



## **Introduction**

Gage County, Nebraska is a rural county directly south of the state capital of Lincoln, Nebraska along Highway 77 in Southeastern Nebraska. Immediately north of the Nebraska-Kansas state line and within 60 miles of both Iowa and Missouri, the 855 square mile county is highly rural and culturally homogenous.

By 2016 estimate of the United States Census Bureau, Gage County has a population of approximately 21,513 people. The county seat, Beatrice, lies near the geographic center of the county and is surrounded by a dozen smaller communities. Beatrice has a population of approximately 12,274 and is the home of many businesses and industries in Gage County.

The total population of the county has not grown in approximately 50 years.

We have minimal race and ethnicity diversity in the community with 96.3% of people being white. 2.9% of the people in Gage County claim Hispanic ethnicity.

Gage County's economic base has historically been and continues to be, rooted in agriculture. Gage County also has a large amount of manufacturing and health and human service jobs. Gage County has an unemployment rate of 2.5% comparable to 3.0% in Nebraska. (December, 2020)

Beatrice has a public school system which includes a preschool, three elementary schools, one Middle School which is 6th through 8th grade and one High School which is 9th through 12th grade. Beatrice Public School Alternative School is also available to applicant students. Beatrice also has two private/parochial schools – St. Joseph Elementary School and St. Paul Elementary School.

Gage County also has Freeman School District, Southern Schools, Diller-Odell School District and includes students attending Tri County Schools.

There is an average free and reduced rate lunch of 45.8% in Gage County.

Southeast Community College has one of three campuses in Gage County.

## Data Summary

### Youth Level Data

- Hispanic/Latino youth and youth of multiple races have disproportionately higher chronic absenteeism as compared to the school membership population (and compared to the state averages) – with the disproportionately higher for Hispanic youth. The trend for both has been consistent over the past 5 school years. Black youth have also had disproportionately higher chronic absenteeism in the past 2 years (for which we have data).
- A higher rate of youth have IDEA and 504 plans as compared to the state. Graduation rates are higher than the state average, and the county is ranked 75 of 93.
- 8<sup>th</sup> graders report mental health issues, with greater loss of sleep from worry and depression than the state average. 10<sup>th</sup> graders report greater levels of substance use than the state average, including alcohol use, binge drinking and marijuana use. **(see bullet points below.)** 10<sup>th</sup> graders also report higher loss of sleep from worry. 12<sup>th</sup> graders report greater tobacco use than the state average.
- A high proportion of 10<sup>th</sup> graders report gang involvement.
  - **This appears to be a discrepancy in reporting. The youth that we have in the county that report gang involvement have moved here or are “want to be” members of a gang.**
- Overall crime has decreased very slightly from 2018 to 2019, which is the same trend for juvenile crime. Specifically, there has been a decrease in other assaults, drug possession, and runaway; but an increase in vandalism and liquor laws.
  - **Information from Gage County Data Brief 2019 (Nebraska Risk & Protective Factor Survey – included in Appendices ):**
    - **Alcohol use was increasing for most high school students, before recently decreasing.**
    - **Binge alcohol use is decreasing for teens.**
    - **Marijuana use was increasing for teens before recently decreasing.**
    - **The number of families discussing the dangers of alcohol with their high school students was decreasing, but has recently increased**
    - **Liquor law violations have dropped between 2012 and 2017 for youth ages 17 and under in Gage County.**
    - **Liquor law violations have varied over time, but are slightly lower in 2017 compared to 2012 for young adults ages 18 to 20.**
    - **Younger teens say it is harder to buy alcohol from a store in recent years.**
    - **Alcohol involved crashes for youth ages 9-20 in 2018 were slightly above the state average. (3%)**
- Risk assessment domains for youth assessed for diversion suggest Family/Parenting, Education/Employment, and Attitudes/Orientation are the areas with highest need.

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## Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)

- Approximately 26% of cases are referred to diversion and 37% are on probation – it is not clear where the remaining cases are (dropped/dismissed or informally diverted) – more juveniles should be getting diverted than end up on probation.
- White youth are over-represented in diversion and Hispanic youth are under-represented in diversion referrals as compared to the county and school population (unfortunately, we do not have law enforcement data by race/ethnicity to see if youth are being referred to these system point at a rate that is proportional to law enforcement stops of citations/referrals).
- Once referred to diversion, youth of all races/ethnicities are enrolling in diversion and successfully completing diversion at the rate they represent the population.
- Hispanic youth are over-represented at probation intake and being on probation. Black youth are slightly over-represented in diversion and filed on with multiple charges.
  - **We have minimal race and ethnicity diversity in the community with 96.3% of people being white. 2.9% of the people in Gage County claim Hispanic ethnicity.**

Missing data on race/ethnicity is very problematic at the courts.

### Family Level Data

- Poverty does not appear to be an issue in this county as compared to the state average, nor do any of the measures related to poverty or low SES.
  - **This does not seem to be an accurate interpretation of the data as the average free/reduced rate lunch for the county is 45.8% of the youth.** (<https://www.zipdatamaps.com/counties/state/economics/map-of-public-school-free-reduced-lunch-program-participation-for-counties-in-nebraska>)
  - **Community resource providers for essential service (food pantry, etc.) report a high rate of service utilization – even prior to covid.**
  - **Roger Harris, County Attorney, reports poverty to be an issue in most of the Juvenile Court hearings.**
  - **Dr. Don Belau, School Psychologist at Beatrice Public Schools, noted that many of the youth that he serves report lack of basic needs and stated that he believed the families are not able to manage their resources effectively in many cases.**
- Both 8<sup>th</sup> and 10<sup>th</sup> graders report they are less likely to have a supportive adult at home who listens than the state average; and 8<sup>th</sup> graders report they are less likely to have a supportive adult at school who listens.

### Community Level

- There does not appear to be an issue with violence in the county, but there is a greater number of other assaults as compared to other types of violence.
- 10<sup>th</sup> graders report their community does not find marijuana or cigarettes to be wrong or very wrong, as compared to the state average.

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## Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)

- Juvenile record sealing is not “automatic” even if statute requires it to seal. Sealing a record requires administrative staff to initiate the process. Dismissed or dropped cases should be sealed at a rate of 100%. All others should be sealed at the rate to which youth successfully complete their court requirements (completion of diversion, probation, restorative practice, or other treatment). Yearly data is available in the Appendix to see if the rate has improved because of legislation, but newer cases should naturally have lower rates of sealing than older cases.
- The county has done a great job sealing cases that are filed in adult court at 100%.
- There are higher levels of missing data at the court level. Data for race and ethnicity at each juvenile justice system point is imperative for an accurate Racial and Ethnic Disparities (RED) analysis.
  - **This is something that we will work towards.**

### Policy, Legal and System Level

- This county is not required under statute to provide an attorney when a youth is filed on in court, and the rate of providing access to counsel at the time of filing is quite low compared to the state average and other counties in the state.
- Curfew filings do not appear to be an issue in the county.
- Truancy court filings peaked in 2017 but appear to have decreased since that time.
  - **The schools and County Attorney’s office report a recent increase of approximately 50%.**
- The diversion program may consider the following:
  - exploring the use of warning letters for low risk youth
  - ensure fees are similar to court costs (even with the sliding scale)
    - **The fees for Gage County Diversion are based on the County Court fine- typically \$250 – for MIP offenses. A sliding fee scale and scholarships are available. Neither juveniles nor adults are turned away from participation in the program based on their ability to pay.**
  - strengthening the process for sealing records in JCMS and with law enforcement (not needed at court-level because it is pre-file). Under statute, youth who complete diversion should have their records sealed automatically.

### Community Team Level

- The community team project lead should be able to get roughly a 75% response, to ensure active participation on planning issues, your response rate was 27%; however, the response rate improved from 2019 to 2020.
  - **The statewide response rate for 2020 is 24.5%. Gage County had a response rate of 27.1%.**
- All measures of collective impact increased from 2019 to 2020. Shared Measurement and Continuous Communication are the domains of collective impact where the team has rated the lowest for both years.

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## Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)

- The community team should be representative of the population of that community but should also include diversity. It might be beneficial to add additional diverse members to your team (especially because of the patterns of over and under representation).
  - **New members are invited regularly.**
- There is good representation of system points by team members and persons formerly involved in the system.
- A higher proportion of team members report not feeling heard as compared to other teams statewide. This may mean other forms of giving voice should be explored than current practices.
  - **In the Nebraska Strategic Prevention Framework Partners for Success Year 1 Evaluation Report – page 13 – a member of the coalition stated “I don’t think if the group hadn’t been in favor of it, it wouldn’t have been done...our voices were heard.”**
  - **Page 10- “Members see their current role as to “bring ideas as to how we can implement what our goals are and how to attain those goals with the other members that are present,” and to “try to figure out a way to implement those within our communities that can reach the most people.” Another member adds, “I feel like the majority of what I do is interpreting issues that I see in most of our youth and bring the problems here.” Members also say they benefit from attending the coalition meeting by networking with other members and keeping up to date on community issues. They are also able to coordinate resources and inform members about upcoming events and/or needs at their agency.”**

## Comprehensive List of Services

<b>SYSTEM POINT: PREVENTION</b>		
(includes programs that aim to intervene before and after problematic behaviors are identified)		
<b>Program/ Agency Name</b>	<b>Eligible age</b>	<b>Risk or need</b>
Teammates Mentoring Program – Beatrice	8-18	Low achievement, low attachment, low literacy
Blue Valley Behavioral Health- Assessment, Mental Health and Substance Abuse Treatment	5-99	Anxiety/depression, mental health disorders, antisocial attitudes
Family Support Program	11-18	Lack of discipline, low parental warmth, lack of supervision, parental substance use
4-H (Positive Youth Development)	8-18	Lack of concern for others, inappropriate use of time, antisocial attitudes
AWANA, JV FOOT, FOOT (Fellowship of Outrageous Teens), Peace Club and other church youth groups	5-18	Inappropriate use of time, deviant peer groups, antisocial attitudes
Beatrice Police Department – Jr. Cadet program	14-18	Defiance of authority, inappropriate use of time, deviant peer groups
Youth Thrive/Family Thrive Training (not currently taking place due to COVID)	18-99	Lack of supervision, lack of discipline, low parental warmth
QPR (Question, Persuade and Refer) Suicide Prevention	12-99	Antisocial attitudes, mental health disorder(s), Anxiety/depression
Hope Squads – Peer driven suicide prevention (Beatrice / Southern)	11-18	Antisocial attitudes, mental health disorder(s), Anxiety/depression
LOSS Teams (Local Outreach for Suicide Survivors) Suicide Prevention/Postvention	5-99	Anxiety/depression, mental health disorders, lack of concern for others
Second Step, Youth Frontiers – Social Emotional Learning	5-18	Low achievement, low attachment, low literacy
Faith Partners / Family Standards	0-99	Drug/alcohol use, anxiety/depression, mental health disorders, parental substance use
Drunk driving vouchers	21- 99	Alcohol use
WRAP Groups (Wellness, Recovery Action Planning) (Just starting)	10-99	Anxiety, Depression and other mental health related issues, drug/alcohol issues
3 <sup>rd</sup> Millenium – online educational series	11-99	Anxiety/depression, mental health disorders, antisocial attitudes
All-stars – substance abuse prevention curriculum (used at Southern Schools)	11-18	Anxiety/depression, mental health disorders, antisocial attitudes
Peer Support Services	11-99	Anxiety/depression, mental health disorders, lack of concern for others, alcohol/drug use
Whispering Acres High Hopes Equine Assisted Learning	5-99	Anxiety/depression, antisocial attitudes
Law enforcement wellness checks	0-99	Lack of supervision, parental substance use
Circle of Security – Parenting Course	0-99	Low parental warmth, lack of supervision

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**Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)**

Coming Together for Wellness – UNL – online therapy service <a href="https://cehs.unl.edu/comingtogetherforwellness/">https://cehs.unl.edu/comingtogetherforwellness/</a>	11-99	Anxiety/depression, Mental health disorder
Parent Child Interaction Therapy – Public Health Solutions with grant from Nebraska Children and Families	Children are 2-7 years/ Parents	Low parental warmth



**Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)**

**SYSTEM POINT: DIVERSION SERVICES**

(diversion and services available to youth on diversion)

<b>Program/ Agency Name</b>	<b>Eligible age</b>	<b>Risk or need</b>
Victim/Offender Mediation/Restorative Justice	11-18	Defiance of authority, lack of concern for others
Victim Assistance	0-99	Previous victimization
Juvenile / Adult Diversion	11-18 / 18-99	Defiance of authority, lack of concern for others
Family Support Program / In-Home Non-Court Interventions for Families	11-18	Lack of discipline, low parental warmth
WRAP Groups (Wellness, Recovery Action Planning) (Just starting)	10-99	Anxiety, Depression and other mental health related issues, drug/alcohol issues
Connected Youth Initiative	16-25	Antisocial attitudes, Sensation seeking
3 <sup>rd</sup> Millenium – online educational series	11-99	Anxiety/depression, mental health disorders, drug/alcohol use
Peer Support Services	11-99	Anxiety/depression, mental health disorders, lack of concern for others, alcohol/drug use
Whispering Acres High Hopes Equine Assisted Learning	5-99	Anxiety/depression, antisocial attitudes
Coming Together for Wellness – UNL – online therapy service <a href="https://cehs.unl.edu/comingtogetherforwellness/">https://cehs.unl.edu/comingtogetherforwellness/</a>	11-99	Anxiety/depression, Mental health disorder
Blue Valley Behavioral Health- Assessment, Mental Health and Substance Abuse Treatment	5-99	Anxiety/depression, mental health disorders, antisocial attitudes

**SYSTEM POINT: ALTERNATIVES TO DETENTION FOR PRE-ADJUDICATED YOUTH ONLY**

(include any programs that allow youth to remain in the community after any contact with law enforcement)

<b>Program/ Agency Name</b>	<b>Eligible age</b>	<b>Risk or need</b>
Emergency Professional Foster Care – Probation	? – 18	Lack of supervision, defiance of authority
Better Living Trackers, Family Support, Electronic Monitoring, Day Reporting	11-18	Drug/alcohol use, lack of supervision, inappropriate use of time, defiance of authority
Targeted Adult Services Coordination (TASC) Crisis Response	18-99	Mental health disorder, drug/alcohol use
Victim’s Assistance	0-99	Previous victimization
Victim/Offender Mediation/Restorative Justice	11-18	Defiance of authority, lack of concern for others

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**Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)**

**KNOWN GAPS IN SERVICES**

(include any programs that allow youth to remain in the community after any contact with law enforcement)

Program/ Agency Name	Eligible age	Risk or need
Mental health /substance abuse treatment	0-99	Mental health disorder, anxiety/depression, antisocial attitudes, drug/alcohol use
Truancy / Chronic Absenteeism Programming	5-18	Truancy, low achievement, low attachment, low literacy
Emergency Mental Health	0-99	Mental health disorder, anxiety/depression, antisocial attitudes, drug/alcohol use
Specialized Mental Health care (Example: Trauma Informed Care / Aggression Replacement Therapy	0-99	Mental health disorder, anxiety/depression, antisocial attitudes, drug/alcohol use
Poverty Based programming / Example: housing, money management	0-99	Disenfranchised neighborhood
Transitional services for system involved youth to adult	17-25	Deviant peer groups, antisocial attitudes
Peer supports	0-99	Deviant peer groups, antisocial attitudes
Human trafficking programming	0-99	Previous victimization
Detox programming	11-99	Drug/alcohol use

## Community Analysis and Response (CAR) Final Worksheet

<b>COMMUNITY ANALYSIS &amp; RESPONSE WORKSHEET</b>			
<b>Identified Need</b>	<b>Existing Program, Agency or Resource</b>	<b>Eligible age</b>	<b>Does this program accomplish the desired change? If no, what is missing?</b>
Elementary/Middle School and High School aged youth with high percent of absenteeism	BPD Juvenile Resource Officer & School Resource Officer/ Schools/Gage County Attorney/Gage County Diversion / Resolution Center	0-99	School interventions, CPS / formal court handling often does not get at the root cause of the absenteeism. Need to have a more coordinated effort with school/parents/and formal services in Courts/ CPS. There has been discussion of models using volunteers or peer supports in working with families, in addition to other models used in the state.
Emergency mental health calls for juveniles	Law enforcement responding to calls do not have a local resource in dealing with mental health. Rely on parental involvement in seeking help.	0-18	Parents do not always see the necessity of mental health intervention or are unable to access services in Lincoln. Community team will work with Beatrice Community Health and Hospital in developing a plan for these type of situations. Will also see out training for Law Enforcement.

## Gaps to be Filled Worksheet

GAPS IN THE CONTINUUM			
Brief Data Snapshot	Existing Program, Agency or Resource	Eligible age	Does this program accomplish the desired change? If no, what is missing?
<p>8<sup>th</sup> graders report mental health issues, with greater loss of sleep from worry and depression than the state average. 10<sup>th</sup> graders also report higher loss of sleep from worry.</p> <p>Law enforcement reports a lack of training and resources in dealing with emergency mental health needs – especially in juveniles.</p>	Law enforcement / schools/mental health agencies	0-99	Need to obtain training for law enforcement. Need to organize and train a crisis response team for law enforcement, schools, community specific to juveniles. Need to coordinate efforts with Beatrice Community Hospital and Health Center and mental health professionals.
<p>Data indicates a peak in 2017 in truancy filing, however a decrease following. County Attorney's office had 27 Truancy filings (7/1/19 -6/30/20) County Attorney reports an increase of approximately 50%. Schools report it to be a concern.</p>	BPD Juvenile Resource Officer & School Resource Officer/ Schools/Gage County Attorney/Gage County Diversion / Resolution Center	0-99	Need to develop a truancy program to get at the root cause of the absenteeism, and begin attending school. Need to have a more coordinated effort with school/parents/and formal services in Courts/ CPS/possibly peer supports or volunteers.

## **List of Team Members**

**Description of Team:** (how formed, how long meeting, how often meet/met, structure, etc.)

The Gage County Juvenile Justice Team began meeting in 2002 as a part of the Safe Schools/Healthy Students grant initiative. In following years, the group became a task force of the Gage County MAPS Community Coalition. In approximately 2012, the coalition became the backbone agency for Juvenile Services in Gage County. Included in the meetings are agenda items discussing the Juvenile Justice Comprehensive Community Plan, Community Based grant funding, Region V Federal Block grant, Partners for Success grant, Gage County Diversion Services, data, evaluation, needed services/programming in Gage County or current projects.

The Gage County MAPS Community Coalition has four priority areas listed in the 2018 Comprehensive Community plan priorities that are focused on during the meetings:

1. Organizational Priority #1: Maintain the current infrastructure for collaboration and cooperation within the county for juvenile services.
2. Issue Based Priority #1: Gage County Schools are concerned with school attendance.
3. Issue Based Priority #2: Illegal substance use/abuse and underage drinking are problems in the community.
4. Issue Based Priority #3: Mental and Behavioral Health needs are continual concerns in Gage County.

Currently the team is meeting approximately every other month by Zoom and while not every team member is actively involved or regularly attends meetings, they are involved in strategies and the overall goals of the coalition.

**List of team members/contributors with contact info** (title, address, phone numbers, email)

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## Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)

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## Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)

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## Closing Comments

Team members agreed during a recent meeting that the process of the Community Needs Assessment and the development of the plan was helpful. It is important to review current data to measure effectiveness of services and policies. It was also an essential component of the process that we discussed the data. It allowed the team to provide local insights and experiences to data that seemed inaccurate or different from our perceptions.

The planning template also helped us recognize the gaps and needs in our community and gave the team goals for future program development.

There was an agreement among the team that while this process was beneficial, it did not change the priority issues that were identified in the previous Comprehensive Juvenile Services Community Plan.

- Organizational Priority #1: Maintain the current infrastructure for collaboration and cooperation within the county for juvenile services.
- Issue Based Priority #1: Gage County Schools are concerned with school attendance.
- Issue Based Priority #2: Illegal substance use/abuse and underage drinking are problems in the community.
- Issue Based Priority #3: Mental and Behavioral Health needs are continual concerns in Gage County.

As we continue to meet as a team on a monthly basis, we plan to address the issues outlined in the data, gaps and needs of the plan. We will continue to seek out and develop programming that serves the youth in our community.



## Appendices

Appendix A: Completed Community Needs Assessment (CNA)

Appendix B: Approval Letter/minutes from Governing Board

Appendix D: Other Appendix as identified by the community team

**Appendix A**  
**Community Needs Assessment**  
**And Other Data**

**Appendix B**  
**Approval Letter from the**  
**Gage County Board of Supervisors**

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**Gage County Comprehensive Juvenile Services Community Plan (2021 – 2025)**

February 10, 2021

To Whom It May Concern:

The Gage County Board of Supervisors was provided a copy of the plan prior to this date for review. During a regularly scheduled meeting of the Gage County Board of Supervisors members discussed and approved the Gage County Comprehensive Juvenile Services Community Plan (2021-2025) as presented by Christina Lyons of the Gage county Maps Community Coalition and the Juvenile Justice team.

Sincerely,

Erich Tiemann  
Chairman

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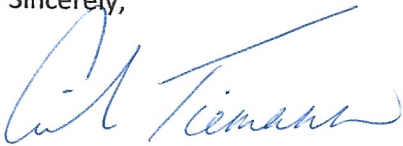
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Sincerely,



Erich Tiemann

Chairman



## Gage County

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UNIVERSITY OF NEBRASKA AT OMAHA

JUVENILE JUSTICE INSTITUTE

**EVIDENCE-BASED**  
NEBRASKA

COUNTY NEEDS ASSESSMENT FY 2020-2021

**Appendix: Sealed Court Records by Year**

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## Youth Level

- Hispanic/Latinoyouth and youth of multiple races have disproportionately higher chronic absenteeism as compared to the school membership population (and compared to the state averages) – with the disproportionality higher for Hispanic youth. The trend for both has been consistent over the past 5 school years. Black youth have also had disproportionately higher chronic absenteeism in the past 2 years (for which we have data).
- A higher rate of youth have IDEA and 504 plans as compared to the state. Graduation rates are higher than the state average, and the county is ranked 75 of 93.
- 8<sup>th</sup> graders report mental health issues, with greater loss of sleep from worry and depression than the state average. 10<sup>th</sup> graders report greater levels of substance use than the state average, including alcohol use, binge drinking and marijuana use. 10<sup>th</sup> graders also report higher loss of sleep from worry. 12<sup>th</sup> graders report greater tobacco use than the state average.
- A high proportion of 10<sup>th</sup> graders report gang involvement.
- Overall crime has decreased very slightly from 2018 to 2019, which is the same trend for juvenile crime. Specifically, there has been a decrease in other assaults, drug possession, and runaway; but an increase in vandalism and liquor laws.
- Risk assessment domains for youth assessed for diversion suggest Family/Parenting, Education/Employment, and Attitudes/Orientation are the areas with highest need.
- Approximately 26% of cases are referred to diversion and 37% are on probation – it is not clear where the remaining cases are (dropped/dissmissed or informally diverted) – more juveniles should be getting diverted than end up on probation.
- White youth are over-represented in diversion and Hispanic youth are under-represented in diversion referrals as compared to the county and school population (unfortunately, we do not have law enforcement data by race/ethnicity to see if youth are being referred to these system point at a rate that is proportional to law enforcement stops of citations/referrals).
- Once referred to diversion, youth of all races/ethnicities are enrolling in diversion and successfully completing diversion at the rate they represent the population.
- Hispanic youth are over-represented at probation intake and being on probation. Black youth are slightly over-represented in diversion and filed on with multiple charges.
- Missing data on race/ethnicity is very problematic at the courts.
- Refer to the yearly RED tables in the Appendix to see if RED patterns have improved, declined, or stayed the same from 2015 to 2019.





Table 1.

Distribution of the Population Age 10-17 by Race/Ethnicity and Gender (5-year estimates, 2014-2018)<sup>a</sup>**Males**

Geographic Area	Total Count	Non-Hispanic White	Hispanic or Latino	Black	American Indian	Asian or Pacific Islander	2+ Races
Nebraska	108,494	70.4%	16.2%	5.7%	1.4%	2.0%	4.4%
<b>Gage</b>	<b>1,250</b>	<b>88.6%</b>	<b>5.7%</b>	<b>0.4%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>3.8%</b>

**Females**

Geographic Area	Total Count	Non-Hispanic White	Hispanic or Latino	Black	American Indian	Asian or Pacific Islander	2+ Races
Nebraska	102,658	70.4%	16.2%	5.7%	1.4%	2.0%	4.4%
<b>Gage</b>	<b>1,127</b>	<b>94.9%</b>	<b>4.1%</b>	<b>0.0%</b>	<b>0.4%</b>	<b>0.0%</b>	<b>0.7%</b>

[Click here to go back to RED analysis](#)

Table 2.

School Membership by Race/ Ethnicity and School Year (2014-2019)<sup>b</sup>

Year	Geographic Area	Total Count	Hispanic	Asian	American Indian or Alaska Native	Black or African American	Native Hawaiian or Other Pacific islander	White	Two or More Races
2014-2015	<b>Gage</b>	<b>3,285</b>	<b>3.99%</b>	<b>0.73%</b>	<b>0.40%</b>	<b>0.21%</b>	<b>0.03%</b>	<b>92.63%</b>	<b>2.01%</b>
	Nebraska	312,281	17.74%	2.43%	1.42%	6.70%	0.13%	68.20%	3.38%
2015-2016	<b>Gage</b>	<b>3,208</b>	<b>4.11%</b>	<b>0.72%</b>	<b>0.44%</b>	<b>0.56%</b>	<b>0.00%</b>	<b>92.21%</b>	<b>1.96%</b>
	Nebraska	315,542	18.08%	2.53%	1.38%	6.67%	0.14%	67.72%	3.47%
2016-2017	<b>Gage</b>	<b>3,250</b>	<b>4.40%</b>	<b>0.68%</b>	<b>0.43%</b>	<b>0.68%</b>	<b>0.00%</b>	<b>91.63%</b>	<b>2.18%</b>
	Nebraska	318,853	18.61%	2.66%	1.38%	6.69%	0.15%	66.92%	3.59%
2017-2018	<b>Gage</b>	<b>3,249</b>	<b>4.43%</b>	<b>0.62%</b>	<b>0.43%</b>	<b>1.05%</b>	<b>0.00%</b>	<b>91.10%</b>	<b>2.37%</b>
	Nebraska	323,391	18.80%	2.76%	1.35%	6.67%	0.14%	66.50%	3.78%
2018-2019	<b>Gage</b>	<b>3,241</b>	<b>5.62%</b>	<b>0.71%</b>	<b>0.49%</b>	<b>0.96%</b>	<b>0.00%</b>	<b>89.54%</b>	<b>2.68%</b>
	Nebraska	325,984	19.13%	2.83%	1.33%	6.63%	0.15%	66.02%	3.91%



Table 3.

Chronic Absenteeism by Race/Ethnicity and School Year<sup>b</sup>

Year	Geographic Area	Total Youth with Chronic Absenteeism	Hispanic	Asian	American Indian or Alaska Native	Black or African American	Native Hawaiian or Other Pacific Islander	White	Two or More Races
2014-2015	<b>Gage</b>	<b>346</b>	<b>10.69%</b>	*	*	*	*	<b>85.26%</b>	<b>4.05%</b>
	Nebraska	35,638	24.54%	1.64%	4.42%	12.93%	0.19%	51.61%	4.68%
2015-2016	<b>Gage</b>	<b>335</b>	<b>12.84%</b>	*	*	*	*	<b>87.16%</b>	*
	Nebraska	38,812	25.73%	1.55%	4.27%	13.68%	0.27%	49.68%	4.83%
2016-2017	<b>Gage</b>	<b>411</b>	<b>6.57%</b>	*	*	*	*	<b>90.51%</b>	<b>2.92%</b>
	Nebraska	42,290	26.90%	1.66%	4.40%	14.22%	0.24%	47.66%	4.92%
2017-2018	<b>Gage</b>	<b>466</b>	<b>9.87%</b>	*	*	<b>3.86%</b>	*	<b>83.26%</b>	<b>3.00%</b>
	Nebraska	46,365	26.81%	1.77%	4.18%	14.49%	0.22%	47.37%	2389
2018-2019	<b>Gage</b>	<b>475</b>	<b>10.74%</b>	*	*	<b>2.53%</b>	*	<b>86.74%</b>	*
	Nebraska	46,356	27.64%	1.76%	4.16%	14.71%	0.23%	46.27%	5.23%

Per the Nebraska Department of Education, the \* represents masked data, which they define as 10 or fewer students, for the confidentiality of the students

Table 4.

Disabilities, English Proficiency, Eligibility for Free/Reduced Lunch and School Year (2014 – 2019)<sup>b</sup>

Year	Geographic Area	Total Count	IDEA	504 Plan	Limited English Proficiency	Free/Reduced Lunch
2014-2015	<b>Gage</b>	<b>3,285</b>	<b>18.23%</b>	<b>1.61%</b>	<b>0.30%</b>	<b>43.71%</b>
	Nebraska	312,281	13.66%	0.76%	5.97%	44.53%
2015-2016	<b>Gage</b>	<b>3,208</b>	<b>19.14%</b>	<b>2.15%</b>	*	<b>41.52%</b>
	Nebraska	315,542	13.64%	0.90%	5.90%	44.23%
2016-2017	<b>Gage</b>	<b>3,250</b>	<b>19.69%</b>	<b>2.22%</b>	*	<b>44.06%</b>
	Nebraska	318,853	13.80%	0.93%	6.99%	44.76%
2017-2018	<b>Gage</b>	<b>3,249</b>	<b>22.53%</b>	<b>2.55%</b>	*	<b>45.15%</b>
	Nebraska	323,391	15.87%	0.88%	6.59%	46.24%
2018-2019	<b>Gage</b>	<b>3,241</b>	<b>21.41%</b>	<b>1.05%</b>	<b>0.68%</b>	<b>46.13%</b>
	Nebraska	325,984	16.13%	0.85%	6.78%	45.42%

Per the Nebraska Department of Education, the \* represents masked data, which they define as 10 or fewer students, for the confidentiality of the students



Table 5.

Nebraska Public High School 4-Year Graduation Rates by County (5-year estimates, 2015-2019) <sup>c</sup>

County	Total in Last 5 Years		Yearly Averages		Graduation Rate	Rank
	Graduates	Students	Graduates	Students		
Nebraska	100,111	112,857	20,022.2	22,571.4	88.7%	-
<b>Gage</b>	<b>1,124</b>	<b>1,243</b>	<b>56.2</b>	<b>62.2</b>	<b>90.4%</b>	<b>75</b>

Data are only for public school districts and their associated high schools. The figures are aggregated based on the location of the school, not the residential location of the student. The figures for Dawes County are impacted by a vocational school where graduation rates are less than 25%; in the rest of the county graduation rates equal 93%.

Table 6.

Youth Who Report Mental Health Symptoms and Substance Use by Grade (2018) <sup>d</sup>

		8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Gage</b>	Loss of sleep from worry	<b>26.1%</b>	<b>23.4%</b>	<b>19.8%</b>
Nebraska		18.0%	20.6%	21.6%
<b>Gage</b>	Depressed	<b>35.2%</b>	<b>29.9%</b>	<b>32.9%</b>
Nebraska		31.1%	34.8%	35.3%
<b>Gage</b>	Considered/Attempted suicide	<b>17.8%</b>	<b>16.2%</b>	<b>7.3%</b>
Nebraska		22.9%	18.2%	16.2%
<b>Gage</b>	Current alcohol	<b>8.9%</b>	<b>23.4%</b>	<b>33.3%</b>
Nebraska		9.8%	20.1%	34.2%
<b>Gage</b>	Current binge drinking	<b>1.7%</b>	<b>11.0%</b>	<b>16.0%</b>
Nebraska		1.3%	6.2%	15.0%
<b>Gage</b>	Current marijuana	<b>2.2%</b>	<b>11.0%</b>	<b>7.4%</b>
Nebraska		3.0%	7.3%	13.9%
<b>Gage</b>	Current tobacco	<b>4.4%</b>	<b>9.7%</b>	<b>18.5%</b>
Nebraska		3.7%	8.0%	15.3%
<b>Gage</b>	Current vaping	<b>8.9%</b>	<b>24.0%</b>	<b>30.9%</b>
Nebraska		10.4%	24.7%	37.3%
<b>Gage</b>	Hopeful for future (past week)	<b>68.9%</b>	<b>74.7%</b>	<b>82.7%</b>
Nebraska		72.1%	74.7%	78.4%



\*\* JJI is currently waiting for the legal team at DHHS to approve providing this data

Table 7.

Juveniles Referred to Services <sup>e</sup>

Table 8.

Juveniles Referred to Services by Race/Ethnicity, Gender, and Mental Health Diagnosis <sup>e</sup>

Table 9.

Juveniles Who Utilized Services <sup>e</sup>

Table 10.

Types of Services Utilized <sup>e</sup>

Table 11.

Youth Who Report Gang Involvement by Grade (2018) <sup>d</sup>

		8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Gage</b>	Youth Reported Gang Involvement	3.9%	11.8%	3.7%
Nebraska		3.8%	4.4%	3.8%

Table 12.

Arrest Rates for Adults and Juveniles for 2018 and 2019 with Percent Change <sup>f</sup>

Arrestee Age	All Arrestee Ages			Under 18		
	2018	2019	2018 - 2019 Growth %	2018	2019	2018 - 2019 Growth %
<b>Summary Arrest Date</b>						
<b>Jurisdiction by Geography</b>	GAGE COUNTY					
<b>Arrest Offense</b>						
Total	684	663	-3.07	95	94	-1.05
Rape Total	2	2	0.00	1	-	-100.00
Robbery	-	1	-	-	-	-
Aggravated Assault Total	10	15	50.00	-	2	-
Burglary Total	7	4	-42.86	3	1	-66.67
Larceny-Theft Total	61	48	-21.31	9	11	22.22
Motor Vehicle Theft Total		4	-	-	-	-
Other Assaults	74	54	-27.03	14	8	-42.86
Arson	1	-	-100.00	-	-	-
Fraud	3	1	-66.67	-	-	-
Stolen Property; Buying, Receiving, Possessing	1	2	100.00		0	-



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Vandalism	24	31	29.17	2	9	350.00
Weapons; Carrying, Possessing, etc.	8	14	75.00	0		-
Sex Offenses (Except Rape and Prostitution)	2	1	-50.00	1	1	0.00
Drug Violations - Sale/Manufacturing	8	18	125.00	0	1	-
Drug Violations - Possession	134	129	-3.73	24	8	-66.67
NIBRS Unable to Classify	8	15	87.50	2	1	-50.00
Offenses Against Family and Children	14	14	0.00	1	1	0.00
Driving Under the Influence	93	95	2.15	1	2	100.00
Liquor Laws	112	93	-16.96	15	27	80.00
Disorderly Conduct	13	15	15.38	1	3	200.00
All Other Offenses (Except Traffic)	97	100	3.09	9	12	33.33
Runaways	12	7	-41.67	12	7	-41.67

Table 13.  
Risk Assessment Domains for Youth Assessed on Diversion (2015 - 2017) <sup>9</sup>

Score	Gage			All NYS Counties		
	0	1	2	0	1	2
Family Circumstance/Parenting	30.0%	27.3%	42.7%	60.1%	26.7%	13.1%
Education/Employment	38.2%	45.5%	16.4%	43.0%	44.0%	13.1%
Peer Relationships	43.6%	52.7%	3.6%	44.7%	46.6%	8.6%
Substance Use	40.9%	49.1%	10.0%	61.4%	30.3%	8.3%
Leisure/Recreation	83.6%	14.5%	1.8%	50.6%	33.0%	16.5%
Personality/Behavior	70.9%	19.1%	10.0%	50.1%	39.4%	10.4%
Attitudes/Orientation	44.5%	35.5%	20.0%	61.3%	33.7%	5.0%
Mean Score	<i>M</i> = 5.56, <i>SD</i> = 3.40, 0-16			<i>M</i> = 5.64, <i>SD</i> = 3.65, 0-17		

Gage County *n* = 110; Statewide *n* = 1512



Table 14.  
Racial and Ethnic Disparities Descriptives (2015-2019) <sup>1</sup>

[Click here to see Census and School Population Data](#)

See [Appendix for yearly data](#)

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	531*	--	--	--	--	--	--	--
Youth referred to diversion	138	0%	0%	1.40%	0.70%	1.40%	0%	96.40%
Youth enrolled in diversion	136	0%	0%	1.50%	0.70%	1.50%	0%	96.30%
Successful completion diversion	99	0%	0%	2%	0%	1%	0%	97%
Youth with multiple charges	41	0%	0%	2.40%	4.90%	0%	90.20%	2.40%
Filed on in adult court	5	0%	0%	0%	0%	0%	60%	40%
RAI Override: More Severe	17	0%	0%	11.80%	5.90%	0%	0%	82.40%
RAI Override: Less Severe	6	0%	0%	16.70%	0%	0%	0%	83.30%
Probation intake	118	0%	0.80%	6.80%	5.90%	2.50%	0%	83.90%
Successful probation	180	0.60%	0.60%	4.40%	7.80%	0%	0%	86.70%
Revocation of probation	76	0%	0%	0%	6.60%	0%	0%	93.40%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\*Wymore PD did not report to NCC 2015 - 2018



## Family Level

- Poverty does not appear to be an issue in this county as compared to the state average, nor do any of the measures related to poverty or low SES.
- Both 8<sup>th</sup> and 10<sup>th</sup> graders report they are less likely to have a supportive adult at home who listens than the state average; and 8<sup>th</sup> graders report they are less likely to have a supportive adult at school who listens.

