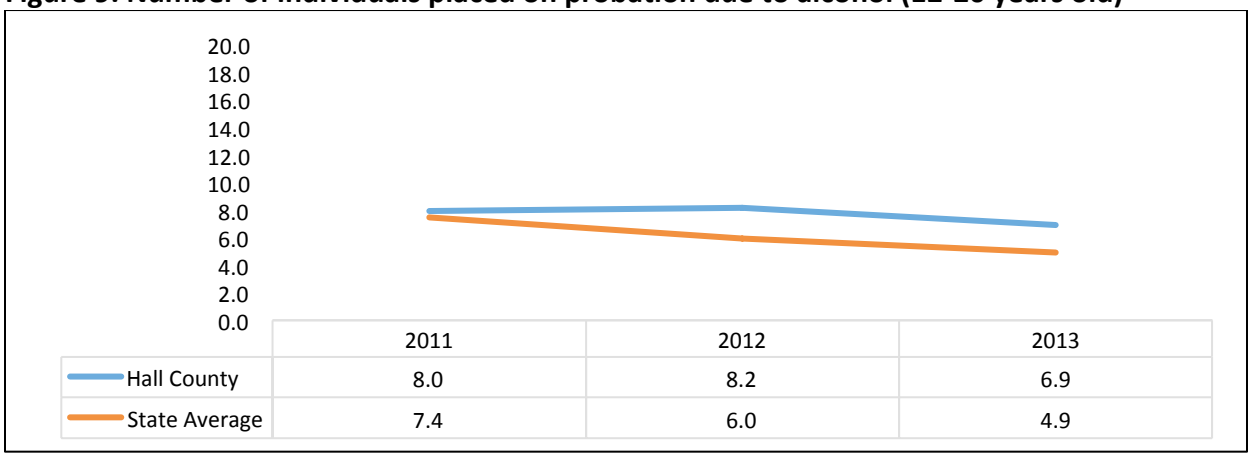
	2011	2012	2013
Hall County	7.4	6.4	7.1
State Average	5.9	4.9	4.0

Source: Nebraska Crime Commission

Probation

A gradual decrease in the number of individuals placed on probation due to alcohol was observed both in Hall County and statewide; although Hall County saw a slight increase in the number of individuals placed on probation due to alcohol in 2012 before dropping in 2013. As shown in figure 9, in 2013, an average of 6.9 of every 1,000 Hall County residents aged 12-20 were placed on probation due to alcohol-related incidents, in comparison to the statewide average of 4.9 per 1,000 people. This accounted for 15.3% of all 12-20 year olds placed on probation in Hall County in 2013, which is down slightly from 15.5% in 2011. See Behavioral Health Disparities section for further information on demographic differences. While data was collected from correctional facilities, the number of people aged 12-20 entering correctional facilities due to alcohol use was too small to report.

Figure 9. Number of individuals placed on probation due to alcohol (12-20 years old)



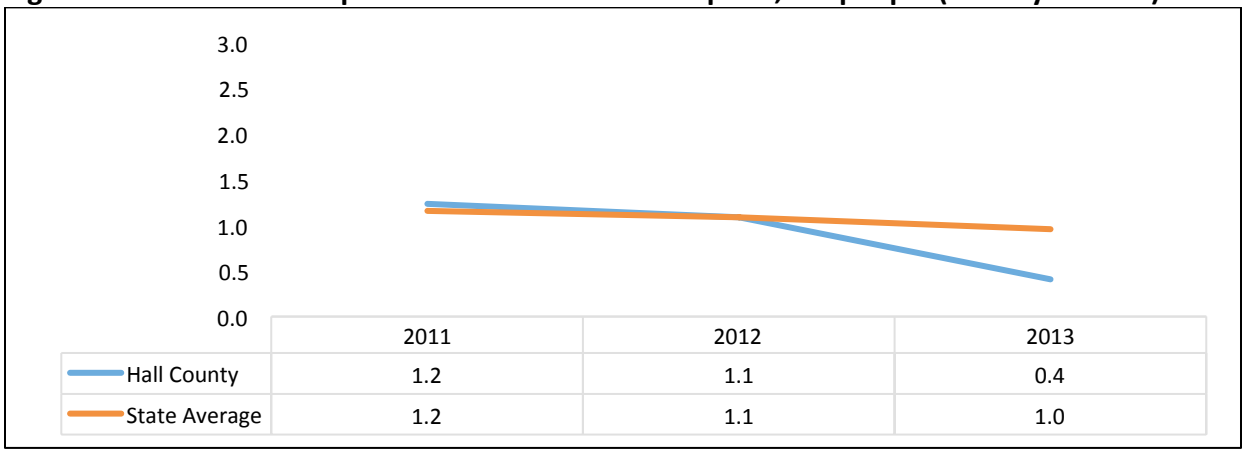
	2011	2012	2013
Hall County	8.0	8.2	6.9
State Average	7.4	6.0	4.9

Source: Office of Probation Administration

Hospitalizations

On average, 0.4% of hospitalizations in Hall County for those in the targeted age range of 12-20 year olds were alcohol-related in 2013. While the State experienced a modest gradual decrease over time in the number of hospitalizations due to alcohol, Hall County experienced a more significant drop in rates from 2012 to 2013. In 2011 and 2012, the number of hospitalizations due to alcohol was the same for both the state and Hall County at 1.2 and 1.1, respectively; however, in 2013, Hall County dropped below the state rate to 0.4 (see figure 10). See Behavioral Health Disparities section for further information on demographic differences.

Figure 10. Number of hospitalizations due to alcohol per 1,000 people (12-20 year olds)



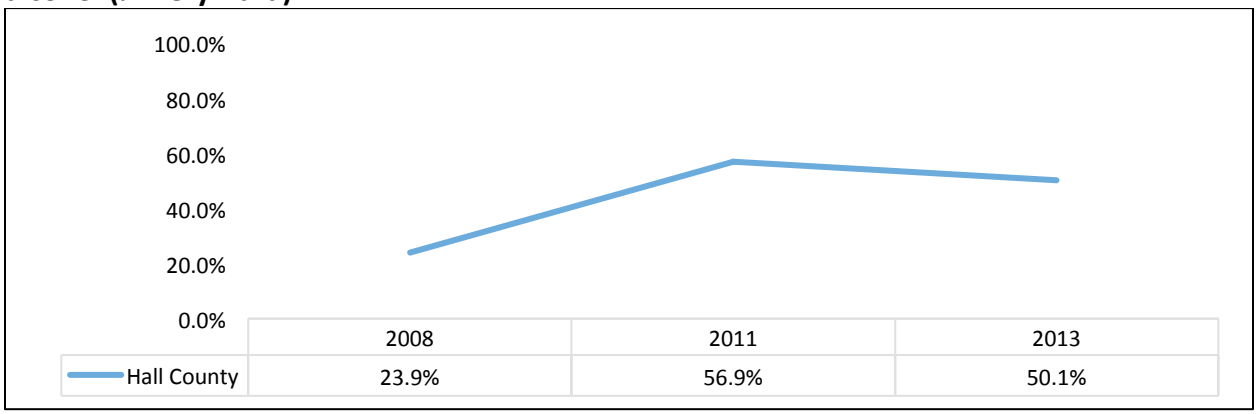
	2011	2012	2013
Hall County	1.2	1.1	0.4
State Average	1.2	1.1	1.0

Source: Hospital Discharge Data (ER)

Access

Trend data from the NRPFSS shows an overall increase in the percentage of Hall County youth in 8th, 10th, and 12th grades reporting that it would be very hard to obtain beer, wine, or hard liquor. In 2013, 50.1% of respondents reported it would be very hard in comparison to 23.9% in 2008. However, the 2013 percentage is down slightly from 56.9% in 2011 (see figure 11).

Figure 11. Percentage of underage individuals reporting how easy it would be to access alcohol (% Very Hard)

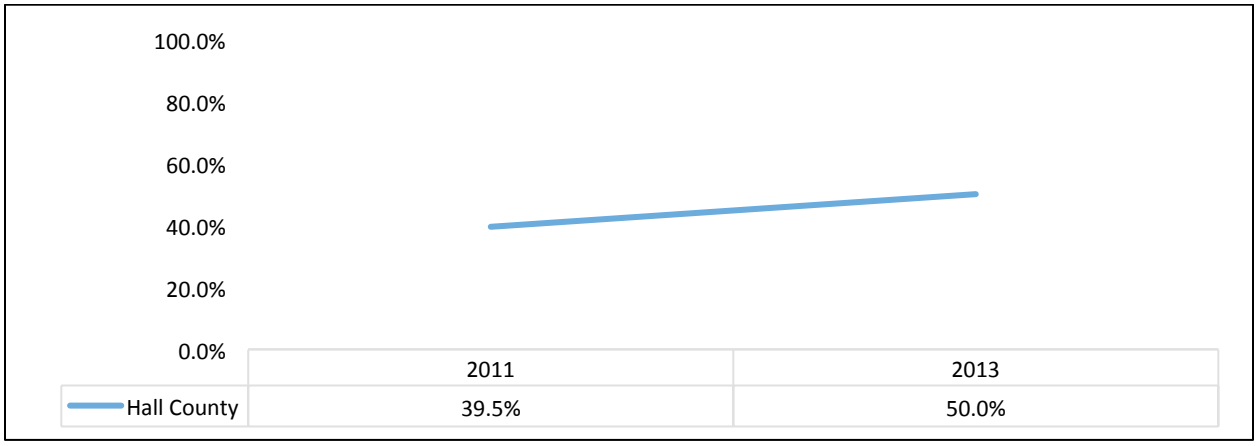


Source: Nebraska Risk & Protective Factors Student Survey

Communication with Parents

According to the 2011 and 2013 iterations of the NRPFSS, Hall County respondents show an increase in the percentage of youth in 8th, 10th, and 12th grades who have spoken with at least one parent regarding the dangers of alcohol, with 50% of respondents reporting yes in 2013, up from 39.5% in 2011 (see figure 12). For information on parents communicating with their children, please see the Community Perceptions section.

Figure 12. Percentage of underage individuals talking to at least one parent about the dangers of alcohol



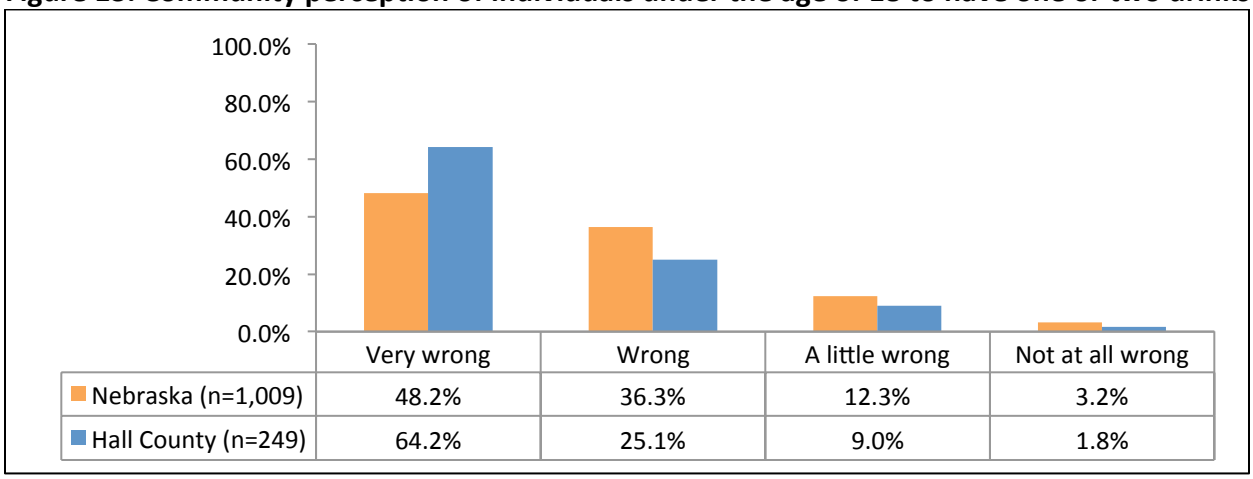
Source: Nebraska Risk & Protective Factors Student Survey

Community Perceptions

As a result of SPF-PFS funding, a new measurement of community perceptions was fielded in the form of questions on the omnibus Nebraska Annual Social Indicators Survey (NASIS), and the Nebraska Community Alcohol Opinion Survey (NCAOS). Overall, across Nebraska, nearly half (48.2%) of individuals over the age of 19 reported they felt it was very wrong for individuals under the age of 18 to have one or two drinks. Respondents in Hall County reported a significantly higher percentage at 64.2% (see figure 13). These results demonstrate that Hall

County adults are significantly more likely to perceive underage drinking as very wrong compared to adults in the state. When queried about individuals under the age of 18 having five or more drinks in one setting, the percentage of very wrong jumped up to 86.9% Hall County and 84.1% statewide. These slight differences; however, were not statistically significant (see figure 14).

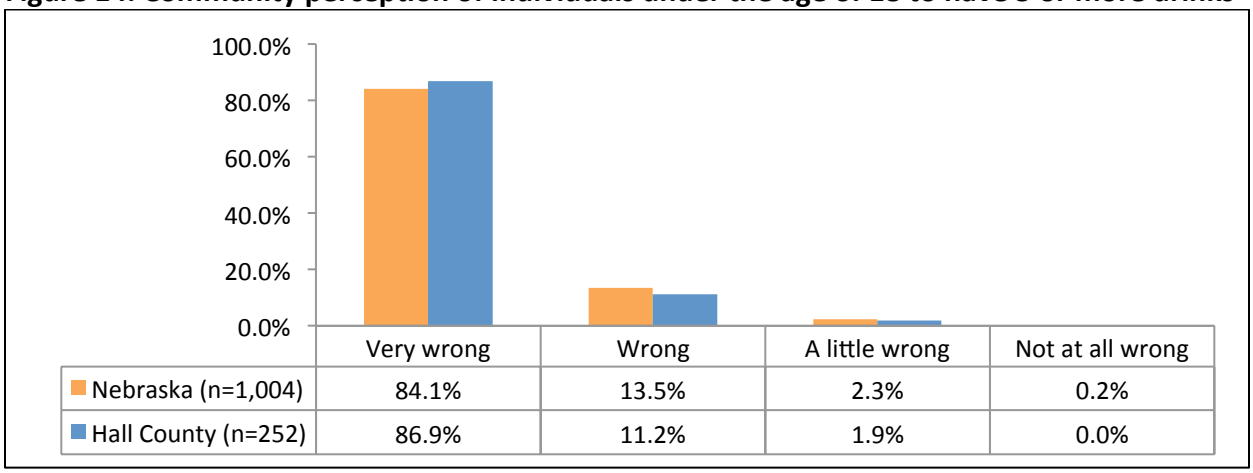
Figure 13. Community perception of individuals under the age of 18 to have one or two drinks



	Very wrong	Wrong	A little wrong	Not at all wrong
Nebraska (n=1,009)	48.2%	36.3%	12.3%	3.2%
Hall County (n=249)	64.2%	25.1%	9.0%	1.8%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=22.071$, $p<0.001$)

Figure 14. Community perception of individuals under the age of 18 to have 5 or more drinks

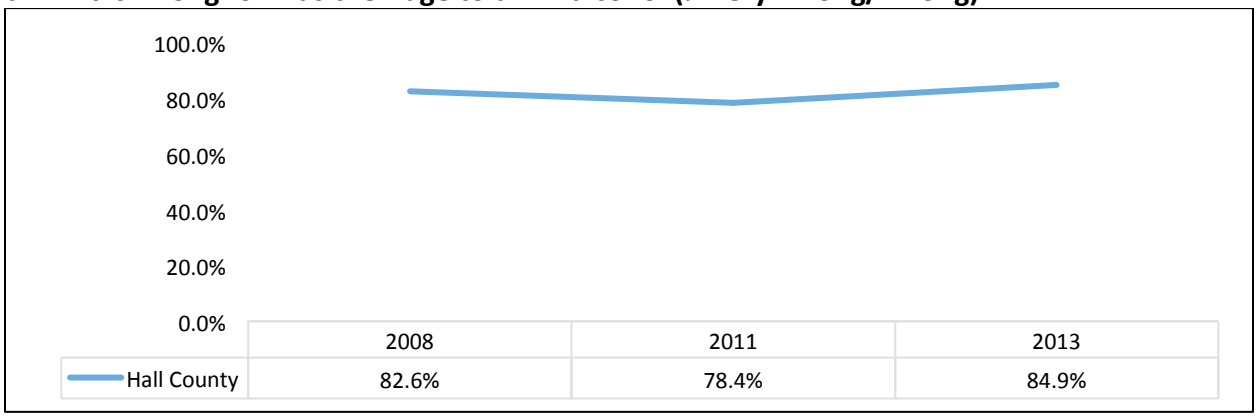


	Very wrong	Wrong	A little wrong	Not at all wrong
Nebraska (n=1,004)	84.1%	13.5%	2.3%	0.2%
Hall County (n=252)	86.9%	11.2%	1.9%	0.0%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=1.84$, $p=0.606$)

When youth in 8th, 10th, and 12th grades were queried about their perceptions on how wrong adults (over age 21) in their community would think it is very wrong or wrong for youth their age to drink alcohol, the 2013 NRPFSS showed a response of 84.9% (see figure 15). This proportion was up slightly from when this question was asked in 2008 and 2011. Additionally, in 2013, 96.4% of Hall County respondents – up slightly from 94.5% in 2011 – reported that their perceptions of most adults in their community would think it is very wrong or wrong for youth their age to drive after drinking alcohol.

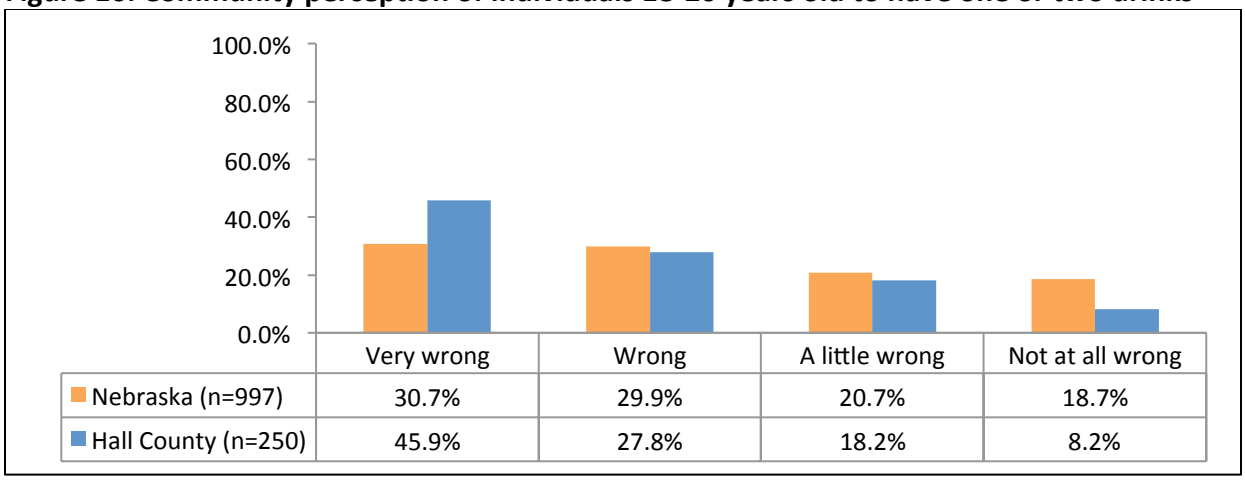
Figure 15. Percentage of 8th, 10th, and 12th graders reporting adults in their community would think it is wrong for kids their age to drink alcohol (%Very Wrong/Wrong)



Source: Nebraska Risk & Protective Factors Student Survey

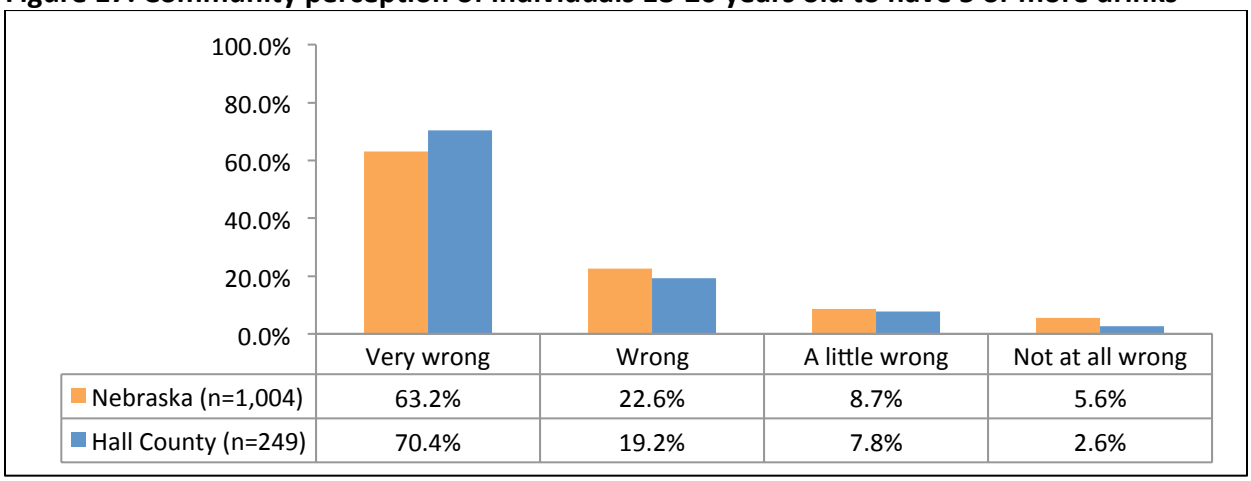
Looking at perceptions regarding the age range of 18-20 year olds, community perceptions of having one or two drinks shows that 45.9% of Hall County respondents feel it is very wrong (see figure 16), which is significantly higher than the statewide proportion (30.7%), demonstrating that Hall County respondents are more likely to perceive underage drinking as wrong. The community perception of individuals aged 18-20 having five or more drinks in one setting showed that the majority of individuals surveyed Hall County (70.4%) feel it is very wrong (see figure 17). This percentage is slightly higher than the statewide percentage of 63.2%, however the difference was non-significant.

Figure 16. Community perception of individuals 18-20 years old to have one or two drinks



Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=28.969$, $p<0.001$)

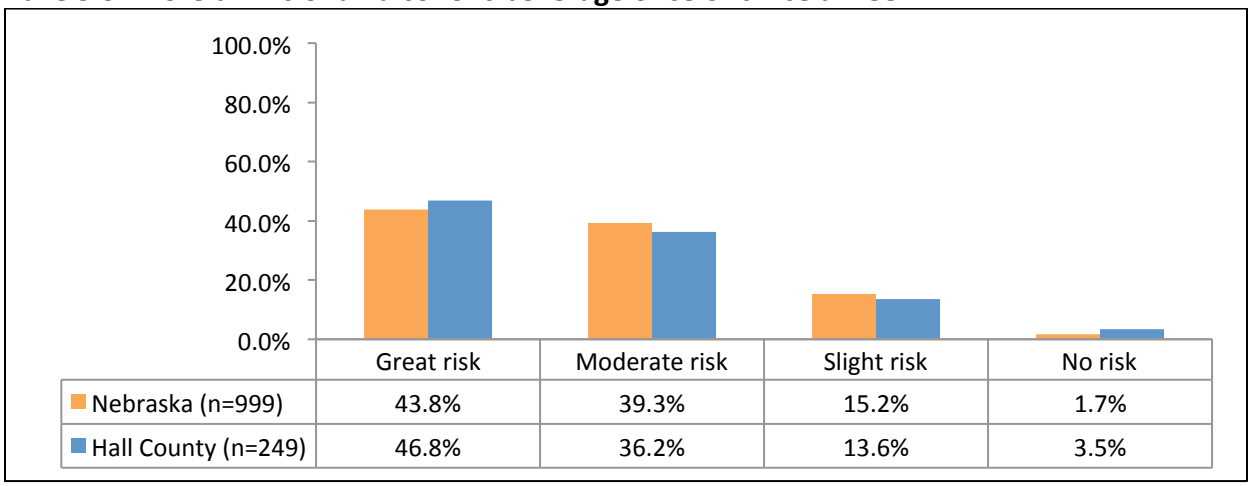
Figure 17. Community perception of individuals 18-20 years old to have 5 or more drinks



Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=3.99$, $p=0.263$)

When asked if individuals risk harming themselves, physically or in other ways, if they have 5 or more drinks of an alcoholic beverage once or twice a week, the majority of adults in Hall County (83%) perceive binge drinking as risky, with 46.8% perceiving it as a great risk and 36.2% as a moderate risk (see figure 18). These perceptions were similar to that of other Nebraskans across the state.

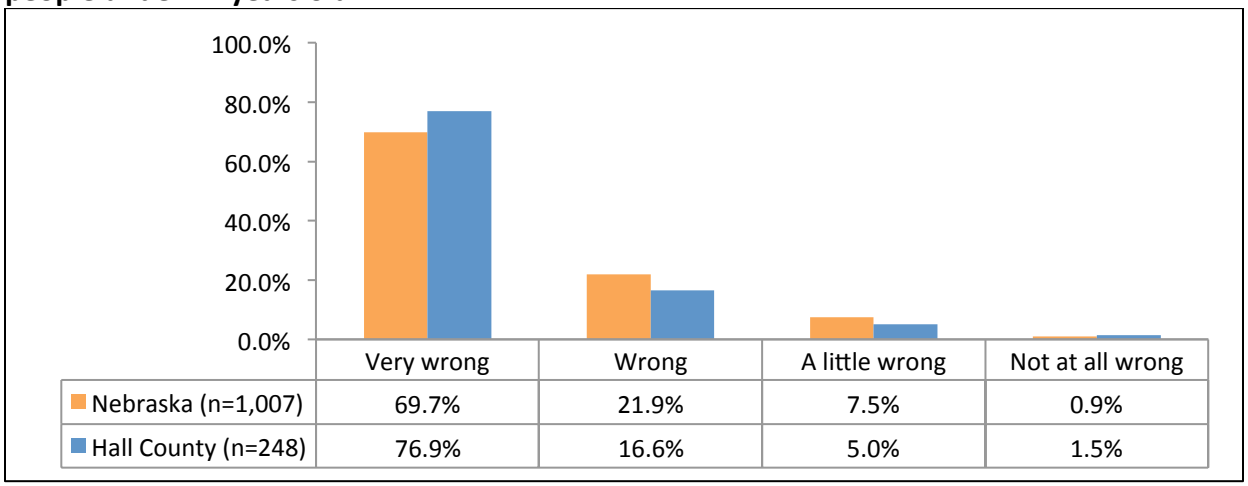
Figure 18. Perception of risk harming themselves physically or in other ways if individuals have 5 or more drinks of an alcoholic beverage once or twice a week



Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=7.640$, $p=0.054$)

When queried about how wrong it is for individuals 21 and older to provide alcohol for those underage, 76.9% of Hall County adults reported it as very wrong, while 69.7% reported it as very wrong statewide (see figure 19). Differences between Hall County and Nebraska respondents for this question were not statistically significant though.

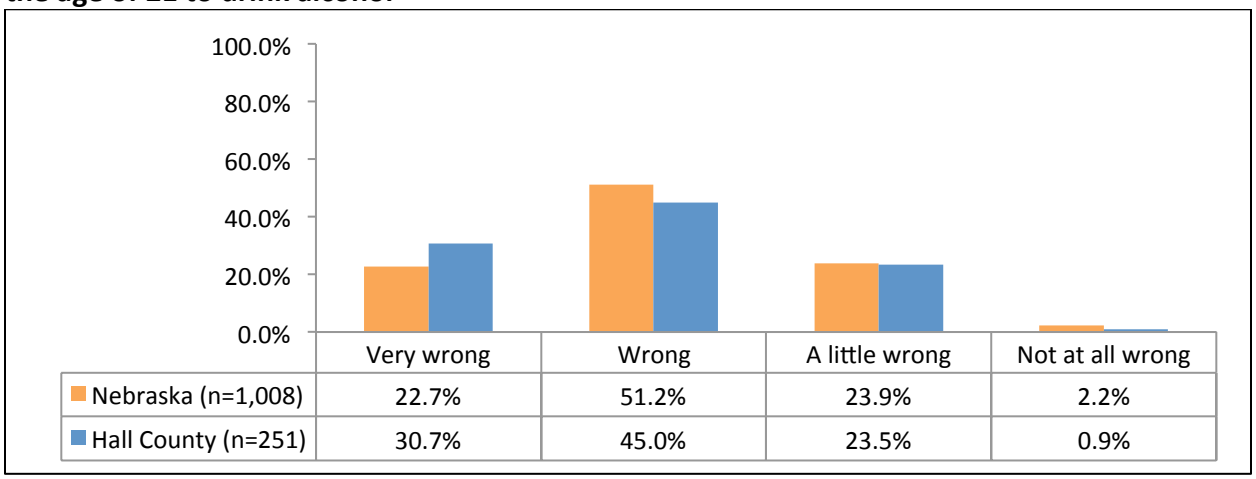
Figure 19. Perception of how wrong it is for individuals 21 and older to provide alcohol for people under 21 years old



Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=4.981$, $p=0.173$)

Respondents were asked to report how wrong they thought most adults within the community or surrounding area would think it is for kids under the age of 21 to drink alcohol. As figure 20 shows, 30.7% of Hall County respondents reported that they thought most adults would feel it is very wrong. In comparison, a significantly lower percentage (22.7%) of respondents statewide reported this as very wrong.

Figure 20. Perception on how wrong most adults in the community think it is for kids under the age of 21 to drink alcohol



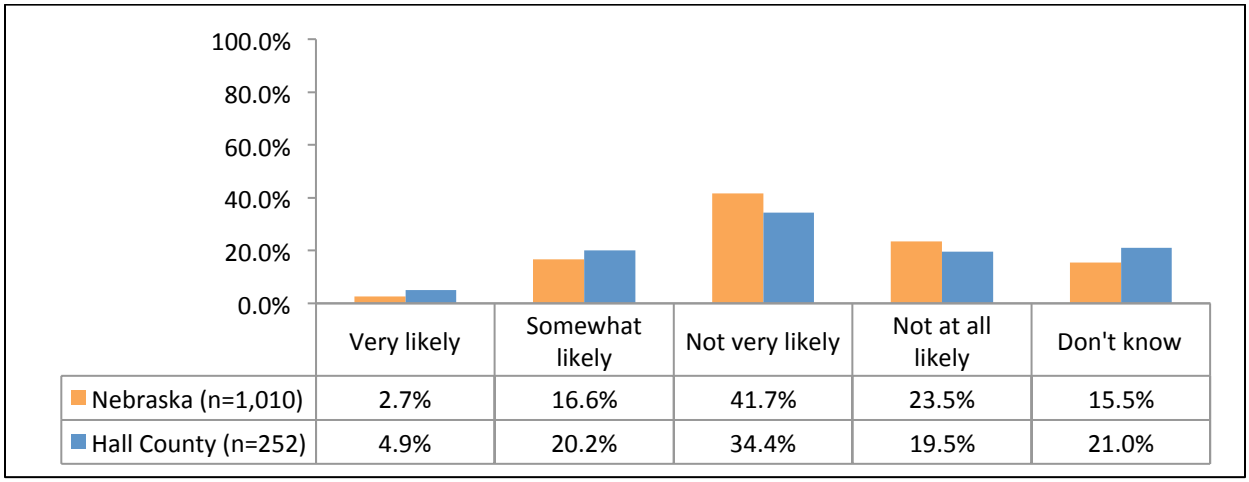
Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(3)=12.902$, $p=0.005$)

While most perceive that adults in their communities think underage drinking is wrong, a noticeably smaller proportion distinguished this community opinion as "very wrong." A direct comparison is not feasible due to measurement (individuals were asked to report different opinions for those less than 18 and for those 18-20, while adult community perceptions were

asked about those groups together). In general, respondents in Hall County were more likely to report "very wrong" for their own opinions (64.2% for under 18, and 45.9% for 18-20) than in their reports of the overall community perception (30.7%). In contrast, respondents were less likely to report the less extreme option of "wrong" for their own opinions (25.1% for under 18, 27.8% for 18-20) than the overall Hall County community perception (45%). On the flipside, respondents are less likely to perceive that adults in their community think underage drinking is not at all wrong. Only 0.9% of Hall County respondents perceive that other adults in their community think underage drinking is not at all wrong, while a higher proportion report feeling this way individually (1.8% for under 18, 8.2% for 18-20). Thus, it appears as though respondents hold more extreme opinions amongst themselves, but perceive broader community perceptions as more moderate. This same trend was also observed across the state.

Figure 21 shows perceptions on how likely it is for individuals under the age of 21 to be served a drink if they asked for one in a local bar or restaurant, while figure 22 shows likelihood of underage being sold alcohol at a convenience store. Across Hall County, 19.5% reported that it is not at all likely for underage individuals to be served at a bar/restaurant (compared to 23.5% statewide), while 17.6% reported it as not at all likely to have alcohol sold to a minor at a store (compared to 26.5% statewide). Only a small proportion of Hall County respondents believe it is very likely for underage individuals to be served at a bar/restaurant (4.9%) or to be sold alcohol at a store (4.3%), but proportions are higher than the statewide average, with 2.7% and 2.1% reporting this, respectively. These differences were statistically significant; thus, Hall County residents perceive it is more likely for minors to be sold or served alcohol when compared to the perceptions of others in the state.

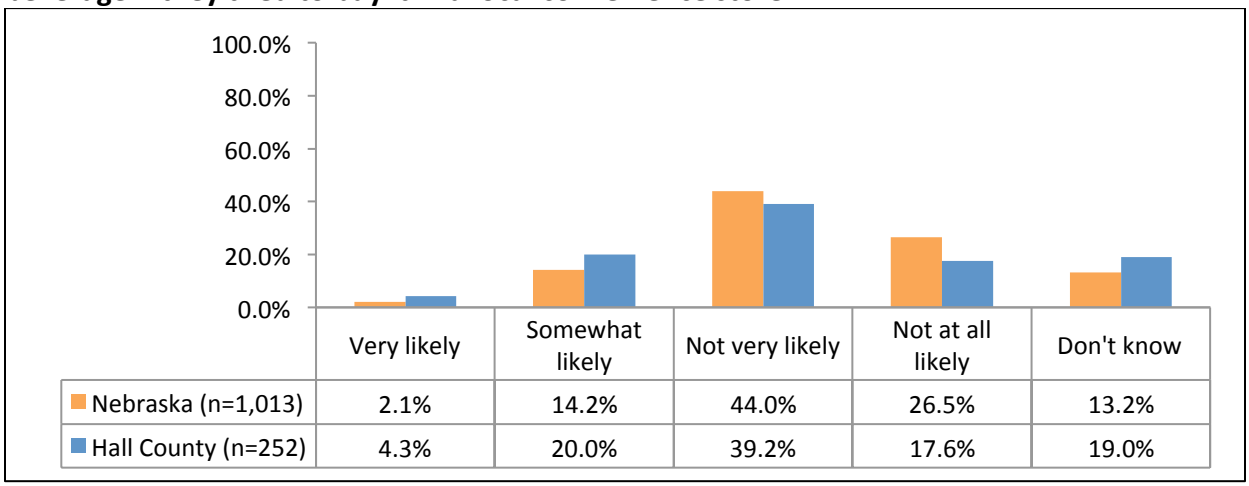
Figure 21. Perception of how likely a person under age 21 would be served a drink if they asked for one in a local bar or restaurant



	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Nebraska (n=1,010)	2.7%	16.6%	41.7%	23.5%	15.5%
Hall County (n=252)	4.9%	20.2%	34.4%	19.5%	21.0%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(4)=15.561$, $p=0.004$)

Figure 22. Perception of how likely a person under age 21 would be sold an alcoholic beverage if they tried to buy it in a local convenience store

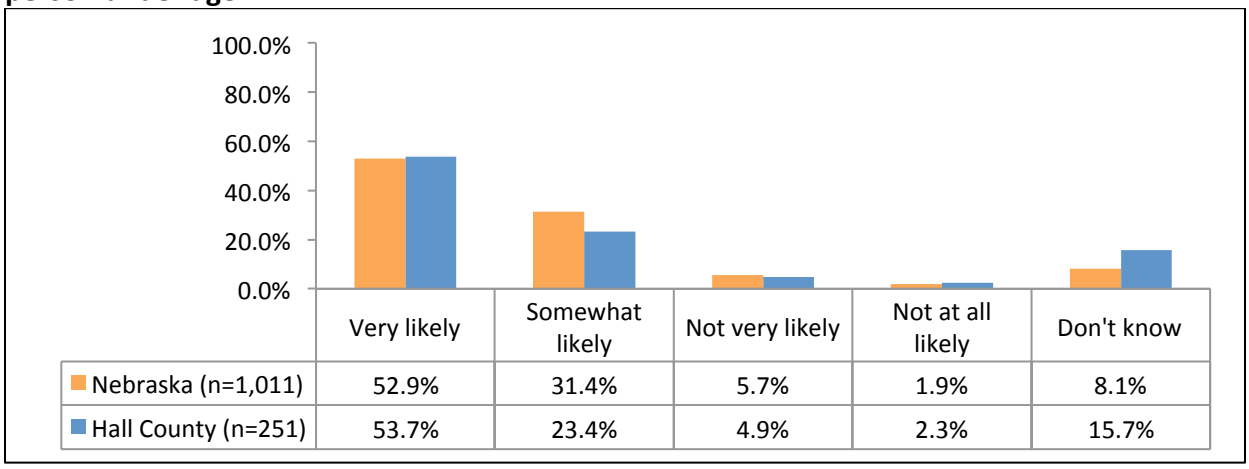


	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Nebraska (n=1,013)	2.1%	14.2%	44.0%	26.5%	13.2%
Hall County (n=252)	4.3%	20.0%	39.2%	17.6%	19.0%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(4)=26.138$, $p<0.001$)

When asked how likely it would be for the police to arrest an adult for providing alcohol to an underage individual, 53.7% of Hall County respondents reported that it would be very likely (see figure 23). A slight, but significantly lower proportion of adults statewide felt this was very likely (52.9%).

