

# Nebraska Child Abuse Prevention Fund Board

Annual Evaluation Report

July 1, 2016 - June 30, 2017



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## Purpose of Nebraska Child Abuse Prevention Fund Board Grants

The Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support research-based prevention strategies through community collaborations. Funding also supports training and technical assistance to community grantees. In this past year, the NCAPF Board funded strategies that focused on children across the age ranges of infancy through early elementary and parent engagement and leadership. The funded strategies reflect a continuum of prevention strategies that range from universal prevention to high risk populations and high need individual strategies. Three primary strategies were implemented: Parents Interacting with Infants (PIWI) (Universal), Parent-Child Interaction Therapy (PCIT) (High Need Individual Family Strategies) and Community Cafés (Universal). All of the strategies are being implemented by multiple partners working in coordination through community collaborations.



## Initiative Description

Eight communities were funded by the NCAPF Board to promote children’s safety and family well-being through three prevention strategies. These include Dakota County Connections (Dakota County), Fremont Family Coalition (Dodge County), Zero2Eight (Platte and Colfax counties), Norfolk Family Coalition, Hall County Collaborative, Families 1<sup>st</sup> Partnership (Lincoln County), Lincoln and Omaha. These communities are part of the Community Well-Being Initiative (CWB).

A total of 214 children and 223 families have been served in communities via PIWI and PCIT. In addition, the communities provided indirect support (e.g., training, siblings of children receiving services) that benefit the children and families in their community through these two strategies. Small percentages of children (2%) and families (1%) have a disability. A small percentage of children had a first-time experience with substantiated child abuse (1%).

Demographic data was obtained on a subset of all of the children and parents served. This information is summarized for 108 individuals. Primary prevention was provided for a diverse group of Nebraska families, as represented by the high percentages of families in poverty and representing minority populations. In a state where 86% of residents identify as White and 9%

Overall Summary of Children and Families Served	
Number of Families Served Directly	223
Number of Children Served Directly	214
Number of Parents with Disabilities Served Directly	2
Number of Children with Disabilities Served Directly	5
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	2
Number of Families Served Indirectly	8
Number of Children Served Indirectly	151
* Does not include numbers served in supported communities carrying out Community Cafes.	

identify as Hispanic (2010 US Census, [www.factfinder.census.gov](http://www.factfinder.census.gov)), having a quarter of participants in ethnic or minority populations is a strength to build on. All eight communities have prioritized culturally appropriate and competent service delivery.

Gender n=108		At Risk Due to Poverty n=108		Parent n=98	
Male	Female	Yes	No	Yes	No
42%	58%	64%	36%	93%	7%
Race/Ethnicity n=98					
White	Hispanic	Multi-Racial	Native American		
76%	13%	1%	13%		

## Evidence-Based Practices

The Community-Based Child Abuse Prevention (CBCAP) efficiency measure is used to assess the percentage of funded programs that support evidence-based and evidence-informed child abuse prevention programs and practices. The Program Assessment Rating Tool (PART) was developed by the President’s Office of Management and Budget (OMB) within the Federal Government for 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. The results showed that the NCAFP Board had one strategy that was well established and was shown to demonstrate positive results for children and families within the prevention system (Supported III) that are based on previous research. Communities have also adopted other strategies that have demonstrated positive results and are collecting data as part of their evaluation (Emerging I).

Program	Community(ies)	Rating / Level
Parent-Child Interaction Therapy (PCIT)	Dakota County, Dodge County, Lincoln County, Platte-Colfax Counties, Madison County	Supported III
Parents Interacting With Infants (PIWI)	Dakota County, Dodge County, Lincoln County, Platte-Colfax Counties, Madison County	Emerging I
Community Cafés	City of Lincoln, Omaha, Hall County, Madison County	Emerging I

## 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.

***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 and the perception of children; factors that promote or inhibit healthy child outcomes; 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). Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. Numerous research studies also show that parents can be helped to manage clinical symptoms 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.

## Evaluation Approach

Results-Based Accountability (RBA) is 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. Through Nebraska Children (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.

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

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

Due to the importance of Protective Factors in the work of NCAPF Board initiatives, evaluation of Protective Factors was a priority. The *FRIENDS Protective Factor Survey* (PFS) (FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2011) was adopted as a universal measure to be used across multiple strategies. Its primary purpose is to evaluate five areas of Protective Factors to provide feedback to agencies for continuous improvement and evaluation purposes. The PFS tool is based on a 1 to 7 scale, with 7 indicating that positive family supports and interactive parenting were consistently evident.

### How do you know if a strategy is making a difference?

The answer to this question can be found by reviewing both the quantitative and qualitative data that are summarized in this report. Typically in this report the quantitative data will include scores between two groups (e.g., students who are English Language Learners compared to students whose native language is English) or scores of a group over time (e.g., students' fall language compared to their spring language). Statistical analyses will provide information to determine if there were significant changes in the outcomes ( $p$  value) and if those significant values were meaningful ( $d$  value or effect size). The effect size is the most helpful in determining "how well did the intervention work" (Coe, 2002). Qualitative data will provide more detailed insight to how the program is working and outcomes from key informants' perspectives.

This report will provide a description of each of the funded strategies. The evaluation findings for each strategy will provide data on the progress of implementation and outcomes across communities.

## Strategies Focused on Universal Approaches

### Parents Interacting with Infants (PIWI)

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Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service 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.



Five communities including Fremont Family Coalition, Families 1<sup>st</sup> Partnership, Dakota County Connections, Norfolk Family Coalition, and Zero2Eight implemented PIWI. Each community was contracted this year to complete one or more PIWI series to fidelity.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between zero and nine sessions. The average attendance was four sessions or 46% of the offered sessions. Primarily mothers participated in the program.

<b>Strategy: PIWI</b>			
Number of Families Served Directly	124	Number of Families Served Indirectly	4
Number of Children Served Directly	115	Number of Children Served Indirectly	62
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	19
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	14
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

Gender n=60		At Risk Due to Poverty n=61		Parent n=61	
Male	Female	Yes	No	Yes	No
25%	75%	64%	36%	89%	11%
Race/Ethnicity n=61					
White	Hispanic	Multi-Racial	Native American		
72%	10%	2%	16%		

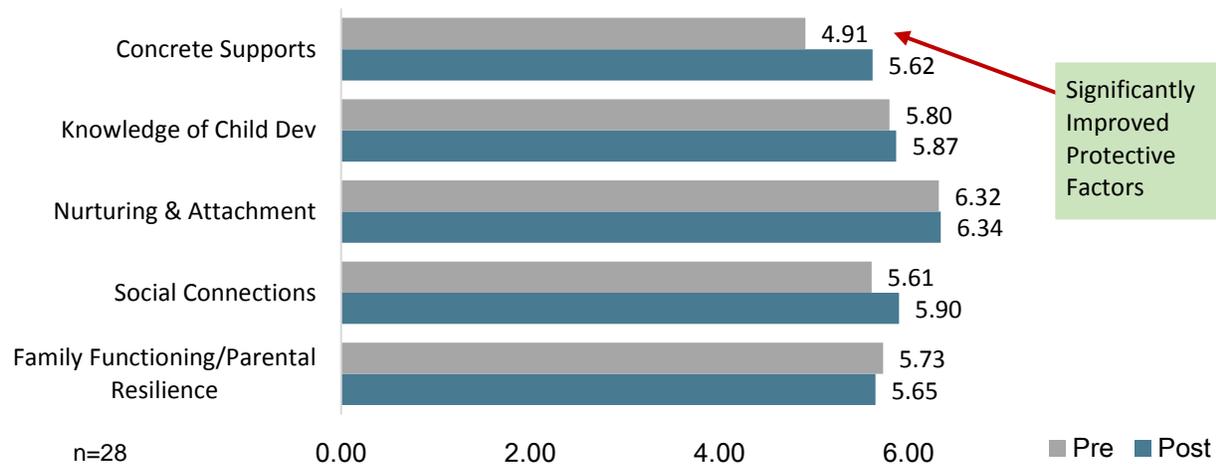
## EVALUATION FINDINGS

### Were parents' Protective Factors improved?

The purpose of the evaluation of PIWI was to determine the extent the program improved family Protective Factors. As described above the *FRIENDS Protective Factor Survey (PFS)* was used to assess families' Protective Factors. Families were asked to complete the survey upon entry into the PIWI sessions and at the completion of the group.

### Families who participated in PIWI noted significant improvements in Concrete Supports.

Strengths were in Nurturing and Attachment.

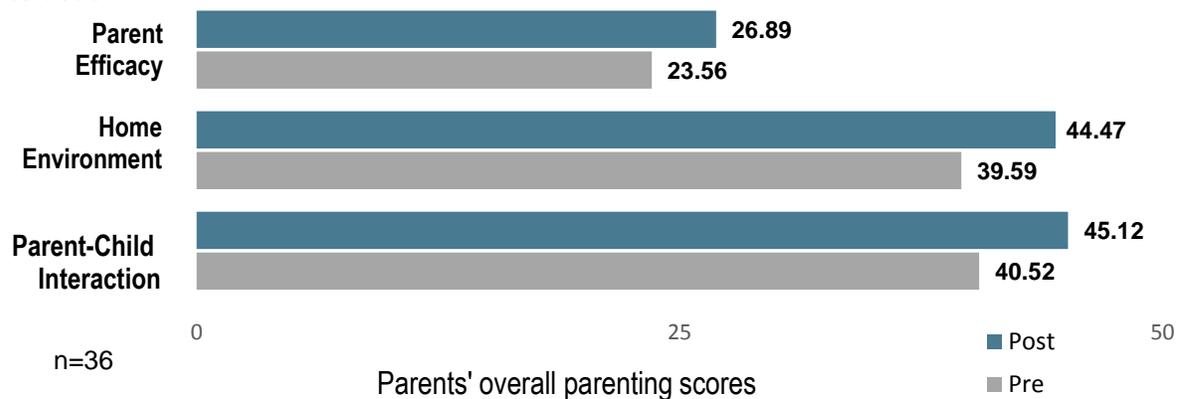


Pre-post analyses of the Protective Factors Surveys found that there were significant improvements in families' Protective Factors in the area of Concrete Supports [ $t(28) = -2.182, p = .04; d = -0.607$ ]. These results suggest strong meaningful change occurred in this area. Strengths were in the area of Nurturing and Attachment. The remaining areas were consistent over time.

### 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 moderate meaningful moderate to large change across all areas: Parent Efficacy [ $t(35) = -4.018, p < .001, d = -0.69$ ]; Home Environment = [ $t(31) = -4.014, p < .001, d = -0.70$ ]; and Parent-Child Interaction [ $t(32) = -4.869, p < .001, d = 0.64$ ]. 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, valued by staff, and that they would recommend services to others. Fewer parents indicated that they had adopted new parenting techniques.

**High Need Individual Strategies**

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

PCIT 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. PCIT 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 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). Ten therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 99 families and 99 children participated in PCIT sessions during the past 12 months. Approximately 14% of families participating in PCIT sessions were supported with local CWB funds.

Families participated in PCIT with varying numbers of sessions attended, ranging from one to 29 sessions. Overall, average attendance across communities was nine sessions. The majority of the children served were White and male.



<b>Strategy: PCIT</b>			
Number of Families Served Directly	99	Number of Families Served Indirectly	4
Number of Children Served Directly	99	Number of Children Served Indirectly	89
Number of Parents with Disabilities Served Directly	2	Number of Staff Participating	10
Number of Children with Disabilities Served Directly	5	Number of Organizations Participating	9
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	2		

Gender n=47		At Risk Due to Poverty n=47		Parent n=37	
Male	Female	Yes	No	Yes	No
64%	36%	64%	36%	95%	5%
Race/Ethnicity n=37					
White	Hispanic	Multi-Racial			
78%	19%	3%			

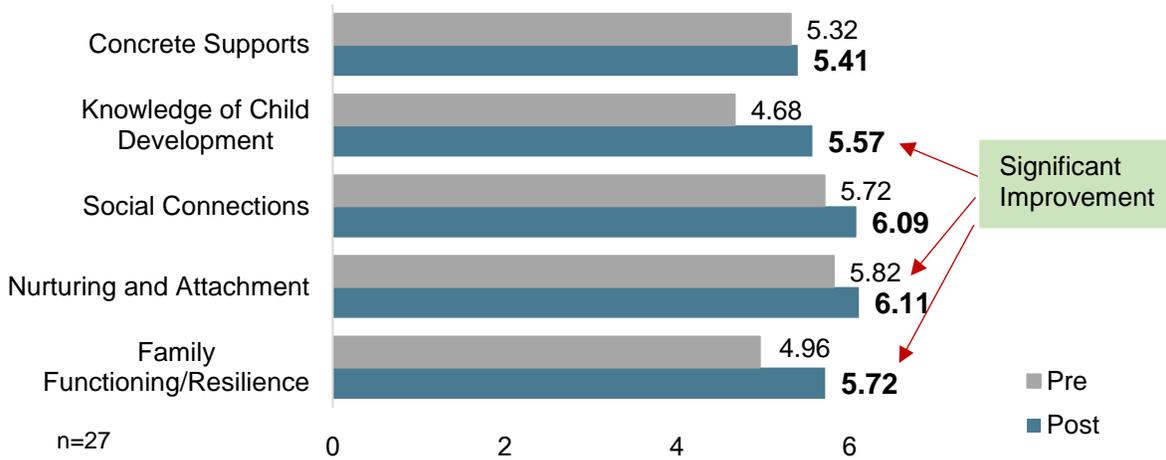
## EVALUATION FINDINGS

### ***Were parents' Protective Factors improved?***

Post Protective Factors surveys were completed when the parent completed at least six sessions of therapy. A total 25 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Nurturing and Attachment [ $t(23)=-2.106, p=.046; d=0.43$ ] and Knowledge of Child Development [ $t(23)=-4.719, p=.001; d=0.96$ ]; and Family Resilience [ $t(24)=-3.962, p=.001; d=0.0.79$ ] signaling that the therapy sessions were helping to improve the parent-child relationships.



**Parents who participated in PCIT demonstrated significant improvements in Nurturing and Attachment, Family Resilience, and Knowledge of Child Development.**

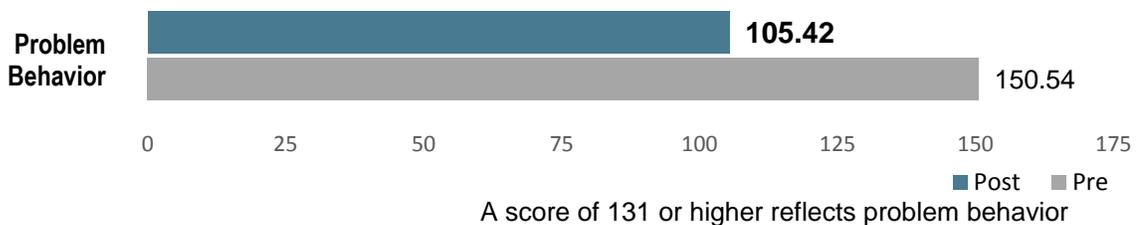


***Did children's behavior improve?***

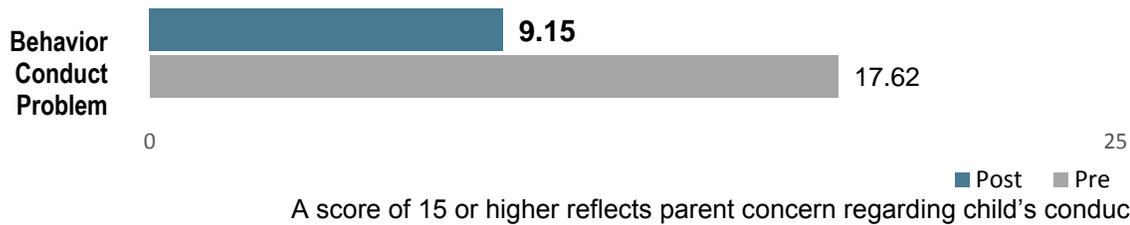
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. Twenty-six children had pre-post ECBI data. There was a significant decrease in intensity of the problem ( $t(26)=6.034; p < .001; d=1.18$ ). There was also a significant decrease in parents' perception of the behavior as being problematic ( $t(26)=5.266; p < .001; d=1.03$ ). These data reflect a strong meaningful change. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior.

**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 Assessments	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
# Improved	56	26/56	22/56	27/56	43/56
% Improved	56	46.4%	39.3%	48.2%	76.8%

The results of the DPICS found that almost half of the families had improved the positive strategies they used in their behavioral descriptions and labeled praise 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 (76%) agreed that the program did improve their relationship with their child.

**Community Cafés**

The Community Café approach sparks leadership to build the relationships needed to strengthen families. Bonding and bridging social capital is created which influences programs, policy and practice as well as the way people interact and support each other.<sup>1</sup> There are three core elements in this approach:

1. The World Café Principles for Hosting, ([www.theworldcafe.org](http://www.theworldcafe.org)),
2. Appreciative Inquiry as a conversation design and evaluative process, and the
3. Strengthening Families Protective Factors Framework™ ([www.cssp.org](http://www.cssp.org)).

<sup>1</sup> Lochner, K; Kawachi, I; and Kennedy, B. (1999). Social Capital: A guide to its measurement. Health and Place, 5 (259-270).

In the 2016-2017 grant year, the Nebraska Child Abuse Prevention Fund Board provided funds and support through Nebraska Children to assist three communities to build on their café work from the previous year and one new community to begin hosting cafés. The overall goal was to support parents in building their capacity to make positive changes in their families, neighborhoods, and communities through partnerships with community organizations. (Jordan, A. (2006).<sup>2</sup>

Six parent and staff teams partnered to host a total of 46 Community Cafés for at least 340 adults and 350 children. Four communities were involved, Grand Island, Lincoln, Norfolk and Omaha. A participant survey was distributed after each café to get feedback about their experience. Most of the participants who turned in a survey, 117 or roughly one-third, found cafés helpful to them, met other supportive parents or staff, and said that cafes would create a positive change in their family or community. Most participants also reported learning more about community resources and felt they increased their capacity for leadership.

In addition to written surveys, fourteen parent hosts and staff were interviewed about their café hosting experience. A common motive teams had for hosting cafés was to build relationships and create a sense of belonging for families. Every team reported stronger parent/staff relationships as well as participants getting to know each other and finding common ground. Other highlights from interviews included:

- Parents taking more leadership roles and supporting other parents
- School staff reporting stronger relationships with parents
- Parents becoming more involved in their community, (80% of the surveys)
- Parents feeling more inclined to ask for help and access community resources.

"My dream is to see welcoming communities full of families that feel connected to one another and supported. The cafe process uniquely gives people a space to... communicate intimately and discover their role within their community and their strengths as well as those of the people around them every day."

... A parent host

A full report for the Community Cafés can be found at <http://www.nebraskachildren.org/what-we-do/prevent-child-abuse-nebraska/child-abuse-prevention-fund-board.html>.

## Community Well-Being (CWB) Initiative

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.

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<sup>2</sup> Jordan,A. (2006). Tapping the Power of Social Networks: Understanding the role of social networks in strengthening Families and transforming communities. In a Series of Reports on Social Networks from the Annie E. Casey Foundation: Number One.

- **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.

## 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 109 events were reported with over 1800 participants representing over 800 organizations.