Table 15.  
Poverty/SES, Educational Attainment, Technology and Computers in Home, Housing, and Transportation (5-year estimates, 2014-2018) <sup>a</sup>

Measurement		Gage	Nebraska
<b>Poverty/SES</b>	Children <18 in Poverty	12.4%	14.8%
	Number of children 12-17 below 185% poverty	310	43,814
	Percent of children 12-17 below 185% poverty	19.2%	28.9%
<b>Educational attainment</b>	Age 25+ with B.D.	20.2%	31.3%
	County Rank	55	-
	Age 25+ with some college, no degree	22.3%	23.0%
	County Rank	68	-
	Age 25+ with HS degree	89.7%	91.1%
	County Rank	72	-
<b>Technology and computers in the home</b>	% under 18 with a computer at home	98.7%	96.9%
	County Rank	42	-
	% under 18 with an internet subscription at home	96.1%	91.0%
	County Rank	14	-
	% under 18 with broadband internet access at home	96.1%	90.8%
	County Rank	12	-



<b>Housing</b>	Owner-occupied households	6,277	498,567
	Total households	9,160	754,063
	Owner %	68.5%	66.1%
	Renters	2,883	255,496
	Renter %	31.5%	33.9%
<b>Transportation</b>	Households with no vehicle available	414	40,465
	Total households	9,160	754,063
	No vehicle %	4.5%	5.4%

Table 16.  
Youth Who Report Supportive Adults by Grade (2018) <sup>d</sup>

		8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Gage</b>	Adult at home who listens	77.4%	79.7%	87.5%
Nebraska		87.3%	85.0%	85.6%
<b>Gage</b>	Adult at school who listens	77.8%	91.0%	86.6%
Nebraska		85.2%	85.0%	87.4%

Table 17.  
Domestic Violence Reports and Cleared by Arrest or Exceptional Means <sup>h</sup>

	Aggravated Domestic Assaults Reported	Aggravated Domestic Assaults Cleared by Arrest or Exceptional Means	Simple Domestic Assaults Reported	Simple Domestic Assaults Cleared by Arrest or Exceptional Means
<b>Gage</b>	9	5	26	18
Nebraska	562	402	2512	2019

Table 18.  
Child Abuse and Neglect Reports <sup>i</sup>

	Abuse/Neglect Calls	Reports Assessed	Substantiated	Unfounded
<b>Gage</b>	359	40%	14%	74%
Nebraska	36,480	33.4%	16.0%	68.3%





### Community Level

- There does not appear to be an issue with violence in the county, but there is a greater number of other assaults as compared to other types of violence.
- 10<sup>th</sup> graders report their community does not find marijuana or cigarettes to be wrong or very wrong, as compared to the state average.
- Juvenile record sealing is not “automatic” even if statute requires it to seal. Sealing a record requires administrative staff to initiate the process. Dismissed or dropped cases should be sealed at a rate of 100%. All others should be sealed at the rate to which youth successfully complete their court requirements (completion of diversion, probation, restorative practice, or other treatment). Yearly data is available in the Appendix to see if the rate has improved because of legislation, but newer cases should naturally have lower rates of sealing than older cases.
- The county has done a great job sealing cases that are filed in adult court at 100%.
- There are higher levels of missing data at the court level. Data for race and ethnicity at each juvenile justice system point is imperative for an accurate Racial and Ethnic Disparities (RED) analysis.

Table 19. Community Violence Measured by Arrests for Violent Crime (2019) <sup>j</sup>

Type of Violence	Gage	Nebraska
Murder and Nonnegligent manslaughter	0	34
Rape	2	264
Robbery	1	367
Aggravated Assault	15	1,639
Other Assaults	54	8,782

Table 20. Youth Perceptions of Community Attitudes on Substance Use by Grade (2018) <sup>d</sup>

		8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Gage</b>	Wrong/very wrong – Marijuana	<b>92.7%</b>	<b>86.4%</b>	<b>89.9%</b>
Nebraska		94.4%	89.8%	85.2%
<b>Gage</b>	Wrong/very wrong – alcohol	<b>88.7%</b>	<b>78.9%</b>	<b>69.2%</b>
Nebraska		89.1%	80.4%	68.7%
<b>Gage</b>	Wrong/very wrong – cigarettes	<b>90.9%</b>	<b>84.4%</b>	<b>78.5%</b>
Nebraska		92.9%	89.0%	78.7%



Table 21. Juvenile Court Record Sealing Analysis (2015 – 2019) <sup>m</sup>

see [Appendix for yearly data](#)

	Number of charges Sealed	Total Number of charges	Sealed (%)
Dismissed or Dropped	326	449	72.6%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	364	673	54.1%
Filed in Adult Court (M or I)	21	21	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
Total	713	1145	62.3%

\*Cases offered diversion, mediation or RJ are not available data points in in JUSTICE. All cases filed in adult court and transferred to juvenile court overlapped with cases that were filed in adult court as a misdemeanor or infraction; as such, they were omitted from analysis



## Policy, Legal and System Level

- This county is not required under statute to provide an attorney when a youth is filed on in court, and the rate of providing access to counsel at the time of filing is quite low compared to the state average and other counties in the state.
- Curfew filings do not appear to be an issue in the county.
- Truancy court filings peaked in 2017 but appear to have decreased since that time.
- The diversion program may consider the following:
  - exploring the use of warning letters for low risk youth
  - ensure fees are similar to court costs (even with the sliding scale)
  - strengthening the process for sealing records in JCMS and with law enforcement (not needed at court-level because it is pre-file). Under statute, youth who complete diversion should have their records sealed automatically.

Table 22.  
Percent of Youth in Juvenile Court Who Had Access to Counsel (2018) <sup>n</sup>

	Gage	Nebraska
Access to Counsel	40.0% -- 59.9%	73.5%

**Neb. Rev. 43-272. Right to counsel; appointment; payment; guardian ad litem; appointment; when; duties; standards for guardians ad litem; standards for attorneys who practice in juvenile court.**

(1)(a) In counties having a population of less than one hundred fifty thousand inhabitants, when any juvenile shall be brought without counsel before a juvenile court, the court shall advise such juvenile and his or her parent or guardian of their right to retain counsel and shall inquire of such juvenile and his or her parent or guardian as to whether they desire to retain counsel.

(b) In counties having a population of one hundred fifty thousand or more inhabitants, when any juvenile court petition is filed alleging jurisdiction of a juvenile pursuant to subdivision (1), (2), (3)(b), or (4) of section 43-247, counsel shall be appointed for such juvenile.



Table 23.  
Frequency of Youth with a Curfew Violation (2015 – 2019) <sup>m</sup>

	Gage	Nebraska
Curfew Court Filing	0	352

Table 24.  
Court Filing for 3A, 3B, and 3C cases (2015 – 2019) <sup>m</sup>

Filed Subtype	Gage					Total
	2015	2016	2017	2018	2019	
3A- Homeless/Neglect	0	0	0	0	0	0
3B – Absenteeism/Truancy	5	27	23	16	16	87
3B - Uncontrollable	1	2	3	2	0	8
3C – Mentally Ill and Dangerous	0	0	0	0	0	0

Filed Subtype	Nebraska					Total
	2015	2016	2017	2018	2019	
3A- Homeless/Neglect	0	2	0	2	3	7
3B – Absenteeism/Truancy	96	510	493	423	475	1997
3B - Uncontrollable	47	118	125	119	82	491
3C – Mentally Ill and Dangerous	22	48	37	22	23	306

Table 25.  
County Diversion Procedures and Protocols Compared to Statewide Responses (2020) <sup>o</sup>

	Gage	Nebraska *
Refer ALL juveniles who are first time offenders to diversion	No	Yes: 27.3% No: 63.6% Not sure: 9.1%
File a juvenile's charges at the time of the referral to diversion	No	Yes: 18.2% No: 70.5% Not sure: 11.4%
File a juvenile's charges if they are unsuccessful on diversion	Sometimes	Always: 47.7% Sometimes: 47.7% Not sure: 4.5%
Allow a juvenile to complete diversion more than once	Yes	Yes: 61.4% No: 34.1% Not sure: 4.5%
Charges/offenses that make a	Yes; DUI, felony offenses	Yes: 86.4%



COUNTY NEEDS ASSESSMENT FY 2020-2021

juvenile ineligible for diversion	(sometimes), multiple charges in a short amount of time	No: 9.1% Not sure: 4.5%
Warning letters instead of intervention	Not sure	Yes: 27.3% No: 61.4% Not sure: 11.4%
Currently drug test	No	Yes: 31.8% No: 65.9% Not sure: 2.3%
Fees beyond restitution	Yes; \$200 with a sliding scale	Yes: 86.4% No: 13.6% Not sure: 0.0%
Use of graduated responses prior to discharge	Yes; individualized	Yes: 47.7% No: 25.0% Not sure: 27.3%
Sealing diversion records	No; it is not automatic and is per parent's request	Yes: 59.1% No: 22.7% Not sure: 18.2%

\*responses included 44 juvenile diversion programs; representing 68 counties/tribe (91.9% response rate)



### Community Team Level

- The community team project lead should be able to get roughly a 75% response, to ensure active participation on planning issues, your response rate was 27%; however, the response rate improved from 2019 to 2020.
- All measures of collective impact increased from 2019 to 2020. Shared Measurement and Continuous Communication are the domains of collective impact where the team has rated the lowest for both years.
- The community team should be representative of the population of that community but should also include diversity. It might be beneficial to add additional diverse members to your team (especially because of the patterns of over and under representation).
- There is good representation of system points by team members and persons formerly involved in the system.
- A higher proportion of team members report not feeling heard as compared to other teams statewide. This may mean other forms of giving voice should be explored than current practices.

Table 26. Collective Impact Survey Response Rates <sup>P</sup>

Year of survey	Gage		Nebraska	
	2019	2020	2019	2020
Number of surveys sent	40	48	1407	780
Number of completed surveys	4	13	221	345
Response rate	10.0%	27.1%	28.3%	24.5%

Table 27. Collective Impact Survey Scores <sup>P</sup>

Year of survey	Gage		Nebraska	
	2019	2020	2019	2020
	Mean Score		Mean Score	
Common agenda	4.93	6.08	5.29	5.69
Mutually reinforcing	4.86	5.69	5.37	5.50
Shared measurement	4.28	5.23	5.21	5.45
Continuous communication	5.03	5.23	5.49	5.55
Backbone agency	5.33	6.00	5.52	5.78



The five elements of Collective Impact are:

- **Common agenda:** Participants have a shared vision and common understanding of both the problem and potential solutions to that problem.
- **Mutually reinforcing activities:** Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
- **Shared measurement:** Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
- **Continuous communication:** Consistent and open communication is needed across stakeholders to build trust, assure mutual objectives, and create common motivation.
- **Backbone support:** Creating and managing Collective Impact often requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and to coordinate participating organizations <sup>9</sup>

Table 28.  
Community Planning Team Diversity <sup>P</sup>

	Gage		Nebraska	
	N = 13	(%)	N = 345	(%)
<b>Gender</b>				
Male	5	38.5%	101	29.3%
Female	8	61.5%	229	66.4%
Missing	--	--	15	4.3%
<b>Age</b>				
Under 30	1	7.7%	19	5.6%
30-39	1	7.7%	68	19.6%
40-49	4	30.8%	88	25.4%
50-59	4	30.8%	90	25.8%
60 and over	2	15.4%	44	13%
Missing	1	7.7%	36	10.4%
<b>Race/Ethnicity</b>				
White	6	46.2%	230	66.7%
Black	--	--	10	2.9%
Hispanic	--	--	13	3.8%
Native American	--	--	6	1.7%
Asian	--	--	1	0.3%
Other	--	--	2	0.6%
Provided town name	7	53.8%	63	18.3%
Missing	--	--	19	5.5%



## COUNTY NEEDS ASSESSMENT FY 2020-2021

<b>Previous System Involvement</b>				
Yes	7	53.8%	98	28.4%
No	6	46.2%	242	70.1%
Missing	--	--	5	1.4%
<b>System Point *</b>				
Law enforcement	2	11.8%	34	7.8%
County attorney/ juvenile court	2	11.8%	32	7.3%
K-12 or secondary education	3	17.6%	65	14.9%
Ministry/faith based	1	5.9%	10	2.3%
Diversion	3	17.6%	55	12.6%
Probation	2	11.8%	31	7.1%
Public defender/ defense counsel/ guardian ad litem	--	--	8	1.8%
DHHS or Child Welfare	--	--	13	3.0%
Treatment provider	1	5.9%	40	9.2%
Post adjudication or detention	--	--	8	1.8%
Community based program	1	5.9%	109	25.0%
Elected official or government	--	--	6	1.4%
Restorative practices	1	5.9%	6	1.4%
Backbone or system improvement	--	--	3	0.7%
Other	1	5.9%	16	3.7%
<b>Voice on Team</b>				
Feel heard	9	69.2%	270	78.3%
Do not feel heard	4	30.8%	75	21.7%

\*note. Team members could have selected more than one system point; as such, they do not add up to 100%





## References and Resources

<sup>a</sup> **Population data:** Table B01001 race series, 2014-2018 American Community Survey, U.S. Census Bureau  
Compiled and Prepared by: David Drozd, UNO Center for Public Affairs Research on July 10, 2020

<sup>a</sup> **Youth employment:** Table B23001, 2014-2018 American Community Survey, U.S. Census Bureau  
Compiled and Prepared by: David Drozd, UNO Center for Public Affairs Research on July 10, 2020

<sup>a</sup> **Poverty/SES:** Table B10724, 2014-2018 American Community Survey, U.S. Census Bureau  
Prepared by: David Drozd, UNO Center for Public Affairs Research on 3-18-2020

<sup>a</sup> **Technology in household:** Table B28005, 2014-2018 American Community Survey, U.S. Census Bureau  
Compiled by: David Drozd, UNO Center for Public Affairs Research on 8-11-20

<sup>a</sup> **Home owner/transportation:** Table B25045, 2014-2018 American Community Survey, U.S. Census Bureau  
Compiled and Prepared by: David Drozd, UNO Center for Public Affairs Research on 8-11-20

<sup>a</sup> **Education attainment:** Table B15002, 2014-2018 American Community Survey, U.S. Census Bureau  
Prepared by: David Drozd, UNO Center for Public Affairs Research on 3-18-2020

<sup>b</sup> **School membership, chronic absenteeism, student disability, and free/reduced lunch:** Prepared by  
Sara Simonsen, Nebraska Department of Education

<sup>c</sup> **Graduation rates:** Special Tabulation by Sara Simonsen, Nebraska Department of Education  
Prepared by: David Drozd, UNO Center for Public Affairs Research on 7-24-2020

<sup>d</sup> **Mental health, Substance use, gang, and community perceptions of substance use:** Bureau of  
Sociological Research, Nebraska Risk and Protective Factors Survey:  
<https://bosr.unl.edu/current-nrpfss-county-level-data>

<sup>e</sup> **Referral to and utilization of services:** Department of Health and Human Services

<sup>f</sup> **Adult and juvenile arrests:** Nebraska Crime Commission, Crime Statistics:  
<https://crimestats.ne.gov/public/Browse/browsetables.aspx>

<sup>g</sup> Diversion programs

<sup>h</sup> **Domestic violence:** Nebraska Crime Commission, Domestic Assault:  
[https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/2019%20Domestic%20Assault%20and%20Arrest%20by%20County\\_0.pdf](https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/2019%20Domestic%20Assault%20and%20Arrest%20by%20County_0.pdf)

<sup>i</sup> Child abuse and neglect

<sup>j</sup> **Community violence:** Nebraska Crime Commission, Crime Statistics:  
<https://crimestats.ne.gov/public/Browse/browsetables.aspx>

<sup>k</sup> **Distance to detention facility:** Google Maps

<sup>l</sup> **Racial and ethnic disparities:** Prepared by Mitch Herian, University of Nebraska-Lincoln with data provided  
by:



Nebraska Crime Commission, Crime Statistics:

<https://crimestats.ne.gov/public/Browse/browsetables.aspx>

Nebraska Crime Commission, Juvenile Case Management System

Nebraska Judicial Branch Trial Court Case Management System, JUSTICE

Nebraska Judicial Branch, Juvenile Services Division

<sup>m</sup> **Court Filings and Juvenile Record Sealing:** Data provided by the Nebraska Judicial Branch Trial Court Case Management System, JUSTICE. Prepared by: Lindsey Wylie, UNO Juvenile Justice Institute on 9-1-20

<sup>n</sup> **Access to Counsel:** Kids County in Nebraska Report, Voices for Children, retrieved from: [www.voicesforchildren.com/kidscount](http://www.voicesforchildren.com/kidscount). Data originally from Nebraska Judicial Branch Trial Court Case Management System, JUSTICE

<sup>o</sup> **Diversion procedures and protocols:** Diversion survey distributed to Juvenile Diversion programs, 2020. Prepared by: Lindsey Wylie, UNO Juvenile Justice Institute

<sup>p</sup> **Collective impact:** Collective impact surveys distributed to Community Planning Teams, 2019 and 2020. Prepared by: Anne Hobbs and Erin Wasserburger, UNO Juvenile Justice Institute

<sup>q</sup> **Collective Impact Elements:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*.



## Appendix: RED Descriptives

2015

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	122*	--	--	--	--	--	--	--
Youth referred to diversion	47	0%	0%	2.10%	0%	2.10%	0%	95.70%
Youth enrolled in diversion	47	0%	0%	2.10%	0%	2.10%	0%	95.70%
Successful completion diversion	37	0%	0%	2.70%	0%	2.70%	0%	94.60%
Youth with multiple charges	4	0%	0%	0%	25%	0%	75%	0%
Filed on in adult court	0	NA%	NA%	NA%	NA%	0%	NA%	NA%
RAI Override: More Severe	2	0%	0%	0%	50%	0%	0%	50%
RAI Override: Less Severe	0	NA%	NA%	NA%	NA%	NA%	0%	NA%
Probation intake	26	0%	3.80%	3.80%	7.70%	3.80%	0%	80.80%
Successful probation	47	2.10%	0%	2.10%	8.50%	0%	0%	87.20%
Revocation of probation	16	0%	0%	0%	0%	0%	0%	100%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\* Wymore PD did not report to NCC 2015 - 2018



2016

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	120*	--	--	--	--	--	--	--
Youth referred to diversion	19	0%	0%	5.30%	0%	0%	0%	94.70%
Youth enrolled in diversion	19	0%	0%	5.30%	0%	0%	0%	94.70%
Successful completion diversion	12	0%	0%	8.30%	0%	0%	0%	91.70%
Youth with multiple charges	10	0%	0%	10%	0%	0%	90%	0%
Filed on in adult court	1	0%	0%	0%	0%	0%	100%	0%
RAI Override: More Severe	4	0%	0%	0%	0%	0%	0%	100%
RAI Override: Less Severe	3	0%	0%	0%	0%	0%	0%	100%
Probation intake	32	0%	0%	3.10%	3.10%	0%	0%	93.80%
Successful probation	40	0%	2.50%	2.50%	10%	0%	0%	85%
Revocation of probation	14	0%	0%	0%	21.40%	0%	0%	78.60%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\* Wymore PD did not report to NCC 2015 – 2018



2017

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	100*	--	--	--	--	--	--	--
Youth referred to diversion	26	0%	0%	0%	0%	3.80%	0%	96.20%
Youth enrolled in diversion	26	0%	0%	0%	0%	3.80%	0%	96.20%
Successful completion diversion	20	0%	0%	0%	0%	0%	0%	100%
Youth with multiple charges	10	0%	0%	0%	0%	0%	100%	0%
Filed on in adult court	1	0%	0%	0%	0%	0%	100%	0%
RAI Override: More Severe	3	0%	0%	0%	0%	0%	0%	100%
RAI Override: Less Severe	1	0%	0%	0%	0%	0%	0%	100%
Probation intake	20	0%	0%	0%	15%	0%	0%	85%
Successful probation	31	0%	0%	0%	6.50%	0%	0%	93.50%
Revocation of probation	6	0%	0%	0%	0%	0%	0%	100%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\* Wymore PD did not report to NCC 2015 - 2018



2018

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	95*	--	--	--	--	--	--	--
Youth referred to diversion	16	0%	0%	0%	0%	0%	0%	100%
Youth enrolled in diversion	15	0%	0%	0%	0%	0%	0%	100%
Successful completion diversion	11	0%	0%	0%	0%	0%	0%	100%
Youth with multiple charges	7	0%	0%	0%	0%	0%	100%	0%
Filed on in adult court	1	0%	0%	0%	0%	0%	100%	0%
RAI Override: More Severe	7	0%	0%	28.60%	0%	0%	0%	71.40%
RAI Override: Less Severe	2	0%	0%	50%	0%	0%	0%	50%
Probation intake	25	0%	0%	20%	0%	8%	0%	72%
Successful probation	38	0%	0%	13.20%	5.30%	0%	0%	81.60%
Revocation of probation	21	0%	0%	0%	9.50%	0%	0%	90.50%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\* Wymore PD did not report to NCC 2015 - 2018



2019

System Point	N	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	Multiple/ Other	Unspec/ Missing	White
Law enforcement contact	--	--	--	--	--	--	--	--
Youth taken to temporary custody	--	--	--	--	--	--	--	--
Youth issued citation/referral	94*	--	--	--	--	--	--	--
Youth referred to diversion	30	0%	0%	0%	3.30%	0%	0%	96.70%
Youth enrolled in diversion	29	0%	0%	0%	3.40%	0%	0%	96.60%
Successful completion diversion	19	0%	0%	0%	0%	0%	0%	100%
Youth with multiple charges	10	0%	0%	0%	10%	0%	80%	10%
Filed on in adult court	2	0%	0%	0%	0%	0%	0%	100%
RAI Override: More Severe	1	0%	0%	0%	0%	0%	0%	100%
RAI Override: Less Severe	0	NA%	NA%	NA%	NA%	NA%	0%	NA%
Probation intake	15	0%	0%	6.70%	6.70%	0%	0%	86.70%
Successful probation	24	0%	0%	4.20%	8.30%	0%	0%	87.50%
Revocation of probation	19	0%	0%	0%	0%	0%	0%	100%
Youth in OJS custody	--	--	--	--	--	--	--	--
OJS custody: placed in detention	--	--	--	--	--	--	--	--
Youth booked into detention	--	--	--	--	--	--	--	--
Youth booked into detention more than once	--	--	--	--	--	--	--	--

\*Wymore PD did not report to NCC 2015 - 2018

**Appendix: Sealed Court Records by Year**

\*Cases offered diversion, mediation or RJ are not available data points in in JUSTICE. All cases filed in adult court and transferred to juvenile court overlapped with cases that were filed in adult court as a misdemeanor or infraction; as such, they were omitted from analysis

<b>2015</b>	<b>Number of charges Sealed</b>	<b>Total Number of charges</b>	<b>Sealed (%)</b>
Dismissed or Dropped	93	105	88.6%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	65	116	56.0%
Filed in Adult Court (M or I)	2	2	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
<b>Total</b>	<b>160</b>	<b>223</b>	<b>71.7%</b>

<b>2016</b>	<b>Number of charges Sealed</b>	<b>Total Number of charges</b>	<b>Sealed (%)</b>
Dismissed or Dropped	71	86	82.6%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	101	150	67.3%
Filed in Adult Court (M or I)	3	3	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
<b>Total</b>	<b>177</b>	<b>241</b>	<b>73.4%</b>

<b>2017</b>	<b>Number of charges Sealed</b>	<b>Total Number of charges</b>	<b>Sealed (%)</b>
Dismissed or Dropped	59	89	66.3%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	84	146	57.5%
Filed in Adult Court (M or I)	7	7	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
<b>Total</b>	<b>150</b>	<b>242</b>	<b>62.0%</b>

<b>2018</b>	<b>Number of charges</b>	<b>Total Number of</b>	<b>Sealed</b>
-------------	--------------------------	------------------------	---------------





## COUNTY NEEDS ASSESSMENT FY 2020-2021

	Sealed	charges	(%)
Dismissed or Dropped	51	85	60.0%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	72	154	46.8%
Filed in Adult Court (M or I)	5	5	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
Total	128	244	52.5%

2019	Number of charges Sealed	Total Number of charges	Sealed (%)
Dismissed or Dropped	52	84	61.9%
Offered Diversion, mediation, or RJ	--	--	--
Filed in Juv. Court	42	107	39.3%
Filed in Adult Court (M or I)	4	4	100.0%
Filed in Adult Court and Transferred to Juv. Court	--	--	--
Total	98	195	50.3%



# Nebraska Risk and Protective Factor Student Survey Results for 2018

## Profile Report: Gage County



**Sponsored by:**

Nebraska Department of Health and Human Services  
Division of Behavioral Health

**Administered by:**

Bureau of Sociological Research  
University of Nebraska-Lincoln

*NRPFS is part of the Student Health and Risk  
Prevention (SHARP) Surveillance System that administers  
surveys to youth enrolled in Nebraska schools*

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## Introduction and Overview

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This report summarizes the findings from the 2018 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2018 survey represents the eighth implementation of the NRPFSS and the fifth implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit <http://bosr.unl.edu/sharp>.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012, 2014, 2016, and 2018 administrations also occurred during the fall, as will future administrations, taking place during even calendar years (i.e., every two years).

The NRPFSS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. Therefore, data presented in this report are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The NRPFSS is adapted from national, scientifically-validated surveys and contains information on risk and protective measures that are locally actionable. These risk and protective measures are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for Gage County. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in Gage County. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to your entire student population.

### 2018 NRPFSS Sponsored by:

The 2018 NRPFSS is sponsored by Grant #5U79SP020162-05 and #1H79SP080988-01 under the Strategic Prevention Framework Partnerships for Success Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.



The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010, 2012, 2014, and 2016 administrations. As part of BOSR’s commitment to high quality data, BOSR is a member of the American Association for Public Opinion Research (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR’s website ([www.bosr.unl.edu/sharp](http://www.bosr.unl.edu/sharp)).

**Table 1.1. Survey Participation Rates, 2018**

Grade	Gage County 2018			State 2018		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
8th	180	237	75.9%	10270	26257	39.1%
10th	156	252	61.9%	7437	25634	29.0%
12th	82	233	35.2%	6378	26155	24.4%
<b>Total</b>	<b>418</b>	<b>722</b>	<b>57.9%</b>	<b>24085</b>	<b>78046</b>	<b>30.9%</b>

*Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools. For schools that were also selected to participate in the YRBS or YTS, the participation rate may be adjusted if students were only allowed to participate in one survey. In these cases, the number of students who completed the NRPFSS is divided by the total number of students enrolled that were not eligible to participate in the YRBS or YTS.*

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2018, 30.9 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2018 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas and Sarpy Counties, which combined had an 11.2% participation rate in 2018 compared to 44.4% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2018 survey within Gage County and the state overall.

Table 1.2. Participant Characteristics, 2018

	Gage County 2018		State 2018	
	n	%	n	%
<b>Total students</b>	442		24622	
<b>Grade</b>				
8th	180	40.7%	10270	41.7%
10th	156	35.3%	7437	30.2%
12th	82	18.6%	6378	25.9%
Unknown	24	5.4%	537	2.2%
<b>Gender</b>				
Male	221	50.0%	12382	50.3%
Female	220	49.8%	12175	49.4%
Unknown	1	0.2%	65	0.3%
<b>Race/Ethnicity</b>				
Hispanic*	30	6.8%	3972	16.1%
African American	10	2.3%	750	3.0%
Asian	9	2.0%	486	2.0%
American Indian	12	2.7%	731	3.0%
Pacific Islander	0	0.0%	70	0.3%
Alaska Native	0	0.0%	30	0.1%
White	375	84.8%	18258	74.2%
Other	6	1.4%	275	1.1%
Unknown	0	0.0%	50	0.2%

Notes. \*Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution.

### Overview of Report Contents

The report is divided into the following five sections: (1) substance use; (2) transportation safety; (3) violence, bullying, and mental health; (4) nutrition and physical activity; and (5) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2018 survey data for Gage County are presented along with state and national estimates, when available.

When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more respondents but an individual question or sub-group presented in this report has less than 10 respondents then results for the individual item or sub-group are not reported.

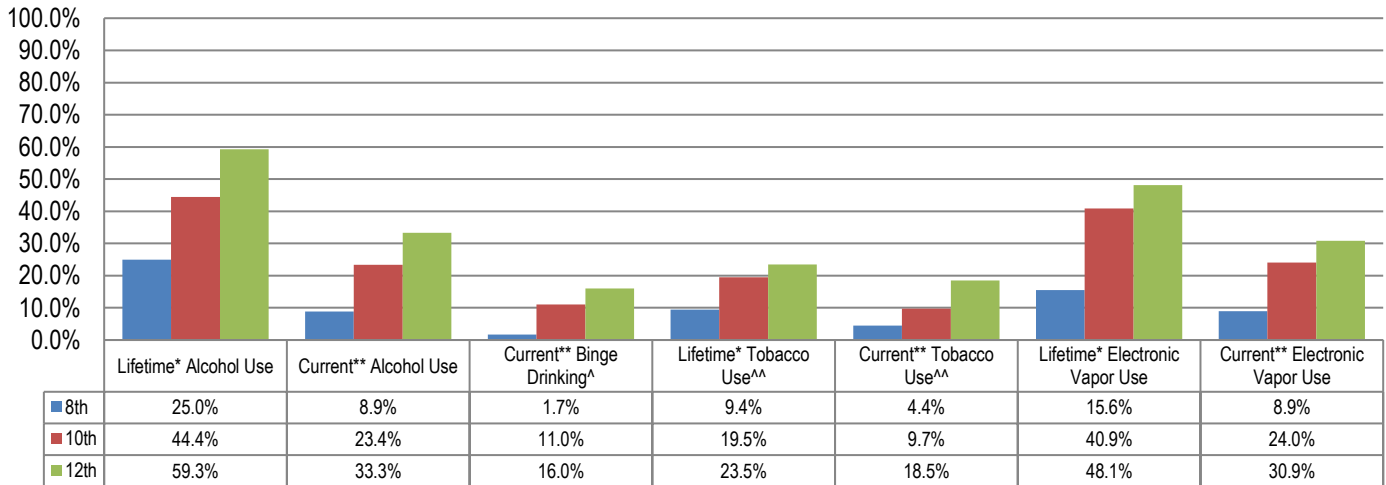
A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a substance during the past 30 days more than in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For Gage County, 14 students met these criteria.

**Substance Use**

This section contains information on the use of alcohol, tobacco, and other drugs among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska. In addition, there is information on attitudes and perceptions, the sources of substances, and other substance-related topics. To provide greater context for the results from Gage County, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health.

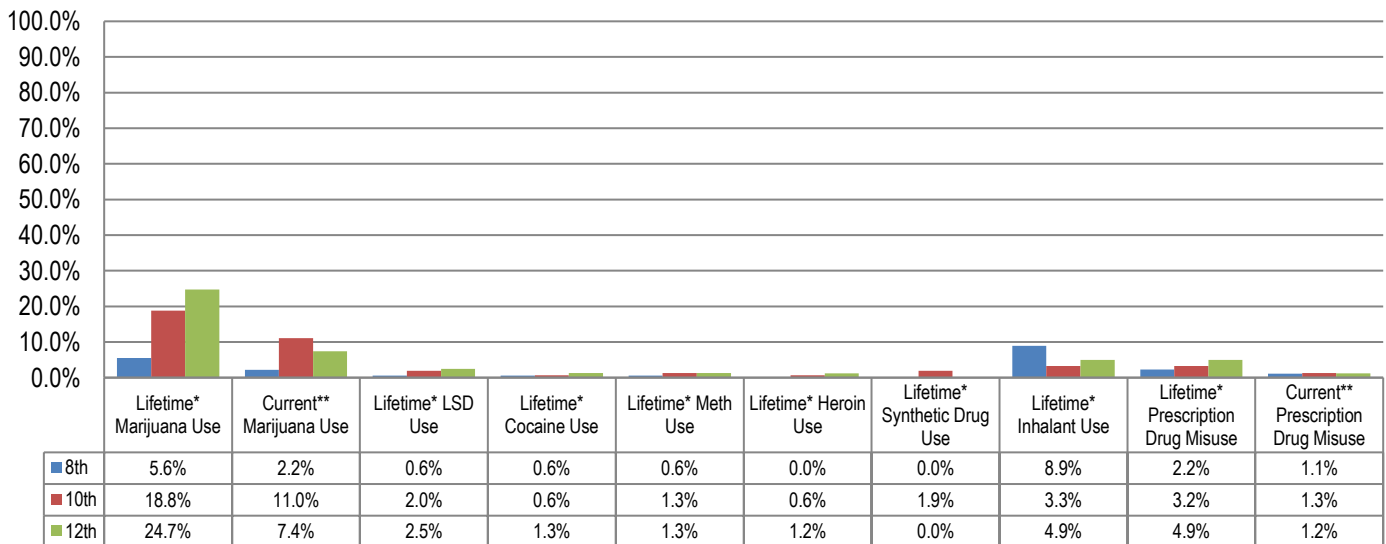
**Substance Use**

**Substance Use: Alcohol and Tobacco, 2018**



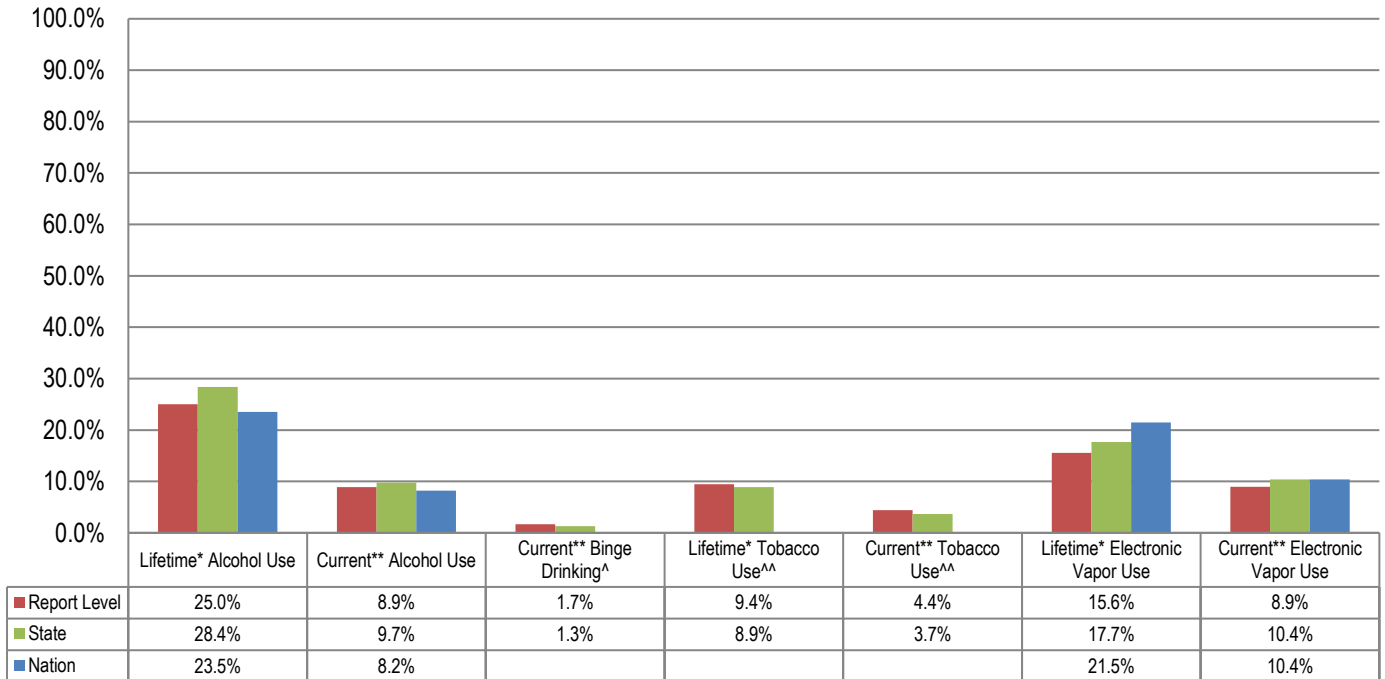
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. <sup>A</sup>Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. <sup>^^</sup>Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

**Substance Use: Other Drugs, 2018**



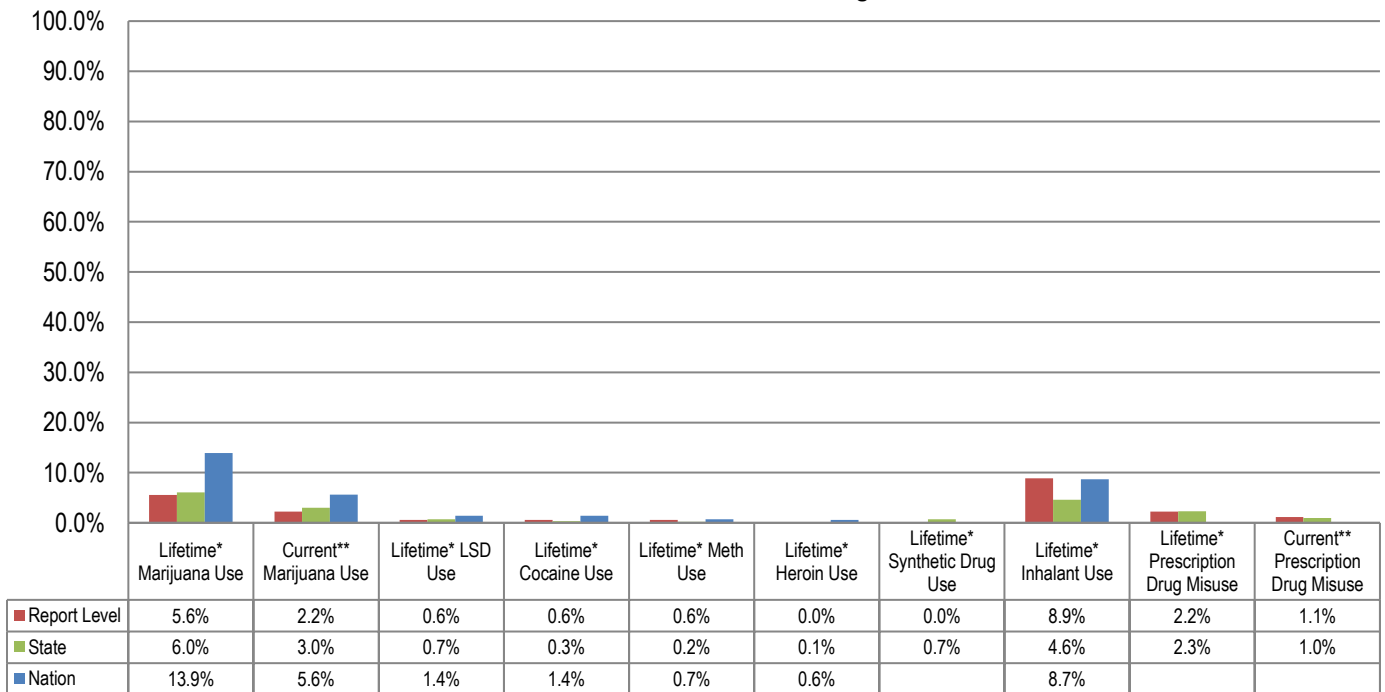
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days.