Figure 23. Perception on how likely the police would arrest an adult that provided alcohol for person under age 21

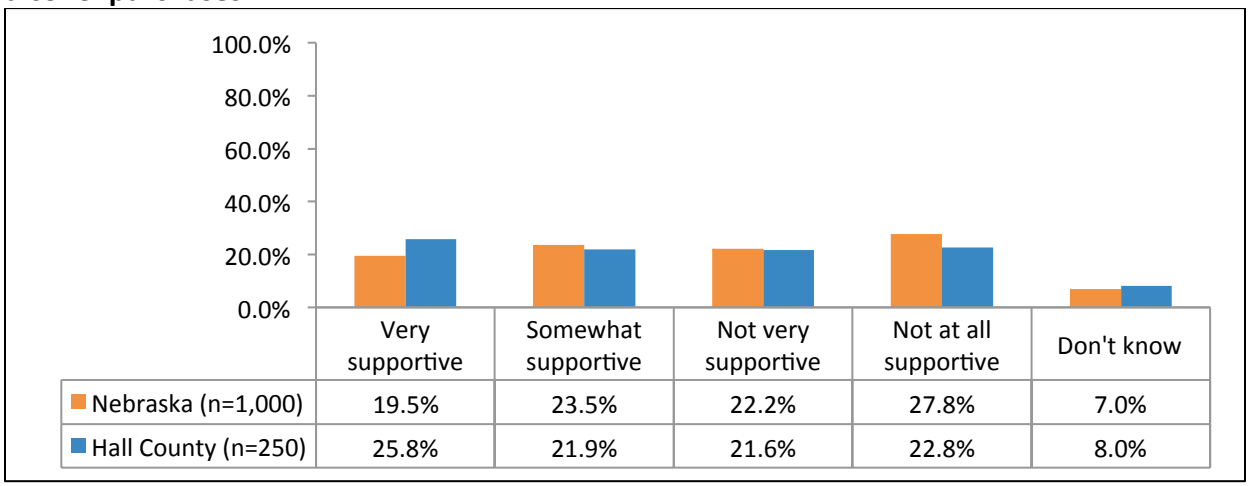


	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Nebraska (n=1,011)	52.9%	31.4%	5.7%	1.9%	8.1%
Hall County (n=251)	53.7%	23.4%	4.9%	2.3%	15.7%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(4)=21.030$, $p<0.001$)

As shown in figure 24, 47.7% of Hall County adults support additional taxes on alcohol purchases (25.8% very supportive, 21.9% somewhat supportive). Statewide, a slightly higher percentage (43.0%) of adults support additional taxes on alcohol purchase, although the difference was not statistically significant.

Figure 24. Percentage breakdown of how supportive respondents are of additional taxes on alcohol purchases

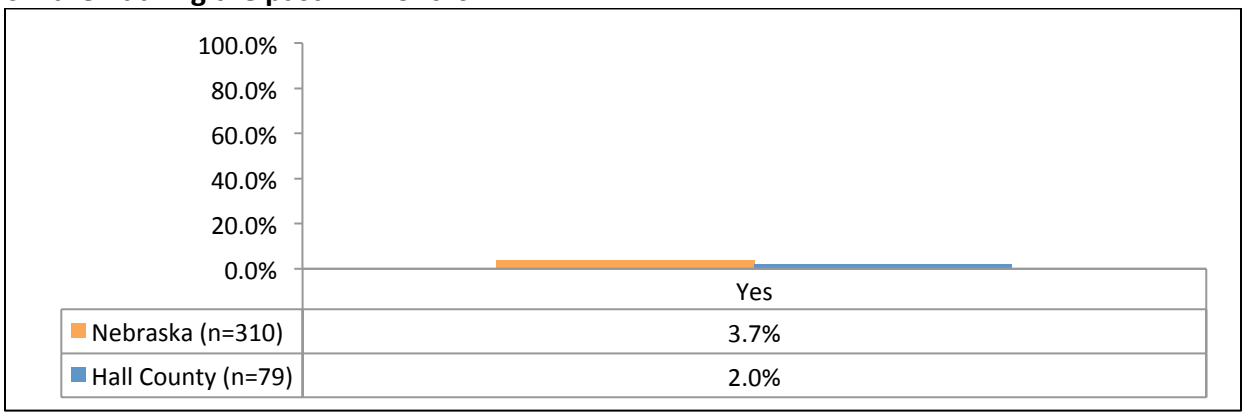


	Very supportive	Somewhat supportive	Not very supportive	Not at all supportive	Don't know
Nebraska (n=1,000)	19.5%	23.5%	22.2%	27.8%	7.0%
Hall County (n=250)	25.8%	21.9%	21.6%	22.8%	8.0%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(4)=4.543$, $p=0.337$)

Statewide, 2.8% of all respondents reported allowing underage youth to drink on their property in the past 12 months, whereas Hall County respondents reported 0.9%. When restricting the data to questions asked only of parents (23.1% of Hall County respondents are parents of a 12-20 year old), the proportions are slightly higher when asked if parents provided alcohol to their own underage children during the past 12 months. As figure 25 shows, 2.0% of respondents in Hall County that stated they were a parent of a 12-20 year old reported providing alcohol to their underage child, in comparison to the statewide report of 3.7% (these differences were non-significant).

Figure 25. Percentage of parents that answered yes to providing alcohol to their underage children during the past 12 months



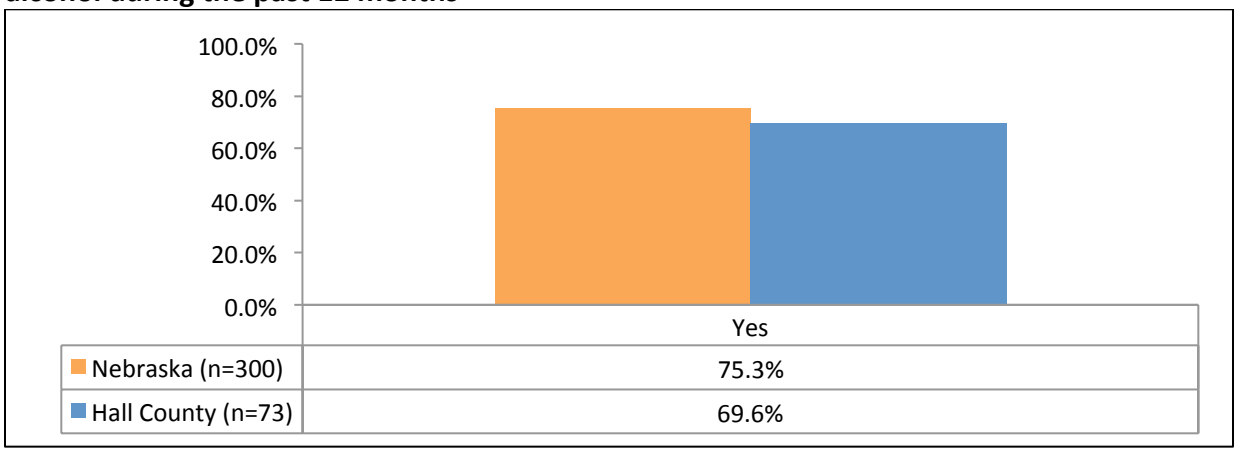
	Yes
Nebraska (n=310)	3.7%
Hall County (n=79)	2.0%

Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(1)=0.326$, $p=0.568$)

Of those in Hall County who stated that they were a parent of a 12-20 year old, over two-thirds (69.6%) had talked with their child about the dangers of alcohol (see figure 26). This percentage

is lower than the statewide report, in which three-quarters (75.3%) stated having talked with their child, but the difference was not statistically significant.

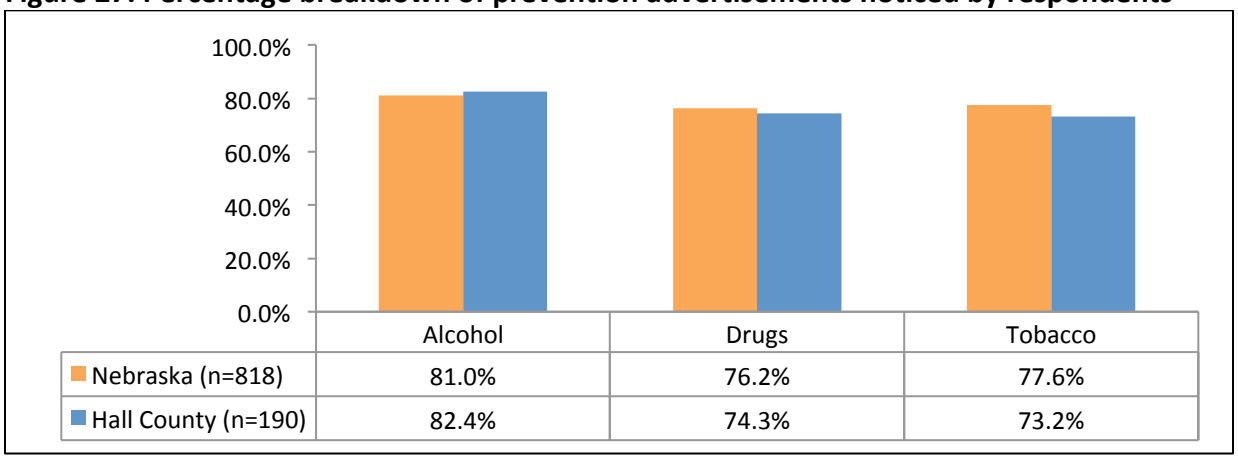
Figure 26. Percentage of parents that reported talking to their child about the dangers of alcohol during the past 12 months



Source: 2014 Nebraska Community Alcohol Opinion Survey
($X^2(1)=0.428$, $p=0.513$)

In Hall County, 75.8% of adult respondents reported hearing, reading, or watching an advertisement about the prevention of substance abuse within the past 12 months, in comparison with 81.1% of respondents statewide. Thus, Hall County adults are significantly less likely to report noticing an advertisement. As shown in figured 27, of those that reported noticing an advertisement, advertisements focusing on the prevention of alcohol were identified as the highest reported advertisement noticed amongst Hall County adults at 82.4%. Statewide, the response was opposite with alcohol being the top identified advertisement (81.0%). In Hall County, 74.3% of respondents reported noticing advertisements focused on drugs (76.2% statewide) and 73.2% noticed tobacco advertisements (77.6% statewide).

Figure 27. Percentage breakdown of prevention advertisements noticed by respondents



Source: 2014 Nebraska Community Alcohol Opinion Survey

Community-Level

History

Through the use of risk-and-protective factor framework, the Nebraska Division of Behavioral Health chose to fund communities identified with personal, family, and/or community characteristics that increase the likelihood of a substance abuse problem developing using data available at the time of the proposal. Eleven Nebraska counties were selected as target populations as they were found to have fewer protective factors and higher risk among the surveyed population. Hall County was selected as a target county. Within Hall County, the Grand Island Substance Abuse Prevention (GISAP) Coalition was selected for SPF-PFS funding in year-one to address underage drinking prevention.

Substance abuse prevention efforts throughout Hall County varied prior to receiving SPF-PFS funding. Through site visit interviews, interviewees noted the following examples of substance abuse prevention efforts happening within Lancaster County prior to SPF-PFS: media efforts, TIPS training, educational presentations to different school groups (youth and professional), compliance checks, All-Stars, youth conference, Too Good For Drugs, as well as Big Brother Big Sisters. The GISAP Coalition described various funding sources that covered the cost of these efforts, such as Drug Free Community, prevention block grant funding, Strategic Prevention Framework – State Incentive Grant (SPF-SIG) funding, United Way funding, as well as Minority Health Disparities funding.

History of Initiative

The GISAP Coalition was made aware of the funding opportunity through their Regional Prevention Systems Coordinator (RPC). The Regional Behavioral Health Systems agency opened the opportunity to the community at large, for anyone working in prevention could apply. When queried why the GISAP Coalition decided to apply for this funding opportunity, it was stated that since it was substance abuse prevention based, and they already had the capacity within the community, it seemed logical. Additionally, during the year-one site visit, it was noted that the GISAP Coalition saw the SPF-PFS funding as an opportunity to both expand on existing efforts/programming being implemented with their target audience/community, as well as look into ways to expand their reach by networking and having discussions with new stakeholders/partners.

Description of Coalition

The GISAP Coalition was established prior to the SPF-PFS funding opportunity, in 2003 with SICA funding. They continuously look for and reach out to new partners to broaden their reach, gain exposure within the community, and position themselves to make a better impact. Challenges that the LPC has faced in recruiting new members are obtaining faith-based and political representation. Despite struggles in recruiting membership from missing sectors, the GISAP Coalition reported that throughout the years they have maintained active law enforcement representation regardless of funding, and have recently gained a school representative.

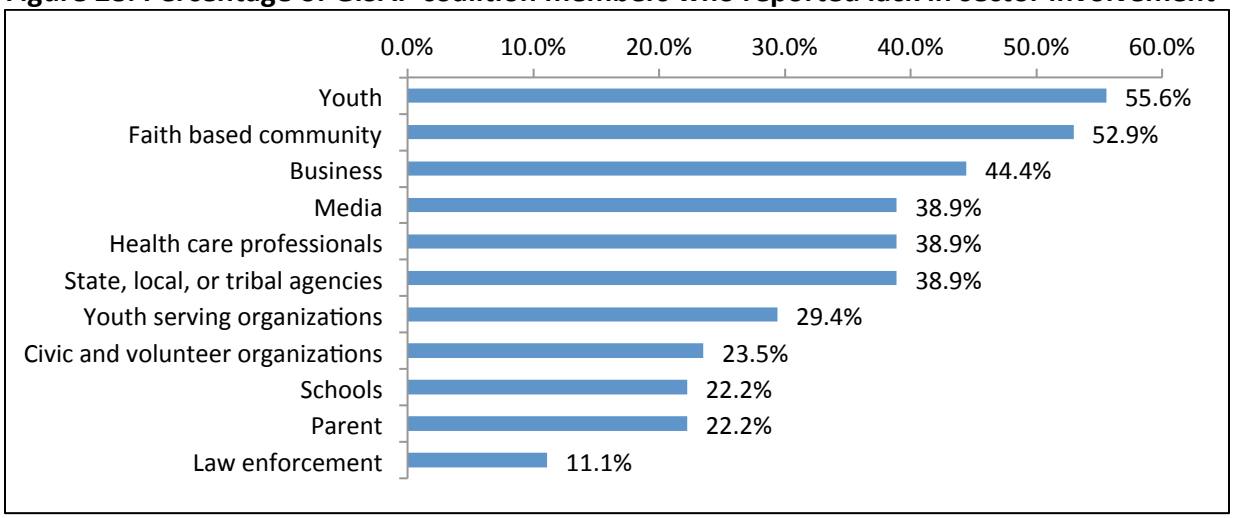
The coalition structure of the GISAP Coalition can be described as formal, with paid staff, oversight by their fiscal agent, and project specific committees. Meetings include agendas, minutes that are voted on, sign-in sheets, and decisions are made by consensus, with no Robert's Rules of Order. A desire for a more formalized leadership team, in order to allow the coalition to take more ownership of the coalition rather than relying on the paid staff coordinator, was reported during the year-one site visit. Professional development opportunities are continuously being made known to the broader coalition, and the training opportunities have been sponsored by the coalition for their assistance in bringing that training and knowledge back to the targeted community.

County Engagement and Mobilization

During year-one site visits, coalitions were asked how the level of collaboration amongst local agencies/organizations doing prevention work in their county had changed as a result of SPF-PFS funding. The GISAP Coalition reported that their relationships with the local school systems has improved significantly, attributing this specifically to SPF-PFS efforts. However, despite having this strengthened relationship, it was also noted they are still attempting to obtain involvement from the local middle school, as well as representation from social workers, youth, and minority populations.

According to the year-one SPF-PFS Coalition Capacity Survey for the GISAP coalition, the top identified sector that lacked representation was youth, followed by faith-based community and business (see figure 28).

Figure 28. Percentage of GISAP coalition members who reported lack in sector involvement



Source: 2014 SPF-PFS Coalition Capacity Survey for GISAP (n=17)

SPF Framework

Assessment

The Assessment Phase for coalitions were minor, as the targeted 11 counties had been pre-selected by the DBH. Each RPC and coalition were informed with the reasoning behind the selection of the 11 targeted counties, including relevant local data pertaining to the proprietary issues focused on by SAMHSA and the SPF-PFS funding. RPCs and coalitions alike understood how multiple data sources were used for the selection of counties, but would have preferred to have some additional players involved in the decision process to provide supplemental insight regarding population and community capacity. Assessment efforts made specifically by the GISAP Coalition were reported as the coordinator reviewing all data and community issues related to prevention, identifying items that stood out. The coalition had done a decent job of keeping the strategic plan current, so that when the DBH provided data the coalition was able to combine it with the data they had and identify priorities to focus on.

Successes and Barriers:

Accomplishments for this SPF step were described as having no surprises in the assessment data, confirming that their original assessments had been on the right track, as well as identifying new data sources for review. The primary barrier discussed during the year-one site visit was restlessness of some coalition members who were anxious to start addressing issues rather than fully digesting the data.

Capacity

Through the SPF-PFS Coalition Capacity Survey, coalition members were queried about their structure, as well as their capacity to complete the Strategic Prevention Framework (SPF) as part of their SPF-PFS efforts. Ten scales were created to assess each coalition's baseline capacity. Table 1 shows the scores for the coalition on each scale, as well as the average across coalitions. It should be noted, that county level scores should be interpreted with caution due to small sample sizes (n=17).

Table 1: Coalition Capacity Assessment Scores Comparison

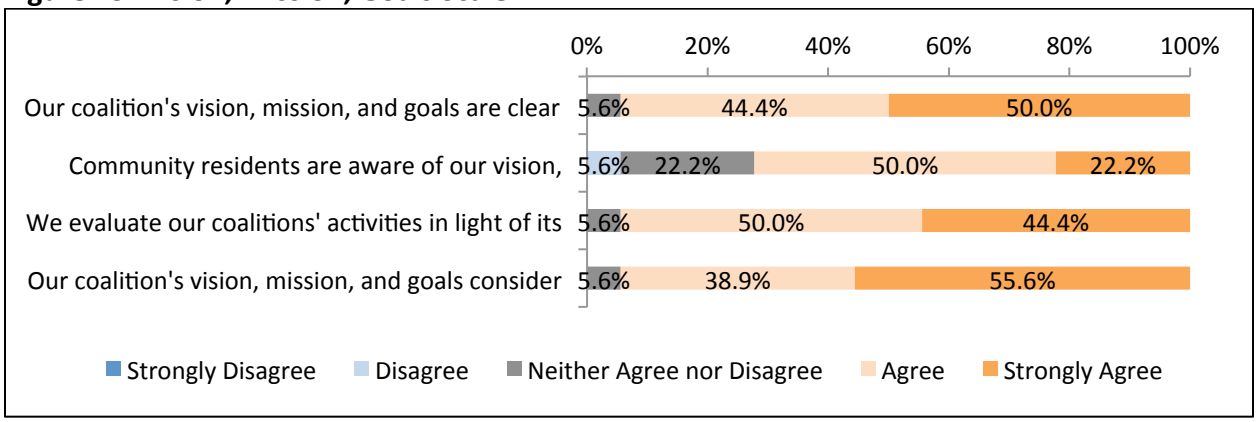
Coalitional Capacity Assessment Scores				
Scale	**Number of Items in Scale**	**GISAP Coalition**	**SPF-PFS AVERAGE**	**SPF-PFS Range**
Vision, Mission, Goals	4	4.4	4.1	3.5-4.4
Inter-organizational Relationships[a]	11	3.1	3.1	3.0-3.4
Coalition Learning[b]	7	2.6	2.7	2.3-3.1
Member Involvement	6	3.8	3.8	3.4-4.1
Assessment	4	4.1	4.0	3.8-4.2
Planning	5	3.9	4.0	3.6-4.4
Implementation	4	3.9	4.1	3.7-4.5
Evaluation	5	4.0	3.9	3.6-4.2
Cultural Competency	4	3.7	3.9	3.3-4.5
Sustainability	7	3.8	3.7	3.3-4.1

Note. The assessment scale is 1 = strongly disagree to 5 = strongly agree.
a: The inter-organizational relationship scale is 1 = none to 4 = extensive.
b: The coalition learning scale is 1 = no change to 4 = major increase.

Source: 2014 SPF-PFS Coalition Capacity Survey for GISAP (n=17)

The first scale from the Coalition Capacity Survey, a 5-point likert agreement scale (1=strongly disagree, 5=strongly agree) comprised of 4 measures, assesses the coalition's vision, mission, and goals. Across the 12 SPF-PFS funded coalitions, the average score is 4.1, while the score for GISAP is 4.4. While overall, scores were relatively high on this scale, an area where LPC members reported lower levels of confidence, relative to their answers on the other measures in this scale, was whether community residents are aware of their vision, mission, and goals. While no one disagreed or strongly disagreed with the other items in the scale, 5.6% reported that they disagreed and 22.2% neither agreed nor disagreed that community residents are aware of their vision, mission, and goals (see figure 29).

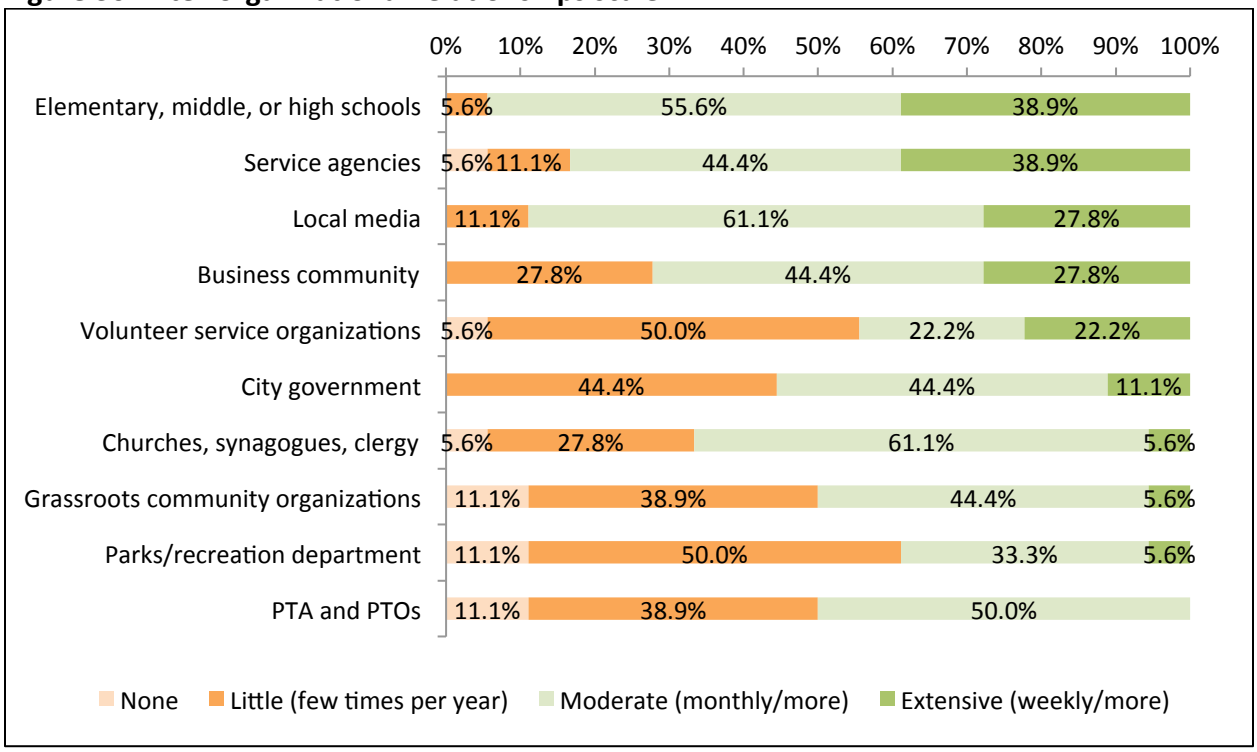
Figure 29: Vision, Mission, Goals Scale



Source: 2014 SPF-PFS Coalition Capacity Survey for GISAP (n=17)

The second scale assesses inter-organizational relationships through the use of measures assessing the level of contact with 11 different community organizations. The average score across SPF-PFS counties is 3.1, on a 4-point likert scale (1=none involvement, 4=extensive involvement), and the average score for GISAP is 3.1. There is very little variability across coalitions, with nearly all reporting a score of 3.0 or 3.1. When looking at GISAP, highest participation is found with schools, service agencies, and local media (see figure 30). Lowest participation is found with parks/recreation departments, grassroots community organizations, and PTA and PTOs.

Figure 30: Inter-organizational relationships scale



Source: 2014 SPF-PFS Coalition Capacity Survey for GISAP (n=17)

The third scale assesses coalition learning, which includes items measuring the amount of increase in 7 areas using a 4-point likert scale (1=no change, 4=major increase). The average score across SPF-PFS counties is 2.7, with a range from 2.3 to 3.1, while the average score for GISAP was 2.6. The greatest increase reported in coalition learning for GISAP is knowledge of risk and protective factors for Alcohol, Tobacco, and Other Drugs (ATOD) problems, with 38.9% reporting a major increase and 27.8% a moderate increase. The area showing the least amount of increase was the belief that prevention of ATOD problems is possible (27.8% no change). Responses for this

The fourth scale assesses member involvement, using 6 measures on a 5-point likert agreement scale. There was variability across SPF-PFS counties, as scores range from 3.4 to 4.1, with an average score of 3.8 for both SPF-PFS counties and GISAP. The responses across measures were fairly homogenous, with moderate to strong agreement for all measures. The items showing

the least agreement for GISAP was that the coalition includes adequate representation from diverse demographic sectors of the community and that members' roles and responsibilities are well-defined, with 61.1% of coalition members agreeing or strongly agreeing.

Four measures on a 5-point likert agreement scale were used for the fifth scale to assess the SPF step of assessment. The average score across SPF-PFS counties is 4.0, with little variability across coalitions (range was 3.8 to 4.2). The average for GISAP was 4.1 for this scale. All items in this scale had high levels of agreement, but the strongest agreement for GISAP was found when asked about experience in collecting and analyzing data (27.8% strongly agree), while having a clear understanding of the data had the least, albeit fairly high agreement (only 11% disagreed while the rest either agreed or strongly agreed).

The sixth scale assesses the SPF step of planning. The average score when combining the 5 agreement measures (5-point likert scale) across SPF-PFS counties is 4.0 with a slightly lower average score (3.9) found for GISAP. Scores range from 3.6 to 4.4, showing more variability across coalitions. Strongest agreement for GISAP was found when asked if planning is very important (27.8% strongly agreeing and 55.6% agreeing). The least agreement was found when asked if, before the coalition begins a new project, they identify new project tasks, who will do them, and by what target date. (16.7% strongly agreeing and 44.4% agreeing).

The seventh scale included 5 items (5-point likert scale) assessing agreement among aspects associated with the SPF step of implementation. The average score across SPF-PFS counties is 4.1, with some variability across coalitions (range of 3.7 to 4.5). The GISAP average for this scale was lower than the SPF-PFS average with a score of 3.9 for this measure. GISAP responses showed consistent agreement across all 5 measures, with strongest agreement reported for the coalition's understanding of the need for implementing evidence-based programs, policies, and practices (94.4% strongly agree or agree). The measure showing the least agreement was that the coalition is implementing the most appropriate types of strategies for the community and that environmental strategies are important to the work of the coalition (77.8% agree).

Evaluation was assessed in the eighth scale using 5 agreement measures (5-point likert scale). Scores ranged from 3.6 to 4.2, with an average of 3.9 across coalitions. The average for GISAP on this scale was slightly above the SPF-PFS average at 4.0. Similar to many of the other SPF step scales, responses were consistent across measures for GISAP, with strongest agreement reported for using evaluation data from activities to refine local efforts and establish new (or on-going) goals (88.9% agree or strongly agree); and while remaining a high proportion, the least agreement was found for evaluating how well a project went after it is complete (83.3% agree or strongly agree).

Four items were used to create the cultural competency scale (5-point likert scale). The average score is 3.9, but coalitions vary greatly on this scale, ranging from 3.3 to 4.5. The GISAP average for this scale was 3.7. Strongest agreement is with GISAP recognizing the importance of respecting cultural diversity (94.5% agree or strongly agree); however, fewer members (33.3%)

agree or strongly agree that the coalition membership reflects the cultural makeup of the community.

The last scale assesses sustainability, which is comprised of 7 agreement items (5-point likert scale). The average score across SPF-PFS counties is 3.7, which is the lowest across all SPF steps. Moreover, there is variability among coalitions, ranging from 3.3 to 4.1. GISAP has an average score of 3.8 for this scale and reported strongest agreement that the coalition has members with experience in writing successful grant applications, with 94.1% agreeing or strongly agreeing. The lowest level of agreement at 66.7% agreeing or strongly agreeing is with the coalition having strong support of local government and other community organizations.

In sum, GISAP scored above the average score across SPF-PFS coalitions in the areas of vision/mission/goals, assessment, evaluation, and sustainability. In contrast, the coalition scored below the average in coalition learning, planning, implementation, and cultural competency. This identifies areas for the coalition to continue to build capacity over time, which will be measured through the re-administration of the capacity survey in years 3 and 5.

During the year-one site visit, interviewees were queried about which resources (e.g., human, financial), skills, or knowledge have contributed to the functioning of their coalition and efforts. The GISAP Coalition reported that receiving grant funding has had a significant and beneficial impact on their ability to implement more efforts community-wide, connect with more partners, as well as look at issues and efforts more holistically rather than targeting segmented portions of the situation. Resources identified that could assist in increasing capacity were direct service funding, additional funding to expand their reach and engage missing sectors, as well as strategies to intervene earlier in the process (engaging youth at younger ages).

Successes and Barriers:
The greatest barrier to the capacity phase was identified as their geographical reach, as most of their efforts are centralized on Grand Island proper with not a lot of focus or reach to the rest of Hall County. Additional barriers were described as a lack in parent engagement and minority representation. Despite these barriers, the GISAP Coalition noted that having strong relationships with key stakeholders (e.g., schools, law enforcement) was a key component for their successful functioning.

Planning
As part of the planning phase, SPF-PFS funded coalitions selected evidenced-based strategies for implementation within their target counties. The GISAP Coalition reported completing a full strategic planning process in 2012, around the time major funding (SPF-SIG) was coming to an end. *"As grants become available, [our focus is on] 'what would we like to bring back; what would we like to sustain; what would we like to expand further?'"* Coalition members, staff, community representatives, contracted local evaluators, and regional prevention staff contributed to the planning process and strategy selection. Health disparities were noted as a consideration throughout the planning process.

Successes and Barriers:
When queried about year-one planning accomplishments, the GISAP Coalition reported having felt that they selected the correct strategies that meet the needs of the community. The primary barrier identified was the amount of time completing SPF-PFS requirements in the shortened contractual period. *"Doing what the SPF requirements said in a timely manner…if we hadn't gone through [our own strategic planning process prior to receiving SPF-PFS funding] it would've been challenging."*

Implementation

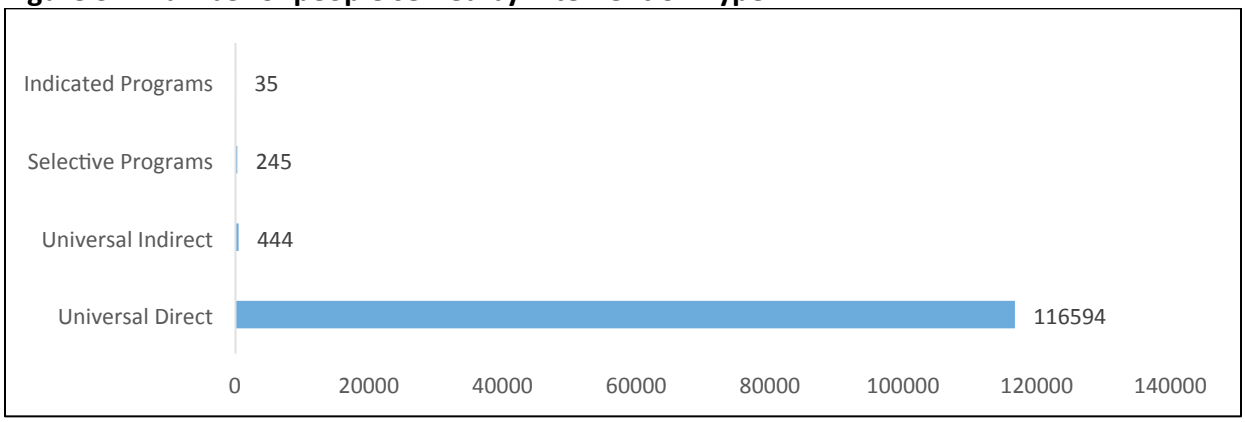
The implementation phase of the SPF Framework is when coalitions put the activities and strategies from their planning phase into action. See Table 2 for a complete list of strategies implemented and/or planned for SPF-PFS by the GISAP Coalition.

Table 2: GISAP Coalition Strategies Implemented and/or planned

Strategies	Implemented or Planned
Strengthening Families Program	Implemented
Alcohol Compliance Checks	Implemented
Community Event (speaker)	Planned
Media Campaign	Implemented

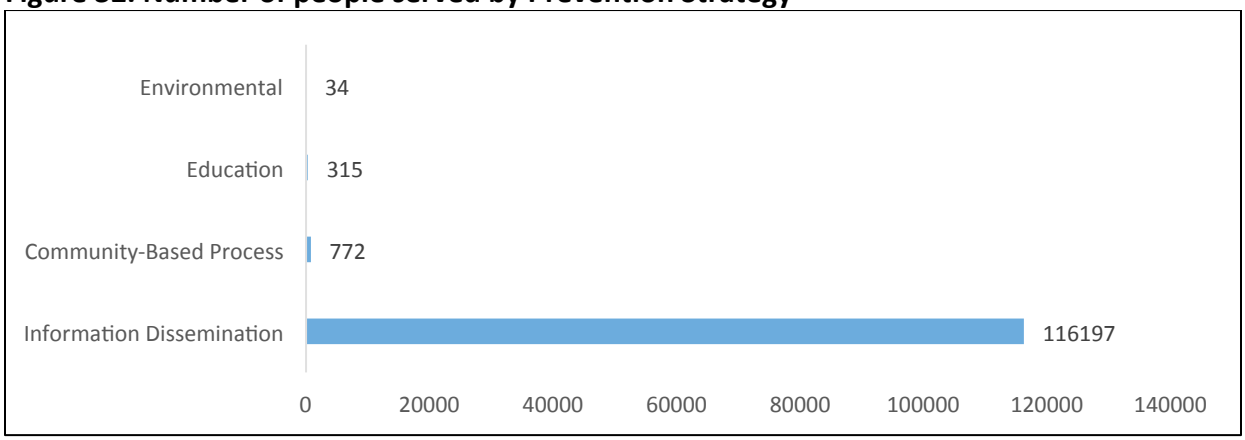
According to self-reported entries into the Nebraska Prevention Information Reporting System (NPIRS), which is a statewide Internet based reporting system designed to collect prevention activity data in the State of Nebraska, 117,318 people were served by GISAP's year-one SPF-PFS efforts. When restricting reach to those evidenced-based programs and/or practices, 402 people were served. Furthermore, when looking at intervention type and prevention strategy categories, the largest numbers of people served by GISAP were by universal direct interventions and information dissemination strategies (see figures 31 and 32). For more detailed numbers on populations served per strategy, see table 3.