<b>The highest number of trainings focused on training to support Community Members.</b>				
Trainings held for community members (including parent or professional events) reached the most participants from June 2016-July 2017.				
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	32	144	269
Training for Communities (Either Parent or Professional)	Autism Awareness Bullying and Suicide Prevention Community Cafés	38	255	874
Training that Enhances Collaborative System	Collective Impact Training Service Point Training	23	426	512
Training sponsored by Rooted in Relationships	Module Trainings, Pyramid Model Training	16	74	184
<b>Total</b>		<b>109</b>	<b>899</b>	<b>1839</b>

## 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 funds. The most funds were leveraged by partners as a result of the joint efforts of the Collaboratives. For every dollar provided to the community, 2.59 dollars were leveraged.

<b>The Collaboratives have been successful in leveraging funds from multiple funding sources.</b>			
<b>July 2016 – December 2016</b>		<b>January 2017-June 2017</b>	
Funding from Nebraska Children	\$909,705	Funding from Nebraska Children	\$773,602
New Grants and Funding Awarded Directly to Collaborative	\$662,981	New Grants and Funding Awarded Directly to Collaborative	\$369,812.43
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$1,585,654	New Grants and Funding Obtained by Partner as Result of Collective Impact	\$1,670,648.00
<b>TOTAL</b>	<b>\$3,158,3400</b>	<b>TOTAL</b>	<b>\$2,814,062</b>

**Policy Support**

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**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**

Two Community Response Steering Committees initiated partnerships with the local police department, adding Community Response as a referral source to their officers. In both situations, this was a change in agency policies that better supported families. A police department representative now participates in committee meetings.

A number of administrative policies were adopted or revised that were related to the Collaborative itself. These included such actions as updating fiscal polies, refining collaborative processes. Memorandum of Understanding were developed as part of their work with Community Response and Rooted In Relationship projects.

**State Policies**

CWB Collaborative members worked with state and local Department of Health and Human Services (DHHS) to help inform the linkages between Community Response and Alternative Response as local communities developed policies and procedures during this initial implementation phase. As communities began to implement the Nebraska Children Connected Youth Initiative Flex Funds, documents were shared with Social Innovation Fund (SIF) partners.

**Legislative Policies**

Community members informed legislation that would support their local community efforts. For example, they provided input during listening sessions for the one-time Expanded Learning Opportunities grants competition that was facilitated by Nebraska Department of Education. One community also met with local legislators to provide Information relating to several bills that impact

vulnerable populations of Nebraska children, including LB 746: Strengthening Families Act, LB 773: Early Childhood Workforce Development Task Force, and LB 866 Transition to Adults Living Success. Coalition members, along with NCCFF, met with district senators to discuss the possibility of slowly moving families off assistance. Policy change is still in the initial stages for these legislative efforts.

## Collective Impact

Each CWB community reported on their collaborative structure and membership and reflected on their progress, as well as, challenges encountered as they continue to embrace a collective impact approach as part of their work. 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 through a learning community format. The learning activities and consultation supported the adoption of key elements of a collective impact approach (Kania & Kramer, 2011). The following presents a qualitative analysis based on each communities' update descriptions of the collective impact components and a discussion of the communities' successes and priorities they have targeted to improve the mechanisms of their Collaborative and continue to build a strong foundation. An overriding theme was their continued growth in membership and the expanded diversity of representatives from community agencies and organizations. Several Collaboratives reported a need to increase business participation. This is being addressed by both expanding invitations to businesses to join the Collaborative as well as having Collaborative members participating in standing business meetings in their communities.

### Common Agenda

A common agenda was established in each of the CWB communities and reflects the individual needs of the community, e.g. Norfolk is focusing on immigrant rights and access to services and Fremont is focusing on quality childcare. Communities report that interconnected and collaborative community partners are working together to achieve the Collaboratives' goals. As the Collaboratives grow, they report the group needs to plan strategically in order to have members stay connected with each other and learn about the vision and related goals. In order to address this challenge, one CWB Collaborative surveyed the members to help guide them to address the collective needs and guide their work. Several reported a process in which members sign a Common agenda statement showing solidarity towards moving in the same directions.

### Continuous Communication

Ongoing meetings and work on sub-groups helped to facilitate communication and to get the work done. These provide an opportunity to connect with partners to share success and challenges. As one organizational member reported, "It is incredible to see so many agencies communicating regularly to support individuals and families in the communities. It helps avoid duplication of services, increase awareness of services and on more than one occasion, an individual's 'problem' has been solved on the spot. It is only slightly short of a miracle, that ....all these people, communicate openly – I rarely see that within an organization, let alone among many separate organizations! Dakota County Connections is a great way to help each non-profit be a good steward of resources; stay focused on mission and collaborate for maximum effectiveness."

Several of the Collaboratives notes the importance of disseminating their work within the community. Several efforts for dissemination were described. For example, one CWB community hosted a community event to help disseminate the work of the collaborative, its successes and the activities they are working as a community to better the lives of children and families and connect with others to build toward future partnerships and community goals as well.

“A pastor in the community shared that they were starting a new women’s prison ministry for women who had just been released from prison and need help connecting with the children, refining jobs and getting back into the community. Several agencies met with the Pastor after that meeting to offer ideas and support for this ministry.”

.....A community organization member



### **Mutually Reinforcing Activities**

The Collaboratives do not try to create new programs, but rather build on the “good things that are already happening in the community and make them better”. The Collaboratives use their common vision and strong partnerships to guide their work and identify those areas that need to be strengthened or need to be implemented to address gaps in services.

Since membership is growing across the network, Collaboratives noted the importance of making sure members are still engaged and find a purpose in the work. The work group structure adopted by several Collaboratives allows partnering agencies to self-select to work groups on joint strategies mutually reinforcing to both their agency and the Collaborative, which ultimately benefits the community. Some communities are also strategically working across coalitions to integrate their work and limit duplication. In one community, the cross-coalition work served to identify service gaps in the community and resulted in cross planning to address these gaps and establish new goals.

### **Backbone agency**

Each CWB has an established organization that serves as the backbone agency. The backbone agency fills the role of project manager, data manager and facilitator. As one CWB community noted, we have a “committed group of different individuals and agencies working together as “a well-oiled machine”. The work group structure helps to create a structure where individual information and processes both within and across work groups are able to braid their work together. There is also evidence of cross community sharing (e.g., Hall County reaching out to Norfolk for suggestions on how to enhance their relationships with their local police departments with regard to referrals to Community Response). These efforts reflect their community has shared a vision, which results in efforts that benefit the Collaborative as a whole, as well as, the individual members.

### **Shared Measurement Systems**

For core CWB strategies common evaluation measures were identified with data collected and reported at the local level as part of a Result Based Accountability system. Local evaluators support communities in identifying an evaluation process for local community strategies. For some community specific projects, multiple agencies attempted to also use similar measures. Data is shared based on the NCFE Collaborative Annual report as well as from other community initiatives, Rooted in Relationships, Circle of Security, etc. As one Collaborative noted, “No single data source helps us to answer the outcomes of the complexity of the work”. This points to the importance using multiple data sources available to each Collaborative.

Data from various initiatives is woven together to create an overall picture of the success of the Collaborative order to enhance the well-being of families in their communities. Specifically, data is used to inform the development of work plans, find out what is working to build upon those successes, and decisions are made about what to change about less successful outcomes in order to make them work better.

### Collaborative Success Story

This success was grew out of a need to address housing in our community that was identified from the service array. A housing committee was formed which is made up of landlords, Fremont housing authority, homeless shelter staff, and real estate company representatives that meet each month at our coalition meeting. They first tackled the issue concerning the lack of Section 8 homes that are available as well as lack of knowledge of landlords on the housing programs available for them and their tenants to participate in. This resulted in the creation of the Fremont Landlord Association. The initial meeting took place in May and had great outcomes! The committee members were all present at this meeting along with the 35 landlords that showed up! This group was excited to learn more about what we can provide to them and the families they house. The housing authority first presented on what Section 8 is and how it works for tenants. They then presented steps landlords could take to get their rentals Section 8 approved. One landlord suggested the housing authority create an email list of landlords that either are willing to have their rentals become Section 8 approved or already have been approved. This way when a family approaches the housing authority, but do not have a rental already, they can send an email to the landlords with the needed housing information (such as two bedroom, 1 bath). This has helped tremendously! This provides a win-win situation for the landlords and our families; landlords get their rent and families are housed at an affordable cost.

In addition, landlords learned about Care Corps (homeless shelter) housing programs they could refer tenants to if needed. This was a great learning opportunity for everyone in the room as the non-profit professionals were able to also learn from the landlords on how we can make the process more accessible and easier to understand. They also voiced concerns of tenants that the housing committee took back and is now looking to also form a tenant association. They are in the works of taking pieces from Rent Wise and providing the tenants with this education as well as bringing legal aid to the meeting to inform them of their rights and what steps they need to take when they receive an eviction notice. The housing committee is also in the works of setting up leadership within the landlord association to ensure its sustainability. We continue to have a housing committee representative work with them on next steps.

This committee has made great progress in a relatively short amount of time and truly shows the work our coalition members are putting into bettering our community!

## Conclusion

Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support communities to build prevention systems through a continuum of strategies that will successfully 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?** Five communities funded throughout Nebraska directly served 223 families and 214 children using two evidence-informed or evidence-based strategies. A total of 1% of the parents and 2% of the children served had a disability. Only 1% of the children were substantiated for child abuse for the first time.

**How well did they do it?** NC found that the majority (86%) of the families rated the quality of services they received positively. Families reported that they were respected by program staff and therapists. High percentages (70%) of families would recommend the program to others. Most felt that they learned new techniques (70%) to use with their child and had a better relationship (84%) with their child as a result of their participation.

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

**Is anyone better off?** A shared measurement (e.g., Protective Factor Survey) was used to evaluate the parents' Protective Factors across the majority of PSSF strategies. Cross-strategy analyses found that the parents they served reported a significant improvement across multiple areas of the Protective Factor areas, including Social Connections, Nurturing and Attachment, Concrete Supports, and Knowledge of Child Development.

#### Highlights of Findings

- 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 **PIWI** demonstrated significant **improvements** across **all areas of parenting skills**.
- Parents in Community Café reported taking on **more leadership roles** and becoming **more involved** in **their communities**.



### 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 1839 participants over 100 events with 899 collaborating agencies. Forty-six Community Cafés were implemented in three communities to build parent engagement in their communities. Over \$4,000,000 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: took an active role in providing testimony for legislation, helped to inform state policy as they were piloting new initiatives, and participated as members on state-level advisory boards that influence policy.



**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 noted.

- The CWB Collaboratives **established a shared vision** with aligned goals and outcomes.
- The CWB Collaboratives continued to **use data** as part of an **improvement process**.
- **Expanding partners and membership** in their Collaborative was described as a success by many communities.
- A **strong backbone organization** was viewed as an important aspect of collective impact and **contributed to the success of the Collaborative**.

**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 Collaborative work.

- **Cross-agency work** resulted in an integrated community system with community partners **blending funds** and efforts to provide an **integrated service system to support families**.
- **Cross-agency collaborative training** (e.g., improving the collective impact efforts, establishment of community response systems) allowed Collaborative to **learn from each other** as they established new initiatives.
- The **Collaborative structure** helped position communities **to successfully apply for grants** and respond to other requests for **community initiatives** from NC as well as other local, state and national resources.

## Appendix A



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AND FAMILIES FOUNDATION

### Dakota County Connections COMMUNITY WELL-BEING INITIATIVE 12 MONTH (ANNUAL) EVALUATION REPORT JULY 1, 2016 – JUNE 30, 2017

#### I. ABOUT COLLABORATIVE

**Dakota County Connection:** Dakota County Connections (DCC) is a large community collaboration that has committed its efforts to ensuring quality services and programs to young children, youth, and their families. DCC is a group of individuals, agencies, and businesses from throughout our community that sit down together around a common table monthly to address any community challenges. We address challenges both in our meetings and when there are deeper challenges, we develop focus groups to work on solving those challenges outside of the regular group meetings. We are supported by grants from Nebraska Children and Families and the time and efforts of all our community partners. Together we serve our community as a 501c3 nonprofit. We are led and encouraged by our Board of Directors who receive monthly updates from the DCC coordinator and meet quarterly to review our budgets, information and updates from our funders, the activities of our seven DCC focus groups, as well as the Collaboration as a whole.

**DCC Common Agenda (Mission Statement):**

“Dakota County Connections is a community collaborative in Dakota County, Nebraska that unites partners from all around Siouland. Our purpose is to improve the quality of life for all our children, families, and community members while continuing to support each other in expanding and enhancing the existing efforts of our collaboration. Our mission statement reads: “Improving the quality of life and social-emotional well-being of children birth to 21 and families in the community”.

See Appendix B for a list of our community partners who have signed our Common Agenda.

**Purpose for our meetings: (Mutually Reinforcing Activities)** Working together to collectively address our community’s needs and strengthen each other. **Together** we have a **common agenda (mission)** in mind!

**We practice Collective Impact:** We are structured as a committed group of different individuals and agencies working together as a well-oiled machine, as one solid group. We have a backbone agency with SHIP, leadership thorough a community coordinator, and a network of interconnected and collaborative community partners working together to achieve DCC’s goals. We implement the five important functions of Collective Impact 1) A Common Agenda, 2) Continuous Communications, 3) Mutually Reinforcing Activities, 4) A backbone agency, and 5) Shared Measurement Systems

We recently completed a Collaboration survey (see Appendix C) which summarizes our community partners' opinions on the collaborative.

## II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served-12 month			
Number of Families Served Directly-	123	Number of Families Served Indirectly	6
Number of Children Served Directly	105	Number of Children Served Indirectly	126
Number of Parents with Disabilities Served Directly			
Number of Children directly served with Disabilities	1		
Number of First Time Children with Substantiated Child Abuse who were directly served			

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. This information is based on 11 families.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
33%	67%	87%	13%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
38%	54%		4%		4%

## III. TRAINING ACTIVITIES

DCC supports CWB programs by continuing to fund therapist trainings so they can facilitate core strategies (e.g., PCIT) and the community by collaborating with partnering agencies to provide trainings for parents and children. In addition, DCC hosts regular trainings at collaborative meetings wherein community partners share about the work they do and how they can collaborate with others. This information braids together our collaboration to support the children and families we serve.

<b>Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)</b>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
11/10/16	Online Volunteer (description available in 6 month report)	44	39
3/2/17	Janie's PCIT recalibration training	1	2
7/10/17	Combined Strengthening Families and Youth Thrive Train the Trainer for the protective factors: Michelle Halladay MS, LIMHP, LADC, LPC took the training and she is the Mental Health Administrator at Heartland Counseling Services, Inc	1	2

<b>Training for Communities (e.g. Autism Training)</b>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
10/1/16	27 <sup>th</sup> Annual Tri State Child Care Conference	200	unknown
10/1/16	Nebr. Early Learning Guidelines- Language and Literacy	13	unknown
10/1/16	Power to Protect	42	unknown
10/1/16	Shaken Baby and Safe Sleep	25	unknown
10/1/16	Caring Connections Infants/Toddlers	90	unknown
11/7/16	Café Conversations for Childcare Providers on "Supervision of Children in EC Setting led by Lisa Topf, the director of Cubby Care	28	unknown

11/15/16	Safely Clean up bodily fluids to avoid spreading illness	6	unknown
2/2017	ELG Science	20	unknown
3/2017	ELG Health and Physical	17	unknown
4/2017	Safe with You Series	11	unknown

<b><i>Training that Enhances Collaborative System (e.g. Collective Impact Training)</i></b>			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
7/14/16	Center Against Abuse and Sexual Assault	31	29
8/11/16	ResCare	23	23
8/8/16	Siouxland Community Health	28	26
10/13/16	NENCAP Early Head Start and Head Start	35	32
11/10/16	Juvenile Services Division and Teen Court	44	39
12/8/16	Heartland Counseling	32	26
1/12/17	Migrant Education Program thru the ESU1.	45	38
2/9/17	LENA project	32	29
3/9/17	Jackson Recovery		
4/13/17	Big Brothers Big Sisters and Training on Collective Impact at DCC meeting- Review of Common Agenda	46	35
5/11/17	STARS and Training on Collective Impact at DCC meeting- Review of Continuous Communications	41	38
6/22/17	Voices for Food and training on Collective Impact at DCC meeting- Review of Mutually Reinforcing Activities	35	20

<b>Training Sponsored by Rooted in Relationships-2016</b>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
7/16/16	Pyramid Leadership trainings Dakota County	23	4
8/30/16	Directors training	5	3
9/10/16	Pyramid module trainings #1- expansion	12	5
10/25/16	Sand timers-Leadership training	17	6
10/29/16	Pyramid model #1 – continuation yr. 3	11	2
11/3/16	Pyramid model parent trainings (Positive solutions for families)	12	Parents
11/19/16	Pyramid module training #2-expansion	15	5
1/31/17	Weighted puppy dogs-Leadership	13	6
3/31/17	Social/Scripted Stories to use with children-Leadership	12	6
4/25/17	Tucker the turtle-Leadership	15	6
4/29/17	Pyramid module training Expansion	14	5
5/4/17	Pyramid module training Expansion	7	3
5/13/17	Pyramid module training Continuation	11	3

**Collaborative leadership training descriptions**

\* October 25th, 2016 -Childcare Providers were given sand timers and discussion was had on how to use them.

\* January 31st, 2017 - The coaches presented the weighted puppies to the Early Childhood Professionals and had a conversation about how to use them and why they work. Coaches also talked to teachers about creating a "cozy corner" or "safe space" and Penny had one all set up as an example along with "make it, take it" things that they then were able to laminate. They all voiced that the make/takes are so helpful as they do not have time to do these things during the day.

\* March 31st, 2017 -The participants made Social/Scripted Stories to use in their programs. They also received instructions and resources on how to create future stories.

\* April 25<sup>th</sup>, 2017 -The teachers and children loved the story about Tucker the Turtle and have started to “tuck and think” already in their classrooms!

**IV. POLICIES INITIATED OR INFLUENCED**

<b>Administrative (Local) Policy</b>	
Short Description of Policy	Role of Collaborative
The DCC Coordinator and focus group developed Memorandums of Understanding (MOU) with two Care Coordinators with Community Response. These MOUs establish a mutual framework governing the respective collaborative organizational relationships, responsibilities, and activities between Dakota County Connections and both the Crittenton Center and Heartland Counseling.	To provide coordinated services in a joint effort to expand the existing efforts of the community to enhance the well-being of our children and families.
<b>March 8<sup>th</sup>, 2017 DCC Board Meeting- Thoughts on notifications:</b>  The DCC coordinator shared that DCC receives a large number of requests to send out information especially for fundraisers on behalf of different agencies. There is a concern that it may be too many emails and people may tend to dismiss emails from DCC if they get too many. The group agreed that information can be put on Facebook and handed out at meetings. The only information that could go out other than meeting notices is if there is an individual family that is in crisis and needs help immediately.	Local decision within the collaborative
Rooted in Relationships focus group voted unanimously to add a Health System to our Parent Engagement and Education focus.	This group focuses on the social and emotional needs of our children and families outside the regular meeting time especially concerning parent engagement, education and health and reports back to the larger group.
We now have connection sheets on the tables at every meeting where anyone can write down about upcoming events as well as share them with the collaboration at the meeting. Those activities/events go out that very same day to all members of the collaboration. Those that are unable to make it to the meeting can email the coordinator their activities in advance and those will also go on the on the DCC Events updates list that goes out.	The partners in our collaboration are great about writing down the information they share at the meeting so we can be sure to send it out to all our partners, including those who were not able to attend.

