CHI Health
A member of CommonSpirit

Community Health Improvement

Strategic Action Plan

Fiscal Year 2026 - 2028

CHI Health Good Samaritan &
Richard Young Behavioral Health – Kearney, NE

A Joint Plan

Board Approved October 2025

Table of Contents

At-a-Glance Summary

Community Served 	For the purposes of the CHI Health Good Samaritan & Richard Young Behavioral Health Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Buffalo County, Nebraska based on hospital admissions data and overlapping service areas with CHNA collaborators.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital intends to address and that form the basis of this document were identified in the hospital's most recent CHNA. Needs the hospitals intends to address with strategies and programs are: ● **Behavioral Health** ● **Chronic Disease** ● **Social Drivers of Health (SDOH)**
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: ● **Behavioral Health** ○ Increase access to behavioral health crisis care by expanding non-inpatient hospital services ○ Improve capacity to respond to behavioral health and substance abuse crises and violence by supporting trainings ○ Increase access to behavioral health services by supporting community-based services and resources ○ Prevent and intervene against violence by supporting community and school-based programming ○ Expand community-based behavioral health preventative resources and intervention services by supporting community organizations and groups working to address behavioral health ● **Chronic Disease** ○ Improve chronic disease pain management and decrease substance abuse through improved prescribing and patient education practices ○ Improve identification of chronic conditions through community-based screening resources ○ Improve access to chronic disease care for under/uninsured by supporting community organizations serving this population ○ Support chronic disease management and healthy aging by providing fall prevention education ● **Social Drivers of Health (SDOH)** ○ Reduce food insecurity and increase the consumption of

fresh fruits and vegetables by supporting food subsidy and incentive programs
    - Improve access to transportation by further exploring the barriers and planning for future interventions
    - Increase access to SDOH resources by supporting community organizations and groups working to develop, identify, and establish referral pathways to them

This is a joint implementation strategy plan for CHI Health Good Samaritan and Richard Young Behavioral Health.

The hospitals plan to jointly address two primary needs in the community, and individually own work within each health need area to contribute to the overall plan success. Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Red, Omaha, NE 68154 attn. Healthy Communities); electronically https://forms.gle/KGRq62swNdQyAehX8 or by calling Ashley Carroll, Market Director, Healthy Communities & Population Health, at: (402) 343-4548.

Our Hospital and the Community Served

About the Hospital

CHI Health Good Samaritan & Richard Young Behavioral Health is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

CHI Health Good Samaritan & Richard Young Behavioral Health, located in Kearney, Nebraska, is a nonprofit, faith-based healthcare provider. Founded in 1924 by the Sisters of Saint Francis of Perpetual Adoration, CHI Health Good Samaritan is a 268-bed regional referral center in Kearney, Nebraska. Part of CHI Health, a member of CommonSpirit Health, CHI Health Good Samaritan provides specialty care to more than 350,000 residents of central Nebraska and northern Kansas. The hospital provides services including a state-designated Advanced Trauma Center featuring AirCare emergency helicopter transport, Maternity Center, NICU, advanced orthopedic care, comprehensive neurosurgery, a Primary Stroke Center, and a cancer center accredited by the American College of Surgeons Commission on Cancer. Richard Young Behavioral Health Center (RYBHC) is a department of Good Samaritan Hospital. Since opening in 1986 as a free-standing psychiatric facility, RYBHC has provided a broad continuum of care for patients aged 13 and older from intensive inpatient to outpatient services. CHI Health Good Samaritan has received the following awards and accreditation:

- America's 250 Best Hospitals Award™ (2022, 2021, 2020)
- America's 100 Best Critical Care™ (2022, 2021, 2020)
- America's 100 Best Gastrointestinal Surgery™ (2022, 2021, 2020)
- Gastrointestinal Care Excellence Award™ (2022, 2021, 2020)

- Pulmonary Care Excellence Award™ (2022, 2021)

Services at CHI Health Good Samaritan & Richard Young Behavioral Health include:

- Aquatics Program
- Behavioral Health
- Birth & Neonatal Intensive Care Unit
- Blood Conservation
- Breast Center Cancer Center
- CHI Health at Home
- CHI Health Primary Care
- Diabetes Center Family
- Heart Center
- Hospitalists
- Joint Replacement
- Mammography and Routine Screenings
- Medical Alert Lifeline Pendants
- Neurology
- Orthopedic Rehabilitation Services
- Robotic-assisted Surgery
- Subacute Recovery Programming
- Telehealth
- Trauma
- 24/7 Wellness Center

