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COMMUNITY SERVICES IMPLEMENTATION PROJECT

Year 2 Progress Report (July 1, 2001 to June 30, 2002)

Prepared by
University of Nebraska Public Policy Center
University of Nebraska-Lincoln Center on Children, Families and the Law

May 2002



PROGRESS REPORT (JULY 1, 2001 – JUNE 30, 2002)

I. OVERVIEW

In November 2000, the University of Nebraska Public Policy Center (PPC) and the University of Nebraska-Lincoln Center on Children, Families and the Law (CCFL) entered into a partnership with the Lincoln/Lancaster County Joint Budget Committee (JBC) and United Way of Lincoln/Lancaster County (UW). The purpose of this University-Community partnership has been to facilitate implementation of the Lincoln/Lancaster County Human Services Three-Year Comprehensive Plan (Plan). It has since become known as C-SIP (the Community Services Implementation Project). PPC and CCFL have been serving in a coordinating and technical assistance role for the overall process including: providing staff support and technical assistance for the Steering Committee, the Advisory Committee, and related subcommittees; providing staff support and technical assistance for six Community Coalitions (with occasional technical assistance provided to the Family Violence Coalition upon request); assisting Coalition Co-Chairs in their facilitation role; developing and maintaining the C-SIP database and website; and, developing the benchmark data infrastructure and data collection process to establish a baseline to compare with future years.

Significant progress was made during Year 2 (July 1, 2001- June 30, 2002) primarily due to the commitment and diligence of the Community Coalitions and their Co-Chairs, the C-SIP Advisory Committee and the Steering Committee. This report will cover progress made, as well as challenges encountered during this past year. Highlights include:

- Refinements made in the priority service area definitions and the action plans by the Community Coalitions.
- Incorporation of service area definitions and action plans into the annual UW/JBC application process.
- Funding awarded for the C-SIP process by the Lincoln Community Foundation, and a representative now participating on the Steering Committee.
- Funding awarded for C-SIP by the Woods Charitable Fund, and a representative now participating on the Steering Committee.
- Charting Our Future II held February 22, 2002.
- Planning begun by the Steering Committee to establish proposed Lincoln/Lancaster County Human Services Planning Council to sustain the process.

Prior to preparation of this report, Community Coalition Co-Chairs were invited to submit written progress updates and to have input into the development of the Year 3 Plan. Reports were received from Bonnie Coffey, Co-Chair for Early Childhood and Youth Development; Topher Hansen, Co-Chair for Behavioral Health; and Bob Moyer, Co-Chair for Family Violence. Their input into this report is greatly

appreciated, and their comments have been reflected throughout as well as inserted in their entirety below:

Early Childhood and Youth Development:

Let me first commend you, Alan, Jill, Jeff and the C-SIP staff for doing such an outstanding job of keeping us together. I've quite frequently said that this process is like "herding mercury," and - through it all - you've been able to decipher our meetings into quite intelligent-sounding minutes and persevere through our group processes as we strive for some truly meaningful goals for Lincoln's children and youth. To all of you, my sincere thanks.

The Early Childhood and Youth Development Coalition has been the group that has been through the most change and has morphed into a cohesive and dedicated effort. Through this process, we have all learned a lot about both early childhood development (not "child care"!) and youth development, from each other and from outside sources.

Significantly Youth Development conducted a focus group session with youth to better work on their workplan to provide youth development opportunities in Lincoln. Youth Development has worked closely with the Lincoln Community Learning Centers (CLCs) to integrate and provide avenues for activities, developing a collaborative effort that holds great promise.

Youth Development approved a proposal from MidWest BEST/Youth Net of Kansas City to apply for a pilot program to provide youth development worker training in Lincoln. The deadline for the application is May 10; a core group has begun the necessary work.

Both subcommittees fine-tuned the "Outcomes" and "Planned Activities" developed in the previous fiscal year, and then turned their attention to developing meaningful benchmarks and resources for benchmark data.

Both subcommittees expressed a desire to establish community-wide action groups (one for each subcommittee) to work on policy issues that impact the achievement of planned activities and outcomes. The Lincoln-Lancaster Women's Commission has volunteered to house these groups.

C-SIP Management and Staff could assist the efforts of not only Early Childhood and Youth Development, but all Coalitions, by being "in front" in the community. Possibilities include speaking at the large array of civic and social groups in Lincoln to advance the concept of C-SIP and let the public be aware of the areas of work and the progress. In addition, working with the media (print, television and radio) would also further the general knowledge of the community on C-SIP and its activities and progress.