<b>Legislative Policy-</b>	
Short Description of Policy	Role of Collaborative
The DCC Coordinator attends our community's local Legislative meetings and on <u>December 5<sup>th</sup>, 2016 meeting</u> , <u>our new State Senator Joni Albrecht</u> met with us to share her thoughts for the future and asked us to share with her things she would like to see for the future.	To meet with our new state senator to begin a solid collaboration. It is also good for our collaboration to stay aware of any new legislation that might benefit or effect our children and families.
Joni Albrecht the State Representative for our district, presented at the South Sioux City Legislative luncheon on <u>June 26<sup>th</sup>, 2017</u> about <u>her first year in office</u> and some possible housing legislation. After the meeting, DCC's Community Coordinator had the opportunity to visit with Michelle Bostinelos, director at SIMPCO, about upcoming changes in housing legislature for rural Nebraska. Joni had shared there might be more dollars to support communities under 100,000 people. Michelle shared they will be following that very closely.	SIMPCO is a part of our DCC collaboration, we share together and keep each other up to date.

<b>State Policy</b>	
Short Description of Policy	Role of Collaborative
NA	

## V. SUMMARY OF EACH PREVENTIVE STRATEGY

### **Preschool Scholarship Program**

Strategy: Preschool Scholarship Program			
Number of Families Served Directly	9	Number of Families Served Indirectly	
Number of Children Served Directly	9	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	
Number of First Time Children with Substantiated Child Abuse who were directly served			

This program has been implemented in previous reporting periods. There were 16 individuals in a parent training class called Positive Solutions for Families, of those 16, 9 qualified for scholarships. These scholarships help parents to be consistent in their attendance not only in the program but by bringing their child consistently to their preschool class so the child is getting the same reinforcements and guidance at home and in the classroom. Families spoke highly of what they learned: some of their stories are noted in the June to Dec 2016 Evaluation Report. The biggest barrier noted was the parents themselves, because they were not sure they really wanted to do this or needed it. Once they started the class, however, many of them were very appreciative about what they learned. One of the key factors to the success of the program is the participation of the director Lisa Topf at the Cubby Care ECH Center. Parents often mentioned her encouragement and the support of the scholarship program in their success stories.

Only one cohort of the scholarship program existed in 2016. In 2017, an alternative approach (i.e., incentivizing attendance by providing materials such as books and toys) was used.

**Circle of Security - Spanish**

Strategy: Spanish Circle of Security classes			
Number of Families Served Directly	14	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	14
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

This program has been implemented in previous reporting periods. Two classes were offered in the fall. English classes were offered in the Spring, but only Spanish speakers expressed interest.

In the past 12 months, 5 of the 14 families completed and submitted Participant surveys. One therapist completed a Parent Educator survey. The RBA below reflects their survey responses. Some of the responses raised questions for the evaluation team and discussions regarding the input process are necessary for the future.

<p><b>Circle of Security Parenting</b> The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children</p>		
<p><b>Population indicators:</b> Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade</p>		
	<p><b>Quantity (N=5 Parent Surveys completed)</b></p> <p><i>How much? (Inputs, Outputs)</i></p>	<p><b>Quality (N=5 Parent Surveys completed)</b></p> <p><i>How well? (Process)</i></p>

<b>Effort</b>	# of Circle of Security Parenting classes provided	3	# and % of parent educators that rated the reflective consultation I received was helpful.	n/a	n/a
	# of parent educators who participated in reflective consultation at least annually	0	# and % of parent educators that rated frequency of the reflective consultation was adequate.	n/a	n/a
	# of participants by gender	5 F	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	5	100%
	# of participants by age	19-30: 3 31-50: 1 Unknown: 1			
	# of participants by child's/children's age	Infant/Toddler: 3 Preschool: 2 Kindergarten: 0 School-age: 2			
	# of participants by relationship to child/children	Parents: 4 Unknown: 1	Qualitative analysis of parent/participant survey question 11 for feedback on the quality/process of the class.	See below	
	# and type of supports provided for families (e.g., transportation)	Food, transportation	# and % of participants completing six of the eight classes (attendance sheet) This data not uploaded to Box	n/a	n/a
	# of children indirectly served	7			
<b>Effect</b>	# and % of parent educators who felt the COS-P class had an impact on participants (Parent Educator Survey – qualitative questions) This isn't a question on the survey she answered			n/a	n/a
	# and % of participants who reported positive outcomes in relation to their experience with the class, with description of these (qualitative analysis of Participant Survey)			n/a	n/a
	# and % of participants demonstrated stronger or improved relationship with their children			n/a	n/a
	% who reported a decreased level of stress about parenting			1/5	20%
	% who feel they have a more positive relationship with their children			3/5	60%
	% who feel better able to recognize the behaviors that trigger their negative responses			3/5	60%
	% who see themselves as better able to respond to their child's needs for support to explore and for comfort/contact			2/5	40%
	% who see themselves are more likely to look for a way to repair their relationship when they fail to respond to their child's need			2/5	40%

% who see themselves as more likely to step back and think about what my child's behavior is telling me about his/her needs before they react	2/5	40%
% who feel more able to meet the needs of their child	4/5	80%

Qualitative response from the one parent educator survey completed:

After reviewing "Being With" exercise, participants talked about what feelings their caregivers were able to "Be With" and what feelings were not taking care off. Most participants had never thought about why they were not able to deal with certain emotions and how this goes back to the way they were parented. Participants were consistent and participated in class by asking and answering questions.

Moreover, the therapists leading one class reported, "This group was the best group we have had. The ladies were very talkative, participated and made friends among themselves. Participants not only applied the concepts learn to their relationship with their children but also to their own personal relationships. Participants liked brining their children to class, although, it was somewhat distracting. Participants also liked the giveaways at the end of session and the food. On the last day of class, participants exchanged phone numbers and asked to be notified if we ever offer classes for children over five."

### **Circle of Security - English**

Strategy: Circle of Security Class			
Number of Families Served Directly	n/a	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 participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

This strategy box intentionally left blank. An English section of the COS class is currently underway. Because the class was incomplete as of this report data deadline of June 30<sup>th</sup>, these data will be included in the next evaluation report. Therapist reports of the current class indicate it is going well.

### **STEP**

Strategy: Early Childhood STEP Class			
Number of Families Served Directly	8	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	7
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	5

Number of First Time Children with Substantiated Child Abuse who were directly served	
---------------------------------------------------------------------------------------	--

The STEP (Systematic Training for Effective Parenting) parenting program is an effective, seven-session planned training curriculum that focuses on topics important to parents. This course provides tools which improve communication among family members and lessens conflict.

Two classes were offered in the past 12 months. The first class, offered in Winnebago from November to February, was in collaboration with the Crittenton Center who had been contacted by families from Winnebago interested in parent training. The second class was offered through Head Start in South Sioux City, ending in May. The families did express that they learned a lot from the classes, for example they learned how to better use discipline with their children, they learned about sibling rivalry, and they learned how to communicate to have a better relationship with children. Trainers reported parents participated openly and were active with the in-home exercises and sharing their experiences back with the class. The one challenge was the Winnebago parents in particular had a hard time being consistent in attendance.

No formal RBA exists for this Strategy. Therapists collected Satisfaction surveys from three parents who completed the class with Crittenton. Those three parents, plus an additional four parents who took the class in Winnebago also took two pre-post knowledge assessments. All three participants reported satisfaction with their Crittenton trainer. One of the skills assessments included 14 positive parenting behaviors where parents rated how often (*Never, Seldom, Often, or Always*) they do each of the behaviors. Improvement, indicated by parents reporting doing the behaviors more often (moving from *Seldom* to *Often* or moving from *Often* to *Always*, for example) was made on average for 3 of those 14 behaviors. One parent made progress on 13 of the 14 items and one rated all 14 items the same in pre-and post surveys. It is also worth noting the ceiling effects; several completing the survey reported they *Always* engaged in an average of 9 of those 14 behaviors *prior* to the training, so there was no room for improvement. A second survey, the Iowa Family Survey, showed similar positive improvement across items. However, the evaluation team was not provided with instructions for how to interpret this survey and detailed results would need to be obtained from the organizations who completed the training.

**Teaching Pyramid Parent Modules**

Strategy: Pyramid Parent Module training			
Number of Families Served Directly	23	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	23
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

A new strategy for DCC in the last twelve months, the "Positive Solutions for Families" (Pyramid Parent Module) is an evidence-based parenting training series of 6 sessions to promote children's social and

emotional development and address the challenging behavior and mental health needs of children. The training materials provide information for families on how to promote children's social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior. The training is designed to give parents general information on key strategies that may be used with all children.

The six-week Pyramid Parent Module training held at Kidlogic (a childcare center in SSC that participates in the Pyramid program). The class had anywhere from 4 to 13 parents (give or take from week to week) in attendance. The parents received free dinner and free childcare for attending childcare was provided by Kidlogic employees and Melissa (the director) was helpful in ordering the food for the families. Holding the class at the childcare center did prove to be very helpful for parents. Weekly incentives that correlate with the lessons were sent home each week. Parent comments indicated they found the class interesting. They reported liking the usefulness of the material and each week had real, tangible strategies and skills that they could go home and use and report on the following week. Our trainer said she felt fortunate to have a talkative and engaged group! She also shared with the parents that what they were learning correlated with what their children's teachers were learning in their training and coaching.

There is no formal RBA for this Strategy. Some parents did, however, complete surveys similar to those used in other strategies. Thus, the following RBA is proposed for this strategy:

<p><b>Pyramid Parenting:</b> promotes children's social and emotional development and addresses the challenging behavior and mental health needs of children. The training materials provide information for families on how to promote children's social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior.</p>					
	<p><b>Quantity (N=11 Parent Surveys completed)</b></p> <p><i>How much? (Inputs, Outputs)</i></p>		<p><b>Quality (N=11 Parent Surveys completed)</b></p> <p><i>How well? (Process)</i></p>		
<b>Effort</b>	# of Parenting classes provided	2 classes offered, each with 6 sessions	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	11	100%
	# of participants by gender	5 Men 6 Women	# and % who agree or strongly agree that the leader did a good job working with their group	11	100%
	# of participants by age	8 31-50 2 51 or Older 1 Unknown			

	# of participants by child's/children's age	5 Infant/Toddler 6 Preschool 2 Kindergarten 2 School age	# and % of participants completing four of the six classes (attendance sheet)	n/a	
	# of participants by relationship to child/children	7 Parents 2 Grandparents 1 Unknown			
<b>Effect</b>	% who feel they have a more positive relationship with their children			7	64%
	% who feel better able to recognize challenging behaviors			11	100%
	% who see themselves as better able to help their children when they need comfort or want to explore new things			9	82%
	% who see themselves are more likely keep calm when children "push their buttons"			9	82%
	% who see themselves as confident that they can meet the social-emotional needs of their children			9	82%
	% who feel more able to find resources in the community to help with the problems they face			9	82%

Additionally, qualitative responses from parents indicated satisfaction with the classes. Some of the parent comments were:

"I really enjoyed taking the class and feel fortunate that I was given the Opportunity."

"It's amazing"

"I am very thankful to take this class. I feel like it gave me an abundance of tools and resources to help raise my child. A lot of these ideas I would have never tried or even thought of. I enjoyed being able to give my feedback each week to specific situations that happen at our house and problem solve to find a solution."

"To be completely honest I do believe this class should be offered to parents before their child is born during pregnancy"

"I got the tools I was looking for and more"

"I really enjoyed the parenting solutions class! At first, I was excited to learn how to communicate with my children in the same language as their daycare to be transparent. I was next excited to find tools to help with bedtime routine. In the past 6 weeks, I feel I have accomplished that and more!"

**PIWI**

PIWI was offered in four locations across Dakota County in the last 12 months. Parents reported benefitting from the coursework and were able to provide concrete examples of strategies they learned in class that they could implement in their homes. Therapists indicated most parents were successful and saw identifiable growth in the children's positive behaviors. Some barriers reported were the need to adjust plans because the age of the enrolled children was much lower than expected and struggles retaining

families who signed up, due both to administrative constraints (e.g., school requirements of teen parents) and family emergencies.

Data submitted to the third party evaluation team indicated that a total of 29 families were enrolled in PCIT in Dakota County. However, review by the DCC coordinator and the local evaluator indicated that some data were misrepresented. For example, one parent started in a PIWI class that ended early because she was the only participant. She enrolled in and completed a different class, however; thus the same parent was counted twice. Without context of the events, the evaluation team had no reason to notice the duplicate count. Additionally, several other parents started a class but dropped out because of life constraints and were not considered “served” by the program; they were, however, included in the numbers below because they were on the class rosters. All data reported below were based on the information gathered by the MMI team without the benefit of context. Discussions with the evaluation team and the local evaluator are underway to prevent similar concerns from arising in the future.

Parents participated in an average of 4.6 sessions out of a possible 12 sessions.

Strategy: PIWI			
Number of Families Served Directly	29	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 participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served			

Parents Interacting with Infants3 PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.

Population indicators:

	Quantity How much? (Inputs, Outputs)		Quality How well? (Process)		
Effort	# of parents/children directly served (attendance record)	29	# average number of sessions completed (attendance record)		
			Completion of PIWI fidelity guide checklist (onsite visit)		
	# number of sessions (attendance record)	8	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	18/18	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	18/18	100%

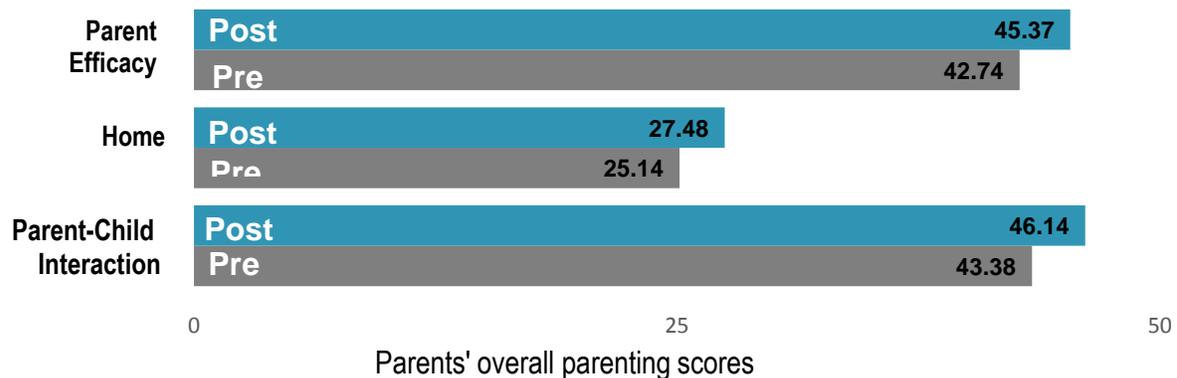
	# of children indirectly served (attendance record)		# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	13/18	72%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	17/18	94%
Effect	# and % of parents reporting improved:				
	(1) access to concrete supports		5/19	26%	
	(2) social connections		1/19	5%	
	(3) knowledge of child development		11/19	58%	
	(4) nurturing and attachment		8/19	42%	
	(5) family functions (FRIENDS PFS)		4/19	21%	
	# and % of parents reporting improved:				
	Parent-Child Interaction		4/21	19%	
	Home Environment		5/19	26%	
	(3)Parent Efficacy		7/21	33%	

### Healthy Families Parenting Inventory

The Healthy Families Parent Inventory (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. Twenty-one parents completed the survey. The results found that the majority of parents demonstrated significant improvement with strong, meaningful effect sizes across all areas including: Parent-Child Interaction ( $p=.011$ ,  $d=.607$ ), Home Environment ( $p=.003$ ,  $d=.736$ ), Parent Efficacy ( $p=.011$ ,  $d=.736$ ).

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

**Families strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.**



### Summary of PFS Findings:

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	19	5.81	6.60	6.18	5.61	5.53
Post		5.96	6.42	6.57	6.00	5.91
Results of Statistical Analyses		NS	NS	p=.01	p=.036	NS

Families' strengths on this scale was in the area of Nurturing and Attachment, Social Connections, and Child Development Knowledge. There were significant changes in ratings in Nurturing and Attachment and Child Development Knowledge. There was a decrease in families' ratings in social connections, although access to social connections was rated very high.

### Summary of Satisfaction

A satisfaction survey was completed to obtain input from the families regarding input related to the program. Overall, the parents rated the program implementation positively.

### Protective Factor Survey- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from July 1, 2016 – July 31, 2017.

Community Population Summary	# Surveys	Family Functioning/Resiliency	Social Connections	Nurturing and Attachment	Child Development/Knowledge	Concrete Resources
Pre	28	5.64	6.33	6.28	5.33	5.45
Post		5.88	6.26	6.43	5.76	5.48
		0.27	0.09	0.23	0.54	No Significance

### PCIT

PCIT is offered in three locations, one location at the South Sioux City Schools, one at the Siouxland Family Center in Dakota City, and one with our Bilingual therapist in Sioux City. Parents reported that PCIT has really worked for them in building relationships with their children. One mom that just started PCIT with her son one week ago said that after just one week of special time he is sleeping through the night. Another mom said she cannot believe how "attached" her son has been to her since starting special time, hugging her and saying, "I love you mom" all day. Therapists agree there have been a lot of success with PCIT

families. These successes have also added a small barrier because sometimes as families begin to see success, they quit prematurely because they do not think they need it any more.

Two therapists reported data on the children and families their served using PCIT. A total of 10 families were enrolled in PCIT in Dakota County. Of the 10 parents that had attendance data reported, parents participated on average of 12.3 sessions with a range from four to 25 sessions. Qualitative reports from therapists indicate these numbers do not reflect to total number of families served in DCC. Discussions to promote data sharing and proper reporting strategies for the future are underway.

Strategy: PCIT					
Number of Families Served Directly		10	Number of Families Served Indirectly		
Number of Children Served Directly		10	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		
Number of First Time Children with Substantiated Child Abuse who were directly served					
<p>Parent Child Interaction Therapy. PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Data collected at the end of the parenting sessions. Reported by county annually.</p> <p>Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade.</p>					
	Quantity How much? (Inputs, Outputs)		Quality How well? (Process)		
Effort	# of parents/children directly served (attendance record)	10	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	12/12	100%
	Average number of sessions completed (attendance record)	12.3	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	12/12	100%
	# of children indirectly served (attendance record)	11	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	12/12	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	12/12	100%
Effect Is anyone better off? (Outcomes)	# and % of parents reporting improved (.5) :				
	(1) access to concrete supports			7/8	87.5%
	(2) social connections			7/8	87.5%
	(3) knowledge of child development			5/8	62.5%
	(4) nurturing and attachment			4/8	50%
(5) family functions (FRIENDS PFS)			5/8	62.5%	

	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (Total number improved to below problem range/total at pre in problem range) (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.)	NA	NA
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) (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; and Combined number of Questions, Commands, and Negative Talk.)		See below

### Summary of PFS Findings

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	8	5.42	5.92	6.40	4.84	5.55
Post		5.78	5.93	6.00	5.16	4.55
Results of Statistical Analyses		NA	N/A	N/A	N/A	N/A

Families' strengths on this scale were in the areas of Nurturing and Attachment and Social Connections. The parents made the most improvements in the Family Functioning and Child Development.