Figure 31. Number of people served by Intervention Type



Source: Nebraska Prevention Information Reporting System

Figure 32. Number of people served by Prevention Strategy



Source: Nebraska Prevention Information Reporting System

Table 3: Number of People Served by Program Activity

Program activity Type	Number
Presentation	52913
Radio PSAs	32100
Community Presentation	30825
Training	482
Strengthening Families Program	269
Parent and Family Skills Training	208
Coalition Meetings	204
Responsible Beverage Server Training (RBST)	133
Coordinating Group/Board Meetings	104
Youth Training	80
Total	**117318**

Source: Nebraska Prevention Information Reporting System

Successes and Barriers:

Notable successes for year-one implementation were described as completing a full round of their Strengthening Families program, as well as receiving a full 100% match from a local radio station in regards to their media efforts. However, several barriers were also reported during year-one site visits. These included restrictions on what is allowable to purchase with SPF-PFS funding (e.g., food is an important component of the evidence-based strategy, Strengthening Families), as well as the condensed time frame to implement with the shortened contractual period in year-one. Resources identified that may make the implementation process easier were noted as additional funding to cover non-allowable expenses from SPF-PFS funding, as well as personnel resources to alleviate the amount of time consumed by searching for other ways to fund this aspect of the Strengthening Families program.

Evaluation

Following the implementation phase in the SPF Framework is the evaluation phase. This phase allows coalitions to assess areas in which they are making an impact, as well as areas that may

need improvements. During this phase, the GISAP Coalition completed the evaluation process by collecting some retrospective, and pre/post data on their Strengthening Families program. Additionally, they worked with local schools to raise participation rates for the Nebraska Risk & Protective Factor Student Survey (NRPFSS).

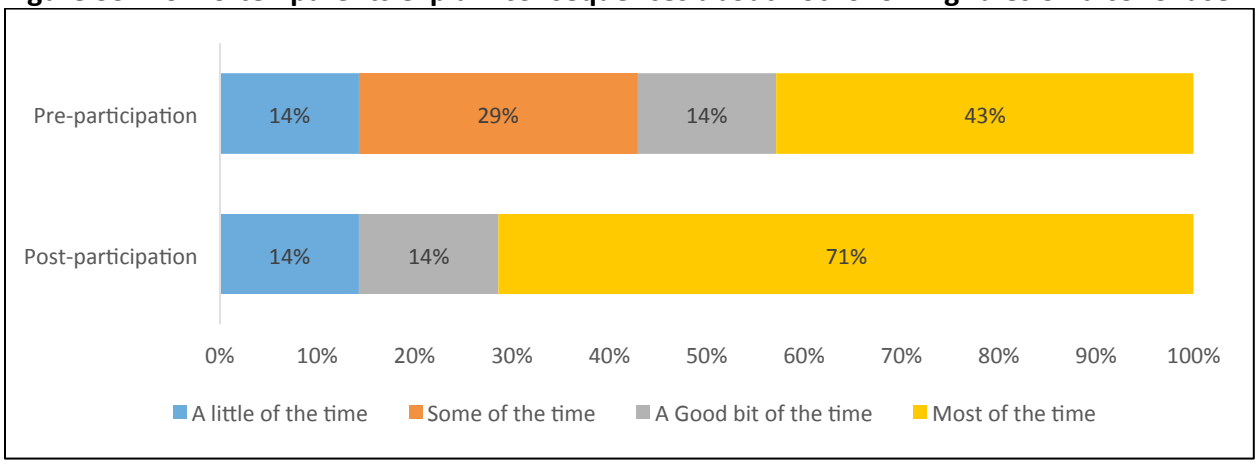
Compliance Checks

Compliance checks were conducted by the Hall County Sheriff's Office on September 5, 2015. CIs visited 51 businesses and, among them, conducted compliance checks at 46 businesses; no check was conducted at 5 businesses due to business being no longer in business or CIs knowing someone inside the business. Among 46 businesses checked, 4 businesses turned out to be selling to minors. Among 4 businesses that sold alcohol to minors, 3 businesses didn't conducted an ID check, and one business sold alcohol to minors while it did an ID check.

Program-Level Surveys

GISAP collected pre- and post-participation surveys for their individual level strategy "Strengthening Families." The surveys were administered to all participants receiving the programming prior to beginning the program and again when programming was complete. In a retrospective survey, parent participants were asked to rate their level of knowledge, strengths, relationships, etc. at the end of the program and their perceived level before the program began. Overall results were positive from parent participants, who perceived a positive change on each of the 20 survey items. Parents were asked to respond to a question of how often they explain to their child the consequences of not following their rules concerning alcohol use. As presented in figure 33, the percentage of parents who reported "most of the time" increased by 28% from 43% (pre-test) to 71% (post-test), demonstrating how the programming brought a positive behavioral change in parents.

Figure 33. How often parents explain consequences about not following rules on alcohol use



Source: Program-Level Pre-/Post-test Surveys

Parent National Outcome Measures Survey Results

A total of 11 parents completed the National Outcome Measures Survey (NOMS), 8 of which were female, and one 1 Hispanic. A question item relevant to preventing underage drinking was about the communication with children about the risks or problems associated with the use of tobacco, alcohol, or drugs. Two parents out of ten who responded to this question item reported "0 times" in the past 12 months, suggesting a need for intervention in this area.

Successes and Barriers:

During the year-one site visit, the GISAP Coalition reported evaluation success as having evaluators at their disposal being appreciated and a huge relief, as well as a resource not available to them in between funding. No barriers were identified for the evaluation phase at the time of the year-one site visit.

Sustainability

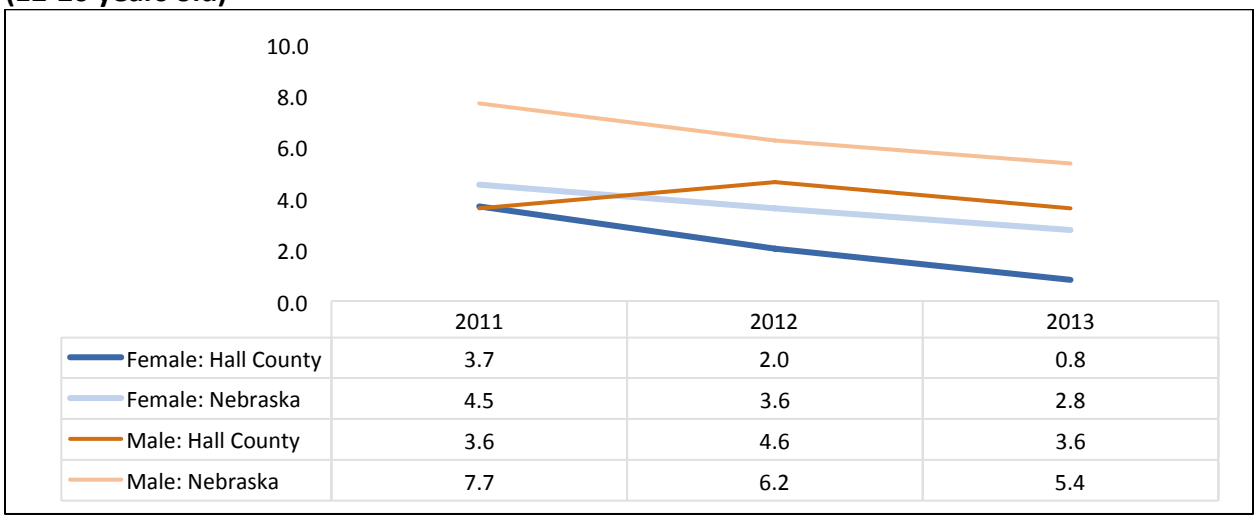
Sustainability is a key component to the SPF Framework, and leveraging resources is a major step toward achieving sustainability. When asked about leveraging resources during year-one site visits, the GISAP Coalition noted a variety of examples in which they utilized braided funding, such as community organizations helping with food costs, railroad money, matching from local radio station, and support from the Office of Highway Safety. An advantage to leveraging resources was described as strengthening and encouraging collaboration within the community. Disadvantages were identified as a lack of sustainability once one or more sources of funding cease, as well as making reporting requirements more time consuming and challenging.

When asked about plans for sustaining SPF-PFS strategies once SPF-PFS funding ends, the GISAP Coalition reported not having thought that far ahead. As for sustainability of the coalition once SPF-PFS funding ceases, the hope is that the leadership would change to the coalition members taking more ownership, as no paid staff would be able to continue without funding.

Behavioral Health Disparities

Gender and racial/ethnic differences were examined whenever data allowed, which revealed some differences when analyzing consequence data. Statewide and Hall County trend data show a similar decrease over time for both males and females. Across the state, males are more likely to be placed on probation due to alcohol than females, with rates per 1,000 in 2013 being 5.4 for males (a decrease from 7.7 in 2011) and 2.8 for females (a decrease from 4.5 in 2011). However, the number of males being placed on probation for these reasons was consistently lower in Hall County with 3.6 per 1,000 individuals in 2013 (down from 4.6 in 2012). Females in Hall County placed on probation for the same reasons also showed lower prevalence (0.8 per 1,000) than the statewide average (2.8 per 1,000) in 2013 (see figure 34).

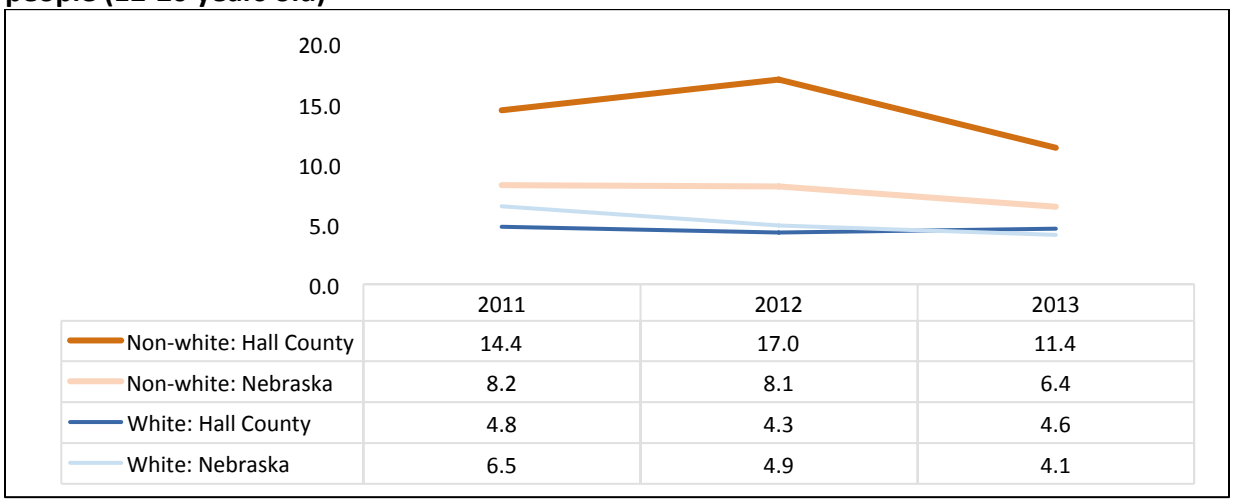
Figure 34. Number of males and females placed on probation due to alcohol per 1,000 people (12-20 years old)



Source: Office of Probation Administration

In addition, figure 35 shows that throughout Hall County, non-whites were consistently more likely to be placed on probation due to alcohol than whites (11.4 per 1,000 in 2013 for non-whites compared to 4.6 per 1,000 for whites in 2013). The same is true for statewide results (6.4 per 1,000 for non-whites compared to 4.1 per 1,000 for whites in 2013), but the disparity is much greater in Hall County.

Figure 35. Number of whites and non-whites placed on probation due to alcohol per 1,000 people (12-20 years old)

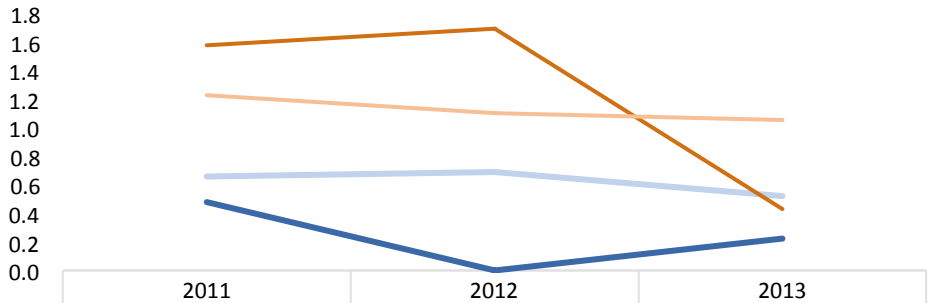


Source: Office of Probation Administration

Similarly, when analyzing alcohol-related hospitalizations of 12-20 year olds, despite racial/ethnic disparities not being able to be examined due to data limitations, a disparity in

gender was identified. As shown in figure 36, across the state, males were more likely to be hospitalized due to alcohol than females, with rates per 1,000 in 2013 being 1.1 for males in Nebraska (a decrease from 1.2 in 2011) and 0.5 for females in Nebraska (a decrease from 0.7 in 2011 and 2012). While consistently lower than males, the number of females in Hall County being hospitalized for alcohol was lower than that of females statewide, with 0.2 per 1,000 in Hall County in 2013, compared to 0.5 statewide. Males in Hall County had higher rates of hospitalization due to alcohol in 2011 and 2012, but that rate dropped to below the state average in 2013. The disparity between males and females remained fairly consistent over time across the state, but decreased substantially between 2012 and 2013 for Hall County.

Figure 36. Number of males and females hospitalized due to alcohol per 1,000 people (12-20 year olds)



	2011	2012	2013
Female: Hall County	0.5	0.0	0.2
Female: Nebraska	0.7	0.7	0.5
Male: Hall County	1.6	1.7	0.4
Male: Nebraska	1.2	1.1	1.1

Source: Hospital Discharge Data (ER)

When queried during year-one site visits, the GISAP Coalition described their efforts to ensure cultural competency was addressed within their activities and SPF-PFS initiatives as advertising on radio stations targeting minority populations, having a translator assist with documents and their website, having strategy implementers able to conduct the Strengthening Families program and TIPS trainings in Spanish, as well as partnering with the local multicultural commission. Additional efforts were reported as identifying strategies that were culturally adaptable and sensitive.

Successes and Barriers:
The top identified barrier in addressing cultural competency was identified as having a hard time recruiting Spanish-speaking families to sign-up for the Strengthening Families program. Additional barriers were described as difficulties recruiting a representative from targeted disparate populations to join the coalition, as well as the shortened time frame of the year-one contract prohibiting larger recruitment efforts. When queried about accomplishments in this category, having the ability to implement their Strengthening Families Program in Spanish (having instructors trained) was reported.

Training and Technical Assistance

Training and/or Technical Assistance (T/TA) has been provided to the sub-grantee coalitions by the DBH staff, RPCs, as well as the evaluation team. The DBH has hosted events that have been made available to all SPF-PFS sub-grantees, including a statewide SPF-PFS kickoff meeting, a Health Disparities Training, Prevention Advisory Council (PAC) meetings, as well as webinars and online courses. The GISAP Coalition reported that at least one staff representative has attended each of the DBH provided events. When queried about T/TA received by the substate/regional-level, the GISAP Coalition described it as being their main source and avenue of communication. Additional T/TA received by the GISAP Coalition were in the form of conferences, such as the Healthy Youth Nebraska Training hosted by the Department of Education, and a local Multicultural Conference.

When queried about their interaction with other SPF-PFS funded coalitions during year-one, the GISAP Coalition noted having not had any interaction, with the exception of a few conversations with the Director of the Area Substance & Alcohol Abuse Prevention (ASAAP) Coalition, which is also located in Region III. It was reported that more interaction between SPF-PFS funded entities would be appreciated, as well as thought to be beneficial.

During the year-one site visits, coalitions were asked about their use of the grantee-level reporting system NPIRS. The GISAP Coalition reported that despite having many T/TA sessions/guidance, they are still confused about how to enter items such as time and mileage, and state that more T/TA is needed. According to NPIRS data, the GISAP Coalition's compliance with entering their activities in the required amount of time was 46.3%.

Conclusion

The GISAP Coalition was one of thirteen coalitions that received a subgrantee contract to implement SPF-PFS efforts focusing on reducing problems related to underage drinking by preventing the onset, as well as reducing underage drinking among Nebraskans aged 12 to 20, in one of the eleven targeted Nebraska counties during year-one of funding. The DBH identified the targeted counties based on need and utilized Regional Behavioral Health Authorities to award local coalitions with SPF-PFS sub-grants to address underage drinking in their counties. Being an already established coalition focusing on prevention initiatives provided the GISAP Coalition the ability to both expand current efforts and incorporate new strategies into their community.

Baseline outcome indicators show that approximately two-fifths of high school aged youth in Hall County report having drank in their lifetime, with 16.0% reporting having had their first drink at age 12 or younger. Additionally, baseline indicators show about 14% of high school aged youth in Hall County consumed alcohol in the past 30 days, and that about 8% binge drank in that timeframe. While consequence data generally shows a slight downward trend since 2011, rates are generally above the state average.

Adult perceptions show that most Nebraskans perceive underage drinking as wrong or very wrong, but that Hall County residents feel this more strongly. They also perceive that other adults in their community believe it is wrong, but that others hold more moderate opinions toward the issue. The majority feels that it is unlikely that someone underage would be served or sold alcohol; although, Hall County residents perceive this is more likely than others in the Nebraska. Among parents in Hall County, more than two-thirds report talking to their children about the dangers of alcohol, while 2% report providing alcohol to their children. The majority of Hall County respondents report observing an advertisement about the prevention of substance abuse within the past year, and the vast majority perceive binge drinking as risky. In Hall County, approximately 48% of respondents support additional taxes on alcohol, which is higher than the statewide average.

Health disparities were examined when data allowed, which revealed some gender and racial/ethnic differences. In Hall County, males are generally more likely than females to be placed on probation due to alcohol, as well as hospitalization due to alcohol. Consequence data also shows that non-white individuals in Hall County are more likely than white individuals to be placed in probation due to alcohol.

The level of formality and process of decision-making was reported as formal. The most notable change reported by the GISAP Coalition is that relationships with the local school systems has improved significantly as a result of SPF-PFS funding. However, there are additional groups that coalitions would like to have involved in order to bolster their growth in community engagement and mobilization, including parents, youth, faith based communities, local businesses, and others.

The first phase in the SPF process, assessment, was completed prior to funding with the DBH selecting the targeted counties. However, the GISAP Coalition specified several activities they completed during the first year as part of the assessment phase, including: completing a strategic planning process in 2012, as well as reviewing recent county-specific data to ensure their strategic plan was still on base. Difficulty with restlessness of some coalition members who were anxious to start addressing issues rather than fully digesting the data was mentioned as a primary challenge.

Overall year-one successes were often connected to coalition capacity, including: having strong relationships with key stakeholders (e.g., schools, law enforcement), as well as expanding their reach within the community. Coalition capacity assessment data for the GISAP Coalition showed fairly strong capacity. Structurally, coalition learning showed the lowest capacity, while vision/mission/goals and evaluation showed the highest levels of capacity.

As part of the SPF planning process, the GISAP Coalition reported that due to previous strategic planning efforts, they had identified that they wanted to implement the Strengthening Families Program. They examined the assessment piece to identify which communities were the most disparate, as well as had the largest need. A variety of factors influenced the strategy selection process, including taking into account local behavioral health disparities. At the time of the site

visits at the end of year-one, the GISAP Coalition was currently implementing strategies within their targeted county. An evaluation plan was developed during year-one by the evaluation team, in partnership with GISAP, and some strategy specific evaluation efforts are taking place.

Sustainability and cultural competency are guiding principles in the SPF framework. The GISAP Coalition stated that they currently use some level of braided funding to assist with the SPF-PFS initiative in their county. In addition to successfully securing additional funds, showing progress toward outcomes was identified as a key element for sustainability. In the case of cultural competency, steps have been taken by the GISAP Coalition to ensure cultural competency and behavioral health disparities are being addressed within their SPF-PFS initiatives and activities. Furthermore, the GISAP Coalition has been provided opportunities for T/TA specifically geared toward assistance with their SPF-PFS initiatives by the DBH staff, RPCs, and the evaluation team. A strong theme throughout the T/TA discussion is the desire to interact and collaborate with other SPF-PFS funded coalitions.

Overall successes for year-one were described as building more relationships with the main school district (Grand Island Public Schools), as well as adding another age group to their strategy implementation to expand opportunities for participation within the community. However, the SPF-PFS year-one timeframe was mentioned as both a success and challenge (being able to implement in such a short timeframe). Over the next SPF-PFS funding year, the GISAP Coalition would like to build more relationships with outlining school districts in Hall County, have increased awareness within the community including what resources are available, as well as see a change in social norms.

Appendices

Appendix A

SPF-PFS County Selection

Nebraska is largely a rural state and the 9th least-densely populated state of the United States. However, the sub-recipients targeted for the project are comprised of frontier, rural and urban populations. According to the 2010 Census (U.S. Census Bureau, 2010), nearly one-third (28 percent) of Nebraska residents are 20 and younger and there are approximately 77,131 Nebraskans between the ages of 18, 19 and 20 years. Table 1 depicts the state demographics for the State's and targeted counties population and Table 2 provides percentages of 18, 19 and 20 year olds among the target counties along with gender, poverty, and education.

Table 1

Region	County	County Pop	Pop/ sq. mile	Persons 18-20, number, 2010	Persons under 18	% Female persons, 2011	HS graduate or higher, % of persons age 25+, 2007-2011	% of Persons below poverty level 2007-2011
1	Dawes	9,182	6.6	1046	1,766	50.40%	90.60%	24.70%
1	Scotts Bluff	36,970	50.0	1545	9,152	51.70%	86.50%	14.70%
2	Dawson	24,326	24.0	905	6,949	49.20%	75.90%	12.50%
3	Adams	31,364	55.7	1952	7,517	50.10%	89.40%	13.20%
3	Hall	58,607	107.3	2076	15,977	49.90%	83.40%	11.90%
4	Boyd	2,099	3.9	42	451	50.80%	89.00%	6.90%
4	Madison	34,876	60.9	1763	8,727	50.30%	86.90%	13.70%
4	Platte	32,237	47.8	1197	8,514	49.80%	90.00%	9.10%
4	Thurston	6,940	17.6	331	2,467	50.50%	85.50%	29.00%
5	Lancaster	285,407	340.8	18123	65,901	49.90%	93.40%	14.30%
6	Douglas	517,110	1,574.8	21635	134,719	50.80%	89.90%	13.30%
	Nebraska	1,826,341	23.8	80131	459,221	50.30%	90.30%	12.00%

Source: U.S. Census Bureau, 2010 Census, State and County QuickFacts.

Table 3 below provides a breakout of race and ethnicity. Note: (a) Includes persons reporting only one race. (b) Hispanics may be of any race, so also are included in applicable race categories.

Region	County	% White persons, 2011 (a)	% Black persons, 2011 (a)	% American Indian and Alaska Native persons, 2011 (a)	% Persons of Hispanic or Latino Origin, 2011 (b)	%Foreign born persons, 2007-2011	% Language other than English spoken at home, age 5+, 2007-2011
1	Dawes	90.20%	1.80%	3.80%	3.70%	2.90%	3.20%
1	Scotts Bluff	94.40%	0.80%	2.70%	21.20%	3.70%	11.60%
2	Dawson	92.50%	3.60%	1.70%	32.10%	18.80%	31.10%
3	Adams	95.60%	1.00%	0.70%	8.20%	5.00%	7.50%
3	Hall	93.20%	2.20%	1.60%	24.00%	11.70%	18.00%
4	Boyd	97.60%	0.20%	0.80%	1.70%	0.10%	1.50%
4	Madison	94.80%	1.50%	1.70%	13.30%	7.00%	12.60%
4	Platte	96.40%	0.60%	1.20%	14.60%	7.00%	13.70%
4	Thurston	42.00%	0.60%	55.00%	3.90%	1.50%	6.90%
5	Lancaster	89.30%	3.60%	0.90%	6.00%	6.90%	10.70%
6	Douglas	81.90%	11.70%	1.10%	11.50%	8.30%	12.80%
	Nebraska	90.10%	4.70%	1.30%	9.50%	6.00%	9.90%

Source: U.S. Census Bureau: State and County QuickFacts.

With the guidance of the Statewide Epidemiological Outcomes Workgroup (SEOW), NDHHS staff reviewed the results of the 2010 and 2012 Nebraska Youth Adult Alcohol Opinion Survey; county level data from the participating coalitions to the Nebraska Risk and Protective Factor Student Survey. County level comparisons were made of alcohol related questions from both surveys. Comparisons were made of statewide rates from these two community surveys against National Drug Use and Health Survey and the Youth Risk Behaviors Surveillance Survey. The initial selection of counties under considered for funding under SPF PFS was determined by ranking all counties against the statewide average for all indicators presented in 2010. This initial score was then compared to nine additional variables response of the Nebraska Risk and Protective Factor Student Survey related to 12th grade alcohol attitudes and risk indicators. The counties that consistently received scores that indicated that the county had fewer protective factors and higher risk among the surveyed population are being targeted for the Nebraska's SPF PFS project.

State snapshot - The consumer population within NDHHS DBH indicates alcohol is the most prolific drug of choice for both adult and youth, male and female (Magellan, FY12). Alcohol is the primary drug of choice most frequently identified during substance abuse treatment admissions. In Fiscal Year 2012, alcohol was listed as the primary drug in seven out of 10 substance abuse treatment admission for adults (66 percent), and six out of 10 (57 percent) for youth.

Data from Nebraska's 2010 and 2011 Behavioral Risk Factor Surveillance System was analyzed to evaluate associations between Adverse Childhood Experiences (ACEs) and adverse health outcomes and behaviors during adulthood. The results demonstrated

statistically significant associations between number of ACEs and tobacco use, obesity, reporting poor general health, arthritis, cardiovascular disease, Chronic obstructive pulmonary disease, depression, diabetes, and disability. Findings highlight the need to detect and intervene in the lives of children affected by ACEs before they adopt risky behaviors and develop adverse health outcomes. (Yeoman, 2013).

Data from the Rural Response Hotline, which receives funding from DBH to provide vouchers for behavioral health services, indicated that usage of the vouchers for families and individuals in crisis continues at a high rate in the state. Nearly 15.5 percent of the vouchers are used statewide for specific substance abuse services, with some sub-recipient counties exceeding more than 10 percent utilization compared to a statewide average of 1.08 percent.

The 2010 Youth Risk Behaviors Surveillance Survey (YRBS) provides a clear indication of the level of alcohol consumption among the survey respondents on a statewide base. The percentage of students who had at least one drink of alcohol on one or more of the past 30 days was 25.7 percent. Responding to the question of binge drinking (five or more drinks at one sitting within a couple of hours) resulted in a sizeable 15.6 percent indicating they had binge drank.

Nebraska's Risk and Protective Factor Student Survey conducted in the Fall of 2010 indicates that among 12th graders of the state 67.9 percent had used alcohol sometime in their lifetime, 34.7 percent had done so in the last 30 days; 25.6 percent indicated they had consumed five or more drinks (binge drinking) in the last 30 days. Thirty six percent of 12th grade respondents felt it was neither wrong nor very wrong for someone their age to drink alcohol at least once or twice a month; while only five percent thought it wrong or very wrong to drive after drinking alcohol. Of the 12th grade respondents 27 percent felt they were at great risk from taking 1 or 2 drinks of an alcoholic beverage nearly every day; and 60 percent felt having five or more drinks once or twice a week was of little risk. The respondents answered the question about availability of substance with 73 percent indicating it was very easy or sort of easy to get beer, wine or hard liquor and similarly, 71 percent indicated they got these substances at a party or they gave someone money to buy it for them 51.8 percent of the time. When asked location of alcohol use in the past 30 days, 48.7 percent of the 12th graders indicated at someone else's home without parental permission. The substances most consumed include beer at 42.4 percent and liquor at 32.2 percent.

Sub-recipient (county) snapshot - Using data from the 2010 Nebraska Risk and Protective Factor Survey Student Survey and other sources as noted:
Dawes County: Over 75 percent of 12th graders report lifetime alcohol use. Forty two percent report using alcohol at least once or twice a month not to be a problem. Over 75 percent of 12 graders think 1 or 2 drinks is OK among their age group. Over 75 percent of 12th graders reported beer, wine or liquor easy to obtain for high school seniors. Many Native Americans are reported to cross the border to purchase alcohol as officially the Pine Ridge Reservation is a dry reservation.
Scotts Bluff County: Over 70 Percent of High School Seniors report a lifetime alcohol use. Over 70 percent of High School Seniors think 1 or 2 drinks a month is ok. Nearly 58

percent of 12th graders felt alcohol use among their age group binge drinking was of little risk.

Dawson County: Over 75 percent of high school seniors report a lifetime use of Alcohol. Nearly 75 percent of 12th graders feel having 1 or 2 drinks is OK. Only 35 percent of 12 graders felt binge drinking put them at risk. Driving after drinking was a great risk to only 71 percent of high school seniors.

Adams County: High school seniors report alcohol usage 1 or 2 times a month is OK nearly 75 percent of the time. Over 75 Percent of high school seniors indicate obtaining beer, wine, or hard liquor is very easy or easy. Only 25 percent of high school seniors believe alcohol usage puts one at great risk if used every day. Binge drinking is reported as great risk in only 25 percent of high school seniors.

Hall County: Child removals from their home for reasons of parental substance abuse was at 20 percent compared to a statewide average of 16 percent. Twice as many child welfare cases resulted in child removal because of youth drinking compared to a state average. Nearly 3 percent of young drivers reported binge drinking in the Nebraska Young Adult Opinion Survey before subsequently driving.

Boyd County: Slightly below 50 percent of 12th graders reported it is wrong or very wrong for youth their age to drink alcohol. Only 24 percent of high school seniors feel there is great risk from taking 1 or 2 drinks every day. Over 81 percent of high school seniors think there is great risk from driving after drinking. Over 95 percent of 12th graders reported alcohol easy or very easy to obtain.

Madison County: Nearly 25 percent of child welfare cases result in child removal for adult substance abuse. Almost 1.5 percent of child welfare cases result in child removal due to youth substance abuse compared to the state average of less than 1 percent. Nearly 64 percent of 12 graders report some lifetime alcohol use. Over 52 percent of high school seniors report giving someone money to buy alcohol for them.

Platte County: Only 55 percent of 12th graders reported the felt it is wrong or very wrong for their age group to drink. Only 37 percent of high school seniors indicated they belief binge drinking is a risky behavior. Over 77 percent of 12 graders report getting alcohol easy to obtain. Party participation was reported as the source of alcohol in nearly 77 percent of the high school seniors.

Thurston County: Among high school seniors, over 77 percent report some lifetime alcohol use. Nearly 45 percent of high school seniors report alcohol use in the last 30 days. Over 80 percent of high school seniors indicate it's OK for them to have 1 or 2 drinks. Binge drinking is reported in over 33 percent of high school seniors.

Lancaster County: Over 56 percent of high school seniors reported drinking at a friend's house without parental permission. Nearly 71 percent of high school seniors believe 1 or 2 drinks a week was OK for them. Among 12 graders 72 percent felt they were at little or no risk when consuming 5 or more drinks one or two times a week. Nearly 18 percent of the child welfare cases resulted in removal of the children because of parental substance abuse, this compared to a state wide average of 16 percent.

Douglas County: Nearly 40 percent of high school seniors reported alcohol use in the last 30 days. Almost 50 percent of high school seniors felt they were not at risk when consuming 1 or 2 drinks a week. Among high school seniors 75 percent felt it was easy to get alcohol. High school seniors reported drinking at a friend's house without parental permission 70 percent of the time.

Counties that fell consistently below the statewide average in three or more of the measures were selected as targets for Nebraska's Strategic Prevention Framework Partnership for Success project and are described below.

Dawes County is in the Northwest corner of Nebraska. The county is home to Chadron State College, in Chadron and is bordered by the State of South Dakota and the Pine Ridge Indian Reservation. The Pine Ridge Reservation is one of the poorest counties in United States. Of the 8 indicators Dawes County scored high in 3 indicators: the Nebraska Risk and Protective Factor Survey, Nebraska Young Adult Opinion Survey and Nebraska Rural Response Hotline usage.

Scotts Bluff County is in the Nebraska Panhandle and the most populated of the 11 counties. Many services are available to the population. Scotts Bluff County largest city is Scottsbluff with more than 12000 individuals. Scotts Bluff County scored highs in three indicators including Rural Response Hotline calls, Nebraska Young Adult Opinion Survey and MIECHV indicators.

Dawson County is located in South Central Nebraska. Dawson County scored high in the Nebraska Risk and Protective Factor Survey, Nebraska Youth Served by treatment organizations, and MIECHV needs assessment.

Adams County is home to one of the three Nebraska state psychiatric hospitals. Located in South central part of the state is adjacent to Hall County and makes up one of the three counties called the tri-cities of Hastings, Grand Island and Kearney. Adams scored high in 4 indicators, Risk and protective Factor Survey, Nebraska Young Adult Opinion Survey, number of youth served in Treatment programs, and county level youth removals by CFS.

Hall County is adjacent to Adams County and scored high in five indicators. Hall's most populated community is Grand Island. The county scored high in Nebraska Young Adult Opinion Survey, youth served in treatment programs, county level of youth removals by CFS, and Hotline calls and MIECHV needs assessment.

Boyd County is located in the north central part of the state. This county scored high in three indicators: Nebraska Risk and protective Factor survey, Nebraska Rural Response calls for service, and MIECHV needs assessment.

Madison County is located in North East Nebraska and is the county in which the Norfolk Regional Center (state psychiatric hospital) is located. Norfolk is the largest community in Northeast Nebraska. Madison County scored high in three indicators: Nebraska Young Adult Opinion survey, Rural Response Hotline usage and county level youth removals by CFS.

Platte County is located in north east central Nebraska and borders Madison County to the south. The largest community in Platte County is Columbus. Platte scored high in three indicators: Nebraska Risk and Protective Factor Survey, Rural Response Hotline usage, and county level of youth removals by CFS.

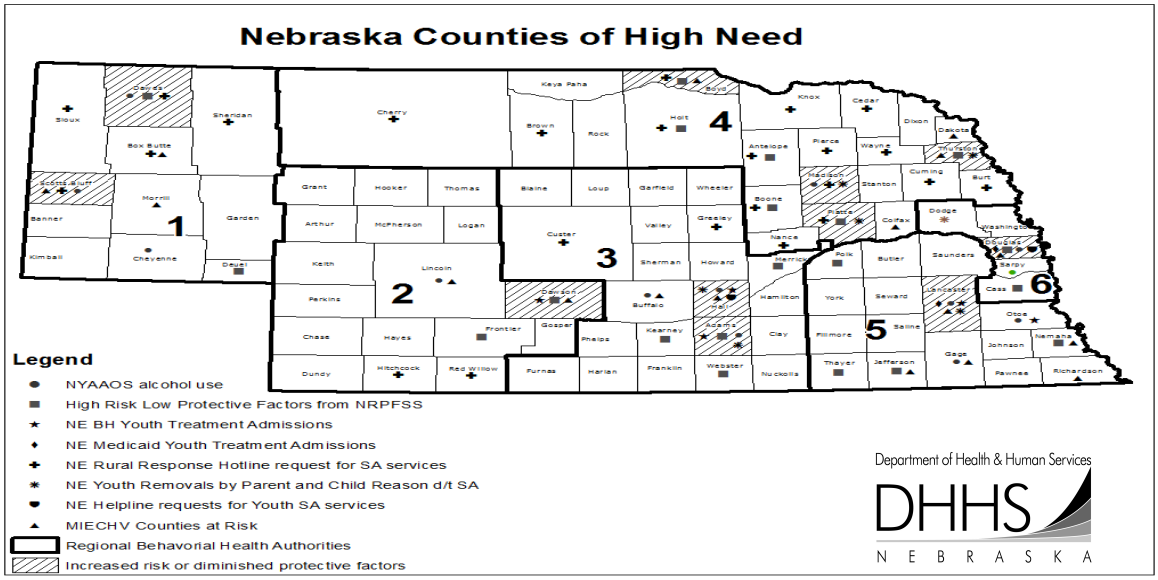
Thurston County is home to three Native American reservations. Located in North East Nebraska along the Missouri river, two of these reservations extend their land holdings to the Iowa side. This county scored high in three indicators: Nebraska Risk and Protective Factor survey, county level of youth removals by CFS and MIECHV needs assessment.