Behavioral Health:

The Behavioral Health Coalition made great progress producing the plan in a relatively short time. We had a broad representation and viewed the issues from the standpoint of what would be good for the community. The challenge now is sustain the implementation and gather sufficient information to see if it works. We must be careful to devote enough resources to the effort to sustain it, but not burden the effort with unnecessary structure, meetings, etc.

Family Violence:

The Family Violence area had already gone through an extensive planning process that had created a plan for the family violence area prior to the previous year. As a result, our efforts have been focused on implementing the plan. We believe that we are successfully doing so, but the implementation phase has taken considerable planning as well. Our experience at implementation underscores our belief that the CSIP process must adequately support implementation for the project to be ultimately successful and sustaining.

Moreover, because this is a dynamic process, we are continually learning and re-evaluating our processes for improvements and to meet community needs. To avoid duplication, maximize efforts and resources, and be successful, Friendship Home, the Rape Spouse Abuse Crisis Center and the Family Violence Council have met nearly weekly to coordinate and manage implementation. Executive directors have agreed to provide each other with monthly reports on their own agency's work in order to keep each other informed of activities and to allow time at meetings to focus on key issues.

We are also developing a formal joint operating agreement. Such an agreement exists between Friendship Home and RSACC. The new document will also include the Family Violence Council. Meanwhile, the Family Violence Council is re-evaluating its liaisons to insure inclusiveness for those organizations that should be active participants in the family violence coalition. Later in the year, the Family Violence Council will evaluate the first year of plan implementation and look at updating the plan. FVC, RSACC and FH will also then develop Year Two Success Markers and Year Two plan implementation. This includes evaluating Year 1 benchmarks and determining if those need revisions, as well.

The complex nature of this activity shows the need for ongoing support for this activity from the community. This must surely be true for all the coalitions. If the CSIP process is to be successful, we believe there needs to be ongoing, meaningful community support for the work that both keeps coalitions on track and functioning, but also allows each coalition the individuality it needs to be successful. This also requires effective collaborations. These will not work successfully without the support of the community funders. People, programs and organizations that successfully subvert the process are an anathema to CSIP. Funders must learn not to reward this behavior. So, there is a need to look at effective ways organizations can partner, share costs, and yet maintain program integrity.

Another key issue is how the coalitions integrate and maximize their efforts across the seven areas of need, as well as how to prioritize these cross-coalition projects and activities. So, there is a need for an ongoing process that engages the coalitions together. By necessity, this will have to be representative in nature. At some level, there also needs to be an ongoing partnership between funders and providers that is meaningful.

Because so much of this work is representative and, as a practical matter, not everyone can be at the table every time to provide input, the importance of creating effective communication strategies cannot be overstated. We are at the very beginning stages of this process, which will be difficult and often contentious, but has great opportunity to benefit the people of Lancaster County. CSIP will have to be understood as a process that continually focuses on issues and outcomes. What the public will most often see and, hopefully, understand are the issues and the outcomes. But it is the process that will require continuous growth and nurturing.

II. INFRASTRUCTURE

The basic infrastructure established during Year 1 was continued during the second year. In terms of staffing, the capacity and continuity of the C-SIP project staff was greatly enhanced with the hiring of a fulltime C-SIP Project Assistant (position held by Jill Olney until May 2002). Responsibilities of this position include making arrangements for and attending meetings of all C-SIP Coalitions, Advisory, Steering and other related committees/task forces; taking minutes of all meetings and processing them in a timely manner; maintaining the C-SIP data base; maintaining the new C-SIP website; and, coordinating all the arrangements/logistics for the Charting Our Future II annual meeting. In addition, David Wallick (.25 FTE) was hired as a Research Assistant to work closely with the C-SIP Data Manager and the Community Coalitions on the data benchmarking process. Teri Perkins, Research Specialist (.35 FTE), was another important addition to C-SIP during the second year. Ms. Perkins has been conducting community comparison research on similar locales involved in human services planning and implementation (see attached report).

The rest of the core staff for C-SIP remained the same for the second year:

- Project Manger (1.0 FTE), DeAnn Hughes;
- Research Specialist/Coalition Coordinator (.50 FTE), LaChelle Bailie;
- Data Manager (.15 FTE), Jeff Chambers with the Center on Children, Families and the Law; and,
- Significant in-kind contribution from the Director of the PPC, Alan Tomkins (.10 FTE).