### Summary of Parent's progress on the DPICS

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 parents' behavior in interacting with their child. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varies by client.

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	20	40%	30%	40%	100%

\*Increase of 5 or more

Overall, the high percentages of parents demonstrated improved positive strategies in their interactions with their children. The most improved areas were labeling praise, improved behavioral descriptions, and decreasing their commands and negative talk.

**Summary of Eyberg Findings**

The Eyberg evaluates the extent that the parent views the intensity of their child’s behavior or the level it is a problem. This is an ongoing assessment across the time that the parent and child are in therapy. Only one child was rated so no analyses were completed.

**Summary of Satisfaction**

A satisfaction survey was completed to gain input from the families regarding input related to the program. Overall, the parents rated the program implementation very positively. Overall, the parents were very satisfied with the program, rating it as a mostly or strongly agreed rating.

**Beyond the Bell**

Beyond the Bell			
Number of Families Served Directly		Number of Families Served Indirectly	
Number of Children Served Directly	80	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities	1	Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

Beyond the Bell is an organization providing after school services for children in the community. They believe in helping children and families reach their full potential by providing a safe place to play, creating a quality learning environment and promoting growth. This is a new program that started in South Sioux City in August at the beginning of the 2016-2017 school year. Beyond the Bell is a before and after school program located in 5 South Sioux City elementary schools including Dakota City. We found the opportunity to serve a large population of at risk students. Initially Dakota County Connections sent out surveys to all the families to find out if they were interested in an afterschool program. The DCC coordinator sat in on many of the startup meetings for Beyond the Bell. The beyond the Bell Program is working with Heartland Counseling and looking a new curriculum to provide more social emotional support for students. Staff want to find positive and compassionate ways to support those youths in the program with challenging behaviors as well as encouraging all students.

Evaluation strategies for the Beyond the Bell program include satisfaction and assessments of student progress. A report was provided in the Winter of 2016 in which Beyond the Bell educator staff were surveyed for satisfaction and student progress. That report also included a qualitative analysis of student work. A satisfaction and student progress survey has been sent to parents, students, and school-day teachers to look at 2016-2017 progress. That report is not yet available.

## Community Response

Strategy: Community Response			
Number of Families Served Directly	30	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	82
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

This is a new endeavor for Dakota County Connections (DCC). It is a system that allows us to reach out to families that are not yet in crisis but are facing some challenges that could lead them in that direction. It is an opportunity to let families plan and decided what assistance they need and get connected with those serves. We are excited to have stated the process this year as it is part of our work plan. As we have gone along we realize we still have a lot to learn especially about the collection of data but we have been able to help and support some families and continue to grow and get better. Plans to provide data to MMI for standardized analysis have been implemented and should be included in the 2018 annual report.

In addition to the numbers reported above, seventeen families identified for services either declined them or could not be reached. In the second semester of operation, nine of the twelve families directly served did not enter the child welfare system. Only one family accessed CR more than once.

**Community Response**<sup>4</sup> Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care.

<b>Twelve (12) families participated in Community Response</b>					
<b>Eleven (11) families were referred to Coaches and declined to participate or</b>					
<b>did not respond to attempts to contact.</b>					
<b>Respected and valued by therapist or staff</b>					
Family #	Strongly/Mostly Agree	Slightly Agree/Disagree/Neutral	Strongly/Mostly Disagree	No Data	Date Closed
CN11-HER				X *(BC)	12/31/16
CC04-ALV	Yes				01/27/17
CC02-WRI				X	01/31/17

CN06-COR				X *(BC)	02/01/17
HC02-PAR	Yes				02/07/17
CN10-HAR				X *(BC)	02/23/17
CC05-ALV				X	03/13/17
CN15-CAR				X *(BC)	03/23/17
CC08-AVI	Yes				03/31/17
CC07-MAR				X	04/12/17
HC08-LOT				X	06/13/17
CC09-AMA	Yes				06/30/17
<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>		
<b>Learned new techniques to teach their child new skills</b>					
<b>Family #</b>	<b>Strongly/Mostly Agree</b>	<b>Slightly Agree/Disagree/Neutral</b>	<b>Strongly/Mostly Disagree</b>	<b>No Data</b>	<b>Date Closed</b>
CN11-HER				X *(BC)	12/31/16
CC04-ALV					01/27/17
CC02-WRI				X	01/31/17
CN06-COR				X *(BC)	02/01/17
HC02-PAR					02/07/17
CN10-HAR				X *(BC)	02/23/17
CC05-ALV				X	03/13/17
CN15-CAR				X *(BC)	03/23/17

CC08-AVI					03/31/17
CC07-MAR				X	04/12/17
HC08-LOT				X	06/13/17
CC09-AMA					06/30/17
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>No families were re-referred to Community Response.</b>					
<b>Would recommend this program to another parent</b>					
<b>Family #</b>	<b>Strongly/Mostly Agree</b>	<b>Slightly Agree/Disagree/Neutral</b>	<b>Strongly/Mostly Disagree</b>	<b>No Data</b>	<b>Date Closed</b>
CN11-HER				X *(BC)	12/31/16
CC04-ALV					01/27/17
CC02-WRI				X	01/31/17
CN06-COR				X *(BC)	02/01/17
HC02-PAR					02/07/17
CN10-HAR				X *(BC)	02/23/17
CC05-ALV				X	03/13/17
CN15-CAR				X *(BC)	03/23/17
CC08-AVI					03/31/17
CC07-MAR				X	04/12/17
HC08-LOT				X	06/13/17
CC09-AMA					06/30/17
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		

<b>Feel the relationship with their child(ren) is better than before</b>					
<b>Family #</b>	<b>Strongly/Mostly Agree</b>	<b>Slightly Agree/Disagree/Neutral</b>	<b>Strongly/Mostly Disagree</b>	<b>No Data</b>	<b>Date Closed</b>
CN11-HER				X *(BC)	12/31/16
CC04-ALV					01/27/17
CC02-WRI				X	01/31/17
CN06-COR				X *(BC)	02/01/17
HC02-PAR					02/07/17
CN10-HAR				X *(BC)	02/23/17
CC05-ALV				X	03/13/17
CN15-CAR				X *(BC)	03/23/17
CC08-AVI					03/31/17
CC07-MAR				X	04/12/17
HC08-LOT				X	06/13/17
CC09-AMA					06/30/17
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Nine (9) families did not enter the child welfare system.</b>					
<b>Report made to CPS regarding the family during their time in the program.</b>					
<b>Family #</b>	<b>No</b>	<b>Yes</b>	<b>Unknown</b>		<b>Date Closed</b>
CN11-HER			1		12/31/16
CC04-ALV	1				01/27/17

CC02-WRI	1				01/31/17
CN06-COR			1		02/01/17
HC02-PAR		1			02/07/17
CN10-HAR	1				02/23/17
CC05-ALV	1				03/13/17
CN15-CAR	1				03/23/17
CC08-AVI	1				03/31/17
CC07-MAR	1				04/12/17
HC08-LOT	1				06/13/17
CC09-AMA	1				06/30/17
<b>Total</b>	<b>9</b>	<b>1</b>	<b>2</b>		

**Four (4) families identified at least 3 informal supports by discharge from CR.**

<b>Family #</b>	<b>1-2 Supports</b>	<b>3-4 Supports</b>	<b>More than 4 Supports</b>	<b>Unk</b>	<b>Date Closed</b>
CN11-HER				Unk	12/31/16
CC04-ALV			8		01/27/17
CC02-WRI				Unk	01/31/17
CN06-COR				Unk	02/01/17
HC02-PAR			4		02/07/17
CN10-HAR				Unk	02/23/17
CC05-ALV	2				03/13/17
CN15-CAR				Unk	03/23/17
CC08-AVI	1				03/31/17
CC07-MAR		3			04/12/17
HC08-LOT		3			06/13/17
CC09-AMA				Unk	06/30/17

<b>Number and percent of goals completed by families</b>					
<b>Family #</b>	<b>Number of Goals</b>	<b>Complete</b>	<b>Partially Complete</b>		<b>Date Closed</b>
CN11-HER	1	1		100 %	12/31/16
CC04-ALV	3	1	2	33%	01/27/17
CC02-WRI	6	4		67%	01/31/17
CN06-COR	No Data	No Data			02/01/17
HC02-PAR	7	1	6	14%	02/07/17
CN10-HAR	1	1		100 %	02/23/17
CC05-ALV	11	4	1	36%	03/13/17
CN15-CAR	1	1		100 %	03/23/17
CC08-AVI	1	1		100 %	03/31/17
CC07-MAR	2		2	0%	04/12/17
HC08-LOT	7	3	4	43%	06/13/17
CC09-AMA	1	1		100 %	06/30/17

**Summer School Second Step**

Strategy: Summer School Second Step			
Number of Families Served Directly		Number of Families Served Indirectly	6
Number of Children Served Directly	6	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	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

A local mental health provider, Janie Snieder, lead eight sessions with a group of 3rd graders during South Sioux City's summer school program. Their group consisted of six 3rd graders that were attending summer school and were identified by their guidance counselors as children that could benefit from the program. They completed all eight sessions by working from the 2nd Step Curriculum, an evidence based social-emotional curriculum that is user friendly and engaging for the children. The group times were MWF for several weeks at 30-40 minutes. Lessons learned were: active listening, empathy, expressing concern to others, accepting differences, impulse control and problem solving, anger management, resisting the impulse to lie, and dealing with disappointment. All the children could relate to the topics and chimed in about their struggles/concerns in these areas in their own lives. The children completed a pretest on the first day and completed a posttest on the last. Pretest average score was 83% and the post-test average was 96%. Janie sent home a parent letter explaining briefly what the children learned along with some handouts that came from the curriculum.

## VI. CHILDREN AND FAMILIES REACHED IN ROOTED IN RELATIONSHIPS

<b>RIR Summary of Children &amp; Families Reached</b>			
Number of Families Served Directly	40	Number of Families Served Indirectly	6
Number of Children Served Directly	6	Number of Children Served Indirectly	40

## VII. SCOTT FUNDING - PROGRESS REPORTS

Dakota County Connections is very grateful for this funding and has been looking at the best ways to use the funds to meet the needs of the children and families in our community. Currently we have not spent these dollars with the hopes that we could address some larger challenges.

There are two major needs in our community, the first is the need for a Community Resource Center where families can feel safe and welcomed as well as being able to receive all the support they need in order to be resilient and thrive. The only concern with this is even if things go well, we will not be breaking ground until next spring and we are not sure if we can keep the funds up to that point, and we still need to seek more funds to do it well.

The second need is that we have a large number of families in our community who have food insufficiencies. We have now collaborated with the Voices for Foods team in our community to look at new and different ways that we can work together to reach more families. We have been discussing new ideas to reach out to families, as only a small portion of families reported having insufficiencies are actually going to the food pantries in the community. It seems that often times families are cutting portions or buying very unhealthy foods to get by.

## VIII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

This chart will be completed by UNMC- MMI and will be returned to the Collaborative. **Collaboratives do not have to complete.**

	# Surveys	Family Functioning/ Resiliency	Social Support	Nurturing and Attachment	Concrete Supports	Child Development/ Knowledge of Parenting
<b>Community Population Summary</b>						

## IX. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

<b>New Strategies or Initiatives that were started due to Collaborative work during this reporting period</b>	<b>Strategies that are now sustained and no longer supported through NC funds</b>
Example: Sixpence implemented starting in July 2015.	Example: SANKOFA sustained in community and supported through private funds.
Community Response was implemented in Dakota County NE and a Central Navigator was hired part-time.	Nebraska Beyond the Bell Program I South Sioux City is now supported through the 21 <sup>st</sup> Century grant

## X. UPDATE ON YOUR COLLABORATIVE

Dakota County Connections Collaboration (DCC) has continued to make great progress this year because this group of community leaders truly abandons their individual agendas and works collectively together to better the lives of children, families, and our community. The collaboration is comprised of city officials, school district representatives, a college president, corporate agencies, members of law enforcement agencies, private citizens, and many related nonprofits and advocacy groups in our community and continues to grow. Partners of the Collaboration have made so many positive comments about DCC and the following are just a few that have been shared:

*#1. Working with DCC has been a wonderful benefit to our community and Heartland Counseling Services, Inc. Attending monthly networking meetings, has allowed Heartland to blossom and make connections with other businesses in the community. Since joining DCC, Heartland has met and developed relationships with providers that include, but not limited to, Jackson Recovery, Lutheran Services of Iowa, Voices for Food, Dakota County Health Department, Boystown, NCAP, and BOOST.  
Thanks for all you do!!*

**Jennifer Jackson**  
**Director at Heartland Counseling Services**

#2. Collaboration regarding the Beyond the Bell After School Program: I think this has made a huge difference not only in the lives of families but support for school personnel by providing homework assistance after school as well.

Collaboration regarding Rooted in Relationships: I think it has been a great partnership to ensure we have appropriate supports in place for families and training in place for early childhood providers.  
Thanks for all you do!

**Becky Eckhardt**  
**Director of Student Services South Sioux City Schools**

#3. I feel that if I have something come up with a patient need. I can come to the group and we can communicate among each other and possibly help the community. I feel like it's a meeting that I can come to and learn something new every time I stop in.

**Stacy Gritten R.N.**  
**Collaborative Medical Case Manager**  
**Siouxland Community Health Center Of Nebraska**

#4. Dakota County Connections is like a breath of fresh air. As a new director, I feel welcomed and respected. The networking opportunity is priceless.  
Yours in service,

**Amy Chabra**  
**Executive Director**  
**Mary J Treglia Community House**

#5. BOOST-FF believes as does Dakota County Connections that maintaining open communication with our partners and the community will make for stronger alliances. These associations have resulted in an increase in enrollment and credibility with the court system, fellow agencies and the chamber. The networking with other agencies has allowed for our staff and participants to be educated and gain new positive experiences. Each connection BOOST makes is looked at as a way to improve services and aid us in helping our participants have improved outcomes. One word to describe Dakota County Connections is synergy, the interaction or cooperation of two or more organizations, substances, or other agents to produce a combined effect greater than the sum of their separate effects and that definitely is Dakota County Connections.

**Rita DeJong**  
**Program Director BOOST-FF**  
**Bridging and Overcoming Obstacles through Service and Training**

#6. I have never seen an organization like Dakota County Connections before. It is incredible to see so many agencies communicating regularly to support individuals and families in the communities. It helps avoid duplication of services, increase awareness of services and on more than one occasion an individual's 'problem' has been solved on the spot. It is only slightly short of a miracle, that JoAnn is able to bring all these people together to communicate openly – I rarely see that within an organization, let alone among many separate organizations! DCC is a great way to help each non-profit be a good steward of resources, stay focused on mission and collaborate for maximum effectiveness.

**DR. CYNDI HANSON**  
**EXECUTIVE DIRECTOR, SOUTH SIOUX CITY EXTENDED CAMPUS, Northeast Community College**

*#7. It is always rewarding to see the current members of the group collaborating at the beginning of the meetings as they look over the materials, grab some treats, and find a seat at the tables. Also interesting to see the connections that are made when the group goes around and introduce themselves, and how everyone can help each other. JoAnn has so much energy and does an outstanding job to help foster the relationships of the leaders to in turn help the ones that need it most, our citizens of South Sioux City and Dakota County.  
Thanks again for all of your help!*

**Kelly R. Flynn**

*City of South Sioux City  
Director of Economic Development*

*#8. I look forward to attending Dakota County Connections so I can continue to stay connected with other agencies in Woodbury and Dakota Counties to help connect and network with each other. We all share a vision, goal, and dream and together we can make a difference-whether it is directly helping a family or indirectly helping by referring them out to another agency to obtain resources! I value and respect the families in giving them a VOICE to be heard in the area!*

*Blessings,  
Miss Brooke D. Watson*

**Brooke Watson** | *Community Outreach Specialist*

*Early Childhood*

**LSI: People Focused • Results Driven**

*#9. In the short time, I have been involved with Dakota County Connections I have seen several partnerships form and connections made between individuals and agencies to better meet the needs of community members and for pro-active planning. The impact of this kind of collaboration and better knowing the strengths of each organization certainly serves the community well.*

**Christa Yoakum**

**Coordinator, Nebraska Is Home**

**Nebraska Appleseed**

*941 O Street, Suite 920 | Lincoln, NE 68508*

In the last five months, we have reviewed four of the five components of collective impact (i.e., 1. A common agenda, 2. Continuous communication, 3. Mutually reinforcing activities, 4. A backbone agency, and 5. Shared measurement system) and will end with the fifth one in August, “Shared measurements” by having Becky Skoglund from Munroe-Meyer Institute share our data outcomes with the DCC collaboration. Our Board of Directors also reviewed these five key conditions for shared success and had a wonderful presentation by Dr. Barb Jackson with the Munroe-Meyer Institute who reviewed our “Dakota County Rooted in Relationships Snap Shot Report.”

The Dakota County Connections Collaboration does not try to create new programs but builds on the good things that are already happening in our community and try to make them better. We all share the vision to “improve the quality of life and social emotional wellbeing for our community” and that is included in our Common Agenda.

One of our greatest strength is our continuous communication; not only do we meet monthly but we have seven focus groups that work on strengthening possible gaps in our community. During our monthly meetings, we have a connecting time (part of our continuous communication) where everyone is given the

chance to update the community on what is happening with their individual organizations, also celebrate successes, and share challenges. Below are a few examples of challenges shared and solved right at our meeting:

#1. Last month Siouxland Community Health (SLCH) shared a concern for some of their most vulnerable clients, those who were elderly and children with conditions the heat could worsen. They were looking for places to find window air conditioners that could provide the needed relief for these families. Several people in the group share names and email addresses of people to contact.

#2. Another example was a grandmother and her three-year-old grandchild whose home burned to the ground because of a faulty porch light. The collaboration rallied around to bring clothes, toys, a new child car seat, and many other needed supplies to the family.

#3. At this month's meeting one of our pastors shared they have started a new women's prison ministry for women who have just been released from prison and need help connecting with their children, finding jobs, and just getting back into the community. Several of our local agencies met with Pastor Jose after the meeting and offered many ideas and support for this ministry. It is so exciting to see so many community partners collaborating together in our meetings and our focus groups and these are just a few examples.

During our meetings, we have one agency, individual, or business share more completely about what they provide in our community. This gives our collaboration an opportunity to know more about each other and ask questions. One example of a presentation was during our July meeting, we had the director (Amy) of Mary Treglia share her role in helping new immigrants to our community. During the presentation, one of the things Amy the director of Mary Treglia shared was that they have monthly "general conversation groups" where new immigrants can practice their English with members of the community. Amy encouraged us to come anytime to support these groups. Many in our collaboration are very interested in supporting the conversation groups as it is a great way for all of us to meet new families and support them. As you can see from this example, we do practice mutually reinforcing activities, we all of course do not do the exact same thing at the same time but we continually support each other in our efforts to better the lives of our children, families, and community.

