

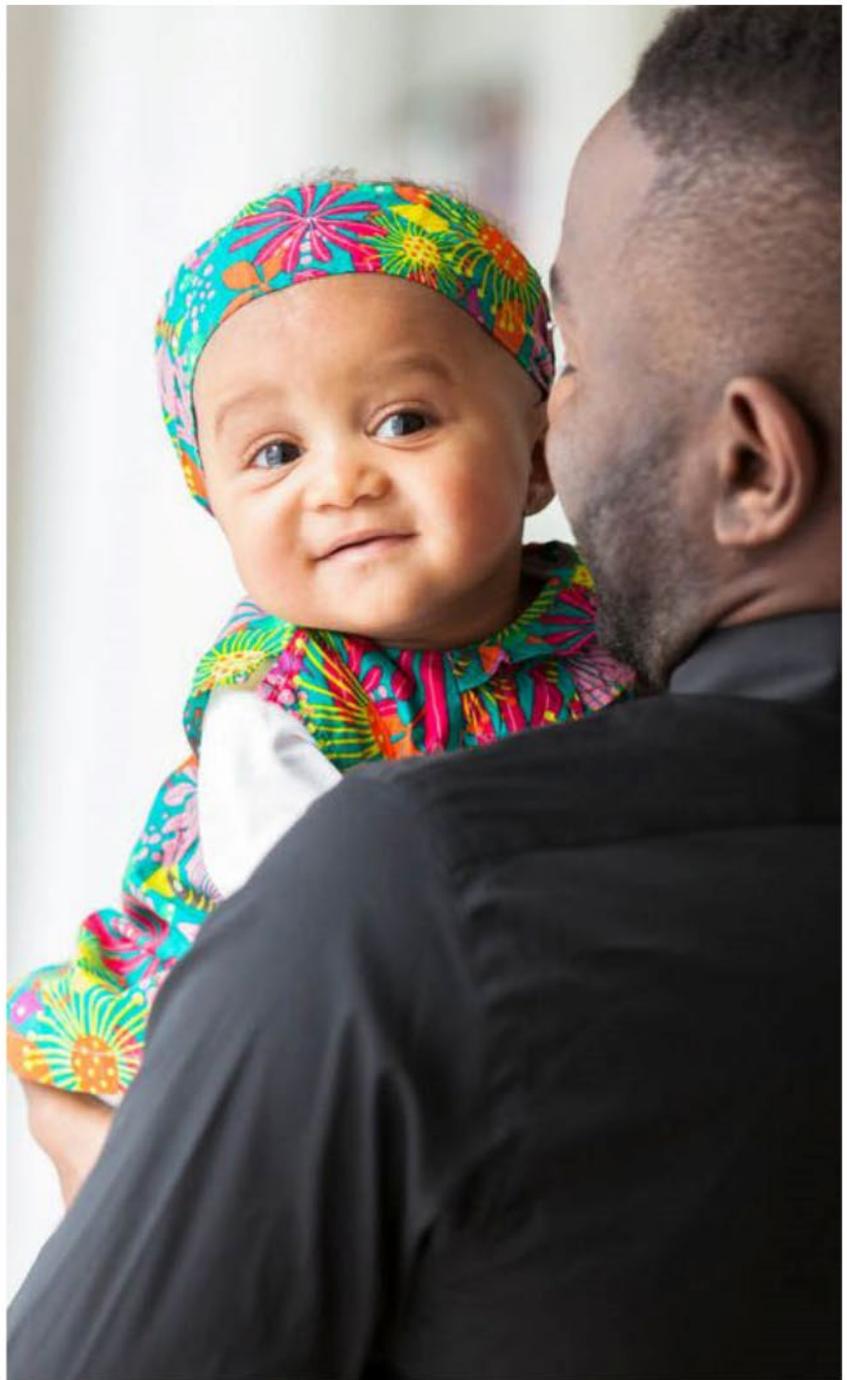
# Community Well-Being

2017-2018 Evaluation Report

October 2018



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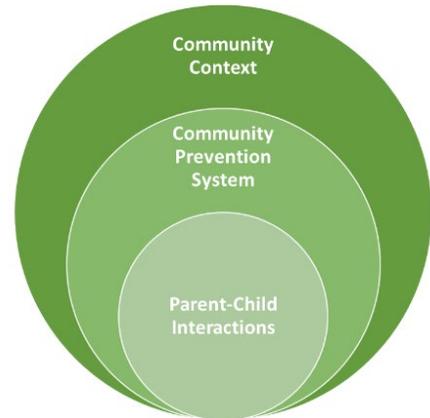
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## Nebraska Children Promotes Community Well-Being

Nebraska Children envisions a Nebraska where all children and families live in safe, supportive environments providing opportunities for all to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children works in partnership with communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children works with communities to build locally-based prevention systems. In addition, Nebraska Children has funded and supported the development of a continuum of strategies to meet the needs of children across the age span (i.e., birth through 24). Funding is prioritized to address: 1) prevention of child abuse and neglect, 2) promotion of positive youth development, 3) collaborative environments that promote Protective Factors, family leadership and engagement, and 4) programs for families at risk of entering state child welfare systems. Major funding sources were Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board, and private funding sources. The result is improved child and family Protective Factors, which are described below.



### Protective Factors

Enhancing child and family Protective Factors are key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience. Protective Factors are assets in individuals, families, and communities. The following is a description of the Protective Factors as recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

#### Results Based Accountability Answers Three Basic Questions...

- How **much** did we do?
- How **well** did we do it?
- Is anyone **better off**?

***Nurturing and Attachment*** means that parents have emotional ties with their children and a pattern of positive interaction that develops over time. Children's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. Children that feel loved and supported by their parents tend to be more competent, happy, and healthy as they grow into adulthood.

**Knowledge of Parenting and of Child and Youth Development.** All parents, and those who work with children, can benefit from increasing their knowledge and understanding of child development, including: physical, cognitive, language, social and emotional development; signs indicating a child may have a developmental delay and needs special help; cultural factors that influence parenting practices; factors that promote or inhibit healthy child outcomes; and discipline and how to positively impact child behavior.

**Parental Resilience** is the ability to manage stress and function well even when faced with challenges, adversity, and trauma. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child: *typical events and life changes* (e.g., moving to a new city or not being able to soothe a crying baby); *unexpected events* (e.g., losing a job or discovering your child has a medical problem); *individual factors* (e.g., substance abuse or traumatic experiences); *social factors* (e.g., relationship problems or feelings of loneliness and isolation); *community, societal or environmental conditions* (e.g., persistent poverty, racism, or a natural disaster). Studies have shown that parents can be helped to manage stress and reactions to their own histories of poor attachments and trauma and to protect and nurture their children.

**Social Connections** are parents' constructive and supportive social relationships with family members, friends, neighbors, co-workers, community members, and service providers. These relationships are valuable resources that provide emotional support, informational support, instrumental support, and spiritual support.

**Concrete Supports for Parents.** Assisting parents to identify, find, and receive concrete supports helps to ensure they and their family receive the necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational, or legal services.

**Social-Emotional Competence of Children.** In recent years, a growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health, and school success. The dimensions of social-emotional competence in early childhood include self-esteem, self-confidence, self-efficacy, self-regulation/self-control, personal agency, executive functioning, patience, persistence, conflict resolution, communication skills, empathy, social skills, and morality.

## What is in this Report?

This report focuses on both the work with communities to build locally-based prevention systems—sometimes referred to as Community Well-Being sites—and the strategies associated with these systems. Multiple partners working in coordination through community collaborations are implementing the strategies.

## What is the Evaluation Approach?

Evaluation of locally-based prevention systems looks at the collaborative functions of these systems. It incorporates both implementation data and outcome data to answer questions such as “What is the degree to which collaboratives have embraced a collective impact approach?” and “To what extent does a collective impact approach influence outcomes?”

Likewise, evaluation of strategies incorporates implementation data and outcome data. Implementation data, for example, is used to answer such questions as “How much and what type of service was provided?”, “How well as strategies working for families?” and “To what extent are strategies adopted and to what extent are strategies evidence-based?” Outcome data is used to answer questions such as “To what extent did strategies improve child or family well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children has adopted Results-Based Accountability (RBA) as a data-driven decision-making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of children, families, and their communities. NC staff, consultants, and evaluators have worked with the communities to develop a RBA chart for each of the primary strategies implemented by their collaborative. Data is collected and reviewed as part of their decision-making and continuous improvement process.

## Overall Summary of Children and Families Served

During the 2017-2018 evaluation year, Nebraska Children provided funding and other support to eleven communities to promote children’s safety and well-being through a range of prevention strategies. Communities served large numbers of families and their children across multiple strategies. Overall, more than 1,500 families and more than 10,000 children were served directly in the past 12 months. More than three quarters of these families were at risk due to poverty and approximately 40 percent identified as Hispanic, Black, or Native American. Communities had even a broader reach by implementing community-wide strategies (e.g., community resource fairs). When families engage in these events, they are considered “served indirectly.” These broad based strategies reached over 3,200 families and 3,800 children.

Overall Summary of Children and Families Served	
Number of Families Served Directly	1509
Number of Children Served Directly	10,915
Number of Parents with Disabilities Served Directly	114
Number of Children with Disabilities Served Directly	1514
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	20
Number of Families Served Indirectly	3219
Number of Children Served Indirectly	3848



Gender n=872		At Risk Due to Poverty n=727		Race/Ethnicity n=885					
Male	Female	Yes	No	White	Hispanic	Black	Multi-Racial	Native American	Other
13.5%	86.5%	79.1%	20.9%	57.3%	26.2%	7.7%	1.4%	4.2%	2.9%

<sup>1</sup> Number of children directly served, who were later part of a substantiated case of child abuse or neglect. Based on provider and/or family self report; at times reports are made by providers in partnership with parents when all prevention efforts fail to meet the full need.

## Locally-Based Prevention Systems

### Shared Focus for the Eleven Community Well-Being Communities

The CWB communities worked to build their capacity to meet the needs of the children and families. The following describes the shared focus that exists across the CWB communities.