There have been other considerable in-kind contributions to C-SIP. A lot of these in-kind contributions have come from the volunteers who sit on the C-SIP Advisory Committee (estimated \$25,000), who serve as Community Coalition Co-Chairs, and the hundreds of community members who have donated their time to the project by serving on the coalitions (\$175,000). University faculty and students have devoted time as well, many as active participants in coalitions, and PPC staff have contributed a considerable amount of time to C-SIP. A portion of the University's indirect costs has also been waived. In-kind contributions from the University total approximately \$65,000.

The C-SIP Advisory Committee (see attached membership list), which has included the Co-Chairs of the Community Coalitions, continued to meet on a monthly basis (every third Thursday). Mary Beth Lehmanowsky, Lincoln East High School Principal, and Harry Seward, with Wells Fargo Bank, have continued serving as Co-Chairs and have done an outstanding job of facilitating Advisory Committee discussions on many key issues, for example, overlapping areas of interest with the 2025 Comprehensive Plan process for Lincoln Lancaster County, review of the service area definitions and action plans developed by the coalitions, and strategizing on community input. Two task forces of the Advisory Committee were

also formed to work out details on the Committee's response to the Comprehensive Plan Committee and for planning Charting Our Future II conference.

The C-SIP Steering Committee began meeting separately from the ongoing Joint Budget Committee meetings with expanded membership including representatives of the Lincoln Community Foundation and the Woods Charitable Fund (see attached membership list). Katie McLeese Stephenson, with the Nebraska Department of Health and Human Services and Chair of the United Way Fund Distribution Committee, and Coleen Seng, Lincoln City Council member, have provided excellent leadership serving as Co-Chairs for the Steering Committee. During Year 2 the Steering Committee took an evolutionary turn. Upon recommendation from the Advisory Committee and as a result of their review of the action plans developed by the Community Coalitions, with the assistance provided by the C-SIP/PPC staff, they have been diligently conducting their own long range visioning and planning process to firmly establish the infrastructure to sustain human services planning for Lincoln/Lancaster County. Information from the National Association of Planning Councils served as a guideline in development of a draft document of the vision, mission, goals and structure of a proposed Lincoln/Lancaster Human Services Planning Council. The C-SIP Advisory Committee also provided feedback, and next steps include holding a joint Steering and Advisory Committee half-day charrette to discuss further developments.

The Steering Committee also formed a Funding Committee with a focus on acquiring additional support for the C-SIP process. This resulted in submission of two additional grant applications and subsequent awards made from the Woods Charitable Fund for \$25,000 to support the data benchmarking process and from the Lincoln Community Foundation for \$25,000 to support the work of the Community Coalitions and Charting Our Future II. More importantly, this funding has brought representatives from these local foundations (Pam Baker and Deb Shoemaker) to the table to become an integral part of the C-SIP partnership. Funding was also sought, but not received from the Cooper Foundation to support a proposed evaluation of the C-SIP process.

The C-SIP Project Manager also conducted ongoing research into other potential funding sources (see attached table) to support the overall C-SIP planning process and to support implementation of the action plans developed by the Community Coalitions. The Funding Committee has begun strategizing on specific steps to take in approaching national foundations. Plans also include having a staff person with the University of Nebraska Foundation attend a future meeting of the Steering Committee to brief them on successful approaches to developing relationships with major foundations around the country.

Related to seeking additional funding, the C-SIP staff held a conference call with Ken Seeley, CEO of the Colorado Foundation for Families and Children and consultant with the Annie E. Casey Foundation. As a result of the discussion, a brief summary of C-SIP has been submitted to the Technical Assistance Research

Center (TARC) of the Casey Foundation to be included on their website. Dr. Seeley believes that C-SIP is a national model given its broad based community support and political buy-in, something that many other locales have struggled with and could learn from. The hope is that by being included as a model on the TARC website, doors will be opened for further funding consideration from the Casey Foundation as a strong supporter of community building initiatives.

The C-SIP Funding Committee also developed and distributed a Coordinated Funding Form to the Community Coalition Co-Chairs to be piloted for one year (beginning 10/05/01). It was intended that the form would be used as a communication tool to ensure coordination and the provision of effective technical assistance for coalitions. The process was also intended to eliminate the potential for multiple C-SIP related applications being submitted to the same funding source. This proposed process proved to be a challenging one and resulted in only one submittal.