### 8th Grade Substance Use: Alcohol and Tobacco, 2018



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

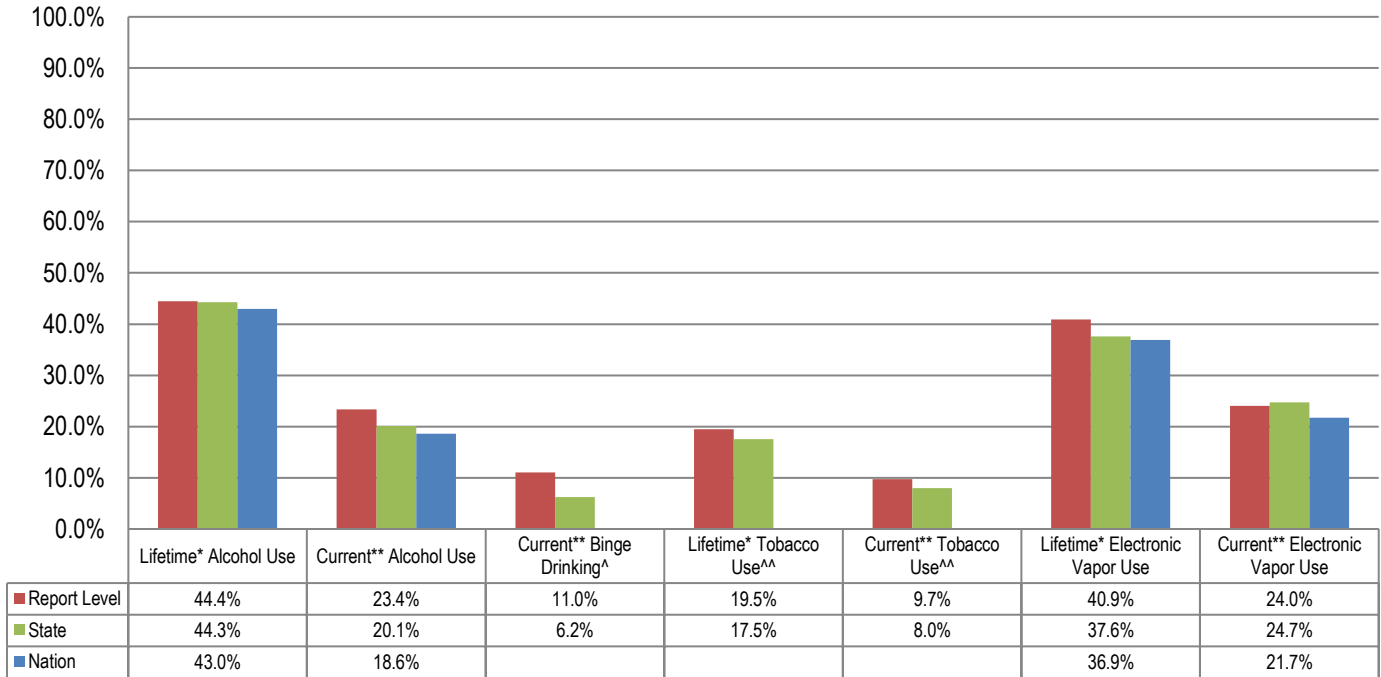
### 8th Grade Substance Use: Other Drugs, 2018



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days.

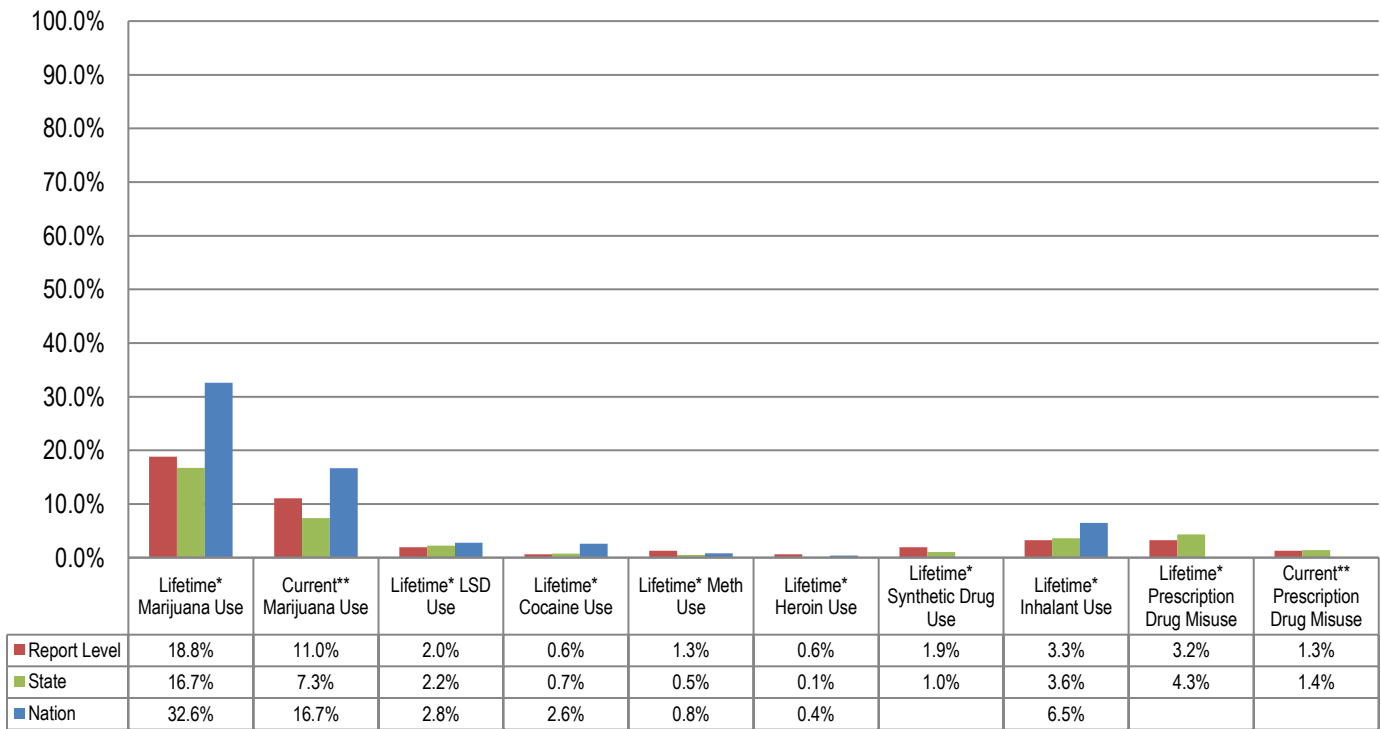


10th Grade Substance Use: Alcohol and Tobacco, 2018



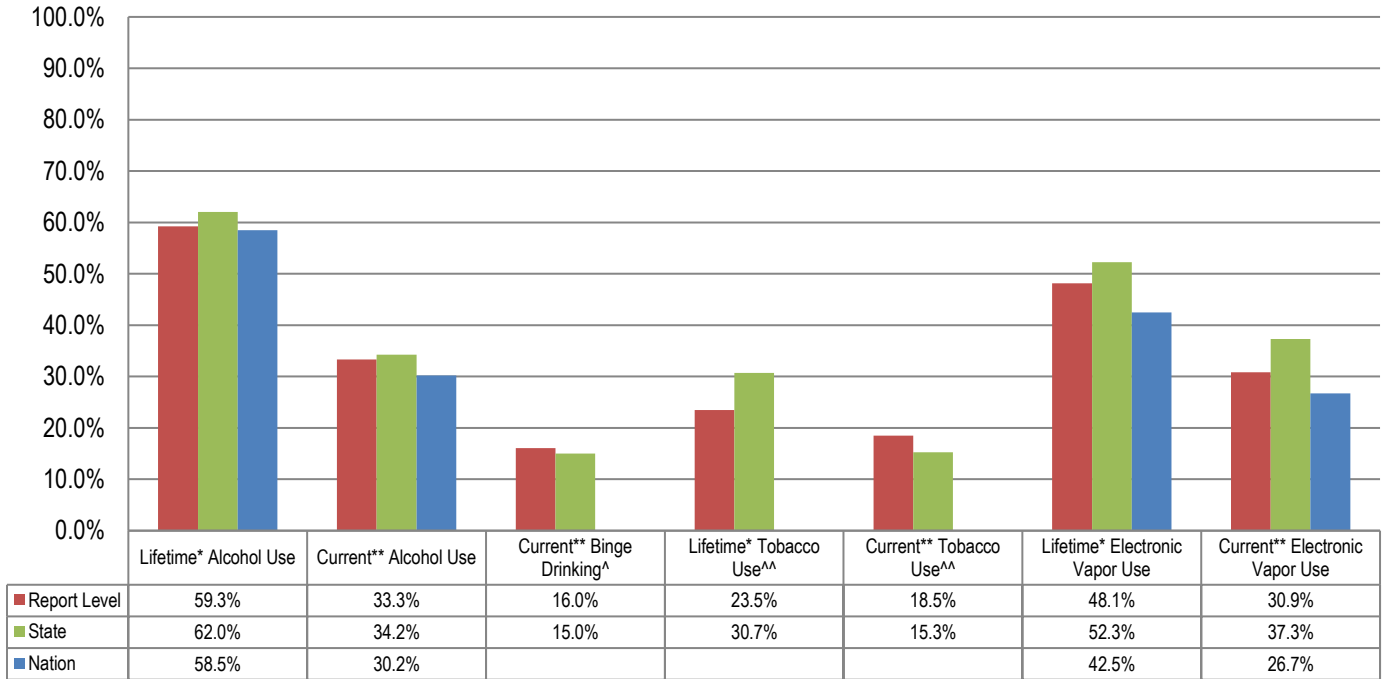
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

10th Grade Substance Use: Other Drugs, 2018



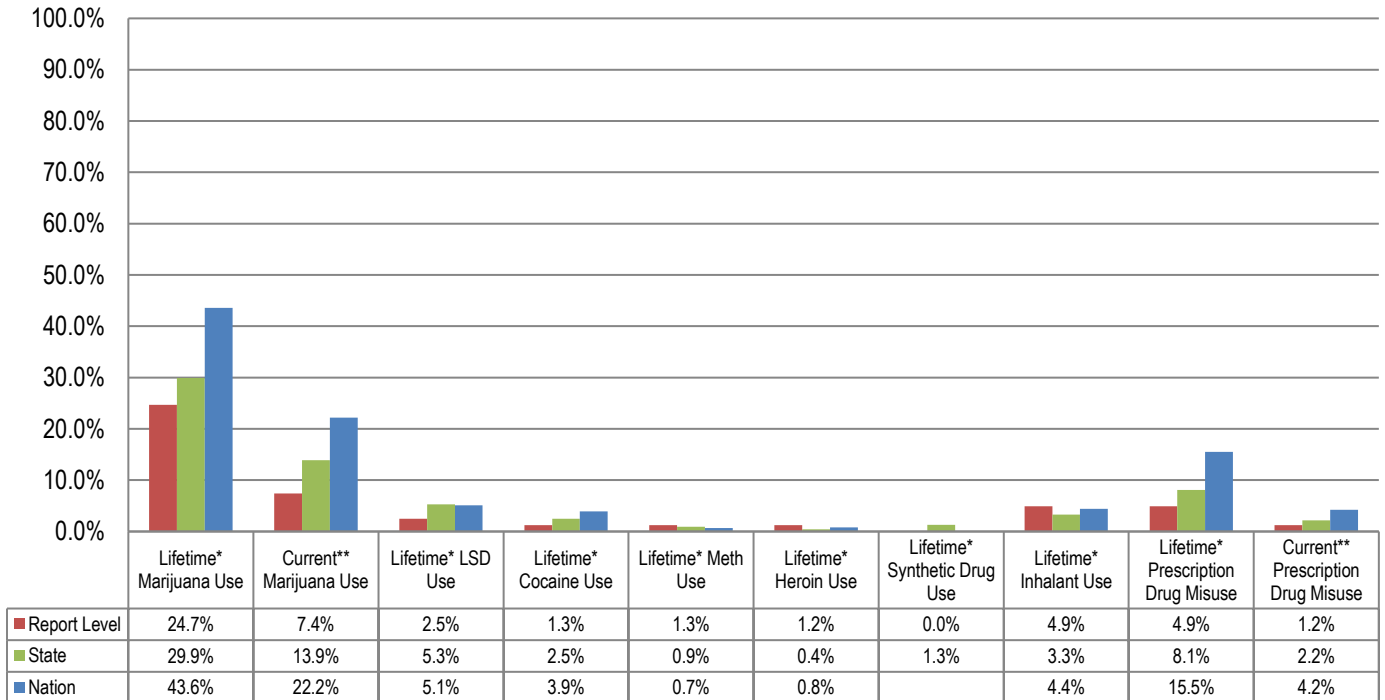
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days.

12th Grade Substance Use: Alcohol and Tobacco, 2018



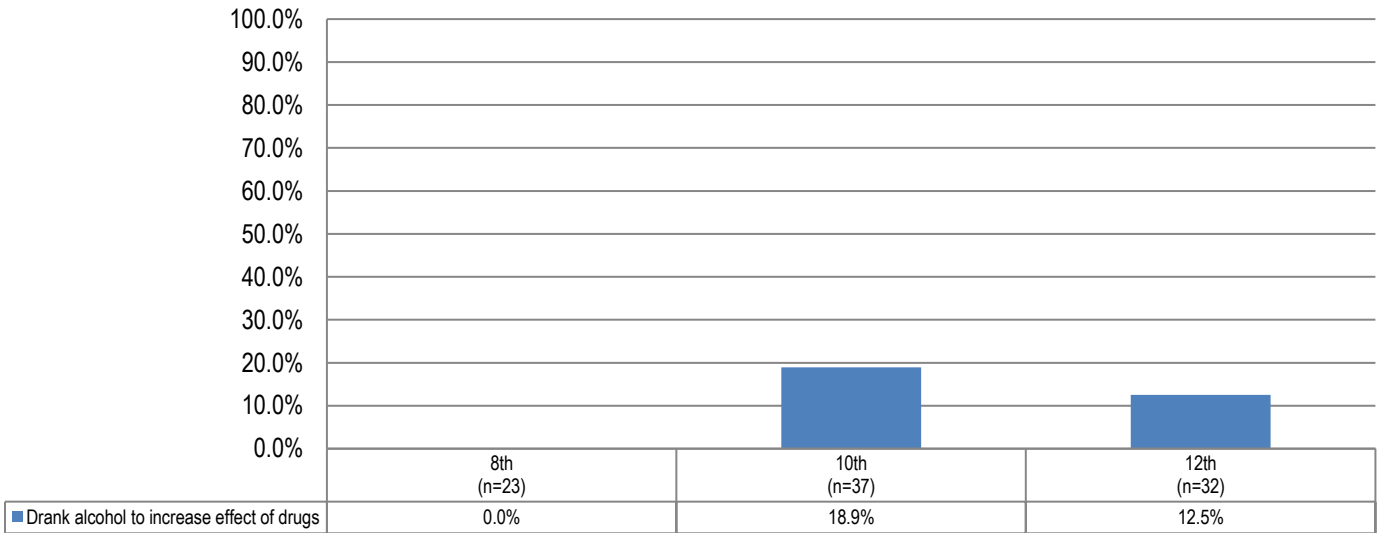
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

12th Grade Substance Use: Other Drugs, 2018



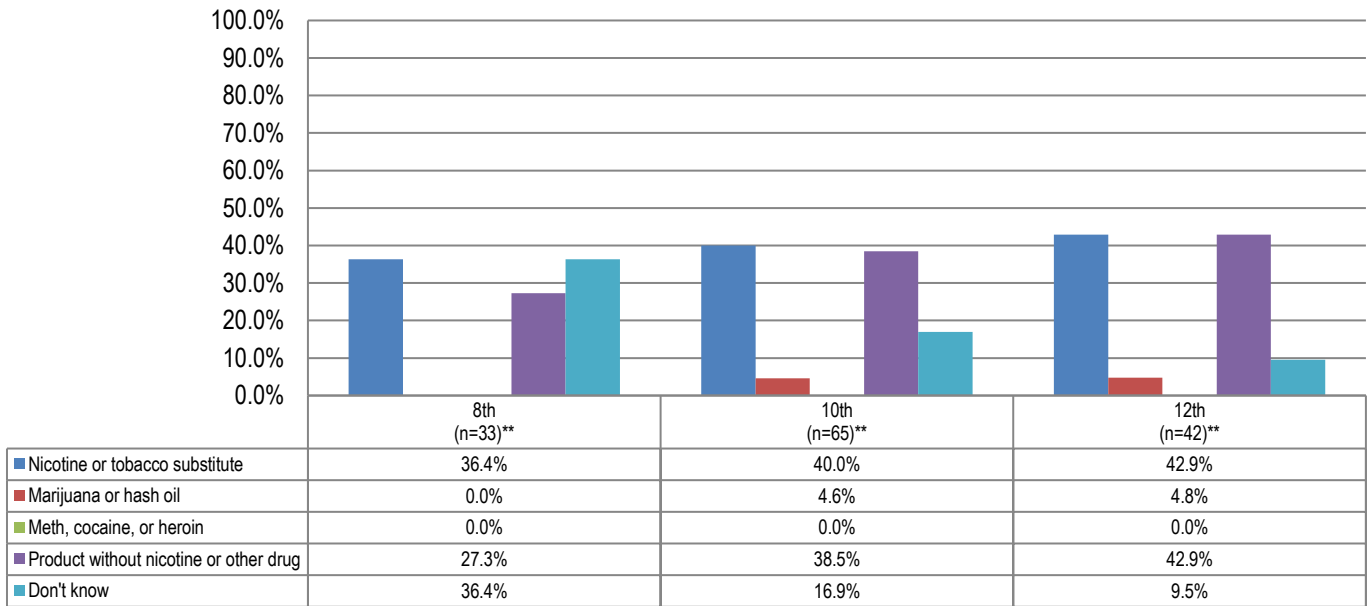
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days.

**Percentage Reporting Drinking Alcohol to Increase Effect of Some Other Drug, among Students who Reported Drinking in the Past 30 Days\*, 2018**



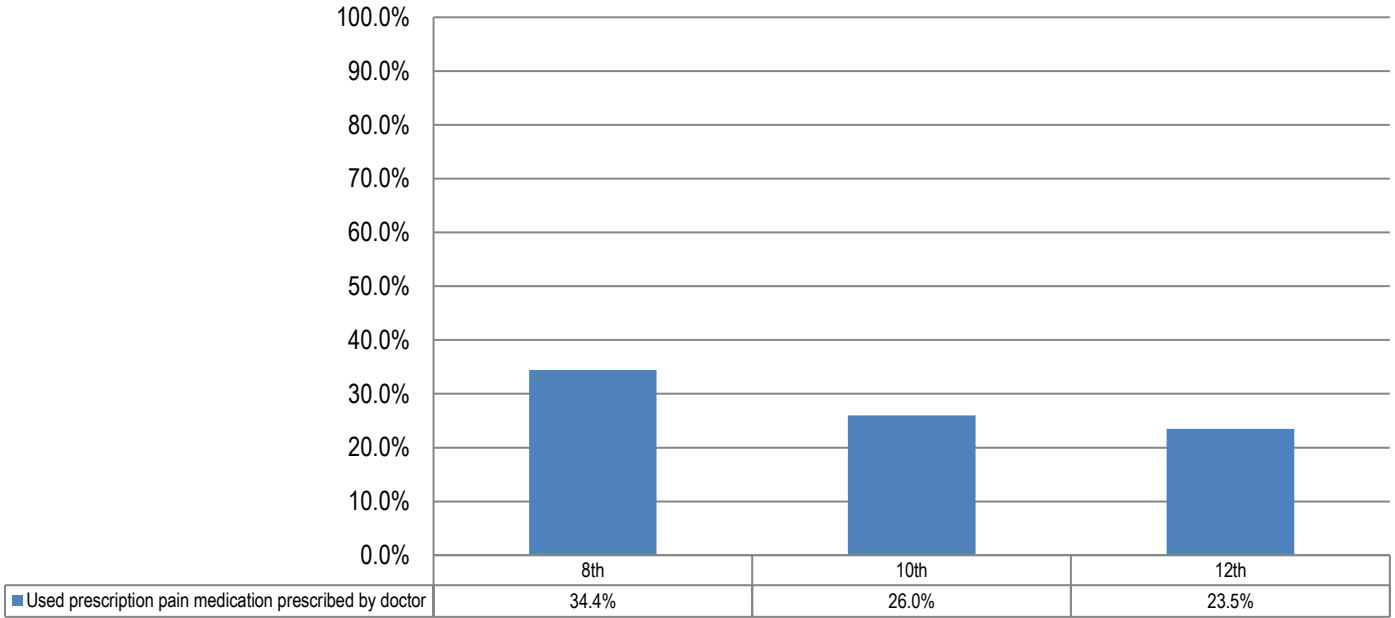
Notes. \*Among past 30 day alcohol users, the percentage who reported drinking alcohol one or more times to increase the effect of some of other drug or drugs during the past 30 days.

**Type of Mist Inhaled in Electronic Vaporizer, among Students who Reported Using an E-cigarette or Vaping Device\*, 2018**



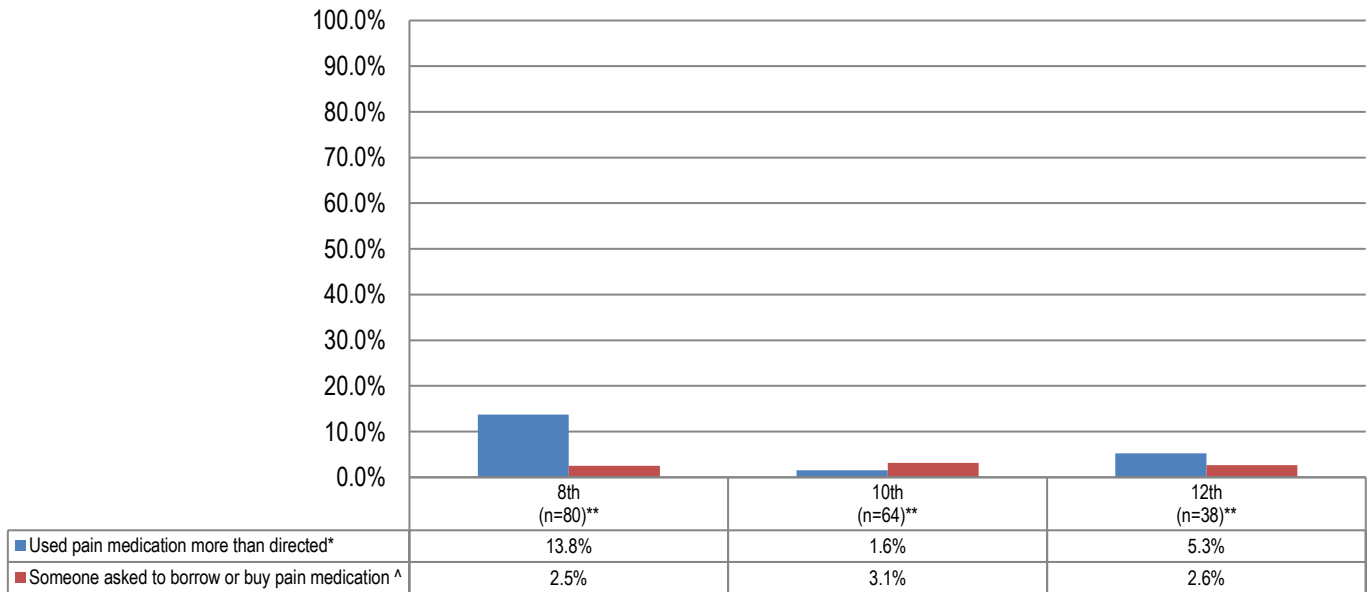
Notes. \*Based on the question "The last time you used an electronic vaporizer such as an e-cigarette, what was in the mist you inhaled?" \*\*The n-size displayed is the same for all types of mist given that type of mist inhaled in an electronic vaporizer is asked as one question.

**Percentage Reporting Using Pain Medication Prescribed by a Doctor during the Past 12 Months\*, 2018**



Notes. \*Percentage who reported "Yes" to the question "During the past 12 months, did you use pain medications that a doctor prescribed for you?"

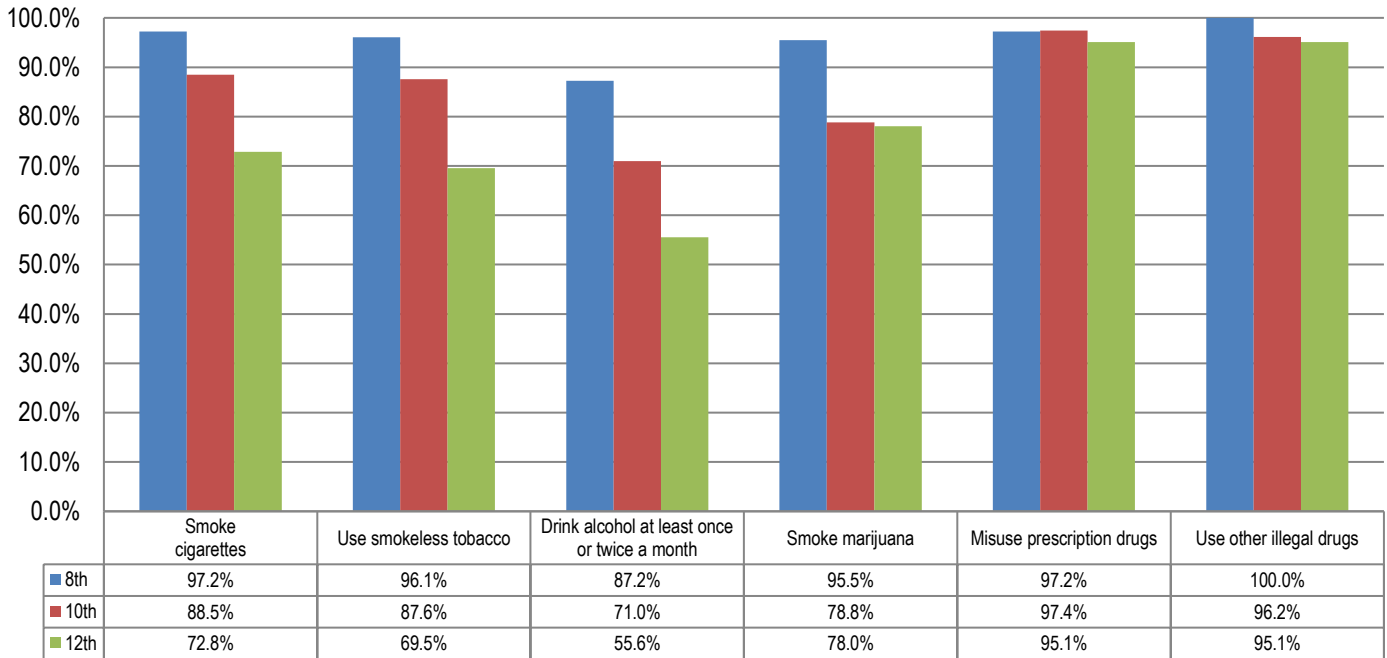
**Other Pain Medication Topics, among Students who Reported Receiving Prescription Pain Medication from a Doctor, 2018**



Notes. \*Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?" ^Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did anyone ask you about borrowing or buying some of your medication?" \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

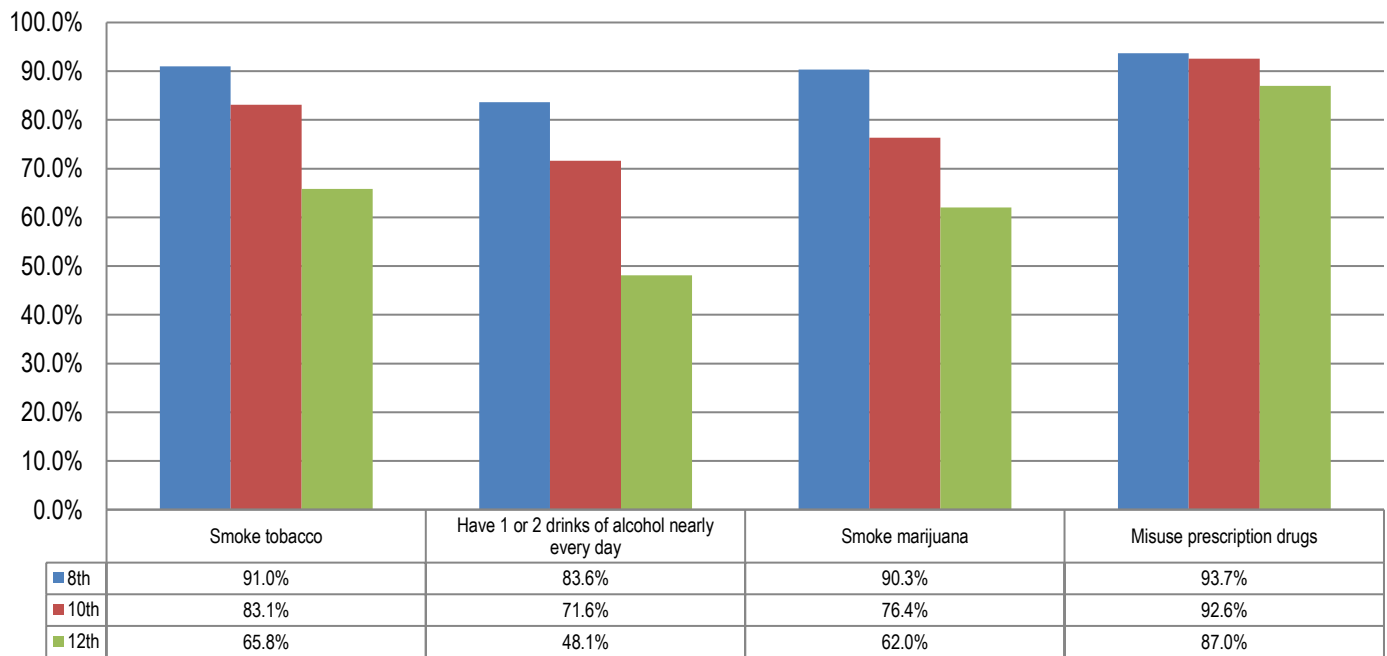
Attitudes toward Substance Use

Percentage Reporting Wrong or Very Wrong to Substance Use Behavior\*, 2018



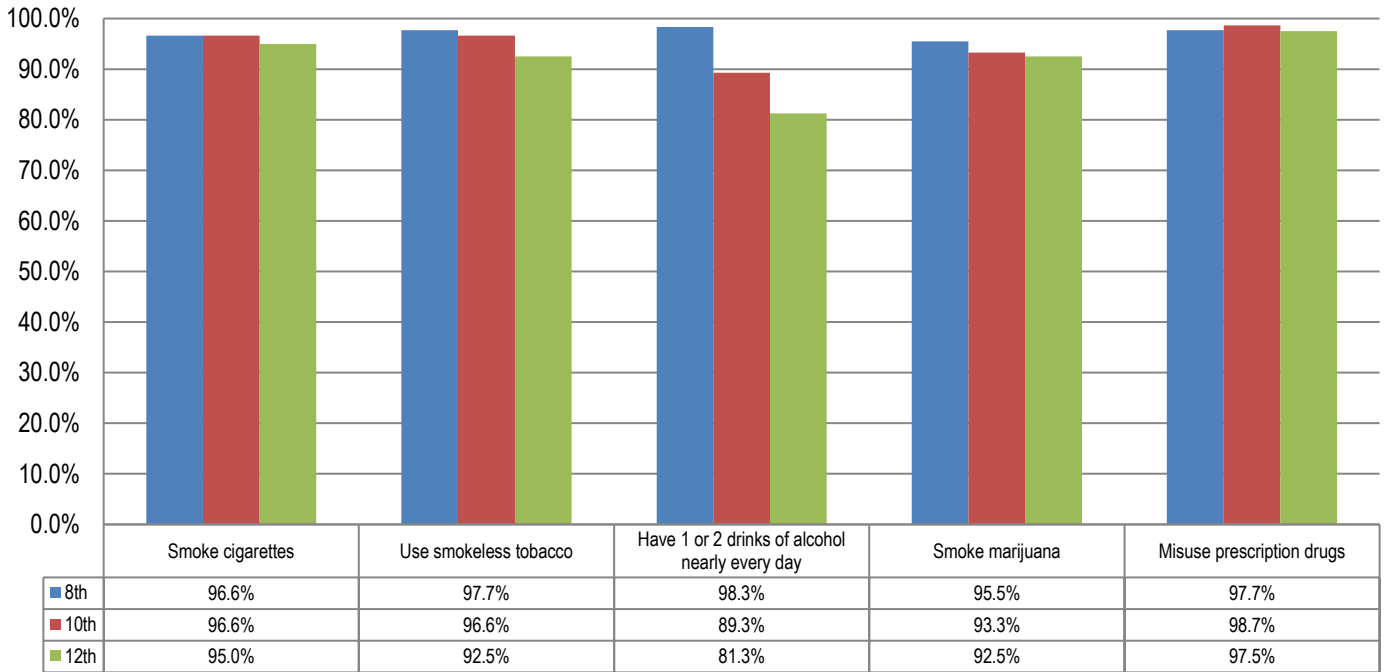
Note. \*Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior\*, 2018