Lancaster County is located in East Central Nebraska and is the second most populated county outside of the Omaha Metropolitan area. Lincoln, the state capital city, is the most populated community of Lancaster County. This county scored high in five

indicators in the Nebraska Young Adult Opinion Survey, Nebraska Youth served by treatment organizations, Medicaid ratio of substance abuse payments, county level of youth removals by CFS and MIECHV needs assessment.

Douglas County is located in extreme east central Nebraska and is home of the largest city of Nebraska – Omaha. Douglas County scored high in five indicators: Risk and Protective Factor Survey; Nebraska Young Adult Opinion Survey, Medicaid ratio of substance abuse payments, Mental Health and Substance Abuse Services Requests and MIECHV needs assessment.

Figure 1 below provides an overview of the eleven counties by these indicator sources.



Appendix B

Site Visit Protocol

Coalition Stakeholders Interview Form

Coalition Name: Click here to enter text.
Location of Interview: Click here to enter text.
Name of Person Interviewed: Click here to enter text.
Role of Person Interviewed: Click here to enter text.
Name of Site Visitor(s): Click here to enter text.
Date of Interview: Click here to enter text.

Introduction

Thank you for agreeing to participate in this interview. I wanted to take a moment to share more details about the purpose of this interview and our site visit more broadly.

This site visit will support the goals of the Nebraska PFS cross-site evaluation, including describing how SPF steps were implemented and examining the impact of PFS efforts on alcohol-related outcomes in the state. We will use this visit as an opportunity to learn more about the activities that your coalition is implementing and how you are going about this process.

Note that we've done our best to draw information from existing documents and data sources, like your quarterly reports. So, we will try to only ask for new or more detailed information today.

We will share results from your site visit with both your coalition in an annual report, along with other data. We will also share this information, in aggregate with other coalitions, with the State, in an annual report. We hope that this will be a helpful source of insights about your coalition's strengths and potential areas for improvement.

Do you have any questions for me before we begin?
Click here to enter text.

What is your Role?
Click here to enter text.

A. ***History of Substance Abuse Prevention Efforts in County (initial site visit only)***

We would like to learn more about the history of substance abuse prevention efforts in your county prior to the PFS initiative.

1. What substance abuse prevention efforts focusing on underage drinking were present in your county prior to the PFS? ***(probe: Your coalition vs. other activities happening with other organizations)***
   Click here to enter text.
2. How were these efforts funded?
   Click here to enter text.
3. What specific substance abuse prevention strategies (i.e., programs, policies, and practices) were used?
   Click here to enter text.

If had SPF-SIG funding,

How were efforts sustained after SPF-SIG ended? ***(probe: What challenges did your coalition/organization have during this period?)***
Click here to enter text.

B. ***History of the Initiative (initial site visit only)***

Introduction: You were selected for PFS grant funding because …[insert from State's grant proposal

1. How did you learn about the Nebraska PFS grant opportunity?
   Click here to enter text.
2. What prompted your coalition to apply for PFS funding? ***(probe: Who initiated discussions and decisions in your county about applying for the PFS grant?)***
   Click here to enter text.
3. Was the grant seen as an opportunity to expand existing strategies, or as more of an opportunity to adopt new strategies to address underage drinking? ***(probe: Supplementing, complimenting, and/or integrating with existing resources? Who made these decisions (e.g. coalition meeting, coordinator)? Who participated in writing the grant application?)***
   Click here to enter text.

C. ***Structure of the PFS Coalition (initial site visit only)***

Now we'd like to learn more about the formation and structure of your PFS coalition.

i. Formation

1. Was there a substance abuse prevention coalition in your county prior to PFS?

If yes,

a) How were people identified, recruited, and retained for membership or participation in the coalition? *Note: please ask about membership prior to and after PFS.* ***(probe: obtain answers for each "identified", "recruited", and "retained")***
Click here to enter text.

b) What successes have you observed with identifying, recruiting, and retaining membership or participation in the coalition? ***(probe: filled all sectors)***
Click here to enter text.

c) What challenges have you faced with identifying, recruiting, and retaining membership or participation in the coalition? ***(probe: members left, unwilling, unable to find from specific sector)***
Click here to enter text.

If no,

a) Was this coalition formed as a result of PFS funding? *If no*, please indicate why it was formed.
Click here to enter text.

b) How were people identified, recruited, and retained for membership or participation in the coalition? ***(probe: obtain answers for each "identified", "recruited", and "retained")***
Click here to enter text.

c) How is the coalition marketed to the county?
Click here to enter text.

d) How was leadership within the coalition established?
Click here to enter text.

ii. Structure

1. Please describe the organizational structure of your coalition.
Click here to enter text.
2. How does the coalition structure facilitate or act as a challenge in implementation of PFS initiatives?
Click here to enter text.
3. Is there anything you would change about the coalition's structure at this point? If yes, please describe.
Click here to enter text.

iii. Functioning

The following questions ask your opinion about the way things have run in your PFS coalition.

1. Please tell us how formal your coalition meetings are (e.g., are there agendas, how are decisions made?).
Click here to enter text.

2. Please tell us how the coalition has provided opportunities for members to pursue individual interests or develop new skills.
   Click here to enter text.
3. Please tell us how sensitive topics are discussed and how conflict resolutions are facilitated within your coalition. Is the coalition tolerant of differences or disagreements?
   Click here to enter text.
4. Please describe the leadership style(s) of the coalition's leadership.
   Click here to enter text.
5. If your coalition has committees, please tell me about them and describe their responsibilities.
   Click here to enter text.
6. Are the roles of coalition members clearly defined, or somewhat ambiguous? How has this impacted PFS administration?
   Click here to enter text.

D. *Community Engagement and Mobilization*

1. How has the level of collaboration among organizations, agencies and individuals doing substance abuse prevention work in your county changed as a result of PFS? Who or what groups are currently involved in coalition activities?
   Click here to enter text.
2. Please describe any individuals or groups that you would like to have involved in your coalition or coalition activities, but currently are not? Has the coalition tried to gain their involvement in this process? If so, how?
   Click here to enter text.

E. *Understanding and Implementation of SPF Steps*

i. Assessment

(pre-populate from Quarterly Reports; Review with them their accomplishments & barriers)

1. Walk me through how your coalition completed the Assessment step of the SPF process.
   Click here to enter text.
2. In quarterly reports, you've listed your coalition's accomplishments as *[list out accomplishments]*. Out of all of the accomplishments listed in your quarterly reports, in addition to any others achieved since the last report was submitted, what has been your biggest accomplishment, and why?
   Click here to enter text.
3. In quarterly reports, you've listed your coalition's barriers as *[list out barriers]*. Out of all of these, in addition to any others identified since the last report was submitted, what

has been your biggest barrier, and why?
Click here to enter text.

ii. Capacity

(pre-populate from Quarterly Reports; Review with them their accomplishments & barriers)

1. What resources (e.g., human, financial), skills, or knowledge have contributed to your coalition's successful functioning? ***(Probe: expertise in implementing strategies, changing policies, knowledge of risk and protective factors)***
   Click here to enter text.
2. Do you feel that your coalition lacks any resources that would be helpful in promoting its successful functioning? Please describe.
   Click here to enter text.

If yes,

What plans does your coalition have for addressing these gaps?
Click here to enter text.

3. How has the capacity (i.e. resources, knowledge, skills) of the Region impacted the PFS initiative in your county? ***(probe: trainings, availability for TA)***
   Click here to enter text.
4. In which areas could the regional-level capacity be improved?
   Click here to enter text.
5. How has the capacity (i.e. resources, knowledge, skills) of the state (Division of Behavioral Health) impacted the PFS initiative in your county?
   Click here to enter text.
6. In which areas do you wish state-level capacity would be improved?
   Click here to enter text.
7. In quarterly reports, you've listed your coalition's accomplishments as *[list out accomplishments]*. Out of all of these, in addition to any others achieved since the last report was submitted, what has been your biggest accomplishment, and why?
   Click here to enter text.
8. In quarterly reports, you've listed your coalition's barriers as *[list out barriers]*. Out of all of these, in addition to any others identified since the last report was submitted, what has been your biggest barrier, and why?
   Click here to enter text.

iii. Initial Planning and Selection of Evidence-based Strategies

(pre-populate from Quarterly Reports; Review with them their accomplishments & barriers)

We would now like to discuss the process that your coalition took to select the evidence-based strategies that you plan to implement or are already implementing in your county.

1. After completing your needs assessment process, how did your coalition work through

the root causes and final selection of evidence-based strategies? (Interviewer can refer to logic model as an aid for interviewee to describe their process.)
Click here to enter text.

2. Who participated in the selection of your evidence-based strategies (a committee, staff, Coalition Coordinator, others)?
Click here to enter text.
3. Were health disparities discussed during this process?
Click here to enter text.
4. Which factors weighed most heavily in your strategy selection? ***(probe: Did your coalition consult with strategy developers? Was developer input influential in strategy selection?)***
Click here to enter text.
5. Did the Region provide any resources and/or guidance for your strategy selection? *If yes*, please describe.
Click here to enter text.
6. Did the State (Division of Behavior Health) provide any resources and/or guidance for your strategy selection? *If yes*, please describe.
Click here to enter text.
7. What reactions did you expect from the broader community (schools, community members, parents, etc.) as a result of your strategy selection?
Click here to enter text.
8. What reactions did you receive?
Click here to enter text.
9. In quarterly reports, you've listed your coalition's accomplishments as *[list out accomplishments]*. Out of all of these, in addition to any others achieved since the last report was submitted, what has been your biggest accomplishment, and why?
Click here to enter text.
10. In quarterly reports, you've listed your coalition's barriers as *[list out barriers]*. Out of all of these, in addition to any others identified since the last report was submitted, what has been your biggest barrier, and why?
Click here to enter text.

iv. Implementation

(pre-populate from Quarterly Reports and Strategies List; Review with them their accomplishments & barriers)

Review each strategy and note if implemented in year one and/or if planned for future implementation.

Strategies	Y1 Implementation (yes/no)	Future Goals - next 12 months

Next, we would like you to answer some questions to help us assess fidelity of implementation.

*****Administer Fidelity Rubric(s)*****

1. Is your coalition/organization planning to add any new strategies that we have not yet mentioned as part of your PFS efforts? Please describe.
   Click here to enter text.
2. So far, what successes have you experienced with the strategies you selected? Please explain for each strategy. (Can refer to successes listed in QR)
   Click here to enter text.
3. What challenges has your coalition/organization experienced in the implementation of the strategies? ***(probe: settings, subpopulations, etc.)*** Can refer to successes listed in QR
   Click here to enter text.
4. How has your coalition addressed these challenges?
   Click here to enter text.
5. Are there any resources or tools that might make the implementation process easier?
   Click here to enter text.

v. Evaluation

(pre-populate from Quarterly Reports; Review with them their accomplishments & barriers)

1. Walk me through what your coalition has done for the Evaluation step of the SPF process?
   Click here to enter text.
2. In quarterly reports, you've listed your coalition's accomplishments as *[list out accomplishments]*. Out of all of these, in addition to any others achieved since the last report was submitted, what has been your biggest accomplishment, and why?
   Click here to enter text.
3. In quarterly reports, you've listed your coalition's barriers as *[list out barriers]*. Out of all of these, in addition to any others identified since the last report was submitted, what has been your biggest barrier, and why?
   Click here to enter text.

F. *Sustainability*

1. Thinking about your PFS strategies, are you using braided funding or leveraging any resources other than PFS funding to implement those specific strategies?
   Click here to enter text.

If yes,

What strategies are being partially funded by what sources?
Click here to enter text.

2. What other strategies, beyond what you are implementing as part of PFS, is your coalition implementing to address underage drinking, if any?
   Click here to enter text.

If leveraging:

How has your coalition used this approach to fund its prevention plan? What have been the advantages and disadvantages of using this approach?
Click here to enter text.

If not leveraging:

What has prevented your coalition from using this approach?
Click here to enter text.

3. What are your plans for sustaining the strategies you are currently implementing once PFS grant funding ends? ***(probe: Do you have a written sustainability plan?)***
   Click here to enter text.
4. What are your plans for sustaining the coalition once PFS grant funding ends? ***(probe: Are you taking any actions now toward sustaining the coalition's prevention system and substance abuse outcomes once PFS grant funding ends?)***
   Click here to enter text.

G. *Behavioral Health Disparities*

(pre-populate from Quarterly Reports; Review with them their accomplishments & barriers)

1. What steps have been taken to ensure cultural competency is addressed (i.e. CLAS standards) in the activities of your coalition?
   Click here to enter text.
2. Can you describe ways that your coalition has tailored activities to meet the needs of your target population(s)?
   Click here to enter text.
3. In quarterly reports, you've listed your coalition's accomplishments as *[list out accomplishments]*. Out of all of these, in addition to any others achieved since the last report was submitted, what has been your biggest accomplishment, and why?
   Click here to enter text.
4. In quarterly reports, you've listed your coalition's barriers as *[list out barriers]*. Out of all of these, in addition to any others identified since the last report was submitted, what has been your biggest barrier, and why?
   Click here to enter text.

H. *Training/Technical Assistance*

1. Please describe how training and technical assistance from the State (Division of Behavioral Health) have impacted your PFS project and activities. ***(Probe: Kickoff, PAC meeting, Health Disparities)***

Click here to enter text.

2. Please describe how training and technical assistance from Regional Prevention Coordinators (Behavioral Health) have impacted your PFS activities.
   Click here to enter text.
3. Please describe any other training and technical assistance that you have received beyond what you have received from the State and Region? How have these T/TA experiences impacted your PFS activities?
   Click here to enter text.
4. Are there ways that you feel any of these training and technical assistance activities could have been improved or more beneficial to your coalition?
   Click here to enter text.
5. Please describe how you have interacted, if at all, with other PFS funded coalitions (e.g., through Region/State activities, informally)? What have you learned from them? Would you prefer to have more interaction?
   Click here to enter text.
6. Are there other training and technical assistance activities that you feel will help your coalition in fulfilling its goals and objectives? ***(probe: T/TA for coalition members)***
   Click here to enter text.
7. How well is entering data into the NPIRS system working? ***(probes: How often are you entering data into NPIRS? Do you understand the categories in NPIRS? Do you need any additional technical assistance on NPIRS?)***
   Click here to enter text.

LAST QUESTIONS:

What have been your biggest successes and biggest challenges in Year 1 of this grant?
Success: Click here to enter text.
Challenge: Click here to enter text.

Overall, what would you like to accomplish over the next 12 months?
Click here to enter text.

Comments:
Click here to enter text.

Appendix C

Coalition Capacity and Coalition Coordinator Surveys

Coalition Capacity Survey Scales

VISION, MISSION, GOALS

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition's vision, mission, and goals are clear and well-documented.
2. Community residents are aware of our vision, mission, and goals.
3. We evaluate our coalitions' activities in light of its mission and goals.
4. Our coalition's vision, mission, and goals consider the needs and views of the community.

INTER-ORGANIZATIONAL RELATIONSHIPS

How much contact did your coalition have with each of the following in your community during the past 12 months?

0=none, 1=little (few times a year) 2=moderate (monthly/more) 3=extensive (weekly/more)

1. elementary, middle, or high schools
2. PTA and PTOs
3. churches, synagogues, clergy
4. police
5. service agencies (e.g., for youth, elderly)
6. volunteer service organizations (e.g. Lions Club, etc.)
7. grassroots community organizations (e.g. neighborhood organization, tenant association)
8. city government
9. business community
10. parks/recreation department
11. local media (newspaper, radio, TV)

COALITION LEARNING SCALE

Please indicate the degree to which you feel each of the following has changed as a result of participating in the coalition.

1=no change, 2=minor increase, 3=moderate increase, 4=major increase

1. Knowledge of risk and protective factors for Alcohol, Tobacco, and Other Drugs (ATOD) problems
2. Knowledge of how diferent types of problems (e.g., HIV, violence, teen pregnancy) may have common risk factors and causes
3. Belief that prevention of ATOD problems is possible
4. Awareness of resources for prevention programming in your community
5. Skills in presenting my views on community needs before a group
6. Skills in designing and implementing prevention programs
7. Skills in changing local ATOD-related policies

MEMBER INVOLVEMENT SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition includes enough members to carry out its purposes and goals.

2. Our coalition includes adequate representation from diverse demographic sectors of our community
3. Coalition members' roles and responsibilities are well-defined
4. The persons needed to attend coalition meetings are usually there
5. Members communicate with one another as needed (not just at scheduled meetings)
6. Our coalition seeks to fill gaps in membership skills and expertise

ASSESSMENT SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition has members, or a consultant, with experience in collected and analyzing data.
2. Coalition members participate in reviewing data.
3. Our coalition has access to local data on substance abuse and consequences.
4. Coalition members have a clear understanding of the data.

PLANNING SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition has an up-to-date written substance abuse prevention plan.
2. At the beginning of each year the coalition develops a work plan or action plan that includes goals and activities to accomplish during the year.
3. Before the coalition begins a new project, we identify new project tasks, who will do them, and by what target date.
4. Prevention planning is very important to our coalition.
5. Plans are based upon review and input from coalition members.

IMPLEMENTATION SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition is implementing the most appropriate types of strategies for our community.
2. Our coalition understands how to implement environmental strategies.
3. Our coalition understands how to implement individual strategies.
4. Environmental strategies are important to the work of our coalition.
5. Our coalition understands the need for implementing evidence-based programs, policies, and practices.

EVALUATION SCALE

1=Strongly Disagree, 5=Strongly Agree

1. The coalition evaluates each activity or project while it is being implemented to monitor progress and make any necessary changes.
2. After each activity or project is complete, the coalition evaluates how well the project went in order to learn from the experience.
3. The coalition does a good job of evaluating the process of each activity or project (were the strategies implemented as planned).

4. The coalition does a good job of evaluating outcomes of each activity or project (what changed as a result of the strategies).
5. Our coalition uses evaluation data from our activities to refine our local efforts and establish new (or on-going) goals.

CULTURAL COMPETENCY SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition recognizes the importance of respecting cultural diversity (including racial/ethnic, gender, socioeconomic, and lifestyle).
2. Our coalition is engaged with diverse cultural groups and organizations.
3. Our coalition membership reflects the cultural makeup of the community.
4. Our coalition reviews its activities and products to ensure they are culturally appropriate for the intended recipients.

SUSTAINABILITY SCALE

1=Strongly Disagree, 5=Strongly Agree

1. Our coalition has received funding from multiple sources.
2. Our coalition has strong support of local government and other community organizations.
3. Our coalition plans ahead for its long-term sustainability in addition to its more immediate goals.
4. Our coalition has members with experience in writing successful grant applications.
5. Our coalition has an up-to-date written sustainability plan.
6. Our selected PFS strategies align well with other local community organizations' efforts and goals.
7. I'm confident that most of our selected strategies will continue after PFS funding ends.

Default Question Block

Thank you in advance for participating in this survey. The survey will assess different aspects of the capacity of the Omaha Collegiate Consortium. Completing this survey will help your coalition better understand its strengths and weaknesses, and as a result, better plan and implement local prevention initiatives. The survey will take approximately 20 minutes to complete. Your answers will be kept confidential and you may skip any question you do not wish to answer. Your coalition will receive a report with the combined results from all participants once they are tabulated, but no individual responses will be reported.

1. Please indicate to what extent you agree or disagree with each of the following statements about your coalition's vision, mission, and goals.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition's vision, mission, and goals are clear and well-documented.					
Community residents are aware of our vision, mission, and goals.					
We evaluate our coalitions' activities in light of its mission and goals.					
Our coalition's vision, mission, and goals consider the needs and views of the community.					

2. Please indicate to what extent you agree or disagree with each of the following statements about how your coalition works together and makes decisions.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has a feeling of cohesiveness and team spirit.					
Everyone is involved in discussions, not just a few.					
The general membership has real decision-making control over the policies and actions of the coalition.					
Our coalition is tolerant of differences or disagreements.					
Our coalition uses the abilities					

of all, not just a few.	○	○	○	○	○

3. Now we'd like to know how much contact your coalition has with various organizations in your community. How much contact did your coalition have with each of the following in your community during the past 12 months?

	None	Little (few times a year)	Moderate (monthly/more)	Extensive (weekly/more)
elementary, middle, or high schools	○	○	○	○
PTA and PTOs	○	○	○	○
churches, synagogues, clergy	○	○	○	○
law enforcement	○	○	○	○
service agencies (e.g., for youth, elderly)	○	○	○	○
volunteer service organizations (e.g., Lions Club, etc.)	○	○	○	○
grassroots community organizations (e.g., neighborhood organizations, tenant association)	○	○	○	○
city government	○	○	○	○
business community	○	○	○	○
parks/recreation department	○	○	○	○
local media (newspaper, radio, TV)	○	○	○	○

4. Please indicate to what extent you agree or disagree with each of the following statements about your coalition's meetings and structure.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The purpose of agenda items is defined and kept in mind.	○	○	○	○	○
Our coalition is disorganized and inefficient.	○	○	○	○	○
Our coalition needs more formalization and structure.	○	○	○	○	○
There is too much talking and not enough doing.	○	○	○	○	○
Our coalition holds meetings at accessible places.	○	○	○	○	○
Our coalition holds meets at times convenient for all members.	○	○	○	○	○

5. Your participation in the coalition may have changed your personal knowledge, beliefs or skills regarding substance abuse prevention. Please indicate the degree to which you feel each of the following has changed as a result of participating in the coalition.

	No change	Minor increase	Moderate increase	Major increase
Knowledge of risk and protective factors for Alcohol, Tobacco, and Other Drugs (ATOD) problems.	○	○	○	○
Knowledge of how different types of problems (e.g., HIV, violence, teen pregnancy, and so on) may have common risk factors and causes.	○	○	○	○
Belief that prevention of ATOD problems is possible.	○	○	○	○
Awareness of resources for prevention programming in your community.	○	○	○	○
Skills in presenting my opinions on community needs before a group.	○	○	○	○
Skills in designing and implementing prevention programs.	○	○	○	○
Skills in changing local ATOD-related policies.	○	○	○	○

6. Please indicate to what extent you agree or disagree with each of the following statements about your coalition's member involvement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition includes enough members to carry out its purposes and goals.	○	○	○	○	○
Our coalition includes adequate representation from diverse demographic sectors of our community.	○	○	○	○	○
Coalition members' roles and responsibilities are well-defined.	○	○	○	○	○
The persons needed to attend coalition meetings are usually there.	○	○	○	○	○
Members communicate with one another as needed (not just at scheduled meetings).	○	○	○	○	○
Our coalition seeks to fill gaps in membership skills and expertise.	○	○	○	○	○

7. Sometimes, a coalition may lack representation from a community sector or sectors that its members feel are important. Do you feel your coalition currently lacks representation from any of the following sectors?

	Yes	No
Youth	○	○
Parents	○	○
Business	○	○
Media	○	○
Schools	○	○
Youth serving organizations	○	○
Law enforcement	○	○
Faith based community	○	○
Civic and volunteer groups	○	○
Health care professionals	○	○
State, local or tribal agencies	○	○

8. Please list any other individuals or organizations not currently on your coalition that you think should be.

9. I am confident in our coalition's ability to prevent alcohol use among persons 20 years of age and younger in our community.

- ○ Strongly Disagree
- ○ Disagree
- ○ Neither Agree nor Disagree
- ○ Agree
- ○ Strongly Agree

10. The following section is about your coalition's capacity to conduct assessment. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has members, or a consultant, with experience in collecting and analyzing data.	○	○	○	○	○
Coalition members participate in reviewing data.	○	○	○	○	○
Our coalition has access to local data on substance abuse and consequences.	○	○	○	○	○

Coalition members have a clear understanding of the data.	○	○	○	○	○

11. How often are substance abuse data shared or discussed at coalition meetings?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very often

12. How would you rate your coalition's sharing of substance abuse data with your community?

- ○ Poor
- ○ Fair
- ○ Average
- ○ Good
- ○ Excellent

13. What is your coalition's greatest barrier in conducting assessments?

14. The following section is about your coalition's planning experience. To what extent do you agree or disagree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
At the beginning of each year the coalition develops a work plan or action plan that includes goals and activities to accomplish during the year.	○	○	○	○	○
Before the coalition begins a new project, we identify new project tasks, who will do them, and by what target date.	○	○	○	○	○
Prevention planning is very important to our coalition.	○	○	○	○	○

Plans are based upon review and input from coalition members.	○	○	○	○	○
Our coalition has an up-to-date written substance abuse prevention plan.	○	○	○	○	○

15. What is your coalition's greatest barrier in planning?

16. The following section is about your coalition's experience with implementation of strategies. To what extent do you agree or disagree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition is implementing the most appropriate types of strategies for our community.	○	○	○	○	○
Our coalition understands how to implement environmental strategies.	○	○	○	○	○
Our coalition understands how to implement individual strategies.	○	○	○	○	○
Environmental strategies are important to the work of our coalition.	○	○	○	○	○
Our coalition understands the need for implementing evidence-based programs, policies, and practices.	○	○	○	○	○

17. Which of the following statements best describes your perception of the number of strategies implemented by your coalition?

- ○ a. Our coalition is implementing too many strategies to address underage drinking.
- ○ b. Our coalition is implementing just the right number of strategies to address underage drinking.
- ○ c. Our coalition is implementing too few strategies to address underage drinking.

18. What is your coalition's greatest barrier to implementation of strategies to address underage drinking in your community?

19. The following section is about your coalition's evaluation experience. To what extent do you agree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition evaluates each activity or project while it is being implemented to monitor progress and make any necessary changes.	○	○	○	○	○
After each activity or project is complete, the coalition evaluates how well the project went in order to learn from the experience.	○	○	○	○	○
Our coalition does a good job of evaluating the process of each activity or project (were the strategies implemented as planned).	○	○	○	○	○
Our coalition does a good job of evaluating outcomes of each activity or project (what changed as a result of the strategies).	○	○	○	○	○
Our coalition uses evaluation data from our activities to refine our local efforts and establish new (or on-going) goals.	○	○	○	○	○

20. What is your coalition's greatest barrier in evaluating efforts to address underage drinking in your community?

21. The following section is about your coalition's attention to cultural competency and behavioral health disparities. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition recognizes the importance of respecting cultural diversity (including	○	○	○	○	○

racial/ethnic, gender, socioeconomic, and lifestyle).					
Our coalition is engaged with diverse cultural groups and organizations.	○	○	○	○	○
Our coalition membership reflects the cultural makeup of the community.	○	○	○	○	○
Our coalition reviews its activities and products to ensure they are culturally appropriate for the intended recipients.	○	○	○	○	○

22. What is your coalition's greatest barrier in addressing behavioral health disparities?

23. The following section is about the sustainability of your coalition's work and outcomes. To what extent do you agree or disagree with the following statements regarding the sustainability of your coalition?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has received funding from multiple sources.	○	○	○	○	○
Our coalition has strong support of local government and other community organizations.	○	○	○	○	○
Our coalition plans ahead for its long-term sustainability in addition to its more immediate goals.	○	○	○	○	○
Our coalition has members with experience in writing successful grant applications.	○	○	○	○	○
Our coalition has an up-to-date written sustainability plan.	○	○	○	○	○
Our selected PFS strategies align well with other local community organizations' efforts and goals.	○	○	○	○	○
I'm confident that most of our selected strategies will continue after PFS funding ends.	○	○	○	○	○

24. What is your coalition's greatest barrier in sustaining efforts that address underage drinking in your

community?

25. How much of a need is training or technical assistance in each of the following areas for your coalition during the next 12 months?

	Major need	Minor need	Not needed
Assessing the needs and interests of the community			
Collecting, analyzing, and/or reporting data			
Obtaining and/or staying informed about substance abuse research			
Keeping coalition members engaged			
Recruiting new coalition members			
Prevention Skills Training			
Building partnerships with community leaders			
Improving leadership skills			
Identifying strategies to address substance abuse prevention in the community			
Implementing environmental strategies			
Implementing individual strategies			
Evaluating the coalition's substance abuse prevention efforts			
Sharing information about the work of the coalition within the community			
Addressing behavioral health disparities in substance abuse prevention work			
Obtaining additional funding			
Sustaining community outcomes beyond current funding			

26. Please describe any other areas that your coalition might need training or technical assistance with during the next 12 months.

27. How long have you been or were you a member of your coalition?

- Less than 6 months
- 6 months - less than 1 year
- 1 year - less than 2 years
- 2 years - less than 3 years
- 3 years - less than 5 years
- 5 years or more
- I am not a member

28. In what capacity are you currently serving on your coalition?

- Required to represent my agency/organization as part of my job
- Chose to represent my agency/organization as part of my job
- Represent an agency/organization as a volunteer
- Individual member with no affiliation to a specific agency/organization
- Other, specify

29. During the past 12 months, how many of your coalitions' meetings have you attended?

- None
- At lease one, but less than half
- About half
- More than half, but not all
- All

30. Do you live in a community served by your coalition?

- Yes
- No

31. What is your age?

- Less than 24 years
- 25-34 years
- 35-55 years
- 45-54 years
- 55-64 years
- 65+ years

32. Are you:

- Male
- Female

33. Do you consider yourself to be Hispanic or Latino/a?

- Yes
- No

34. What race or races do you consider yourself to be? (check all that apply)

- White (Caucasian)
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other, specify

35. Please provide any additional comments.

Default Question Block

Thank you in advance for participating in this survey. The survey will assess different aspects of the capacity of your PFS coalition. Completing this survey will help your coalition better understand its strengths and weaknesses, and as a result, better plan and implement local prevention initiatives. The survey will take approximately 30 minutes to complete. Your answers will be kept confidential and you may skip any question you do not wish to answer. Your coalition will receive a report with the combined results from all participants once they are tabulated.

There will be two main sections to this survey. Section I will consist of the Coalition Capacity Survey sent out to your membership. Your responses to these questions will be combined with others from your coalition to present aggregated results regarding perceptions of the coalition. Section II will consist of questions specifically for you as a coordinator to answer regarding the functioning of your coalition.

1. Of which coalition are you a/the coordinator?

▼

Section I: Coalition Capacity Survey

2. Please indicate to what extent you agree or disagree with each of the following statements about your coalition's vision, mission, and goals.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition's vision, mission, and goals are clear and well-documented.	○	○	○	○	○
Community residents are aware of our vision, mission, and goals.	○	○	○	○	○
We evaluate our coalitions' activities in light of its mission and goals.	○	○	○	○	○
Our coalition's vision, mission, and goals consider the needs and views of the	○	○	○	○	○

community.

3. Please indicate to what extent you agree or disagree with each of the following statements about how your coalition works together and makes decisions.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has a feeling of cohesiveness and team spirit.					
Everyone is involved in discussions, not just a few.					
The general membership has real decision-making control over the policies and actions of the coalition.					
Our coalition is tolerant of differences or disagreements.					
Our coalition uses the abilities of all, not just a few.					

4. Now we'd like to know how much contact your coalition has with various organizations in your community. How much contact did your coalition have with each of the following in your community during the past 12 months?

	None	Little (few times a year)	Moderate (monthly/more)	Extensive (weekly/more)
elementary, middle, or high schools				
PTA and PTOs				
churches, synagogues, clergy				
law enforcement				
service agencies (e.g., for youth, elderly)				
volunteer service organizations (e.g., Lions Club, etc.)				
grassroots community organizations (e.g., neighborhood organizations, tenant association)				
city government				
business community				
parks/recreation department				
local media (newspaper, radio, TV)				

5. Please indicate to what extent you agree or disagree with each of the following statements about your coalition's meetings and structure.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The purpose of agenda items is defined and kept in mind.	○	○	○	○	○
Our coalition is disorganized and inefficient.	○	○	○	○	○
Our coalition needs more formalization and structure.	○	○	○	○	○
There is too much talking and not enough doing.	○	○	○	○	○
Our coalition holds meetings at accessible places.	○	○	○	○	○
Our coalition holds meets at times convenient for all members.	○	○	○	○	○

6. Your participation in the coalition may have changed your personal knowledge, beliefs or skills regarding substance abuse prevention. Please indicate the degree to which you feel each of the following has changed as a result of participating in the coalition.

	No change	Minor increase	Moderate increase	Major increase
Knowledge of risk and protective factors for Alcohol, Tobacco, and Other Drugs (ATOD) problems.	○	○	○	○
Knowledge of how different types of problems (e.g., HIV, violence, teen pregnancy, and so on) may have common risk factors and causes.	○	○	○	○
Belief that prevention of ATOD problems is possible.	○	○	○	○
Awareness of resources for prevention programming in your community.	○	○	○	○
Skills in presenting my opinions on community needs before a group.	○	○	○	○
Skills in designing and implementing prevention programs.	○	○	○	○
Skills in changing local ATOD-related policies.	○	○	○	○

7. Please indicate to what extent you agree or disagree with each of the following statements about

your coalition's member involvement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition includes enough members to carry out its purposes and goals.	○	○	○	○	○
Our coalition includes adequate representation from diverse demographic sectors of our community.	○	○	○	○	○
Coalition members' roles and responsibilities are well-defined.	○	○	○	○	○
The persons needed to attend coalition meetings are usually there.	○	○	○	○	○
Members communicate with one another as needed (not just at scheduled meetings).	○	○	○	○	○
Our coalition seeks to fill gaps in membership skills and expertise.	○	○	○	○	○

8. Sometimes, a coalition may lack representation from a community sector or sectors that its members feel are important. Do you feel your coalition currently lacks representation from any of the following sectors?

	Yes	No
Youth	○	○
Parents	○	○
Business	○	○
Media	○	○
Schools	○	○
Youth serving organizations	○	○
Law enforcement	○	○
Faith based community	○	○
Civic and volunteer groups	○	○
Health care professionals	○	○
State, local or tribal agencies	○	○

9. Please list any other individuals or organizations not currently on your coalition that you think should be.

10. I am confident in our coalition's ability to prevent alcohol use among persons 20 years of age and younger in our community.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

11. The following section is about your coalition's capacity to conduct assessment. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has members, or a consultant, with experience in collecting and analyzing data.					
Coalition members participate in reviewing data.					
Our coalition has access to local data on substance abuse and consequences.					
Coalition members have a clear understanding of the data.					

12. How often are substance abuse data shared or discussed at coalition meetings?

- Never
- Rarely
- Sometimes
- Often
- Very often

13. How would you rate your coalition's sharing of substance abuse data with your community?

- Poor
- Fair
- Average

- Good
- Excellent

14. What is your coalition's greatest barrier in conducting assessments?

15. The following section is about your coalition's planning experience. To what extent do you agree or disagree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
At the beginning of each year the coalition develops a work plan or action plan that includes goals and activities to accomplish during the year.					
Before the coalition begins a new project, we identify new project tasks, who will do them, and by what target date.					
Prevention planning is very important to our coalition.					
Plans are based upon review and input from coalition members.					
Our coalition has an up-to-date written substance abuse prevention plan.					

16. What is your coalition's greatest barrier in planning?

17. The following section is about your coalition's experience with implementation of strategies. To what extent do you agree or disagree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Our coalition is implementing the most appropriate types of strategies for our community.	○	○	○	○	○
Our coalition understands how to implement environmental strategies.	○	○	○	○	○
Our coalition understands how to implement individual strategies.	○	○	○	○	○
Environmental strategies are important to the work of our coalition.	○	○	○	○	○
Our coalition understands the need for implementing evidence-based programs, policies, and practices.	○	○	○	○	○

18. Which of the following statements best describes your perception of the number of strategies implemented by your coalition?