- Reducing Child Abuse and Neglect and Keeping Children Out of the Child Welfare System.** All communities have goals to increase Protective Factors and improve family resources to prevent child abuse and neglect.
- Local Strengths and Documented Gaps in Services.** All communities have completed assessments and developed prevention plans.
- Implementation of Evidence-Based Practices with Measures.** All communities have begun implementing their prevention plans and are working with local and state evaluators to measure outcomes.
- Implementation of Collective Impact.** All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

Community Well-Being Sites	
Name	Counties Served
Dakota County Connections	Dakota
Douglas County Community Response Collaborative	Douglas
Families 1 <sup>st</sup> Partnership	Lincoln and Keith
Fremont Family Coalition	Dodge and Washington
Hall County Community Collaborative	Hall, Howard, Valley, Sherman, and Greeley
Lancaster County	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Wayne, and Stanton
Panhandle Partnership	Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux Morrill, Garden, and Banner
York County Health Coalition	York
Zero2Eight	Platte and Colfax



## Training Activities

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 135 events were reported with over 3200 participants representing over 900 organizations engaged in training. There was an increase in training activities compared to the previous year.

<b>The highest number of trainings focused on training to support Community Members.</b>				
Topic Area	Topics Included (examples):	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Professional Training for Specific Community Well-Being Strategies	PCIT Training, Community Response Overview, PIWI Training/Pyramid Model	27	98	213
Training for Communities (Either Parent or Professional)	Bullying and Suicide Prevention, Early Learning Guidelines, Trauma Informed Care	71	202	1938
Training that Enhances Collaborative System	Collective Impact Training, Service Point Training	37	613	1130
<b>Total</b>		135	913	3281

## Parent Engagement – Community Cafés

The Community Café approach is designed to spark relationships and leadership to strengthen families. The Cafés are led by parents partnering with staff from their neighborhood schools or a local organization and a backbone entity. In 2017-2018 six Community Café teams were active in Lincoln and Norfolk. 350 participants comprising 231 parents and their children, and 104 community members attended a total of 23 Cafés. Results were gleaned from written surveys from participants, project reports from lead agencies and phone interviews with members of each of the teams.

Written surveys were offered at every Café to participants. These surveys were designed to measure participant satisfaction and outcomes related to individual leadership and protective factors needed for optimal child development.

<b>Community Café Participant Survey (n=153*)</b>	<b>% Indicated Agree/Strongly Agree</b>
1. I felt welcome in the Cafés.	99% (out of 153 responses)
2. Participation in the Cafés was helpful to me.	98% (out of 153 responses)
3. These Cafés will lead to improvements in my family and in my community.	92% (out of 153 responses)
4. I am more confident as a parent, caregiver, youth or community member than before these Cafés.	71% (out of 153 responses)
5. I have met other parents/youth and/or community members who are positive supports.	88% (out of 150 responses)
6. I have increased my involvement in my community.	84% (out of 142 responses)
7. I am more comfortable asking for help.	77% (out of 151 responses)
8. I have more information or resources to help meet my family or other family's needs.	77% (out of 151 responses)
9. I have increased my capacity to be a leader.	78% (out of 149 responses)
10. The work that we did in the Cafés will make a difference in our community.	89% (out of 151 responses)

\*89% of the surveys were from participants who attended less than three Cafés when they completed the survey

### **Significant Community Changes**

In addition to participant outcomes and new leadership skills reported by parent hosts, each Café site reported on *multiple* community changes. Changes most frequently mentioned by host teams and participants included the following: increased social capital—participants reported knowing and being friendly to more people in their community; and increased bridging of social capital—families developed relationships with and influenced local organizations and services.

All locations reported new resources or improvements because of Cafés. These resources included development of a new support group, law enforcement outreach, and families from diverse cultures providing input to local parks and recreation for more culturally relevant activities. Five out of six reported Café participants working toward a group goal such as fundraising to improve a playground or to sponsor family gatherings like game night and multicultural events.

## **Leveraging Funds**

### **Did the Collaborative leverage additional funding for their community?**

One of the intermediate CWB outcomes was that their work would result in the communities' increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the communities. Overall, the Collaboratives have been successful in leveraging additional funds. Funds leveraged by partnering agencies and the Collaborative represent 25% of their total budgets.

**The Collaboratives have been successful in leveraging funds from multiple funding sources.**

July 2017 – June 2018	
Funding from Nebraska Children	\$3,785,315
New Grants and Funding Awarded Directly to Collaborative	\$649,412
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$637,139
<b>TOTAL</b>	<b>\$5,071,866</b>

## Policy Support

### How did CWB communities support policies?

CWB communities were active in trying to shape policy both at the local and state level. This was a key outcome of their Collaboratives' collective impact work. At the local level, policies were impacted at three different levels including administrative, legislative, and state.

#### Administrative Policies

CWB Collaboratives engaged in a number of activities to promote new administrative policies either within their Collaborative or within community. Several of the Collaboratives reported work on internal policies as they establish their 501(c)(3) or related to implementation of core strategies (e.g., policies on the distribution of flex funds for Community Response. Work with community agencies have resulted in changed work hours that resulted in programs being more accessible for families (e.g., addition of evening hours). Members of Collaboratives have been asked to join partners' policies that will affect their community (e.g., joined a community economic development meeting or discussions related to behavioral health in their community and the System of Care initiative). Efforts in one community resulted in a local bank making available low interest loans for families in need.

#### State and Legislative Policies

"Bring Up Nebraska" was described as an effective platform to inform local senators and other policy makers on the Collaborative's initiatives and work in the community. In addition, community members met individually with state legislators to keep them informed on their Collaboratives' efforts.

## Collective Impact

In order to evaluate the collective impact efforts of the Collaboratives, focus groups were conducted at six longer-standing Community Well-Being (CWB) sites during Spring/Summer 2018. The sites where focus groups were conducted were Dakota County Connections, Families 1st Partnership – North Platte, Fremont Family Coalition, Norfolk Family Coalition, Panhandle Partnership, and Zero2Eight Child Well-Being Initiative – Platte and Colfax Counties. These focus groups were conducted in person. A standard set of questions related to the process and impact

of collective impact was used. CWB coordinators determined the composition of the focus groups. Focus groups were recorded, and UNMC's Munroe Meyer Institute staff analyzed these recordings and the notes from facilitators. Analysis focused on identifying the most prevalent strengths and challenges associated with collective impact work to date. The results are summarized in the following section.

### **What are the strengths of the Collaboratives' collective impact efforts?**

**Collaboratives have reported many successes, including increases in their effectiveness and efficiency of the services their collaborating agencies can provide.** Every Collaborative had at least one story of a family they served and how the Collaborative made it possible to provide them that assistance. Benefits that they could not have otherwise provided are now a regular occurrence as are programs for otherwise under-served populations. Services are more efficient and of higher quality. Recidivism of need had decreased, deeper needs are addressed, and wrap-around services ensure needs are fully addressed. Services are not duplicated, nor are there people "falling through the cracks." Individual agencies are confident their colleagues are thorough and will follow through, and they reported their own services were possible/more effective as a direct result of another organization's services.

**Effective collaboration takes place, supported by the common agenda.** Organizations reported they work well together, without territorial feelings or reservations about contacting and providing assistance to one another. The collaboration results in maximized resources and regular communication ensures maximized effectiveness. The common agenda and common goals have given Collaboratives focus and helps organizations build trust over time, even between organizations who did not expect to ever partner. "The common agenda helps each agency see how each piece fits into the puzzle."

**Collaboration benefits individual organizations.** They reported it has "helped bring in money" via grants and donors because organizations, and their funders, recognized they could "get more bang for their buck" if they gave to organizations who work collaboratively with other local organizations. Being a member of the Collaborative has also resulted in growth of the individual organizations, who report they are better at what they do as a result of their work with the Collaborative.

**The structure and leadership of the Collaboratives are effective and members like the flexibility they have to tailor the Collaborative to their needs.** Collaboratives appreciate their leadership teams. Having a backbone agency gives structure and leadership to the Collaborative while also letting "the community see that the community owns the Collaborative." Collaboratives appreciate being able to use funding to support their leadership and/or backbone agency so they can keep the collaborative work going. Each Collaborative has the freedom to tailor their strategies, procedures, and evaluations to fit their community's needs. Nebraska Children is an important component to the collaboration. Collaboratives appreciate the support of NC staff, their consultants, and their local evaluators.

**Communication is effective at multiple levels.** Organizations reported they were well informed about what other organizations were doing as well as what the Collaborative was doing. Collaboratives use email, a website, social media, flyers, success stories, and special events to keep their organizations and community informed. Shared leadership across groups ensures high quality communication and sharing of information between those groups. Collaboratives

effectively use subgroups to tackle goals and the subgroup's work is reported back to the whole Collaborative so they can be aware of progress.

### **What are the challenges faced by the Collaboratives in adopting a collective impact approach?**

**Collaboratives still struggle with how to quantify their impact and shared measurement continues to be a struggle.** Collaboratives identified wanting quantitative, data-driven descriptions of their collaborative but do not know how to do this nor which indicators they should measure. Many are unsure of how they can show that their efforts are affecting change of higher-level indicators and, although they recognize that long-term follow up data is needed, that data is difficult to get. Some communities struggle finding ways to use the data that is collected or disseminate results to their community.

They report it is difficult to get varying organizations on board with one form, one data entry system, or one method of data collection. Standardized forms "don't make sense" for some organizations but culling information from non-standardized forms to report to the funders is a burden on the Collaborative's staff members. Identifying ways of gathering data, figuring out who is responsible for what data and the burden data collection places on organizations all remain barriers. Some report families resist filling out the information.

**Some Collaboratives are struggling to promote growth, others are facing barriers because of very rapid growth.** Even larger, well-attended Collaboratives are still looking for ways to effectively recruit and engage new members. Sometimes Collaboratives struggle showing new organizations how they can fit into and benefit from the larger Collaborative and not all Collaboratives feel they have the capacity for growth. One Collaborative has grown so large that they report it is difficult for their members to make connections, or for the Collaborative to provide activities/services to promote connections among their members.

**Balancing the needs/expectations of multiple agencies in the Collaborative is difficult.** The Collaboratives sometimes struggle balancing the needs of the diverse organizations of their group without being perceived as having favorites. Political "alliances" between organizations can complicate this further. Some Collaborates have a hard time managing community organizations' expectations and some struggle to communicate that the Backbone Agency's mission and their neutral management of the Collaborative are separate. Moreover, some members struggle balancing the needs/priorities/goals of their organization with those of the Collaborative.

**Maintaining interest and engagement in the Collaborative is a related concern.** Collaboratives reported that members dropped out over time, both as they "got stuff done" and when "stuff didn't get off the ground." As the Collaborative grows, so does the workload, which can result in members feel like all they do is attend meetings. The time and energy commitment needed for individuals/organizations to participate in the Collaborative is a barrier, as members' schedules are already full. However, if organizations miss meetings, the Collaborative has difficulty disseminating information to them and this can cause problems keeping everyone on the same page regarding processes and expectations. Some Collaboratives reported that it is frustrating when members take on a task/roll within the Collaborative and then leave, wasting the effort and funding spent training them.