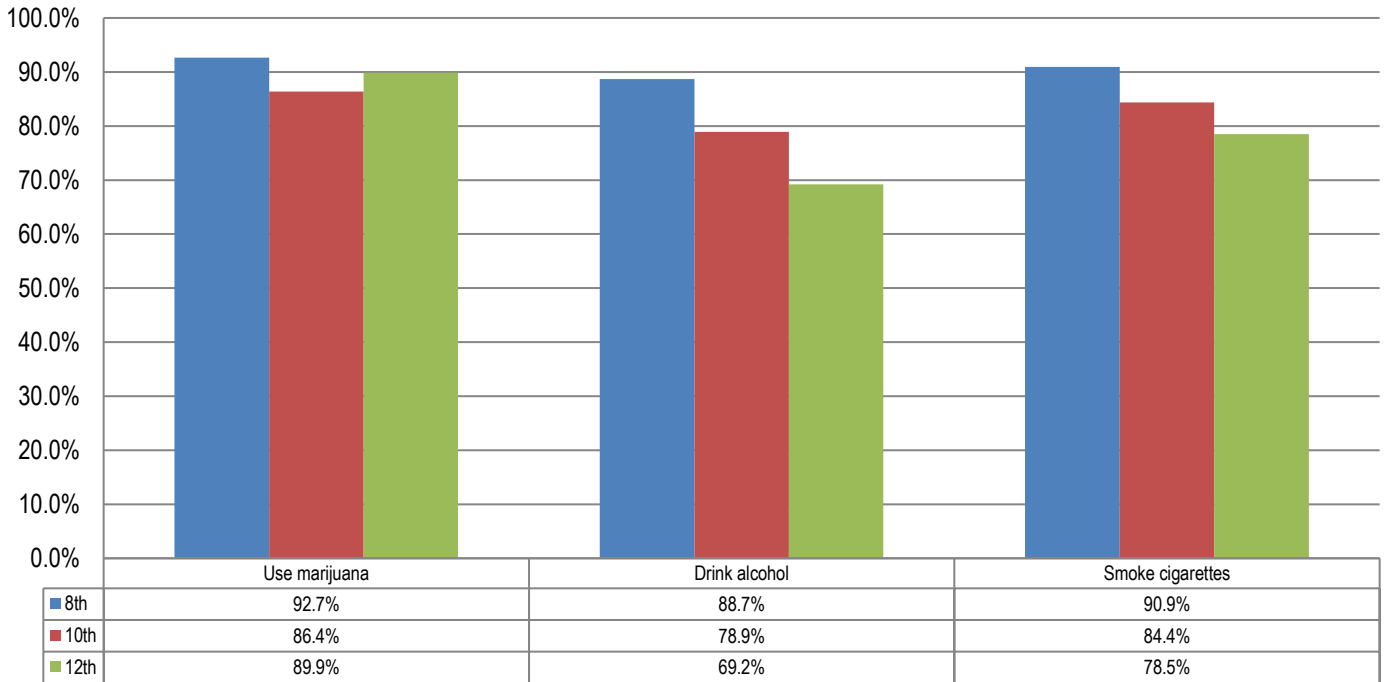
Note. \*Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior\*, 2018



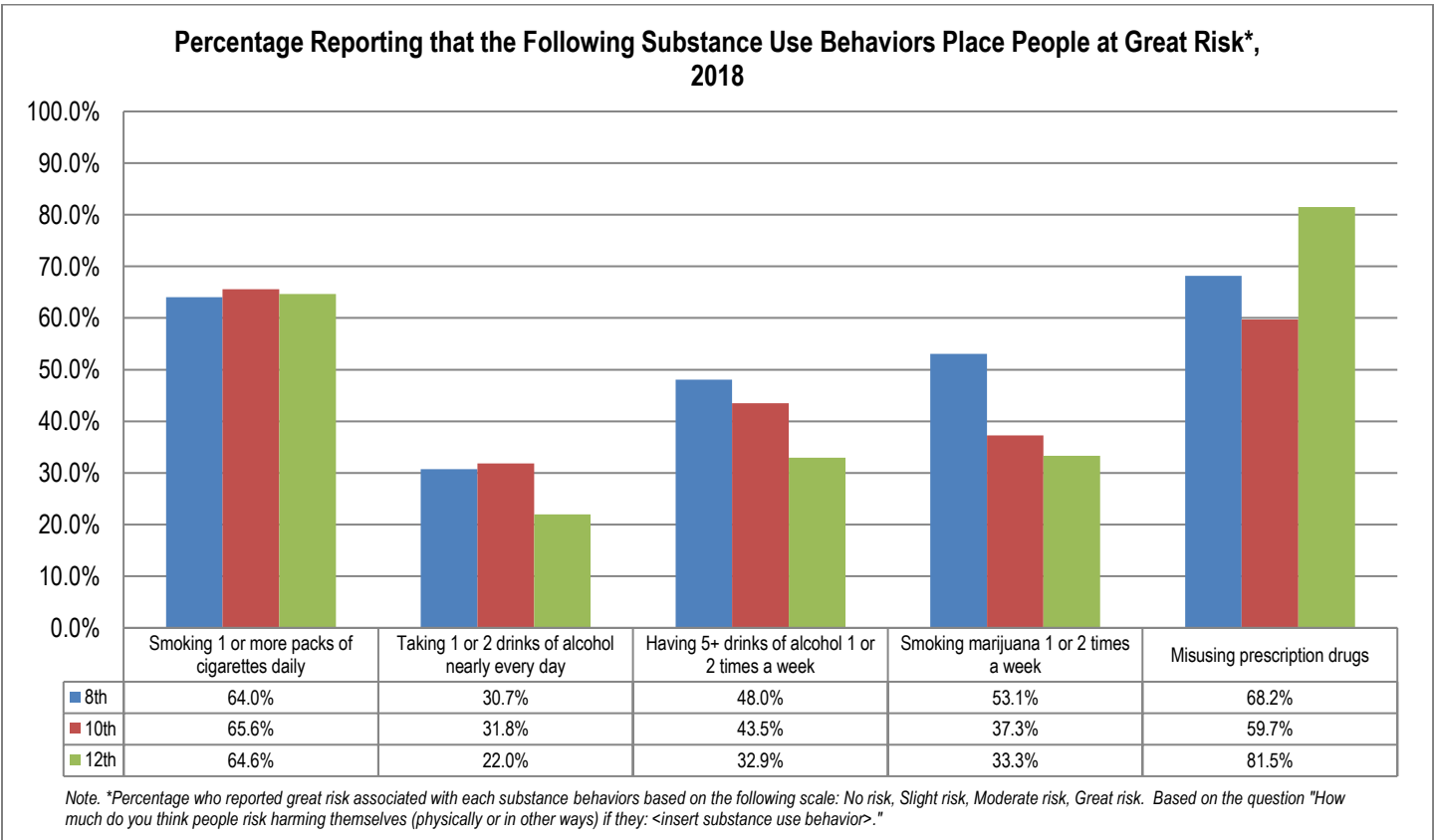
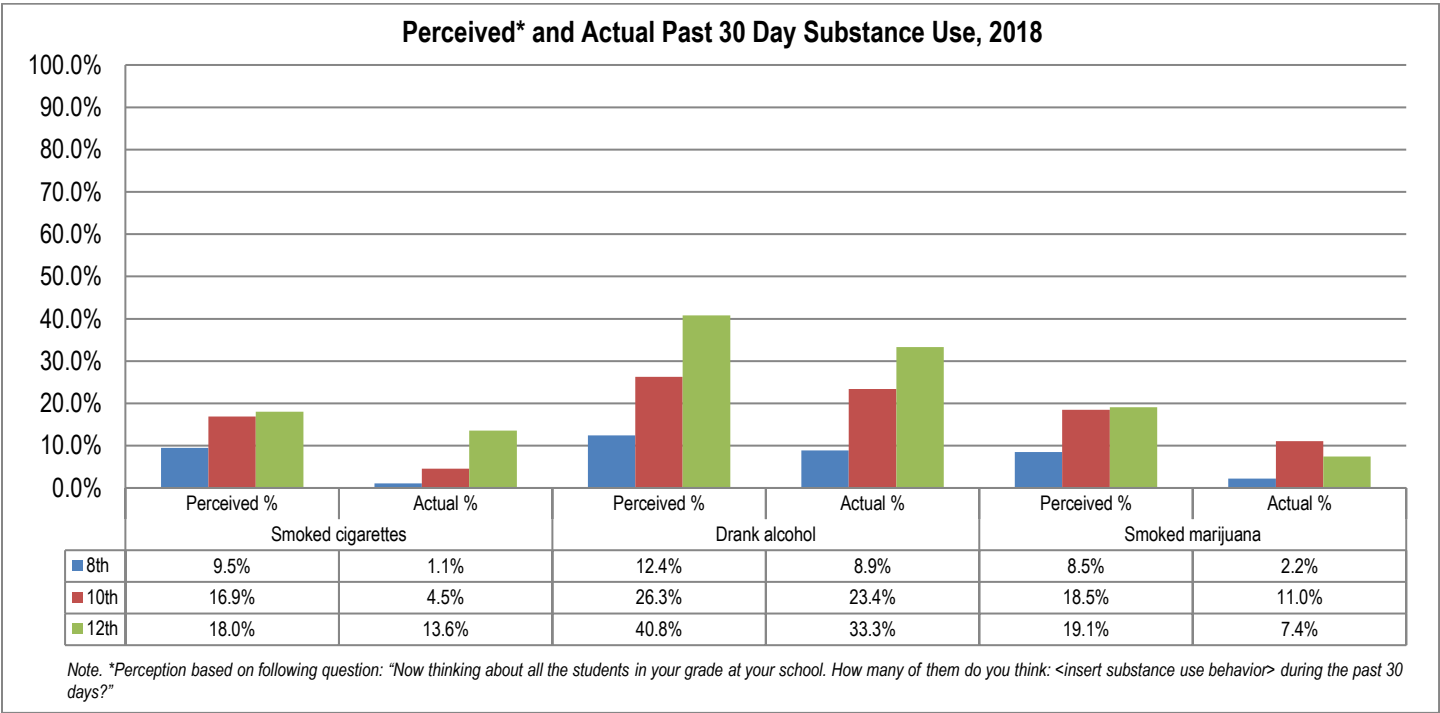
Note. \*Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Adults in Neighborhood Wrong or Very Wrong to Substance Use Behavior\*, 2018

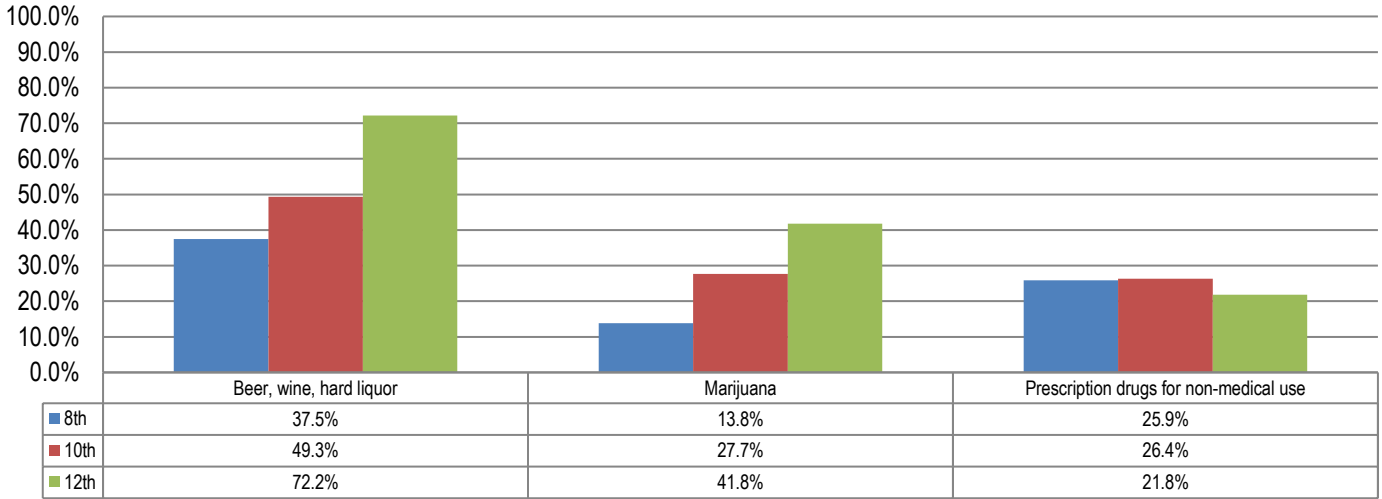


Note. \*Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Perceptions of Substance Use



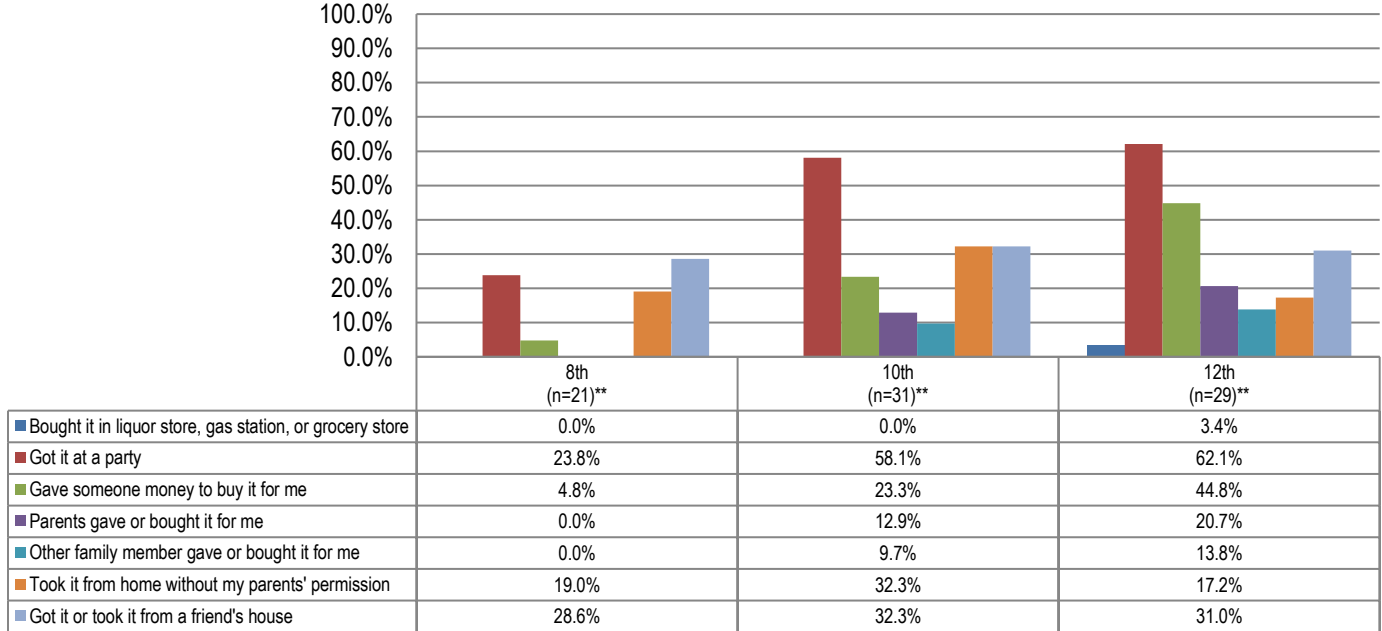
**Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain\*, 2018**



Note: \*Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the question "If you wanted to, how easy would it be for you to get: <insert substance use behavior>."

**Sources of Substances**

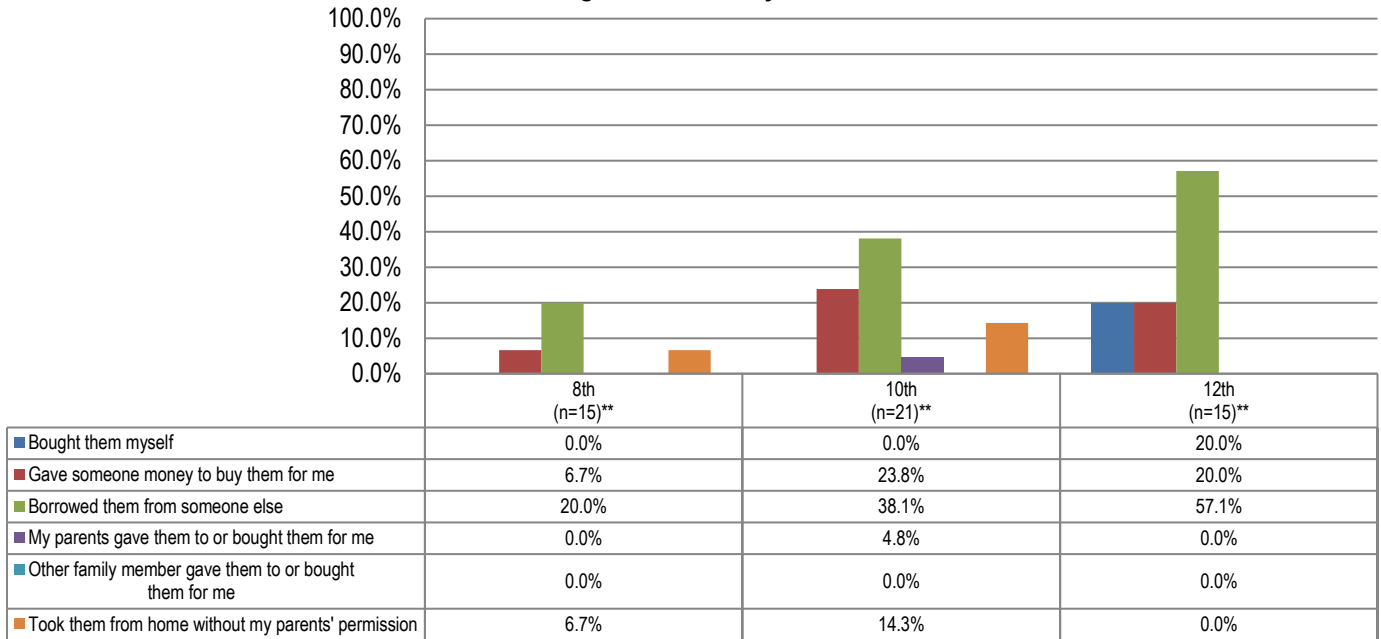
**Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days\*, 2018**



Notes: \*Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

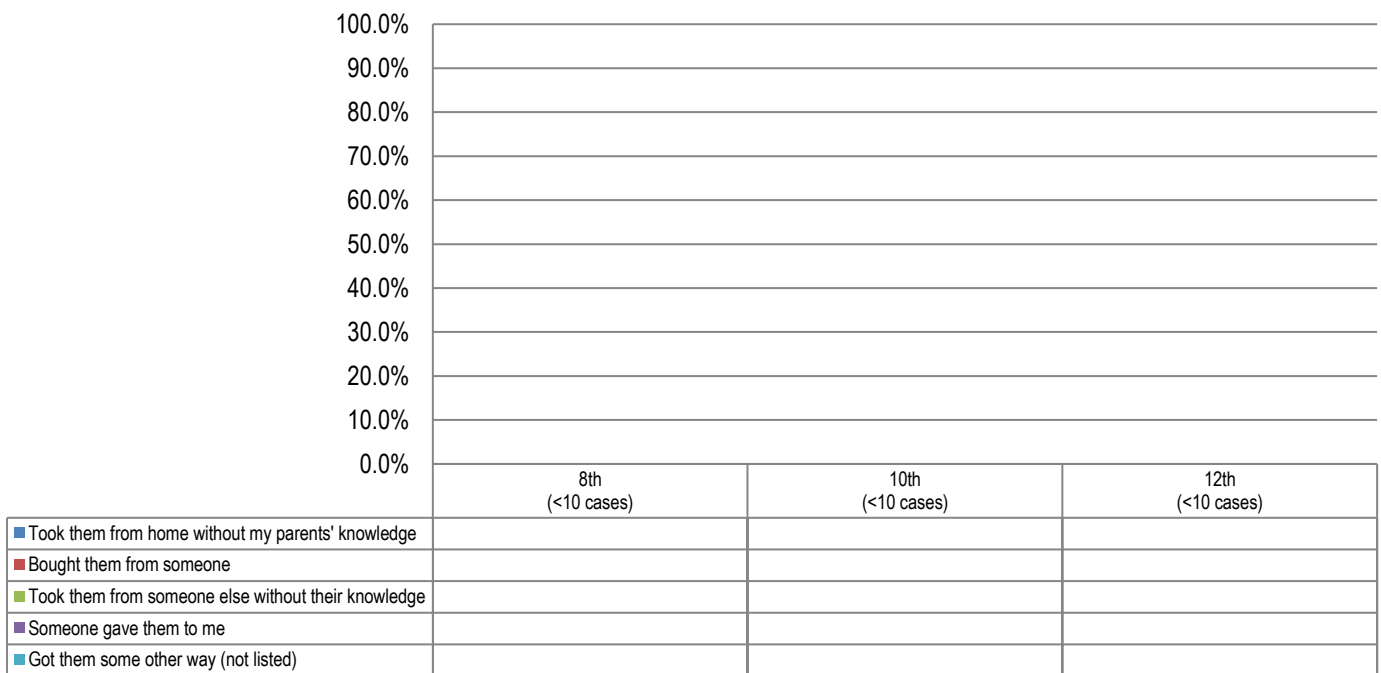


**Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days\*, 2018**



Notes. \*Among past 30 day cigarette users, the percentage who reported obtaining cigarettes in each manner during the past 30 days. These scores may include students 18 and older.\*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

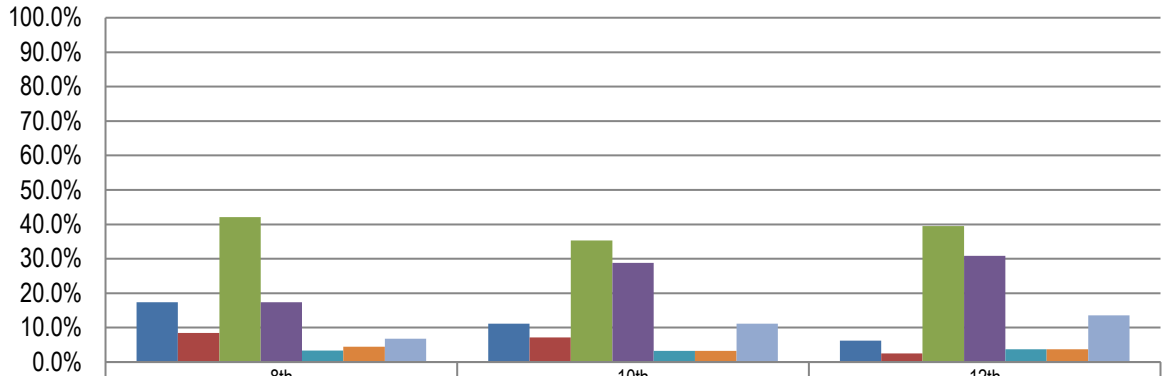
**Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Taking Prescription Drugs during the Past 30 Days\*, 2018**



Notes. \*Among past 30 day prescription drug users, the percentage who reported obtaining prescription drugs in each manner during the past 30 days.

Other Substance-Related Topics

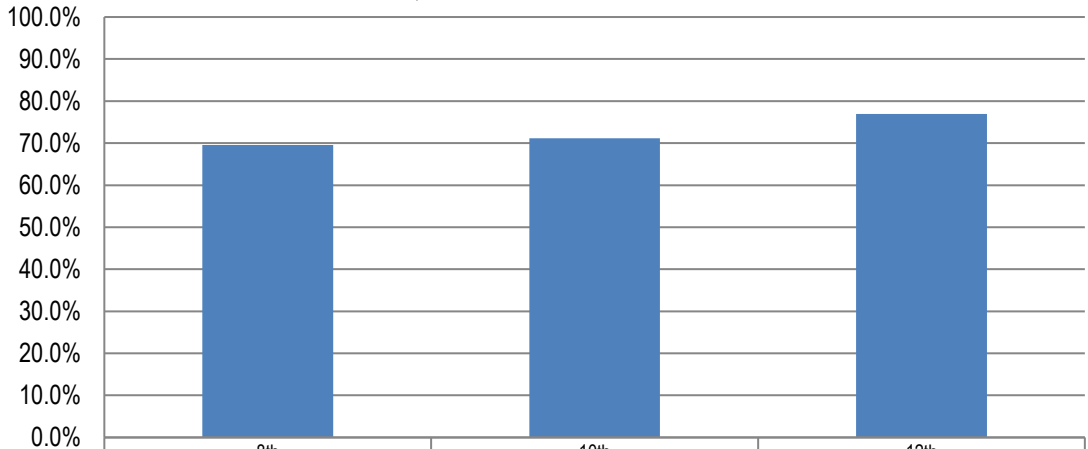
First Person to go to for Drug or Alcohol Problem\*, 2018



■ A counselor in school	17.4%	11.1%	6.2%
■ Another adult in school	8.4%	7.2%	2.5%
■ Parents or caregivers	42.1%	35.3%	39.5%
■ Friends	17.4%	28.8%	30.9%
■ Counselor or program outside of school	3.4%	3.3%	3.7%
■ Another adult outside of school	4.5%	3.3%	3.7%
■ Wouldn't go to anyone	6.7%	11.1%	13.6%

Notes. \*Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" \*\*The n-size displayed is the same for all sources given that source of help for a drug or alcohol problem is asked as one question.

Percentage Reporting Seeing or Hearing Anti-Alcohol or Anti-Drug Messages during the Past 12 Months\*, 2018



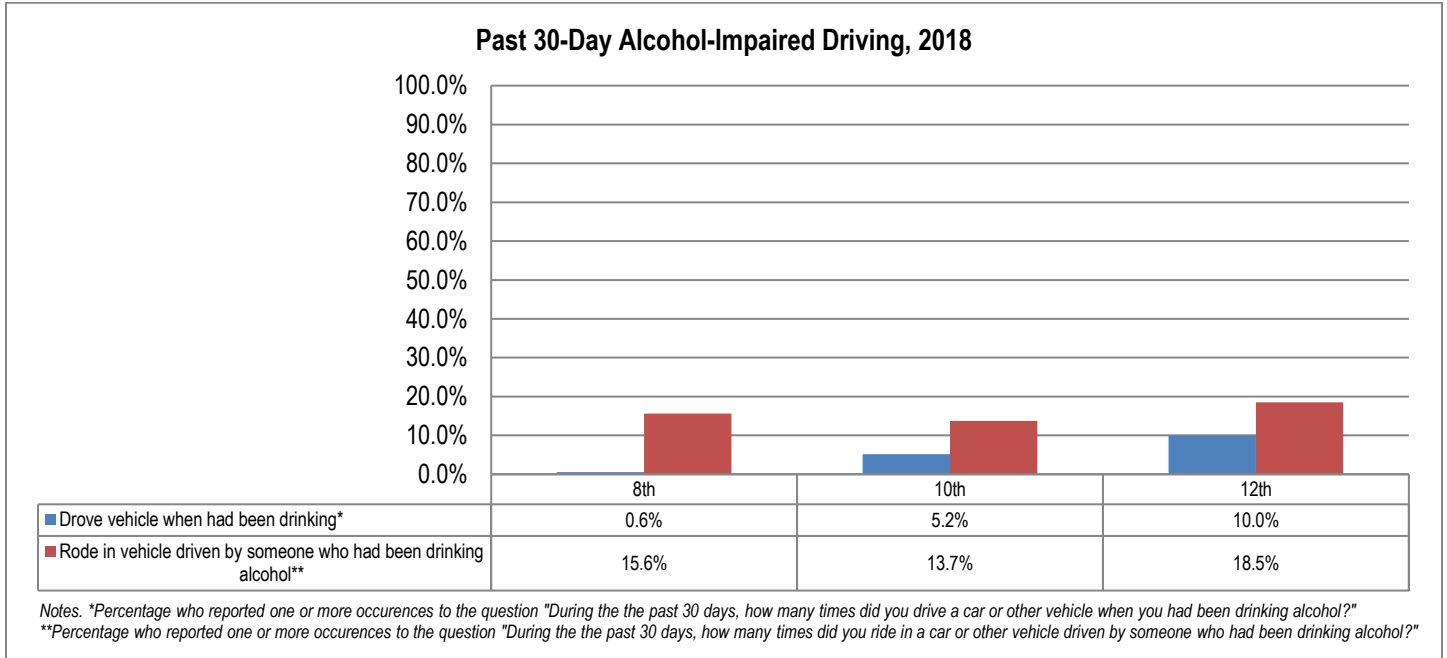
■ Seen or heard anti-alcohol or anti-drug messages	69.6%	71.1%	76.9%
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Notes. \*Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"

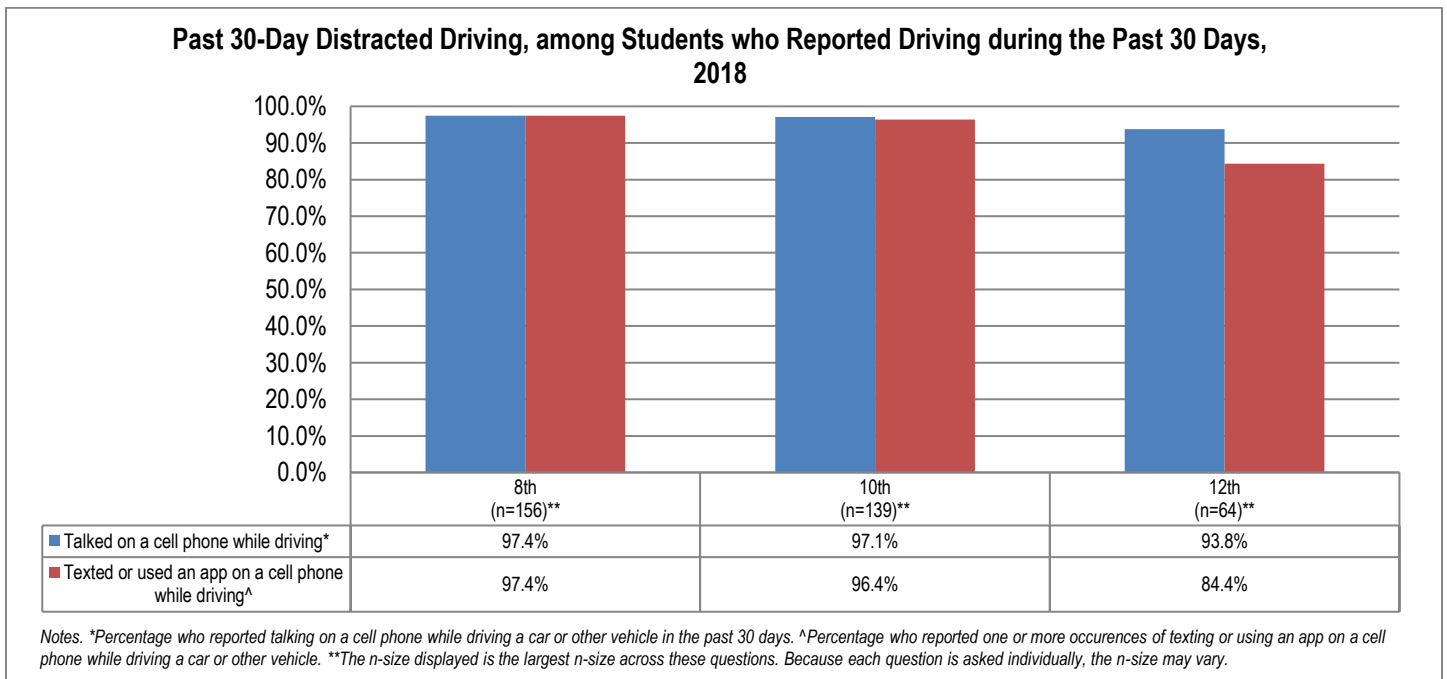
**Transportation Safety**

This section contains information on transportation safety relating to alcohol-impaired and distracted driving among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska.

**Past 30 Day Alcohol-Impaired Driving**



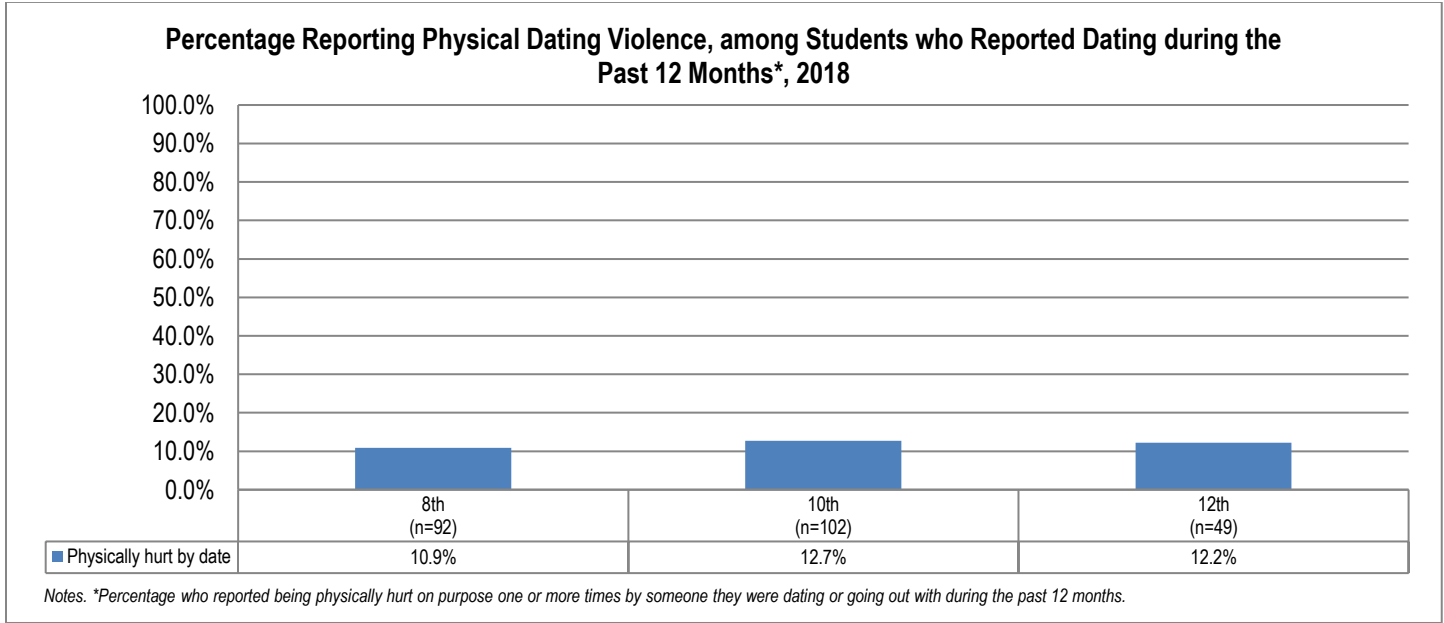
**Past 30 Day Distracted Driving**



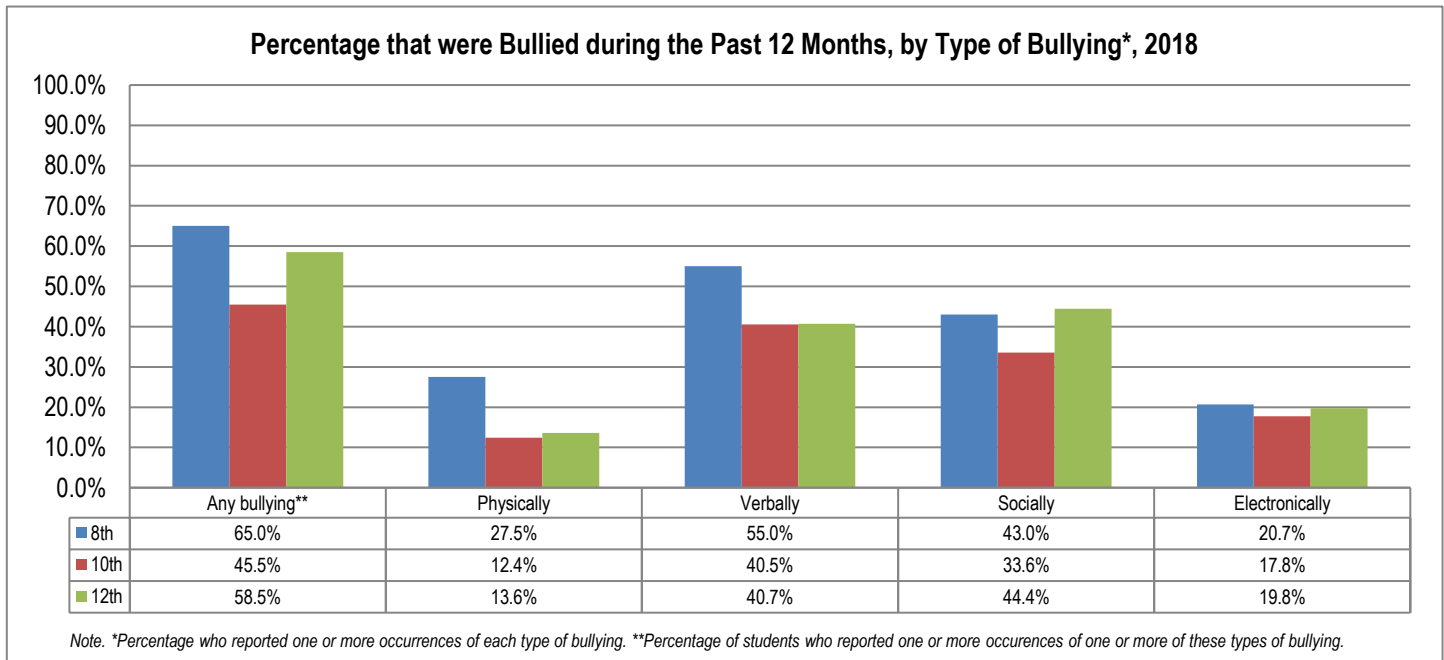
**Violence, Bullying, and Mental Health**

This section contains information on dating violence, bullying, anxiety, depression, suicide, and attitudes toward the future among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska.