- ○ a. Our coalition is implementing too many strategies to address underage drinking.
- ○ b. Our coalition is implementing just the right number of strategies to address underage drinking.
- ○ c. Our coalition is implementing too few strategies to address underage drinking.

19. What is your coalition's greatest barrier to implementation of strategies to address underage drinking in your community?

20. The following section is about your coalition's evaluation experience. To what extent do you agree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition evaluates each activity or project while it is being implemented to monitor progress and make any necessary changes.	○	○	○	○	○
After each activity or project is complete, the coalition evaluates how well the project went in order to learn from the experience.	○	○	○	○	○

Our coalition does a good job of evaluating the process of each activity or project (were the strategies implemented as planned).	○	○	○	○	○
Our coalition does a good job of evaluating outcomes of each activity or project (what changed as a result of the strategies).	○	○	○	○	○
Our coalition uses evaluation data from our activities to refine our local efforts and establish new (or on-going) goals.	○	○	○	○	○

21. What is your coalition's greatest barrier in evaluating efforts to address underage drinking in your community?

22. The following section is about your coalition's attention to cultural competency and behavioral health disparities. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition recognizes the importance of respecting cultural diversity (including racial/ethnic, gender, socioeconomic, and lifestyle).	○	○	○	○	○
Our coalition is engaged with diverse cultural groups and organizations.	○	○	○	○	○
Our coalition membership reflects the cultural makeup of the community.	○	○	○	○	○
Our coalition reviews its activities and products to ensure they are culturally appropriate for the intended recipients.	○	○	○	○	○

23. What is your coalition's greatest barrier in addressing behavioral health disparities?

24. The following section is about the sustainability of your coalition's work and outcomes. To what extent do you agree or disagree with the following statements regarding the sustainability of your coalition?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Our coalition has received funding from multiple sources.					
Our coalition has strong support of local government and other community organizations.					
Our coalition plans ahead for its long-term sustainability in addition to its more immediate goals.					
Our coalition has members with experience in writing successful grant applications.					
Our coalition has an up-to-date written sustainability plan.					
Our selected PFS strategies align well with other local community organizations' efforts and goals.					
I'm confident that most of our selected strategies will continue after PFS funding ends.					

25. What is your coalition's greatest barrier in sustaining efforts that address underage drinking in your community?

26. How much of a need is training or technical assistance in each of the following areas for your coalition during the next 12 months?

	Major need	Minor need	Not needed
Assessing the needs and			

interests of the community	○	○	○
Collecting, analyzing, and/or reporting data	○	○	○
Obtaining and/or staying informed about substance abuse research	○	○	○
Keeping coalition members engaged	○	○	○
Recruiting new coalition members	○	○	○
Prevention Skills Training	○	○	○
Building partnerships with community leaders	○	○	○
Improving leadership skills	○	○	○
Identifying strategies to address substance abuse prevention in the community	○	○	○
Implementing environmental strategies	○	○	○
Implementing individual strategies	○	○	○
Evaluating the coalition's substance abuse prevention efforts	○	○	○
Sharing information about the work of the coalition within the community	○	○	○
Addressing behavioral health disparities in substance abuse prevention work	○	○	○
Obtaining additional funding	○	○	○
Sustaining community outcomes beyond current funding	○	○	○

27. Please describe any other areas that your coalition might need training or technical assistance with during the next 12 months.

Section II: Functioning of the Coalition (Coordinator Questions)

28. During the past 12 months, how many general coalition meetings have been held?

- 1-3 meetings
- 4-6 meetings
- 7-9 meetings
- 10-12 meetings
- 13 or more meetings
- I don't know

29. Does your coalition have established expectations for active members (e.g., setting a minimum number of meetings that must be attended annually)?

- Yes
- No
- I don't know

30. Approximately how many of your coalition members are actively involved in the coalition?

- None (0%)
- Few (1-10%)
- Some (11-30%)
- Some to half (31-50%)
- Half to most (51-70%)
- Most (71-90%)
- Almost all (91-100%)
- I don't know

31. Our coalition has a vision and/or mission statement.

- Yes
- No
- I don't know

31a. When was your coalition's vision and/or mission statement first established?

- Within the past 6 months

- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

31b. When was your coalition's vision and/or mission statement last updated?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

32. Has your coalition ever conducted a self-assessment assessing its strengths and weaknesses?

- Yes
- No
- I don't know

32a. When did your coalition *most* recently complete a self-assessment assessing its strengths and weaknesses?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

33. Has your coalition ever completed an assessment of the readiness of your community to engage in substance abuse prevention activities?

- Yes
- No
- I don't know

33a. When did your coalition *most* recently complete an assessment of the readiness of your community to engage in substance abuse prevention activities?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

34. Has your coalition ever assessed the human resources (e.g., staff, volunteers) available in your community to support substance abuse prevention?

- Yes
- No
- I don't know

34a. When did your coalition *most* recently assess the human resources (e.g., staff, volunteers) available in your community to support substance abuse prevention?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

35. Has your coalition ever assessed the financial resources (e.g., donations, in-kind contributions, funding) available in your community to support substance abuse prevention?

- Yes
- No

- I don't know

35a. When did your coalition *most* recently assess the financial resources (e.g., donations, in-kind contributions, funding) available in your community to support substance abuse prevention?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

36. Does your coalition have established by-laws?

- Yes
- No
- I don't know

36a. When were your coalition's by-laws first established?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

36b. When was your coalition's by-laws last updated?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
-

More than 10 years ago

- I don't know

37. Does your coalition have an executive board or core group of leaders who meet independent of the larger coalition?

- Yes
- No
- I don't know

37a. During the past 12 months, how many times has the executive board or core group of leaders met independent of the larger coalition?

- No times
- 1-3 times
- 4-6 times
- 7-9 times
- 10-12 times
- 13 or more times
- I don't know

38. Does your coalition have established subcommittees? Note that subcommittees are not sub-coalitions; rather, they are smaller groups of coalition members addressing specific topics (e.g., media, policy, capacity building, cultural competency, grant writing, etc.).

- Yes
- No
- I don't know

38a. Please list your coalition's subcommittees below.

39. Does your coalition have a written sustainability plan?

- Yes
- No
- I don't know

39a. When was your coalition's written sustainability plan *most* recently completed?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

40. Has your coalition discussed how to sustain community outcomes beyond current funding?

- Yes
- No
- I don't know

41. Has your coalition discussed how to obtain future funding (e.g., Block Grant, DFC, Juvenile Justice, other)?

- Yes
- No
- I don't know

41a. When did your coalition *most* recently discuss how to obtain future funding?

- Within the past 6 months
- More than 6 months ago, but within the past year
- More than 1 year ago, but within the past 3 years
- More than 3 years ago, but within the past 5 years
- More than 5 years ago, but within the past 10 years
- More than 10 years ago
- I don't know

42. How would you rate the Training and Technical Assistance (T/TA) you've received regarding PFS from Regional Behavioral Health Prevention staff?

- Very Poor
- Poor
- Fair
- Good
- Very Good
- Not applicable

43. How would you rate the Training and Technical Assistance (T/TA) you've received regarding PFS from the DHHS Division of Behavioral Health?

- Very Poor
- Poor
- Fair
- Good
- Very Good
- Not applicable

44. How would you rate the performance of the DHHS Division of Behavioral Health staff in the following areas with regard to the goals of the PFS grant?

	Very Poor	Poor	Fair	Good	Very Good	I don't know
Coordination with Regional Behavioral Health Prevention Staff						
Data collection and report management						
Promotion of evidence based practices						
Workforce development and training						
Clear and effective communication						
Provides solutions when problems arise						
Response time and quality of feedback						

45. How often do you communicate with other PFS-funded coalitions outside of your region?

- Often
- Sometimes
- Not very often
- Not at all
- I don't know

45a. How often do you communicate with other PFS-funded coalitions within your region?

- Often
- Sometimes
- Not very often
- Not at all
- I don't know

46. How valuable are the Prevention Advisory Council (PAC) meetings to your PFS efforts?

- Very valuable
- Somewhat valuable
- Not very valuable
- Not at all valuable
- I have not yet attended a PAC meeting

47. How well does the Prevention Advisory Council (PAC) represent the diversity of the state in regards to population demographics and agency-level stakeholders?

- Very well
- Somewhat well
- Not very well
- Not at all well
- I don't know

47a. What sub-population or agency is underrepresented on the advisory council?

48. To what extent do you agree or disagree with each of the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The Prevention Advisory Council contributes to statewide prevention system development efforts.	○	○	○	○	○
The Prevention Advisory Council effectively advises PFS efforts.	○	○	○	○	○
The SEOW contributes to statewide prevention system development efforts.	○	○	○	○	○
The SEOW effectively contributes to PFS efforts.	○	○	○	○	○
Our coalition benefits from interacting with other PFS-funded coalitions.	○	○	○	○	○

49. How long have you been or were you a member of your coalition?

- ○ Less than 6 months
- ○ 6 months - less than 1 year
- ○ 1 year - less than 2 years
- ○ 2 years - less than 3 years
- ○ 3 years - less than 5 years
- ○ 5 years or more
- ○ I am not a member

50. During the past 12 months, how many of your coalitions' meetings have you attended?

- ○ None
- ○ At lease one, but less than half
- ○ About half
- ○ More than half, but not all
- ○ All

51. Do you live in a community served by your coalition?

- Yes
- No

52. What is your age?

- Less than 24 years
- 25-34 years
- 35-55 years
- 45-54 years
- 55-64 years
- 65+ years

53. Are you:

- Male
- Female

54. Do you consider yourself to be Hispanic or Latino/a?

- Yes
- No

55. What race or races do you consider yourself to be? (check all that apply)

- [ ] White (Caucasian)
- [ ] Black or African American
- [ ] Asian
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Other, specify

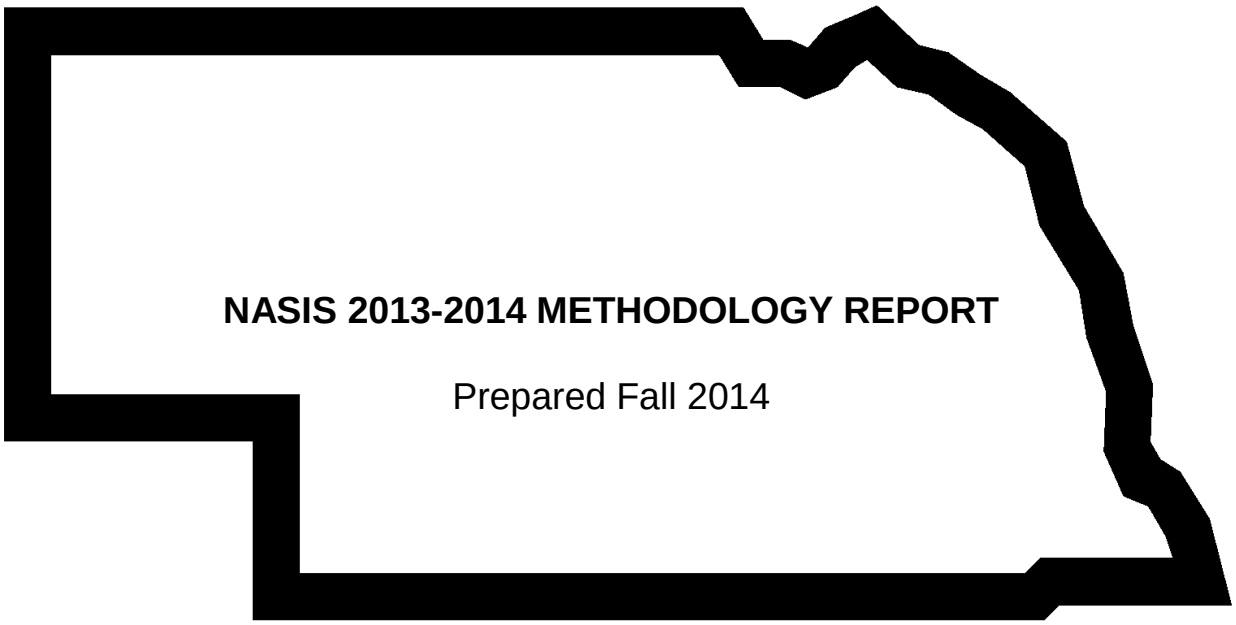
56. Please provide any additional comments.

Appendix D

NASIS/NCAOS
Methodology Reports

NASIS

Nebraska Annual Social Indicators Survey



NASIS 2013-2014 METHODOLOGY REPORT

Prepared Fall 2014

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2013-2014 Nebraska Annual Social Indicators Survey

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2013-2014 NASIS METHODOLOGY REPORT

Introduction

This report presents a detailed account of the design and fielding of the 2013-2014 Nebraska Annual Social Indicators Survey (NASIS). Users of the 2013-2014 NASIS data will find it an important reference source for answers to questions about methodology.

The Nebraska Annual Social Indicators Survey was conceived as a vehicle both for producing current, topical information about Nebraskans and also for monitoring change in quality of life. As in earlier surveys, NASIS 2013-2014 was a joint effort of the Department of Sociology at the University of Nebraska-Lincoln (UNL) and a variety of public agencies. While the final responsibility for the design and fielding of the survey rests with the Bureau of Sociological Research (BOSR), both the costs of the survey and its planning have been shared with the Department of Sociology at UNL as well as the researchers involved, which typically includes several state agencies, private non-profit agencies, and other university departments. Additional information concerning who funded specific questions in the 2013-2014 NASIS can be obtained by contacting BOSR.

Mode Selection

Historically, NASIS was administered as a telephone interview with adults (ages 19 and older) in households in Nebraska with a landline telephone. Due to rising costs associated with declining response rates for telephone surveys, the 2009-2010 NASIS was administered as a mail survey to Nebraska households. Each NASIS since, including the 2013-2014 NASIS, has been administered as a mail survey as well. BOSR has used the mail mode in other survey projects, where it has been an efficient and cost-effective method of data collection.

Design and Item Selection

Each Nebraska Annual Social Indicators Survey is designed to meet the data needs of a diverse group of researchers ranging from UNL faculty and graduate students to professional health associations and state agencies. In order to meet these needs, the instrument involves multiple stages of development. First, a set of “core” questions is developed. The majority of core items is repeated each year and cover basic demographic information, quality-of-life topics, and general sociological indicators. The core items are intended both to maintain continuity with previous years of NASIS and to provide information on issues of current importance and interest.

The next step in the development of the instrument is to incorporate a second set of questions to meet the data needs of the agencies and organizations purchasing space on the current survey. Interested public agencies and faculty members initially submit questions to be included in the survey. Aside from the core questions, all of those submitting questions are “buyers” (i.e., they contribute toward the cost of the survey in proportion to their data needs). As the questions from each buyer are submitted, they are formatted to fit in a mail survey. NASIS provides a cost-effective vehicle for collecting information about Nebraskans as clients purchase only the space needed to administer their items and are provided the use of the core items as part of their participation in NASIS.

After all buyer and core questions are developed, a draft mail survey is designed and programmed. A copy of the final, formatted mail survey can be found in Appendix B.

Sampling Design

In order to meet the research needs of several clients and increase the sample coverage, the sampling design of the 2013-2014 NASIS mail survey used a postal delivery sequence based sample of household addresses (ABS). The sample includes addresses for individuals and households who have an address according to the US Postal Service. Advantages to this type of sampling design include the ability to mail to all sampled addresses as well as very high coverage.To maintain a probability sample, the adult (age 19 or older) in the household with the next birthday after August 1, 2014 is asked to complete the survey.

The sampling design for NASIS has adapted to changes in the survey field over time. Traditionally, the NASIS sample was drawn from a population of non-institutionalized persons in households with telephones who resided in the State of Nebraska during the survey period. Persons under 19 years of age, persons in custodial institutions, in group living quarters, on military bases, reservations, and transient visitors to the state were excluded from the sampling universe. Since its inception in 1977, NASIS used Random Digit Dialing (RDD) procedures to select survey respondents. In 2006, NASIS respondents were drawn from a directory-listed sample of telephone numbers—a change prompted by challenges in sampling related to the proliferation of cell-phone-only adults and increased costs of RDD on the scale of NASIS. In NASIS 2008-2009, the sample design consisted of three segments: (1) a traditional directory listed sample; (2) a sample of participants of the 2007 NASIS (i.e., panel); and (3) an oversample of four counties (Colfax, Dawson, Hall, and Scotts Bluff) in Nebraska with high proportions of Hispanic/Latino residents. In 2009-2010 and 2010-2011, the sampling design utilized was a directory listed address sample. An ABS sample has been used since NASIS 2011-2012.

The sample for the 2013-2014 NASIS was purchased from Survey Sampling International, LLC (SSI). A total 3,500 cases were provided to BOSR by SSI on July 10, 2014. These addresses were drawn throughout Nebraska with equal probability of selection.

Experimental Design Treatment

A BOSR client added multiple experimental design treatments to the 2013-2014 NASIS survey to test the effect of monetary incentives and different wording of the cover letter on the accuracy of within-household selection (the birthday selection method). The sample was randomly assigned to one of three different treatment conditions: no incentive, $1 incentive, and $1 incentive with the cover letter emphasizing appreciation to the correct member of the household. Experimental designs can be viewed in Appendix A. Additional information concerning the methodological experiments included in the 2013-2014 NASIS can be obtained by contacting BOSR.

Data Collection Process

Data were collected between August 20, 2014 and October 16, 2014. Each survey packet contained a cover letter (Appendix A), survey booklet (Appendix B), a future research interest card (Appendix C), and large postage-paid business reply envelope. The survey contained 93 questions (a total of 230 items) in 11 pages. A reminder postcard (Appendix D) was sent to all non-responders in all treatment groups about one week after the group's initial mailing (August 28, 2014). In addition to the reminder postcard, a second survey packet (contents discussed above) was sent to all remaining non-responders on September 18, 2014. All materials were in English. A total of 1018 completed surveys were received and processed by BOSR through October 16, 2014.

Response Rate

A total of 1018 adults completed the 2013-2014 NASIS mail survey. The response rate of 29.1% was calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for Response Rate 1, which divides total completed surveys by the total sample size. Of the 3,500 addresses sampled, 8.7% (n=306) were undeliverable addresses, and 61.5% (n=2153) were unknown/non-response. Refusals (e.g., blank survey returned; letter, phone call, or e-mail stating refusal to participate) and refused mail were obtained from 0.7% (n=23) of the sample.

Data-Entry Training, Supervision, and Quality Control

Data entry was completed by professional data-entry staff. Many of the data-entry workers had previous experience in data entry using Epi Info 6 on other mail survey projects. The data-entry staff was supervised by permanent BOSR project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted to any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses. The data-entry staff is paid by the hour, not by the number of surveys entered. This method of payment is used so that we can ensure the high quality of the data collected by our staff.

Processing of Completed Surveys

The data were collected from August 20, 2014 to October 16, 2014. Completed surveys were returned by a total of 1018 respondents. Completed interviews were carefully processed and recorded by the BOSR staff to ensure that each interview was accounted for and its progress along the various steps of editing, coding, merging, and uploading could be monitored.

As previously mentioned, surveys were data-entered using Epi Info 6 software with data saved on a networked file server. Each day, automatic backups were made of all directories containing information relevant to the survey. Some open-ended information, such as the county codes, were assigned numeric codes by the BOSR staff and also merged with the remainder of the data. The county codes are listed in Appendix E.

Data Cleaning

The data are recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The first step in data cleaning was to run frequency distributions on each of the variables in the survey. The second step was to generate variable and value labels (attempts were made to match the variable names and values for core items that appeared in previous NASIS administration periods). The final step in data cleaning was to recode all open-ended "other" responses on core variables and check for out-of-range values on all survey items. Recoding was done to correct for the most obvious errors/inconsistencies in the data.

Since the data collected contains information specific to the topic, additional decisions related to cleaning and recoding of the data will be left to the client to ensure final data quality. It should be noted, too, that due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, will still exist in the data due to item non-response.

The cleaned, coded data were stored in an SPSS system file. A list of all variables in the archive file and the variable names used in the SPSS system file for each variable are included in Appendix F. Datasets for users involving subsets of items in the file were generated by selecting the appropriate items from this main file.

The most economical and flexible manner to use the NASIS data is by using the SPSS for Windows software program. It is also possible to produce a dataset for SAS, among other possible data formats. Any additional needs or questions concerning the NASIS dataset should be directed to the Bureau of Sociological Research.

NASIS Sample Weights

The data were weighted in three ways to account for the within household probability of selection, nonresponse, and population characteristics. First, data were weighted by the number of adults living in the household in order to adjust for within-household selection probability. Then, the data were weighted for nonresponse by state region. Please refer to Figure 1 for a description of the regions. Lastly, poststratification weights were applied based on age, gender and state region in order for the data to more closely resemble the population. Tables 1 and 2 display 2010 Census population data and NASIS weighted and unweighted frequencies both with and without the design effect taken into account. The final weight in the dataset is called PWEIGHT.

Design Effects

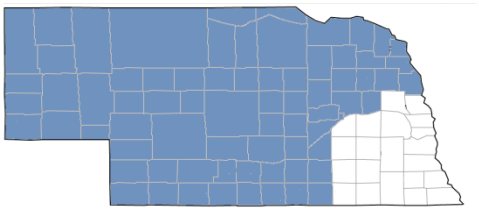
Since the 2013-2014 NASIS used simple random sampling, there is no loss in precision due to the sampling design. The design effect due to weighting adjustments is 1.53, which represents the loss in statistical efficiency that results from unequal weights[1]. Appropriate adjustments need to be incorporated into statistical tests when using NASIS 2013-2014 data. See Estimate of Sampling Error section starting on page 9.

Questions

Any questions regarding this report or the data collected can be directed to the Bureau of Sociological Research at the University of Nebraska-Lincoln by calling (402) 472-3672 or by sending an e-mail to bosr@unl.edu.

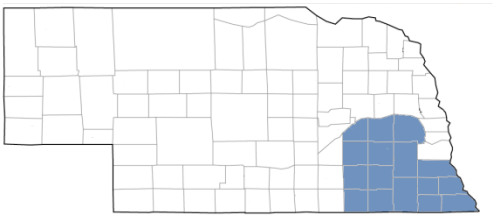
[1] The formula used is: $1 + cv^2(w) = \frac{n(\sum_1^n w_i^2)}{(\sum_1^n w_i)^2}$

Figure 1
Definitions of Regions



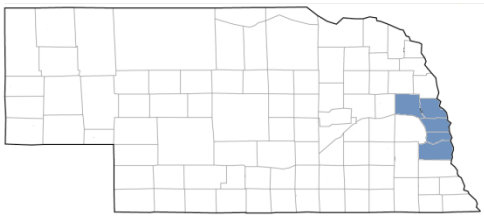
Central and West

Adams
Antelope
Arthur
Banner
Blaine
Boone
Box Butte
Boyd
Brown
Buffalo
Burt
Cedar
Chase
Cherry
Cheyenne
Clay
Colfax
Cuming
Custer
Dakota
Dawes
Dawson
Deuel
Dixon
Dundy
Franklin
Frontier
Furnas
Garden
Garfield
Gosper
Grant
Greeley
Hall
Hamilton
Harlan
Hayes
Hitchcock
Holt
Hooker
Howard
Kearney
Keith
Keya Paha
Kimball
Knox
Lincoln
Logan
Loup
McPherson
Madison
Merrick
Morrill
Nance
Nuckolls
Perkins
Phelps
Pierce
Platte
Red Willow
Rock
Scotts Bluff
Sheridan
Sherman
Sioux
Stanton
Thomas
Thurston
Valley
Wayne
Webster



Southeast

Butler
Fillmore
Gage
Jefferson
Johnson
Lancaster
Nemaha
Otoe
Pawnee
Polk
Richardson
Saline
Saunders
Seward
Thayer
York



Midland

Cass
Dodge
Douglas
Sarpy
Washington

TABLE 1
REPRESENTATIVENESS OF 2013-2014 NASIS SAMPLE BY REGION OF STATE
(Percentage Distribution by Region)

REGION	BASED ON 2010 CENSUS ESTIMATES	NASIS, UNWEIGHTED	NASIS, WEIGHTED BY PWEIGHT
Central and West	34.2%	36.7%	34.2%
Midland (Omaha Area)	39.9%	36.6%	39.9%
Southeast	25.9%	26.6%	25.9%
TOTAL	100%	100%	100%

TABLE 2
REPRESENTATIVENESS OF 2013-2014 NASIS SAMPLE BY AGE AND SEX
(Percentage Distribution in Age and Sex Categories)

CATEGORY	BASED ON 2010 CENSUS ESTIMATE	NASIS, UNWEIGHTED	NASIS, WEIGHTED BY PWEIGHT
AGE:			
19 - 49	56.0%	30.6%	56.2%
50 - 64	25.6%	34.5%	25.7%
65+	18.4%	34.8%	18.2%
SEX:			
Males	49.1%	43.3%	49.1%
Females	50.9%	56.7%	50.9%
TOTAL	100%	100%	100%

Estimate of Sampling Error

The 2013-2014 NASIS sample is a simple random sample of households in the state. Because the data were weighted to account for within household selection, nonresponse, and population characteristics, the estimates of the sampling error are not straightforward. Table 3 presents margins of sampling error for some of the most likely sample sizes *not* taking the design effect from weighting into account. Exact margins of error for alternative specifications of sample size and reported percentages can be easily computed by using the following formula for the 95% confidence level:

Margin of error = 1.96 * square root (p(1-p)/n)

p = the expected proportion selecting the answer

n = number of responses

TABLE 3

APPROXIMATE MARGINS OF ERROR OF PERCENTAGES BY SELECTED SAMPLE SIZE NOT ACCOUNTING FOR DESIGN EFFECT (Expressed in Percentages)*

Reported Percentage	Full Sample n=1018	75% Sample n=764	50% Sample n=509	33.3% Sample n=339	25% Sample n=255	10% Sample n=102
50	3.07%	3.55%	4.34%	5.32%	6.14%	9.70%
40 or 60	3.01%	3.47%	4.26%	5.22%	6.01%	9.51%
30 or 70	2.82%	3.25%	3.98%	4.88%	5.62%	8.89%
20 or 80	2.46%	2.84%	3.48%	4.26%	4.91%	7.76%
10 or 90	1.84%	2.13%	2.61%	3.19%	3.68%	5.82%
5 or 95	1.34%	1.55%	1.89%	2.32%	2.68%	4.23%

When accounting for design effects due to weighting, the adjusted sampling error will be increased as is shown when comparing Table 3 to Table 4 where the design effect is incorporated:

Margin of error = square root (deff) * 1.96 * square root (p(1-p)/n)

deff = design effects

p = the expected proportion selecting the answer

n = number of responses

TABLE 4

APPROXIMATE MARGINS OF ERROR OF PERCENTAGES BY SELECTED SAMPLE SIZE ACCOUNTING FOR THE DESIGN EFFECT (Expressed in Percentages)*

Reported Percentage	Full Sample N=1018	75% Sample N=764	50% Sample N=509	33.3% Sample N=339	25% Sample N=255	10% Sample N=102
50	3.80%	4.39%	5.37%	6.58%	7.59%	12.00%
40 or 60	3.72%	4.30%	5.26%	6.45%	7.44%	11.76%
30 or 70	3.48%	4.02%	4.92%	6.03%	6.96%	11.00%
20 or 80	3.04%	3.51%	4.30%	5.27%	6.07%	9.60%
10 or 90	2.28%	2.63%	3.22%	3.95%	4.55%	7.20%
5 or 95	1.66%	1.91%	2.34%	2.87%	3.31%	5.23%

* 95% confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value.

Appendices
Appendix A: Cover Letters & Experimental Designs

First Mailing Cover Letter - Version 1 (No Incentive)

University of Nebraska Lincoln

BUREAU OF SOCIOLOGICAL RESEARCH

Date

Nebraska Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear Nebraska Resident,

I am writing to ask for your help getting responses to the enclosed Nebraska Annual Social Indicators Survey. Researchers at UNL and the state have pooled resources to do this survey of Nebraskans. Working together helps us do our research with limited resources. It also reduces the number of surveys we ask people to do.

We rely on the kindness of people like you to make the survey work. Please have the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** do the survey. This will help us make sure we hear from all different types of Nebraskans.

The results will help with research about a variety of topics including:

- Nebraska's natural resources
- How federal policies affect the people of this state
- How households split up tasks
- Health issues
- Opinions about drug and alcohol use.

In past years, Nebraska State Agencies and the Legislature have also used the results to better serve Nebraskans. This year's results will also be available to them so that everyone in the state can benefit from this important survey.

The survey should only take about 10-15 minutes to complete. Your participation is voluntary and all responses will be kept confidential.

I am happy to answer any questions you have about this survey. I can be reached by telephone at 1-800-480-4549 or by email at bosr@unl.edu. This study has been reviewed and approved by the UNL institutional Review Board (IRB#20140814577 EX). If you have questions about your rights as a participant, you may contact them at 402-472-6965.

We truly appreciate your help.

Sincerely,

Amanda Richardson

Amanda Richardson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

301 Benton Hall / P.O. Box 886102 / Lincoln, NE 68588-6102 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

First Mailing Cover Letter - Version 2 (Incentive)

Nebraska UNIVERSITY OF Lincoln

BUREAU OF SOCIOLOGICAL RESEARCH

Date

Nebraska Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear Nebraska Resident,

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We have enclosed a small token of appreciation to thank you for your help. We truly appreciate it.

Sincerely,

Amanda Richardson

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Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

301 Benton Hall / P.O. Box 886102 / Lincoln, NE 68588-6102 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

First Mailing Cover Letter - Version 3 (Incentive for Correct Person)

Nebraska UNIVERSITY OF Lincoln

BUREAU OF SOCIOLOGICAL RESEARCH

Date

Nebraska Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear Nebraska Resident,

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We have enclosed a small token of appreciation to thank the adult with the next birthday for their help. We truly appreciate it.

Sincerely,

Amanda Richardson

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Assistant Director
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University of Nebraska-Lincoln

301 Benton Hall / P.O. Box 886102 / Lincoln, NE 68588-6102 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

Second Mailing Cover Letter

Nebraska Lincoln

BUREAU OF SOCIOLOGICAL RESEARCH

Date

Nebraska Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear Nebraska Resident,

A few weeks ago we sent a letter asking a member of your household to complete the 2014 Nebraska Annual Social Indicators Survey (NASIS). We are writing again because we have not yet received your household's response.

The NASIS has been conducted for 35 years. In that time, it has been used to better serve the people of Nebraska. It has also contributed to important advances in many areas of research. Results have been presented at national conferences and published in scientific journal articles. Some have even been covered in the national news. A lot of good has come from NASIS over the years.

We hope to continue this tradition of excellent research and service. But the success of the 2014 NASIS depends on the kindness and generosity of people like you. It is only by hearing from nearly everyone in the sample that we can be sure the results truly represent the people of Nebraska. We hope the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** will complete the questionnaire soon.

The survey should only take 10-15 minutes to complete. Your participation is voluntary, but will help out a great deal. All responses will be kept completely confidential.

You can reach me at 1-800-480-4549 or by email at bosr@unl.edu with any questions. I am happy to answer them. If you have questions about your rights as a participant in this or any study conducted at UNL, you may contact the UNL Institutional Review Board at 402-472-6965. This study has been reviewed and approved by them (IRB#20140814577 EX).

Thank you for helping us make the 2014 NASIS a success.

Sincerely,

Amanda Richardson

Amanda Richardson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

301 Benton Hall / P.O. Box 886102 / Lincoln, NE 68588-6102 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

Appendix B: Survey Instrument (printed in black & white only)

NASIS 2014

Nebraska Annual Social Indicators Survey

Bureau of Sociological Research
University of Nebraska-Lincoln

We need your help to learn about how Nebraskans think, feel, and live.

Researchers from the University of Nebraska and across the state are counting on your help to learn about a variety of issues. Your responses will help shape program and policy development in Nebraska now and into the future.

Life in Nebraska

1. **Overall, how satisfied or dissatisfied are you with living in Nebraska?**
   - ○ Very satisfied
   - ○ Somewhat satisfied
   - ○ Neutral
   - ○ Somewhat dissatisfied
   - ○ Very dissatisfied

2. **All in all, do you think things in Nebraska are generally headed in the right direction or the wrong direction?**
   - ○ Right direction
   - ○ Wrong direction
   - ○ Unsure

3. **All in all, do you think things in the country as a whole are generally headed in the right direction or wrong direction?**
   - ○ Right direction
   - ○ Wrong direction
   - ○ Unsure

Nebraska Department of Natural Resources

4. **How urgent are water quantity issues in Nebraska?**
   - ○ Extremely urgent
   - ○ Urgent
   - ○ Somewhat urgent
   - ○ Not very urgent
   - ○ Not at all urgent
   - ○ Don't know/Unsure

5. **How much do you agree or disagree with the following statement:** ***I have confidence in the Nebraska Department of Natural Resources to responsibly manage Nebraska's water.***
   - ○ Strongly agree
   - ○ Agree
   - ○ Neither agree nor disagree
   - ○ Disagree
   - ○ Strongly disagree

6. **Do you feel that your region of the state is suffering adverse outcomes due to water issues (e.g., too much or too little)?**
   - ○ Yes
   - ○ No
   - ○ Don't know/Unsure

7. **Have you experienced water shortages or water use restrictions in the last 4 years?**
   - ○ Yes, including major damage to my property or major harm
   - ○ Yes, but with no major damage to my property or major harm
   - ○ No

8. **Have you experienced problems with flooding from a stream or river in the last 4 years?**
   - ○ Yes, including major damage to my property or major harm
   - ○ Yes, but with no major damage to my property or major harm
   - ○ No

9. **Over the past 12 months, how many times did you seek out information about water issues?**
   - ○ None → *Go to question #11*
   - ○ 1-5 times
   - ○ 6-10 times
   - ○ More than 10 times

10. **If at least once, where did you seek out information?** ***(Check all that apply)***
    - ☐ Websites or social media
    - ☐ Newsletter, TV, radio, newspaper, or magazine
    - ☐ Attended a meeting/conference
    - ☐ Talked to a friend or family member
    - ☐ Talked with an elected or appointed official, or local or state employee
    - ☐ Other (please specify) _____

11. **How familiar or unfamiliar are you with the Nebraska Department of Natural Resources?**
    - ○ Very familiar
    - ○ Somewhat familiar
    - ○ Neither familiar nor unfamiliar
    - ○ Somewhat unfamiliar
    - ○ Very unfamiliar

12. **How interested would you be in subscribing to email updates from the Nebraska Department of Natural Resources?**
    - ○ Very interested
    - ○ Somewhat interested
    - ○ Slightly interested
    - ○ Not at all interested

Underage Drinking

13. Please indicate for each of the following if you think it is very wrong, wrong, a little wrong, or not at all wrong for:

	Very wrong	Wrong	A little wrong	Not at all wrong
a. Individuals under the age of 18 to have one or two drinks.	○	○	○	○
b. Individuals under the age of 18 to have 5 or more drinks at one setting.	○	○	○	○
c. Individuals 18-20 years old to have one or two drinks.	○	○	○	○
d. Individuals 18-20 years old to have 5 or more drinks at one setting.	○	○	○	○
e. Individuals 21 and older to provide alcohol for people under 21 years old.	○	○	○	○

14. In your community, or the area around where you live, how likely is each of the following?

	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
a. A person under age 21 would be served a drink if they asked for one in a local bar or restaurant.	○	○	○	○	○
b. A person under age 21 would be sold an alcoholic beverage if they tried to buy it in a local convenience store.	○	○	○	○	○
c. The police would arrest an adult who is believed to have provided alcohol for persons under age 21.	○	○	○	○	○

15. How wrong would most adults (over 21) in your community, or the area around where you live, think it is for kids under the age of 21 to drink alcohol?

- ○ Very wrong
- ○ Wrong
- ○ A little wrong
- ○ Not at all wrong

16. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse?

- ○ Yes
- ○ No → Go to question **#18**

17. If yes, which substances were the advertisements about? *(Check all that apply)*

- ☐ Alcohol
- ☐ Drugs
- ☐ Tobacco

18. How much do you think people risk harming themselves physically or in other ways if they have 5 or more drinks of an alchoholic beverage once or twice a week?

- ○ Great risk
- ○ Moderate risk
- ○ Slight risk
- ○ No risk

19. During the past 12 months, have you allowed underage youth to drink alcohol on your property (home, barn, garage, etc.)?