**There are still populations in need and some services are lacking.** Sometimes solving one problem brings light to additional and the Collaborative is not always able to solve those new

problems. Keeping families engaged long enough to address more than their first-presented struggle is difficult. Wait times in general are a source of frustration. Collaboratives identified populations who still have needs the Collaborative cannot successfully address and services their community still needed. Some communities worry recipients of the assistance become dependent on it, take advantage of the programs, or that their agency is “overly involved” with the family.

**Collaboratives have funding concerns and request more guidance and training/education.**

Collaboratives report it is difficult to get funding for non-tangible items and services. They sometimes feel they have to follow the funder’s agenda rather than their own in order to receive funding. Sustainability is a concern, and some are unsure of Nebraska Children’s commitment and worry about how long this opportunity will last. A subset of Collaboratives expressed frustration with a lack of rules from Nebraska Children. They felt that because each community had the flexibility to do what worked for them, they did not get any “set guidelines.” Some Collaboratives requested mini workshops to understand expectations better. They also would like to work with other communities to learn from the more established Collaboratives.

**A Success Story...**

*This collaborative came together to help solve the underlying issue of mental health that they saw in many families. They knew that without addressing this need, it would be hard to address any other tasks (such as employment). Their committees brainstormed how as a coalition they could start to address this need. One of the ideas was to start to educate those that work with families on how they can provoke change talk and understand mental health at a deeper level. To do this they sponsored trainings, which helped frontline workers understand different barriers to change and how to help families see the positives to addressing their underlying issues to change. They then brought in an organization that conducted the Mental Health & First Aid 101 training for those that work with adults and a separate day for those who work with youth. They were able to engage many school personnel in these trainings as well. After these trainings, feedback from those that attended was overwhelmingly positive and said the tools provided made their work easier in helping those with mental health seek out help. They hope to continue these trainings on a regular basis as turnover occurs and new individuals may join. In September, the collaborative is also planning an event to involve families and youth in mental health awareness. With the addition of system of care dollars, they feel this is a perfect time to dive into this topic and remove the stigma of mental health in their community.*

## Prevention Strategies

Community Well-Being Prevention Strategies, Participating Communities, and Evidenced-Based Ratings		
Program	Community(ies)	Rating/Level
Behavioral Health in the Schools	Lancaster County	Emerging I
Beyond the Bell	Dakota County Connections (DCC)	Emerging I
Biking for Back Packs	DCC	Emerging I
Camp Catch UP	Statewide	Emerging I
Circle of Security - Parenting	Panhandle Partnership (PP), Families 1 <sup>st</sup> Partnership	Promising II
Community Cafés	Lancaster County, Norfolk Family Coalition	Emerging I
Community Learning Centers	Lancaster County	Emerging 1
Community Response	All CWB communities	Emerging I
Dusty Trails Mystery, Inc	Families 1 <sup>st</sup> Partnership	Emerging I
Early Childhood Provider Incentive	DCC	Emerging I
Family Fun Night Out	DCC	Emerging I
FAST	Hall County Collaboration, PP	Supported III
Library Parent Corner	DCC	Emerging I
Parent-Child Interaction Therapy (PCIT)	DCC, Fremont Family Coalition, Families 1 <sup>st</sup> Partnership, Norfolk Family Coalition, Zero2Eight	Supported III
Parents Interacting With Infants (PIWI)	DCC, Fremont Family Coalition, Norfolk Family Coalition, Zero2Eight	Emerging I
Preschool Scholarships	DCC	Emerging I
Project Connect	Families 1 <sup>st</sup> Partnerships	Emerging I
School Family Activities	Families 1 <sup>st</sup> Partnerships	Emerging I
School Registration Event	DCC	Emerging I
Social Books at Well Child Clinics	DCC	Emerging I
Social-Emotional Summer School	DCC	Emerging I
Together Everyone Achieves More Success (TEAMS)	Panhandle Partnership	Emerging I
Trauma Informed Care Training	DCC	Emerging I

**Evidenced-Based Practices.** The President’s Office of Management and Budget (OMB) within the Federal Government asks states to monitor progress in adopting evidence-based programs. The assumption is that adoption of evidence-informed or -based programs and practices will result in positive outcomes for children. This year, grantees adopted 23 strategies or initiatives that were evaluated using PART. The results showed that NC has three strategies that are well-established and were shown to demonstrate positive results for children and families within the prevention system (Promising II or Supported III) based on previous research. Communities have also adopted a number of strategies to meet their community needs that have identified outcomes and are collecting data as part of their evaluation (Emerging I).

The core strategies being implemented through the Community Well Being prevention continuums are:

- Circle of Security Parenting
- Community Response
- Parent Child Interaction Therapy (PCIT)
- Parents Interacting with Infants (PIWI)

Each community also has the ability to select and implement supporting prevention strategies focused on strengthening families based on their individual community assessments of need. The full array of these supportive strategies are listed in the table above.

## Evaluation Findings: Core Strategies

### Circle of Security Parenting (COS-P)

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Circle of Security Parenting is a Family Support Service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). Circle of Security is a relationship-based intervention designed to change young children’s (Birth to 5) behavior through changes in parents’ behavior and enhanced attachment between parents and children.



Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. Circle of Security was implemented over the past 12 months in communities including the Panhandle Partnership, Hall County, and Families 1<sup>st</sup> Partnership (Lincoln County).

<b>Strategy: Circle of Security</b>			
Number of Families Served Directly	85	Number of Families Served Indirectly	0
Number of Children Served Directly	0	Number of Children Served Indirectly	196
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	14
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	14
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	0		

The following is a summary of the demographics of a sample of the total number of children and/or families served by all Community Well-Being communities currently implementing Circle of Security.

Gender n=76		At Risk Due to Poverty n=76		Parent n=76	
Male	Female	Yes	No	Yes	No
30%	70%	51%	49%	82%	18%
Race/Ethnicity n=76					
White	Hispanic	Black	Multi-Racial	Native American	Other
73%	13%	2%	0%	4%	8%

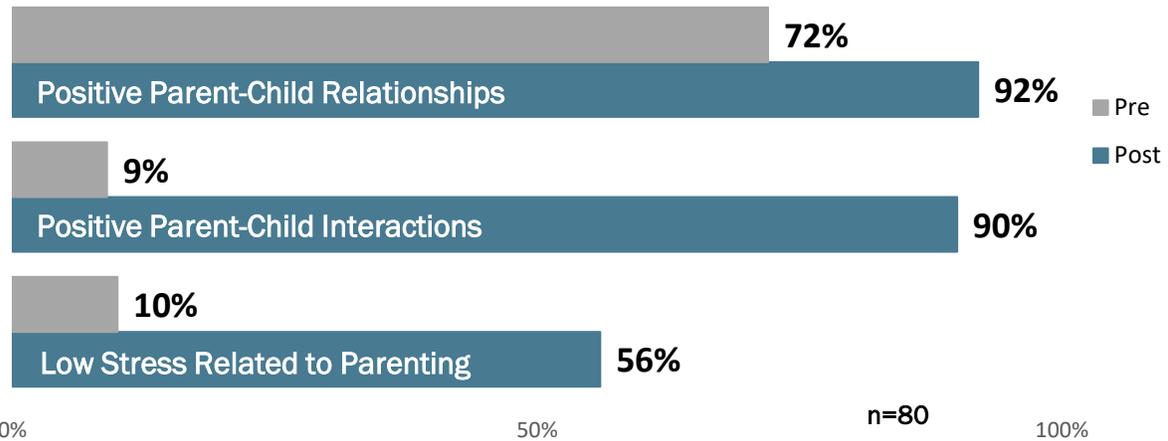
## EVALUATION FINDINGS

### ***Were parents' parenting strategies improved?***

Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5 point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. Seventy individuals completed the survey. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [ $t(76)=-5-17.634, p<.001, d=2.011$ ]; relationships with their children [ $t(77)=-8.279, p<.001, d=0.937$ ]; and decreased stress [ $t(79)=-9.294, p<.001, d=0.894$ ]. These results suggest a strong meaningful change, suggesting that COS-P is positively supporting parents in gaining skills to interact with their children.

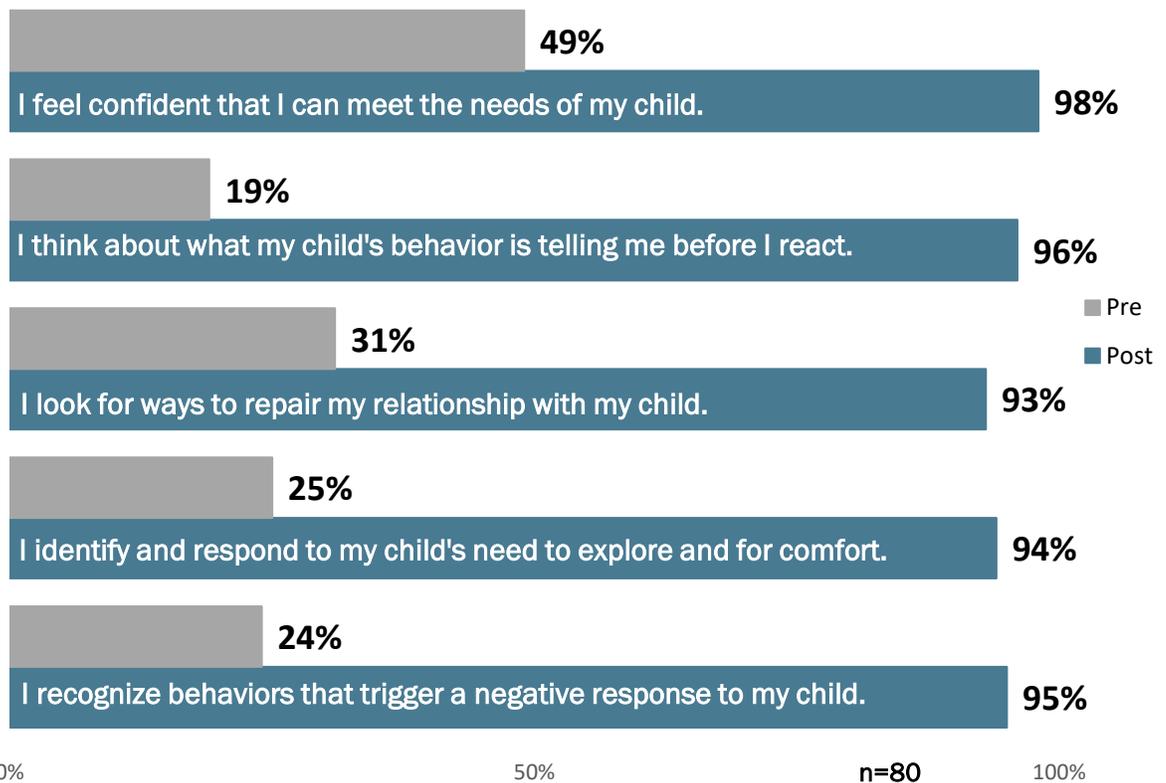
**Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.**

*Parenting stress was lowered by the end of the COS-P session.*



**Positive Parent-Child Interaction Items: Parents make gains across all areas.**

*The most gains were made using the child's behavior to understand their needs and recognizing the triggers for a negative response to their child.*



## Community Response Project (CR)

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Community Response (CR), a family preservation service (see Family Preservation Service NC and DHHS Contract sections A. 1 ii and v) was initiated in 2012, as an answer to a need for communities to create a system of coordinating efforts across Community Well Being partners to align and maximize resources to best serve families in their local prevention systems. Community Response is a voluntary system that is available to all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community. Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. For the purpose of Nebraska Children Community Response, the public funding specifically targets supporting families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually are between 0-14 years of age, however, when a community braids resources and involves multi-sector partners in a Community Response system the focus can be on the lifespan (the full age spectrum of children, individuals and partners).