**Dating Violence during the Past 12 Months**

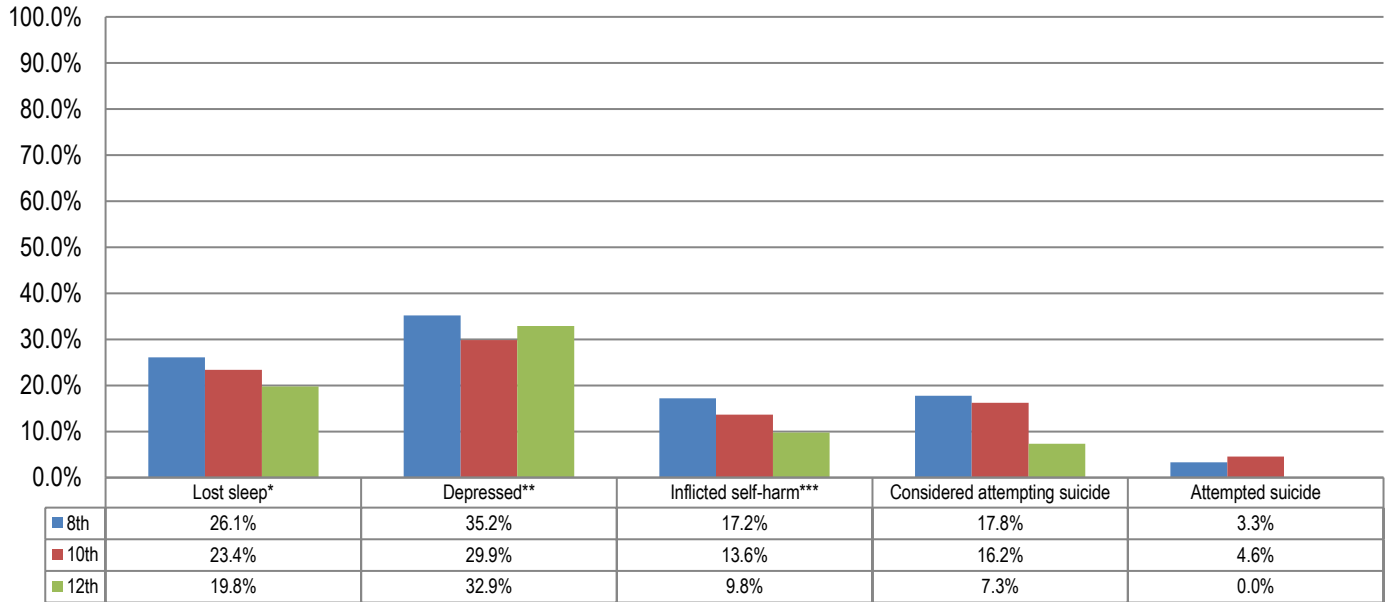


**Bullying during the Past 12 Months**



**Anxiety, Depression, and Suicide during the Past 12 Months**

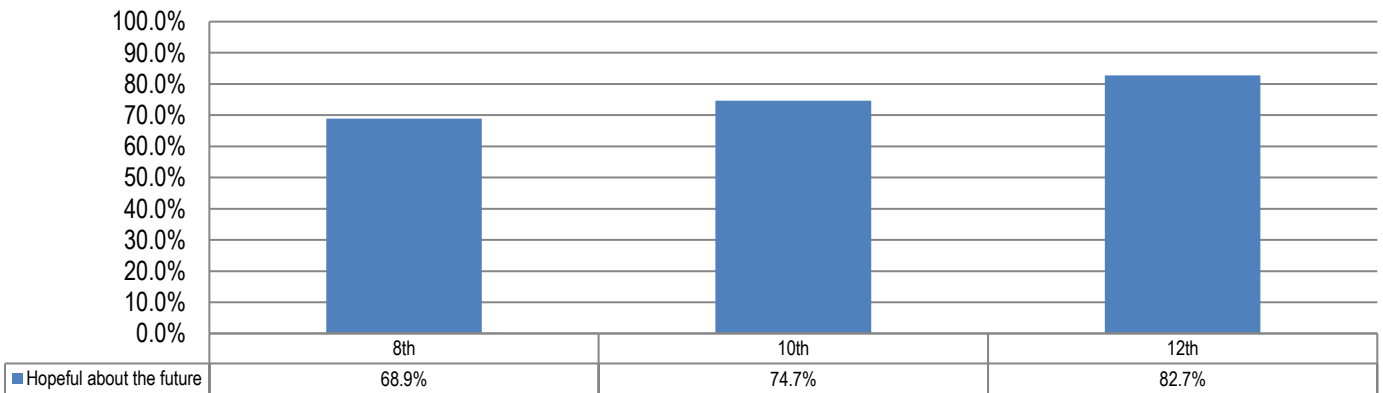
**Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2018**



Notes. \*Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. \*\*Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" \*\*\*Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"

**Attitudes toward the Future**

**Percentage Reporting they were Hopeful About the Future during the Past Week\*, 2018**

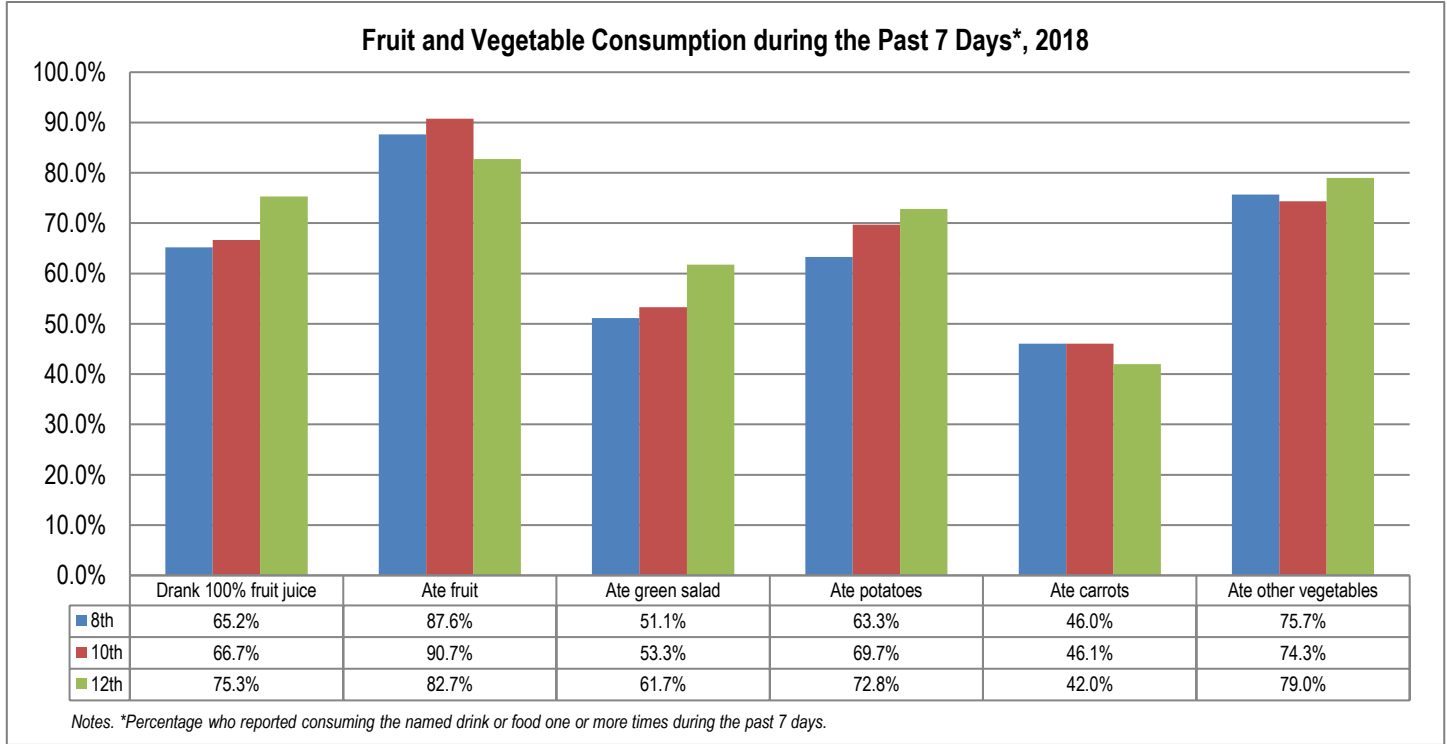


Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

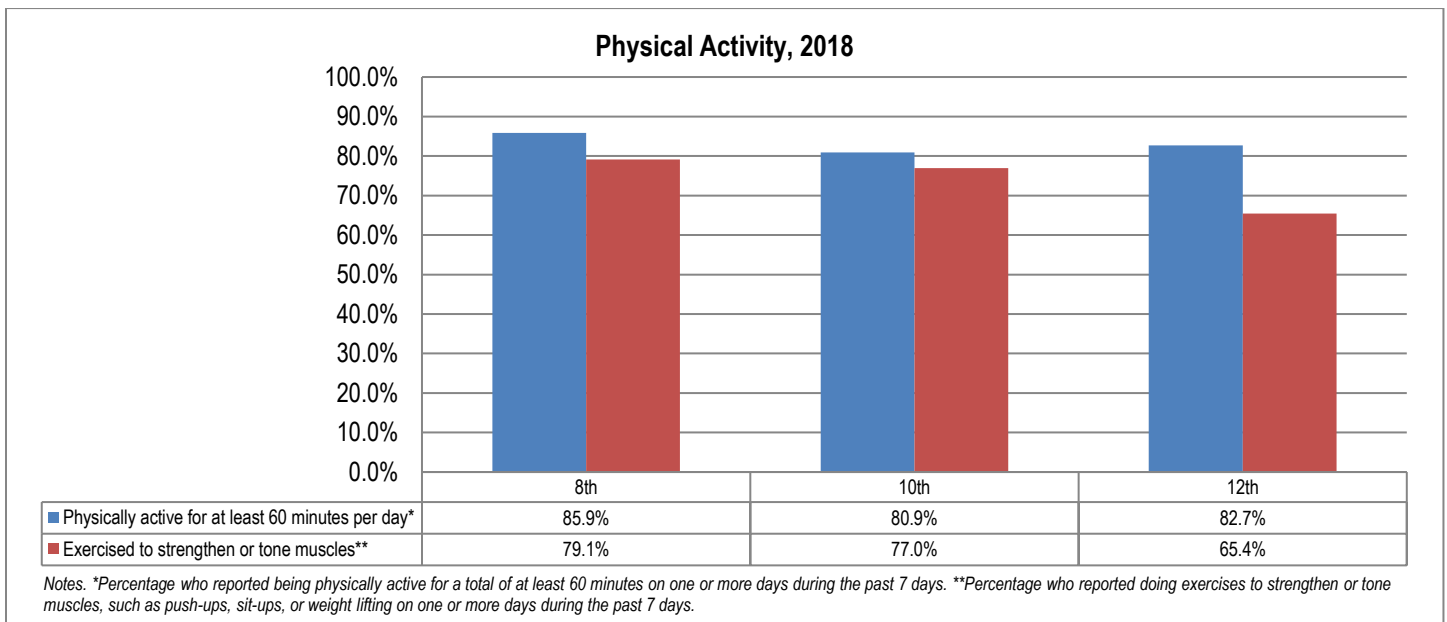
**Nutrition and Physical Activity**

This section contains information on fruit and vegetable consumption and physical activity among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska.

**Fruit and Vegetable Consumption during the Past 7 Days**



**Physical Activity**

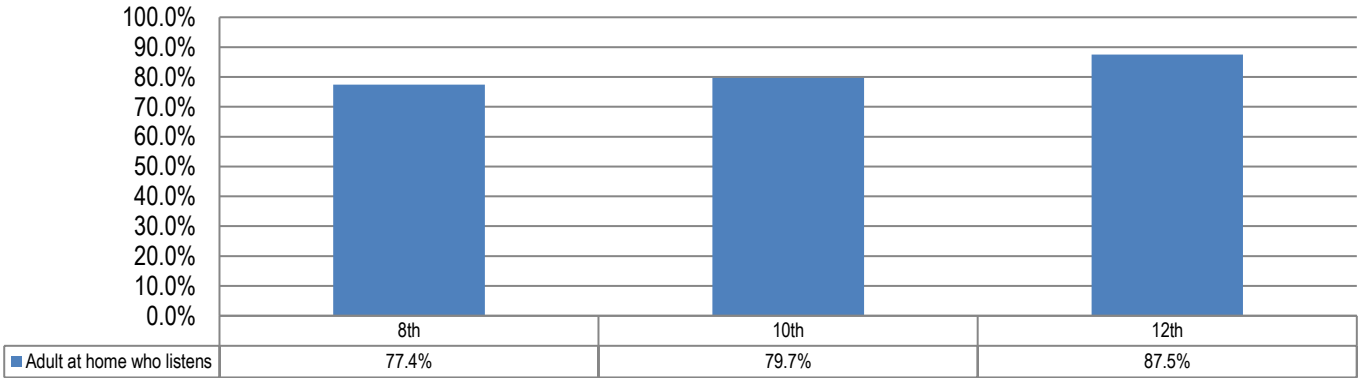


**Feelings and Experiences at Home, School, and in the Community**

This section contains information on feelings and experiences with family, at school, and in the community for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska.

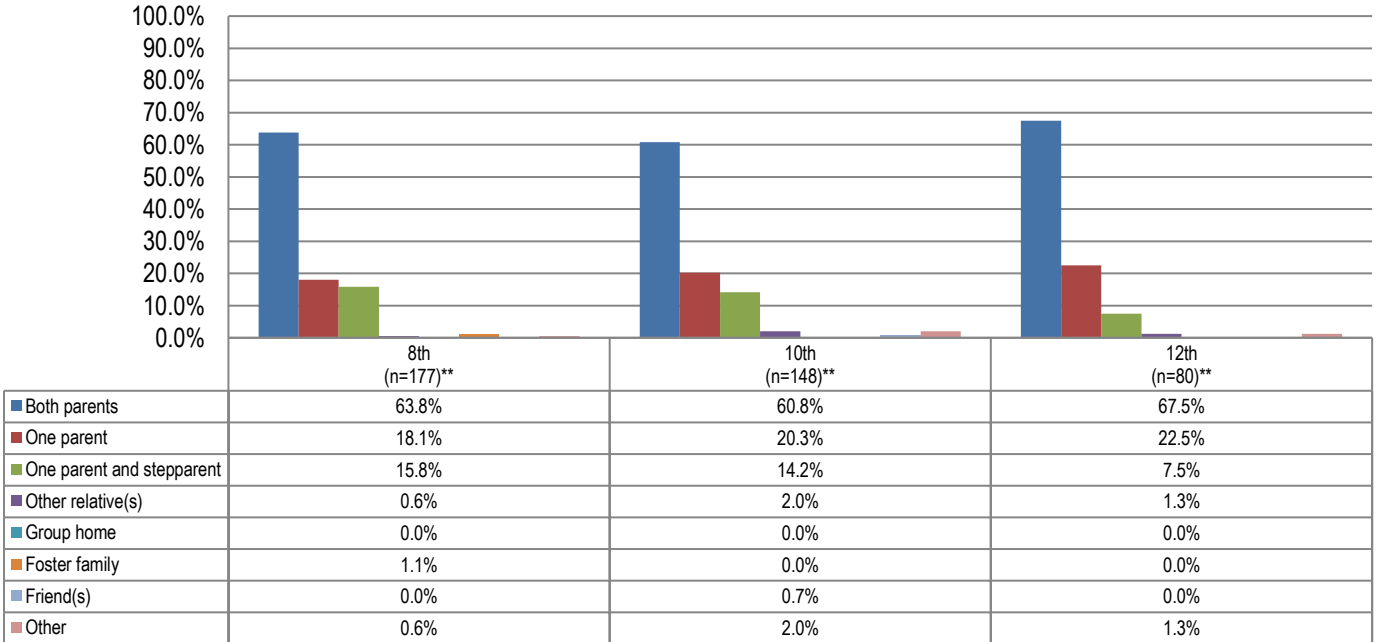
**Feelings and Experiences with Family**

**Percentage Reporting Adult at Homes Who Listens\*, 2018**



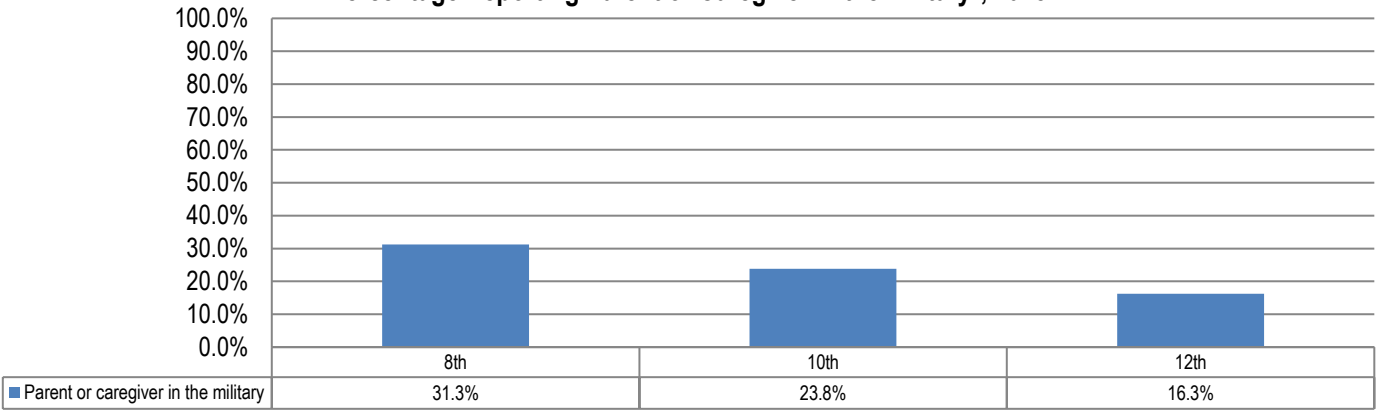
Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the statement "In my home, there is an adult who listens to me when I have something to say." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

**Percentage Reporting Living with the Following People\*, 2018**



Notes. \*Based on the question "Do you live with:". \*\*The n-size displayed is the same for all people given that who they live with is asked as one question.

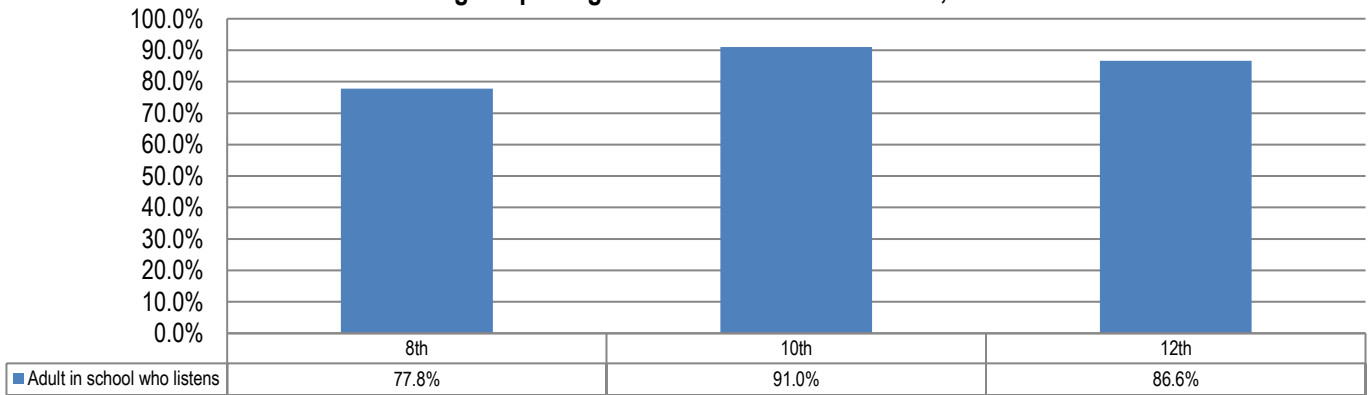
Percentage Reporting Parent or Caregiver in the Military\*, 2018



Notes. \*Percentage who reported "Yes" to the question "During any time in your life, have any of your parents or caregivers served in the military?"

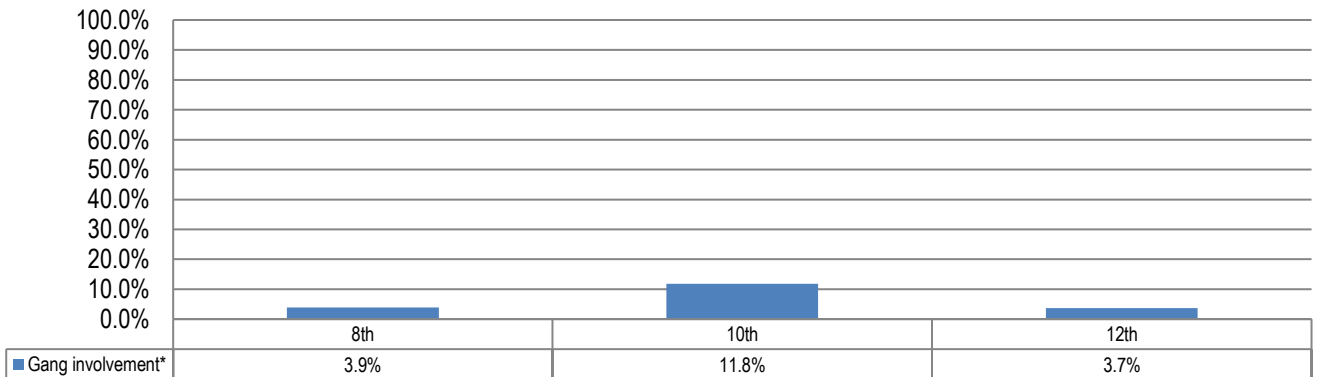
Feelings and Experiences at School and in the Community

Percentage Reporting Adult in School who Listens\*, 2018



Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the statement "In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Percentage Reporting Gang Involvement\*, 2018



Notes. \*Percentage who reported "Yes" to the question "Do you belong to a gang?"



## Tips for Using the NRPFSS Results

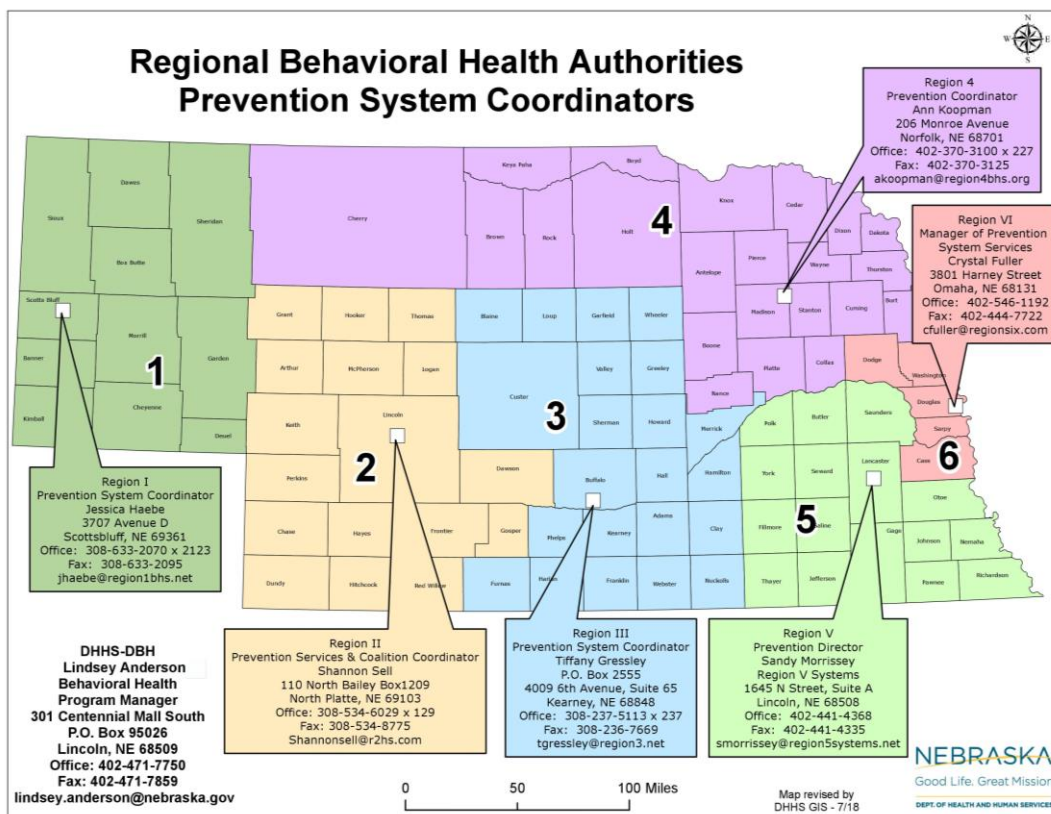
As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into two categories:

- **Environmental Strategies**
  - These strategies effect the entire school environment and the youth within it.
    - An example of an environmental strategy would be changing school policy to not allow athletes to play if they are caught using substances.
- **Individual Strategies**
  - These strategies target individual youth to help them build knowledge, wellness, and resiliency.
    - An example of an individual strategy would be providing a curriculum as part of a health class about the harms of substances.

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



You may also wish to do your own research. The following websites provide listings of evidence-based practices:

- **The Evidence-Based Practices Resource Center**
  - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions that are available for implementation.
  - **Website:** <https://www.samhsa.gov/ebp-resource-center>
- **The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)**
  - This contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
  - **Website:** <https://www.ojjdp.gov/mpg/>
- **The Suicide Prevention Resource Center**
  - This has a variety of suicide prevention resources available.
  - **Website:** <http://www.sprc.org/>

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at <https://www.education.ne.gov/Safety/index.html>. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is <https://store.samhsa.gov/>.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. <http://www.yourlifeyourvoice.org/Pages/home.aspx>. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

Additional contacts for tips on data use and prevention resources can be found in Appendix B.

APPENDIX A: Trend Data

Outcomes	Definition	8th					10th					12th				
		2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Lifetime Substance Use	Alcohol	32.5%	25.6%	27.7%	24.3%	25.0%	46.4%	45.5%	59.4%	47.8%	44.4%	62.3%	63.4%	79.2%	57.0%	59.3%
	Cigarettes	17.3%	12.3%	19.8%	12.4%	6.7%	27.1%	23.8%	41.9%	21.1%	14.3%	40.7%	38.3%	62.5%	29.8%	22.5%
	Smokeless tobacco	6.1%	5.6%	7.2%	5.0%	3.3%	14.2%	20.4%	16.1%	11.7%	10.4%	25.5%	25.4%	45.8%	19.2%	12.3%
	Marijuana	4.8%	3.0%	9.1%	5.9%	5.6%	10.3%	15.1%	25.0%	24.4%	18.8%	23.1%	22.6%	50.0%	37.1%	24.7%
	LSD/other psychedelics	0.0%	0.6%	0.0%	1.0%	0.6%	1.8%	0.5%	9.4%	5.0%	2.0%	2.5%	1.6%	16.7%	7.3%	2.5%
	Cocaine/crack	0.0%	0.0%	1.1%	1.0%	0.6%	0.0%	2.1%	3.1%	1.1%	0.6%	1.0%	1.1%	8.3%	3.3%	1.3%
	Meth	0.0%	0.0%	0.0%	1.0%	0.6%	0.4%	0.5%	3.1%	2.8%	1.3%	2.0%	1.1%	16.7%	1.3%	1.3%
	Inhalants	5.2%	2.4%	3.4%	4.5%	8.9%	4.0%	3.8%	0.0%	5.6%	3.3%	4.5%	6.3%	0.0%	4.0%	4.9%
Past 30 Day Substance Use	Alcohol	12.1%	8.5%	7.9%	10.0%	8.9%	23.2%	24.1%	25.0%	32.6%	23.4%	35.0%	31.9%	45.8%	37.1%	33.3%
	Binge drinking	4.8%	2.4%	4.5%	2.0%	1.7%	15.6%	17.2%	12.5%	12.5%	11.0%	23.4%	25.3%	29.2%	18.0%	16.0%
	Cigarettes	6.1%	3.1%	5.1%	4.0%	1.1%	13.3%	11.9%	23.3%	10.1%	4.5%	19.5%	20.7%	33.3%	13.2%	13.6%
	Smokeless tobacco	1.7%	1.2%	3.4%	3.5%	3.3%	5.3%	11.4%	16.1%	7.8%	7.1%	11.7%	16.1%	45.8%	11.3%	12.3%
	Marijuana	1.3%	1.2%	4.5%	3.0%	2.2%	5.8%	8.6%	15.6%	15.2%	11.0%	5.5%	9.0%	20.8%	16.0%	7.4%
	Prescription drugs	2.6%	0.0%	1.1%	0.0%	1.1%	2.7%	1.1%	3.1%	6.1%	1.3%	2.5%	4.7%	8.3%	6.0%	1.2%
Age of First Use (12 or Younger)	Smoked cigarettes	11.7%	8.0%	13.2%	8.5%	3.9%	10.2%	7.6%	18.2%	13.1%	7.8%	11.5%	9.6%	29.2%	10.7%	1.2%
	Drank alcohol	22.5%	13.6%	15.6%	19.7%	18.0%	10.6%	12.4%	15.2%	14.3%	10.3%	9.6%	6.1%	33.3%	11.4%	2.4%
	Smoked marijuana	0.4%	0.6%	4.6%	2.0%	2.8%	1.3%	0.5%	3.0%	6.8%	5.3%	0.5%	0.5%	4.2%	1.3%	0.0%
Experiences at School	Grades were A's and B's	67.1%	75.9%	69.1%	75.0%	72.1%	71.1%	79.4%	72.7%	73.6%	74.8%	77.5%	73.8%	62.5%	80.8%	91.5%
	Felt safe	87.0%	92.7%	84.6%	89.3%	86.6%	88.0%	86.6%	93.9%	83.9%	90.3%	88.0%	90.8%	87.5%	90.0%	90.2%
Experiences with Families	Help for personal problems <sup>1</sup>	80.4%	84.5%	84.1%	87.0%	82.4%	78.6%	78.2%	78.8%	81.5%	81.0%	76.1%	80.2%	79.2%	81.9%	88.8%
	Discussed dangers of alcohol <sup>1</sup>	50.9%	47.1%	54.0%	40.4%	47.5%	52.5%	53.3%	43.8%	39.3%	47.3%	47.2%	51.3%	34.8%	43.3%	43.8%

<sup>1</sup>Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".

Note. The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approached with some caution.

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**APPENDIX B: Contacts for Prevention**

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**Division of Behavioral Health**

Nebraska Department of Health and Human Services  
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P.O. Box 95026  
Lincoln, NE 68509-5026  
(402) 471-7750 phone  
(402) 471-7859 fax  
<http://dhhs.ne.gov/Pages/Behavioral-Health.aspx>

**Tobacco Free Nebraska**

Nebraska Department of Health and Human Services  
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Tobacco Free Nebraska Program Manager  
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# Nebraska Strategic Prevention Framework Partnerships for Success (SPF-PFS)

## Year 1 Evaluation Report February 2020

Prepared For:  
**Gage County  
MAPS  
Prevention  
Coalition**

Nebraska Strategic Prevention Framework-Partnerships for Success (PFS) Evaluation  
February 2020

If you have any questions or concerns regarding the information reported within, please contact us at:

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The University of Nebraska does not discriminate based upon any protected status.

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## Executive Summary

### Background:

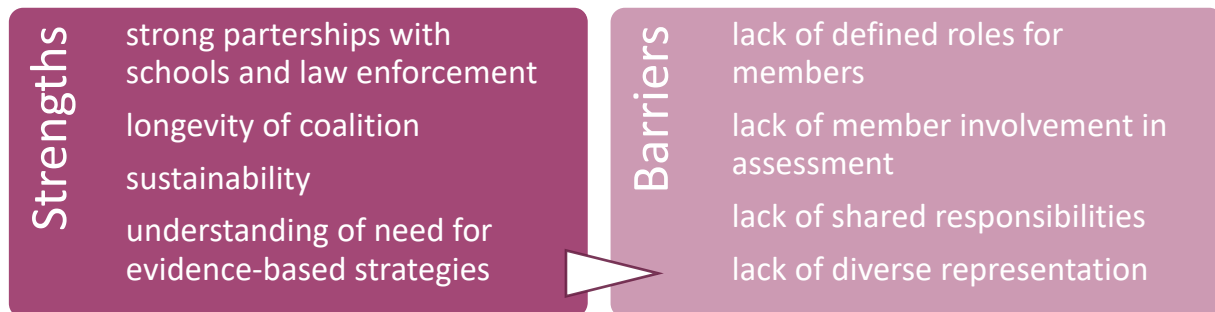
Gage County Multiple Agencies Partnering for Success (MAPS) received Substance Abuse and Mental Health Services Administration Strategic Prevention Framework-Partnerships for Success (PFS) funding from Region V Systems to implement efforts focused on reducing problems related to substance use in youth in Gage County.

### Youth Substance Use:

- Youth in Gage County are drinking at rates slightly higher than the rest of the state, with 33% of 12th graders reporting drinking alcohol; however, teens are using marijuana at rates lower than the rest of the state, with 7% of 12th graders reporting using marijuana in the past 30 days.
- Adults and younger teens perceive marijuana as presenting a greater risk of harm than alcohol.
- Adults are more accepting of youth alcohol use when compared to the rest of the state.
- Adults are less likely to report talking to their children about the dangers of alcohol when compared to other adults across the state.



### Coalition Capacity:



### Strategies Implemented:

*3<sup>rd</sup> Millennium*: 3rd Millennium, a one-time online substance use prevention course, was implemented at the Southeast Community College (SCC) Beatrice campus in spring 2019 with Resident Assistants and staff members as a pilot. After piloting the program, SCC modified future implementation of the program to only use it with students who receive alcohol or marijuana related sanctions rather than implementing it with all students because the program is too time-intensive to complete.