- ◯ Yes
- ◯ No

20. In general, how supportive are you of additional taxes on alcohol purchases?

- ◯ Very supportive
- ◯ Somewhat supportive
- ◯ Not very supportive
- ◯ Not at all supportive
- ◯ Don't know

21. Are you the parent or guardian of a 12-20 year old?

- ◯ Yes
- ◯ No → Go to question #24

22. During the past 12 months, have you talked with your child about the dangers of alcohol?

- ◯ Yes
- ◯ No

23. During the past 12 months, have you provided alcohol to any of your underage children? Do not include sips for religious purposes.

- ◯ Yes
- ◯ No

Safety

24. In the past year, have you been the victim of any crime?

- ◯ Yes
- ◯ No

25. How often do you worry about identity theft?

- ◯ Almost always
- ◯ Often
- ◯ Sometimes
- ◯ Rarely
- ◯ Never

26. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

- ◯ Most people can be trusted
- ◯ You cannot be too careful

27. In general, would you say that you tend to be suspicious of other people or open to other people?

- ◯ Suspicious of other people
- ◯ Open to other people

28. How concerned are you about threats to personal privacy in America today?

- ◯ Very concerned
- ◯ Somewhat concerned
- ◯ A little concerned
- ◯ Not at all concerned

Vaccinations

29. If all children were to receive vaccines, what option best describes the result?

- ◯ Fewer people will get sick
- ◯ The same number of people will get sick
- ◯ More people will get sick
- ◯ Don't know

30. When a child receives the measles vaccine, what option best describes the result?

- ◯ The vaccine protects the child's health
- ◯ The vaccine harms the child's health
- ◯ The vaccine doesn't make much difference to the child's health
- ◯ Don't know

31. Do you believe that people can die from the measles?

- ◯ Yes
- ◯ No
- ◯ Don't know

32. Do you know someone who has had the following diseases?

	Yes	No	Don't Know
a. Measles	◯	◯	◯
b. Mumps	◯	◯	◯
c. Polio	◯	◯	◯

Affordable Care Act

The Affordable Care Act is the law that the U.S. Congress passed and President Obama signed back in 2010 that has recently changed the healthcare system in many ways.

33. Please indicate whether or not each of the following changes has applied to you or your family in the past 4 years.

	Yes	No	Don't Know
a. I have children under the age of 26 that can now be included on my insurance.	○	○	○
b. I purchased health insurance as required by the Affordable Care Act.	○	○	○
c. I was previously unable to obtain private insurance but have now purchased it on the Health Insurance Marketplace (also referred to as a health insurance exchange).	○	○	○
d. I was able to get financial assistance for my insurance premium through the Health Insurance Marketplace.	○	○	○
e. My health insurance was dropped or significantly changed because of the Affordable Care Act.	○	○	○
f. I have a health condition that is now covered by insurance that was not previously covered because it was considered a pre-existing health condition.	○	○	○
g. I now have preventative health coverage through my insurance for things such as shots and screening tests.	○	○	○
h. I had to change my doctor or other health providers, such as my hospital, because of the Affordable Care Act.	○	○	○
i. I am a senior on Medicare and due to a coverage gap in Medicare Part D I previously did not receive discounts and savings with my prescription drugs, but now I do.	○	○	○

34. Overall, have changes to your healthcare due to the Affordable Care Act helped, hurt, or had no impact?

- ○ Helped
- ○ Hurt
- ○ No impact

35. Do you generally support or oppose the 2010 Affordable Care Act?

- ○ Support
- ○ Oppose
- ○ Unsure

36. Nebraska is one of many states that have currently chosen not to expand its Medicaid program under the Affordable Care Act. Do you support or oppose expanding the Medicaid program in Nebraska?

- ○ Support
- ○ Oppose
- ○ Unsure

Plant Management in Nebraska

37. Do you own or rent property in Nebraska with outdoor land for which you are the caretaker (e.g., garden, lawn, recreational, or agricultural land)?

- ○ Yes
- ○ No → *Go to question #46 [skip section]*

38. How are unwanted plants managed or controlled in your yard or garden? (*Check all that apply*)

- ☐ I do not have unwanted plants in my yard
- ☐ I do not control any plants in my yard
- ☐ I mow unwanted plants
- ☐ I only remove unwanted plants from the garden
- ☐ I remove unwanted plants by cutting or digging them up with tools and/or machinery
- ☐ I spray unwanted plants with herbicides
- ☐ Other, specify: _____

39. Which of the following has been done to control unwanted plants on any of your property that is not your yard or garden? (*Check all that apply*)

- ☐ I do not own property beyond my yard (I only own a yard or garden)
- ☐ Prescribed fire or controlled burning (NOT burning brush piles)
- ☐ Herbicide application
- ☐ Mechanical removal (shovel, chainsaw, skid steer, bulldozer, or similar machines)
- ☐ Shredding or mowing
- ☐ Other, specify: _____
- ☐ No activities have been done on my property

40. Have you ever paid someone to manage or control unwanted plants on any of your property using any of the techniques in Questions 38 or 39?

- ○ Yes
- ○ No → *Go to question #42*

41. Which of the following is a reason you paid someone to manage or control unwanted plants on your property? (*Check all that apply*)

- ☐ I did not own the proper equipment
- ☐ I was not confident in my abilities to manage or control unwanted plants
- ☐ I did not know which plants to control
- ☐ I did not have time to do the work myself
- ☐ Other, specify: _____

42. Do you own or have access to equipment for controlling or removing unwanted plants on your property?

- ○ I have all of the equipment I need
- ○ I have some of the equipment I need
- ○ I have none of the equipment I need
- ○ I don't know what the proper equipment is for controlling or removing unwanted plants

43. How confident are you in your abilities to manage or control unwanted plants on your property?

- ○ Very confident
- ○ Somewhat confident
- ○ Slightly confident
- ○ Not at all confident
- ○ I have not thought about the kinds of plants on my property

44. Which of the following statements best describes your overall attitude toward plants on your property?

- ○ All of the plants on my property are there for a reason, and should not be controlled
- ○ A few species need to be controlled, the rest are fine
- ○ I have not thought at all about the kinds of plants on my property

45. Prescribed fire (controlled burning) is a management tool used to improve forage quality; reduce wildfire risk, and control unwanted plants in rangelands and woodlands in Nebraska. In general, how would you describe your attitude toward the use of prescribed fire to control unwanted plants?

- ○ Very positive
- ○ Positive
- ○ Neutral
- ○ Negative
- ○ Very negative
- ○ Don't know

About Your Household

46. For each of the people who are living or staying at your residence, including yourself, please provide initials, relationship to you, date of birth, and sex in the spaces below.

You
Your Initials:
Relationship to you: SELF
Your date of birth: MM / DD / YYYY
Your sex: ○ Male ○ Female

Person 2
Initials:
Relationship to you:
Date of birth: MM / DD / YYYY
Sex: ○ Male ○ Female

Person 3
Initials:
Relationship to you:
Date of birth: MM / DD / YYYY
Sex: ○ Male ○ Female

Person 4
Initials:
Relationship to you:
Date of birth: MM / DD / YYYY
Sex: ○ Male ○ Female

Person 5
Initials:
Relationship to you:
Date of birth: MM / DD / YYYY
Sex: ○ Male ○ Female

Person 6
Initials:
Relationship to you:
Date of birth: MM / DD / YYYY
Sex: ○ Male ○ Female

47. We are interested in how households split up tasks. Thinking about the people you listed in question #46, who is most likely to do each of the following tasks?

	You	Person 2	Person 3	Person 4	Person 5	Person 6	N/A
a. Grocery shopping	○	○	○	○	○	○	○
b. Household repairs	○	○	○	○	○	○	○
c. Opening the mail	○	○	○	○	○	○	○
d. Answering the house's landline phone	○	○	○	○	○	○	○
e. Opening the door for strangers	○	○	○	○	○	○	○
f. Opening the door for friends/family	○	○	○	○	○	○	○
g. Childcare	○	○	○	○	○	○	○
h. Paying bills	○	○	○	○	○	○	○
i. Housekeeping	○	○	○	○	○	○	○

48. Please indicate how likely each person you listed in question #46 is to answer surveys like this one.

	Very likely	Somewhat likely	Slightly likely	Not at all likely	N/A
You	○	○	○	○	○
Person 2	○	○	○	○	○
Person 3	○	○	○	○	○
Person 4	○	○	○	○	○
Person 5	○	○	○	○	○
Person 6	○	○	○	○	○

49. Please indicate if each of the following statements is true or false.

	True	False
a. There are 25 or more books in your home right now.	○	○
b. There is a variety of magazines and other reading materials in your home.	○	○

50. What is your current marital or relationship status?

- ○ Married
- ○ Married, living apart
- ○ Not married, but living with a partner (cohabiting)
- ○ Never married
- ○ Divorced
- ○ Widowed
- ○ Separated

→ *Go to Question #52*

51. Does your spouse or partner typically work full-time, part-time, go to school, keep house, or something else? ***(Check all that apply)***

- ☐ Working full-time (35 hours or more)
- ☐ Working part-time
- ☐ Has a job, but not at work (due to illness, vacation, strike)
- ☐ Unemployed, laid off, looking for work
- ☐ Retired
- ☐ In school
- ☐ Keeping house
- ☐ Disabled
- ☐ Other, specify: _____

52. How many children ages:
(Please write "0" if none.)

a. 5 and younger live in your household?	☐
b. 6 to 12 live in your household?	☐
c. 13 to 18 live in your household?	☐

53. Including yourself, how many adults age 19 and older live in your household?

☐ Number of adults (age 19 and older)

Finances

54. Please indicate the category that describes your total family income in the last 12 months.

- ○ Under $5,000
- ○ $5,000 to $9,999
- ○ $10,000 to $14,999
- ○ $15,000 to $19,999
- ○ $20,000 to $24,999
- ○ $25,000 to $29,999
- ○ $30,000 to $39,999
- ○ $40,000 to $49,999
- ○ $50,000 to $59,999
- ○ $60,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 or more

55. During the past 12 months, how much difficulty have you had paying your bills?

- ○ A great deal of difficulty
- ○ Quite a bit of difficulty
- ○ Some difficulty
- ○ A little difficulty
- ○ No difficulty at all

56. Think again over the past 12 months. Generally, at the end of each month did you end up with...

- ○ More than enough money left
- ○ Some money left over
- ○ Just enough to make ends meet
- ○ Almost enough to make ends meet
- ○ Not enough to make ends meet

57. Overall, how satisfied are you with your current financial situation?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Dissatisfied
- ○ Very dissatisfied

58. What about your financial prospects? Do you feel that you are better off this year than you were two years ago at this time, about the same, or worse off?

- ◯ Better
- ◯ Same
- ◯ Worse

The following statements concern your family's financial situation. For each statement, please indicate how much you agree or disagree.

59. My family has enough money to afford the kind of home we need.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

60. We have enough money to afford the kind of clothing we need.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

61. We have enough money to afford the kind of food we need.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

62. We have enough money to afford the kind of medical care we need.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

63. Do you typically work full-time, part-time, go to school, keep house, or something else? ***(Check all that apply)***

- ☐ Working full-time (35 hours or more)
- ☐ Working part-time
- ☐ Have a job, but not at work (due to illness, vacation, strike)
- ☐ Unemployed, laid off, looking for work
- ☐ Retired
- ☐ In school
- ☐ Keeping house
- ☐ Disabled
- ☐ Other, specify: _____

→ Go to #66

64. During the average week, how many hours do you usually work? ***(Please include hours from all jobs but do not include travel to and from work.)***

☐ hours per week

65. How satisfied or dissatisfied are you with your job?

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

About Yourself

66. Are you:
- ○ Male
- ○ Female

67. Would you say that your overall health and well-being is excellent, good, fair or poor?
- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor

68. Do you smoke cigarettes?
- ○ Yes
- ○ No

69. Do you consider yourself to be Hispanic or Latino/a?
- ○ Yes
- ○ No

70. What race or races do you consider yourself to be? ***(Check all that apply)***
- ☐ White (Caucasian)
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other, specify: _____

71. In what year were you born?

☐☐☐☐

72. With regard to the English language, how well do you understand it when it is spoken to you?
- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

73. With regard to the English language, how well do you read it?
- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

74. With regard to the English language, how well do you write it?
- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

75. What is the highest degree you have attained?
- ○ No diploma
- ○ High School Diploma/GED
- ○ Some college, but no degree
- ○ Technical/Associate/Junior College (2 yr, LPN)
- ○ Bachelor's Degree (4 yr, BA, BS, RN)
- ○ Graduate Degree (Masters, PhD, Law, Medicine)

76. In general, how would you describe your political views?
- ○ Very liberal
- ○ Liberal
- ○ Middle-of-the-road
- ○ Conservative
- ○ Very conservative
- ○ Other, specify: _____

77. In general, what do you consider yourself politically?
- ○ Democrat
- ○ Republican
- ○ Independent
- ○ Other, specify: _____

78. Who did you vote for in the 2012 Presidential Election?
- ○ Obama
- ○ Romney
- ○ Other, specify: _____
- ○ Did not vote

79. Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else?

- ○ Protestant
- ○ Catholic
- ○ Jewish
- ○ Muslim
- ○ None (no religion)
- ○ Other, specify: _____

→ Go to #81

80. Within the Protestant faith, do you consider yourself to be:

- ○ Evangelical
- ○ Fundamentalist Protestant
- ○ Mainline Protestant
- ○ Liberal Protestant
- ○ Other, specify: _____

81. Would you describe yourself as a born-again Christian?

- ○ Yes
- ○ No

82. How often do you attend religious services?

- ○ Several times a week
- ○ Once a week
- ○ Nearly every week
- ○ About once a month
- ○ Several times a year
- ○ About once a year
- ○ Less than once a year
- ○ Never

83. In general, how much do your religious or spiritual beliefs influence your daily life?

- ○ Very much
- ○ Quite a bit
- ○ Some
- ○ A little
- ○ None
- ○ Doesn't apply, not religious or spiritual

84. Now we have some statements about how you might have felt during the past week. Below, please indicate the number of days in the past week, including today, that:

a. You felt sad.	☐	days (0-7)
b. You felt hopeful about the future.	☐	days (0-7)
c. You felt you were as good as other people.	☐	days (0-7)
d. You felt bothered by things that usually don't bother you.	☐	days (0-7)
e. You felt lonely.	☐	days (0-7)
f. You had trouble keeping your mind on what you were doing.	☐	days (0-7)
g. You felt that everything you did was an effort.	☐	days (0-7)
h. You felt fearful.	☐	days (0-7)
i. You talked less than usual.	☐	days (0-7)
j. You felt depressed.	☐	days (0-7)
k. You did not feel like eating; your appetite was poor.	☐	days (0-7)
l. You felt that you could not shake off the blues even with the help of family or friends.	☐	days (0-7)
m. Your sleep was restless.	☐	days (0-7)
n. You could not get "going."	☐	days (0-7)

Nebraska Residence

85. Are you still living in the same residence as you were 2 years ago?

- ○ Yes
- ○ No

86. Do you live on a farm, in open country but not on a farm, or in a town or city?

- ○ Farm
- ○ Open country, but not a farm
- ○ Town or city

87. Do you or some member of your household own your home outright, buying it, or renting?

- ○ Own outright
- ○ Buying (paying a mortgage)
- ○ Renting
- ○ Provided as part of job/wages
- ○ Other, specify: [ ]

88. Which of the following comes closest to the kind of housing unit you now live in?

- ○ Detached single family house
- ○ Mobile home
- ○ Townhouse/Condominium
- ○ Apartment/Duplex
- ○ Other, specify: [ ]

89. What is your current zip code?

[ ][ ][ ][ ][ ]

90. How many years have you lived in this Nebraska county? *(Please enter "0" if less than 1 year.)*

[ ] year(s)

91. Have you or has anyone in your household ever attended the University of Nebraska-Lincoln?

- ○ Yes
- ○ No

92. Were you born in Nebraska, another state, or a foreign country?

- ○ Nebraska
- ○ Another state
- ○ Foreign country

93. Please use the space below to provide any comments or feedback.

Thank you!

That completes our questions. We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire to the Bureau of Sociological Research.

Questions or requests from this survey can be directed to:
Bureau of Sociological Research
University of Nebraska-Lincoln
301 Benton Hall
PO Box 886102
Lincoln, NE 68588-6102

Phone: 1-800-480-4549 (toll free)
E-mail: bosr@unl.edu

Appendix C: Future Interest Research Form

Front:

University of Nebraska Lincoln

NASIS 2014
Nebraska Annual Social Indicators Survey

Future Research Interest

We are in the process of putting together a list of people who are willing to be contacted in the future to be a part of other social research projects. Please complete the questions below to let us know if you are interested, and, if so, how we can reach you again. We have included a separate envelope for you to use to return this card separately from your survey responses.

1. Would you be willing to be contacted again by researchers at the university of Nebraska-Lincoln to participate in future research?

O Yes

O No → Flip over for return instructions

Great! Please tell us a little about yourself, so we know who to ask for and how best to contact you in the future. Be assured that your contact information will not be disclosed nor used for any purpose other than to contact you about future research studies.

2. What is your name?

First name: _____

Last name: _____

3. What is your telephone number, including area code, that would be the best number for us to call?

Phone: (_____) _____ - _____

O N/A, no phone at this time

4. What is your email address?

_____@_____

5. What is the best way to contact you about future research studies?

O Mail

O Phone

O E-mail

Back:

6. Please indicate below any other information that would help us determine what kinds of future research you would be interested in or further details about how best to contact you with future study details.

_____

_____

_____

_____

Thank you!

Please use the small, postage-paid envelope enclosed in your survey packet to return this card to the Bureau of Sociological Research (BOSR) separately from your survey.

Any questions or inquires about NASIS 2014 or future research can be directed to:
Bureau of Sociological Research
University of Nebraska-Lincoln
P.O. Box 886102, Lincoln, NE 68588-6102
Phone: 402-472-3672, Toll-free: 1-800-480-4549
E-mail: bosr@unl.edu, Web: http://bosr.unl.edu

Appendix D: Reminder Postcard

Back:

Dear Nebraska Resident,

Last week we sent your household a survey about issues important to our state. The survey will help researchers at UNL and the state better understand the views, experiences, and needs of Nebraskans. If you have already completed it, please accept our sincere thanks. If not, we hope this postcard will serve as a reminder to have the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** complete the survey today.

If you need another survey, please call 1-800-480-4549 and we will send one immediately. Your participation is voluntary, but will help out a great deal. Your responses will be kept completely confidential.

Thank your for your time.

Sincerely,
Amanda Richardson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Front:

University of Nebraska Lincoln

DEPARTMENT OF SOCIOLOGY
Bureau of Sociological Research

301 Benton Hall
P.O. Box 886102
Lincoln, NE 68588-6102

RETURN SERVICE REQUESTED

NON PROFIT
US POSTAGE
PAID
UNL

Appendix E: County Codes (All begin with “31”)

001	Adams
003	Antelope
005	Arthur
007	Banner
009	Blaine
011	Boone
013	Box Butte
015	Boyd
017	Brown
019	Buffalo
021	Burt
023	Butler
025	Cass
027	Cedar
029	Chase
031	Cherry
033	Cheyenne
035	Clay
037	Colfax
039	Cuming
041	Custer
043	Dakota
045	Dawes
047	Dawson
049	Deuel
051	Dixon
053	Dodge
055	Douglas
057	Dundy
059	Fillmore
061	Franklin
063	Frontier
065	Furnas
067	Gage
069	Garden
071	Garfield
073	Gosper
075	Grant
077	Greeley
079	Hall
081	Hamilton
083	Harlan
085	Hayes
087	Hitchcock
089	Holt
091	Hooker
093	Howard
095	Jefferson
097	Johnson
099	Kearney
101	Keith
103	Keya Paha
105	Kimball
107	Knox
109	Lancaster
111	Lincoln
113	Logan
115	Loup
117	McPherson
119	Madison
121	Merrick
123	Morrill
125	Nance
127	Nemaha
129	Nuckolls
131	Otoe
133	Pawnee
135	Perkins
137	Phelps
139	Pierce
141	Platte
143	Polk
145	Red Willow
147	Richardson
149	Rock
151	Saline
153	Sarpy
155	Saunders
157	Scotts Bluff
159	Seward
161	Sheridan
163	Sherman
165	Sioux
167	Stanton
169	Thayer
171	Thomas
173	Thurston
175	Valley
177	Washington
179	Wayne
181	Webster
183	Wheeler
185	York

Appendix F: 2013-2014 NASIS Variables and Descriptions

Variable	Description (Label)
ID	Survey ID
NElive	Overall, how satisfied or dissatisfied are you with living in Nebraska
NEdir	All in all, do you think things in Nebraska are generally headed in the right direction or the wrong direction
USdir	All in all, do you think things in the country as a whole are generally headed in the right direction or wrong direction
NDNR3_14	How urgent are water quantity issues in Nebraska
NDNR2_14	I have confidence in the Nebraska Department of Natural Resources to responsibly manage Nebraska's water.
NDNR6	Do you feel that your region of the state is suffering adverse outcomes due to water issues
NDNR4_14	Have you experienced water shortages or water use restrictions in the last 4 years
NDNR5	Have you experienced problems with flooding from a stream or river in the last 4 years
NDNR7	Over the past 12 months, how many times did you seek out information about water issues
NDNR8A	If at least once, where did you seek out information? - Websites or social media
NDNR8B	If at least once, where did you seek out information? - Newsletter, TV, radio, newspaper, or magazine
NDNR8C	If at least once, where did you seek out information? - Attended a meeting/conference
NDNR8D	If at least once, where did you seek out information? - Talked to a friend or family member
NDNR8E	If at least once, where did you seek out information? - Talked with an elected or appointed official, or local or state employee
NDNR8F	If at least once, where did you seek out information? - Other
NDNR8_ot	If at least once, where did you seek out information? - Other specify
NDNR1	How familiar or unfamiliar are you with the Nebraska Department of Natural Resources
NDNR9	How interested would you be in subscribing to email updates from the Nebraska Department of Natural Resources
NCAOS1A	Individuals under the age of 18 to have one or two drinks.
NCAOS1B	Individuals under the age of 18 to have 5 or more drinks at one setting.
NCAOS1C	Individuals 18-20 years old to have one or two drinks.
NCAOS1D	Individuals 18-20 years old to have 5 or more drinks at one setting.
NCAOS1E	Individuals 21 and older to provide alcohol for people under 21 years old.
NCAOS2A	A person under age 21 would be served a drink if they asked for one in a local bar or restaurant.

NCAOS2B	A person under age 21 would be sold an alcoholic beverage if they tried to buy it in a local convenience store.
NCAOS2C	The police would arrest an adult provided alcohol for persons under age 21
NCAOS3	How wrong would most adults in your community, or the area around where you live, think it is for kids under the age of 21 to drink alcohol
NCAOS4	During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse
NCAOS5A	If yes, which substances were the advertisements about? - Alcohol
NCAOS5B	If yes, which substances were the advertisements about? - Drugs
NCAOS5C	If yes, which substances were the advertisements about? - Tobacco
NCAOS6	How much do you think people risk harming themselves physically or in other ways if they have 5 or more drinks of an alcoholic beverage once or twice a week
NCAOS7	During the past 12 months, have you allowed underage youth to drink alcohol on your property
NCAOS8	In general, how supportive are you of additional taxes on alcohol purchases
NCAOS9	Are you the parent or guardian of a 12-20 year old
NCAOS10	During the past 12 months, have you talked with your child about the dangers of alcohol
NCAOS11	During the past 12 months, have you provided alcohol to any of your underage children
crvict	In the past year, have you been the victim of any crime
safety1	How often do you worry about identity theft
safety2	Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people
safety3	In general, would you say that you tend to be suspicious of other people or open to other people
safety4	How concerned are you about threats to personal privacy in America today
Vacc1	If all children were to receive vaccines, what option best describes the result
Vacc2	When a child receives the measles vaccine, what option best describes the result
Vacc3	Do you believe that people can die from the measles
Vacc4A	Do you know someone who has Measles
Vacc4B	Do you know someone who has Mumps
Vacc4C	Do you know someone who has Polio
ACA1A	I have children under the age of 26 that can now be included on my insurance.
ACA1B	I purchased health insurance as required by the Affordable Care Act.
ACA1C	I was previously unable to obtain private insurance but have now purchased it on the Health Insurance Marketplace.
ACA1D	I was able to get financial assistance for my insurance premium through the Health Insurance Marketplace.

ACA1E	My health insurance was dropped or significantly changed because of the Affordable Care Act.
ACA1F	I have a health condition that is now covered by insurance that was not previously covered because it was considered a pre-existing health condition.
ACA1G	I now have preventative health coverage through my insurance for things such as shots and screening tests.
ACA1H	I had to change my doctor or other health providers, such as my hospital, because of the Affordable Care Act.
ACA1I	I am a senior on Medicare and due to a coverage gap in Medicare Part D I previously did not receive discounts and savings with my prescription drugs, but now I do.
ACA2	Overall, have changes to your health care due to the Affordable Care Act helped, hurt, or had no impact
ACA3	Do you generally support or oppose the 2010 Affordable Care Act
ACA4	Do you support or oppose expanding the Medicaid program in Nebraska
plant1	Do you own or rent property in Nebraska with outdoor land for which you are the caretaker
plant2A	Manage or control unwanted plants in yard or garden - I do not have unwanted plants in my yard
plant2B	Manage or control unwanted plants in yard or garden - I do not control any plants in my yard
plant2C	Manage or control unwanted plants in yard or garden - I mow unwanted plants
plant2D	Manage or control unwanted plants in yard or garden - I only remove unwanted plants from the garden
plant2E	Manage or control unwanted plants in yard or garden - I remove unwanted plants by cutting or digging them up with tools and/or machinery
plant2F	Manage or control unwanted plants in yard or garden - I spray unwanted plants with herbicides
plant2G	Manage or control unwanted plants in yard or garden - Other
plant2_ot	Manage or control unwanted plants in yard or garden - Other specify
plant3A	Control unwanted plants on property that is not yard or garden - I do not own property beyond my yard
plant3B	Control unwanted plants on property that is not yard or garden - Prescribed fire or controlled burning
plant3C	Control unwanted plants on property that is not yard or garden - Herbicide application
plant3D	Control unwanted plants on property that is not yard or garden - Mechanical removal
plant3E	Control unwanted plants on property that is not yard or garden - Shredding or mowing
plant3F	Control unwanted plants on property that is not yard or garden - Other
plant3_ot	Control unwanted plants on property that is not yard or garden - Other

	specify
plant3G	Control unwanted plants on property that is not yard or garden - No activities have been done on my property
plant4	Have you ever paid someone to manage or control unwanted plants on any of your property
plant5A	Reason paid someone to manage or control unwanted plants - I did not own the proper equipment
plant5B	Reason paid someone to manage or control unwanted plants - I was not confident in my abilities to manage or control unwanted plants
plant5C	Reason paid someone to manage or control unwanted plants - I did not know which plants to control
plant5D	Reason paid someone to manage or control unwanted plants - I did not have time to do the work myself
plant5E	Reason paid someone to manage or control unwanted plants - Other
plant5_ot	Reason paid someone to manage or control unwanted plants - Other specify
plant6	Do you own or have access to equipment for controlling or removing unwanted plants on your property
plant7	How confident are you in your abilities to manage or control unwanted plants on your property
plant8	Which of the following statements best describes your overall attitude toward plants on your property
plant9	In general, how would you describe your attitude toward the use of prescribed fire to control unwanted plants
hh1a	Your initials
hh1c	Your date of birth: Month
hh1d	Your date of birth: Day
hh1e	Your date of birth: Year
hh1f	Your sex:
hh2a	Person 2 Initials:
hh2b	Person 2 Relationship to you:
hh2c	Person 2 Date of birth: Month
hh2d	Person 2 Date of birth: Day
hh2e	Person 2 Date of birth: Year
hh2f	Person 2 Sex:
hh3a	Person 3 Initials:
hh3b	Person 3 Relationship to you:
hh3c	Person 3 Date of birth: Month
hh3d	Person 3 Date of birth: Day
hh3e	Person 3 Date of birth: Year
hh3f	Person 3 Sex:
hh4a	Person 4 Initials:

hh4b	Person 4 Relationship to you:
hh4c	Person 4 Date of birth: Month
hh4d	Person 4 Date of birth: Day
hh4e	Person 4 Date of birth: Year
hh4f	Person 4 Sex:
hh5a	Person 5 Initials:
hh5b	Person 5 Relationship to you:
hh5c	Person 5 Date of birth: Month
hh5d	Person 5 Date of birth: Day
hh5e	Person 5 Date of birth: Year
hh5f	Person 5 Sex:
hh6a	Person 6 Initials:
hh6b	Person 6 Relationship to you:
hh6c	Person 6 Date of birth: Month
hh6d	Person 6 Date of birth: Day
hh6e	Person 6 Date of birth: Year
hh6f	Person 6 Sex:
hh7a	Who is most likely to do - Grocery shopping
hh7b	Who is most likely to do - Household repairs
hh7c	Who is most likely to do - Opening the mail
hh7d	Who is most likely to do - Answering the house's landline phone
hh7e	Who is most likely to do - Opening the door for strangers
hh7f	Who is most likely to do - Opening the door for friends/family
hh7g	Who is most likely to do - Childcare
hh7h	Who is most likely to do - Paying bills
hh7i	Who is most likely to do - Housekeeping
hh8a	How likely to answer surveys like this one - You
hh8b	How likely to answer surveys like this one - Person 2
hh8c	How likely to answer surveys like this one - Person 3
hh8d	How likely to answer surveys like this one - Person 4
hh8e	How likely to answer surveys like this one - Person 5
hh8f	How likely to answer surveys like this one - Person 6
lit1	There are 25 or more books in your home right now.
lit2	There is a variety of magazines and other reading materials in your home.
marr10m	Current marital or relationship status
Semp1	Spouse or partner- Working full-time
Semp2	Spouse or partner- Working part-time
Semp3	Spouse or partner- Has a job, but not at work
Semp4	Spouse or partner- Unemployed, laid off, looking for work
Semp5	Spouse or partner- Retired
Semp6	Spouse or partner- In school

Semp7	Spouse or partner- Keeping house
Semp8	Spouse or partner- Disabled
Semp9	Spouse or partner- Other
Semp_ot	Spouse or partner- Other specify
kids0to5	How many children ages: 5 and younger live in your household?
kids6to12	How many children ages: 6 to 12 live in your household?
kids13up	How many children ages: 13 to 18 live in your household?
adults	Including yourself, how many adults age 19 and older live in your household
income	Please indicate the category that describes your total family income in the last 12 months
fs5	During the past 12 months, how much difficulty have you had paying your bills
fs6	Think again over the past 12 months. Generally, at the end of each month did you end up with
fina	Overall, how satisfied are you with your current financial situation
pros	Do you feel that you are better off this year than you were two years ago at this time, about the same, or worse off
fs1	My family has enough money to afford the kind of home we need
fs2	We have enough money to afford the kind of clothing we need
fs3	We have enough money to afford the kind of food we need
fs4	We have enough money to afford the kind of medical care we need
empl1_13	Employment - Working full-time
empl2_13	Employment - Working part-time
empl3_13	Employment - Has a job, but not at work
empl4_13	Employment - Unemployed, laid off, looking for work
empl5_13	Employment - Retired
empl6_13	Employment - In school
empl7_13	Employment - Keeping house
empl8_13	Employment - Disabled
empl9_13	Employment - Other
empl_ot_13	Employment - Other specify
whrs	During the average week, how many hours do you usually work
jsat	How satisfied or dissatisfied are you with your job
sexr	Gender
scwell	Would you say that your overall health and well-being is excellent, good, fair or poor
smoke	Do you smoke cigarettes
hisp1	Do you consider yourself to be Hispanic or Latino/a
race_1	Race - White (Caucasian)
race_2	Race - Black or African American
race_3	Race - Asian
race_4	Race - American Indian or Alaska Native

race_5	Race - Native Hawaiian or Other Pacific Islander
race_6	Race - Other
race_ot	Race - Other specify
agyr	In what year were you born
lit3	With regard to the English language, how well do you understand it when it is spoken to you
lit4	With regard to the English language, how well do you read it
lit5	With regard to the English language, how well do you write it
degr	What is the highest degree you have attained
poli	How would you describe your political views
poli_ot	How would you describe your political views - Other specify
part	What do you consider yourself politically
part_ot	What do you consider yourself politically - Other specify
vote12	Who did you vote for in the 2012 Presidential Election
vote12_ot	Who did you vote for in the 2012 Presidential Election - Other specify
relgaffil	Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else
relgaffil_ot	Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else - Other specify
protfaith	Within the Protestant faith, do you consider yourself to be:
protfaith_ot	Within the Protestant faith, do you consider yourself to be: Other specify
bornagain	Would you describe yourself as a born-again Christian
ratt	How often do you attend religious services
relginflu	In general, how much do your religious or spiritual beliefs influence your daily life
sad	Days you felt sad in the past week
hope	Days you felt hopeful about the future in the past week
good	Days you felt as good as other people in the past week
bother	Days you felt bothered by things that usually don't bother in the past week
lonely	Days you felt lonely in the past week
mind	Days you had trouble keeping your mind on what you were doing in the past week
effort	Days you felt that everything did was an effort in the past week
fearful	Days you felt fearful in the past week
talk	Days you talked less than usual in the past week
felt	Days you felt depressed in the past week
eat	Days your appetite was poor in the past week
blues	Days you could not shake off the blues in the past week
sleep	Days your sleep was restless in the past week
going	Days you could not get going in the past week
resi	Are you still living in the same residence as you were 2 years ago
rurb	Do you live on a farm, in open country but not on a farm, or in a town or city

ohom	Do you or some member of your household own your home outright, buying it, or renting
ohom_ot	Do you or some member of your household own your home outright, buying it, or renting- Other specify
home	Which of the following comes closest to the kind of housing unit you now live in
home_ot	Which of the following comes closest to the kind of housing unit you now live in - Other specify
rzipcod	What is your current zip code
live10m	How many years have you lived in this Nebraska county
unlattend	Have you or has anyone in your household ever attended the University of Nebraska-Lincoln?
born1	Were you born in Nebraska, another state, or a foreign country
COMMENTS	Comments
agecat	Age category
racecat	Race/ethnic category
EMPL	[recoded single category as in phone NASIS] Respondent's current employment status
SEMP	[recoded single category as in phone NASIS] Spouse/Partner's current employment status
zipcod	Zip code
FIPS	Federal information processing standards codes
reg	NE DHHS regions
Hweight	Household weight
Pweight	Final weight

Nebraska Community Alcohol Opinion Survey
Data Collection Methodology Report

Prepared:
September 2014

The contents of this report conform to our highest standards for data collection and reporting. If you should have any questions or concerns regarding the information reported within, please contact us

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Nebraska Community Alcohol Opinion Survey

Introduction
This report presents a detailed account of the design and fielding of the Nebraska Community Alcohol Opinion Survey (NCAOS) commissioned by Survey, Statistics, and Psychometrics (SSP) on behalf of the Department of Health and Human Services and conducted by the Bureau of Sociological Research (BOSR). Users of the NCAOS data will find it an important reference source for answers to questions about methodology.

Questionnaire Design
The questionnaire was designed by SSP in consultation with BOSR. The survey was formatted by BOSR. A copy of the survey can be found in Appendix B.

Sampling Design
The NCAOS was designed as a supplemental survey to the Nebraska Annual Social Indicators Survey (NASIS) where the same questions were asked. The NASIS returns from the targeted counties will be combined with the NCAOS returns. As a result, the NCAOS sample was deduplicated against the NASIS sample. This also led to the need for differing sample sizes of the ten counties sampled for the NCAOS. Because the NASIS is a state-wide survey, larger population centers, like Lancaster County, are expected to have more cases sampled than lower population areas. As a result, fewer, Lancaster County cases needed to be sampled for the NCAOS than the other nine counties of interest.

Samples were drawn for Adams, Boyd, Dawes, Dawson, Hall, Lancaster, Madison, Platte, Scotts Bluff, and Thurston counties. Seven hundred addresses were sampled per county with two exceptions. Only 572 addresses exist in Boyd County, so the addresses were censused. Only 200 addresses were sampled in Lancaster County for reasons explained above. Address based sampling (ABS) was used through the postal delivery sequence file.