The goal of Community Response is to coordinate existing resources within the community to help children, youth, and families either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase family and community Protective Factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

- Meeting basic needs like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics
- Building life skills such as job searching, budgeting, and money management
- Strengthening family support systems and building community connections so all families feel they have partners who provide a “safe zone” to ask for help

A Community Response team is contacted when families with multiple crises (e.g., housing, basic life skills) cannot be resolved by one or two services or organizations and, if left unresolved, would likely result in higher end system involvement, homelessness, and/or out-of-home placements. The team helps families who are willing to work to resolve crises and access assistance to strengthen their family and remain intact.



## Who are the communities, families, and children that participate in Community Response?

There are eleven communities under the Community Response umbrella including:

1. Douglas County
2. Lift Up Sarpy (Sarpy County)
3. Lancaster County
4. Dakota County Connections
5. Families 1st Partnership (Lincoln and Keith Counties)
6. Fremont Family Coalition (Dodge and Washington Counties)
7. Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley Counties)
8. Norfolk Family Coalition (Madison, Wayne, and Stanton Counties)
9. Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner Counties)
10. York County Health Coalition
11. Zero2Eight Collaborative (Platte and Colfax Counties)

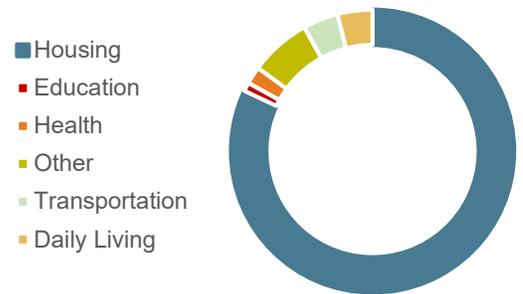
Strategy: Community Response			
Number of Families Served Directly	709	Number of Families Served Indirectly	130
Number of Children Served Directly	1621	Number of Children Served Indirectly	166
Number of Parents with Disabilities Served Directly	110	Number of Staff Participating	58.5
Number of Children with Disabilities Served Directly	148	Number of Organizations Participating	74
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	19		

Gender n=761		At Risk Due to Poverty n=773			
Male	Female	Yes	No		
13.9%	86.1%	64.8%	35.2%		
Race/Ethnicity n=866					
White	Hispanic	Black	Multi-Racial	Native American	Other
60.2%	24.4%	9%	1.5%	3.9%	1%

### What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This year there were 171 families (unduplicated count) that made one or more request. Twenty-eight percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority (82%) of the funds were allocated for housing related needs (e.g., rent, utilities). The remaining funds were spent on resources for families related to Education (1%), Health (2%), Transportation (4%) and Other (7%).

### Majority of Flex Funds were used to support families' housing needs.



## Evaluation Findings

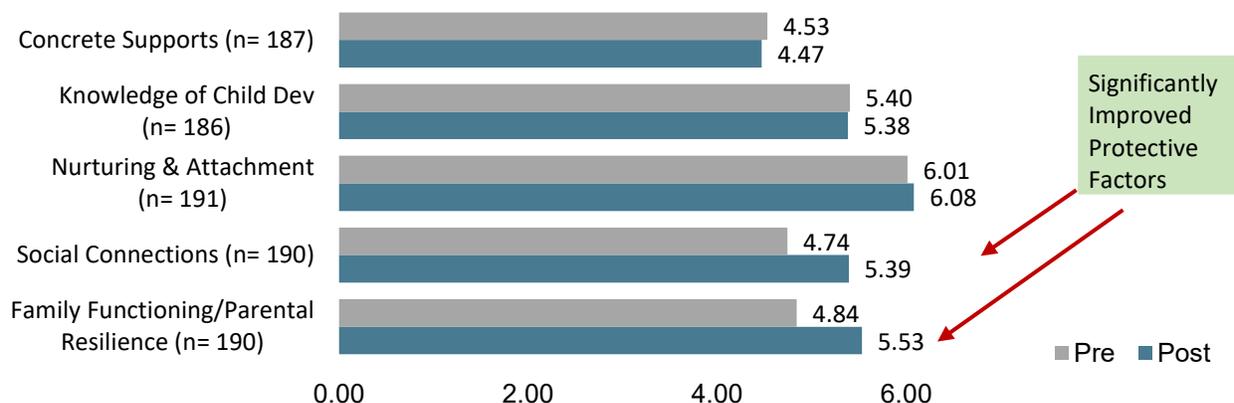
### ***Did Community Response help to support families improve their Protective Factors?***

Several strategies were used to evaluate the efficacy of Community Response. At completion of services, families are asked to complete the FRIENDS Protective Factor Survey. A total of 191 parents completed the survey. A pair-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores. The PFS was completed when families were discharged from services. The results found that families made significant improvements on Protective Factors in the areas of Social Connections ( $p<.001$ ;  $d=0.539$ ) and Family Functioning/Parent Resilience ( $p<.001$ ;  $d=0.500$ ). These results suggest parents participating in Community Response improved their Protective Factors at the completion of services.

### ***Did Community Response help to support families reaching their goals?***

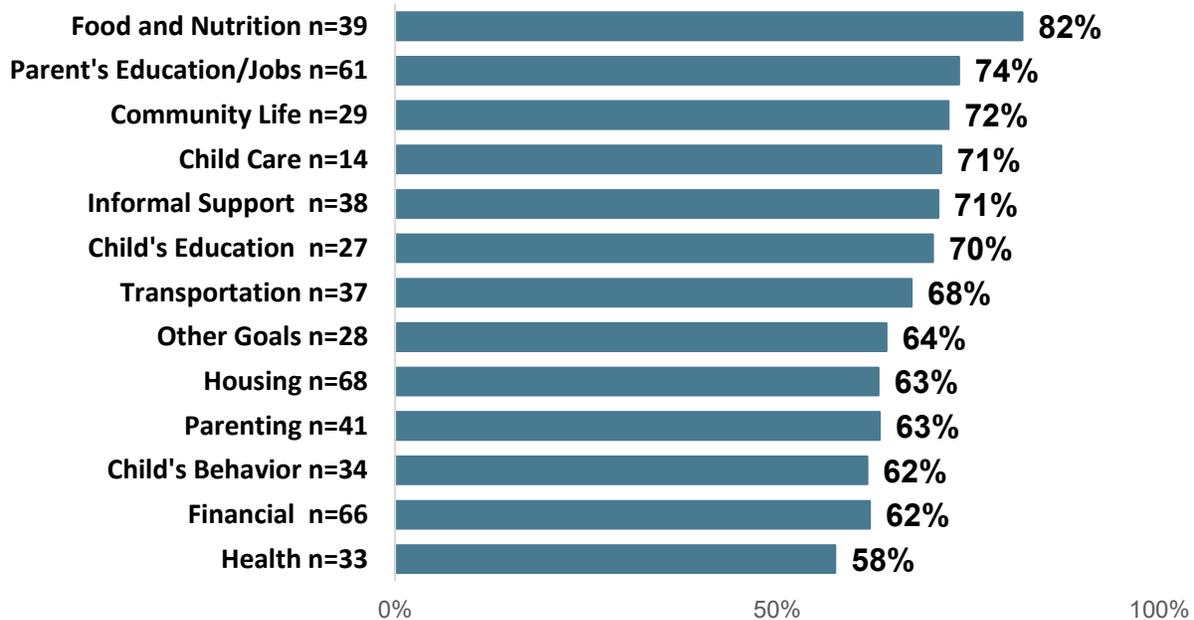
Eight communities reported case closure data. One hundred-forty-seven (147) parents were discharged from Community Response and had completed data. The results of the case closure data found that these families had 513 identified goals. The areas that had the highest number of goals identified were housing (68) and financial (66). Parents were able to complete two-thirds of their goals (67%). The goal areas that had the highest completion rate were food and nutrition (82%) and parent's education/jobs (74%). The goal area that had the lowest completion rate was health (58%).

### **Parents participating in Community Response demonstrated significant improvement in Parental Resilience and Social Connections.**



**Parents' greatest needs were in accessing Housing and Financial.**

*Success in meeting the goals was varied ranging from 58% to 82%.*



***Did families' informal supports improve?***

In addition to completing the FRIENDS Protective Factor Survey (PFS), families were asked at intake and discharge to identify the number of informal supports that were available. Results were based on the 82 families that had data in this area. At case closure, 44% of the parents indicated they had three or more informal supports. These results suggest that the majority of the families have few (<3) informal supports.

***Were parents satisfied with Community Response services?***

Overall, the parents (99%) that were served by Community Response felt respected and valued by staff. Most (71%) also reported that their relationship with their child had improved. The majority (83%) reported having learned at least one technique to help their child learn.