It would be wonderful to share that we have been able to solve every challenge at our collaboration meetings. Although that is not yet case, DCC can at least share that when a challenge is brought forth we either solve it or form a focus group of interested individuals with the expertise to work on it. We currently have seven focus groups that have formed from our monthly meetings. These include: #1 The Safe and Healthy Youth/Community Resource Center-this is now a steering committee working on the concept of building a Community Resource Center in South Sioux City to support our families and keep our children safe, #2 The Rooted in Relationships Parent Engagement/Education and Health-this group has works with the community to provide parenting classes and support, the group now has expanded into the health field to support families, #3 Community Response- is a system that helps families connect to community resources before they are in crisis, #4 Beyond the Bell- is part of our effort to keep our elementary age children safe after school and help them to continue to learn, #5 Gateway to Growth/One Siouxland- is a group teaming with the YMCA to help support new families to our community, # 6 The Street Project- is looking at ways to support the homeless in our community, and #7 Voices for Food -is working to support families with food insecurities in our community. SHIP does a wonderful job of supporting our collaboration meetings as well as the focus group meetings, SHIP (Siouxland Human Investment Partnership) is the backbone agency which truly fills the role of project manager, data manager, and facilitator.

As a growing collaboration, our biggest challenge is to stay connected and personal with each other in our communications. The DCC collaboration has worked together to make sure we are staying connected, first by doing a collaboration survey (see Appendix C) to see how the members felt about the collaboration's work and see if there are any needed changes. Second, the collaboration now has "idea sheets" on the table that partners fill out with ideas and suggestions. Third, 48 collaboration members (see Appendix A) have signed a "Common Agenda" statement showing our solidarity to moving in the same direction to support our children, families, and community. Finally, fourth, we have just updated our Dakota County Resource Manual so that all partners in DCC have our community resources right at their fingertips. For the future, we are discussing having a day where we all set up tables with information about resources and everyone can go around the room and talk with each other and get more information.

It has been exciting to see the growth of Dakota County Connections and their work and efforts in practicing collective impact, at our last meeting someone wrote on the new "idea sheets" we had out on the tables that we need to be sure to invite the whole community to our collaboration meetings there is so much we can do together!!

## XI. SUCCESS STORIES

### **#1. A family who passed through Central Navigation in your community and was connected into the Community Response (CR) system:**

A mother requested assistance from Community Response after her husband lost his job and the family fell behind on bills. The family consisted of two parents with two daughters in high school. A shut-off notice had been issued for the utilities, which were two months past due. Community Response was able to work with the utility provider to prevent the electricity from being turned off. There were also some overdue school lunch costs that Community Response covered. The husband was able to find a new job but it did not pay as much as the previous one. The CR Coach was able to assist this mother in finding a part-time job that was only a few blocks from their home, as well as connecting her to mental health resources to help her deal with stress and depression due to the loss of two significant family members in a short period of time.

### **#2. Our work as a collaborative:**

Through the DCC collaborative's Rooted In Relationships focus group on Parent Engagement we continue to look for new and different ways to reach out to families to give them more positive parenting ideas as well as encouraging them to spend "special" time with their children while they continually build stronger relationships together. Because the DCC collaboration receives NCFE funding, we have been able to offer a number of parenting classes throughout the year. However, the numbers of families attending the parenting classes is still not as large as we hoped and we wanted to find other ways to support positive parenting and relationship building for families. It seems that some families did not feel comfortable coming to a class. Some families just could not work in any of the variety of hours we offered the classes. We wanted to provide something that could be sustainable, centrally located for easy access, and welcoming. We wanted it to be something from which families could get parenting ideas anytime they needed. Through the support of the of the DCC RIR focus group members, including the South Sioux City Schools and the South Sioux City Library we have established a parent/child corner in the SSC Library that sits right at the Youth Librarian's desk. This way the librarian or her assistant are more available to answer questions or lend support when needed. We have designed it in such a way to be inviting, always available to all

families at some level, informational, and supportive. The following are items and ideas are incorporated into the parent corner at this time:

- ✓ Dakota County Connections focus group currently provided the following handouts to the Library as handouts for parents to consider: (The library will make sure there are copies always available and as a group we will continue to add more.)
  - information on dangers of screen time
  - Information on the Importance of reading to children and ideas on how for different ages
  - Playful learning
  - Improving your child's behavior
  - Several new books and toys were purchased for the library parent corner through the DCC focus groups recommendations:
    - Farm:
    - Dollhouse
    - Children's books that have been added are as follows and the Library also has a small number of Social and Emotional books that they will include in the rotation:
      - ❖ "Well I can't Top That!"
      - ❖ "But It's not my Fault!"
      - ❖ "I want to be the Only Dog"
      - ❖ "The Judgmental Flower"
      - ❖ "What Were You Thinking?"
      - ❖ "Kindness Counts"
      - ❖ "My Day is Ruined"
      - ❖ "I just don't like the sound of NO!"
      - ❖ "Teamwork Isn't my Thing, and I Don't like to Share"
      - ❖ "Tease Monster"
  - Several Parenting help books were also purchased and available to families to check out:
    - ❖ Common Sense Parenting for Toddlers and Preschoolers (Spanish/English)
    - ❖ Common Sense Parenting 4<sup>th</sup> Ed. (Spanish/English)
    - ❖ Raising Children without Losing Your Voice or Your Mind
    - ❖ The Garden in my mind: Growing Through Positive Choices
    - ❖ Skills for Families, Skills for Life w/CD
- ✓ These items will be available to check out for parents to use for "one on one time" or special time with their children at the library. There will be a sign in Spanish and English with a picture of the items to let parents know what is available (see an example in Appendix D). There will be information that will accompany the barn and dollhouse to give the parents ideas on how they might play/interact with their child including building relationships, language, and math skills to name a few. Our wonderful therapist, school providers, and early childhood care providers will encourage families to check out the resources, and give them ideas on how to use them to support the family's particular needs.
- ✓ The Schools have also purchased some toys to start a lending library for children with special needs. These will be items the parents/children can check out and take home with the help of their school provider. If the lending library is successful the schools hope to increase the number of those who can check out items to include families in PCIT.
- ✓ Both of these item check outs are great ways to support parent/child interactions and reach to a larger population of our families. With the collaboration of the Library, the Schools and Dakota

County Connections we are able to provide families with quality items to use for “special time” and a teaching time.

- ✓ Also, in the library corner, there are always different items that are set out and available for children and parents to use at all times for example Legos, puppets, and a water table. These are bright and inviting and encourage families to come.
- ✓ We are teaming with the schools to send out a list of the available items at the library and the importance of “special time” to go home in the children “Friday backpacks” to reach more families.
- ✓ One of the many nice things about what the DCC Collaboration through Rooted in Relationships is able to support at the Library through the parent corner is many families who don’t live in South Sioux City can’t have a free library card (\$75.00 a family) but they can still come to the library and spend “special time” with their children there at no cost because they don’t need a library card to check out these items as long as they stay at the library.
- ✓ The Schools are looking into some DVD player they may be able to donate to the library as most of their item are now on line so parents can listen to the parenting CDs we have purchased.

### #3. Our work as a collaborative:

One other exciting success story is that our Collaboration had the honor of recognizing our first Pyramid graduating class! One of our Outstanding Centers, Cubby Care, had some wonderful teachers that really jumped on board and bought into the work of the Pyramid three years ago. You can see the wonderful results not only in their TPOT scores but also the number of families that are recommended to Cubby Care because of the quality of the facility and teachers they have to offer. This can be a challenge at times because these are often children that other places do not know how to support, especially when it comes to behaviors. The children are often recommended to Cubby Care because of the outstanding work they do by therapists and the schools. Although they have always had quality teachers and now more tools and training than ever, we know it still takes time to develop those special trusting relationships and that can be even more true with some difficult behaviors. Balancing the number of staff needed to do a quality job and trying to keep the cost of childcare affordable is an ongoing challenge.

## XII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

We always work together with our partners to share information and collaborate with the ongoing events, opportunities, and resources in our community. All of us in the DCC collaborative wants to support each other so we can reach out together to the children and families in our community! Below is a sample of the many partnering agencies involved in Dakota County Connections and their programming that they have shared with the collaborative.

**Optimist’s:** Annual bike ride for school supplies. Children get to ride on their bikes through an obstacle course and learn about bike safety and then they get a backpack with school supplies including health supplies. Beyond the Bell will be at this event to help register families.

**Kids Café:** St. Paul Methodist Church -Every Monday & Every Friday. The Café is FREE to children ages 2-19, Adults may eat with their children, with a goodwill offering for each adult. They often have some activities for the children to do while they are there.

**Three churches doing bible school:** Vacation Bible School -7:30 -8:30 July 30<sup>th</sup> – Aug.2<sup>nd</sup> at First Lutheran Church. With St. Paul’s United Methodist Church, and the 1<sup>st</sup> Presbyterian Church, are all in South Sioux City working together to present this Bible School together!

**Extension:** Robotics camps, County fair, and the following types of 4-H Clubs are available: Community Club, Project Club, Special Interest Club

**Library:** Night of FUN – Year Round: All ages: family activities that vary from week to week, including crafts, puzzles, board games.

Summer Reading Program – June & July: All ages: help kids retain the reading skills, literacy, 5-7 weekly activities around a general theme.

Hands-On Science – Year Round: Elementary ages: exploring science through hands-on activities

Explore the Arts – Year Round: Elementary ages: exploring artists, recreate famous paintings, use unique art supplies

Toddler Time – Year Round: 2-5 years old: stories, craft and snack

Pat-A-Cake Pals – Year Round: under 2 years old: singing, puppets, simple books, sensory play, adult networking

Family Movies – Year Round: All Ages: movies shown twice a week, all movies PG-13 or G rated

Special Edition – Once a Month, School Year: All Ages: Families with special needs gather in a sensory safe room and explore activities for the whole family; movies, science, special events, yoga, etc

TAB – Twice a Month, School Year: High School Students: teen run planning meetings, manage teen activities, volunteer opportunities, teen run youth activities

Extension Collaboration Activities – On Occasion: Usually grades 3-5: Collaborating with UNL Extension Office for specialized programming

Pokémon Club – Once a Month, Year Round: All Ages: gathering of all Pokémon Fans, trading cards and battles, Pokémon Go

Yoga Story Time – Once a Month, Year Round: All Ages: movement story time, yoga poses, music, movement games

Teen Time – Once a Month, Year Round: Middle & High School: crafting, fun, games for teens

Teen Lock-In – On Occasion: High School Students: teens from TAB earn lock-in parties overnight for their hard work

Video Gaming – On Occasion: All Ages: 1-2 hours of video gaming with friends

School Outreach – Odessa visits with schools, especially to prepare kids for Summer Reading and to advertise library programs

TAB Video Game Fundraiser – On Occasion: All Ages attend, run by TAB: a fundraiser for our TAB group for them to be self-supporting through-out the year

Dr. Seuss' Birthday Party – Held in March every year: All Ages: Family activities focusing on characters and themes of Dr. Seuss and his books.

**Food Pantries:** All pantries are supported by Churches except the last one:

\* Dakota City Fire Station

\* First Lutheran Church

\* St. Paul Methodist Church

\* Northeast Nebraska Community Action Agency

**Voices For Food.** This year they opened the food pantry in Dakota City and it has served over 2,000 members in community. They have also continued with the Community garden and Community collection produce program. Over 900 lbs were collected this year. They also provided education to low income families on handling and using produce, food safety, storage and handling.

**SSC Schools**- free lunches are available to children in our community even during the summer. They Also provide a summer school program

**The Imagination Library Program through the United Way.** This literacy program provides a monthly book to Siouxland Children age 0-5. Although there is no income limit, we are trying to target families who cannot afford to purchase books for their preschool age children.

A note from the DCC Community Coordinator regarding these programs:

There are so many in our collaboration that work together to serve the children, youth, and families in our community that do not receive funds from NCCFF but partner with us every day. I wanted to share just a few with you so that you have the wonderful big picture of the work that goes on in our area, and many of these agencies work in both Nebraska and Iowa. The fact is I currently don't have a way to record all the families that receive services and support from our collaboration, I went to some of our partners websites just to pull up for you what is happening with some of our our collaborative partners!

### Partners working together in our community on both sides of the river:

#### United Way of Siouxland-located in Iowa

- Mission Statement for United Way: To improve lives by uniting the caring power of our community

Below are the programs that are receiving United Way of Siouxland funding to make a positive impact to their clients and ultimately making our community stronger. Though some these programs are located in Iowa they do support the Nebraska side as well.

#### [BIG BROTHERS BIG SISTERS](#)

Mentoring Youth

#### [CENTER FOR SIOUXLAND](#)

Economic Stability Resources

#### [CATHOLIC CHARITIES](#)

Healthy and Safe Families -

#### [BOY SCOUTS](#)

Strong Youth

#### [MARY J. TREGLIA COMMUNITY HOUSE](#)

Immigration & Translation Services -

#### [COUNCIL ON SEXUAL ASSAULT AND DOMESTIC V](#)

Safety for All Residents

#### [BOYS & GIRLS CLUB](#)

After School and Summer Programs -

#### [SALVATION ARMY](#)

Pathway of Hope

#### [CRITTENTON CENTER](#)

HOPES

#### [IMAGINATION LIBRARY](#)

Age Appropriate Books for Children -\$35,000

#### [WOMEN AWARE](#)

Economic & Emotional Stability -

#### [LUTHERAN SERVICES IN IOWA](#) & Ne

Parent Education

#### [MARY J. TREGLIA COMMUNITY HOUSE](#)

Youth Program - \$75,949

712.258.5137

#### [NORM WAITT, SR YMCA-NE](#)

Wellness Programs

#### [NORM WAITT, SR. YMCA](#)

Summer Camp -

#### [SIOUXLAND CARES](#)

Prevention and Anti-Bullying Efforts

#### [SANFORD CENTER](#)

Delinquency Prevention

#### [SIOUXLAND CENTER FOR ACTIVE GENERAT](#)

Enhancing the Lifestyles of Older Adults

## **Heartland Counseling-located in Nebraska**

Heartland Counseling Services, Inc. is a 501c (3) non-profit who provides mental health and substance abuse services to all ages. We have four offices that located in Ainsworth, O'Neill, South Sioux City, and Valentine, Nebraska. No insurance? No problem! We offer sliding scale for anyone who does not have insurance.

### Mission

The mission of Heartland Counseling Services, Inc. is to provide quality outpatient counseling, education, community service programs, and prevention services to individual, groups and families and to provide consultation to community organizations.

## **Northeast Nebraska Community Action Partnership- Nebraska**

### **WORKING TOWARD ELIMINATING THE CAUSES AND CONDITIONS OF POVERTY**

#### [Health](#)

Health Services provides a range of services to insure even the most vulnerable clients receive the support, knowledge and skills to create a healthy environment for families and individuals from infancy through adulthood. Programs include: Early Development Network; Healthy Families and Immunizations.

#### [Food and Nutrition](#)

NENCAP's food & nutrition programs provide healthy foods and nutrition education at no cost to clients. Current programs include: Women, Infants and Children (WIC); Commodity Supplemental Food Program (CSFP) and food pantries.

#### [Housing](#)

NENCAP is committed to the development of safe and affordable housing within our 14 county service area. Current programs include the Weatherization program which helps to alleviate increasing costs of home heating and cooling.

#### [Education](#)

NENCAP's education services offer early childhood education programs which provide comprehensive child development and family support services to eligible families with children from birth to kindergarten.

#### [Support Services](#)

The focus of support services is to enhance the client's ability to become independent and self-reliant. Programs provided include: Emergency Assistance; Budgeting and Financial Literacy; Case management; Income tax preparation; Child safety seat installation and education; SSI/SSDI Outreach (SOAR) and more.

#### [Affordable Care Act Navigator Assistance](#)

NENCAP's Navigator helps people understand the Affordable Care Act, complete an eligibility application and enroll in health insurance through the Health Insurance Marketplace.

#### [Veteran's Assistance](#)

Multiple programs aim to assist Veterans by providing a range of supportive services designed to promote housing stability.

### **SIMPCO**

Organizational Wide Objectives:

Address four issues of regional concern that have a potential of being resolved effectively by cooperative efforts among local governments, agencies, non-profits, business & industry in the region

Transportation Planning Division involves the Metropolitan Planning Organization (MPO) and Regional Planning Affiliation (RPA) providing service in the following:

Long-Range Transportation Plans

Transportation Improvement Programs

Travel Demand Forecasting

Geographic Information Systems (GIS)

Intelligent Transportation Systems

Siouxland Regional Transit System (SRTS) provides transportation for:

Elderly & Disabled Individuals

Students & Pre-school

General Low-to-Moderate Income Public

**The Siouxland Community Health Center (SCHC)** has opened its first satellite clinic, Siouxland Community Health of Nebraska, in South Sioux City, Neb.

The center offers primary and urgent care services.

## APPENDIX A

### Community Work Plan Updates-Rooted in Relationships

#### **Objective 1: Sustainable infrastructure to align community work for program improvement and systems change**

##### Accomplishments

As you open our work plan, the first thing you will note is that one of the first aims of our Board of Directors was to develop and approve a statement of understanding which we now refer to as our "Common Agenda." Each DCC meeting we review that common agenda as it ties into our purpose for our meetings. This year in review we asked all our partners to sign a common agenda statement showing solidarity and understanding of our direction and purpose and we had a wonderful response to this.

As a Collaboration, we also want to stay meaningful and inspiring to our members. We set aside one hour a month to connect and learn more about what is going on in our community. One hour does not leave the needed time for other communications such as thoughts and ideas to improve our DCC Collaboration. Again, this year we sent out a survey to the DCC collaboration getting their thoughts and ideas (see results in Appendix C) and it showed a high satisfaction among the group. We also now have “ideas and thought sheets” on the table with yellow envelopes, so if a good idea comes to you during the meeting you can write it and put it in the envelope. Of course, the DCC coordinator is always happy to visit with anyone about ideas but everyone has a busy schedule and this could help if you think of it at the meeting.

Along with our monthly meeting we now have seven focus groups that have been established to work on community challenges and they include: 1. Safe and Healthy Youth/ Community Resource Center, 2. Rooted in Relationships Parent Engagement/ Education and Health, 3. Community Response, 4. Afterschool/ Beyond the Bell, 5. Gateway for growth/One Siouxland-welcoming new families, 6. Street Project/for our homeless, and 7. Voices for Food/ dealing with food insufficiencies in our community.

We are currently blessed with 208 partners and although not all of them can attend every meeting, we continue to work together in a wonderfully cooperative spirit and often have new partners join us. One of the things we do to support the partners in our collaboration is to share our newly updated resource guide that gives them not only the names of our partners but a brief description of their work so everyone better knows the resources we have to serve our children and families. All the resources in our Guide and more can also be found on our Dakota County Connections website.

#### Challenges

One of the strategies listed on our work plan is to engage the business community. This is an ongoing process. Our DCC coordinator attends many business meetings in the community, such as the Chamber coffees, Legislative luncheons, sits as the president of the South Sioux City Optimists, and attends functions around town like the National night out for safety. We do have several businesses that attend our DCC meeting when they can but with the business community, we have learned it is more effective to go to them as they can not always get away for meetings. As mentioned above we have an idea sheet and at our last meeting someone put in the idea of getting the public more involved, which is a great idea!