III. IMPLEMENTATION

A guideline, referred to as the “C-SIP Implementation Model,” for Community Coalitions to follow as they began revising their action plans was developed by C-SIP staff (see attached). The Implementation Model was an adjunct to the “Benchmark Data Template” and guidelines developed previously during Year I. This guideline helped to clear confusion regarding “next steps” to be taken by the coalitions with timelines and specific recommendations to follow for developing operating definitions of their respective priority service areas, revising action plans and submitting them for review by the Advisory Committee and Steering Committee, and beginning implementation. Although making for a slower process, following the steps outlined in the Implementation Model resulted in coalitions strategically thinking through their purpose, the outcomes they wanted to achieve for the community, the most feasible strategies/activities to be taken, and how to measure progress (benchmarks). Such a consensus building process, although challenging for some, resulted in stronger buy-in and ownership for the action plans for each priority service area. For example, comments such as the following were made in response to a question posed by Co-Chairs during one coalition meeting inquiring about how members were feeling with their plan at that point in time: “This is a living document with teeth to it.”

The Community Coalition action plans have also been adapted and incorporated for use by human service agencies, organizations and various committees in the community. Examples of such adaptations within the community include (Section V., Outcomes will further illustrate):

- The Continuum of Care Committee will attach the Basic and Emergency Needs and Housing action plans as exhibits to their federal HUD grant application as well as highlight their involvement with the overall C-SIP process. This committee has also foregone their own visioning process

opting instead to use the pertinent C-SIP action plans (i.e., Basic & Emergency Needs Coalition and Housing);

- The Lincoln-Lancaster County Food & Hunger Coalition Annual Statistical Report issued April 2002 by the Lincoln Interfaith Council incorporated the C-SIP Basic and Emergency Needs definitions, action plan and overarching themes;
- The Community Learning Centers have used the C-SIP action plans during their SNAC (School Neighborhood Advisory Committee) meetings as a guide for their Years 2& 3 planning; and,
- The Early Childhood and Youth Development Coalition’s action plan formed the basis for their application to become a replication site for the MidWest BEST initiative for training of youth development workers.

The priority service areas are not silos, and overlap in many ways. Therefore, developing and agreeing to operating definitions, a seemingly simple task on the surface, proved to be a difficult one for most coalitions, for example with the Behavioral Health Coalition. The term “behavioral health” has historically been considered to address issues related to substance abuse and mental health. But, given the broad representation of the C-SIP Behavioral Health Coalition members, their definition included developmental disabilities and sexual health in addition to substance abuse and mental health.

The Basic and Emergency Needs Coalition, given the broadness of all that encompasses “basic and emergency needs,” also had a difficult task. They defined each of the specifics of basic needs: food, shelter, material resources, temporary financial aid, and transportation. They also defined the terms “emergency” and “emergency shelter,” thus, providing distinction to the definitions and activities outlined by the Housing and Medical Health Coalitions.

Another example of a broad, systems changing definition is the one adopted by the Transportation Coalition. Their definition not only addressed the needs of the C-SIP population (i.e., children, youth, elderly, persons with disabilities, and immigrant communities), but the broader principles of a “multi-modal system,” Smart Growth, level of service, and access. This coalition operated under the belief that a community that serves and addresses the needs of its most vulnerable populations is a better place to live for all residents.

As decided during Year I, coalitions also incorporated the overarching themes of case management, fairness and equity and prevention into the development of their action plans during Year 2. All coalitions were instructed to include a brief written narrative as a supplement to their action plan explaining how they addressed each overarching theme. Methods followed to incorporate the overarching themes into action plans varied by coalition. For example, the Housing Coalition adopted the

principle of “collaborative case management,” incorporated it throughout their identified strategies and outcomes, and attached a narrative addressing the principle to their plan along with specific questions recommended for funders’ consideration in their decision making processes.

Phase II of the C-SIP Implementation Model (see attached) was developed by the C-SIP staff and distributed to the Community Coalition Co-Chairs in May 2002. This second phase addresses strategies and “next steps” for implementation, specifically the benchmarking process.