**A Success Story...**

*A family was referred to Community Response (CR) after being evicted from their rental. Both parents were recovering addicts with no jobs and little money. Dad had been applying to jobs, but their cell phone was out of minutes. Using flexible funds, the CR coach was able to take care of the phone and the dad quickly found employment. Flex funds were also utilized to pay rent and utility deposits. The dad has since maintained employment, the mom sought out mental health services, and both are maintaining their sobriety. Their daughter is thriving at her new school and is happy to have a home and healthy parents.*

## A Success Story...

*A young mom with a five-month-old baby joined Community Response (CR) after being in an abusive relationship. She had reached out for assistance to get out of the relationship with her baby's father. She was working part time, barely getting 20 hours a week at her job, and had a hard time making ends meet. She did not have much of a support system beyond her mom, who was diagnosed with cancer during her time in CR. With the guidance of her in-home worker, mom learned the importance of reading every night utilizing the books that are provided in the backpack program through Sixpence. With the help of her therapist, she learned how to appropriately express her feelings, and how to work through her relationship with her daughter's dad. She was able to develop a budget, start a savings account for her daughter, attain section 8 housing, and gain full time employment. She stated that she very much appreciates the help she received and the fact that she was connected to many different service providers. This young mom now knows who to reach out to and where to find resources if needed in the future.*

## **Parent-Child Interaction Therapy (PCIT)**

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PCIT is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b, i, ii, iii, iv, and viii). It is an empirically supported treatment for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness.

PCIT was being implemented in five Nebraska Community Well-Being communities (Dakota County Connections, Fremont Family Coalition, Families 1<sup>st</sup> Partnership, Norfolk Family Coalition, and Zero2Eight). Eleven therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 69 families and 69 children participated in PCIT sessions during the past 12 months.

Families participated in PCIT with varying numbers of sessions attended, ranging from two to 24 sessions. Overall, average attendance across communities was nine sessions. All of the adults receiving services with their child were females.

<b>Strategy: PCIT</b>			
Number of Families Served Directly	69	Number of Families Served Indirectly	0
Number of Children Served Directly	69	Number of Children Served Indirectly	6
Number of Parents with Disabilities Served Directly	2	Number of Staff Participating	9
Number of Children with Disabilities Served Directly	2	Number of Organizations Participating	11
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	0		

Gender n=15		At Risk Due to Poverty n=11			
Male	Female	Yes	No		
0%	100%	46.7%	53.3%		
Race/Ethnicity n=11					
White	Hispanic	Black	Multi-Racial	Native American	Other
93.3%	6.7%				

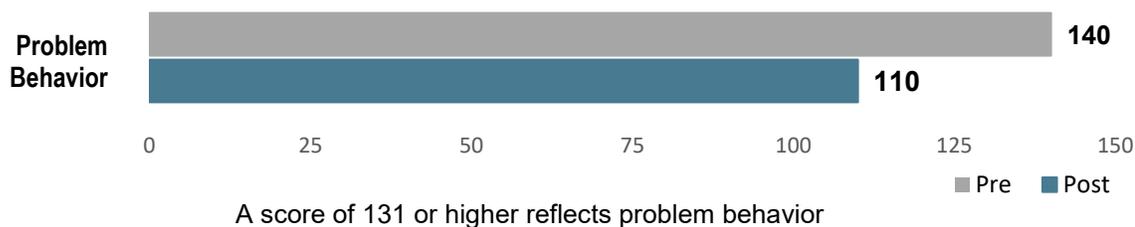
## EVALUATION FINDINGS

### ***Did children's behavior improve?***

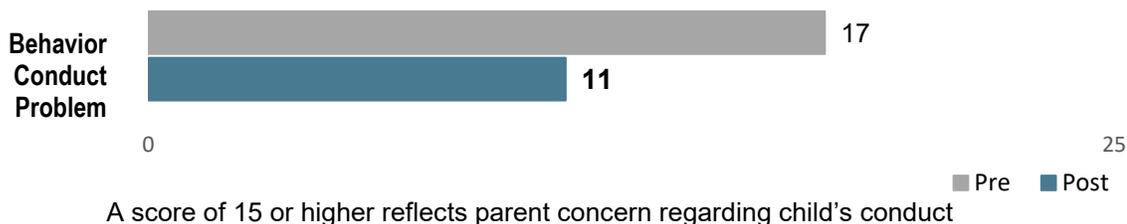
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. Forty-nine (49) children had pre-post ECBI data. There was a significant decrease in intensity of the problem ( $t(47)=6.788$ ;  $p < .001$ ;  $d=.970$ ). There was also a significant decrease in parents' perception of the behavior as being problematic ( $t(48)=4.305$ ;  $p < .001$ ;  $d=.615$ ). These data reflect a strong meaningful change. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior through the reduction of problem behaviors.

**The intensity of the children's behavior was significantly reduced.**



**Children significantly reduced problem scores related to child conduct.**



***Did the parents improve their parent-child interactions?***

The DPICS is a behavioral coding system that measures the quality of parent-child social interactions. It is used to monitor progress in parenting skills during treatment and provides an objective measure of changes in child compliance after treatment. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varied by client.

	Number of Parents	Behavior Descriptions	Reflections	Labeled Praises	Commands & Negative Talk
<b>Statistical Analyses Results</b>					
<b>Pre-Mean</b>	59	2.20	4.56	2.20	13.27
<b>Post-Mean</b>	59	7.15	7.47	5.51	3.76
<b>Significance Values</b>		$p < .001$ $t = -5.862$ $d = -.763$	$p < .001$ $t = -3.846$ $d = -.501$	$p < .001$ $t = -4.812$ $d = -.626$	$p < .001$ $t = 7.598$ $d = .989$

The results of the DPICS found that almost half of the families had improved the positive strategies they used in their behavioral descriptions, labeled praise, and reflections they used with their children. High percentages demonstrated a decrease in negative strategies that would impede their interactions. In the area of positive parenting strategies used, fewer families improved in the area of reflections.

### ***Are parents satisfied with the services provided?***

A satisfaction survey was completed to receive input from the families regarding satisfaction related to the PCIT strategy. Overall, the parents rated the program implementation very positively. Families rated all areas in the high range. Most families (85%) agreed that the program improved their relationship with their child, they learned new techniques (92%) and all families (100%) reported feeling respected.

#### A Success Story...

A 4-year old boy in foster care with his grandmother had witnessed frequent domestic violence and experienced suspected physical abuse. He “growled” at adults as a defense mechanism. He growled at the therapist at the first session but began smiling in subsequent sessions. PCIT provided a safe environment, great toys and an opportunity to play with his grandma for a whole hour every week. During one session, he built a “safe house” of blocks for a giraffe. He described a daddy animal carrying a baby on his back. He made sure the mommy animals were near the baby animals. This was obviously not his personal experience but now that he is safe with his grandmother and gets special time every day, he is calmer. The grandmother said PCIT was a game changer for him.



### **Parents Interacting with Infants (PIWI)**

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and vi, and viii) based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

The primary emphases of the PIWI model include :

**Competence** – Children should have opportunities to experience and demonstrate their competence and to expand their competence by exploring their environments and interacting with others.

**Confidence** – Both children and parents should experience confidence in themselves, their abilities, and their relationships.

**Mutual Enjoyment** – Parents and children should enjoy being together in the setting and feel secure in one another’s presence and in the environment.

**Networking** – Parents will have opportunities to network with other parents and add to their informal support networks.



Four communities including the Fremont Family Coalition, Dakota County Connections, Norfolk Family Coalition, and Zero2Eight implemented PIWI. Each of these communities was contracted to complete one or more PIWI series to fidelity.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between one and nine sessions. The average attendance was four sessions, or 60% of the offered sessions. Mothers primarily participated in the program.

Strategy: PIWI			
Number of Families Served Directly	99	Number of Families Served Indirectly	0
Number of Children Served Directly	192	Number of Children Served Indirectly	32
Number of Parents with Disabilities Served Directly	3	Number of Staff Participating	17
Number of Children with Disabilities Served Directly	6	Number of Organizations Participating	11
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	0		

Gender n=89		At Risk Due to Poverty n= 89			
Male	Female	Yes	No		
	100%	70.8%	29.2%		
Race/Ethnicity n=89					
White	Hispanic	Black	Multi-Racial	Native American	Other
42.7%	49.4%			7.9%	

## EVALUATION FINDINGS

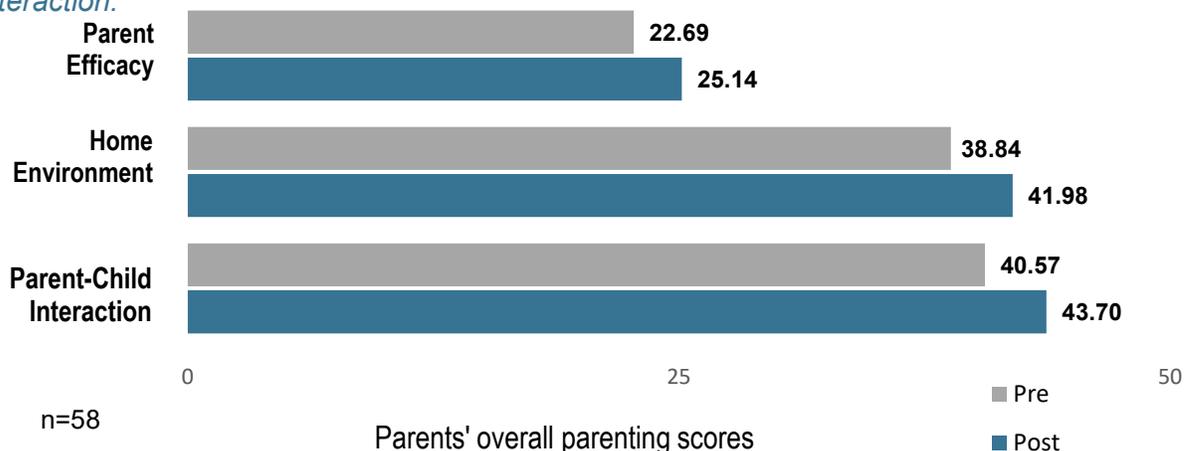
### **Did parents’ interactions with the children improve?**

The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The HFPI subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent

sense of efficacy. The results found that there were significant increases with large meaningful change across all areas: Parent Efficacy [t(67)=-6.617, p<.001, d=-0.647]; Home Environment = [t(65)=-6.011, p<.001, d=-0.505]; and Parent-Child Interaction [t(65)=-7.116, p<.001, d=-0.628]. The parents' strengths were in the area of parents supporting their Home Environment and Parent-Child Interaction.

**Parents made significant and meaningful changes across all areas of parenting skills.**

*Families' strengths were in supporting the areas of Home Environment and Parent-Child Interaction.*



**How satisfied were the families?**

A satisfaction survey was completed to obtain input from families regarding satisfaction of their participation in PIWI. Overall, the parents rated the program implementation very positively. Highest ratings were in the areas of positive relationships with their child (99%) and being respected by staff. Fewer parents (72%) indicated that they had adopted new parenting techniques.