#### Next Steps

At our August meeting, DCC can discuss this wonderful idea of getting the public more involved and look at ideas on ways to invite more of the public to our meetings.

### Objective 2: Improve parent Education and Support

#### Accomplishments

One of DCC's great accomplishment in the past year is we have established two excellent and very reliable trainers for Parents Interacting with Infants/Toddlers (PIWI). Both of these trainers have done wonderful trainings for us in Pender NE, Winnebago NE., and South Sioux City. These two trainers in turn have been so willing to work with other teachers, who have been trained in PIWI but just do not feel confident to teach PIWI themselves yet. By taking teachers under their wings and letting them be assistants in their classes, they can help them better understand how PIWI classes are conducted. We will be training three new assistants this fall. We will also be offering two new PIWI classes this fall one at the Winnebago Educare and the other in South Sioux City at the Siouxland Family Center. Both of these centers are places parents are comfortable with and where they take their

children for care. We look forward to collaborating with Educare. They will take care of the costs for snacks and materials and DCC will cover teachers.

A Second accomplishment is our Circle of Security (COC) classes are now offered in Spanish or English and it has been wonderful to see that our Spanish classes have really taken off! In fact, we just started another COS Spanish class this July because of the demand.

Our third accomplishment is we are setting up a Pyramid Parent Module class for this fall in the South Sioux City School's Early Childhood Center. We have already completed two of these classes now, one at the Cubby Care Early Childhood Center and the Other at Kidlogic, the parents of both places gave wonderful reviews and found the classes very helpful. One of our wonderful PCIT therapist teaches these classes and is able to support the class with many of the wonderful concepts from Parent Child Interactive Therapy (PCIT).

The fourth and final accomplishment is that our Rooted in Relationships focus group has voted to add a new system to our focus and that will be centered around Health.

#### Challenges

I don't know if I would call it a challenge or an opportunity, but our next steps in supporting our children and families is through the Health System while maintaining our Parent Education and Engagement Systems. At our last focus group meeting, we began great conversations about how we could reach out to the medical profession and collaborate to: #1. Better identify those children who need emotional and social support and know who to contact when you have concerns and #2. We would like to get a strong message out about the importance of relationships and "spending special time" with your children and get yourself and your children off the phone and away from the TV. Many families respect their Doctors and will take their messages very seriously.

#### Next Steps

Our next steps as a group is to meet August 21<sup>st</sup> and focus completely on how we can reach out to our medical partners. We are so fortunate that members of Siouxland Community Health team of Nebraska will be joining our focus group now and their input will be so very valuable.

### **Objective 3: Students are safe, supervised and enriched before and after school**

#### Accomplishments

One of our big accomplishments this year came when the Siouxland Human Investment, Beyond the Bell, the South Sioux City Schools, and Dakota County Connections teamed together to apply for a 21<sup>st</sup> Century grant to support the new Beyond the Bell Program in South Sioux City NE and received it.

Another accomplishment is the work and planning that is currently going on to build a Community Resource Center in South Sioux City. The city had applied for a \$600,000 grant for both the rec center and Health and Community Resource Center that will sit across from each other and the city was awarded \$363,000 from the CCCFF fund. We still have a very long way to go but the rec center hopes to break ground next Spring. From the

wonderful generosity of Mr. Scott, we will be able to use some of our Scott funds to support this effort as well. We continue to look for funds that could build and support the Community Resource Center as welcoming place that really can support the whole community.

#### Challenges

Both of our accomplishments also bring challenges with them. When we applied for the 21<sup>st</sup> Century grant we had planned to run it on a sliding scale fee so those who could not afford to attend would get support but the fees for those who could afford to pay would help support the program. In the past we have just used the school's information as far as if the students were free or reduced lunches and that was our plan this year. This year however, the schools will now be offering free lunches to all students, which is wonderful for the students! The down side with this is, through the grant we are not allowed to ask for income information and now the schools do not collect that information anymore so we will be offering the program for free to all students. The challenge will be to find those students most in need who cannot afford after school care. It will also limit us to only take the number of students the grant covers to pay for adequate staffing, additional children will have to be turned away.

As for the Community Resource Center, research has shown that most communities that attempt this end up building too small and it does not serve the complete purpose or needs of the community. We have the land and wonderful possibilities right now, but it really will take 10-20 million dollars to build a center that would house all the services a family could need in one place and have green space and adequate parking. We have a large number of partners in town right now that are just renting and really looking for a new permanent home. It feels like everything is in place now we just need the funding.

#### Next Steps

As we move into the fall and the startup of our Beyond the Bell Program we will be seeking recommendations from the schools and other agencies of families they know that are most in need of these services and program. Also, we can reach out to families that were in the program last year that we are aware need the services as well. We welcome all families but really hope to reach those most in need first.

We also continue to look for grant dollars that might help support a community Resource Center.

### **Objective 4: Increase student social emotional wellness in the classroom**

#### Accomplishments

One of our big accomplishments was our first Pyramid class that graduated after three years of trainings and coaching. This was an amazing group of Early Childhood professionals that not only deeply believed in the Pyramid model and applied it well in their classrooms, they are such a great encouragement to the new cohort that will now be starting year two. We look forward to having them in our leadership meetings, and I know our coaches are still discussing ways they can continue to encourage them in the future.

We had another very successful summer school this year with six third graders using the 2<sup>nd</sup> Step curriculum. Their teacher Janie shared that it was a great age to work with and the children all made gains. Janie also sent out a letter to each of their parents to let them know what their children had learned and gave them ideas to work on at home.

## Challenges

One of the challenges we face with the Pyramid this year was that at one of our new Early Childhood Catholic Centers lost all their teachers. The teachers who were “Sisters” from this parish were moved to another location by the “Mother” of the district. It is a large Center and many children attend. Our Coach had been making good progress but there was a lot of room for improvement yet. The director at this program really believes in the Pyramid model and wants to continue it in her center, so much so that she has made the decision to hire her next teachers from the community rather than using “Sisters,” by doing this the Center does not face the possibility that all the teachers could be moved out again. There was a good Rationale for Dakota County to complete additional training/adding new providers outside of current cohort.

The request to add Rooted in Relationship providers in Dakota County was considered because it was not an expansion into another site, but is in response to personnel changes which would threaten the survival of the Pyramid Model implementation in an existing site.

## Next Steps

- There is great Community Commitment and our coach and an Early Childhood teacher are willing to move ahead and train these new providers because:
  - The community has a strong desire to add the providers.
  - Training content and coaching will be provided to fidelity; trainings will not be shortened.
  - Realizing there is no funding for year 3 at this point; community group is willing to take the risk as they believe the benefits outweigh risk of no funds or diminished funds for year 3 for this group.
  - Director at St. Michael's will remain has strong desire to continue with the initiative.

## **Objective 5: Develop a system of supports and services for children and families to strengthen families and build protective factors**

### Accomplishments

Although we still have a lot to learn when it comes to Community Response we have learned so much as well. We have been able to support some families and help them overcome barriers and become more self-sufficient. Through trial and error, we have learned more about what constitutes a coach and what the role of a service provider is. We have also grown as a more focused Community Response team, meeting monthly and setting up some policies and procedures, thus giving more support to our Central Navigator.

We had a therapist from Heartland Counseling attend the Combined Strengthening Families and Youth Thrive Train the Trainer for the protective factors. We are looking forward to the next steps in sharing this with our community!

### Challenges

One of our challenges as we work with families is to encourage them to think past their moment and set goals for the future. We have found that at times when we support a family and help get the biggest barrier out of their way so they may be able to have less stress and focus on the future, they also no longer want our help.

#### Next Steps

Our focus group will be looking at different ways that coaches can try to build trusting relationships that encourage families to want to make some positive changes and possibly develop some healthy goals that lead to an upbeat direction in their lives.

### **Objective 6: Engage our Health Community and families in strengthen children's physical and mental health outcomes.**

#### Accomplishments

At our May Rooted in Relationships Parent Engagement and Education meeting we discussed how wonderful it is that our parent trainings are really beginning to line up and we have begun to find places that work for our families as well as trainings that they find interesting and helpful. The idea was raised to expand this focus group to add a health system as well. The group agreed unanimously that that would be a great idea. When we are looking at the social emotional wellbeing of our young children we are beginning to notice doctors are seeing more children with behaviors in their offices to the point that some doctors' offices are calling our ECH Centers and asking them to watch these children while the mothers have an appointment because the children are so out of control. This is telling us that perhaps Clinics do not know where to refer these children and perhaps need some ideas to share with families on where then can find helps and ideas to try in dealing with behaviors.

#### Challenges

The opportunity before us is give our medical professionals the tools they need to address these behaviors. This would include informing doctors and their clinics on how to help these families find support as well as information they can share with families. The group agreed that most families respect their doctors and will follow their advice, so if the doctor tells them they need to spend "special time" with their children even if for 5 min and gives them ideas and activities they can use, plus tells them to keep their children away from the TVs and the cell phones it could make a big difference. This would also support the effort to fight childhood obesity by encouraging families to spend time together and do things other than sitting in front of the TV.

#### Next Steps

At our next meeting in August we are devoting our discussion completely to our health system component. We are already considering the idea of meeting with doctors during staff meetings and providing a lunch and a brief training with quick informational handouts.

## APPENDIX B



**COMMON AGENDA STATEMENTS RECEIVED:**

1. A Better Way Therapy
2. BBBS (Big Brothers Big Sisters)
3. Beyond the Bell
4. BOOST
5. Building Blocks for Community Enrichment
6. Catholic Charities – Julie and Steve Elbert
7. Catholic Charities of the Diocese of Sioux City, IA
8. City of South Sioux City, NE
9. County of Dakota County, NE
10. Crittenton Center
11. Cubby Care Campus Preschool & Childcare
12. Dakota County Victim Assistance
13. District 6 Probation Office & Reporting Center
14. Abigail Engel
15. First Lutheran
16. Girls Inc.
17. Haven House
18. Jim Gunsolley
19. Jeff Hackett
20. Heartland Counseling Services
21. JFON-NE (Justice for our Neighbors)
22. Jackson Recovery Centers
23. Jeff Hackett
24. KNNB
25. Launch Pad Children’s Museum
26. Long Lines
27. Lutheran Services of Iowa
28. Mary J Treglia Community House
29. Kathy Moller
30. Lisa Monk of NENCAP EHS/HS
31. NDE Initiative, Northern Early Learning Connection
32. NE DHHS – Children and Family Serviced Division
33. Nebraska Appleseed
34. Norm Waitt Sr YMCA
35. Northeast Community College
36. Northeast NE Joint Housing
37. Professional Partner Program
38. Robyn Watchorn Newbrey LLC
39. SHIP (Siouxland Human Investment Partnership)
40. Siouxland Cares
41. South Sioux City Schools
42. Tsistas Yang (BBBS) Big Brothers Big Sisters
43. Tyson Fresh Meat Inc.
44. United Way of Siouxland

- 45. Unity in Action
- 46. Wellcare of NE
- 47. Women Aware
- 48. Gabriela Valdovinos

## APPENDIX C

### Dakota County Connections Collaboration Effectiveness Survey Results

#### DCC Coordinator

	Total # Responses	# scored as 0	# scored as 1	# scored as 2	# scored as NA
Encourages Collaboration	39	0	0	39 (100%)	0
Communicates effectively with members	39	0	0	39 (100%)	0
Attentive to individual members concerns	39	0	0	39 (100%)	0
Effective in managing meetings	39	0	0	39 (100%)	0
Value members' input	39	0	0	39 (100%)	0
Recognizes members for their contributions	39	0	0	39 (100%)	0
Provides annual data and evaluation results	39	0	2 (5%)	33 (85%)	4 (10%)
Provides a copy of updated work plan at meetings	39	0	2 (5%)	35 (90%)	2 (5%)

#### Members

	Total # Responses	# scored as 0	# scored as 1	# scored as 2	# scored NA
Understand the Collaboration's mission and goal	39	0	3 (8%)	36 (92%)	0
Offer variety of resources and skills	39	0	0	39	0
Clearly understand the purpose of the DCC meetings	38	0	3 (8%)	35 (92%)	0
Assume responsibility in supporting the community through collaborating	38	0	3 (8%)	35 (92%)	0
Feel there is a diverse set of voices and perspectives	38	0	2 (5%)	36 (95%)	0
Regularly participate in meetings and activities	38	0	4 (11%)	33 (87%)	1 (3%)
Communicate well with each other	38	0	4 (11%)	34 (89%)	0
Feel a sense of accomplishment	38	0	4 (11%)	33 (87%)	1 (3%)

## APPENDIX D

A photo of the Parent's corner at the Library and an example of a sign available at the library to let parents know about additional resources available to facilitate their play with their children. These signs will be available in English and Spanish.



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Additional toys are available for use by caregiver and children to interact with by asking at the Children’s Library Desk.



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**DODGE COUNTY  
Fremont Family Coalition  
COMMUNITY WELL-BEING INITIATIVE  
12 MONTH (ANNUAL) EVALUATION REPORT  
JULY 1, 2016 – JUNE 30, 2017**

**I. ABOUT COLLABORATIVE**

The Fremont Family Coalition (FFC) is a group of providers and families in our community that work together to reach a common goal; to create community partnerships that empower individuals and families to improve their quality of life through prevention strategies. The FFC consists of local non-profits, churches, businesses, and Fremont Public Schools that meet on the 2<sup>nd</sup> Friday each month. An average of 55 individuals attend the coalition meeting each month. The FFC also has a Visionary Team that is made up of about 18 individuals and provides the “bigger picture” for the coalition. Shayla Linn serves as the Community Impact Coordinator who provides backbone support to the coalition.

We believe that:

- Families need supportive communities to help them be strong

- Empowerment is the key to growth and sustainability
- There is no substitute for strong families to ensure that children and youth grow up to be capable adults
- Children can be best kept safe and acquire skills when families, friends, residents, and organizations work together as partners
- Maximizing existing resources through increased collaboration decreases duplication of services
- Every family deserves access to resources that will enable them to build a better future
- Investment in prevention far outweighs the cost of intervention
- Children and families who experience socio-economic challenges are more likely to experience difficulties due to limited language skills, health concerns, social and emotional problems that impede development and success

## II. DEMOGRAPHIC INFORMATION

<i>Overall Summary of Children and Families Served</i>			
<i>Number of Families Served Directly</i>	268	<i>Number of Families Served Indirectly</i>	231
<i>Number of Children Served Directly</i>	426	<i>Number of Children Served Indirectly</i>	437
<i>Number of Parents with Disabilities Served Directly</i>	30		
<i>Number of Children directly served with Disabilities</i>	14		
<i>Number of First Time Children with Substantiated Child Abuse who were directly served</i>	11		

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. **This information is based on 212 individuals.**

Gender		At Risk Due to Poverty		Parent		
Male	Female	Yes	No	Yes	No	Other
21%	78%	84%	16%	100%	0%	
Race/Ethnicity						
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American	Asian
84.7%	4%	4%	7%	.6%	2.8%	.6%

## III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities			
TBD			
Source	Strategies Supported	Funding Period	Amount

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Basic Needs	Community Response	United Way	July 1, 2016 – June 30, 2017	\$20,000	Yes	No

<b>Total Across All Charts</b>	<b>\$\$</b>
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## IV. TRAINING ACTIVITIES

<i>Professional Training for Specific Community Well-Being Strategies (e.g. PIWI facilitator training)</i>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
7-11-16	Community Response Training	15	6
1-3-17	Community Response Training at Fremont Public Schools	15	1
1-26-17	Community Response Training for Coaches/Advocates	20	7
6-20-17	Community Response Training for new coaches at Heartland Family Services	5	1
6-28-17	Community Response Training for new coaches at Pathfinder Support Services	12	1

March 2& 3	PCIT Advanced Training (PCIT Therapists)	3	2
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<b><i>Training for Communities (e.g. Autism Training)</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., autism training)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
1-13-17	Region 6 Suicide Prevention Training	55	32
4-14-17	System of Care Training	21	19
5-24-17	QPR Suicide Prevention Training	10	3
6-9-17	Essential Helping Skills	40	24

<b><i>Training that Enhances Collaborative System (e.g. Collective Impact Training, Community Café Training)</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., collective impact)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
March-July	Getting Ahead in a Getting By World for Professionals	12	6

<b><i>Training Sponsored by Rooted in Relationships</i></b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., autism training)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
Sept 17, 2016	Module Training 1&2 Booster	18	8
February 4, 2017	Module 3A Training	16	6
June 3, 2017	Module 3B Training	13	5

The FFC is always looking to bring a variety of trainings to our community. These trainings are usually well attended and receive great reviews. We are looking to utilize Region 6 more in the next year to provide trainings on mental health as it is a growing concern in our community. Community Response will continue to be a frequent training as we are always looking to expand to new coaches.

## V. POLICIES INITIATED OR INFLUENCED

<b>Administrative (Local) Policy</b>	
Short Description of Policy	Role of Collaborative
Community Development Block Grants (CDBG funds) - program that provides communities with resources to address a wide range of unique community development needs.	The FFC was utilized as a town hall meeting to discuss how our communities CDBG funds should be utilized and what infrastructure improvements need to be made. There was also discussion on potential locations for community needs such as child care centers. The FFC members were very engaged and happy to provide influence on how these funds will be used in our community.

<b>Legislative Policy</b>	
Short Description of Policy	Role of Collaborative
A few coalition members along with NCCF met with Senator Lynne Walz who represents our District. We have a great relationship with Lynne and she attends our coalition meetings when she can. We discussed many different policies but in particular Lynne really wanted to learn more about the cliff effect and how we can slowly move families off of assistance instead of all at once when they reach a higher income bracket. Lynne stated she would love to present this and even create a policy that would address this. We are still in the initial stages of this but excited for what it might bring to not only our community but Nebraska as a whole.	Coalition member's role at this point is still discussion with Lynne and creating a plan for families that will decrease the barriers they face when moving off of assistance.

<b>State Policy</b>	
Short Description of Policy	Role of Collaborative

## VI. SUMMARY OF EACH PREVENTIVE STRATEGY

### PARENT CHILD INTERACTION THERAPY (PCIT)

**Parent Child Interaction Therapy PCIT** is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

**Population indicators:** Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade.

Strategy: PCIT			
Number of Families Served Directly	32	Number of Families Served Indirectly	0
Number of Children Served Directly	32	Number of Children Served Indirectly	47
Number of Parents with Disabilities Served Directly	1	Number of Staff participating	3
Number of Children directly served with Disabilities	1	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Strategy: PCIT					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	32/32	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	2/2	100%
	# Average number of sessions completed (attendance record)	4.6	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	2/2	100%
	# children indirectly served (attendance record)	47	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	2/2	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	2/2	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (5): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions			No report	

	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) ( <i>The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.</i> <i>The Problem Scale measures the degree that the parent is bothered by the conduct problem.</i> )	11/12	91%
		8/12	67%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) ( <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; and Combined number of Questions, Commands, and Negative Talk.</i> )	See below	

### Summary of Parent's progress on the DPICS

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 parents' behavior in interacting with their child. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varies by client. Overall, the high percentages of parents demonstrated improved labeling praise and behavioral descriptions and decreasing their commands and negative talk.