IV. Benchmarking Process

An integral part of the C-SIP process for Lincoln and Lancaster County is the development, collection and use of benchmark data in the monitoring and evaluation of the planning/implementation process. During the initial phase, as part of the C-SIP Community Coalitions’ review of the original Hanna:Keelan planning document, benchmarks were reviewed and adjusted to reflect the current action plans. During this review, emphasis was placed on three aspects of the benchmarking process:

- a. A clearly defined rationale between the activities and benchmark measures;
- b. Identification of benchmarks that are reasonably amenable to repeated measurement over time; and,
- c. A preference for data that is currently being collected in the community that meet the previous requirements.

The Community Coalitions have identified benchmarks that for the most part meet the above specifications. The benchmarks identified and revised action plans are not written in stone, but are part of a living document that changes with conditions. The next step in the C-SIP benchmarking process is the development of the structures needed to collect the benchmark data. Several of the coalitions have begun to work on this. As with the action plans, it is not expected that every coalition will come to the same conclusion as to the best way to collect benchmarks and there may be several variations of the collection process. The PPC’s and CCFL’s purpose as facilitators of the C-SIP process, specifically with the benchmark process, is to provide technical assistance to the Community Coalitions as well as to provide coordination across coalitions and for CCFL to serve as a temporary central data storage location.

Upon moving to this stage of the benchmark implementation process, we believed we could best serve our function by creating a cross-coalition committee that would also include other interested organizations focused on issues related specifically to the benchmark data, collection processes and structures (e.g., the Continuum of Care Committee’s Management Information System Subcommittee and the Human Services Federation). Therefore, the C-SIP Benchmark Data Committee was

formed (see attached membership list). The Committee held its first meeting on January 13, 2002 and a follow-up meeting was held April 23, 2002. The purpose of the C-SIP Benchmark Data Committee is to serve a system coordinating function across all coalitions and interested parties. The work of this committee does not preclude coalitions from proceeding on issues or tasks related to the benchmark data or other implementation activities identified in their action plans.

In the Housing, Basic and Emergency Needs and Early Childhood and Youth Development Coalitions, benchmark data sources are currently being collected, or already have been identified. Data is beginning to come in, and the base structure of the C-SIP benchmark database has been created. Thus far, the approach taken with most coalitions is examination of benchmarks that are currently available and to begin discussion on methods of obtaining them. Another task of the Data Committee is ongoing discussion for long-term focus, use and structure of the C-SIP data. The goal is to create a data system that will be functional and useful to community members, agencies, and funders and doing so in a sustainable manner while maintaining accuracy and integrity in the data.

C-SIP is also coordinating benchmark data activities with Bob Moyer, Lincoln Medical Education Foundation and Family Violence Coalition, on the development of the Lancaster County Databank/web portal project funded by the Community Health Endowment. Plans are to have specific pages devoted to each of the priority service areas with links to Community Coalition action plans and benchmark data. The purpose is to have a common place to access reports and other general information about Lincoln and Lancaster County Health and Human Services. It is not a warehouse project. Plans are for any interested agency and each C-SIP Community Coalition to post relevant information on the website as a centralized access to data. C-SIP will continue working closely with the web portal project.

V. COMMUNITY INPUT AND LINKAGES

C-SIP has many linkages in the community. Project staff members participate in several committees in the community and take every opportunity to provide C-SIP updates to avoid duplication of effort through coordination with other agencies and organizations. Examples of agencies/organizations that we have ongoing connections with include:

- Human Services Federation
- Continuum of Care Committee
- Continuum of Care Information Management System Subcommittee
- New Americans Task Force
- Community Health Partners Foundation
- Community Learning Centers
- University of Nebraska Lincoln's Community Outreach Partnership Council (COPC)
- Community Health Endowment Blueprint Projects
- City of Lincoln and Lancaster County Planning Department

Many representatives of the above also serve on the C-SIP Community Coalitions, along with other community stakeholders, as well as on the C-SIP Advisory Committee. The C-SIP database includes many in the community who receive either all information distributed regarding C-SIP, such as meeting notices and minutes, or information specified to their interest. This database also includes many people who are not able to attend meetings on a regular basis but remain interested in the work of C-SIP. Those without access to email have continued to receive information through regular mail. During Year 2, C-SIP also developed its own website with easy access to any information related to committees, coalitions, updated action plans, meeting calendar, etc. An official easily recognized C-SIP letterhead was also developed.