**Evaluation Findings: Supportive Prevention Strategies**

**Behavioral Health in the Schools**

Strategy: Behavioral Health in the Schools			
Number of Families Served Directly	111	Number of Families Served Indirectly	
Number of Children Served Directly	122	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	7
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	3
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	1		

Behavioral Health Services were provided for specific children and families referred through the Community Learning Center (CLC) at select school sites in Lincoln. Primary modalities include solution focused, trauma focused, cognitive behavioral, narrative and attachment based. All

therapy is family-based and includes the system theory of change. Many of the families served through the CLC schools grapple with multiple challenges that may have a direct impact on student’s ability to be in class on time and ready to learn. Many real life circumstances contribute to trauma and a deep sense of loss and insecurity. Immigration status and cultural issues, economic insecurity due to low wages, frequent moves, and homelessness all impact students overall emotional well-being. The CLC strategy has partnered with Family Service to provide school-based mental health services at the CLC schools. This has served to address an identified need by the principals for increased support to students and families in this area. The project staff continue to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high quality mental health services in our community.

## Beyond the Bell

Dakota County Connections (DCC) supported Beyond the Bell, an organization providing before and after school services for children in the community. Beyond the Bell is located in five South Sioux City elementary schools including Dakota City. At Beyond the Bell, they believe in helping children and families reach their full potential by providing a safe place to play while creating a quality learning environment and promoting growth. Beyond the Bell found the opportunity to serve a large population of at-risk students. This is the second year of implementation. The program was awarded a 21<sup>st</sup> Century Community Learning Center grant from Nebraska Department of Education (NDE) that helped sustain the program.

Strategy: Beyond the Bell			
Number of Families Served Directly		Number of Families Served Indirectly	
Number of Children Served Directly	226	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff Participating	17
Number of Children directly served with Disabilities		Number of Organizations Participating	4
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

Students enrolled in Beyond the Bell had high attendance. All of their regular attendees (which means they attended 30 or more days) attended over 90% of the school year (with the exception of one school, who were still at 80%). These results show that once students are enrolled, they maintain attendance in the program.

## Biking for Backpacks

Multiple agencies (e.g., the Optimist, Dakota County Connection, the South Sioux City Police force, Parent Child Interaction Therapist (PCIT), Nebraska Extension, Beyond the Bell, Children Miracle Network, City of South Sioux city) collaborated together to provide backpacks of supplies for children going back to school in this DDC sponsored program. A number of supplies were provided including toothbrushes and toothpaste, helmets, school supplies, and Frisbees from the prevention store. The police offered children’s finger printing and rode bikes with them.

<b>Strategy: Biking for Backpacks</b>			
Number of Families Served Directly		Number of Families Served Indirectly	75
Number of Children Served Directly		Number of Children Served Indirectly	100
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## **Camp Catch Up**

Camp Catch Up provided youth an opportunity to participate in a camp experience with other youth, ages 7 to 19. All these youth were separated from their siblings due to out of home placement, such as foster care, adoption, guardianship or kinship. Youth across the state are eligible to participate in one of three 4-H camp locations, one in western NE near Halsey, one in eastern NE near Gretna NE, and one in central Nebraska near Marquette.

<b>Strategy: Camp Catch Up</b>			
Number of Families Served Directly		Number of Families Served Indirectly	40
Number of Children Served Directly	128	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## **Community Learning Centers**

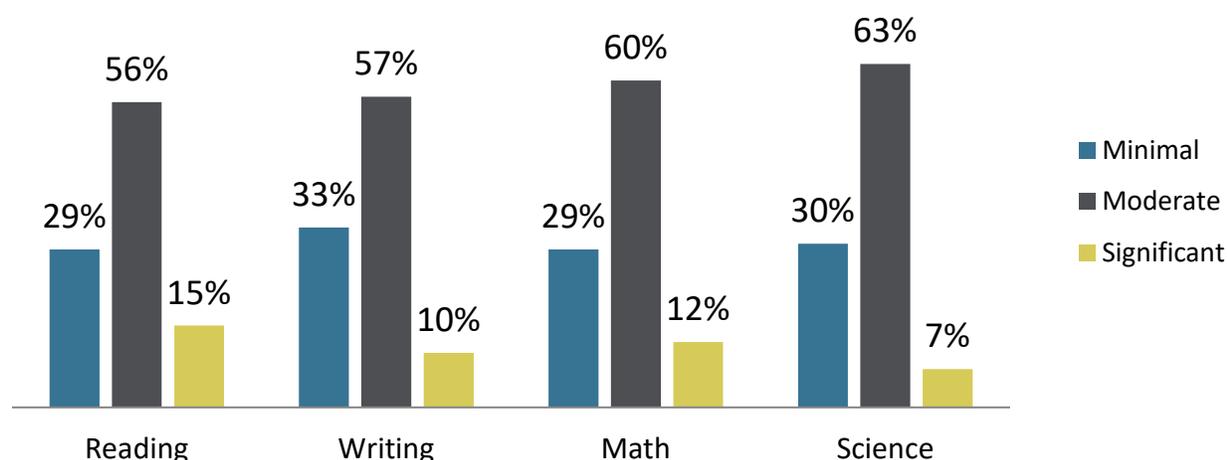
The Lincoln Community Learning Centers (CLCs) is a Family Support Service (see NC and DHHS contract for Family Support Services section A. 1 b. i, ii, iii, iv, and viii). The CLC's are designed to develop partnerships which bring concentrated resources to high-need schools in the community of Lincoln. The initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. The CLCs was a strategy that supported 26 schools in the Lincoln Public Schools district.

CLC was implemented in Lincoln Schools through community partnering organizations. The network in Lincoln helped connect schools to communities who, in turn, provided enriching out-of-school time activities for children and families. The CLC supports increased school attendance, positive behavior and academic performance, increased access to learning opportunities and behavioral supports, stronger community prevention infrastructures, and parent engagement.

<b>Strategy: Community Learning Centers</b>			
Number of Families Served Directly		Number of Families Served Indirectly	40
Number of Children Served Directly	8029	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities	1365	Number of Organizations participating	
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

The Lincoln CLC is part of a statewide network of programs who participate in a comprehensive evaluation. One component of the evaluation is a teacher survey that assesses the degree students' academic skills improve. The results found that high percentages of students demonstrated a moderate to high level of improvement as rated by their teachers.

**Lincoln CLC students demonstrated moderate to significant improvement.**



**Dusty Trails Mystery Inc.**

Dusty Trails Mystery Inc. is a group whose focus is to provide a social support to families with children with special needs. This group evolved out of the recognition that families with children with special needs often feel quite isolated and need involvement with others. To accomplish this goal, the group originally planned the “Secret Santa” parties for the children and then expanded to monthly activities for families. The members of the group that do the planning are partners from Department of Health and Human Services, Jaycees, Dusty Trails Stables, and Families 1<sup>st</sup> Partnership. The goal has been to increase access to activities the family might not usually elect to do. The events have included horseback riding, tanking down the river, attending hockey games, improvisational acting, bowling, hayrack rides, petting zoos, and relay races. Initially there were families with younger children attending, but over time, it has shifted to older children.

On occasion, adults from the Opportunity Center, an adult program for individuals with disabilities, will attend. There have been invitations to other groups that work with individuals with disabilities to be involved. So far, the organizing groups have remained the same. Those invited have been the Autism Awareness group and a faith-based children's outreach group. An effort will continue to bring new partners in.

### Early Childhood Provider Incentive

Cubby Care, in the Dakota County Connections (DCC) community, completed the three years of the Pyramid training and continues to work with their Pyramid coach on an as needed basis. Cubby Care is also working on their "Step up to Quality" rating. They have strived to offer the children and families of Cubby Care the best possible Early Childhood experiences. With all that being said, they lacked one major safety feature, that was the fact that their front door was not secure, and anyone could walk in. This was also a huge concern for Cubby Care as well, because of the type of front door they had, it was going to be a larger cost than the center could afford. DCC provided funding to the center to support purchasing the new door. Cubby Care understands that safety is key along with a positive, enriching early childhood environment. Cubby Care now has 90 children that are safe and enriched.

<b>Strategy: Early Childhood Provider Incentive</b>			
Number of Families Served Directly		Number of Families Served Indirectly	90
Number of Children Served Directly		Number of Children Served Indirectly	92
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

### Early Childhood Provider Training

Dakota County Connections partnered with Early Head Start to provide training to their teachers and parents on specific skills with children that can support themselves and families they work with in their program. The class is for teachers or parents with children ages two to seven, who want to learn skills to improve their interactions with younger children, learn to enjoy their children more, and learn how to positively manage behaviors like whining, crying, and tantrums. A mental health consultant conducted the training. Training was provided to two separate groups of teachers and one group of parents. Teachers and parents were taught the skills of special time as well as how to conduct special time with their own child at home. During the class, there was time to practice the skills demonstrated. It was reported that parents were quite enthusiastic about the idea of going home and utilizing these new skills with their child. The mental health consultant also provided information about PCIT, so participants were knowledgeable in referring for the service.

<b>Strategy: Parent-Child Skill Building Classes</b>			
Number of Families Served Directly	24	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	45
Number of Parents with Disabilities Served Directly	2	Number of Staff participating	2
Number of Children with Disabilities Served Directly		Number of Organizations participating	2
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## Family Fun Night Out

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The Dakota County Connections (DCC) with community organizations came together and provided fun games, prizes, and food for the families in their community to go along with the National Family Night Out. DCC collaborated with the Optimists and had games that the families and children could play. When they were done, they received a bar of soap tucked inside a sponge to promote healthy children, which aligned with Health Systems from Rooted in Relationships initiative. There were many different agencies along with the Police and Fire Departments supporting families in this activity.

<b>Strategy: Family Fun Night Out</b>			
Number of Families Served Directly		Number of Families Served Indirectly	50
Number of Children Served Directly		Number of Children Served Indirectly	75
Number of Parents with Disabilities Served Directly		Number of Staff participating	7
Number of Children directly served with Disabilities		Number of Organizations participating	10
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## Families and Schools Together (KIDS FAST)

FAST is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is a set of multifamily group interventions designed to build relationships between families, schools, and communities to increase community well-being. Family activities are led by the parents, with support to be authoritative and warm. Participants work together to enhance Protective Factors for children, including parent-child bonds, parent involvement in schools, parent networks, family functioning, parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans. KIDS FAST is for all families of children 4-5 years old in communities with high risk factors. FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school. Hall County Community Collaborative and Panhandle Partnership both implemented FAST.

### Core Elements of FAST:

- a meal shared as a family unit;
- family communication games played at a family table;
- time for couples or buddies;
- a self-help parent group;
- one-on-one parent-child time; and
- a fixed lottery that lets every family win once followed by a closing ritual.