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

For the purposes of the CHI Health Good Samaritan & Richard Young Behavioral Health Community Health Needs Assessment (CHNA) and Implementation Strategy, the primary service area was defined as Buffalo County, Nebraska based on hospital admissions data and overlapping service areas with CHNA collaborators. Key considerations for determining this community definition included the following:

Buffalo County is the geographic area from which a significant number of CHI Health Good Samaritan & Richard Young Behavioral Health patients utilizing hospital services reside. While the CHNA considers other types of healthcare providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. The zip codes that fall outside of Buffalo County are largely served by other healthcare organizations.

CHI Health Good Samaritan & Richard Young Behavioral Health is also a partner in a countywide healthy community coalition known as Buffalo County Community Partners (BCCP) and the surrounding counties each have their own non-profit hospitals within their borders that are better suited to address local concerns. CHI Health Good Samaritan & Richard Young Behavioral Health resources and community benefit strategies have historically focused and will continue to focus on Buffalo County to have the greatest impact.

As CHI Health Good Samaritan & Richard Young Behavioral Health work to address health needs in Buffalo County, the hospital will also work to collaborate with the Two Rivers Public Health Department (TRPHD), which covers a seven-county region (which in addition to Buffalo County includes Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties).

Home to 50,586 people, Buffalo County is the fifth most populous county in the state.[1] According to the United States Census Bureau, urban areas consist of densely developed territories, including residential, commercial, and other non-residential urban land uses. To obtain urban status, territories must have at least 2,000 housing units or have a population of at least 5,000 people. Rural areas consist of population, housing, and other territories that do not meet urban criteria.[2]

[1] U.S. Census Bureau. American Community Survey 5-year estimates.
[2] U.S. Census Bureau. Urban and Rural. The United States Census Bureau. Published September 26, 2023. Accessed November 26, 2024. https://www.census.gov/programssurveys/geography/guidance/geo-areas/urban-rural.html.

Figure 1: CHI Health Grand Island market Primary Service Area and CHNA Community (Buffalo County)

(PolicyMap. 2022. Accessed March 2022. PolicyMap Map retried from https://Commonspirit.policymap.com/)

Buffalo County has a primarily Non-Hispanic White population and a percentage of residents over 65 years of age that is comparable to the state (Buffalo - 16% , Nebraska - 16%). The county has a comparable percentage of residents with Bachelor's degrees compared to the state (Buffalo - 35%, Nebraska - 34%), and a comparable median household income (Buffalo - $74,570, Nebraska - $74,984).[3] Buffalo County has five Health Professional Shortage Areas across primary care, dental health, and mental health disciplines.[4]

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in April 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

[3] U.S. Census Bureau. Census Reporter. Accessed September 2025. https://censusreporter.org/.
[4] Health Resources and Services Administration. HPSA Find. Accessed September 2025. https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Aging/Lifespan Health	Focus groups identified aging/lifespan health as a significant health need. From 2018-2022, Buffalo County had the lowest death rate (8.3 per 1,000 population) of all TRPHD counties (State comparison: 9.3 per 1,000 population).	
Behavioral Health	Focus groups identified mental health, access to services, and suicide prevention as a significant health need.	●
Chronic Disease	Focus groups identified dementia and diabetes as a significant health need.	●
Heart Disease	From 2019-2021, Buffalo County had the highest heart disease hospitalization rate (37.3 per 1,000 Medicare beneficiaries, 65+ of all TRPHD counties (TRPHD comparison: 28.2 per 1,000 Medicare beneficiaries, 65+; State comparison: 32.4 per 1,000 Medicare beneficiaries, 65+).	●
High Blood Pressure	From 2019-2021, Buffalo County had the highest high blood pressure hospitalization rate in TRPHD (13.1 per 1,000 Medicare Beneficiaries, 65+; State comparison: 9.5 per 1,000 Medicare Beneficiaries, 65+).	●
Poverty	In 2022, 11.8% of the Buffalo County population had an income below the federal poverty level (TRPHD comparison: 12.3%; State comparison: 10.4%).	
Severe Housing Problems	In 2020, Buffalo County was the second highest percentage (25.9%) of households with severe housing problems in TRPHD (TRPHD comparison: 24.2%; State comparison: 24.9%).	
Shortage of Specialty Care	Buffalo County reported a shortage of specialty care professionals in Psychiatry and Mental Health. Dental Care and Primary Care were the only specialties with no reported shortages in Buffalo County.	●
Stroke	In 2019-2021, Buffalo County had the second lowest stroke death rate in TRPHD (24.8 per	●