Data Collection Process
Data collection began on July 22nd, 2014 with the first survey packets sent to all households. Each packet included a bilingual (English and Spanish) cover letter (Appendix A), English and Spanish surveys (Appendix B) and a postage-paid return envelope. Reminder postcards were sent to each household sampled on July 30th, 2014 (Appendix C). Nonrespondents were mailed replacement packets (containing a copy of the survey, a cover letter, and a postage-paid return envelope) on August 14th, 2014. Due to the low response rate of the Spanish survey, only English materials were sent in the replacement packets. The reminder cover letter can be found in Appendix A. Completed surveys were collected by BOSR through September 22nd, 2014.

Response Rate
A total of 2,188 households completed the survey. The overall response rate for this survey, calculated using AAPOR's standard definition for response rate 1 is 34.3%. It should be noted, however, that due to the mode of data collection (mail), it is uncertain if surveys reached the entire sample. From the original sample of 6,372 households, 670 surveys were returned as undeliverable with no forwarding address available.

Data Processing
Data entry was completed by professional data-entry staff. Many of the data-entry workers had previous experience in data entry on other mail survey projects. The data-entry staff was supervised by permanent BOSR project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted to any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses. The data-entry staff is paid by the hour, not by the number of surveys entered. This method of payment is used so that we can ensure the high quality of the data collected by our staff.

Data Cleaning

The data are recorded and stored on a secure server located within the Sociology Department at the University of Nebraska-Lincoln (UNL). The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset.

The first step in data cleaning was to generate variable and value labels. The second step was to run frequency distributions on each of the variables in the survey to identify and correct any out of range responses. Next, open-ended responses to the respondent employment question (Q12) and race question (Q20) were coded only when the responses matched other listed categories. For instance, where respondents identified themselves as “Hispanic” in Question 20f, the answer to Question 19 was changed to “1” to indicate the respondent as a Hispanic if the respondent had originally left Question 19 blank. Also, respondents who reported themselves as white in the other, specify area were also coded as white in the Question 20a variable where they had again left that question blank. Similarily, respondents who reported themselves as disabled or retired in the open-ended area in Question 12 were coded as disabled or retired if they originally left that option blank. Finally, identifiable information was removed from open-ended comments. No other cleaning of open-ended questions was done.

Questions

Any questions regarding this report or the data collected can be directed to the Bureau of Sociological Research at the University of Nebraska-Lincoln by calling (402) 472-3672 or by sending an e-mail to bosr@unl.edu.

Appendix A: Cover Letters
First mailing cover letter – Front (English)

Survey, Statistics, and Psychometrics (SSP) Core Facility
107 Benton Hall
University of Nebraska-Lincoln
Lincoln, NE 68588-0620
(402) 472-7218
FAX (402) 472-7228
http://ssp.unl.edu/

Dear Nebraska Resident,

I am writing to ask for your help getting responses to the enclosed Nebraska Community Alcohol Opinion Survey. This survey is part of an effort to document experiences and opinions about alcohol use. The results will be shared with the Department of Health and Human Services to help understand opinions toward alcohol use in Nebraska.

We are contacting a random sample of Nebraska residents, and we rely on the kindness of people like you to make the survey work. Please have the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** do the survey. This will help us make sure we hear from all different types of Nebraskans.

The survey should only take about 5-10 minutes to complete. Your answers are completely confidential and will only be released as summaries in which no individual's answers can be identified. Your participation is voluntary; however, you can help us very much by taking a few minutes to share your experiences and opinions.

I am happy to answer any questions you have about this survey. I can be reached by telephone at 1-800-480-4589 or by email at mandersonknott2@unl.edu.

We truly appreciate your help.

Sincerely,

Mindy Anderson-Knott
Director of Evaluation and Development
Survey, Statistics, and Psychometrics Core Facility
University of Nebraska-Lincoln

University of Nebraska at Lincoln University of Nebraska at Omaha University of Nebraska at Kearney University of Nebraska Medical Center

First mailing cover letter – Back (Spanish)

Encuesta, Estadísticas y Psicometría Instalación Núcleo
107 Benton Hall
Universidad de Nebraska-Lincoln
Lincoln, NE 68588-0620
(402) 472-7218
FAX (402) 472-7228
http://ssp.unl.edu/

Estimado Residente de Nebraska,

Le escribo para pedirle su ayuda para obtener respuestas a la encuesta Nebraska Comunidad Estudio de Opiniones de Alcohol. Este estudio es parte de un esfuerzo para documentar las experiencias y opiniones sobre el uso del alcohol. Los resultados serán compartidos con el Departamento de Salud y Servicios Humanos para ayudar a entender las opiniones hacia el consumo del alcohol en Nebraska.

Estamos contactando a una muestra aleatoria de residentes de Nebraska, y confiamos en la amabilidad de personas como usted para responder a la encuesta. Por favor permita que **el adulto (edad de 19 años o mayor) de su casa que tendrá su próximo cumpleaños después del 1 de Agosto del 2014 responda** la encuesta. Esto nos ayudará a asegurarnos de obtener repuestas de todos los diferentes tipos de personas en Nebraska.

La encuesta sólo debería tomar unos 5-10 minutos para completar. Sus respuestas son totalmente confidenciales y solo se darán a conocer en forma de resúmenes en los que no habrá respuestas con las cuales los individuos puedan ser identificados. Su participación es voluntaria; sin embargo, usted puede ayudarnos mucho con tomarse unos minutos para compartir sus experiencias y opiniones.

Estoy encantado de responder a cualquier pregunta que tenga acerca de esta encuesta. Me pueden contactar por teléfono al 1-800-480-4589 o por correo electrónico a mandersonknott2@unl.edu.

Apreciamos sinceramente su ayuda.

Atentamente,

Mindy Anderson-Knott
Directora de Evaluación y Desarrollo
Encuesta, Estadísticas y Psicometría Instalación Núcleo
Universidad de Nebraska-Lincoln

Second mailing cover letter

Survey, Statistics, and Psychometrics (SSP) Core Facility
107 Benton Hall
University of Nebraska-Lincoln
Lincoln, NE 68588-0620
(402) 472-7218
FAX (402) 472-7228
http://ssp.unl.edu/

Dear Nebraska Resident,

A few weeks ago we sent a letter asking a member of your household to complete the 2014 Nebraska Community Alcohol Opinion Survey. We are writing again because we have not yet received your household's response.

This survey is part of a study that aims to help the Department of Health and Human Services to better serve the people of Nebraska. The success of the project depends on the kindness and generosity of people like you. It is only by hearing from nearly everyone in the sample that we can be sure the results truly represent the people of Nebraska. We hope the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** will complete the questionnaire soon.

The survey should only take 5-10 minutes to complete. Your participation is voluntary, but will help out a great deal. All responses will be kept completely confidential. You can reach me at 1-800-480-4549 or by email at mandersonknott2@unl.edu with any questions.

Thank you for helping us make the 2014 Nebraska Community Alcohol Opinion Survey a success.

Sincerely,

Mindy Anderson-Knott
Director of Evaluation and Development
Survey, Statistics, and Psychometrics Core Facility
University of Nebraska-Lincoln

Appendix B: Survey Instrument

English Version

Nebraska Community Alcohol Opinion Survey

1. Please indicate for each of the following if you think it is very wrong, wrong, a little wrong, or not at all wrong for:

	Very wrong	Wrong	A little wrong	Not at all wrong
a. Individuals under the age of 18 to have one or two drinks.	○	○	○	○
b. Individuals under the age of 18 to have 5 or more drinks at one setting.	○	○	○	○
c. Individuals 18-20 years old to have one or two drinks.	○	○	○	○
d. Individuals 18-20 years old to have 5 or more drinks at one setting.	○	○	○	○
e. Individuals 21 and older to provide alcohol for people under 21 years old.	○	○	○	○

2. In your community, or the area around where you live, how likely is each of the following?

	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
a. A person under age 21 would be served a drink if they asked for one in a local bar or restaurant.	○	○	○	○	○
b. A person under age 21 would be sold an alcoholic beverage if they tried to buy it in a local convenience store.	○	○	○	○	○
c. The police would arrest an adult who is believed to have provided alcohol for persons under age 21.	○	○	○	○	○

3. How wrong would most adults (over 21) in your community, or the area around where you live, think it is for kids under the age of 21 to drink alcohol?

- ○ Very wrong
- ○ Wrong
- ○ A little wrong
- ○ Not at all wrong

4. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse?

- ○ Yes
- ○ No → Go to question #6

5. If yes, which substances were the advertisements about? *(Check all that apply)*

- ☐ Alcohol
- ☐ Drugs
- ☐ Tobacco

6. How much do you think people risk harming themselves physically or in other ways if they have 5 or more drinks of an alchoholic beverage once or twice a week?

- ○ Great risk
- ○ Moderate risk
- ○ Slight risk
- ○ No risk

7. During the past 12 months, have you allowed underage youth to drink alcohol on your property (home, barn, garage, etc.)?

- ○ Yes
- ○ No

8. In general, how supportive are you of additional taxes on alcohol purchases?

- ○ Very supportive
- ○ Somewhat supportive
- ○ Not very supportive
- ○ Not at all supportive
- ○ Don't know

9. Are you the parent or guardian of a 12-20 year old?
- ◯ Yes
- ◯ No → Go to question #12

10. During the past 12 months, have you talked with your child about the dangers of alcohol?
- ◯ Yes
- ◯ No

11. During the past 12 months, have you provided alcohol to any of your underage children? Do not include sips for religious purposes.
- ◯ Yes
- ◯ No

12. Do you typically work full-time, part-time, go to school, keep house, or something else? *(Check all that apply)*
- ☐ Working full-time (35 hours or more)
- ☐ Working part-time
- ☐ Have a job, but not at work (due to illness, vacation, strike)
- ☐ Unemployed, laid off, looking for work
- ☐ Retired
- ☐ In school
- ☐ Keeping house
- ☐ Disabled
- ☐ Other, specify: _____

13. What is your current marital or relationship status?
- ◯ Married
- ◯ Married, living apart
- ◯ Not married, but living with a partner (cohabiting)
- ◯ Never married
- ◯ Divorced
- ◯ Widowed
- ◯ Separated

14. How many children ages:
(Please write "0" if none.)

a. 5 and younger live in your household?	☐☐
b. 6 to 12 live in your household?	☐☐
c. 13 to 18 live in your household?	☐☐

15. Including yourself, how many adults age 19 and older live in your household?

☐☐ Number of adults (age 19 and older)

16. In what year were you born?

1 9 ☐☐

17. Please indicate the category that describes your total family income in the last 12 months.
- ◯ Under $5,000
- ◯ $5,000 to $9,999
- ◯ $10,000 to $14,999
- ◯ $15,000 to $19,999
- ◯ $20,000 to $24,999
- ◯ $25,000 to $29,999
- ◯ $30,000 to $39,999
- ◯ $40,000 to $49,999
- ◯ $50,000 to $59,999
- ◯ $60,000 to $74,999
- ◯ $75,000 to $99,999
- ◯ $100,000 or more

18. Are you:
- ◯ Male
- ◯ Female

19. Do you consider yourself to be Hispanic or Latino/a?
- ◯ Yes
- ◯ No

20. What race or races do you consider yourself to be? *(Check all that apply)*
- ☐ White (Caucasian)
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other, specify: _____

21. What is the highest degree you have attained?
- ◯ No diploma
- ◯ High School Diploma/GED
- ◯ Some college, but no degree
- ◯ Technical/Associate/Junior College (2 yr, LPN)
- ◯ Bachelor's Degree (4 yr, BA, BS, RN)
- ◯ Graduate Degree (Masters, PhD, Law, Medicine)

22. What is your current zip code?

☐☐☐☐☐

23. Were you born in Nebraska, another state, or a foreign country?
- ◯ Nebraska
- ◯ Another state
- ◯ Foreign country

24. How many years have you lived in this Nebraska county? *(Please enter "0" if less than 1 year.)*

☐☐ year(s)

Spanish Version

Nebraska Comunidad Estudio de Opiniones de Alcohol

1. Por favor indique para cada uno de los siguientes si usted piensa que muy malo, mal, un poco mal, o es no está mal que:

	Muy mal	Mal	Un poco mal	No está mal
a. Las personas menores de 18 años puedan tomar una o dos bebidas alcohólicas.	○	○	○	○
b. Las personas menores de 18 años puedan tomar cinco o más bebidas alcohólicas dentro de un período de dos horas.	○	○	○	○
c. Las personas de 18-20 años de edad puedan tomar una o dos bebidas alcohólicas.	○	○	○	○
d. Las personas de 18-20 años de edad puedan tomar cinco o más bebidas alcohólicas dentro de un período de dos horas.	○	○	○	○
e. Las personas mayores de 21 años puedan comprar alcohol para menores de 21 años.	○	○	○	○

2. En su comunidad, ¿qué probabilidades hay de que cada uno de los siguientes?

	Muy probable	Algo probable	No es muy probable	No es probable	No lo sé
a. Una persona menor de 21 años sea servida una bebida alcohólica si la pidiera una en una barra local o restaurant.	○	○	○	○	○
b. Una persona menor de 21 años le sea vendida una bebida alcohólica si trata de comprarlo en una tienda.	○	○	○	○	○
c. La policía arreste a un adulto que se cree que ha proporcionado alcohol a personas menores de 21 años	○	○	○	○	○

3. ¿Qué tan malo creen los adultos (mayores de 21) en tu comunidad creen que es que las personas menores de 21 consuman alcohol?

- ○ Muy malo
- ○ Malo
- ○ Un poco malo
- ○ No es malo

4. Durante los últimos 12 meses, ¿recuerda usted el oír, leer, o ver un anuncio sobre la prevención del abuso de sustancias?

- ○ Sí
- ○ No → Ir a la pregunta #6

5. ¿Sobre cuáles sustancia(s) se trató el anuncio? (Seleccione todas las que apliquen)

- ☐ Alcohol
- ☐ Drogas
- ☐ Tabaco

6. ¿Cuánto cree usted que se arriesgan a ocasionarse daño de manera física o de otro tipo las personas que beben cinco o más bebidas alcohólicas una o dos veces a la semana?

- ○ Gran riesgo
- ○ Rieso moderado
- ○ Poco riesgo
- ○ No hay riesgo

7. Durante los últimos 12 meses, ¿ha permitido a los menores de 21 años beber alcohol en su propiedad (la casa, el garaje, el granero, etc)?

- ○ Sí
- ○ No

8. En general, ¿está acuerdo impuestos adicionales sobre la compra de alcohol?

- ○ Muy acuerdo
- ○ Más o menos acuerdo
- ○ Desacuerdo
- ○ Muy desacuerdo
- ○ No lo sé

9. ¿Es usted un padre o tutor legal de un niño de 12-20 años de edad?

- ○ Sí
- ○ No → Ir a la pregunta #12

10. Durante los últimos 12 meses, ¿ha hablado con su(s) hijo(s) sobre los peligros asociados con el uso de alcohol?

- ○ Sí
- ○ No

11. Durante los últimos 12 meses, ¿ha proporcionado el alcohol a cualquiera de sus hijos menores de 21 años (no incluya sorbos con fines religiosos)?

- ○ Sí
- ○ No

12. ¿Típicamente trabaja tiempo completo, medio tiempo, va a la escuela, mantiene su hogar, u otro? (Marque todas las que apliquen)

- ☐ Trabajo a tiempo completo (35 horas o más)
- ☐ Trabajo medio tiempo
- ☐ Tiene un trabajo, pero no está trabajo (por causas de enfermedad, vacaciones, huelga, etc.)
- ☐ Desempleados, despedido, o en busca de trabajo
- ☐ Jubilado
- ☐ En la escuela
- ☐ Mantiene su hogar
- ☐ Discapacitado
- ☐ Otro, especifique: _____

13. ¿Cuál es su estado civil o su relación actual?

- ○ Casado
- ○ Casado, viven separados
- ○ No está casado, pero viven en pareja (cohabitación)
- ○ Nunca se ha casado
- ○ Divorciado
- ○ Viudo
- ○ Apartado

14. ¿Cuántos niños de...
(Por favor, escriba "0" si ninguno.)

a. 5 años y menores viven en su hogar? ☐☐

b. 6 a 12 años viven en su hogar? ☐☐

c. 13 a 18 años viven en su hogar? ☐☐

15. Incluido usted, ¿cuántos adultos de 19 años o más viven en su hogar?

☐☐ Número de adultos (19 años y mayores)

16. ¿En qué año naciste?

1 9 ☐☐

17. Por favor indique la categoría que describe su ingreso total de la familia en los últimos 12 meses.

- ○ Bajo $5,000
- ○ $5,000 a $9,999
- ○ $10,000 a $14,999
- ○ $15,000 a $19,999
- ○ $20,000 a $24,999
- ○ $25,000 a $29,999
- ○ $30,000 a $39,999
- ○ $40,000 a $49,999
- ○ $50,000 a $59,999
- ○ $60,000 a $74,999
- ○ $75,000 a $99,999
- ○ $100,000 o más

18. ¿Cual es se sexo?

- ○ Hombre
- ○ Mujer

19. ¿Se considera usted hispano/a o latino/a?

- ○ Sí
- ○ No

20. ¿De qué raza o razas se considera usted ser? (Marque todas las que apliquen)

- ☐ Blanco (caucásico)
- ☐ Negro o afroamericano
- ☐ Asiático
- ☐ Indio Americano o Indígena de Alaska
- ☐ Nativo de Hawai o de otra isla del Pacífico
- ☐ Otro, especifique: _____

21. ¿Cuál es el nivel de educación más alto que ha alcanzado?

- ○ No tengo diploma
- ○ Diploma de escuela secundaria/GED
- ○ Un poco de Universidad, pero sin título
- ○ Técnico/asociado/bachillerato (2 años, LPN)
- ○ Licenciatura (4 años, BA, BS, RN)
- ○ Postgrado (Maestría, Doctorado, Derecho, Medicina)

22. ¿Cuál es su código postal actual?

☐☐☐☐☐

23. ¿Nació en Nebraska, en otro estado o en país extranjero?

- ○ Nebraska
- ○ Otro estado
- ○ País extranjero

24. ¿Cuántos años ha vivido en el condado de Nebraska? (Por favor, escriba "0" si menos de 1 año)

☐☐ año(s)

Appendix C: Reminder Postcard

Back:

Dear Nebraska Resident,

Last week we sent your household a survey about Nebraska alcohol opinions. The survey will help researchers at UNL and the state better understand the opinions toward alcohol use in Nebraska. If you have already completed it, please accept our sincere thanks. If not, we hope this postcard will serve as a reminder to have the **adult age 19 or older in your household who will have the next birthday after August 1st 2014** complete the survey today.

If you need another survey, please call 1-800-480-4549 and we will send one immediately. Your participation is voluntary, but will help out a great deal. Your responses will be kept completely confidential.

Thank your for your time.

Sincerely,
Mindy Anderson-Knott
Director of Evaluation and Development
Survey, Statistics, and Psychometrics Core Facility
University of Nebraska-Lincoln

Front:

University of Nebraska Lincoln

DEPARTMENT OF SOCIOLOGY
Bureau of Sociological Research

301 Benton Hall
P.O. Box 886102
Lincoln, NE 68588-6102

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UNL

Hall County/Grand Island
Four Core Measures Survey Data (2005-2013):

In 2010, Grand Island Senior High participated in the Nebraska Risk and Protective Factors Student Survey (NRPFSS), with strong participation (355 10th graders and 296 12th graders). The NRPFSS is a comprehensive substance-abuse related survey of Nebraska students. The NRPFSS is a paper survey. In 2013, students from Grand Island Senior High participated in the Grand Island Four Core Measures Survey, with adequate, but lower participation than in 2010 (147 10th graders and 193 12th graders). This Four Core Measures Survey was an abbreviated survey modeling key questions from the NRPFSS. The Four Core Measures Survey was completed by students online via SurveyMonkey. Results from the two surveys are comparable, however it is necessary to use some caution, given the different rates of participation and the different methodologies for administering the two surveys.

There were three administrations of the Nebraska Risk and Protective Factors Student Survey (NRPFSS) from 2005 to 2010. In each of these three administrations, there was a representative sample of Hall County 6th, 8th, 10th, and 12th grade students. Additionally, 2010 data for Grand Island Senior High is also included in this report. In 2012, the NRPFSS was repeated; however Grand Island Senior High was unable to participate due to scheduling conflicts. As a result, in January 2013 the Central Nebraska Council on Alcoholism and Addictions conducted a brief survey of Four Core Measure items in order to ascertain a reliable estimate on alcohol, drug, and tobacco use and related behaviors among Grand Island Senior High students.

Table 1. Surveys and Sample Size

Year	Survey	Sample
2005	NRPFSS	Hall County 6th grade - 589 8th grade - 570 10th grade - 471 12th grade - 376
2007	NRPFSS	Hall County 6th grade - 635 8th grade - 543 10th grade - 579 12th grade - 372
2010	NRPFSS	Hall County 6th grade - 600 8th grade - 554 10th grade - 473 12th grade - 380
2010	NRPFSS	Grand Island Senior High 10th grade - 355 12th grade - 296
2013	Grand Island Four Core Measures Survey	Grand Island Senior High 10th grade - 147 12th grade - 193

Demographics of the 2013 Grand Island Senior High sample:

- Gender - 48.3% male, 51.7%% female
- Age- 0.6% 14 y old, 22.6% 15 y old, 17.7% 16 y old, 24.7% 17 y old, 24.7% 18 y old, 2.4% 19 or over y old
- Race/ethnicity – 42.9% White, 3.3% Black, 42.0% Hispanic, 1.8% Asian, 1.8% Native American, 6.6% Combined Race, 1.5% Other

Survey Results by Grade (2005-2013)

Table 2. Core Measure 1 - 30-Day Alcohol, Tobacco, and Drug Use* by Grade

	Grade	6th	8th	10th	12th
1. 30-day alcohol use	Hall County 2005	3.5%	8.1%	28.6%	38.9%
	Hall County 2007	2.1%	12.3%	25.4%	36.6%
	Hall County 2010	3.8%	9.6%	24.2%	36.3%
	Grand Island Senior High 2010	-	-	26.0%	38.0%
	Grand Island Senior High 2013	**-**	**-**	***26.7%***	***30.1%***
	Nebraska 2010	3.0%	7.9%	21.0%	34.7%
2. 30-day binge drinking (5 or more drinks in a row)	Hall County 2010	0.3%	4.8%	16.8%	25.4%
	Grand Island Senior High 2010	-	-	18.0%	27.0%
	Grand Island Senior High 2013	**-**	**-**	***15.0%***	***20.2%***
	Nebraska 2010	0.9%	3.8%	13.4%	25.6%
3. 30-day cigarette use	Hall County 2005	2.0%	4.9%	14.9%	28.5%
	Hall County 2007	1.0%	5.4%	14.2%	20.3%
	Hall County 2010	0.5%	7.2%	14.7%	21.0%
	Grand Island Senior High 2010	-	-	16.0%	22.0%
	Grand Island Senior High 2013	**-**	**-**	***14.4%***	***18.7%***
	Nebraska 2010	0.8%	4.8%	11.7%	20.9%
4. 30-day marijuana use	Hall County 2005	0.7%	2.9%	7.3%	12.2%
	Hall County 2007	0.8%	4.0%	10.0%	12.4%
	Hall County 2010	0.3%	5.0%	12.4%	17.0%
	Grand Island Senior High 2010	-	-	15.0%	20.0%
	Grand Island Senior High 2013	**-**	**-**	***17.1%***	***19.8%***
	Nebraska 2010	0.5%	2.4%	8.0%	11.8%
5. 30-day prescription drug use	Hall County 2005	1.4%	3.3%	5.1%	5.5%
	Hall County 2007	1.9%	2.1%	4.4%	2.8%
	Hall County 2010	-	2.0%	4.7%	2.7%
	Grand Island Senior High 2010	-	-	5.0%	3.0%
	Grand Island Senior High 2013	**-**	**-**	***10.3%***	***6.8%***
	Nebraska 2010	-	1.1%	2.8%	4.2%

*Scale: "Yes, No"

Table 3. Alcohol-Related Behaviors* by Grade

	Grade	6th	8th	10th	12th
1. Past year alcohol impaired driving	Hall County 2005	1.6%	5.2%	11.2%	27.1%
	Hall County 2007	2.2%	4.7%	9.8%	24.3%
	Hall County 2010	0.8%	2.0%	6.2%	18.2%
	Grand Island Senior High 2010	-	-	4.0%	13.0%
	Grand Island Senior High 2013	***-***	***-***	***6.9%***	***15.1%***
	Nebraska 2010	0.6%	1.3%	5.1%	20.1%
2. Past year passenger in vehicle with alcohol impaired driver	Hall County 2005	23.4%	33.4%	36.7%	41.0%
	Hall County 2007	22.8%	29.6%	31.6%	36.2%
	Grand Island Senior High 2010	-	-	29.0%	26.0%
	Grand Island Senior High 2013	***-***	***-***	***34.9%***	***30.7%***
3. Ever drank alcoholic beverages with parents present	***Grand Island Senior High 2013***	***-***	***-***	***21.2%***	***22.4%***

*Scale: "Yes, No"

Table 4. Core Measure 2 - Perception of Risk* by Grade

	Grade	6th	8th	10th	12th
1. Great risk of harm in having five or more alcoholic beverages in a row once or twice a week	Hall County 2010	54.4%	51.2%	39.5%	44.1%
	Grand Island Senior High 2010	-	-	36.0%	43.0%
	Grand Island Senior High 2013	***-***	***-***	***25.3%***	***29.0%***
	Nebraska 2010	53.5%	48.8%	45.3%	39.7%
2. Great risk of harm in having one or two alcoholic beverages nearly every day	Hall County 2010	49.8%	34.1%	29.2%	28.0%
	Grand Island Senior High 2010	-	-	26.0%	29.0%
	Grand Island Senior High 2013	***-***	***-***	***17.9%***	***27.5%***
	Nebraska 2010	46.0%	32.6%	29.8%	27.0%
3. Great risk of harm in regular cigarette use (one or more packs per day)	Hall County 2010	67.3%	58.8%	58.6%	62.6%
	Grand Island Senior High 2010	-	-	56.0%	63.0%
	Grand Island Senior High 2013	***-***	***-***	***56.6%***	***59.9%***
	Nebraska 2010	69.5%	64.7%	65.2%	63.3%
4. Great risk of harm in regular marijuana use (once or twice a week)	Hall County 2010	78.7%	68.4%	51.4%	46.2%
	Grand Island Senior High 2010	-	-	45.0%	42.0%
	Grand Island Senior High 2013	***-***	***-***	***16.7%***	***22.9%***
	Nebraska 2010	84.1%	76.1%	62.3%	51.8%
5. Great risk of harm in using prescription drugs not prescribed to them	Hall County 2010	57.8%	54.4%	52.2%	55.3%
	Grand Island Senior High 2010	-	-	50.0%	54.0%
	Grand Island Senior High 2013	***-***	***-***	***43.8%***	***49.7%***
	Nebraska 2010	62.8%	55.7%	56.7%	57.2%

*Scale: "No risk, Slight Risk, Moderate Risk, Great Risk"

Table 5. Core Measure 3 - Perception of Parental Disapproval* by Grade

	Grade	6th	8th	10th	12th
1. Parents feel it is wrong or very wrong for them to have one or two alcoholic beverages nearly every day	Hall County 2007	98.1%	88.9%	81.5%	91.9%
	Hall County 2010	-	93.2%	85.7%	79.6%
	Grand Island Senior High 2013	**-**	**-**	***86.4%***	***92.2%***
	Nebraska 2010	-	91.7%	86.6%	78.2%
2. Parents feel it is wrong or very wrong for them to have five or more alcoholic beverages in a row once or twice a week	***Grand Island Senior High 2013***	**-**	**-**	***89.8%***	***93.8%***
3. Parents feel it is wrong or very wrong for them to smoke tobacco	Hall County 2007	99.5%	97.6%	93.7%	85.2%
	Hall County 2010	-	96.1%	89.9%	85.6%
	Grand Island Senior High 2013	**-**	**-**	***87.6%***	***82.9%***
	Nebraska 2010	-	96.8%	94.1%	87.3%
4. Parents feel it is wrong or very wrong for them to smoke marijuana	Hall County 2007	99.7%	99.4%	96.0%	94.6%
	Hall County 2010	-	97.1%	93.1%	88.9%
	Grand Island Senior High 2013	**-**	**-**	***84.9%***	***84.9%***
	Nebraska 2010	-	97.5%	94.8%	93.8%
5. Parents feel it is wrong or very wrong for them to use prescription drugs not prescribed	Hall County 2010	-	96.6%	97.2%	96.2%
	Grand Island Senior High 2013	**-**	**-**	***83.6%***	***92.7%***
	Nebraska 2010	-	97.6%	96.8%	96.0%
6. Parents feel it is wrong or very wrong for them to drink alcohol in front of them	***Grand Island Senior High 2013***	**-**	**-**	***77.4%***	***74.6%***

*Scale: "Not at All Wrong, A Little Bit Wrong, Wrong, Very Wrong"

Table 6. Core Measure 4 - Perception of Peer Disapproval (old measure) by Grade

	Grade	6th	8th	10th	12th
1. Wrong or very wrong for someone their age to use alcohol regularly (at least once or twice a month)	Hall County 2007	97.6%	87.6%	70.2%	58.4%
	Hall County 2010	98.7%	88.9%	69.1%	64.1%
	Grand Island Senior High 2010	-	-	68.0%	62.0%
	Nebraska 2010	98.1%	90.4%	73.4%	59.2%
2. Wrong or very wrong for someone their age to smoke cigarettes	Hall County 2007	98.4%	91.1%	81.5%	64.7%
	Hall County 2010	98.2%	89.8%	75.4%	63.6%
	Grand Island Senior High 2010	-	-	73.0%	63.0%
	Nebraska 2010	98.9%	92.8%	81.4%	64.6%
3. Wrong or very wrong for someone their age to smoke marijuana	Hall County 2007	99.0%	93.9%	85.5%	78.5%
	Hall County 2010	99.2%	89.1%	76.0%	71.4%
	Grand Island Senior High 2010	-	-	73.0%	67.0%
	Nebraska 2010	99.1%	94.1%	83.2%	76.8%
4. Wrong or vey wrong for someone their age to use prescription drugs (not prescribed)	Hall County 2010	97.8%	93.6%	87.8%	91.9%
	Grand Island Senior High 2010	-	-	87.0%	91.0%
	Nebraska 2010	98.8%	95.0%	91.2%	89.3%
5. Wrong or very wrong for someone their age to drive after drinking alcohol	Hall County 2010	-	97.4%	96.2%	94.9%
	Grand Island Senior High 2010	-	-	96.0%	95.0%
	Nebraska 2010	-	98.2%	96.8%	95.0%

*Scale: "Not at All Wrong, A Little Bit Wrong, Wrong, Very Wrong"

Table 7. Core Measure 4 - Perception of Peer Disapproval (new measure) by Grade

	Grade	6th	8th	10th	12th
1. Friends feel it would be wrong or very wrong for them to have one or two alcoholic beverages nearly every day	***Grand Island Senior High 2013***	**-**	**-**	***50.4%***	***57.0%***
2. Friends feel it would be wrong or very wrong for them to have five or more alcoholic beverages in a row once or twice a week	***Grand Island Senior High 2013***	**-**	**-**	***57.9%***	***56.4%***
3. Friends feel it would be wrong or very wrong for them to smoke tobacco	***Grand Island Senior High 2013***	**-**	**-**	***63.0%***	***54.9%***
4. Friends feel it would be wrong or very wrong for them to smoke marijuana	***Grand Island Senior High 2013***	**-**	**-**	***46.2%***	***45.6%***
5. Friends feel it would be wrong or very wrong for them to use prescription drugs not prescribed to them	***Grand Island Senior High 2013***	**-**	**-**	***67.6%***	***71.6%***
6. Friends feel it would be wrong or very wrong for them to drink alcoholic beverages at a social event (such as graduation parties, weddings, etc.)	***Grand Island Senior High 2013***	**-**	**-**	***37.5%***	***39.0%***

*Scale: "Not at All Wrong, A Little Bit Wrong, Wrong, Very Wrong"

Table 8. Risk and Protective Factors* by Grade

	Grade	6th	8th	10th	12th
1. Agree or Strongly Agree That They Avoid People Who Try to Get Them Involved in Dangerous or Destructive Activities	***Grand Island Senior High 2013***	-	-	***52.5%***	***64.4%***
2. Agree or Strongly Agree That If They Had a Personal Problem, They Could Ask One or More of Their Parents for Help	***Grand Island Senior High 2013***	-	-	***61.8%***	***73.4%***
3. Agree or Strongly Agree That They Avoid People Their Age Who Use Drugs.	***Grand Island Senior High 2013***	-	-	***37.3%***	***42.3%***
4. Agree or Strongly Agree That They Avoid People Their Age Who Use Alcohol.	***Grand Island Senior High 2013***	-	-	***35.7%***	***31.0%***
5. Agree or Strongly Agree That There are Lots of Adults in Their Community They Can Talk to About Something Important	***Grand Island Senior High 2013***	-	-	***44.5%***	***53.7%***
6. Agree or Strongly Agree That If One of Their Friends Was Using Alcohol or Drugs, They Would Know Who to Go to for Help	***Grand Island Senior High 2013***	-	-	***43.5%***	***54.2%***
7. Agree or Strongly Agree That There are Lots of Chances for Students at Their School to Talk with a Teacher One-on-One	Hall County 2010*	-	85.1%	76.3%	84.7%
	Grand Island Senior High 2013	-	-	***42.7%***	***50.0%***
	Nebraska 2010*	-	84.6%	84.3%	87.7%
8. Agree or Strongly Agree That They Could Recognize Someone Who Was Drunk or High	***Grand Island Senior High 2013***	-	-	***74.5%***	***86.3%***
9. Agree or Strongly Agree That They Feel Safe at School	Hall County 2010°	-	85.9%	78.0%	84.6%
	Grand Island Senior High 2013	-	-	***48.3%***	***54.8%***
	Nebraska 2010°	-	90.2%	88.6%	91.4%
10. Agree or Strongly Agree That Their School Provides a Caring, Encouraging Environment.	***Grand Island Senior High 2013***			***45.2%***	***60.6%***
11. Agree or Strongly Agree That They Are Optimistic About Their Future	***Grand Island Senior High 2013***	-	-	***65.8%***	***77.1%***

*Scale: "Strongly Disagree, Disagree, Neither Disagree Nor Agree, Agree, Strongly Agree"
°Percent of students reporting "yes" or "YES!". The NRPFSS uses a different scale: "NO!, no, yes, YES!".