The Charting Our Future annual meeting was held on February 22, 2002 at the Lancaster County Extension Office (see attached agenda). There were 120 participants including representatives from 74 different agencies, plus other community members. Charting Our Future II, which was facilitated by Kathy Campbell, County Commissioner and C-SIP Steering Committee member, provided the opportunity for Community Coalitions to report out on their action plans and to provide an overall update on the progress of C-SIP. All participants received copies of the action plans and priority service area definitions developed by the coalitions. In addition all Community Coalition Co-Chairs received appreciation awards for their dedication and hard work during the year in reaching this milestone.

The agenda for Charting Our Future II included an open question and answer session during which comments were made regarding the need for further community/consumer input as well as the need for the general public to hear more about C-SIP. To address the concerns raised, the C-SIP Steering Committee asked for advice on next steps from the Advisory Committee who in turn discussed it during their March 2002 meeting. The Co-Chairs of the Advisory Committee asked that Community Coalition Co-Chairs discuss this issue further within their respective coalitions and report back to the Advisory Committee, which they did as part of the April 2002 meeting. Excerpts from some of the Co-Chairs' reports are provided below:

- **Medical Health** – Pat Lopez, Co-Chair, explained that the Medical Health Coalition looked at their action plan in terms of how to address needs in certain areas. Out of that came a desire to take a neighborhood-based approach to health services. The coalition distributed a survey to the Carole Yoakum Family Resource Center area (Arnold Heights), which is the same survey as the Blue Print Project survey. They hope to build a database within a community instead of surveying people over and over. The coalition will then take the results from the survey to the community and let them identify priorities and assist and guide them in that process. The process is very community-driven. The coalition also hopes to use the

results to build a model of neighborhood-based health services that can then be taken to other neighborhoods in Lincoln and Lancaster County.

- **Early Childhood & Youth Development** – Bonnie Coffey, Co-Chair, explained that the members who participate in this coalition bring forth a considerable amount of information from the consumers they serve in addition to their experience and expertise. In addition, the Youth Development Sub-Group of the coalition met with two groups of youth at the Light House and asked for their input. The Early Childhood Sub-Group has identified several surveys that are in the process of being conducted (Lincoln-Lancaster County Health Department and the Women’s Commission) that they hope to tap into.
- **Behavioral Health** – Deb Sprague, Co-Chair, related that Trish Blakely from Families First and Foremost and a voice for consumers, is a member of the Behavioral Health Coalition. In addition, much like with Early Childhood and Youth Development, the members of their coalition do consumer surveys, satisfaction surveys and needs assessments within their agencies. She acknowledged that the coalition has not specifically addressed searching for a different vehicle for finding consumer input with regards to the average consumer reacting to their action plan. At their next meeting, this topic will be brought up with the question being asked, “Is there anything else we need to do?” Of particular importance to the coalition is that one of their goals is awareness and acceptance. To achieve these goals, they will need to work with consumer groups such as NAMI (National Association for the Mentally Ill) of Nebraska.
- **Family Violence** – Bob Moyer, Co-Chair, explained that in the development of their plan, they had ten teams, and one member on each team was a battered woman. They also conducted individual interviews. The by-laws of the Family Violence Council require that at least two battered women or formerly battered women be on the Council. They will continue to solicit consumer input on a regular basis.
- **Housing** – Terry Uland, Co-Chair, explained that this coalition is in the process of discovering surveys that are or have recently been conducted. They will then pull those together and see if they need to formalize something into an overarching strategy. They will be discussing these issues further at their next meeting. A comment from the coalition was that consumer input is an ongoing process. Is there a way to assess if things are getting better in the community? Perhaps there could be an ongoing survey process every 2-3 years that would look at key issues over time.

VI. OUTCOMES

In October of 2001, the United Way of Lincoln and Lancaster County officially adopted the priority service area definitions as developed and agreed upon by the C-SIP Community Coalitions. The definitions were distributed to all currently funded United Way programs. Programs were in turn required to indicate on their applications the impact area in which they belonged using the United Way funded areas of Basic and Emergency Needs, Early Childhood and Youth Development, Family Violence and Behavioral Health. This notice was a significant event in not only lending credence to the C-SIP process, but also in recognizing the C-SIP coalitions and emphasizing the importance of their work up to that point. It further indicated that the action plans were being put to use and not “put on the shelf.” During the month of January, the C-SIP Project Manager and Community Coalition Co-Chairs for the above mentioned coalitions also participated in the training sessions for applicants of the UW as well as the Joint Budget Committee’s funding cycle by providing an overview of the C-SIP process, the definitions and the coalition action plans. Similar sessions were also held for the review teams.