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
<b>% Improved</b>	7	42.9%	28.6%	28.6%	28.6%

\*Increase of 5 or more

### Summary of Eyberg Findings

The Eyberg evaluates the extent that the parent views the intensity of their child's behavior or the level it is a problem. This is an ongoing assessment across the time that the parent and child are in therapy. The results of the Eyberg found a significant decrease in the number of problem behaviors demonstrated as well a significant decrease in the parent's view of the child's behavior as problematic. These results suggest a large meaningful change. The results should be interpreted with caution given the small amount of data analyzed.

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
January 1-June 30	12	165.83	96.08	.p=.001	d=1.28

\*A score of 131 or higher is in a problem range

Summary of Parent's who View their Child as having Conduct Disorder (Problem Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
January 1-June 30	12	21.17	9.17	.p=.001	d=1.75

\*A score of 15 or higher is in a problem range

### Summary of Satisfaction

A satisfaction survey was completed to gain input from the families regarding input related to the program. Overall, the parents rated the program implementation very positively. Overall, the parents were very satisfied with the program, rating it as a mostly or strongly agreed rating.

### Accomplishments:

PCIT has grown at a very successful rate in our community. Three of our therapists were able to attend the advanced training putting them one step closer to becoming trainers themselves! We are excited for this step as it will make PCIT even more sustainable in our community. PCIT has continued to be a great intersect with community response. When families do not have insurance and do not qualify for Medicaid, we are able to help them create a payment plan and help them financially when in need.

PCIT is becoming more well-known within the community. There are often get referrals that are asking specifically for PCIT. However, this also is a challenge because while many clients and professionals have heard of PCIT, not everyone has a full understanding of what it is and when it is appropriate to refer. Some people's expectations of what can be achieved with PCIT are not accurate. However, PCIT is a well-known term and it provides common ground to begin conversations about mental health treatment for children and their families. PCIT also provides a unique and more objective way in which to measure progress and success. As a therapist utilizing PCIT as a modality of treatment, I find that PCIT provides a greater satisfaction in knowing that lasting, positive results are truly being achieved (often very quickly and even when treatment isn't fully completed).

### Barriers:

PCIT Therapists Barriers- PCIT is a very behavioral based treatment methodology. The treatment procedures are very rigid. When working with children, I believe that it is very important to have a broad scope of practice, which includes being trauma informed, understanding attachment, and meeting the client where they are at, despite how any treatment protocol may be telling you to proceed. So having continued training and education, both within the framework of PCIT and also with other treatment modalities is important to further enhance the effectiveness of PCIT and meet the needs of all children and families. The advanced PCIT training facilitated by OU a few months ago was great in helping me to connect the behavioral concepts within PCIT to a more attachment and trauma focused perspective and how to blend the different concepts.

## PARENTS INTERACTING WITH INFANTS (PIWI)

Parents Interacting with Infants (PIWI) is a family support service based on a facilitated group structure that supports parents with young children from birth through age 3. An observation of one of the sessions was completed to monitor for the fidelity of the implementation of the program. The results found that the program was implementing PIWI to fidelity. A total of 95% of the 44 items observed were implemented with fidelity.

Strategy: PIWI			
Number of Families Served Directly	30	Number of Families Served Indirectly	4
Number of Children Served Directly	44	Number of Children Served Indirectly	35
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	5

Number of Children Directly Served with Disabilities	0	Number of Organizations Participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Strategy: PIWI					
	Quantity		Quality		
	<i>How much? (Inputs, Outputs)</i>		<i>How well? (Process)</i>		
<b>Effort</b>	parents/children directly served (attendance record)	30/44	# /average number of sessions completed (attendance record)	Not calculated	
			Completion of PIWI fidelity guide checklist (onsite visit)	Completed. 95% items to fidelity.	
	# number of sessions (attendance record)	12	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	7/7	100
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	7/7	100
	children indirectly served (attendance record)	35	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	5/7	71
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	7/7	100
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved:				
	(1) access to concrete supports		2/2	50%	
	(2) social connections		0/4	0%	
	(3) knowledge of child development		2/3	67%	
	(4) nurturing and attachment		2/2	50%	
	(5) family functions		1/4	25%	

**Summary of PFS Findings:**

Families' strengths on this scale was in the area of Nurturing and Attachment, Family Resilience, and Concrete Supports. The greatest increases were in the area of Concrete Supports and Family Resilience. Other areas were stable across time or slightly decreased.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	4	5.75	5.42	6.25	5.87	3.00
Post		6.15	5.42	6.06	5.87	7.00
Results of Statistical Analyses		N/A	N/A	N/A	N/A	N/A

### Healthy Families Parenting Inventory

No Healthy Families Parenting Inventory assessments were completed.

### Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall, the parents rated the program implementation positively. Fewer families rated that their relationship with their children was better.

### Accomplishments

Overall, the biggest accomplishment is sustaining PIWI within our community and having many trained coordinators willing to hold a PIWI class! During the spring session, we had a community member who heard about PIWI from her friend and began to attend and now has a child in both Head Start and Early Head Start. A representative from Head Start stated “I always have a hard time articulating that we also use PIWI principals on home visits, so families get support at PIWI sessions and also on their regular home visits. I think this is very beneficial.”

### Barriers

One of the biggest struggles/ barriers to fully making PIWI successful is inconsistent or irregular attendance. Finding a time/day that works for most families is always an issue; we tried offering duplicate sessions during the daytime and evening, but that is exhausting for staff. So we are still trying to find the sweet spot as far as that goes. We are really trying to hammer home the quality over quantity philosophy because the parents that come consistently love PIWI and look forward to the sessions.

One agency also expressed a challenge/duplication for them is duplication for families regarding data. At Head Start they use the Pre and Post PFS at the beginning and end of each school year then also for PIWI data so families seem to be completing these surveys multiple times.

## COMMUNITY RESPONSE (CR)

The Community Response strategy (CR) is designed to provide at risk families with services and case management to promote safety and overall family wellbeing to enhance a supportive family environment. Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high-end systems of care.

**Population indicators:** Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade.

<b>Strategy: Community Response</b>			
Number of Families Served Directly	107	Number of Families Served Indirectly	Not collected
Number of Children Served Directly	237	Number of Children Served Indirectly	Not collected
Number of Parents with Disabilities Served Directly	29	Number of Staff Participating	30
Number of Children Directly Served with Disabilities	13	Number of Organizations Participating	15
*Number of Reports to CPS of Substantiated Child Abuse Who Were Directly Served	11		

\*This is the number of substantiated findings. These do not include pending investigations.

<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	107	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	48/50	96
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	25/33	76
	# of families re-referred to strategy (case closure form)	11	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	46/50	92
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	26/33	79
<b>Effect</b> <i>Is anyone better off?</i>	# of families that did not enter the child welfare system (case closure form)		48/48	100%	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)		8/10	80%	
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)		28/56	50%	

	# and % of parents reporting improved:		
	(1) access to concrete supports	23/64	36%
	(2) social connections	26/64	41%
	(3) knowledge of child development	19/64	30%
	(4) nurturing and attachment	13/64	21%
	(5) family functions	25/64	38%

**PFS Findings (uncertain if this includes families beyond CR)**

Families' strengths on this scale was in the area of Nurturing and Attachment. The parents made the most improvements in the Concrete Supports, Family Resilience, and Social Connections. In the other areas, there were either a slight decrease of the scores were relatively stable.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	64	5.08	4.98	6.23	5.59	4.86
Post		5.60	5.69	6.17	5.84	5.44
Results of Statistical Analyses		0.46	0.51	0.07	0.31	0.40

**Summary of Goals Addressed by Community Response**

A total of 76 families had been served and discharged from Community Response. As part of the process, families identified goals they wanted to address. A total of 56 goals were identified with a range from zero to 59% accomplished by discharge. The most frequently identified area of need was housing (42). Addressing money needs was the next highest identified need (6).

Goal Area	Number Completed	Percentage Completed
Housing	25/42	59%
Money	1/6	16%
Child Care		
Food and Nutrition		
Transportation		
Social Support		
Community Life		
Child Behavior Support	0/2	0%
Child's Education		

Parenting	2/6	33%
Health		
Education		

**Accomplishments:**

One of our biggest accomplishments that has helped streamline CR and other systems, is central navigation. This has provided a central intake for families that are unsure of the services they need or where to find them. We have worked hard at getting the word out about CN to our community and educating them on what services and supports we can help connect them with. From families that really engage with the services and supports offered to them, we often hear how grateful they are for the team of individuals that helped them reach their goals in a way that didn't feel punishing or overbearing. We truly do everything we can to prevent our families from entering a higher level of care.

**Barriers:**

Our main barrier continues to be capacity within the agencies that have advocates and coaches. Prevention work can be tough and can take time for coaches and advocates to build a relationship with the clients they are assigned if there is not previous trust already built. With getting the word out about central navigation, we have a higher number of families entering that need a variety of services in place. While we keep trying to work ourselves out of a job, we are actually increasing our job security! Another barrier can also be the follow through of a client which will consistently happen. With our CR providers, however, if they are holding a spot to serve that client they then are unable to add a new family to their case load until they are sure the family is no longer interested.

**VII. CHILDREN AND FAMILIES REACHED IN ROOTED IN RELATIONSHIPS**

RIR Summary of Children & Families Reached			
Number of Families Served Directly	99	Number of Families Served Indirectly	227
Number of Children Served Directly	113	Number of Children Served Indirectly	355

**VIII. SCOTT FUNDING - PROGRESS REPORTS**

Not Applicable

**IX. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY**

The following is a summary of the PFS across strategies for this community from July 1, 2016 – July 31, 2017. The results of the PFS across strategies found that the parents' strengths were in the area of Family Functioning and Concrete Supports.

Community	#	Family	Social	Nurturing and	Child	Concrete
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Population Summary	Surveys*	Functioning/ Resiliency	Connections	Attachment	Development/ Knowledge	Supports
Pre	69	5.11	5.03	6.21	5.58	4.83
Post		5.63	5.70	6.14	5.82	5.51
		0.46	0.49	No Significance	0.30	0.46

## X. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Nothing to report.

## XI. UPDATE ON YOUR COLLABORATIVE

In the last six months, Fremont Family Coalition has continued to grow. A few of our monthly meetings reached 65 in attendance! While this is an exciting time for the FFC, a challenge is ensuring all of these members are engaged in our work and continue to find their purpose in belonging to FFC. In addition, we struggle to engage those we work with in the coalition. We do have one mom that joined our Visionary team in January and has been attending since then. We appreciate her voice and giving back to our community.

Each of our committees have had success in their own ways. In our collaborative success story below, the housing committee is making great success in meeting the needs of landlords and tenants. By bridging the gap between these two entities, we hope that it results in happy landlords that understand our family's needs as well as educate tenants on being a great person to rent to. Our life skills committee wanted to form a calendar targeted towards the families and individuals we work with. They then took this a step further and are now working on creating The Fremont Family Coalition website. We are excited to launch the site as it has something for everyone! Our other committees (Early Childhood, Youth Safety & Prevention, and Mental health) are all working with current grants to enhance the work already being done as well as collaborate at a system level.

One example of an issue that we were able to resolve by simply communicating with all partners was with a family consisting mom, dad, and daughter. Our homeless shelter had worked with this family previously and was able to connect them with permanent housing. However, this family left the house and program with no communication as to why. In May this family entered in through central navigation stating they were homeless and only having disability from mom for income. Our homeless shelter was full at the time so we offered a hotel for a few nights until we could come up with a plan. During this time, the dad and mom (we later learned the child was safe with grandma in housing- part of the reason we did not continue to put them in a hotel) started to manipulate each agency and church they went to flip flopping their story. As we know this is present in individuals with mental health and/or substance use. However, this also made a few agencies upset with each other as Dad knew how to make one agency sound as if they aren't doing their job. This was resolved when we did a conference call with agencies and churches involved. The family was offered transportation to the Omaha shelter or a treatment center as their daughter was safe with grandma. They refused both options and later left our county. This shows how rich collaboration is and how important it can be to come back to in times of doubt. Something as simple as having a conference call, saved many headaches for all as well as tension within our partnering agencies.

Another challenge that families are battling with in our community is finding quality childcare as well as child care in general. While we have Rooted in Relationships that is improving a number of our child care centers and in-homes, these spots are all taken as well as in almost all other centers in town. This puts families between a rock and a hard spot as they need child care in order to attend work to support their family but they also deserve to know their child is receiving quality care. Our community knows which centers do not provide. The FFC early childhood committee has had discussions about these involving churches that are interested in opening child care in their facility. We are hopeful that one of these churches will have child care up and running in the next year. In addition, families that receive Title 20 assistance struggle even more to find open spots. This is also an issue for those that own/operate child care and allow for these spots as they only are refunded a certain amount that is not necessarily their normal rate. This can cause budget issues as well when centers are trying to juggle paying employees a decent wage and also trying to open more Title 20 spots.

## XII. SUCCESS STORIES

### **Community Response Success Story:**

Single mom entered CR with the three identified goals; Short-term/Money Management, Intermediate/Learn to shop & cook on a budget, Long-term/Informal Supports.

She presented with an eviction notice and was incredibly overwhelmed. She was unsure but willing to work with the CR process. It can be difficult for a family to know they need changes in their lives when they find similar hardships repeating themselves, however uncertain what those changes could or should be. This family was uncertain, however; open and willing to learn new skills and tools for lasting changes. Due to her high anxiety and how overwhelmed she was, we connected her with counseling. She was very eager about this and to start attending sessions. I think that just knowing that she would soon be able to talk to a counselor, helped as we attempted to address her immediate need.

We started with her budget. Directly after clearly understanding her budget and start of a sustainable plan, we encouraged her to contact her landlord and communicate with him what her plan was to maintain her current housing and avoid eviction. She was uncomfortable with this, as a result, we sat with her as a representative of CR, called the landlord and had him on speaker phone as introductions were made and she shared her request to allow her to have some time to work on a plan to get caught up on rent. She was surprised that he was willing to work with her. This also illustrated to her that she was a good tenant that he would prefer not to lose her and how “communication” is key. Her confidants grew after communicating with the landlord, and as the CR team helped to submit a CR Flex-fund request form for her past due rent. This was approved, and she initiated the conversation with her landlord to present the approval of the flex funds, her payment and requested payment plan to cover the remaining balance with her new budget. The landlord accepted the proposal. This mom felt so empowered by this outcome. She not only learned how to make a budget, but that she had the ability inside of her to advocate for herself.

At the conclusion of her time with CR she not only accomplished the goals she identified, but also the personal insight and she was able to internalize the skills associated with accomplishing these goals. It's moments like, when she realized that a budget is not just a way to make sure bills are paid to ensure housing stability, but how she was able to go beyond that, that makes what we do so fulfilling. She was a totally different woman than when she first entered CR. Due to the dedication and hard work from her CR

Coaches, she left with a budget that has a positive cash flow of \$809.00 at the end of each month, new job position within current employment, bankruptcy completed within payments that she could afford and stopped garnishments on her wages, completed and approved a hardship waiver against owed taxes, rent and all other bills current, and now building on her savings plan. She has never had a saving plan before. She shared how much she has learned during her time with Kathy Kneifl on her Nutrition Education goal. These skills she learned helped her to budget her food cost and meal planning helped to stretch those cost. She praised her entire CR team for not only assisting her with accomplishing goals, but how surprised she was to learn how each of these goals has an effect on the other, both positive and negative. She is so excited that she now knows so much about our community.

This family is successful because of the skills Mom was able to learn while in CR. Her successes are due to the CR process, not any one agency. I feel this is a great illustration of how one hardship or crisis is not a singular need, but reflected of much more. CR is a process that allows the entire team to work together to dig deeper and make those connections for lasting changes.

Mom was asked her how she felt about the CR process during the case closure. She shared, "Sometimes it was difficult to swallow what I needed to honestly look at, but in the end, it worked." She thanked CR for going up and beyond. She seemed to implement what she needed to do to secure her housing and open to understanding how budgets are an asset to accomplishing stability.

### **Collaborative Success Story:**

To continue building off of the success story I shared in the last report, I wanted to share where the successes of our committees that were formed out of the service array. In particular our housing committee has made great strides in meeting the needs of our community. This committee is made up of landlords, Fremont housing authority, homeless shelter staff, and real estate company representatives that meet each month at our coalition meeting. They first tackled the issue that was made known at the service array concerning the lack of section 8 homes that are available as well as lack of knowledge in landlords on the housing programs available for them and their tenants to participate in. This resulted in the creation of the Fremont Landlord Association. The initial meeting took place in May and had great outcomes! The committee members were all present at this meeting along with the 35 landlords that showed up! This group was excited to learn more about what we can provide to them and the families they house. The housing authority first presented on what Section 8 is and how it works for tenants. They then presented steps landlords could take to get their rentals section 8 approved. One landlord suggested the housing authority create an email list of landlords that either are willing to have their rentals become section 8 approved or already have been approved. This way when a family approaches the housing authority but do not have a rental already, they can send an email to the landlords with the needed housing information (such as 2 bedroom, 1 bath). This has helped tremendously! This provides a win-win situation for the landlords and our families- landlords get their rent and families are housed at an affordable cost.

In addition, landlords learned about Care Corps (homeless shelter) housing programs they could refer tenants to if needed. This was a great learning opportunity for everyone in the room as the non-profit professionals were able to also learn from the landlords on how we can make the process more accessible and easier to understand. They also voiced concerns of tenants that the housing committee took back and is now looking to also form a tenant association. They are in the works of taking pieces from Rent Wise and providing the tenants with this education as well as bringing legal aid to the meeting to inform them of their rights and what steps they need to take when they receive an eviction notice. The housing committee is

also in the works of setting up leadership within the landlord association to ensure its sustainability. We continue to have a housing committee representative work with them on next steps.

This committee has made great progress in a relatively short amount of time and truly shows the work our coalition members are putting into bettering our community! The other four committees are also working at improving our community statistics through early childhood, mental health, life skills, and youth safety.

## XIII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

### **Social Innovation Fund (SIF)- Connected Youth Initiative (CYI)**

The Fremont Family Coalition, led by the Fremont Area United Way, was awarded a community match grant of \$150,000 of Social Innovation Funding through Nebraska Children and Families Foundation. This funding supports approximately 100 youth per year in the Dodge County and immediate surrounding areas. Youth eligible for supports and services are ages 14-24 that are lacking connections to what they need in the community and have experience in the child welfare, Juvenile Justice system (including transitioning from diversion and probation) and/or homelessness. Through collaborative community efforts, we will address areas of need such as daily living, housing, permanency, employment, education, health and stability. To date, 70 youth have participated in CYI.

#### **Basic Needs**

This initiative is a partnership between the Fremont Area United Way, community partners, City of Fremont, private funders and faith based organizations in Dodge and Washington Counties. The goal is to support individuals in both counties with basic needs assistance. Agencies have partnered to provide financial assistance for the immediate need one time annually. Along with the financial support comes a case management component that includes budgeting, intake assessment, data collection, and opportunity to be connected to other local resources. The individual and or family has to also be able to meet the basic needs moving forward with a steady income or plan to meet their family's needs. If they need assistance building their plan, a case manager can assist them in the tools they need to accomplish this. This provides families the opportunity to gain the tools they need to move past the barriers they are experiencing. All participating/willing individuals will be entered into a community database called Service Point to best track referrals, need and how community funds are being utilized. This initiative will allow our partners to better serve families in need, while we begin to identify any additional gaps and barriers in our community.