Significant Health Need	Description	Intend to Address?
	100,000 population; State comparison: 34.7 per 100,000. Although the stroke death rate in Buffalo County was the second lowest of all TRPHD counties, the stroke hospitalization rate (9 per 1,000 Medicare Beneficiaries, 65+) was the second highest of all TRPHD counties.	
Suicide	From 2018-2022, the suicide death rate was 12.8 per 100,000 population in Buffalo County (State comparison: 15 per 100,000 population).	•
Unintentional Injuries	In 2022, the unintentional injury death rate in Buffalo County was 31.6 per 100,000 population (State comparison: 50.3 per 100,000 population).	

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health needs that emerged from the CHNA process, CHI Health Good Samaritan & Richard Young Behavioral Health have prioritized the health need areas above in order to most effectively focus resources and produce a positive impact. As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities. The following identified needs will not be prioritized in this implementation strategy for the reasons described below.

Aging/Lifespan Health. The hospital supports BCCP, who actively manages The Aging Coalition to discuss resources for older adults in the community.

Poverty. Poverty will be indirectly addressed through SDOH strategies as many of the programs and partners addressing SDOH also support work around poverty, recognizing the relationship between the two.

Severe Housing Problems. Severe Housing Problems will be indirectly addressed through SDOH strategies as many of the programs and partners addressing SDOH also support work around housing problems, recognizing the relationship between the two. Additionally, the hospital supports the Buffalo County Housing and Emergency Services Collaborative, a network of agencies and community groups that work together to provide resources and support to residents in need, particularly those facing housing instability or other crises.

Unintentional Injuries. The hospital Foundation, Healthy Communities team, and staff support SafeKids, which provides outreach and education to youth to protect them from unintentional injury.

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.
The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

During the CHNA process, the community identified its top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna.

In order to select priority areas and design meaningful, measurable strategies, hospital leadership (which included the Chief Medical Officer, Community Benefit/Healthy

Communities Staff, Director of Nursing, Director of Strategy and Growth, Foundation Director, Hospital President, and Vice President of Patient Care Services) reviewed data and top health needs from the 2025 CHNA. They considered:

- Severity and impact on other health need areas
- Hospitals' expertise and ability to make impact
- Community's interest in the hospital engaging in this work
- Existing work engaging various community partners
- Political will to address systemic barriers

Throughout development of the ISP, internal and community partners were consulted to ensure the most appropriate strategies were selected, the right partners were engaged, and resources were best leveraged. This is a joint ISP for CHI Health St. Francis and Richard Young Behavioral Health. The hospitals plan to jointly address two primary needs in the community, and individually own work within each health need area to contribute to the overall

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[5] to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