## Recommendations

### Clarify member roles and share workload among members

Members express a desire for more defined roles. Moreover, the coordinator carries the bulk of the workload, but most agree some responsibilities should be shared amongst the coalition members. Members recommend a training or orientation to clarify both coalition member and coordinator roles, and to establish a procedure for orienting new coalition members. It is recommended that staff discuss with coalition members or seek technical assistance on defining member roles and consider implementing subcommittees and/or leadership officer positions to share responsibilities.

Members report a desire to strengthen the currently weak collaborations with the faith-based and business communities. Members also describe a lack of diverse representation on the coalition. Specific recruitment efforts recommended by members suggest focusing on non-white and lower socioeconomic individuals. These outreach efforts may build upon each other; establishing a collaboration with the faith-based community may lead to the recruitment of new diverse coalition members.

### Reach out to different communities

### Increase communication

Communication during coalition meetings is a strength; however, members would prefer more communication between meetings. Members also request setting a consistent date and time for coalition meetings. It is also recommended that the new person responsible for the website and Facebook page focus on promoting awareness of the coalition's goals and activities to improve communication with the broader community, as some members expressed dissatisfaction in this area.

Members feel well supported with training, but additional opportunities for training are in the areas of 1) building partnerships with community leaders, 2) recruiting new coalition members, 3) addressing behavioral health disparities, and 4) staying informed about substance abuse research.

### Provide training for members

### Review data and utilize resources to identify strategies and develop Y3 workplan

Members rank assessment and cultural competency lowest among the SPF steps. Moreover, members request they be more involved in the assessment and evaluation processes. Data briefs are now available, including health disparities, to inform the coalition about trends in the region. It is recommended that staff review the data briefs, the data in this report, and the EBP Matrix with coalition members as the year 3 PFS workplan is developed.

## Project Overview

The Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the five-year Strategic Prevention Framework-Partnerships for Success (PFS) 2018 Grant to the Nebraska Department of Health and Human Services Division of Behavioral Health (DBH) in October 2018. This funding was then redistributed to five regions throughout the state, who then funded community coalitions. Gage County Multiple Agencies Partnering for Success (MAPS) was funded through Region V Systems to target the goals of the project in Gage County.

### GOALS OF THE PFS PROJECT

- Prevent the onset and reduce the prevalence of underage alcohol use, including binge drinking, among individuals 9 to 20 years old.
- Prevent the onset and reduce the prevalence of marijuana use among individuals 9 to 20 years old.
- Increase the use of Evidence-Based Strategies employed by prevention coalitions to reduce alcohol and substance use among individuals 9 to 20 years old.
- Strengthen capacity and infrastructure at the state and community levels in support of prevention efforts.
- Leverage, redirect, and realign local funding streams for prevention related to underage drinking, and target the increased marijuana use among this population.

## Evaluation Methods

The year one evaluation relied heavily on process evaluation methods to assess the early phases of administering the PFS grant. The evaluation focused on understanding the coalition's capacity and infrastructure, as well as examining the facilitators and barriers effecting the implementation of strategies. Several different data sources were utilized for the outcome evaluation, which were selected based on the target outcome variables identified in the evaluation plan. The data sources for this report include the PFS workplan, quarterly reports, site visit interviews (including SPF fidelity rubrics), the Coalition Capacity Survey, the Nebraska Prevention Information Reporting System (NPIRS), the Youth Risk Behavior Surveillance System (YRBS), the Nebraska Risk & Protective Factor Student Survey (NRPFSS), Nebraska Community Alcohol Opinion Survey (NCAOS), Nebraska Crime Commission, and Nebraska Office of Highway Safety. The process and outcome evaluation methods are provided in the Appendix.

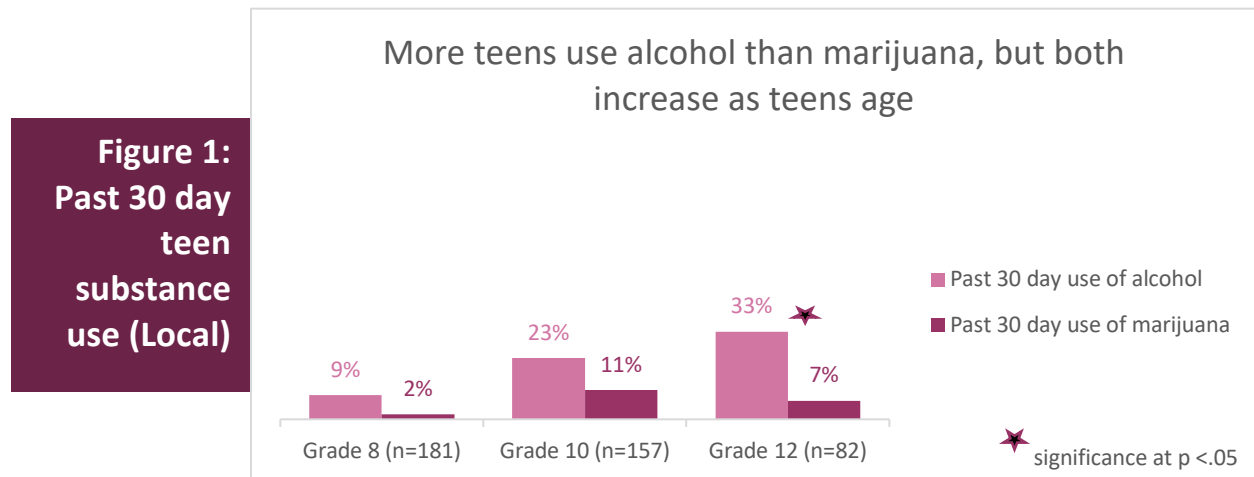
## Findings

### Baseline Indicators

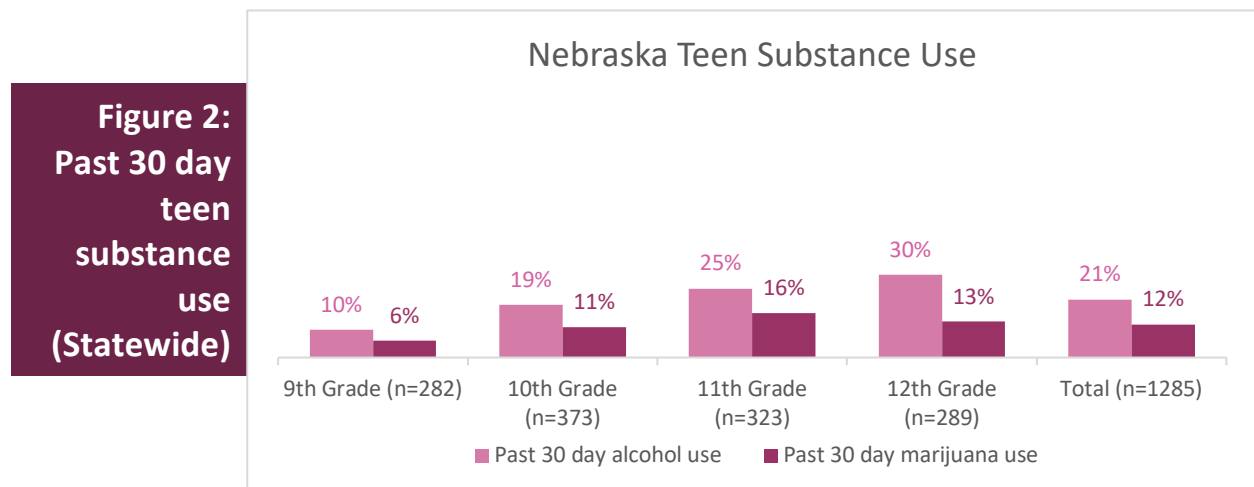
As the PFS project begins, it is important to establish baseline measures to understand the context in which strategies are being implemented. The goal identified in the MAPS year one workplan was to implement 3<sup>rd</sup> Millennium to address alcohol abuse, binge drinking, marijuana use/abuse and associated risk/conflict factors; therefore, it is important to track rates of

underage drinking and marijuana use, with 2018 serving as the baseline year, prior to PFS implementation.

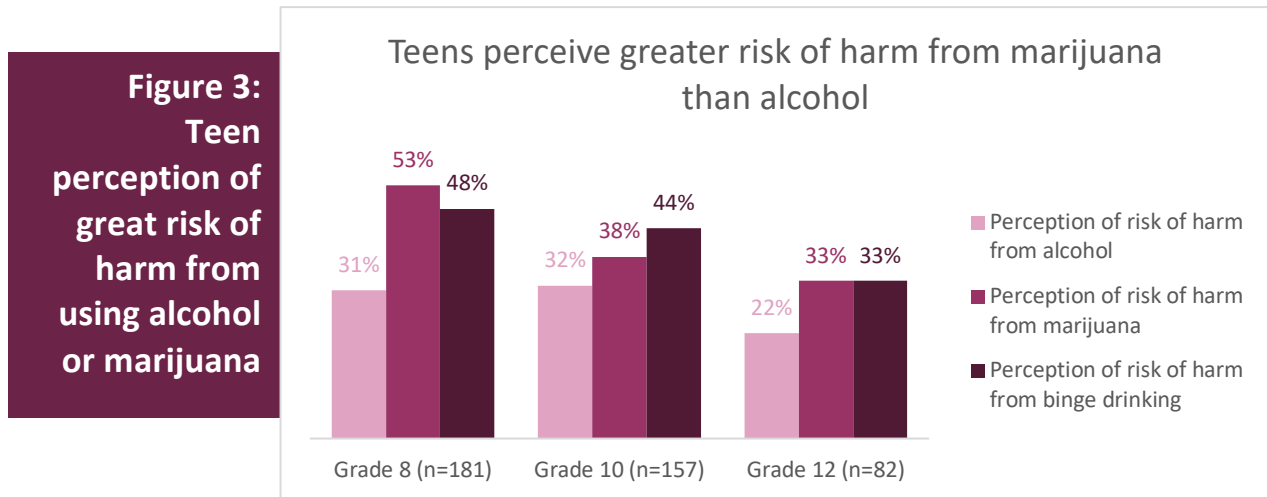
According to the 2018 NRPFS, 33% of teens in Gage County reported using alcohol and 7% report using marijuana in the past 30 days (Figure 1). The use of both substances tends to increase as students age, with alcohol use more than tripling from 9% in 8<sup>th</sup> grade to 33% in 12<sup>th</sup> grade, and marijuana use increasing from 2% in 8<sup>th</sup> grade to 7% in 12<sup>th</sup> grade (interestingly, more report using marijuana in 10<sup>th</sup> grade). Alcohol remains more common across all ages, with 12<sup>th</sup> graders being nearly five times as likely to report using alcohol than marijuana ( $p < .05$ ).



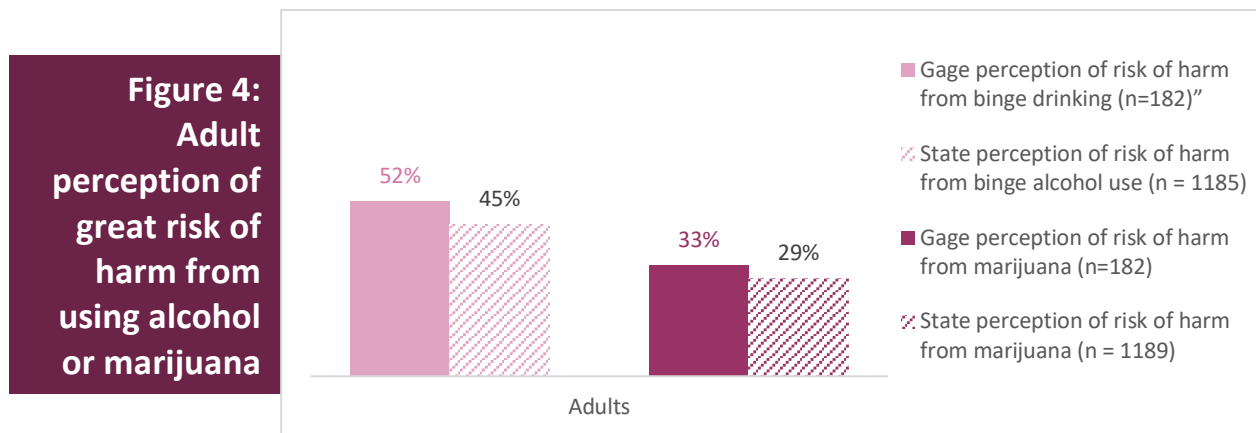
For comparison purposes, data from the 2018 Nebraska YRBS is provided. It is worth noting that the YRBS is not a perfect comparison because it surveys 9<sup>th</sup>-12<sup>th</sup> grade students (the NRPFS surveys 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students); however, it does provide a representative statewide sample. Figure 2 shows that Gage County seniors are drinking at slightly higher rates than the rest of the state (33% in Gage County, 30% statewide), while Gage County seniors use of marijuana is lower than that of the rest of the state (7% in Gage County, 13% statewide).



The evaluation also includes tracking the perception of risk of harm because 3<sup>rd</sup> Millennium addresses low perceived risk of harm from using substances. Figure 3 shows that across all age groups, the perception of risk of harm from alcohol is lower than using marijuana (NRPFSS, 2018). The greatest discrepancy is among 8<sup>th</sup> graders, where 53% perceive smoking marijuana once or twice a week presents a great risk, while only 31% perceive that having 1 or 2 drinks of alcohol nearly every day presents a great risk. While the perception of harm from alcohol decreases some over time, the perception of harm from marijuana decreases from over half (53%) of 8<sup>th</sup> graders perceiving alcohol as a great risk to only one-third (33%) of 12<sup>th</sup> graders perceiving this as a great risk (NRPFSS, 2018). The perception of risk of harm from binge drinking also decreases as students age, but less dramatically than marijuana.



In comparison, Figure 4 shows that Gage County adult perceptions of risk of harm from marijuana is similar to that of 12<sup>th</sup> grade students, with one-third (33%) perceiving it presents a great risk (NCAOS, 2019). However, adults are more likely to perceive binge drinking as risky when compared to teens, with 52% of adults believing that binge drinking presents a great risk of harm (compared to 33% of 12<sup>th</sup> grade students). When compared to other adults across the state, adults in Gage County tend to view alcohol and marijuana as slightly more harmful (NCAOS, 2019).



Comparing youth attitudes and perceptions related to substance use to those of adults can be helpful for better understanding cultural norms in the community. Figure 5 shows the attitudes of youth, which shows that the majority of teens believe peer substance use is wrong when they are younger, but these unfavorable attitudes decrease over time, resulting in 48% of 12<sup>th</sup> graders reporting peer drinking is wrong and 62% reporting peer marijuana use is wrong. This decrease in unfavorable attitudes is correlated with an increase in use of these substances.

**Figure 5:  
Youth  
perception  
that peer  
substance use  
is wrong**

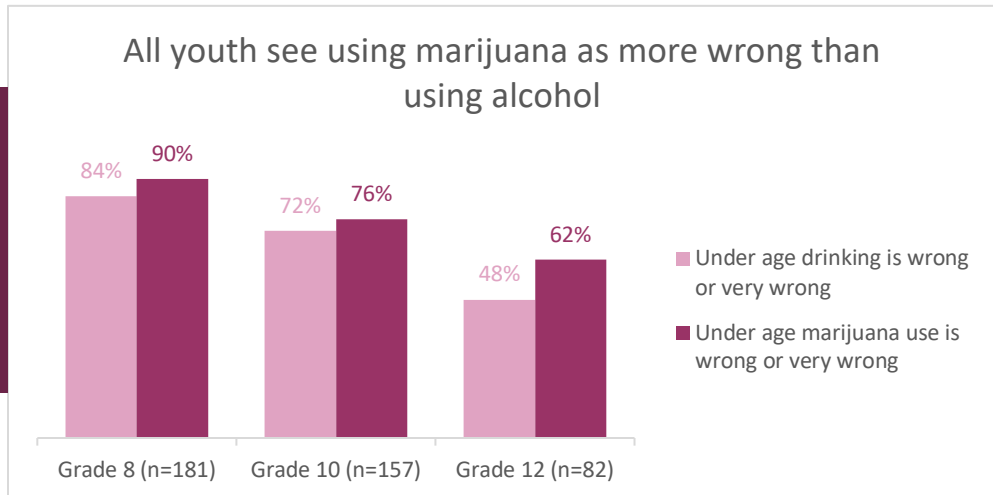
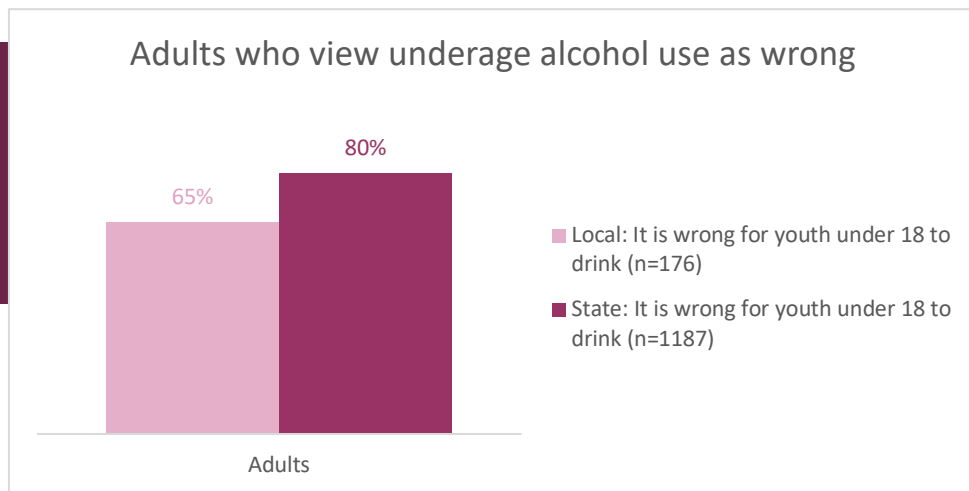


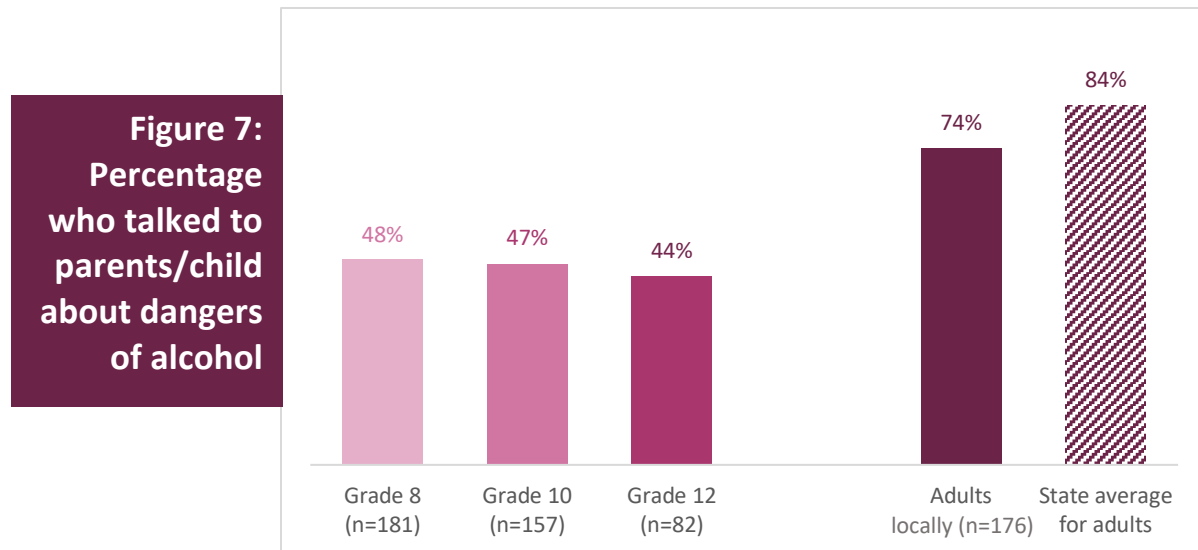
Figure 6 shows that **teen drinking is viewed as significantly ( $p < .05$ ) more acceptable by adults in Gage County when compared to adults across the state**, with 65% of local adults believing teen drinking is wrong or very wrong, while 80% of adults statewide feel this way (NCAOS, 2019).

**Figure 6:  
Adult  
perception of  
underage  
alcohol use**



As 3<sup>rd</sup> Millennium will be implemented with parents as well, it is important to establish a baseline of communication occurring between parents and youth about substance use prior to the implementation of the program. According to the 2018 NRPFS, less than half of teens report that their parents discussed the dangers of alcohol with them (48% of 8<sup>th</sup> graders, 47% of 10<sup>th</sup> graders, and 44% of 12<sup>th</sup> graders). In contrast, according to their parents, 74% report having talked to their kids about the dangers of alcohol use. **While parents in Gage County are**

much more likely than youth to report talking to their children, they are still reporting doing so at rates lower than that of other parents in the state, as 84% of parents across the state report talking to their children about the dangers of alcohol (NCAOS, 2019).



In addition to tracking alcohol attitudes and behaviors, it is important to track the consequences of underage substance use. Alcohol involved crashes among youth occurred at a slightly higher rate than the state average. While the state average of crashes for youth ages 9-20 that involved alcohol was 3% in 2018, the average for Gage County was 4% (Office of Highway Safety, 2018). The Gage County evaluation plan also tracks arrest data in the county published by the Nebraska Crime Commission (2018). This data is useful for understanding legal consequences youth are experiencing as a result of their substance use. Based on the data published for the current year, Gage County reported 75 liquor law violations and 7 DUI's in 2018 for youth 9-20. Of all arrests of youth in this age range, 31% were due to liquor law violations (34.72 per 10,000) and 3% were for DUI's (3.24 per 10,000) in 2018. In comparison, 13% of arrests across all counties were for liquor law violations (12.94 per 10,000) and 3% for DUI's (2.87 per 10,000).

### Description of the coalition

MAPS began in 2002, prior to the funding of PFS in 2018. Christina Lyons is the coalition coordinator, who learned of PFS through the Regional Prevention Coordinator (RPC). The coordinator described how the RPC explained how the grant could help them, *"She helped me see that this would be a good thing for our community."* The coalition applied for PFS because it would enable them to implement new strategies, *"There's no way we could afford to provide this type of programming for all the schools in Gage county if we were without this grant."*

## Membership

There are 38 members in the MAPS coalition, and according to the coordinator, approximately 50-70% are actively involved in the coalition. Members are typically recruited through their jobs, and the coordinator reports that retention is not a problem because people typically stay in their jobs, and if they are promoted, they continue to attend meetings or ensure their replacement attends meetings, *“Maybe not the same people, but the same agencies or organizations have always been involved.”* While members typically join the coalition because of their job, they describe their commitment beyond a job responsibility.

***“We all come here and care about the community, care about kids wanting to do better.”***

The coordinator describes difficulty having youth representation at the coalition meetings. This is due to the timing of the meetings, but also because youth do not feel comfortable speaking at meetings due to the presence of law enforcement and other professionals. However, youth are involved in other ways, as the coordinator interacts with youth through her other responsibilities (teammates, 4H, hope squad, and juvenile diversion), so she has an idea of issues they face and things they would be interested in.

Almost half (47%) of MAPS members who completed the capacity survey reported being a part of the coalition for more than three years. Most (65%) are between 40-64 years old, and all (100%) are white. They have representation from both males (59%) and females (41%). Most members (76%) live in the community and slightly over half (53%) work in the community. Most

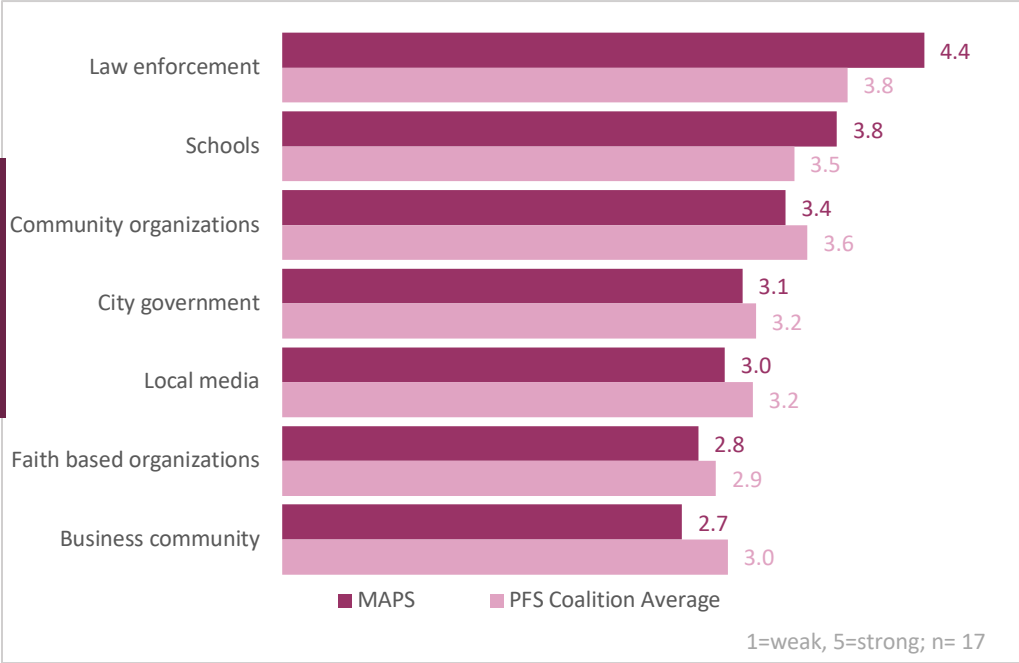
members are in the coalition because of their job (88%), which is logical since recruitment tends to occur through employment; however, many also expressed a personal commitment in the coalition as well, as described by a member, *“To aid with positive youth development... both for the youth I work with, the child I raise and to develop future leaders within the community.”*

According to the coalition capacity survey, over 40% of members agree the coalition lacks representation, with members most likely to report the coalition is missing representation from youth, parents, and healthcare professionals. The coordinator clarified that their current members actually fill some of these roles, *“People who are coming to our meetings... they wear different hats because we’re a smaller community... a lot of them are parents.”* The coordinator prefers to only invite people who she feels the coalition will be relevant for. However, she did invite new people to coalition meetings after receiving the capacity survey results. The coordinator explained youth are not able to attend meetings due to the time, and that if they changed to an evening meeting, they would lose other members.

## Collaborations

Members report the strongest collaborations with law enforcement and schools (Figure 8). The coordinator feels this is due to schools and law enforcement participating in MAPS’s strategies, *“If they feel like they’re responsible for something, they’re going to have more ownership to the coalition.”* **Thus, collaborations are strongest with organizations involved in programming efforts.**

**Figure 8:  
Reported  
Strength of  
MAPS  
Collaborations**



In contrast, collaborations with the business community and faith-based organizations are identified as the weakest. The coordinator explained that while members of the business and faith-based communities may not attend coalition meetings, she is connected to them in other ways. Members also indicate that the coalition is missing representation from non-white groups and people of low socioeconomic status. The coordinator feels their county is majority white, so it would be difficult to get non-white representation. She is not sure if the coalition would be relevant to people of low socioeconomic status and is unsure if they would come to meetings.

**Structure**

The coordinator describes the coalition structure as informal. They make decisions based on a consensus where everyone is part of the process, ***“I think everyone at the table feels like they have a voice in what’s happening.”*** The coalition

does not have a leadership group or subcommittees that meet outside of coalition meetings. Instead, members describe the coordinator as taking on most of the workload, ***“I think Christina is the driving force because she’s the one in contact with all the schools.”*** As a result of this structure, the coordinator describes being overwhelmed with her workload. Members recognize this, but are unsure how to help, ***“It’s hard to get all that work done.”*** Members feel the coordinator does ask for help, but it is hard to get volunteers to do more work.

MAPS typically meets once a month, but some meetings are cancelled due to conflicts. The coordinator reports that 7-9 meetings were held in the past 12 months. The majority of members who completed the capacity survey (64%) report attending more than half of coalition meetings. While there are no established expectations for active members, MAPS has a mission statement that was last updated three to five years ago.



Members of the coalition rank the structure of the coalition as a 3.2 on a 4-point scale, where 1 is strongly disagree and 4 is strongly agree (the average across all PFS coalitions is also a 3.2). **While the coalition benefits from a structure that provides coordinated access to resources, defining the roles of members could further improve the structure of the coalition.**

Nearly all members (94%) agree that they know how to access substance use prevention resources; however, there is disagreement (24%) that members' roles are well defined. When members join the group, they introduce themselves to the group at the first meeting, but there is no specific orientation for new members. Members desire more defined roles and feel such a training or orientation for new members would help clarify these roles.

The coordinator explains that due to the coalition's relaxed structure, members do not have assigned roles, *"I don't know that they would feel like they have a specific role unless I gave them something to do."*

Members see their current role as to *"bring ideas as to how we can implement what our goals are and how to attain those goals with the other members that are present,"* and to *"try to figure out a way to implement those within our communities that can reach the most people."* Another member adds, *"I feel like the majority of what I do is interpret issues that I see in most of our youth and bring the problems here."*

Members also say they benefit from attending the coalition meetings by networking with other members and keeping up to date on community issues. They are also able to coordinate resources and inform members about upcoming events and/or needs at their agency.

The coordinator would like to give members more responsibility, and the members agree. One member suggests forming subcommittees or an executive committee, but also acknowledges it could be difficult to get members to volunteer, *"The people that are sitting around the table are involved in so many things."* One member suggests the structure of the coalition could be improved by setting an established day and time to meet each month.

#### Leadership

Respondents to the coalition capacity survey rank the coalition's leadership as a 3.2 on a 4-point scale, where 1 is strongly disagree and 4 is strongly agree (the average across all PFS coalitions is higher at a 3.4). All members agree that leaders encourage an open dialog among members, but a couple (13%) are not satisfied with the balance of power between staff, leaders, and members. The coordinator would like to give members more power in the coalition.

#### Communication

**The coalition perceives communication as an area where improvements can be made,** as it is ranked by coalition members as a 2.9 on a 4-point scale (1 is very dissatisfied and 4 is very satisfied), which is lower than the average across all PFS coalitions (3.2). Communication is strong during meetings, as members feel the coordinator does a good job of facilitating meetings in a way the members feel comfortable expressing their views, *"Any of us can say whatever you want whenever you want to say it."* They are also satisfied that they are listened to and heard (65% satisfied, 13% very satisfied), but they would prefer more communication

between meetings. Another area for improvement with regard to communication is in using media to promote awareness of the coalition’s goals and activities, where over one-third (34%) of members express dissatisfaction. The coordinator explains the coalition keeps the community updated on its activities by advertising events on the radio and updating their website and Facebook page. She adds that there will be a new person responsible for the website and Facebook page, and she hopes they will post more often. Thus, the coalition may already be on the way to addressing improvements in this area. Members also suggest making sure the materials distributed to community members include the MAPS logo.

**Impact**

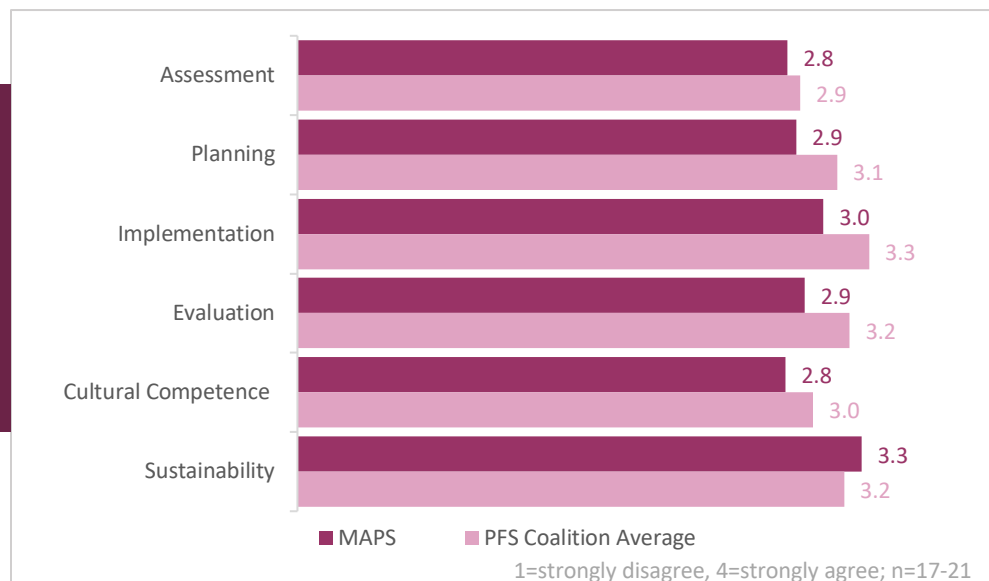
All members feel their time spent on coalition efforts is worthwhile. This perception results in a fairly high ranking in the area of impact of a 3.3 on a 4-point scale, where 1 is strongly disagree and 4 is strongly agree (the average across all PFS coalitions is also a 3.3). While most agree the coalition is making a difference in the community, a couple members (12%)

disagree. The coordinator feels this might be because members might not recognize MAPS strategies, *“They might see different strategies as being more agency driven... like our alcohol inspections, they might see that as a law enforcement strategy rather than a coalition strategy.”*

**Strategic Prevention Framework**

PFS recipients are expected to use the Strategic Prevention Framework (SPF), which incorporates SAMHSA’s guidance on implementing each of the 5 SPF steps and 2 guiding principles described in the Substance Abuse Prevention Skills Training (SAPST) offered to all prevention staff. To better understand the application of the SPF, fidelity rubrics were applied to assess the implementation of each step. When asked about the SPF, the coordinator states the steps are always ongoing, but the coalition does not discuss the steps as a group. When asked about specific efforts within each of the SPF steps and guiding principles in the capacity survey, **MAPS members rank the coalition highest in sustainability and lowest in assessment and cultural competence** (Figure 9).

**Figure 9:  
Reported  
MAPS Ratings  
of Strategic  
Prevention  
Framework  
Components**



### Assessment

MAPS most recently completed an assessment of the readiness of their community to engage in substance use prevention efforts within the last 3-5 years; however, the coalition has not conducted a self-assessment of its strengths and resources, nor has it completed an assessment of the human resources or financial resources available in their community. A coalition meeting occurred in March 2019 that included participation from all Gage county high schools and the local community college in which it was identified that alcohol and marijuana education was needed.

Similar to other PFS coalitions, assessment ranks lowest among the SPF steps for the MAPS coalition. The coalition ranks itself on assessment similarly to the average of other PFS coalitions, with a ranking of 2.8 on a 4-point scale (where 1 is strongly disagree and 4 is strongly agree; the average across all PFS coalitions is 2.9). The key reason for this lower ranking is limited data at the local level, which the majority of members (60%) believe presents a barrier to their assessment process. Despite this barrier, the vast majority (90%) feel they have a clear understanding of the needs of their community.



The coalition scored similarly to other PFS coalitions on the SPF assessment fidelity rubric (Gage scored 63%, while the average across all PFS coalitions was 65%). To interpret this score, a 100% score would mean the coalition implemented assessment exactly as designed by the SPF framework. There are no areas of strong

fidelity, while fidelity is weakest in assessment of community readiness. The coordinator explains their stakeholders are part of agencies, so that influences their priorities.

**Members are yearning for more discussion about assessment**, *“More discussion should happen about the local needs with sharing of our data more than just once a year.”* The coordinator responds she could involve the coalition more in reviewing data. Members also suggest that during the assessment process, the coalition should consult people who work directly with youth (such as teachers and counselors) about what issues they see youth experience and what tools they need to do their job better.

### Capacity

The coordinator believes they have enough staff with the right skills, but would prefer to have members take more ownership of the coalition. Members would like to see more community members actively involved in the coalition and feel they should all participate in recruitment efforts. Members see the value of building capacity across agencies to support youth as they age. The person responsible for implementing 3<sup>rd</sup> Millennium at Southeast Community College (SCC) considers their participation on the coalition a key reason SCC was included as part of the PFS grant. She also feels the value of being part of MAPS as future SCC students will have benefitted from 3<sup>rd</sup> Millennium if they attended a local high school where the program is implemented. The coalition is able to implement this strategy due to the capacity built in establishing relationships with all of the Gage county high schools and local college.

On the SPF capacity fidelity rubric, the coalition also scored similar to other PFS coalitions, scoring 63% (the average across all PFS coalitions was 62%). Fidelity was strongest in directing capacity building efforts at resource gaps, documenting capacity building efforts, and coalition infrastructure, and weakest in systematically identifying and recruiting missing partners, establishing and observing formal recruitment and membership procedures, seeking and using guidance from the target population, and sustainability of project outcomes.