Table 9. Perception of Law Enforcement by Grade

	Grade	6th	8th	10th	12th
1. Somewhat Likely or Very Likely That if Someone Their Age Drank Alcohol in Their Community, They Would Get Caught by Police	***Grand Island Senior High 2013***	-	-	***53.1%***	***51.8%***

*Scale: "Not at All Likely, Not Very Likely, Somewhat Likely, Very Likely"

Table 10. Ease of Access to Alcohol by Grade

	Grade	6th	8th	10th	12th
1. Somewhat Easy or Very Easy to Get Alcohol in Their Community	Hall County 2010	-	35.8%	62.8%	66.1%
	Grand Island Senior High 2010	-	-	64.0%	67.0%
	Grand Island Senior High 2013	-	-	***73.1%***	***75.2%***
	Nebraska 2010	-	37.8%	61.3%	73.4%

*Scale: "Not at All Easy, Not Very Easy, Somewhat Easy, Very Easy"

Survey Results by Gender (2013)

Table 11. Core Measure 1 - 30-Day Alcohol, Tobacco, and Drug Use* by Gender

	Gender	Male	Female
1. 30-day alcohol use	***Grand Island Senior High 2013***	***32.3%***	***24.9%***
2. 30-day binge drinking (5 or more drinks in a row)	***Grand Island Senior High 2013***	***22.8%***	***12.4%***
3. 30-day cigarette use	***Grand Island Senior High 2013***	***19.0%***	***14.2%***
4. 30-day marijuana use	***Grand Island Senior High 2013***	***24.8%***	***11.2%***
5. 30-day prescription drug use	***Grand Island Senior High 2013***	***8.3%***	***6.6%***

Table 12. Alcohol-Related Behaviors* by Gender

	Gender	Male	Female
1. Past year alcohol impaired driving	***Grand Island Senior High 2013***	***14.6%***	***8.9%***
2. Past year passenger in vehicle with alcohol impaired driver	***Grand Island Senior High 2013***	***30.6%***	***33.3%***
3. Ever drank alcoholic beverages with parents present	***Grand Island Senior High 2013***	***22.4%***	***20.7%***

Table 13. Core Measure 2 - Perception of Risk* by Gender

	Gender	Male	Female
1. Great risk of harm in having five or more alcoholic beverages in a row once or twice a week	***Grand Island Senior High 2013***	***21.5%***	***32.7%***
2. Great risk of harm in having one or two alcoholic beverages nearly every day	***Grand Island Senior High 2013***	***20.4%***	***26.2%***
3. Great risk of harm in regular cigarette use (one or more packs per day)	***Grand Island Senior High 2013***	***54.5%***	***62.9%***
4. Great risk of harm in regular marijuana use (once or twice a week)	***Grand Island Senior High 2013***	***12.1%***	***28.3%***
5. Great risk of harm in using prescription drugs not prescribed to them	***Grand Island Senior High 2013***	***43.9%***	***53.3%***

*Scale: "No risk, Slight Risk, Moderate Risk, Great Risk"

Table 14. Core Measure 3 - Perception of Parental Disapproval* by Gender

	Gender	Male	Female
1. Parents feel it is wrong or very wrong for them to have one or two alcoholic beverages nearly every day	***Grand Island Senior High 2013***	***88.0%***	***92.3%***
2. Parents feel it is wrong or very wrong for them to have five or more alcoholic beverages in a row once or twice a week	***Grand Island Senior High 2013***	***88.0%***	***97.0%***
3. Parents feel it is wrong or very wrong for them to smoke tobacco	***Grand Island Senior High 2013***	***80.4%***	***89.9%***
4. Parents feel it is wrong or very wrong for them to smoke marijuana	***Grand Island Senior High 2013***	***81.5%***	***88.2%***
5. Parents feel it is wrong or very wrong for them to use prescription drugs not prescribed	***Grand Island Senior High 2013***	***87.3%***	***91.7%***
6. Parents feel it is wrong or very wrong for them to drink alcohol in front of them	***Grand Island Senior High 2013***	***72.6%***	***79.3%***

*Scale: "Not at All Wrong, A Little Bit Wrong, Wrong, Very Wrong"

Table 15. Core Measure 4 - Perception of Peer Disapproval by Gender

	Gender	Male	Female
1. Friends feel it would be wrong or very wrong for them to have one or two alcoholic beverages nearly every day	***Grand Island Senior High 2013***	***41.8%***	***65.1%***
2. Friends feel it would be wrong or very wrong for them to have five or more alcoholic beverages in a row once or twice a week	***Grand Island Senior High 2013***	***46.9%***	***66.7%***
3. Friends feel it would be wrong or very wrong for them to smoke tobacco	***Grand Island Senior High 2013***	***48.7%***	***67.4%***
4. Friends feel it would be wrong or very wrong for them to smoke marijuana	***Grand Island Senior High 2013***	***34.4%***	***56.2%***
5. Friends feel it would be wrong or very wrong for them to use prescription drugs not prescribed to them	***Grand Island Senior High 2013***	***61.4%***	***78.7%***
6. Friends feel it would be wrong or very wrong for them to drink alcoholic beverages at a social event (such as graduation parties, weddings, etc.)	***Grand Island Senior High 2013***	***34.4%***	***42.3%***

*Scale: "Not at All Wrong, A Little Bit Wrong, Wrong, Very Wrong"

Table 16. Risk and Protective Factors* by Gender

	Gender	Male	Female
1. Agree or Strongly Agree That They Avoid People Who Try to Get Them Involved in Dangerous or Destructive Activities	***Grand Island Senior High 2013***	***51.6%***	***68.0%***
2. Agree or Strongly Agree That If They Had a Personal Problem, They Could Ask One or More of Their Parents for Help	***Grand Island Senior High 2013***	***66.2%***	***71.6%***
3. Agree or Strongly Agree That They Avoid People Their Age Who Use Drugs.	***Grand Island Senior High 2013***	***31.9%***	***48.8%***
4. Agree or Strongly Agree That They Avoid People Their Age Who Use Alcohol.	***Grand Island Senior High 2013***	***30.8%***	***36.8%***
5. Agree or Strongly Agree That There are Lots of Adults in Their Community They Can Talk to About Something Important	***Grand Island Senior High 2013***	***43.2%***	***56.6%***
6. Agree or Strongly Agree That If One of Their Friends Was Using Alcohol or Drugs, They Would Know Who to Go to for Help	***Grand Island Senior High 2013***	***39.1%***	***60.8%***
7. Agree or Strongly Agree That There are Lots of Chances for Students at Their School to Talk with a Teacher One-on-One	***Grand Island Senior High 2013***	***39.5%***	***55.1%***
8. Agree or Strongly Agree That They Could Recognize Someone Who Was Drunk or High	***Grand Island Senior High 2013***	***78.4%***	***84.6%***
9. Agree or Strongly Agree That They Feel Safe at School	***Grand Island Senior High 2013***	***44.2%***	***58.5%***
10. Agree or Strongly Agree That Their School Provides a Caring, Encouraging Environment.	***Grand Island Senior High 2013***	***46.8%***	***60.9%***
11. Agree or Strongly Agree That They Are Optimistic About Their Future	***Grand Island Senior High 2013***	***65.4%***	***79.3%***

*Scale: "Strongly Disagree, Disagree, Neither Disagree Nor Agree, Agree, Strongly Agree"

Table 17. Perception of Law Enforcement by Gender

	Gender	Male	Female
1. Somewhat Likely or Very Likely That if Someone Their Age Drank Alcohol in Their Community, They Would Get Caught by Police	***Grand Island Senior High 2013***	***48.8%***	***55.3%***

*Scale: "Not at All Likely, Not Very Likely, Somewhat Likely, Very Likely"

Table 18. Ease of Access to Alcohol by Gender

	Gender	Male	Female
1. Somewhat Easy or Very Easy to Get Alcohol in Their Community	***Grand Island Senior High 2013***	***74.3%***	***74.7%***

*Scale: "Not at All Easy, Not Very Easy, Somewhat Easy, Very Easy"

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Grand Island Police Department

2014 Annual Summary

Introduction

2014 was a year of continued rapid growth and change in the Grand Island Police Department. The majority of the ICMA recommendations for change in Department were completed in 2014. Ten Police Officers completed entry level training and were assigned into operations during the year and the Department's operation strength increased to 85 Police Officers. We also were able to bring our Code Enforcement Unit to full strength with eight Community Service Officers. The use of strategic policing and intelligence led policing became well established in the Department. There is still yet more to do as we move forward. This summary provides an overview of the 2014 year.

International City/County Management (ICMA) Association Public Safety Study Implementation

2014 was the third year of our four year implementation plan for recommendations adopted from the ICMA study. The Department reached new staffing levels in 2014. The new Police Officers and Community Service Officers equated to us having the resources to further implement strategic policing. Significant increases in special operations, traffic enforcement, crime prevention and code enforcement occurred in 2014.

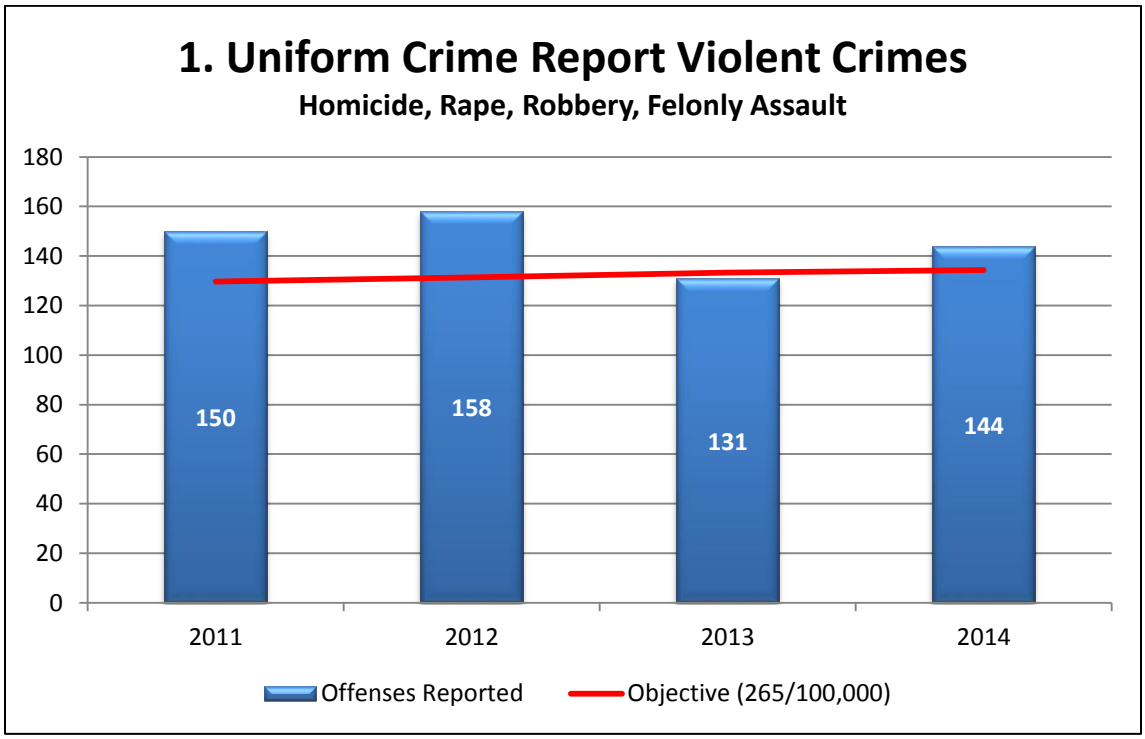
We have implemented most of the adopted recommendations. Some recommendations will not be addressed until 2016 as planned. The Department has been providing a monthly implementation progress report since initiating the plan. We will be discontinuing the progress report as implementation is mostly completed and there is little to report on a monthly basis.

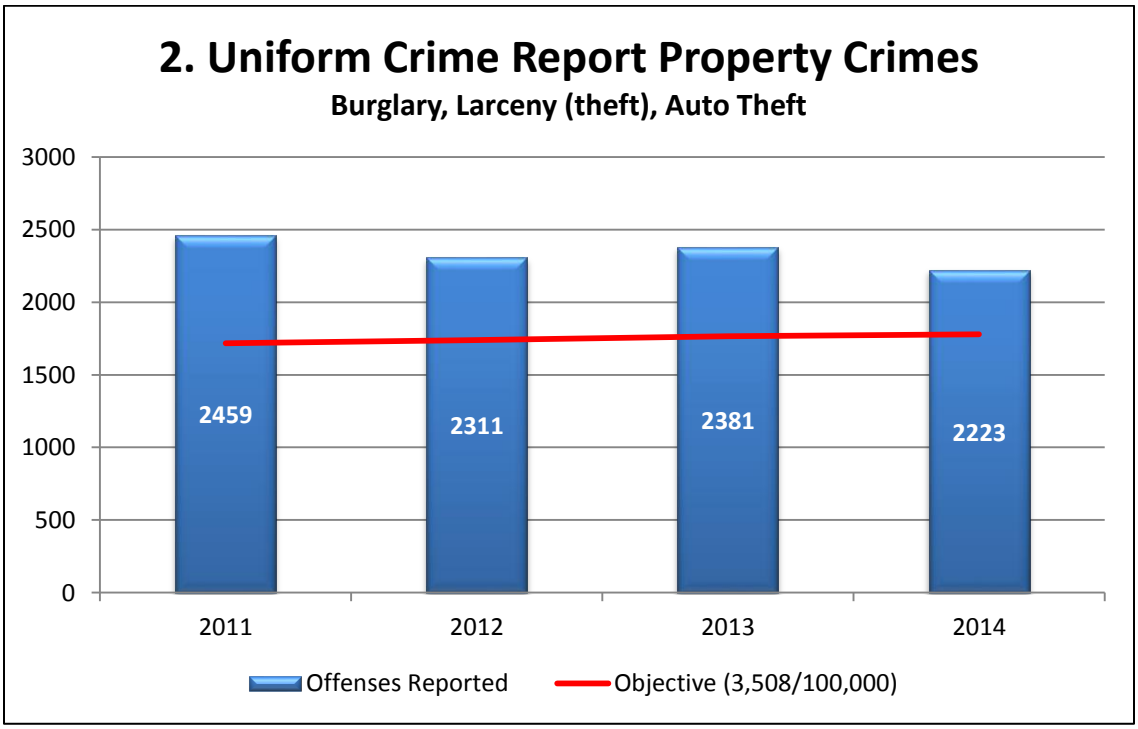
Performance Measures

The ICMA Study recommended that the Police Department develop outcome based performance measures. ICMA created six areas of measurement. Data to measure one segment of one of the performance measures is not available and was not adopted upon recommendation of the ICMA consultants. The Police Department incorporated one of the ICMA recommendations as a seventh performance measurement. 2014 was again an implementation year with most of our new resources not being operational. The 2015 year will be the first year of reporting where the Department will not be involved in major recommendation implementation. We believe we have shown progress in addressing the performance measures in 2014.

The City continues to grow and the 2014 population census estimate is 50,700 people. We have adjusted the performance objected that are based upon population to reflect the growth. The below report is based upon a 2014 population of 50,700 people in the City.

Performance Measures	GIPD 2014 Performance
1. Reduce Uniform Crime Report (UCR) Crime Rate	
Violent Crime – 134 UCR part 1 crimes/yr.	144 Reported crimes
Property Crime – 1779 UCR part 1 crimes/yr.	2223 Reported crimes

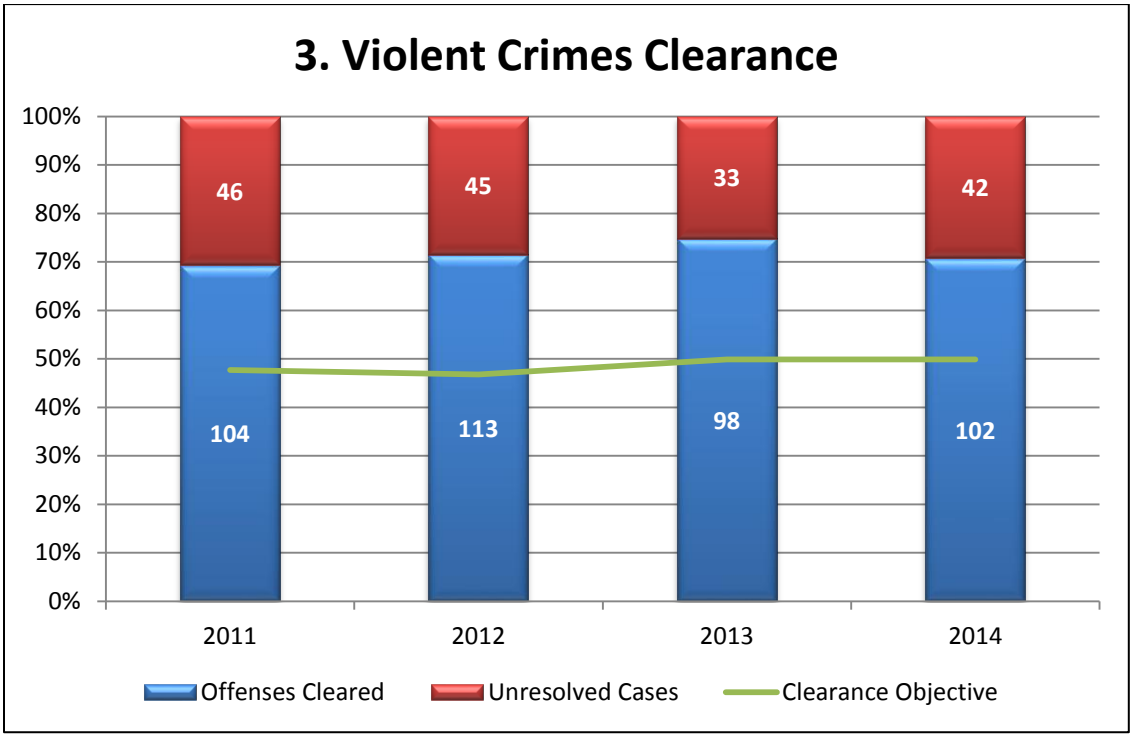


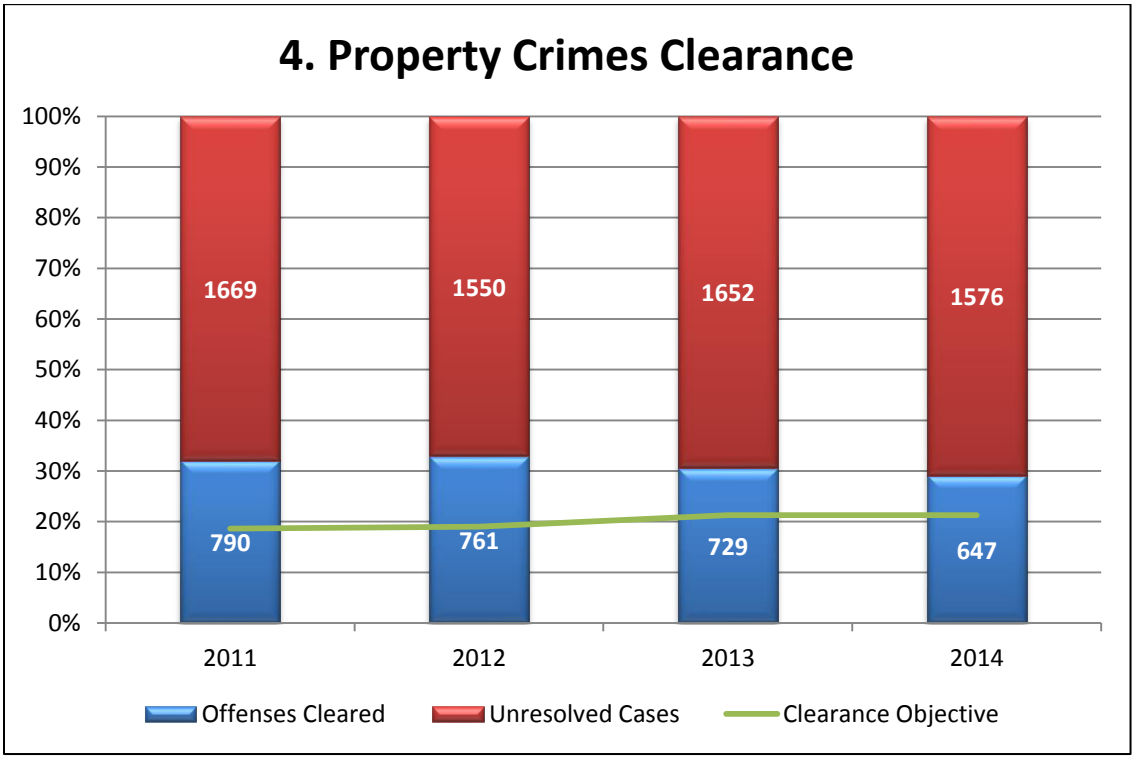


2. Hold Offenders Accountable

49.9% Clearance rate for UCR violent crime
21.3% Clearance rate for UCR property crime

70% violent crime clearance rate
29% property crime clearance rate

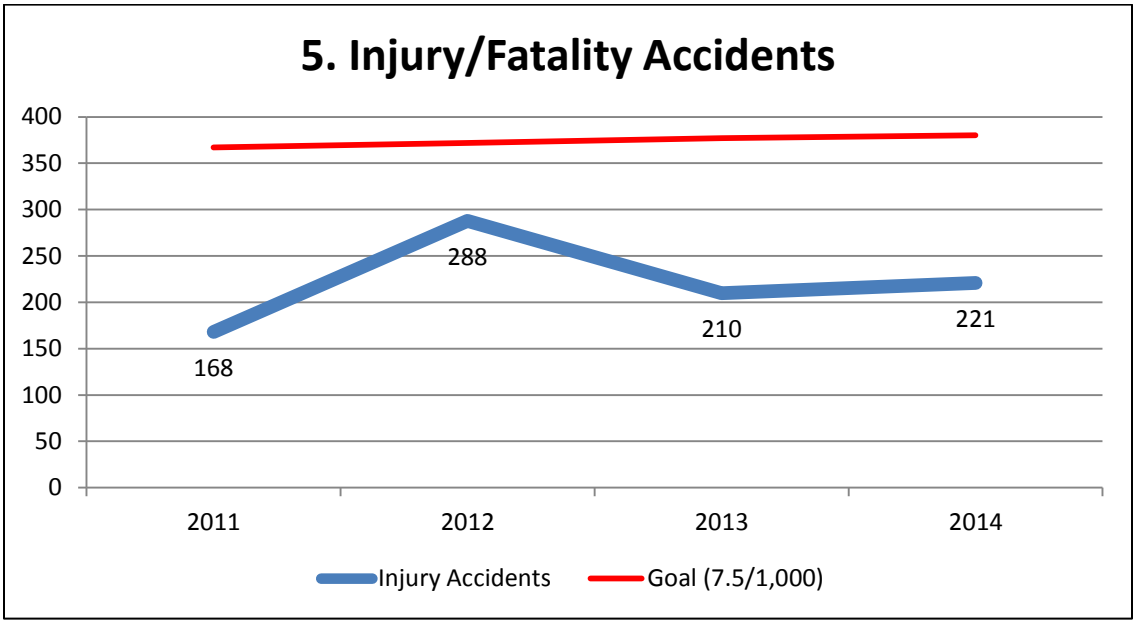


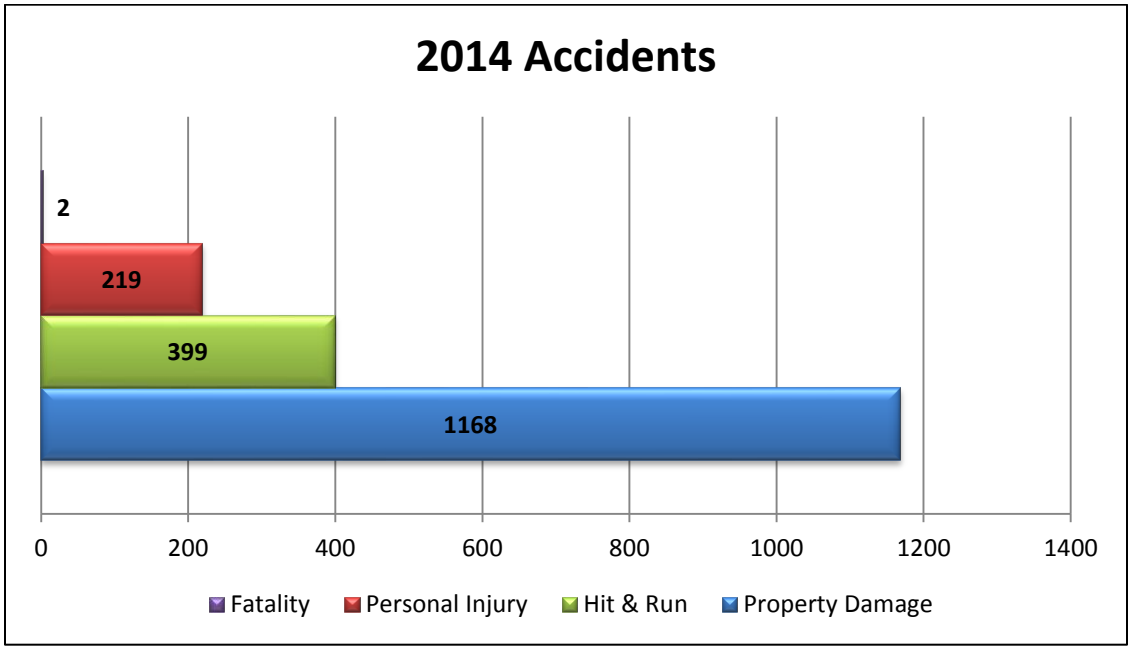


3. Reduce Fear of Crime — Recommend a community survey be conducted in 2016.

4. Develop Public Centered Crime Defense Program (started April of 2013) — 524 crime victim contacts; 75 crime prevention programs; 38 media presentations

5. Maintain an injury accident rate of 7.5 per 1000 population – goal = 380 accidents — 221 Injury/Fatality Accidents in 2014





*Accident data pulled from Law Incident Table data

6. Maintain a saturation index of less than 60%.	Recommend a workload analysis be conducted in 2016
7. Report clearance rate for the Criminal Investigations Division	Tier 1 – 357 cases – 98% clearance Tier 2 – 116 cases – 71% clearance Tier 3 – 160 cases – 54% clearance

Tier 1 – Suspect has been named, physical evidence located.
Tier 2 – Physical description, but no suspect, physical evidence doesn't directly lead to suspect.
Tier 3 – No witnesses, no physical evidence, no known suspect.

Performance Measure Summary

Achievements

- Property Crime - There was a 6.6% reduction in UCR reported property crime.
- Hold Offenders Accountable - The Department's clearance rates for both Violent Crime and Property Crime held or slightly improved and are above the targeted rate of the national average.
- The Crime Prevention Unit has increased public awareness of crime and preventative measures. The Crime Prevention Unit has worked with the Patrol Division, the Department and City PIO, local media, the Chamber of Commerce, businesses and individual citizens to improve crime defense and traffic safety in Grand Island.
- The City's injury accident rate remains well below the national average of 7.5 per 1000 population. The Department has increased traffic enforcement and education efforts and works closely with the Public Works Department to improve traffic safety.
- The Criminal investigations Division has maintained very high case clearance rates that are key in our efforts to hold offenders accountable.

Concerns

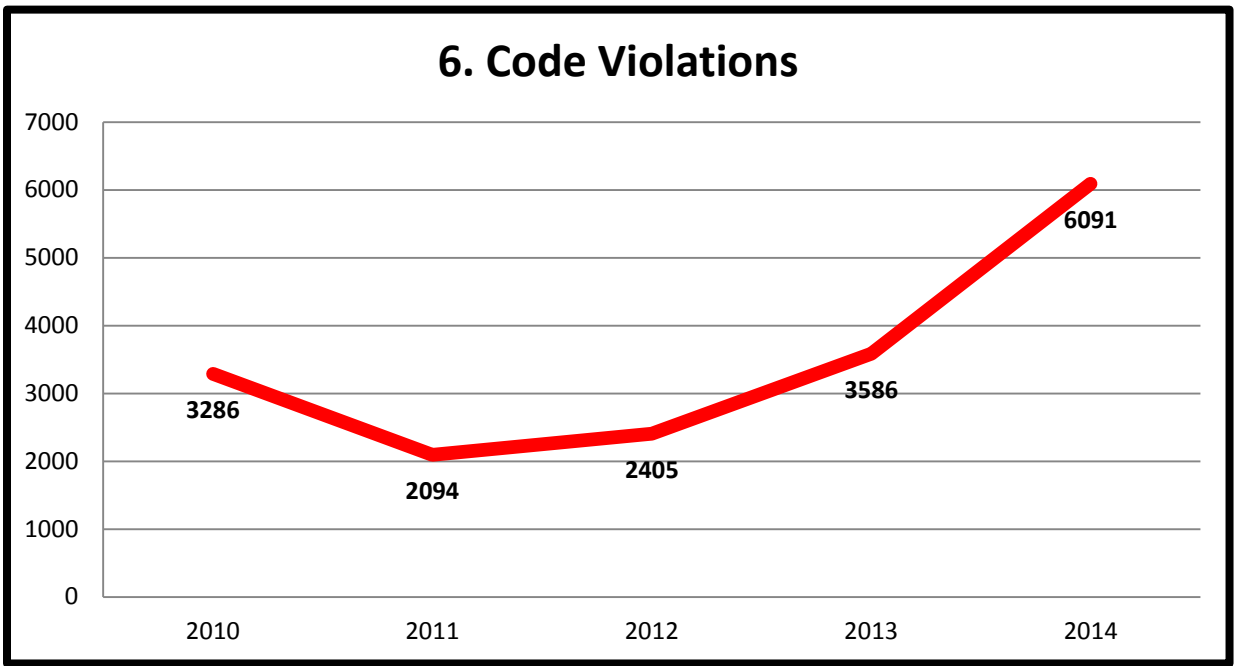
- Violent crime increased by 13 offenses and put us over our performance measure target. We will be conducting an analysis of the violent crimes to determine actions that can be taken to reduce offenses.
- There was a reduction in the number of property crimes in 2014; however, the property crime rate is still too high. We must continue to work to further reduce property crimes.
- Repeat offenders – We are identifying that a small number of people are prolific criminals and committing a large number of crimes. Our crime clearance rates are high and most of these criminals have multiple arrests. Unfortunately arrest is not a deterrent to these prolific offenders. We are observing a trend where an offender arrested for one or multiple criminal acts will return to committing more criminal acts

immediately upon release and while pending court procedures for the original crimes. In almost all cases these criminals are committing crimes to feed their drug use.

- 2014 was a year of implementation and growth. 2015 will be the first year that the Department has all of the public safety study programs and resources in place for the full year. This is one of the reasons for scheduling the measurement of two of the performance objectives for 2016. The other reason is that the ability to accurately measure both of these performance objectives will require outside resources and expertise. These are the community assessment of the fear of crime in Grand Island and the Patrol saturation index. This is a budget issue that will need to be addressed in the 2016 budget.

Quality of Life

- The below chart shows the significant increase in code enforcement in Grand Island with the addition of Community Resource Officers, CSOs to full strength. The Department increased code violation complaints by 70% over 2013. The positive impact on the quality of life in Grand Island through the work of our CSOs can be seen in our neighborhoods throughout the City. The Department is committed to working with all stakeholders to continue to improve the quality of life in Grand Island.
- There are still issues with people who refuse to comply with the City codes and correct violations. Having to file cases in the court system is cumbersome and time consuming and penalties are minimal.



Personnel

- **New Positions**

Our 87th officer was hired in 2014. We now have an operational strength of 85 officers and two officers will complete their FTO training in March which will bring us to our full sworn staffing levels. The Patrol Teams are at full strength.

The Department achieved full staffing levels with 4 full time and 4 part time operations Community Service Officers. The CSOs have increased their proactive enforcement. The Department is planning on expanding CSO services and will be working with other City departments in identifying new areas that they can assist in enforcement.

- **Restructuring**

The Department completed most of the public safety study recommendations for restructuring our organization in the past two years. We have not added a second officer to the Crime Prevention Unit and have not added an additional Investigator to the Criminal Investigations Division. These additional changes are scheduled for March of 2015 when two officers complete their FTO program and are assigned in the Patrol Division.

Technology - Operational Software and Hardware

- The Department implemented the "Mobile Forms" software package in 2014. Mobile forms provides for officers to complete reports in the field. Mobile Forms also provides a more structured reporting format that improved consistency of reported information.
- The Department, in cooperation with the State Fusion Center, is working on a project to make our records management system and our gang intelligence database available to other law enforcement agencies in the State. Part of the project is the development of new gang intelligence database software that will be an improvement over our current program.
- The Community Service Officers were issued tablets and trained to use Mobile Forms. The CSOs can now complete reports, take photos using their tablet and attach photos to the reports while in the field. This has increased productivity in the Unit.
- The Department replaced one half of our patrol fleet mobile video dash cam systems in 2014 with new units. We hope to complete the upgrade and replace the other half in 2015.

JUNE 16, 2015 AGENDA
HALL COUNTY BOARD OF SUPERVISORS MEETING
UPDATED AGENDA DELETED 20A AND ADDED # 24 PLATS

CALL TO ORDER
INVOCATION
PLEDGE OF ALLEGIANCE
ROLL CALL

NOTICE OF OPEN MEETING LAW This is a public meeting subject to the open meetings laws of the State of Nebraska. The requirements for an open meeting are posted on the door to my left and notices are on the front table for your information.

REQUEST TO RESERVE TIME – If anyone from the audience has a request to reserve time to speak on a specific agenda item, please come forward at this time

1. **MINUTES OF JUNE 2, 2015 MEETING**

2. **9:05 A.M. BOARD OF EQUALIZATION**
   SEE SEPARATE AGENDA

3. **PUBLIC PARTICIPATION – THE SUPERVISORS WILL NOT BE ABLE TO TAKE ACTION ON NON-AGENDA ITEMS.**

4. **9:30 A.M. BOARD OF CORRECTION MEETING**
   SEE SEPARATE AGENDA

5. **DISCUSSION & APPROVE POSSIBLE ACTION REGARDING NORTH GRAND ISLAND TRUCK BY-PASS (QUANDT)**

6. **DISCUSS AND TAKE ACTION ON RE-ESTABLISHING THE POSITION OF HALL COUNTY BUILDING INSPECTOR (LANCASTER)**

7. **COUNTY ATTORNEY**
   Consideration and action to approve proposed changes made to the County Wage Scale made by the Classification Committee at its meeting on 6-1-15.

8. **Consideration and action to approve FY16 Letter of Agreement with Region 3 Behavioral Health Services.**

9. **Consideration and action to approve an agreement for legal services regarding the case of Harrington v. Hall County, *et al.***

10. **Consideration and action to approve a resolution to delegate to the Hall County Regional Planning Commission the power to act on conditional use applications in limited circumstances.**

11. **Presentation, consideration and action to approve the 3 Year Comprehensive Juvenile Services Plan for Hall County.**

12. **Consideration and action to approve invitation for bids, instructions, specifications, bid form and contract form for the Hall County Office Building restroom remodel project, and to set the bid opening for July 14, 2015 at 10:15 a.m.**

13. **Consideration and action to approve invitation for bids, instructions, specifications, bid form and contract form for the Hall County Social Services Building HVAC project, and to set the bid opening for July 14, 2015 at 10:30 a.m.**

14. **Consideration and action to authorize the Hall County Attorney to close Home Federal Account #454560, the same being known as the Hall County Drug Law Enforcement Account.**

15. **Consideration and possible action to approve a conditional use permit for a livestock trailer washout applied for by Chad Ruda.**

16. **ROBERT SCHULTZ – DISCUSS AND APPROVE INTERLOCAL AGREEMENT WITH HOWARD COUNTY AND UPDATE FROM THE WEED DEPARTMENT**

17. **AUDIT COMMITTEE RECOMMENDATION – CONSIDERATION AND APPROVAL OF EQUIPMENT & IMPROVEMENT RESERVE TRANSFER REQUESTS AND BUILDING & LAND IMPROVEMENT RESERVE TRANSFER REQUEST (ARNOLD)**

18. **COUNTY CLERK - APPROVE SPECIAL DESIGNATED LIQUOR LICENSE FOR BOSSELMAN FOOD SERVICE/ QUAKER STEAK & LUBE FOR July 1, 8 & 15**

19. **COUNTY TREASURER – REQUEST TO ADJUST DEPUTY COUNTY TREASURER'S SALARY**

20. **PUBLIC WORKS COMMITTEE –** ***6/15/2015 pulled because NDOR's is redoing the agreement as perSteve Riehle*** **a) DISCUSSION & AUTHORIZE CHAIR TO SIGN FRACTURE CRITICAL BRIDGE INSPECTION AGREEMENT b) Discuss and Approve Motor Grader Bids**

21. **DISCUSS & APPROVE MODIFICATION TO THE HALL COUNTY BOARD POLICY GUIDELINES REGARDING DEFINITION OF QUORUM (QUANDT)**

22. **LETTER OF APPRECIATIONS TO HUGH MINOR FOR 44 YEARS OF SERVICE TO HALL COUNTY (QUANDT)**

23. **REGIONAL PLANNING – DISCUSS & APPROVE THE FOLLOWING FINAL PLATS & RESOLUTIONS –** ***ADDED 6/15/2015 8:45 A.M. AS PER Chad Nabity***

a) final plat & resolution of CAAP East Railroad subdivision
b) Final plat & resolution of CAAP north railroad subdivision
c) Final plat & resolution of CAAP west railroad subdivision
d) Final plat & resolution of Landell subdivision
e) Final plat & resolution for mac subdivision

24. **APPROVE BI WEEKLY PAY CLAIMS AND REGULAR CLAIMS**

25. **COUNTY OFFICE REPORTS – Hall County Sheriff, County Assessor/Register of Deeds, Hall and Howard County Juvenile Services**

26. **HALL COUNTY TREASURER'S MISCELLANEOUS RECEIPTS**

27. **COMMUNICATIONS**

28. **COMMITTEE OR BOARD MEMBER REPORTS**

29. **BOARD ASSISTANT'S REPORT**

30. **FACILITIES COMMITTEE –**

Discuss and approve location for GIS office space (Lanfear)
Discuss and approve office space for Public Defenders office (Lanfear)

NEW OR UNFINISHED BUSINESS – THE BOARD WILL NOT BE ABLE TO TAKE ACTION ON NON-AGENDA ITEMS

ADJOURNMENT