[5] The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

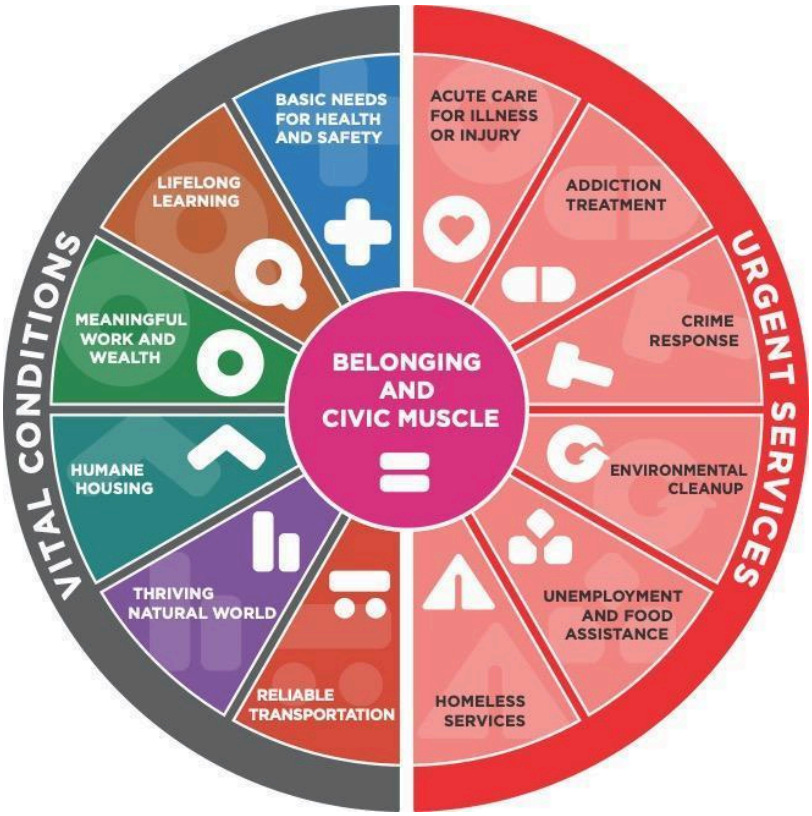
What are Vital Conditions?
These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

What is Belonging and Civic Muscle?
This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.



This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

Strategies and Program Activities by Health Need

Health Need:	**Behavioral Health**					
Population(s) of Focus:	Buffalo County					
Strategy or Program	Summary Description	Campus or System	Strategic Alignment			
			Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Increase access to behavioral health crisis care by expanding non-inpatient hospital services	Expand operational hours of the behavioral health "urgent care' program (currently operating Tuesdays and Thursdays 1-4 pm CST) that serves community members who do not meet the criteria to be inpatient, but require immediate care; and increase awareness of the program by promoting it at community meetings	CHI Health Good Samaritan & RYBHC	•	•	•	US
Improve capacity to respond to behavioral health and substance abuse crises and violence by supporting trainings in multiple languages	Utilize certified trainers, including those who are bilingual, to lead trainings such as Mental Health First Aid (MHFA), Green Dot, Wellness Recovery Action Plan (WRAP), Naloxone access and distribution, Social-emotional Learning Curriculum, and Pyramid Model trainings that equip both CHI Health staff and community members to respond to mental health crises and to foster positive, preventative relationships	CHI Health Good Samaritan & RYBHC	•	•	•	VC + US

Health Need:	**Behavioral Health**					
Increase access to behavioral health services by supporting community-based services and resources	Increase the sharing of community-based behavioral health resources, such as the CredibleMind platform, through new and revised patient education materials	CHI Health Good Samaritan & RYBHC	•	•	•	VC
Prevent and intervene against violence by supporting community and school-based programming	Support BCCP, S.A.F.E. Center, and The Friends Program in enrolling families into the Coaching Program, through which they receive services to support immediate needs and long-term family planning (including healthy development education for parents/guardians)	CHI Health Good Samaritan & RYBHC	•	•	•	VC + US
Expand community-based behavioral health preventative resources and intervention services by supporting community organizations and groups working to address behavioral health	Engage with community groups such as the BCCP Well-being Collaborative, Buffalo County Violence Prevention Coalition, HealthyMINDS collaborative, Opioid Task Force, Positive Pressure Coalition, Region 3 Behavioral Health Advisory Committee, Salud para Todos and Suicide Prevention Coalition	CHI Health Good Samaritan & RYBHC	•	•	•	VC + US
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.					
Planned Collaborators:	Behavioral Health Education Centern of Nebraska (BHECN), Buffalo County Community Partners (BCCP), Buffalo County Sheriff's Office, Buffalo County Tobacco Free Coalition, Central Nebraska Local Outreach to Suicide Survivors (LOSS) Team, The Friends Program of Kearney, Kearney Police Department, Nebraska Department of Health and Human Services Region 3 Behavioral Health Services, South Central Behavioral					

Health Need:	**Behavioral Health**
	Health Services, Spouse/Sexual Abuse Family Education (S.A.F.E.) Center), Two Rivers Public Health Department (TRPHD)

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved mental health status	Average number of poor mental health days in the past 30 days	CHNA
Decreased prevalence of mental health disorders	Percentage of residents reporting mental health disorders (depression and anxiety)	CHNA