Strategy: FAST			
Number of Families Served Directly	40	Number of Families Served Indirectly	62
Number of Children Served Directly	41	Number of Children Served Indirectly	119
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	25
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	17
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	1		

### EVALUATION FINDINGS

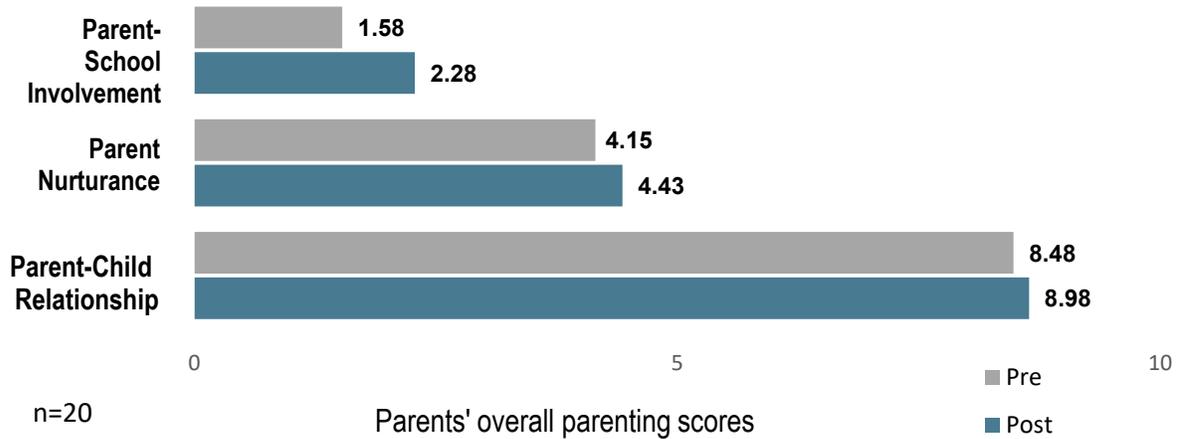
Parents completed the FAST evaluation assessment at the end of each semester with results tabulated by the national FAST program, which were available 3-6 months after the end of the semester. These results will be submitted to NC in a separate report.

#### **Does the FAST support parent-child interactions and school relationships?**

The national evaluation for FAST examines a number of different outcomes including parents' improvement in relationships among family, child, and school. Highlighted results from the Panhandle Partnership and Hall Parent survey results indicated that high percentages note improvement in parent-child relationships. Slightly over half improved in all of the other areas.

**Parents made significant and meaningful changes across all areas of parenting skills.**

*Parent-Child Relationship was an area of strength.*



FAST had 19 parents participate in the program this year. According to the team response in one community, this was the most successful cycle of FAST in the last five years. The graduation rate was high and parent satisfaction was high. Several parents from this cycle offer to volunteer for spring 2018, even though they will not have any children entering into kindergarten. Community involvement is also increasing in the program.

**A Success Story...**

*A grandma had just taken custody of her four grandchildren, ages 2, 4, 6, and 8. The grandma plead for help as she was signed up for FAST. Grandma found refuge in the parent time and cherished being able to voice her concerns. By the end of the 8 weeks, she had learned some techniques to use with the older children and got them into counseling. Her words were, "FAST saved me!"*



**Library Parent Corner**

The Parent Corner is a relatively new strategy Dakota County Connections (DCC) implemented at their Public Library. It is a corner where children and parents can go to play one-on-one with special toys they can check out. There is a librarian on duty to support them and give fun ideas and positive feedback.

<b>Strategy: Parent Corner</b>			
Number of Families Served Directly		Number of Families Served Indirectly	193
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff Participating	2
Number of Children directly served with Disabilities		Number of Organizations Participating	3
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

The program had high numbers (193) of families that benefited from this addition to the library. In addition to using the playroom to interact together (e.g., 24 families used the barn/doll house while at the Parent Corner), families accessed books and materials to support their children’s learning. There were 47 informational fliers taken, 13 books were checked out from the Parent Corner, nine adult books were read/looked at in the Parent Corner, and 13 toys were borrowed for school use.

### **Preschool Scholarship Program**

Dakota County Connections (DCC) provides parents of preschool children with scholarships to preschool programs. For many families it is financially difficult to consistently send their children to preschool. Parents have expressed how these scholarships have helped them to have consistent attendance with their preschool program and access to staff who better support the child’s behavior. The scholarships help the parents by allowing their child to enroll in daily services. Parents shared that they feel valued when there is this level of caring and support to their family. The program also encourages them to get involved in parent trainings where they find the support and encouragement of other parents as well.

<b>Strategy: Preschool Scholarship Program</b>			
Number of Families Served Directly	4	Number of Families Served Indirectly	
Number of Children Served Directly	4	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	2
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

### **Project Connect**

The “One Stop Shop” Resources Fair was originally started in North Platte as Project Homeless Connect with sponsorship from Community Action Partnership of Mid-Nebraska. It was such a success that the Families 1<sup>st</sup> Collaborative Partners decided to replicate and broaden it to include any families or individuals in need. It was named, “Project Connect”, and in the two years organized by the local community partners, it has grown from 35 agencies to 54 agencies, which expanded family attendance from 131 to 180. The outreach efforts of Project Connect are gradually garnering more attention and support from local businesses, agencies, and individuals.

<b>Strategy: Project Connect</b>			
Number of Families Served Directly		Number of Families Served Indirectly	122
Number of Children Served Directly		Number of Children Served Indirectly	66
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children with Disabilities Served Directly		Number of Organizations participating	54
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## Evaluation Findings

### ***What was the feedback from agency staff and families?***

Surveys were completed to provide input to Family 1st on the degree that Project Connect was helpful to families and for future planning to identify ways to improve the fair. Survey information indicated that new families are participating each year in Project Connect. Participants reported that they accessed what they needed. Overall, the participants reported that Project Connect was “very helpful! It was amazing.” Participants felt it was a very helpful opportunity for them to seek out resources for their family. Some felt that they would like more organizations there. They also offered that it would be helpful to have more seating available and less waiting time.

Agency staff were also surveyed. Forty-two (42) agency staff completed the survey. Overall, staff noted that the event was well-organized and the location was great. They thought one of the strengths was the trauma informed workshop. They recommended broader promotion and a clearer message on what Project Connect was about. Several knew about it but did not know what to expect when they got there.

## School Family Activities

<b>Strategy: School Family Activities</b>			
Number of Families Served Directly	18	Number of Families Served Indirectly	
Number of Children Served Directly	18	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children with Disabilities Served Directly		Number of Organizations participating	3
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

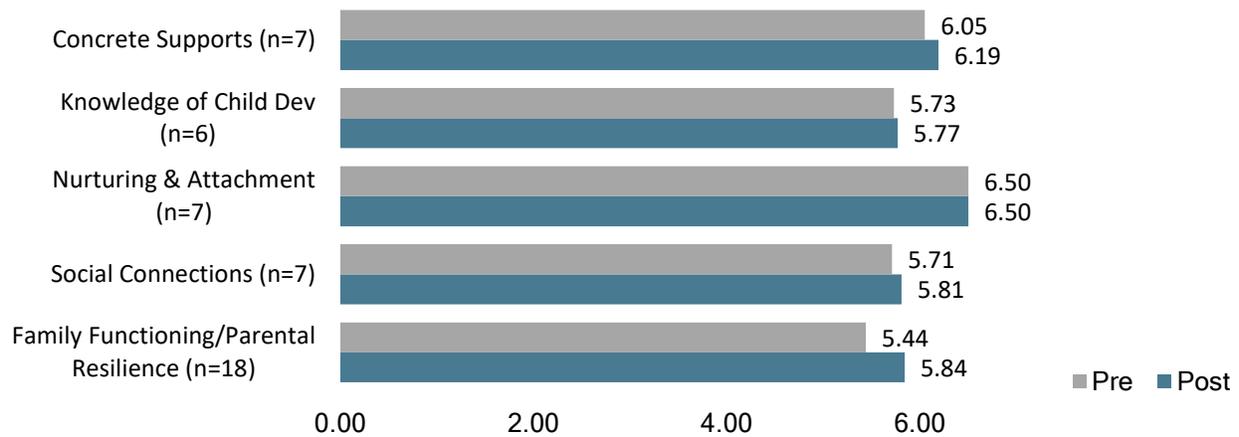
Families 1<sup>st</sup> Partnership supported three schools to host activities for families with the goal of building informal supports within their school community. The core expectations for the schools were to plan and carry out at least three activities per school semester that promote family time together and help increase informal supports within their school population. Each school has approached their activities differently to address the needs of their school. However, each included an academic enrichment component into their family activity such as “Math & Science Night”, “Book Fair Kick-off”, or “STEM Night”.

## Evaluation Findings

### ***Did School Family Activities help families improve their Protective Factors?***

This strategy was evaluated by having parents complete the FRIENDS Protective Factor Survey. The results of the descriptive analyses found that parents demonstrated the most gain in the area of Family Functioning. The families' strengths were in Nurturing and Attachment and Concrete Supports. No statistical analyses were completed due to the small number of surveys returned.

### **Families who participated in School Family Activities demonstrated a significant improvement in Family Functioning/Parental Resilience.**



## School Registration Event

<b>Strategy: School Registration Event</b>			
Number of Families Served Directly		Number of Families Served Indirectly	100
Number of Children Served Directly		Number of Children Served Indirectly	150
Number of Parents with Disabilities Served Directly		Number of Staff participating	5
Number of Children directly served with Disabilities		Number of Organizations participating	15
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

The School Registration Event is a well-attended event in the Dakota County community and provides an opportunity to collaborate with many agencies within the community and schools to reach out and inform people of PCIT, Community Response, and Dakota County Connection.

## Social Books at Well Child Check Clinics

Dakota County Connections (DCC) goal for this strategy was to partner with the Siouxland Community Health Clinic to identify ways to encourage parents to engage with their children and read to them. Siouxland Community Health Center was provided several resources for families including: social-emotional books, stickers with support information about Community Response, bookmarks that lists three good reasons for reading to your child, and a Dolly Pardon Imagination Library application. DCC shared this information with the doctors and staff at their staff meeting and asked them to encourage families to have one-on-one time with their children by filling out a “prescription” to read. Doctors will also explain why it is important to spend quality time with children and limit screen time.