As in Year 1, C-SIP continued to have ongoing discussions with key staff of the Lincoln/Lancaster County Planning Department (Kent Morgan, Assistant Director) regarding the planning process and development of the Lincoln/Lancaster County 2025 Comprehensive Plan and the impact of the plan on human services needs. However, the involvement of C-SIP into the Comprehensive Plan process was much more extensive during Year 2, primarily through the work of the C-SIP Transportation Coalition. Kent Morgan met with the Advisory Committee in August 2001, provided an overview of the process and suggested methods for C-SIP input. As a result of that meeting, a task force of the Advisory Committee was formed to develop a draft response to the Comprehensive Plan Committee, and a letter was submitted September 20, 2001. The Human Services Federation also submitted a letter to the Comprehensive Plan Committee in which they endorsed the suggestions of the C-SIP Advisory Committee.

The Transportation Coalition submitted additional written comments to the Comprehensive Plan Committee. Members of the coalition were also part of the agenda for the October 8, 2001 meeting of the Mobility and Transportation Task Force of the Comprehensive Plan Committee during which an overview of C-SIP, the Transportation Action Plan and their recommendations were provided as well as written testimony. In addition to the above activity, Lyn Kathlene, Co-Chair for the Transportation Coalition, gave testimony on behalf of the coalition during numerous public hearings on drafts of the Comprehensive Plan. City Council member, Terry Werner, has since become fully supportive of the C-SIP Transportation Coalition plan and has formed a committee with key members of the coalition to systematically address the C-SIP action items beginning in June. Kathy Campbell, County Commissioner and C-SIP Steering Committee member,

specifically asked for an amendment to the plan that would address the intersection of human services and land use planning.

As referenced above, milestones have been reached during Year 2. There have been other outcomes, some perhaps not as visible but yet equally significant in their illustration of how the C-SIP process has become incorporated into the human services fabric in the community. Increased collaboration and partnership among local agencies and C-SIP Community Coalitions, as well as indications of increased visibility by State of Nebraska agencies, has been evident and will be mutually beneficial for all concerned. A note on a Charting Our Future II comment card illustrates: "In 12 years of human service work, and service to 6 + agencies, this is the best position I've seen our community in to deal with life issues."

There are other examples of increased State agency recognition of the C-SIP process. The Nebraska Department of Health and Human Services Office of Mental Health, Substance Abuse and Addiction Services, in partnership with the Department of Economic Development, sought the input of the C-SIP Housing and Behavioral Health Coalitions into development of a Request For Proposal. A joint meeting of both coalitions was held April 8, 2002. The RFP addresses the housing needs of people who are extremely low income with serious mental illness. The subsequent contract is intended to result in local plans for affordable, decent, safe and appropriate housing for low-income people with mental illness living in institutions who are discharge ready. The planning effort, to be carried out in the targeted communities of Omaha, Lincoln, Hastings and Norfolk, requires extensive involvement of local coalitions. Thus, Lincoln is poised to respond due to the existence of the Housing and Behavioral Health C-SIP coalitions. A result of the joint Housing and Behavioral Health Coalition meeting was the inclusion in the RFP of requirements for the contractor to work with these coalitions for local planning in Lincoln, thus avoiding duplication.

To see that further coordination occurs and avoidance of duplication of effort continues, the C-SIP Steering Committee plans to meet with Ron Ross, Director of the Nebraska Department of Health and Human Services to discuss future community state partnership endeavors. Information regarding C-SIP has also been sent to key personnel within State government agencies through a list generated with the help of C-SIP Community Coalition Co-Chairs.

The community of Lincoln is also in a better position to respond to RFPs from the federal government. For example, through the leadership of Topher Hansen and Deb Sprague, Behavioral Health Coalition Co-Chairs, and Kit Boesch, Human Services Administrator, a "spin-off" of the Behavioral Health Coalition was the formation of community Substance Abuse Action Teams addressing criminal justice, treatment, prevention and youth. This effort resulted in the development of the Substance Abuse Plan for Lancaster County 2002-2005 that was formerly released during a press conference on April 17, 2002. Subsequently as a result of the C-SIP and SAAT planning effort, Lincoln stands in a better position to receive

federal funding from the Substance Abuse Mental Health Services Administration (SAMHSA).