### Planning

The coalition scores itself lower than the average across all PFS coalitions in the area of planning, scoring a 2.9 on a 4-point scale (where 1 is strongly disagree and 4 is strongly agree), compared to the PFS average of 3.1. The majority of members (69%) believe that the coalition develops an annual workplan based on member input, but over one-quarter (26%) do not feel they are actively involved in the planning process.

***“Coalition member input and discussion needs to be conducted more to get a buy in of members.”***

While the coalition scores itself lower in the area of planning, the coordinator scored the coalition slightly higher in its planning fidelity. The coalition scored 83% on the SPF planning fidelity rubric (the average across all PFS coalitions was 74%). Fidelity was high due to strengths in including the state priorities in the coalition’s strategic plan, addressing community capacity and infrastructure, identifying appropriate

evidenced based strategies, and discussing how to implement culturally appropriate strategies.

Due to the compressed timing of the year one work plan submission, the Regional Prevention Coordinator (RPC) developed MAPS’ year one work plan, with input from the MAPS coordinator. The coordinator had more input in the year two work plan, with the primary change being the addition of the All Stars program. MAPS chose to implement the strategy of 3<sup>rd</sup> Millennium because it could be useful for youth of different ages, *“I see this being hugely beneficial for all youth during adolescence, even college age.”* The coalition coordinator and RPC were also familiar with 3<sup>rd</sup> Millennium because a nearby coalition had experience with it.

A variety of stakeholders were at the planning table, including school administrators from all four high schools and the local college, as well as the coordinator, the RPC, and technical staff from 3<sup>rd</sup> Millennium. Members received log in information to test 3<sup>rd</sup> Millennium and feel they had input on the selection of the strategy, *“I don’t think if the group hadn’t been in favor of it, it would have been done... our voices were heard.”* To address health disparities, MAPS made sure 3<sup>rd</sup> Millennium was available online to reach more people.

During the summer of 2019, additional resources were provided to MAPS to aide in planning. DBH released the EBP Matrix, a listing of various EBP’s, organized by strategy type, target population, session/frequency, and setting type. Moreover, MAPS received brief data reports summarizing key findings from their

coalition capacity survey, as well as local level data (e.g., NRPFS), including a breakdown by disparities. Moving forward, MAPS intends to use their data briefs, capacity survey results, and the EBP matrix to improve their strategic plan.

On the fidelity rubric assessing the selection of strategies, the coalition scored 80% (the average across all PFS coalitions was 87%). The only area not showing strong fidelity was a lack of discussion regarding adaptations to the program, which may not be needed. The specific focus on one EBP (3<sup>rd</sup> Millennium) is attributed to the strength in this area, as the coordinator explains, *“We’re pretty specific in what we’re targeting.”*

While timing was condensed for planning for the current PFS grant, the coordinator describes the ideal way to select strategies would include a process of looking at the data with the coalition to interpret what is needed, and then decide on a strategy that meets the needs. Coalition members describe a process involving consulting multiple data sources to select where to focus efforts, but their preference is to select strategies that could be implemented in schools, *“that’s where you’re going to connect with the most youth and families.”*

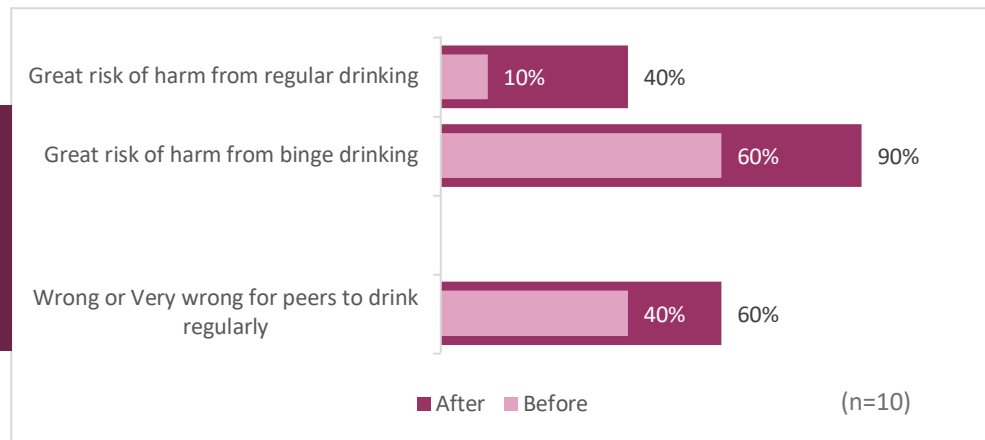
#### Implementation

**Understanding the need to implement evidence-based programs is a key strength of MAPS, while developing action plans/dates is an area for growth.** With regard to the SPF step of implementation, the coalition ranks itself as a 3.0 on a 4-point scale (1=strongly disagree, 4=strongly agree), which is lower than the PFS average of 3.3. The greatest disagreement is found in members’ perception that action plans and target dates are developed for each task or project, with 20% disagreeing with this. However, the strength is that nearly all members (90%) agree that they understand the need for implementing EBP’s.

The MAPS coalition began implementing 3<sup>rd</sup> Millennium in year one, which is a one-time online substance use prevention course that is an EBP. It was implemented at Southeast Community College (SCC) Beatrice campus in spring 2019. Every Resident Assistant and three staff members completed the program and provided feedback. Due to the small number of participants (only one completion was provided by the programmer), no knowledge outcome data is provided in year one. However, a separate survey was developed by the evaluator and administered by SCC implementers. This survey was completed by 10 participants, all of which were under the age of 21.

As Figure 10 shows, only 10% of participants perceived regular drinking among their peers posed a great risk prior to participating in the 3<sup>rd</sup> Millennium program. This increased to 40% after the program; however, this increase was not statistically significant (likely due to the small sample size). The perceptions of the risk of harm from binge drinking also increased from 60% to 90% (non-significant increase). Finally, participants’ attitudes toward peer drinking also became less favorable after participating in the program; however, the difference did not reach statistical significance.

**Figure 10:  
3<sup>rd</sup> Millennium  
Participants'  
Retrospective  
Reports**



A few participants identified content they would've liked to learn more about including BAC, better statistics on drinking that begins after starting college, and responsible drinking behaviors. The aspects of the 3<sup>rd</sup> Millennium program participants appreciated most were the personalization of the information, the detailed and interesting information, and the delivery of the information. In contrast, many felt the program was too long and one noted that the statistics were not accurate for their specific campus.

Feedback from SCC resulted in modifications to the future implementation of the program as they determined it took too much time (60-90 minutes) to expect every incoming student to complete. Instead, SCC plans to use it for students who receive alcohol or marijuana related sanctions starting in fall 2019. To replace 3<sup>rd</sup> Millennium, SCC chose a different substance use prevention program that was shorter, less expensive, and could be implemented on all campuses to use for all incoming students. Since only the Beatrice campus is located in Gage County, 3<sup>rd</sup> Millennium could not be used at other SCC campuses.

Due to the late start of PFS and school administrators not meeting until March, 3<sup>rd</sup> Millennium was not implemented in any high schools in year one; however, MAPS plans to implement the program in the targeted high schools in year two. In addition to implementing this program, MAPS will be adding All Stars in middle schools.

Implementation staff are hopeful that 3<sup>rd</sup> Millennium will improve outcomes, *"If someone goes through the program, hopefully the likelihood of them having to go through the same sort of alcohol related sanction again would be lessened... they would hopefully learn from it and make better choices."*

#### Evaluation

Members rank evaluation as a 2.9 on a 4-point scale (1=strongly disagree, 4=strongly agree), which is lower than the PFS average of 3.2. As a strength, most members (83%) agree the coalition uses the data they collect to evaluate their work and report the results of those evaluations; however, some members (22%) disagree that members participate in reviewing

data for planning and evaluation purposes and that the coalition uses evaluation data to modify efforts.

On the SPF evaluation fidelity rubric, the coalition scored 85% (the average across all PFS coalitions was 91%). Most areas of fidelity are strong. The only area of weak fidelity was understanding the relationships between local and state priorities and federal outcomes, while the monitoring process of the SPF steps and development of evaluation capacity were rated as moderate.

### Sustainability

In addition to PFS funding, MAPS also receives funding from Region V Block grant, community based juvenile justice grant, Gage County United Way funding, Gage County Foundation funding, and fee for service for diversion. MAPS uses this funding for leadership, Teammates, prescription take back events, youth activities, media, alcohol inspections, coalition trainings, mental health first aid, second step, and the website talkheart2heart.org. The coordinator primarily views leveraging funding across sources as beneficial, *“lots of advantages. I mean look how many people I can serve.”* The coalition also has flexibility with choosing strategies and options to continue a strategy if the original funding source ends. Although, there are also disadvantages, including more tasks to complete and more reporting.

MAPS completed a written sustainability plan within the past 10 years, and the coalition discussed how to sustain community outcomes beyond PFS and how to obtain future funding. The coalition plans to sustain All Stars (to be implemented in year two) through a Region V block grant after PFS funding ends, and SCC hopes to fund 3<sup>rd</sup> Millennium through the school budget at all campuses if it is successful in Beatrice. Moreover, the coordinator believes the MAPS coalition will continue after PFS ends.

Overall, members feel that MAPS is strong in sustainability. The coalition ranks sustainability as 3.3 out of 4.0 (1=strongly disagree, 4=strongly agree), which is higher than the PFS average of 3.2. All members agree the coalition has the capacity to sustain prevention efforts over time, and most members (94%) agree the coalition plans ahead for its long-term sustainability; however, 18% lack confidence that most of the selected strategies will continue after PFS funding ends.

### Cultural Competence

MAPS discusses diversity of income and the culture of poverty in making coalition level decisions. The coordinator states MAPS's service area does not have a lot of racial diversity, but is confident in the coalition's awareness of cultural competency. *“I think they're all very aware of cultural competence. I just don't think that we have the opportunity to really practice very much because we have very little diversity in our community.”* There were not any steps taken to ensure cultural competency in implementing 3<sup>rd</sup> Millennium; however, the coordinator explained that because it was an online program, they could reach more people with 3<sup>rd</sup>

Millennium. Furthermore, implementation staff plan to look for any cultural differences in the data.

The coalition ranks cultural competence as a 2.8 on a 4-point scale (where 1 is strongly disagree and 4 is strongly agree), which is slightly lower than the PFS average of 3.0. Nearly all members (95%) agree the coalition recognizes the importance of respecting cultural diversity, but 78% of members also agree the coalition lacks representation from cultural groups in the community. One member notes, *“Coalition could do more to invite citizens of all backgrounds.”* Members suggest adding representatives from non-white groups and those from low socioeconomic status. ***“Some members of the coalition really have done a lot of work to become more culturally competent... but overall, I would say the group as a whole has a lot of work to do.”***

### Training and Technical Assistance

The vast majority of members (88%) agree that training is provided to members on relevant topics. For future training and technical assistance, members express the most interest in learning how to build partnerships with community leaders, staying informed about substance abuse research, recruiting new coalition members, and addressing behavioral health disparities.



## Appendix: Methods

### *Process Methods*

#### *Work plans and Quarterly Reports*

MAPS submitted a work plan as part of the pre-award process. After receiving the award, MAPS submitted their first quarterly report in the summer of 2019, which covered the first three quarters, and another report was submitted at the end of year one that covered the fourth quarter. These documents were shared with the evaluator for review. This information was used to assess adherence to the SPF steps, implementation of selected strategies, training and technical assistance received, and to identify successes and barriers.

#### *Coalition Capacity Survey*

The coalition capacity survey was first administered as a web survey sent to all coalition members. Of the 42 members who were invited to complete the survey, 4 responded noting that they were not active members; thus, they were removed from the frame, leaving a total of 38 members. In total, 21 of the 38 coalition members completed the coalition capacity survey in spring of 2019, resulting in a response rate of 55%. The survey measured the SPF steps, structure, collaboration, leadership, communication, impact, and other items regarding their participation on the coalition. Coalition coordinators completed the capacity survey items, and also answered additional questions about the overall structure and functioning of the coalition.

#### *Site Visit*

A site visit was conducted with stakeholders from the MAPS community in August 2019. The site visit included in-person interviews with the coalition coordinator, implementation staff, and coalition members. It provided historical context of the coalition and its participation in PFS, context on the coalition's capacity and functioning, SPF adherence, leveraging of resources, experiences with training and technical assistance, and early implementation. A SPF fidelity rubric was also administered during the site visit, which was originally created by a national SPF SIG workgroup in 2008. The rubrics define the components required for each step of the SPF model to be implemented with fidelity. Scores were calculated to determine a percent score for each rubric (100%=complete fidelity).

#### *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. NPIRS data was reviewed for subgrantee compliance with data-entry, types of interventions being used, numbers of individuals served by SPF-PFS funding, and fidelity.

## *Outcome Methods*

### *Nebraska Risk & Protective Factor Student Survey*

The Nebraska Risk & Protective Factor Student Survey (NRPFSS), 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 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. Data was collected from 420 students in the 2018 NRPFSS administration across Gage County, including 181 8<sup>th</sup> graders, 157 10<sup>th</sup> graders, and 82 12<sup>th</sup> graders.

### *Youth Risk Behavior Surveillance System*

In 2018, the state of Nebraska conducted the Youth Risk Behavior Survey (YRBS), also a part of the SHARP Surveillance System, to assess current rates of substance use and risk behaviors for high school students. The survey is representative of the state, and results are weighted to accurately represent the state population. The purpose of the YRBS in this context is to provide a basic statewide comparison.

### *Nebraska Community Alcohol Opinion Survey*

The Nebraska Community Alcohol Opinion Survey was commissioned as a mail survey by the Department of Health and Human Services and conducted by the Bureau of Sociological Research in the summer of 2019. The NCAOS 2019 was designed as a supplemental survey to the 2019 Nebraska Annual Social Indicators Survey (NASIS) where the same questions were asked (in addition to other questions that were asked on the NASIS omnibus survey). In addition to providing statewide estimates, NASIS returns from the targeted areas were combined with the NCAOS returns. PFS funded counties were oversampled to ensure all counties had representative data when combining NASIS and NCAOS data. Address based sampling (ABS) was used through the postal delivery sequence file. The sample for the NCAOS 2019 was purchased from Dynata. Dynata provided 6,500 cases to BOSR on July 17, 2019. In total, NASIS resulted in 1,227 surveys and NCAOS resulted in 1,757 completed surveys.

### *Nebraska Office of Highway Safety*

The Nebraska Office of Highway Safety dataset includes all traffic-related accidents for youth between the ages of 9-20 for 2018. Rates were calculated to determine how many of these crashes involved alcohol.

### *Nebraska Crime Commission*

The Nebraska Crime Commission publishes a yearly dataset that includes information on the number of DUIs, Liquor Law Violations, and Drug Abuse Violations for each county by age. Using the tool publicly provided online, data on those offenses was gathered for this report. The 2018 census estimate data was used to calculate the rate of crime per 10,000.

## Executive Summary

### Background:

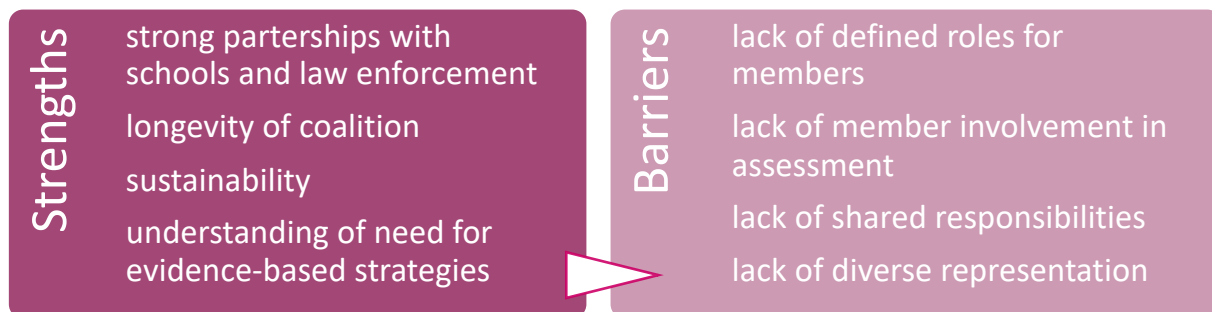
Gage County Multiple Agencies Partnering for Success (MAPS) received Substance Abuse and Mental Health Services Administration Strategic Prevention Framework-Partnerships for Success (PFS) funding from Region V Systems to implement efforts focused on reducing problems related to substance use in youth in Gage County.

### Youth Substance Use:

- Youth in Gage County are drinking at rates slightly higher than the rest of the state, with 33% of 12th graders reporting drinking alcohol; however, teens are using marijuana at rates lower than the rest of the state, with 7% of 12th graders reporting using marijuana in the past 30 days.
- Adults and younger teens perceive marijuana as presenting a greater risk of harm than alcohol.
- Adults are more accepting of youth alcohol use when compared to the rest of the state.
- Adults are less likely to report talking to their children about the dangers of alcohol when compared to other adults across the state.



### Coalition Capacity:



### Strategies Implemented:

*3<sup>rd</sup> Millennium*: 3rd Millennium, a one-time online substance use prevention course, was implemented at the Southeast Community College (SCC) Beatrice campus in spring 2019 with Resident Assistants and staff members as a pilot. After piloting the program, SCC modified future implementation of the program to only use it with students who receive alcohol or marijuana related sanctions rather than implementing it with all students because the program is too time-intensive to complete.

## Recommendations

### Clarify member roles and share workload among members

Members express a desire for more defined roles. Moreover, the coordinator carries the bulk of the workload, but most agree some responsibilities should be shared amongst the coalition members. Members recommend a training or orientation to clarify both coalition member and coordinator roles, and to establish a procedure for orienting new coalition members. It is recommended that staff discuss with coalition members or seek technical assistance on defining member roles and consider implementing subcommittees and/or leadership officer positions to share responsibilities.

Members report a desire to strengthen the currently weak collaborations with the faith-based and business communities. Members also describe a lack of diverse representation on the coalition. Specific recruitment efforts recommended by members suggest focusing on non-white and lower socioeconomic individuals. These outreach efforts may build upon each other; establishing a collaboration with the faith-based community may lead to the recruitment of new diverse coalition members.

### Reach out to different communities

### Increase communication

Communication during coalition meetings is a strength; however, members would prefer more communication between meetings. Members also request setting a consistent date and time for coalition meetings. It is also recommended that the new person responsible for the website and Facebook page focus on promoting awareness of the coalition's goals and activities to improve communication with the broader community, as some members expressed dissatisfaction in this area.

Members feel well supported with training, but additional opportunities for training are in the areas of 1) building partnerships with community leaders, 2) recruiting new coalition members, 3) addressing behavioral health disparities, and 4) staying informed about substance abuse research.

### Provide training for members

### Review data and utilize resources to identify strategies and develop Y3 workplan

Members rank assessment and cultural competency lowest among the SPF steps. Moreover, members request they be more involved in the assessment and evaluation processes. Data briefs are now available, including health disparities, to inform the coalition about trends in the region. It is recommended that staff review the data briefs, the data in this report, and the EBP Matrix with coalition members as the year 3 PFS workplan is developed.

# Nebraska Strategic Prevention Framework Partnerships for Success (SPF-PFS)

## Year 2 Evaluation Report February 2021

Prepared For:

**Gage County  
MAPS  
Prevention  
Coalition**

Nebraska Strategic Prevention Framework-Partnerships for Success (PFS) Evaluation  
Gage County Multiple Agencies Partnering for Success (MAPS)

February 2021

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The University of Nebraska does not discriminate based upon any protected status.

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## Project Overview

The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the five-year Strategic Prevention Framework-Partnerships for Success (PFS) 2018 Grant to the Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH) in October 2018. This funding was then redistributed to five regions throughout the state, who then funded community coalitions. Gage County Multiple Agencies Partnering for Success (MAPS) was funded through Region 5 Systems to target the goals of the project in Gage County.

<b>GOALS OF THE PFS PROJECT</b>	<ul style="list-style-type: none"><li>• Prevent the onset and reduce the prevalence of underage alcohol use, including binge drinking, among individuals 9 to 20 years old.</li><li>• Prevent the onset and reduce the prevalence of marijuana use among individuals 9 to 20 years old.</li><li>• Increase the use of Evidence-Based Strategies employed by prevention coalitions to reduce alcohol and substance use among individuals 9 to 20 years old.</li><li>• Strengthen capacity and infrastructure at the state and community levels in support of prevention efforts.</li><li>• Leverage, redirect, and realign local funding streams for prevention related to underage drinking, and target the increased marijuana use among this population.</li></ul>
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## Evaluation Methods

As with the first year, the year two evaluation relied heavily on process evaluation methods to assess the early phases of administering the PFS grant. The process evaluation focused on, among other things, understanding the capacity and infrastructure as well as examining the facilitators and barriers effecting the implementation of strategies. The data sources utilized for the process evaluation included the year two workplan, quarterly reports, Nebraska Prevention Information Reporting System (NPIRS), and virtual site visit interviews. While several different data sources were presented for the outcome evaluation in year one, new data was limited in year two. The data sources presented in this report include data from the Nebraska Young Adult Alcohol Opinion Survey, Nebraska Crime Commission and Nebraska Office of Highway Safety. The process and outcome evaluation methods are provided in Appendix A.

## Results

### Strategic Prevention Framework

PFS recipients are expected to use the Strategic Prevention Framework (SPF), which incorporates SAMHSA’s guidance on implementing each of the five SPF steps and two guiding principles described in the Substance Abuse Prevention Skills Training (SAPST) offered to all prevention staff.



## Assessment

The assessment phase allows coalitions to understand the prevention needs within a community based on a variety of data. Through this phase, coalitions can 1) gain an understanding of the extent of substance misuse problems and related behaviors; 2) identify the risk and protective factors that are influencing the problems; and 3) begin assessing the capacity for prevention efforts in the community. The coordinator reported that they will receive new data from a juvenile justice assessment, which she will share with the coalition. In addition, according to the final quarterly report, meetings were held with Beatrice Public Schools to assess the programmatic fit for implementing Wellness Recovery Action Plan (WRAP).

## Capacity

As part of capacity, communities build or enhance a prevention system that can effectively respond to the problems identified through the assessment phase. To have strong capacity, a community must have resources (organizational, human, and fiscal) and readiness within the community at-large. Building capacity often includes engagement with community stakeholders, enhancing a prevention team, and raising awareness about the issue within the community. Gage County MAPS Coalition (MAPS) was growing in capacity until the COVID-19 pandemic. Based on the coalition roster, MAPS had 38 coalition members during year one, and this increased to 43 by the end of year two. This change reflects the loss of 16 members who were no longer part of the coalition after year one, and the addition of 21 new members in year two (a net gain of 5 members). Among the new members, the coalition gained representation from 11 new organizations. In total, the 43 members in year two reflect 28 different organizations, including schools, the local health department, a variety of Gage County employees, and behavioral health services (see Figure 1).

**Figure 1:  
Beatrice Public  
Schools and  
Public Health  
Solutions are  
the most  
represented  
agencies on  
the coalition**



MAPS holds their meetings at a school building, but they couldn't meet there safely during the pandemic; therefore, they stopped meeting in the spring of year two, and at the time of the virtual site visit in August 2020, had not begun meeting again. There was a meeting planned for September, which the coordinator anticipated would be virtual. Other than the break in meetings, there were no structural changes in year two.

*"We had really great meetings until March, and then everything just kind of went into a standstill." – Coordinator*

In the year one evaluation report, it was recommended that MAPS clarify member roles, share the workload among members, and increase communication outside of meetings. The coordinator felt MAPS made progress on sharing the workload, as members are assuming more responsibilities. As an example, the police department delivers taxi vouchers to bars and restaurants for rides home. They came up with the idea, do the bulk of the work, and send the coordinator an invoice. The vouchers have been well received by the community. To

*"I feel like other people are taking responsibility for some of the strategies." – Coordinator*

clarify member roles, the coordinator asks members to report out updates from their employers at meetings. However, progress has been stalled in the area of communication due to the pandemic, *"A lot of our communication just shut down because everything shut down."*

In the first half of year two, there was a sharp increase in coalition meeting attendance, with 25-30 people attending each meeting. The coordinator felt that members shared opinions and updates at meetings and took ownership to do some strategies, such as the school running Hope Squads. The coordinator noted that the capacity to accomplish things is there, but the members need to become engaged as a unit. The coalition is becoming more well known as a resource. The Beatrice superintendent asked for funding for social emotional learning programming, which the coordinator felt demonstrated the value of MAPS. However, any growth in capacity halted in March of year two when the coalition stopped meeting due to the pandemic.

The coordinator reported it was hard to build the coalition while people were working virtually, and the pandemic became people's primary concern. During the first half of year two, MAPS increased engagement from schools, law enforcement, and health care. The coordinator invited people and encouraged members to invite people to the meetings who they felt should be a part of the coalition. The coordinator felt that increased MAPS funding from PFS could have contributed to the increased engagement from schools.

*"It just seemed like we had more buy in from the community. We had great, great numbers of people attending and participating." – Coordinator*

The year one evaluation report recommended MAPS reach out to the faith-based and business communities and add diversity. MAPS received a mini-grant to work with faith partners, but they have not begun work on that as of the summer of 2020; however, the coordinators want to engage faith partners as they move forward.

The coordinators described an interesting observation regarding who they have representing the schools on the coalition and the impacts of that on strategy implementation. While it is

*“The school folks that are at the table are too removed from the kids sometimes I think. They’re administrators and... they’re not going to have that much effect on the actual implementation of All Stars or 3<sup>rd</sup> Millennium.” – Coordinator*

often felt that it is important to have school administrators on the coalition to ensure school buy-in, the coordinators explained that administrators are too far

removed from the boots on the ground implementation. The coordinators reported that school administrator MAPS members were excited about 3<sup>rd</sup> Millennium and All Stars, but the implementers at their schools (typically school counselors or teachers) said they don’t have time to implement the programs. The coordinator is considering adding a subcommittee with both administrators and implementers participating.

Moving forward, the coordinators would like more member involvement in the planning process and get member input on defining roles. The coordinators would also like to convene the members again to continue the momentum they had going prior to the pandemic. To accomplish this, the coordinators are looking at rooms that allow people to meet together with enough space to physically distance, while also offering a Zoom option.

#### Recommendations:

1. Seek input from coalition members on how to define and document member roles and expectations.

#### Planning

A key component of planning is identifying the most appropriate strategies in a given community. This is done by prioritizing the risk and protective factors that need to be addressed in a community and selecting the appropriate evidence-based program(s) and practice(s) that will allow for a comprehensive approach. While planning the implementation of strategies with Beatrice High School during year two, MAPS identified a need to hold a WRAP training followed by a WRAP train-the-trainer opportunity. They noted in the quarterly report that the cost effectiveness and peer-to-peer interactions provides consistent support and reduction of risk factors while also addressing substance use prevention. It would also allow counselors to identify students who may need to be referred to mental health services.

MAPS was working on their year three workplan at the time of the virtual site visit interview. The year one evaluation report recommended MAPS review data and utilize available resources such as the Evidence-Based Practices (EBP) Matrix. The coordinator reported she planned to review data. The coordinator was unsure if they will make changes to their year three workplan, especially regarding strategies that are implemented in schools; however, MAPS is




considering putting more emphasis on media in year three and the quarterly report shows that planning for WRAP began near the end of year two.


Recommendations:

2. Work with the region or state to identify training and technical assistance opportunities to engage members on planning efforts.

Implementation

As part of the implementation phase, coalitions or communities deliver the evidence-based programs and practices with fidelity, though adaptations may be made to meet local circumstances so long as the core components of the program are maintained. It is also the stage where coalitions establish implementation supports, such as training and resources, as well as gaining leadership and administrative support from key stakeholders. It also includes monitoring implementation efforts to ensure strategies are being implemented as intended. MAPS identified two objectives to address the goals of the project in their year two workplan. Progress toward each of these objectives is described below using the following key.

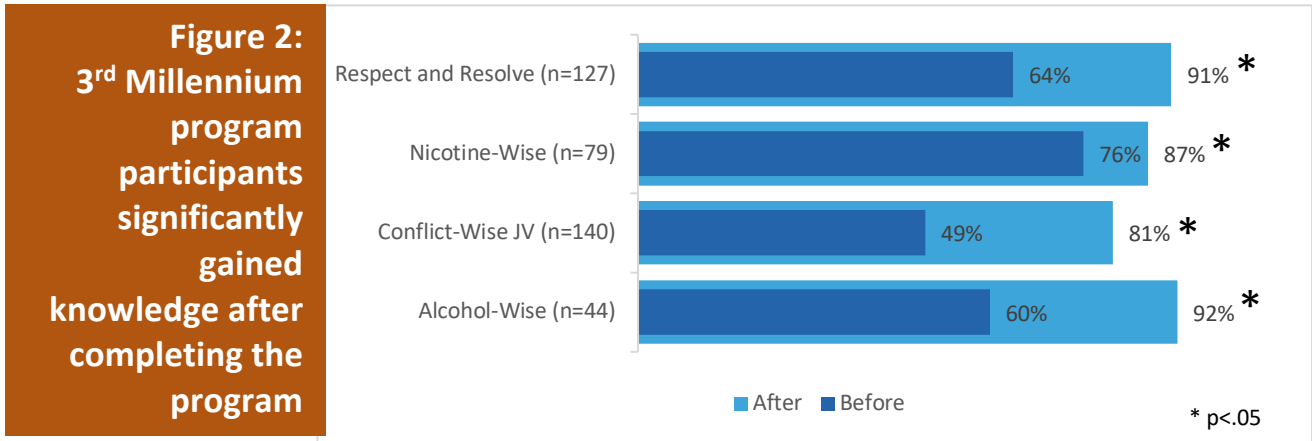
-  Objective was met
-  Objective was partially met
-  Objective was not met

 *Objective 1, 3<sup>rd</sup> Millennium: Implement 3<sup>rd</sup> Millennium in four high schools in Gage County, Beatrice, Freeman, Southern, and Diller-Odell and at Southeast Community College-Beatrice Campus to increase the number of students educated on alcohol, marijuana, nicotine, conflict, and respect/resolve.*


The Regional Prevention Coordinator (RPC) and a MAPS coordinator spoke with individual schools about implementing 3<sup>rd</sup> Millennium, a one-time online substance use prevention course, and the schools seemed excited to implement it. While there were no records entered into NPIRS, the coordinators reported during the virtual site visit that during year two, 3<sup>rd</sup> Millennium was implemented at a college campus and two high schools in year two. Beatrice High School implemented 3<sup>rd</sup> Millennium as part of a 9<sup>th</sup> grade health class, and Freeman implemented it with their students receiving infractions (only three students received the programming). Unfortunately, the teachers at Southern and Diller-Odell were unable to get trained, so the program was not implemented in those schools. Southeast Community College (SCC) Beatrice campus implemented 3<sup>rd</sup> Millennium with students who live on campus and received infractions for alcohol or marijuana, but they used a different program for their freshmen-wide administration across all campuses. During the first quarterly report of year two, MAPS noted that in the previous quarter, 40 students participated in alcohol program of 3<sup>rd</sup> Millennium with plans to incorporate the marijuana program during that quarter. Even without full implementation at all of the schools, the coordinator considered the connections made with the schools a success.

Figure 2 displays the scores from the pre- and post-test scores of the 3<sup>rd</sup> Millennium program implemented at Beatrice High School (due to the small number of cases from Freeman High

School, pre-post comparisons are not available for that school). The Marijuana program data showed that all of the participants had a score of zero at pre-test and 100% at post-test; thus, further investigation is warranted to fully interpret that data. The Respect and Resolve, Nicotine-Wise, Conflict-Wise, and Alcohol-Wise all resulted in a significant increase in knowledge test scores. Having it be statistically significant, as denoted by the asterisk (\*) means that the change in knowledge is likely not due to chance.



COVID-19 presented a challenge in implementing 3<sup>rd</sup> Millennium in year two, as it was not implemented after virtual classes started. While MAPS encouraged the use of 3<sup>rd</sup> Millennium as embedded health curricula, there was limited access to appropriate staff and administration to make it a viable option while virtual classes were occurring. Moving forward, the coordinator hopes to discuss with each school ways to implement the program in their schools with the general student population, possibly virtually, without overwhelming staff.

 *Objective 2, All Stars: Train teachers/counselors to implement All Stars curriculum in all four schools within Gage County to ensure MAPS can reach junior high youth.*

All Stars is a 9-session program for middle school students to discourage behaviors such as drug use, violence, and premature sexual activity. Southern was the only school in Gage county that implemented All Stars in year two, where they completed three quarters of the sessions, but then stopped due to COVID-19. MAPS offered an online training option, but only Southern completed it.

Part of All Stars includes recording middle school students making a commitment to themselves to stay clean and sober. The coordinator explained that the implementer at Southern then shows these recordings when the students are seniors, “[The implementer] has really done some work to integrate the program past even the middle school.” Overall, the coordinators feel that the students look forward to participating in All Stars.

*“The kids, I think, look forward to the opportunity. They know when they hit that grade level that they're going to be able to do that too.” – Coordinator*

The quarterly report noted that the schools declining to participate in All Stars were unable to do so due to an inability to devote the staff time required for training and implementation.

The coordinator reported the biggest challenge for All Stars is getting the schools trained and fully on board for implementation, *“Trying to get that follow through, get [school personnel] trained... you kind of got that sense from them, even though they could see the benefit and the fun the kids would have with that program.”* The RPC explained the intensity that the All Stars program requires and suggested that this level of additional programming may not be what they need. This was also noted in the quarterly report updates. Often schools – and particularly

*“I think that stuff falls to the counselors, very often, and to ask them to add an 8-to-16-week module program is unrealistic... especially in small schools... I’m not sure additional programming is the answer.”* – RPC

administrators – are interested in the programs, but counselors already carry a heavy burden of activities and programs for students.

#### Recommendations:

3. Consider adding teachers or counselors as coalition subcommittee members to more effectively determine how programming can be implemented in schools and determine what strategies would be the best fit.
4. Report all activities into NPIRS to ensure the coalition is credited with all effort conducted, and reach is fully encapsulated.
5. Explore opportunities to implement 3<sup>rd</sup> Millennium with the general student population and potentially virtually to minimize burden on school staff.

#### Evaluation

Evaluation ensures the systematic collection and analysis of data regarding prevention activities to better understand the effectiveness of prevention efforts and drive decision-making. It allows coalitions or communities to evaluate the process and outcomes of prevention strategies. The evaluator shared the year one evaluation results with the coalition coordinators and RPCs via a remote presentation in April 2020, which was recorded and shared for those who could not attend on that date. The presentation included an update on progress made in building capacity and implementing strategies in year one, a presentation of baseline data, an overview of coalition capacity strengths and barriers, a list of recommendations, and a discussion regarding future evaluation efforts. At the time of the virtual site visit interview, the coordinators had not yet used the year one evaluation report, but the coordinators felt it would be useful moving forward, and the coordinator added that they did use the capacity survey results, which were helpful.

The original evaluation design to assess the impacts of the 3<sup>rd</sup> Millennium program included administering a brief retrospective online survey with participants who complete the Alcohol-Wise and Marijuana-Wise programs. This survey is in addition to the developer’s pre- and post-knowledge-based questions that are incorporated into the program, but provides insight into

the impacts on behaviors, perceptions, and attitudes. Unfortunately, none of the participants who completed these programs were administered the evaluation survey.

Recommendations:  
6. Administer the 3<sup>rd</sup> Millennium evaluation survey to assess the impacts of the program on behavior, perceptions, and attitudes.

### Sustainability

Sustainability is one of the two guiding principles of the SPF. By focusing on sustainability throughout the framework, coalitions and communities can work to maintain positive prevention outcomes over time. In year two, MAPS received funding from Region V Block grant, community based juvenile justice grant, Gage County United Way, Gage County Foundation, and fee for service for diversion in addition to PFS. For year three, they will also receive a Region V mini-grant to work with faith-partners on substance use prevention, GLS suicide funding, and Opioid funding. The additional funding sources are used to pay for leadership, Teammates, prescription take back events, youth activities, media, alcohol inspections, coalition trainings, mental health first aid, second step, the website talkheart2heart.org, diversion, family support program, restorative justice, and alternative to detention.

The coordinator described leveraging multiple sources of funding to allow them to be more comprehensive in their approach. They also find that people collaborate with MAPS because of

*“It allows us to serve in different areas... we’re not just prevention focused, we’re also early intervention.” – Coordinator*

their knowledge and sources of funding, *“Entities know that the coalition is a resource.”* The coordinator learns what people need and finds sources that would cover it. The coordinator explained that it can be a challenge dealing with each funding source, as they each have their own

deadlines and reporting requirements, which takes a lot of time.