<b>Strategy: Social Books at Well Child Checks 2018</b>			
Number of Families Served Directly		Number of Families Served Indirectly	48
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff Participating	12
Number of Children directly served with Disabilities		Number of Organizations Participating	4
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

In the first two months of implementation (May and June of 2018), 48 total books were distributed. Feedback from medical clinic staff indicated families are receptive to the prescriptions and are excited to read the new books with their children. The distribution continues to increase throughout the Siouxland region as more doctors become aware of the program and a “Prime Age to Engage” initiative has begun in all Siouxland encouraging reading with our youngest children and more. This strategy was also helpful for the clinic staff, as information was also disseminated on Community Response and how it worked.

## Social-Emotional Summer School

Dakota County Connections (DCC) initiated a week long social-emotional summer school session for seven kindergarten/1st graders this summer. It was well-attended with average attendance at six children across the week-long series. A mental health consultant facilitated 30 minute sessions within the summer school session. These sessions covered content from the Second Step curriculum including: identifying feelings, managing strong emotion, fair ways to play, deep belly breathing, empathy, caring for others, and identifying coping skills. Social relationships were facilitated by supporting time together to share and appropriately listen to one another. The consultant provided "in the moment" situations to coach and practice social skills. Parents were provided information on strategies to support these skills at home.

<b>Strategy: Social-Emotional Summer School</b>			
Number of Families Served Directly		Number of Families Served Indirectly	7
Number of Children Served Directly	7	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	2
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## EVALUATION FINDINGS

### ***Did students improve their social-emotional skills?***

This strategy was evaluated by using a pre/post assessment. Students' scores improved over time with an average score of 31% on the pre test to a score of 98% at the post test. These results found that students improved their social-emotional skills over the course of the summer school session. The consultant commented on the quick ability of the students to adopt these new skills with minimal modeling and support from the adult.

### **Trauma Informed Care Training**

Trauma Informed Care Training was implemented to help providers better understand the level at which people who have dealt with trauma may be functioning, and ways to work with and support them. Those that attended the training shared that the information was relevant to their work and very engaging. It provided them a good understanding how early adverse experiences can potentially impact later behavior.

<b>Strategy: Trauma Informed Care training</b>			
Number of Families Served Directly		Number of Families Served Indirectly	30
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	5
Number of Children directly served with Disabilities		Number of Organizations participating	23
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

### **Together Everyone Achieves More Success (TEAMS)**

The TEAMS (Together Everyone Achieves More Success) strategy is designed to improve middle school and high school students' likelihoods of staying in school, graduating, and attending college. Panhandle Partnership is implementing the strategy, which is a partnership between UNL Extension, Western Nebraska Community College, and the Minatare and Scottsbluff School Districts.

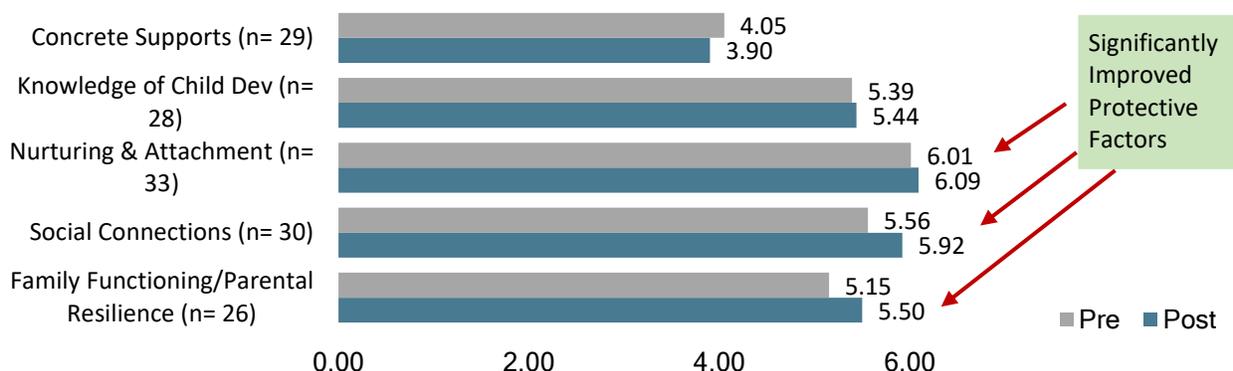
Strategy: TEAMS			
Number of Families Served Directly	33	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff/Mentors Participating	3
Number of Children with Disabilities Served Directly		Number of Organizations Participating	7
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

## Evaluation Findings

### ***Did TEAMS help families to improve their protective factors?***

Parents completed the FRIENDS Protective Factors survey as part of the evaluation. Parents completed a pre/post retrospective survey. Parents' strengths on this assessment were in the areas of Family Functioning/Parental Resilience, Social Connections, and Nurturing and Attachment. The results of the statistical analyses using a t-test found that parents who participated in TEAMS demonstrated significant improvements in the areas of Family Functioning [(t(25)=-2.967);  $p<.007$ ;  $d=0.582$ ], (p=.007), Social Connections [(t(29)=-4.163);  $p<.001$ ;  $d=0.760$ ], and Nurturing and Attachment [(t(32)=-2.242);  $p=.032$ ;  $d=0.390$ ]. These results found small to moderate to large meaningful change. There were improvements in the other areas, but these improvements were not statistically significant.

### **Parents participating in TEAMS demonstrated significant improvement in Family Functioning/Parental Resilience, Social Connections, and Nurturing and Attachment.**



## Conclusion

Nebraska Children (NC) worked in partnership with communities to build prevention systems through a continuum of strategies that improve the health and well-being of children and families in Nebraska. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes.

### Prevention Strategies

**How much did they do?** Eleven communities funded throughout Nebraska directly served 1,509 families and 10,915 children using a range of strategies. A total of 8% of the parents and 14% of the children served had a disability. Less than 1% of the children were a part of substantiated child abuse or neglect for the first time after participating in services.



**How well did they do it?** NC found that 98% of families reported that they were respected by program staff and therapists. The majority of the families rated the quality of services they received positively (86%), said they had a better relationship with their child as a result of their participation (87%), and felt that they learned new techniques to use with their child (77%).

Families **positively** rated the **CWB services** they received.

**Is anyone better off?** Shared measurement (e.g., Protective Factor Survey) was established for four core strategies, Community Response, Circle of Security-Parenting, PIWI, and PCIT. Cross-strategy analyses based on these common measures is summarized below.

### *Highlights of Additional Findings of Funded Strategies*

- Families who participated in **Community Response** reported improved Protective Factors and the majority **completed their goals**.

- Children in **PCIT** significantly **improved their behavior** and **parents improved the positive strategies** and **decreased the negative strategies** they used in their interactions with their children.



- Parents in **Circle of Security-Parenting** demonstrated **improved relationships** with their children, demonstrated **decreased parenting stress**, and felt better equipped to **meet their child's needs**.

- Parents in **PIWI** demonstrated significant **improvements** across **all areas of parenting skills**.
- Children and their families in **FAST** demonstrated **improved relationships with their child, improved nurturing of their children, and improved parent-school involvement**.
- Collaboratives **supported new initiatives** in their communities that supported **specific community identified needs**.

## Community Well-Being Collaboratives

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities.

**How much did they do?** Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Training was provided to 3281 participants over 130 events with 913 collaborating agencies. Over \$1,200,000 funds were leveraged for services and supports for their communities. CWB communities were active in trying to shape policy both at the local and state level including: establishing policies for the Collaborative, influencing change in local agency policies, and informing state senators about their efforts.



**How well did they do it?** The Community Well-Being communities continued to focus on building their capacity to adopt the components of a collective impact approach. Throughout the year, there was individualized consultation from Nebraska Children at the community level and learning opportunities for the leadership and members of the CWB Collaboratives. A number of successes were identified through analyses of focus group data.

- **Effective collaboration** took place, which was supported by a **common agenda**.
- A **strong backbone organization** gives **structure** and **leadership** to the Collaborative while letting “**the community see that the community owns the Collaborative**.”
- **Communication** is **effective** at multiple levels, **sharing information** between all **groups**.

**Is anyone better off?** In addition to the positive outcomes that were summarized in this report, multiple system-level benefits were an outgrowth of the Collaboratives’ work.

- **Services** are more **efficient** and of **higher quality** with fewer people “**falling through the cracks.**”
- **Participation** in the **Collaborative** has resulted in **growth for the Collaborative** as well as the **partnering agencies**.
- **Collaboratives** have been able to **leverage funds** that **expanded programs** that support **children and families**.
- **Cross-agency collaborative training** allowed partners to learn from each other as they established new initiatives.

## Appendix A: Results-Based Accountability Tables

<b>Strategy: Community Response</b>					
	<b>Quantity</b> <i>How much? (Inputs, Outputs)</i>		<b>Quality</b> <i>How well? (Process)</i>		
<b>Effort</b>	# of families that participated in strategy	709	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	83/84	98.8%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	57/69	82.6%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	59/83	71.1
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (at program completion)			165/174	97%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			69/165	42%
	# and % of goals completed by families			341/513	67%
	# and % of parents reporting improved .5 (increase):				
	(1) access to concrete supports			53/177	30%
(2) social connections			71/180	39%	
(3) knowledge of child development			40/176	23%	
(4) nurturing and attachment			31/181	17%	
family functioning/parental resilience (FRIENDS PFS)			79/188	42%	

Strategy: Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
<b>Effort</b>	# of parents/children directly served (attendance record)	69 Parents 69 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	13/13	100%
	Average # of sessions completed (attendance record)	9 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	12/13	92.3%
	# of children indirectly served (attendance record)	6	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	11/13	85.6%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	19/20	95%
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Eyberg)			32/48	67%
	<i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i>			32/49	65%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS)				
			INCREASED:		
			# Behavioral Descriptions	28/59	48%
			# Reflections	18/59	31%
			# Of Labeled Praises	20/59	34%
			Teaching/Talk	37/59	63%
			DECREASED:		
			Commands and Negative Talk	4/48	89%
			<i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; Teaching/Talk; and Commands and Negative Talk.)</i>		

<b>Strategy: Parents Interacting with Infants (PIWI)</b>					
	<b>Quantity</b> <i>How much? (Inputs, Outputs)</i>		<b>Quality</b> <i>How well? (Process)</i>		
<b>Effort</b>	# of parents/children directly served (attendance record)	99/192	Average number of sessions completed (attendance record)	4.2 average	
			Completion of PIWI fidelity guide checklist (onsite visit)	1 completed	
	# of sessions (attendance record)	7 71% average	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	56/57	98.2%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	54/56	96.4%
	# of children indirectly served (attendance record)	32	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	49/56	87.5%
	# and % of parents reporting improved: (4+ change in score)				
1) Parent-child interaction			31/66	47%	
2) Home Environment			31/66	47%	
3) Parent Efficacy			30/66	44%	







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