The Early Childhood and Youth Development Coalition also exemplifies the readiness of our community to seek out and respond to a variety of funding sources as they become available. Very recently, the federal Department of Health and Human Services, Administration for Children and Families, released a RFP for Early Learning Opportunities Act Discretionary Grants program. Communities responding to this RFP must have a designated “local council” to receive the funding to “assess their community needs and create a plan to facilitate the development of community-based systems and collaborative service delivery model.” The C-SIP Early Childhood and Youth Development Coalition clearly fits the specifications in this RFP due to its broad membership and existing plan, and the writing of this report are giving strong consideration to submitting an application.

Lincoln was also sought out by YouthNet in Kansas City to become a replication site for the MidWest BEST training initiative for youth development workers funded by the Kaufman Foundation. Through initial Lincoln contacts made by YouthNet (phone calls to United Way, Lincoln Community Foundation, Human Services Federation and the Early Childhood and Youth Development Coalition Co-Chairs), a community meeting of interested persons was held. Using the C-SIP and Human Services Federation letterhead, a notice was sent out to all on the Early Childhood and Youth Development Coalition mailing list and other interested persons inviting them to attend an overview meeting of the MidWest BEST initiative sponsored by YouthNet. Thirty people attended this meeting held in March 2002. As a result, the Early Childhood and Youth Development Coalition wrote and submitted an application for \$7,000 to become a replication site. At the coalition’s request, C-SIP at the Public Policy Center will be the fiscal agent. Once again, Lincoln was able to quickly respond and will likely be chosen as a replication site for this initiative due to the existence of the Community Coalition, its broad based membership of organizations serving youth, their knowledge of the needs of youth in our community, and the existence of an action plan with specified benchmarks ready for implementation.

More activities and funding opportunities like that cited above will continue to arise in the future. As the community responds and receives more funding from federal and private sources to support this ongoing local community planning process, as well as implementation of the C-SIP coalition action plans, Lincoln/Lancaster County will become further recognized as a model for other communities undertaking similar efforts. The long-range infrastructure planning process currently being conducted by the Steering Committee, the collaborative spirit and cooperation among all the various human services related initiatives in Lincoln/Lancaster County (e.g., C-SIP, SAAT, Community Health Partners Foundation, Community Learning Centers, COPC, Community Health Endowment

Foundation BluePrint Projects, etc.) coupled with the political will and broad-based community support is exemplary.

VII. COMMUNITY COMPARISON RESEARCH

During the past year, research was conducted to identify other communities that have implemented similar human services initiatives as C-SIP in Lincoln/Lancaster County, to draw comparisons, and if feasible to plan future steps based on “lessons learned.” As indicated in the attached report, C-SIP fits the definition of a “comprehensive community initiative (CCI).” Some of the common factors shared by C-SIP with other CCIs include public-private partnership; a comprehensive view of the social, physical, and economic factors affecting community change; and collaboration (see page 1-2 in report). There are other direct comparisons that can be drawn, such as the tensions between “product and process” during the early stages which make CCIs difficult, but stronger; and, successful elements such as political support and buy-in; partners defining and agreeing on attainable outcomes and benchmarks; focus on prevention and case management; and, cross-agency planning and program implementation.

The Community Comparison Report concludes with suggestions for C-SIP to consider as a result of the research. Two of these lessons learned are directly incorporated into the planned activities for Year 3: self-evaluation of the implementation process thus far and publicizing C-SIP and its success. Although recommended early on in the C-SIP process, evaluation has not been incorporated as a fundable activity. Therefore, a self-evaluation process following and/or adapting one of the instruments described in the toolbox section of the report will be implemented as a less costly alternative to having no evaluation at all. Secondly, as pointed out in the report and recommended by some of the Community Coalition Co-Chairs and the Advisory Committee, greater effort will be taken to publicize C-SIP and the activities of the Community Coalitions.

VIII. PROJECT EXPENDITURES

A complete breakdown of all expenditures is not yet available. Without a doubt, all allocated funding for C-SIP will be spent. To keep the C-SIP process running requires intensive staff support and resources in maintaining the database; providing staff support and technical assistance for all the Community Coalitions, various committees and task forces; and, coordinating efforts with all the other various human service related initiatives and committees in the community. As indicated earlier in the progress report (see Section I. Infrastructure), there has been considerable amount of in-kind contributions made by the community as well as the University of Nebraska-Lincoln, the UNL Center on Children, Families and the Law, and the University of Nebraska Public Policy Center.