Health Need:	**Chronic Disease**					
Population(s) of Focus:	Buffalo County					
Strategy or Program	Summary Description	Campus or System	Strategic Alignment			
			Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Improve chronic disease pain management and decrease substance abuse through improved prescribing and patient education practices	Promote multimodal pain management, a comprehensive approach to pain control that combines multiple interventions such as medications, non-pharmacological therapies, and lifestyle modifications, among providers and patients for the management of chronic pain	CHI Health Good Samaritan & RYBHC	●	●	●	VC + US
Improve identification of chronic conditions through community-based screening resources	Explore opportunities to offer community screenings or self-screening devices for early detection of chronic conditions such as congestive heart failure	CHI Health Good Samaritan & RYBHC	●	●	●	VC
Improve access to chronic disease care for under/uninsured by supporting community organizations serving this population	Provide financial and in-kind support to HelpCare Clinic so that the organization may continue to provide free or low-cost chronic disease screenings and management services	CHI Health Good Samaritan & RYBHC	●	●	●	VC + US
Support chronic	Offer a monthly community speaker series	CHI Health	●	●	●	

Health Need:	**Chronic Disease**					
disease management and healthy aging by providing fall prevention education	focused on preventing accidental falls	Good Samaritan				
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.					
Planned Collaborators:	Balance & Fall Prevention, Buffalo County Community Partners (BCCP), GO Physical Therapy, HelpCare Clinic, Kearney Park & Recreation, Two Rivers Public Health Department (TRPHD)					

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased chronic disease mortality	Percent of residents with a chronic disease (cancer, heart disease, stroke, or diabetes) cause of death	Centers for Disease Control and Prevention (CDC) Wonder
Decreased chronic disease prevalence	Percent of residents reporting a chronic disease (cancer, heart disease, stroke, or diabetes) diagnosis	Behavioral Risk Factor Surveillance Survey/CHNA

Health Need:	**Social Drivers of Health (SDOH)**					
Population(s) of Focus:	Buffalo County					
Strategy or Program	Summary Description	Campus or System	Strategic Alignment			
			Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Reduce food insecurity and increase the consumption of fresh fruits and vegetables by supporting food subsidy and incentive programs	Partner with BCCP and TRPHD to increase community awareness and utilization of the Supplemental Nutrition Access Program (SNAP) and Double Up Food Bucks (DUFB) at farmers markets and other food access points	CHI Health Good Samaritan & RYBHC	•	•	•	VC + US
Improve access to transportation by further exploring the barriers and planning for future interventions	Conduct a root cause analysis involving key stakeholder interviews, focus groups and an environmental scan of existing transportation services in order to plan for future strategies to address transportation needs	CHI Health Good Samaritan & RYBHC	•	•	•	VC
Increase access to SDOH resources by supporting community organizations and groups working to develop, identify, and establish referral pathways to them	Explore opportunities to utilize FindHelp for patient referrals to SDOH services and support community partners in adopting FindHelp as the community moves to adoption of this referral and resource connection platform	CHI Health Good Samaritan & RYBHC	•	•	•	VC + US
	Engage with community groups such as the BCCP Well-being Collaborative, Buffalo	CHI Health Good	•	•	•	VC + US

Health Need:	**Social Drivers of Health (SDOH)**					
	County Food Leaders, Buffalo County Housing and Emerging Issues Task Force, Community Connections, Community Partner Response Coalition, and Residential Assistance to Families in Transition (RAFT) to strengthen resources and referral pathways	Samaritan & RYBHC				
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.					
Planned Collaborators:	Buffalo County Community Partners (BCCP), Community Action Partnership of Mid-Nebraska, Kearney Area Farmers Market, FindHelp, Nebraska Children and Families Foundation, Nebraska Department of Health and Human Services, Two Rivers Public Health Department (TRPHD)					

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased transportation as a barrier to accessing health care	Percent of residents reporting lack of public transportation options as a barrier to accessing healthcare Percent of residents reporting no access to private vehicle for transport as a barrier to accessing healthcare	CHNA
Decreased community perception of housing as a top community problem	Percent of residents reporting housing problems (not enough affordable or quality housing options available) as a community problem	CHNA
Decreased community perception of childcare as a top community problem	Percent of residents reporting childcare (limited access to affordable, high-quality childcare services) as a community problem	CHNA