The MAPS coalition has also been intentional about funding for programs. Given the high cost of the 3<sup>rd</sup> Millennium program at each individual school, MAPS staff worked with the program developer and school administrations for three small schools to combine their accounts to ensure good use of the dollars and also plan ahead for sustainability. They are also considering a WRAP training to help ensure schools and interested community organizations are able to continue a program with only the ongoing cost of workbooks after the PFS grant ends.

Recommendations:  
7. Begin identifying local, state, and/or federal funding opportunities to sustain the coalition’s strategies after PFS funding expires.

## Cultural Competence

Cultural competence is the other guiding principle of the SPF. By focusing on cultural competence at each step of the framework, coalitions can ensure that diverse populations are able to actively participate in, benefit from, and feel comfortable with prevention practices. This is done by recognizing and valuing cultural differences, and that ensuring that programming is delivered in a way that ensures members of diverse groups benefit from the efforts. Having strong cultural competence is the ability for an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their heritage and/or social relationships.

The coordinators identified poverty when thinking about incorporating National Standards for Culturally and Linguistically Appropriate Services (CLAS standards) or cultural competency into their efforts. The coordinator explained that they have very little cultural diversity, so they haven't focused on any specific cultures; however, they take poverty into consideration when planning activities. The coordinator did not think MAPS had made any gains in cultural competency in year two and mentioned that she would like to have greater representation at meetings. It was noted in the quarterly report that if a particular population struggled with one of the programs, they would try to make accommodations at the building level to address those barriers.

### Recommendations:

8. Re-examine and/or collect additional data to identify areas where disparities exist with substance use, such as income, education, gender, religion, etc.

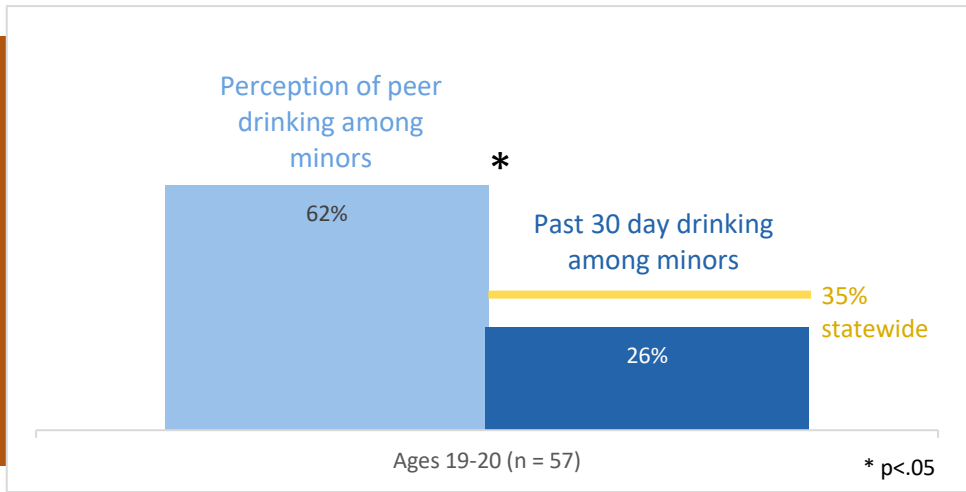
## Outcomes

In the second year of the PFS grant, the only newly reportable survey data is from young adults, stemming from the 2020 administration of the Nebraska Young Adult Alcohol Opinion Survey (NYAAOS). This data source provides information related to drinking attitudes and behaviors for young adults in Gage County, which will be collected again in 2022 to assess the impacts of PFS efforts. Survey data on outcomes is limited to presenting baseline data from this population; however, progress toward outcomes on *consequence* data from the entire targeted age range is also provided. Significance tests were conducted using a p value of .05, which are noted throughout the report with an asterisk. If the analysis resulted in a p value of less than .05, it indicates the results are statistically significant, meaning the difference between the two values is likely not due to chance.

While it is illegal for young adult minors under the age of 21 to drink, according to the 2020 NYAAOS, the perception among young adult minors (19–20-year-olds) in Gage county is that the majority of their peers (62%) drank in the past 30 days (Figure 3). However, in reality, significantly fewer reported actually drinking, with 26% reporting drinking alcohol in the past 30 days. This rate of drinking is much **lower** than what is reported by their peers across the state (35%).



**Figure 3:**  
**Young adult minors in Gage county overestimate how much their peers drink (NYAAOS)**



While the focus of the PFS grant is on individuals between 9-20, it is useful to also examine the perceptions and behaviors of young adults slightly beyond this age group. As Figure 4 shows, young adults between the ages of 19-25 in Gage County perceive that 50% of their peers are binge drinking, when in reality, 32% report actually binge drinking in the past 30 days. This rate of binge drinking is similar to what was reported among all young adults statewide (33%). The difference between perceptions and reality is even more pronounced when looking at marijuana, where the perception is that 46% of their peers used marijuana in the past month, whereas only 11% report using marijuana. This rate of marijuana use is also the same as reported across the state (11%).

**Figure 4:**  
**Young adults in Gage county overestimate how much their peers use substances (NYAAOS)**

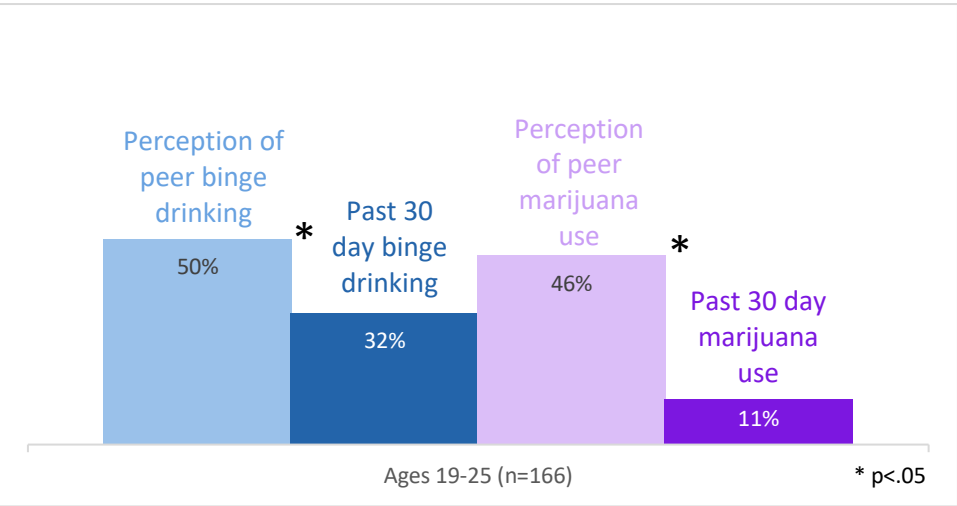
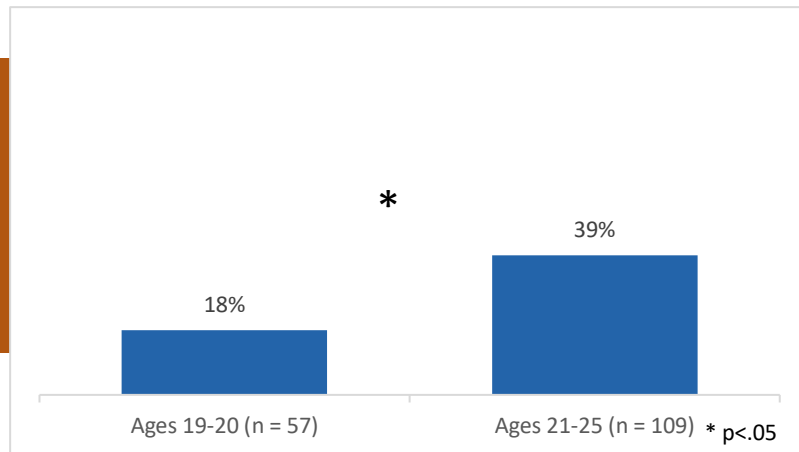


Figure 5 shows the comparison of binge drinking behaviors between young adult minors (ages 19-20) and those of legal drinking age (21-25). Binge drinking is significantly more common among those between 21-25, where 39% reported binge drinking in the past 30 days, compared to 18% of those between 19-20.

**Figure 5:  
Young adults of legal  
drinking age in Gage  
county are more likely  
to binge drink  
(NYAAOS)**



The higher rates of binge drinking among young adults of legal drinking age align with the lower perceived risk of harm among this age group. While 38% of young adult minors (19–20-year-olds) believe that binge drinking presents a great risk of harm, only 20% of young adults between the ages of 21-25 believe this behavior places individuals at a great risk of harm.

#### Progress Toward Outcomes

As part of the evaluation, it is important to track the consequences of underage substance use. Gage county experienced a decrease in the proportion of crashes for youth ages 9-20 that involved alcohol from 2018 to 2019, which is what is observed across the state. There was only one alcohol reported crash involving youth each year of 2018 and 2019 (a small number that should be interpreted with caution). Across Gage County, this means that 1.5% of all youth crashes in this age range involved alcohol in 2018<sup>1</sup>; however, this **decreased** to 0.9% in 2019 because there were more total accidents involving youth (Office of Highway Safety). This same trend was also found statewide, where rates decreased from 1.9% to 1.5%. The rate among Gage county remains **lower** than the state average. The number of crashes that involved drugs **decreased** from 2018 to 2019 going from 1.5% in 2018 to 0% in 2019. In comparison, the state average for crashes among youth in this age range involving drugs in 2019 was 0.5%.

County-level arrest data published by the Nebraska Crime Commission is also monitored as part of the evaluation. This data is useful for understanding legal consequences youth are experiencing as a result of their substance use, which shows there was no change in alcohol related arrests among youth in Gage County from 2018 to 2019. In 2018, there were a total of 82 alcohol related arrests among those under 21, including 7 DUIs and 75 liquor law violations. This equates to 2.6 out of 100 young people being arrested for an alcohol related crime. In 2019, the total number of alcohol related crimes remained the same, with 7 DUIs and 75 liquor law violations. The rate of alcohol related arrests among individuals under 21 remained **higher** than the state average, which was 0.7 people per 100 in 2019.

<sup>1</sup> The 2018 Crash Data was updated from what was reported in the year one evaluation report per new data provided by the DHHS Epidemiologist, which reflects a slight change from what was reported previously.

## Training and Technical Assistance

The year one evaluation report recommended that MAPS provide members training in the following areas: building partnerships with community leaders, recruiting new members, addressing health disparities, staying informed about substance abuse research based on member feedback. While the coordinator explained that they share opportunities, she had not heard from any members that they completed any of the trainings she sent them.

*“We send them out as opportunities, but I don't feel like they're probably utilized.” – Coordinator*

### Recommendations:

9. Offer alternative training models for coalition members, such as mini trainings during coalition meetings.

## Appendix A: Methods

### *Process Methods*

#### *Work plans and Quarterly Reports*

ASAAP submitted their year two work plan, which was reviewed as part of the evaluation. ASAAP also submitted regular quarterly reports, which were shared with the evaluator for review. This information was used to assess adherence to the SPF steps, implementation of selected strategies, training and technical assistance received, and to identify successes and barriers.

#### *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. NPIRS data was reviewed for subgrantee compliance with data-entry, types of interventions being used, numbers of individuals served by SPF-PFS funding, and fidelity. Schmeckle Research was granted access to the system to access the coalition's entries.

#### *Virtual Site Visit*

A site visit was conducted virtually with the Gage County MAPS coordinator, and a Regional Prevention Coordinator during the summer/early fall of 2020. It provided an update on the coalition's capacity and functioning, SPF adherence, leveraging of resources, experiences with training and technical assistance, and progress with strategy implementation.

### *Outcome Methods*

#### *Nebraska Young Adult Alcohol Opinion Survey*

The Nebraska Young Adult Alcohol Opinion Survey (NYAAOS) is administered by the Bureau of Sociological Research to a sample of young adults ages 19 to 25 generated by the Nebraska Department of Motor Vehicles Driver Record Database. In the most recent administration, conducted in 2020, the sample was stratified first by PFS funded coalition areas to represent each of the PFS coalitions, and second by the six Nebraska behavioral health regions so that an approximately equal number of respondents was sampled in each region. The survey was administered as a multi-modal web/mail survey, where participants were contacted through multiple mailings with the option to complete the survey via the web or mail. In the 2020 administration of the NYAAOS, when adjusted for known ineligible and undeliverable returns, the survey had a statewide response rate of 28% (N=4,121). The data were weighed to adjust for the sample design, nonresponse weights were calculated by gender, age, and Nebraska Behavioral Health Region using data from the 2010 US Census population, and poststratification weights were applied based on age, gender, and Behavioral Health region in order for the data to more closely resemble the population.

### Nebraska Office of Highway Safety

The Nebraska Office of Highway Safety dataset includes all traffic-related accidents for 2019 with variables including age, gender, county, and if the crash was alcohol related. The data from 2018-2019 was aggregated by year by the Division of Behavioral Health and provided to Schmeeckle Research.

### Nebraska Crime Commission

The Nebraska Crime Commission publishes a yearly dataset that includes information on the number of DUIs, Liquor Law Violations, and Drug Abuse Violations for each county by age. The data from 2017-2019 was aggregated by year by the Division of Behavioral Health and provided to Schmeeckle Research.

### 3<sup>rd</sup> Millennium

Pre- and post-tests were administered to participants as part of the program implementation by the program developer. The developer shared the knowledge scores for each course with the evaluator, which were then aggregated to calculate the average pre- and post-test scores. The scores could range from 0 to 100 for each course. A total of 127 students complete the tests for the Respect and Resolve program, 79 for the Nicotine-Wise program, 140 for the Conflict-Wise JV program, and 44 for the Alcohol-Wise program.

# Executive Summary

## Executive Summary

### Background

The Gage County Multiple Agencies Partnering for Success (MAPS) received Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework-Partnerships for Success (PFS) funding from Region 5 Behavioral Health Services to implement efforts focused on reducing problems related to substance use in youth in Gage county. PFS recipients are expected to use the Strategic Prevention Framework (SPF), which incorporates SAMHSA’s guidance on implementing each of the five SPF steps and two guiding principles described in the Substance Abuse Prevention Skills Training (SAPST) offered to all prevention staff.



### Strategic Prevention Framework (SPF)

<b>Assessment:</b> Gage County MAPS held meetings with Beatrice Public Schools to assess the programmatic fit for implementing Wellness Recovery Action Plan (WRAP), and they will be receiving new data from a juvenile justice assessment.	<b>Program and Strategy Reach</b>  While there were no records entered into NPIRS, during the site visit it was noted that 3 <sup>rd</sup> Millennium was implemented at a college campus and two high schools (Beatrice and Freeman) in year two. <ul style="list-style-type: none"> <li>• Teachers at Southern and Diller-Odell were unable to get trained in the program, so it was not implemented in those schools.</li> <li>• Based on the pre- and post-test scores from Beatrice High School, <b>participants significantly gained knowledge after completing the program.</b></li> </ul>
<b>Capacity:</b> There were some shifts in coalition membership, with 16 members leaving the coalition after year one and 21 new members being added. The coalition temporarily stopped meeting in March 2020 due to the pandemic.	
<b>Planning:</b> While planning the implementation of strategies with Beatrice High School, MAPS identified a need to hold a WRAP training followed by a WRAP train-the-trainer opportunity, allowing them to be more cost-effective.	
<b>Implementation:</b> <span style="font-size: 2em; color: white;">➔</span>	
<b>Evaluation:</b> The results from the year one evaluation report were presented in April 2020. While the intent was to also assess the impacts of the 3 <sup>rd</sup> Millennium program using the evaluator-developed retrospective post-event survey, none of the participants who completed these programs were administered the evaluation survey.	

**Cultural Competence:** While staff noted there is little cultural diversity, MAPS takes poverty into consideration when planning activities. The coordinator would like to have greater representation at meetings and was open to modifying programs as needed if a particular population struggled with one of the strategies being implemented.

**Sustainability:** MAPS has a variety of funding sources that allow them to pay for leadership, Teammates, prescription take back events, youth activities, media, alcohol inspections, coalition trainings, mental health first aid, second step, diversion, family support program, restorative justice, and alternatives to detention. This allows them to be more comprehensive in their approach though does create challenges with deadlines and reporting requirements. They also worked with the 3<sup>rd</sup> Millennium program developer and school administrations for three small schools to combine their accounts.

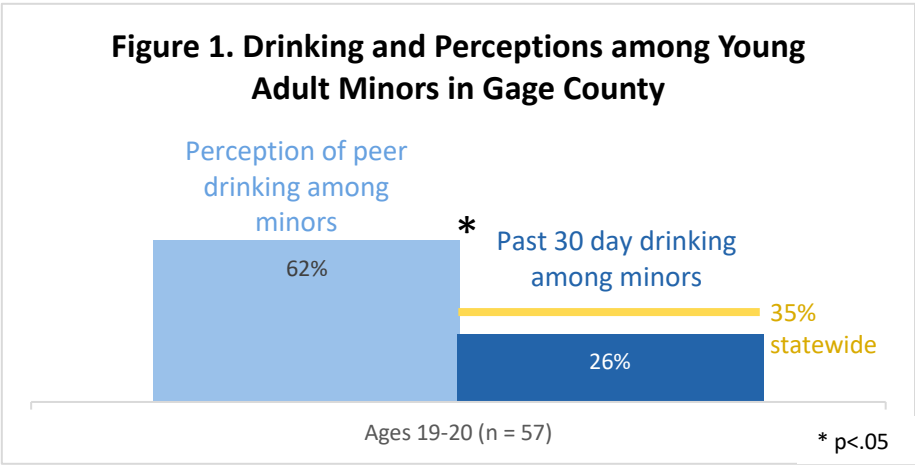
✔ All Stars was implemented at Southern High School during year two, where they completed three quarters of the sessions before having to stop due to the pandemic.

- While the goal was to implement All Stars in all four schools within Gage County, the other schools declined to participate, noting that they were unable to implement it due to lack of staff time for training and implementation.

**Young Adult Baseline Outcomes**

Baseline data was available during year two to assess drinking attitudes and behaviors among young adults using the Nebraska Young Adult Alcohol Opinion Survey (NYAAOS).

- Perceptions of substance use among young adults in Gage County are **higher** than actual use (Figure 1).
- Drinking rates of young adult minors in Gage County are **lower** than the statewide average (Figure 1).
- 32% of young adults (19-25) report binge drinking in the past 30 days, which is similar to statewide rates (33%).
- 11% of young adults (19-25) report using marijuana in the past 30 days (same as statewide).
- Young adults of legal drinking age in Gage County are **more likely** to binge drink and are **less likely** to believe binge drinking presents a great risk of harm than their younger peers (Table 1).







**Table 1. Binge drinking rates and perception of risk**

	Ages 19-20	Ages 21-25
Past 30-Day Binge Drinking	<b>18%</b>	<b>39%</b>
Believe binge drinking presents a great risk of harm:	<b>38%</b>	<b>20%</b>

## Progress Toward Outcomes

For year two, consequence data was analyzed to assess each coalition’s initial progress toward outcomes.

Indicator	Gage Trend	Compared to State	Notes and Data Source
Proportion of crashes for youth ages 9-20 that involved alcohol			<ul style="list-style-type: none"> <li>Among all crashes involving youth 9-20, alcohol was involved in 1.5% of the crashes in 2018, but then <b>decreased</b> to 0.9% in 2019.*</li> <li>This rate in 2019 is <b>lower</b> than the statewide average (1.5%).</li> </ul> <p>*The small number of crashes should be interpreted with caution Office of Highway Safety</p>
Alcohol related arrests among youth			<ul style="list-style-type: none"> <li>2.6 per 100 individuals under 21 were arrested for an alcohol related crime in both 2018 and 2019.</li> <li>Those rates remain <b>higher</b> than the statewide average in 2019 (0.7 per 100).</li> </ul> <p>Nebraska Crime Commission</p>

## Recommendations

### To enhance capacity...



- 1. Seek input from coalition members on how to define and document member roles and expectations.** While the coalition informally made progress on sharing the workload among coalition members and clarifying member roles during year two, it may be beneficial to formally define and document member roles and expectations. Having specified roles and responsibilities will help members better understand what is expected of them and may also increase engagement, as they will be aware of their responsibility to the board. By developing the descriptions collaboratively, MAPS staff can gain perspective on what roles and tasks current members feel comfortable doing and want to lead.

### To enhance planning...



- 1. Work with the region or state to identify training and technical assistance opportunities to engage members on planning efforts.** Coordinators noted it would be helpful to have more input and engagement in the process of developing the workplan. The region or state (Division of Behavioral Health) can be utilized as resources to provide training or technical assistance to help increase coalition involvement in this process.

### To enhance implementation...



- 1. Consider adding teachers or counselors as coalition subcommittee members to more effectively determine how programming can be implemented in schools and determine what strategies would be the best fit.** Teachers and/or counselors are often the individuals within schools leading the interventions. While administration and leadership buy-in is important, engaging with teachers and counselors may help MAPS better determine how to ensure schools have the ability to implement programs. Additionally, given the intensity that the All Stars program requires and limited staffing for some schools to carry it out, it may be beneficial to have teachers and/or counselors involved in discussions about what type of strategies or programming would be most effective and appropriate to implement.



2. **Report all activities into NPIRS to ensure the coalition is credited with all effort conducted, and reach is fully encapsulated.** Limited data was available in year two to describe all the strategies implemented by MAPS and how many people were impacted by the programs. This prevents the evaluation team and other stakeholders – including members of Gage County MAPS – from having an accurate count of the reach.
3. **Explore opportunities to implement 3rd Millennium with the general student population and potentially virtually to minimize burden on school staff.** MAPS encourages schools to implement 3<sup>rd</sup> Millennium to the general student population; however, some schools are reaching a much smaller audience by only implementing the program with those receiving infractions or not implementing the program at all. Working with the schools can help MAPS explore ways to administer the program, potentially virtually, to reach the widest audience.

#### To enhance evaluation...



1. **Administer the 3rd Millennium evaluation survey to assess the impacts of the program on behavior, perceptions, and attitudes.** The retrospective post-event surveys that were developed to assess the impacts of the program were not administered in year two. Moving forward, these surveys should be administered with program participants to ensure impacts are evaluated and formative feedback is collected to drive future programming.

#### To enhance sustainability...



1. **Begin identifying local, state, and/or federal funding opportunities to sustain the coalition's strategies after PFS funding expires.** In March 2021, coalitions will be at the mid-point of the current PFS funding cycle. To ensure strategies can continue to be implemented beyond the PFS funding, coalitions are encouraged to start identifying other potential funding sources to support their programs. This could include state or federal funding opportunities as well as local sources, such as community foundations, banks, implementation sites, and others. In some cases, it may be helpful to develop a business case for the programs, noting what it costs to implement and what the benefit is for continuing with the program.

#### To enhance cultural competence...



1. **Re-examine and/or collect additional data to identify areas where disparities exist with substance use, such as income, education, gender, religion, etc.** While race and ethnicity are key characteristics to explore when addressing cultural competence, there are additional factors that may point to areas where coalitions can focus their efforts. Survey data may not allow for the analysis of some subgroups; however, interviews or focus groups could be utilized to better understand some of these subgroups. Knowing the commonalities of those who are more at risk of using or misusing substances (such as specific genders, level of education, religion, gender identity, disability status, neighborhood, etc.) may help to identify and/or tailor interventions to better reach those populations.

#### To enhance training & technical assistance ...



1. **Offer alternative training models for coalition members, such as mini trainings during coalition meetings.** Administering trainings to coalition members is challenging, as most are volunteers who do not have the time to travel or attend a lengthy training event, and it is unclear if they are taking advantage of the online opportunities being shared. Incorporating professional development opportunities into meetings may provide a more effective opportunity to ensure the coalition members are able to get the information and resources they need, as many may not have the time or ability to attend outside trainings or webinars.

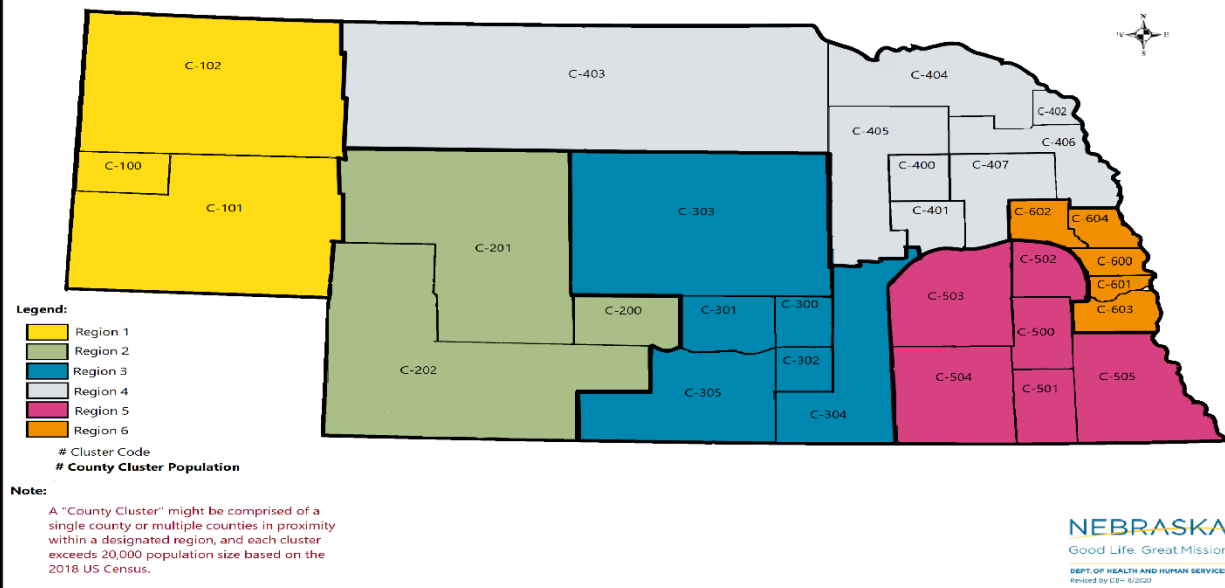
## DIVISION OF BEHAVIORAL HEALTH SERVED JUVENILES FROM 2015-2019

### Report Request: from Juvenile Justice Institute

As per a request from the Juvenile Justice Institute at the University of Nebraska-Omaha, the following data are reported about juveniles who received services through the Division of Behavioral Health from 2015 - 2019. Data counts and percentages are reported by specific demographics at the county cluster, region, and state levels.

- (Data as of 9/21/2020 from the Centralized Data System)
- Juveniles are defined as individuals whose birthdate indicated that they were 10 - 17 years during the calendar year. The data reported are for this age group only.
- There are juveniles who have received services in multiple counties or regions within the state.
- Mental health (MH) and substance use disorder (SUD) counts each include juveniles who received "DUAL" services, and therefore the sum may not be equivalent to the total counts at that level.
- Due to levels of unduplication by state, region, and county clusters, computations across the levels reported would not be accurate. The actual counts for clusters are not reported due to privacy considerations, and percentages reflect unduplication at the cluster level. Therefore, it would not be accurate to compute counts for county clusters using the percentages and counts at other levels. Similarly, the sum of Region counts are not equivalent to the statewide counts.
- Statewide counts are unduplicated, so a juvenile is counted only once even if they receive services in multiple regions.
- A juvenile may be counted more than once if they received services in more than one location at the level of unduplication (county cluster or Region).
- Region and county cluster counts do not include any juvenile with unspecified region of admission or the variable of interest.
- The break-out for county cluster percentages were computed using the associated region counts as the denominators.

## Division of Behavioral Health Data Level: County Clusters by Region



County Clusters		MH: Percent of JUVENILES served in the Region BY Cluster					SUD: Percent of JUVENILES served in the Region BY Cluster				
		2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
<b>Region 1</b>	100	53.5%	61.3%	60.0%	62.7%	62.2%	100.0%	-	-	-	100.0%
	101	23.9%	24.0%	23.8%	18.1%	27.8%	-	-	-	-	-
	102	22.5%	14.7%	17.5%	19.3%	12.2%	-	-	-	-	-
<b>Region 2</b>	200	23.1%	27.7%	25.6%	19.7%	31.5%	-	-	25.0%	-	20.0%
	201	38.5%	38.6%	36.6%	44.3%	37.0%	-	-	50.0%	50.0%	80.0%
	202	41.0%	36.1%	37.8%	36.1%	31.5%	100.0%	100.0%	25.0%	-	-
<b>Region 3</b>	300	28.9%	30.5%	24.7%	23.4%	21.0%	17.9%	39.1%	85.7%	50.0%	-
	301	50.8%	48.7%	66.0%	63.0%	60.8%	53.8%	30.4%	14.3%	-	80.0%
	302	10.9%	12.7%	7.3%	10.8%	13.2%	25.6%	26.1%	-	100.0%	20.0%
	303	5.6%	7.6%	2.1%	3.5%	3.8%	-	-	-	-	-
	304	3.0%	3.0%	3.1%	2.8%	3.1%	-	-	-	-	-
	305	3.4%	1.7%	2.8%	2.5%	1.3%	2.6%	4.3%	-	-	-
<b>Region 4</b>	400	76.8%	50.5%	51.0%	32.2%	40.8%	46.7%	33.3%	-	-	42.9%
	401	3.2%	11.7%	13.9%	19.5%	9.9%	6.7%	8.3%	-	-	-
	402	15.2%	23.4%	29.8%	39.0%	39.4%	46.7%	41.7%	100.0%	16.7%	57.1%
	403	7.2%	12.6%	7.3%	9.3%	9.9%	-	-	-	66.7%	-

	404	-	-	-	-	-	-	-	-	16.7%	-
	405	-	-	-	-	-	-	-	-	-	-
	406	-	1.8%	-	-	-	-	8.3%	-	-	-
	407	-	0.9%	-	-	0.7%	-	8.3%	-	-	-
<b>Region 5</b>	500	77.3%	82.6%	77.2%	74.7%	66.4%	78.2%	71.4%	83.3%	-	82.4%
	501	3.2%	4.2%	3.5%	4.3%	4.0%	3.6%	8.2%	-	60.9%	2.9%
	502	0.5%	2.4%	4.6%	3.0%	2.9%	-	2.0%	2.1%	4.3%	2.9%
	503	10.3%	3.6%	6.0%	9.7%	11.6%	5.5%	2.0%	4.2%	-	-
	504	3.8%	4.8%	5.6%	3.7%	6.5%	9.1%	4.1%	6.3%	13.0%	11.8%
	505	4.9%	2.4%	6.0%	5.7%	10.1%	3.6%	12.2%	4.2%	17.4%	-
<b>Region 6</b>	600	76.4%	71.3%	75.2%	85.6%	85.9%	-	100.0%	-	4.3%	-
	601	14.4%	21.8%	23.5%	15.2%	13.4%	-	-	100.0%	100.0%	100.0%
	602	2.6%	3.8%	0.7%	1.3%	1.6%	-	-	-	-	-
	603	0.9%	2.4%	0.7%	0.2%	0.1%	-	-	-	-	-
	604	6.1%	1.7%	1.0%	-	-	-	-	-	-	-

**NOTE: In compliance with HIPAA Safe Harbor Method,  
all counts between 1-10 are redacted**

Data Level for Unduplication	MH: Count of JUVENILES served in the Region / State					SUD: Count of JUVENILES served in the Region / State				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
OVERALL										
Region 1	71	75	80	83	90		0	0	0	
Region 2	78	83	82	61	54					
Region 3	266	236	288	316	319	39	23			
Region 4	125	111	151	118	142	15	12			
Region 5	185	167	285	300	277	55	49	48	23	34
Region 6	229	293	605	612	707	0				
STATE	950	954	1483	1470	1578	117	86	64	34	53

Data Level for Unduplication	MH: Count of JUVENILES served in the Region / State					SUD: Count of JUVENILES served in the Region / State				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
FEMALES										
Region 1	25	26	38	35	41		0	0	0	
Region 2	40	33	36	22	22				0	
Region 3	138	105	134	146	190	13				
Region 4	56	52	66	55	70	6			0	
Region 5	74	73	129	150	128	26	28	20		18
Region 6	103	124	233	227	250	0	0		0	
STATE	434	408	635	630	694	47	41	26	10	25
MALES										
Region 1	46	49	42	48	49		0	0	0	
Region 2	38	50	46	38	32		0			
Region 3	128	132	155	171	127	26	15			
Region 4	69	59	86	62	72					16
Region 5	111	95	156	153	149	29	21	28	14	0
Region 6	126	169	373	383	458	0				0
STATE	516	408	851	841	883	70	45	38	24	28

**NOTE: In compliance with HIPAA Safe Harbor Method,  
all counts between 1-10 are redacted**

Data Level for Unduplication	MH: Count of JUVENILES served in the Region / State					SUD: Count of JUVENILES served in the Region / State				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
HISPANIC										
Region 1	16	20	15	20	24		0	0	0	
Region 2	14	16	13				0			0
Region 3	51	45	48	65	72			0	0	
Region 4	20	25	53	38	41					
Region 5	29	34	42	44	27	11				
Region 6	42	65	117	116	151	0		0	0	0
STATE	172	204	288			24	15	5	7	11
NON HISPANIC										
Region 1	50	50	58	59	64	0	0	0	0	0
Region 2	63	66	66	49	40				0	0
Region 3	211	175	232	248	230	33	19			
Region 4	104	83	94	78	100					
Region 5	152	125	240	245	214	41	35	45	18	29
Region 6	185	226	477	479	546	0	0			
STATE	761	717	1159	1147	1188	88	62	56	24	35
NOT SPECIFIED	24	51	65	57	86					

**NOTE: In compliance with HIPAA Safe Harbor Method,  
all counts between 1-10 are redacted**

MH: Count of <b>JUVENILES</b> served in the Region by <b>RACE</b>	year	American Indian / Alaska Native	Asian	Black / African-American	Native Hawaiian / Other Pacific	Not Available	Other	Two or More Races	White
		<b>REGION 1</b>	2015		0		0	0	0
	2016		0		0				62
	2017		0		0				63
	2018		0		0				68
	2019	12	0	0		0			68
<b>REGION 2</b>	2015		0		0	0	0	0	73
	2016	0	0		0		0		77
	2017		0		0				74
	2018	0	0		0				54
	2019		0		0	0		0	46
<b>REGION 3</b>	2015		0			0	0		249
	2016		0			12			201
	2017		0		0		30		247
	2018		0				49		257
	2019					0	30		271
<b>REGION 4</b>	2015				0	0	0		113
	2016				0				87
	2017						24		102
	2018		0		0		29		78
	2019		0		0	0	38		93
<b>REGION 5</b>	2015	0	0	11		0	0	14	158
	2016							14	132
	2017			14	0		19	31	215
	2018			17			29	24	223
	2019					0	40	16	207
<b>REGION 6</b>	2015	0		41		0	0		174
	2016			61			17		191
	2017	13		153			71	25	337
	2018	12		174		22	51	24	341
	2019	15		201		0	47	33	413



<b>SUD: Count of JUVENILES served in the Region by RACE</b>		American Indian / Alaska Native	Asian	Black / African-American	Native Hawaiian / Other Pacific Islander	Not Available	Other	Two or More Races	White
	year								
<b>REGION 1</b>	2015		0	0	0	0	0	0	
	2016	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2018	0	0	0	0	0	0	0	0
	2019	0	0	0	0	0	0	0	
<b>REGION 2</b>	2015	0	0	0	0	0	0	0	
	2016	0	0	0	0	0	0	0	
	2017	0	0	0	0		0	0	
	2018	0	0	0	0	0		0	
	2019	0	0	0	0	0		0	
<b>REGION 3</b>	2015	0	0		0	0	0	0	38
	2016	0	0		0	0		0	21
	2017	0	0	0	0	0	0	0	
	2018	0	0	0	0	0	0	0	
	2019	0	0	0	0	0		0	
<b>REGION 4</b>	2015		0			0	0	0	11
	2016		0		0	0		0	
	2017	0	0	0	0	0		0	
	2018	0	0	0	0			0	
	2019		0	0	0	0		0	
<b>REGION 5</b>	2015				0	0	0		43
	2016	0				0			39
	2017		0		0	0			40
	2018				0	0		0	19
	2019		0		0	0	0		27
<b>REGION 6</b>	2015	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	
	2017	0	0		0	0	0	0	
	2018	0	0	0	0	0	0	0	
	2019	0	0		0	0	0	0	0