## APPENDIX A

### Community Work Plan Updates-Rooted in Relationships

#### Objective 1: Social and Emotional Needs

Accomplishments: Overall, this past six months we have focused on meeting the social and emotional needs of children by ensuring they are connected with the appropriate services and supports. This has been accomplished through central navigation. Providers were introduced to central navigation through the provider collaboration meetings and were given the contact info. We have had a few families come into central navigation from these centers and wanted more information regarding PCIT. It is great to see these systems all work together through central navigation.

Challenges: We have had challenges in getting service providers to speak at the provider collaboration meetings. The time of the meetings proved to be the barrier for them to be present. We did get materials that included information on resources for the provider collaboration meeting, however, the coaches would still like to see in-person conversations happen and we all agree that it would be most beneficial for the Rooted providers.

Next Steps: We have created a post card size info sheet regarding central navigation. The coaches are going to take these to their providers/directors they are working with to give out to families. The coaches will then work on introducing this to other child care centers in our community.

#### Objective 2: Family engagement and learning opportunities

Accomplishments: Our biggest success in improving family engagement was holding a family fun night. We had about 215 parents and children attend! They were able to engage with community partners, CHIP (Child identification program), and enjoy the Pancake Man. Each agency present had information on what they could provide families as well as an activity that promotes social-emotional well-being.

Challenges: Getting parents involved will continue to be a challenge. While we know how important the information we provide is and how much help the pyramid model would be to parents, it is hard to teach parents that don't have/ or want to take the time to learn and/or have the knowledge base to understand.

Next Steps: Continue to encourage parent engagement through different ways including events, education materials, and Parent Modules. These will all take place in year 3. This will include handing

out books that promote social-emotional health and information regarding Step- Up to Quality as well as the Pyramid model.

### Objective 3: Pyramid Model Implementation

Accomplishments: Overall this is going well! We were struggling with one of our centers follow through with coaching and implementation, however since meeting with them and placing them on a “probation” period this has seemed to improve. While they are still not at a place of true successes, they have put in more effort into implementing materials the coach has worked with them on. Both of our in-home providers are doing exceptionally well! They have seen great improvement within the flow of their day as well as learned a great deal on social-emotional health.

Challenges: While the provider collaboration meetings are well attended, we learned from our end of year surveys that not all think it is a great use of their time. A few providers commented that they feel they constantly contribute to the conversation while others do not say a word. We were working to address this by having each provider present a tool they had learned from the module trainings and had successfully implemented. However, there were a few that refused to participate in this.

Next Steps: In year 3, the coaches will start to transition out but have made plans on how they are going to do this with each provider as they are in different places of learning. We will combining our Provider Collaboration meetings with Fremont Area Child Care Association (FACA) that will provide a degree of sustainability for providers after year 3 of Rooted. We are also excited to start implementing the Parent Pyramid Modules.

### Objective 4: : Step Up to Quality Education

Accomplishments: Overall, the coaches and stakeholder team have done their best in getting step- Up to quality materials out to our community. Lauri Cimino with Step- Up was present at our Family Engagement night and provided materials to our families that encouraged them to learn more about the rating system. We also use our Facebook page to keep our followers up to date on the testimonials, articles and resources Step Up shares. Five of the participating Rooted child care centers are enrolled in Step-Up and are a 2 or 3 rating.

Challenges: While we continue to encourage parents to look for quality child care, we still have a lack of child care spots that hinders parents from seeking quality over finding capacity. Another challenge is



## COMMUNITY WELL-BEING INITIATIVE 12 MONTH (ANNUAL) EVALUATION REPORT-Zero to Eight Collaborative JULY 1, 2016 – JUNE 30, 2017

### I. ABOUT COLLABORATIVE

The Platte and Colfax County Zero2Eight Child Well Being Initiative’s mission is to assist families in Platte and Colfax Counties in raising healthy and productive children through collaboration and incorporation of community resources. The coalition was formed in 2012, and consists of multiple community agencies and organizations working together to enhance the protective factors of families in our communities through programs, strategies, and resources.

East Central District Health Department, acts as fiscal agent and employs and houses the Coalition Coordinator. The Coordinator is responsible for leading meetings of the entire coalition as well as the Leadership Team, overseeing grant funding and reporting, and connecting partners in the coalition. A Leadership Team made up of representatives from key stakeholders steers the collaborative and has voting powers. The general coalition membership is divided into workgroups, each with a lead person, to focus on the specific areas of impact for the communities.

### II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	277	Number of Families Served Indirectly	2200
Number of Children Served Directly	326	Number of Children Served Indirectly	3000
Number of Parents with Disabilities Served Directly	1		
Number of Children directly served with Disabilities	7		
Number of First Time Children with Substantiated Child Abuse who were directly served			

Indirectly Served:       86 *reported* siblings/relatives of directly served children.  
 Approximately 2900 children served through community events and activities,  
 representing about 2200 families.

Events included (*approximate number* of youth served shown):

Play Their Way Schuyler and Columbus 1450

Healthy Family Fun Fest 250

Sundaes in the Square 200

Mike's Auto Kids Day 200  
 Dr. Adler Suicide Prevention 200  
 Tobacco-Free Parks event 50  
 Back to School supplies giveaway 450  
 Other events combined total 300

### III. TRAINING ACTIVITIES

<b><i>Professional Training for Specific Community Well-Being Strategies (e.g. PIWI facilitator training)</i></b>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
Aug-Dec16	AI's Caring Pals provider training	10	10
Aug 16	PIWI facilitator training	3	3
Sept 16	Community Response (CR) coach and HIPAA training	32	15
Oct16,Jan17	Parent Child Interaction Therapy (PCIT) therapist training	1	1
Mar 17	Parent Child Interaction Therapy (PCIT) therapist recalibration training	2	1
May 17	Circle of Security facilitator training	2	2

Our training efforts primarily focused on expanding support and services to the families in our communities. Through the AI's Caring Pals program, we added ten in home childcare providers this year, for a total of sixteen providers trained to offer social emotional education to over two hundred kids in their programs. Three new PIWI facilitators were trained, including training our coordinator who is now able to step in as a substitute as needed for any of our PIWI providers. A bilingual therapist completed the PCIT certification training and is offering this valuable therapy to our Spanish speaking families. Two other PCIT therapists completed recalibration training, updating their skills for their PCIT families, many of whom are working toward reunification through Child Protective Services. As we rolled out the pilot project for our Community Response (CR) efforts, thirty two individuals from fifteen schools and agencies came together to be trained to carry out the CR initiative and participated in a HIPAA (Health Information Privacy Accountability Act) training to ensure best practices for privacy for our CR partner families. Finally, in May 2017 two facilitators attended a Circle of Security training, which will be utilized to provide parenting classes for community members in both counties and with individual families in the Head Start program in Columbus. As always, we are teaming with other organizations, such as Sixpence in Schuyler, who have individuals trained to facilitate some programs as well, continuing our efforts to impact as many families as possible in our communities.

<b>Training for Communities (e.g. Autism Training)</b>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
May 17	Trauma Informed Care	1	1

Trauma Informed Care training was offered to over two hundred employees at East Central District Health Department in May 2017. The Zero2Eight Coordinator participated in this training and uses the information learned to help educate coalition members, especially those involved with Community Response.

<b>Training that Enhances Collaborative System (e.g. Collective Impact Training, Community Café Training)</b>			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
Feb 17	Community Impact/Results Based Accountability	2	2
Apr&May17	Community Service Array	64	47
Feb 17	Faith Community CR round tables	26	26

Through both the Community Service Array and the Faith Community round tables, community members came together to discuss services and supports available in our service area, and worked together to develop plans to address gaps we identified. Our coordinator and one coalition member also attended a Community Impact/Results Based Accountability workshop in February 2017, learning more about RBA and how we can utilize it to show impact and share information in a meaningful way.

## V. SUMMARY OF EACH PREVENTIVE STRATEGY

<b>STRATEGY: AL'S CARING PALS AND SECOND STEPS</b>			
Number of Families Served Directly	34	Number of Families Served Indirectly	
Number of Children Served Directly	37	Number of Children Served Indirectly	10
Number of Parents with Disabilities Served Directly		Number of Staff participating	14

Number of Children directly served with Disabilities		Number of Organizations participating	14
Number of First Time Children with Substantiated Child Abuse who were directly served			

Six home-based providers participated in the pilot project for Al's Caring Pals since December 2015. Follow-up DAYC-2 evaluations for the children in these provider's programs was collected in October 2016, showing improvement in most children's overall social emotional wellbeing skills. Eight home-based child care providers completed training in the Al's Caring Pals curriculum in December 2016. Following completion of training, the providers implemented the program in their childcare programs. Only pre-surveys, the DAYC-2, have been collected thus far, follow-up post surveys will be collected in fall 2017. Due to concerns with follow-up data and providers who were trained but are no longer doing childcare, we are unsure if this program will continue.

STRATEGY: COMMUNITY RESPONSE			
Number of Families Served Directly	29	Number of Families Served Indirectly	4
Number of Children Served Directly	48	Number of Children Served Indirectly	n/a
Number of Parents with Disabilities Served Directly	1	Number of Staff participating	22
Number of Children directly served with Disabilities	1	Number of Organizations participating	9
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

The pilot for Community Response began in September 2016, offered in Columbus at Emerson Elementary School and in Schuyler at Schuyler Elementary School. Head Start classrooms in both communities came on board in December 2016, and North Park Elementary in Columbus was added in early 2017. As of June 2017, twenty-nine families have been partnered with a Family Coach, with twenty actively participating in Community Response and nine families needing only a short term connection or choosing not to participate after the initial meeting. Six families have "graduated" from Community Response, completing a coach/family partnership for three months and feeling they have the resources and support to sustain themselves without CR help.

Community Response<sup>5</sup> Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care.

*\*Data to be collected at the county level annually*

Population indicators: Rate of substantiated abuse and neglect					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	29	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	2/2	100
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	2/2	100
	# of families re-referred to strategy (case closure form)		# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	2/2	100
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	2/2	100
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form)			5/5	100%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			3/5	60%
	# and % of goals completed by families (# of goals completed / total # identified on case closure form)			10/25	40%
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)				

Summary of Goals Addressed by Community Response

Goal Area	Number Completed	Percentage Completed
Housing		
Money	2/5	40%
Child Care	3/4	75%
Food and Nutrition		
Transportation	1/4	25%
Social Support		
Community Life		
Child Behavior Support	1/4	25%
Child's Education	1/4	25%
Parenting		
Health		
Education	2/4	50%

A total of 5 families had been served and discharged from Community Response. As part of the process, families identified goals they wanted to address. A total of 25 goals were identified with a range from 25% to 75% being accomplished by discharge. The most frequently identified area of need was money (5).

STRATEGY: PCIT (PARENT CHILD INTERACTION THERAPY)			
Number of Families Served Directly	20	Number of Families Served Indirectly	
Number of Children Served Directly	20	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities	3	Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

A total of twenty parent/child dyads were enrolled in PCIT from July 2016 to June 2017 in Platte County. Dyads participated on average of twelve sessions with a range from five to seventeen sessions. Most of the current PCIT enrolled families are referrals from NE Department of Health and Human Services Child Protective Services, and the families are either working toward retaining custody or reunification with their

children. No therapy sessions were funded by Child Well-Being, but were billed to insurance or Medicaid. Two therapists from Mental and Behavioral Health (formerly Meadows Behavioral Health) are currently offering PCIT therapy. A new therapist associated with Discovery Counseling Services has completed PCIT training and began to offer the therapy in both Spanish and English as of July 2017. Unfortunately, only one family had data submitted to UNMC for analysis in Platte Colfax Counties. Due to the low number of data available (1), no results will be reported

STRATEGY: PARENTS INTERACTING WITH INFANTS (PIWI)			
Number of Families Served Directly	59	Number of Families Served Indirectly	0
Number of Children Served Directly	64	Number of Children Served Indirectly	27
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	8
Number of Children directly served with Disabilities	0	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

PIWI was carried out by three agencies during the reporting period: Central Nebraska Community Action Partnership (CNCAP) Early Head Start, Healthy Families, and Youth for Christ. All PIWI sessions for this reporting period were held in Platte County. Data was submitted for a total of 32 families that were enrolled in PIWI in Platte and Colfax counties. Based on this data, parents participated on average of 4.6 sessions with a range 9 to 12 possible sessions.

<b>Parents Interacting with Infants<sup>6</sup></b> PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.					
<b>Population indicators:</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)	32	# average number of sessions completed (attendance record)		
			Completion of PIWI fidelity guide checklist (onsite visit)	Completed. 95% items to fidelity.	
	# number of sessions (attendance record)	12 per offering	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	<b>13/16</b>	<b>81%</b>

			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	<b>16/17</b>	<b>94%</b>
	# of children indirectly served (attendance record)	80	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	<b>14/16</b>	<b>88%</b>
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	<b>11/12</b>	<b>92%</b>
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved:				
	(1) access to concrete supports			2/8	<b>25%</b>
	(2) social connections			0/8	<b>0%</b>
	(3) knowledge of child development			1/8	<b>13%</b>
	(4) nurturing and attachment			1/8	<b>13%</b>
	(5) family functions (FRIENDS PFS)			0/8	<b>0%</b>
	# and % of parents reporting improved:				
(1) Parent-Child Interaction			6/7	<b>86%</b>	
(2) Home Environment			8/9	<b>89%</b>	
(3) Parent Efficacy			4/10	<b>40%</b>	

*Summary of PFS Findings:*

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
<b>Pre</b>	8	5.63	5.63	6.37	5.75	5.58
<b>Post</b>		5.50	5.33	6.19	5.75	5.91
<b>Results of Statistical Analyses</b>		N/A	N/A	N/A	N/A	N/A

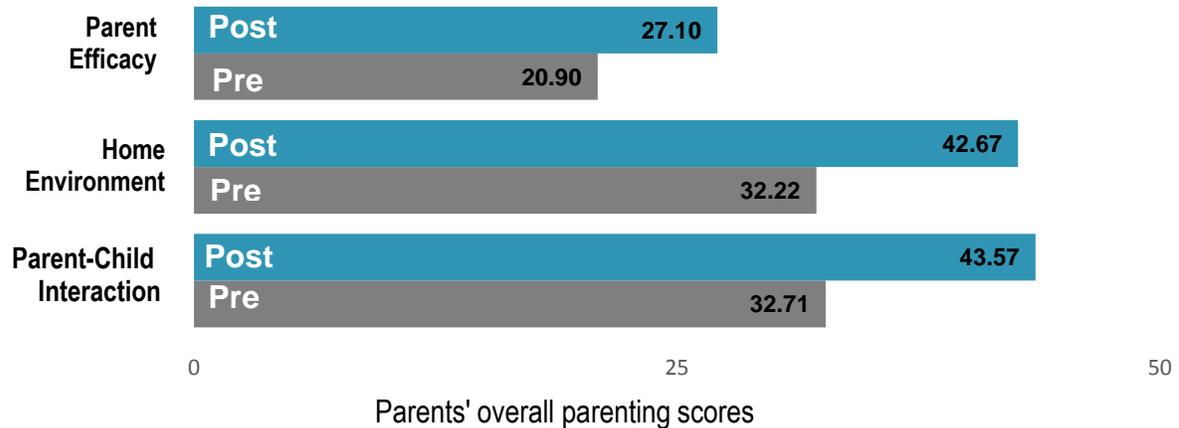
Families' strengths on this scale was in the area of Nurturing and Attachment and Concrete Supports. The greatest increases were in the area of Concrete supports. Other areas were stable across time or slightly decreased.

*Healthy Families Parenting Inventory*

The Healthy Families Parent Inventory (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. Ten parents completed the survey. The results found that the majority of parents demonstrated improvements over time.

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

**Families strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.**



*Summary of Satisfaction*

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively.

STRATEGY: SIZZLING SUMMER ENRICHMENT PROGRAM			
Number of Families Served Directly	38	Number of Families Served Indirectly	
Number of Children Served Directly	40	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	11
Number of Children directly served with Disabilities		Number of Organizations participating	6
Number of First Time Children with Substantiated Child Abuse who were directly served			

The SSEP was held during the month of June 2017. Forty Kindergarten through Second grade students participated each Monday through Thursday mornings for four weeks. The program focused on helping the kids to build and maintain their reading skills in the summer months, along with many enrichment activities ranging from art and story times with local “guest readers” to STEM (science, technology, engineering, math)

activities. The kids ended the summer with a trip to the local zoo where they were able to experience hands on learning with exotic animals.

### Sizzling Summer Enrichment Program 2017

Total Registration Forms as of June 1, 2017: 56

Actual Enrollment: 40 students  
 Kindergarten: 12  
 First grade: 14  
 Second grade: 14

Demographics marked on registration form. Some families had multiple categories marked:

Free/Reduced application: 30 students 75%  
 English as Second language: 11 students 37%  
 Single parent home: 13 students 33%  
 Teen parent: 2 students 5%  
 Students paying fee: 1 student 3%

STRATEGY: ELEMENTARY ATTENDANCE MONITORS			
Number of Families Served Directly	38	Number of Families Served Indirectly	n/a
Number of Children Served Directly	52	Number of Children Served Indirectly	15
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	2
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

Elementary Attendance Monitors for Columbus Public Schools (five elementary schools) and Schuyler Elementary School (one school) were created at the beginning of the 2016-17 school year. The goal of this position is to connect with families who have students with numerous absences or chronic tardiness. In most cases at this lower grade level, these truancy issues are not due to the child, but rather a family concern. Some examples would be: lack of transportation, a parent who works overnights or multiple jobs causing scheduling issues, or a larger concern such as drug or alcohol use by the parent which is causing neglectful behavior. The attendance monitor helps identify these concerns and works with the family and school to alleviate them, or utilize outside sources to alleviate them, including referring to Community Response or to the County Attorney if needed.

The monitor for Schuyler Elementary started working with families in September 2016, with limited contact with families made during the 2016-17 school year. Columbus hired and trained a person during the first semester, but she left the position during training due medical issues, and did not find a new person to fill

this position until March 2017. The school secretaries, principals and the high school attendance monitor worked to help these students and families when there was not a designated elementary attendance monitor.

STRATEGY: MENTAL HEALTH VOUCHERS FOR UNDERSERVED YOUTH			
Number of Families Served Directly	55	Number of Families Served Indirectly	n/a
Number of Children Served Directly	56	Number of Children Served Indirectly	22
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	n/a
Number of Children directly served with Disabilities	3	Number of Organizations participating	8
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

Zero2Eight worked with schools and juvenile support services in Platte and Colfax counties to offer mental health support in the form of “voucher” payments used to help kindergarten through grade 12 students who would otherwise not be able to obtain mental/behavioral health therapy and support due to a being uninsured or underinsured. Students receiving these services participated in traditional therapy methods, drug and alcohol evaluations and subsequent treatment or therapy, or were seen by a therapist who visited with them in the school setting one to three times per week. Two schools, one juvenile service organization and five behavioral health facilities participated in the voucher program in the 2015-16 and 2016-17 school years.

STRATEGY: HEALTHY FAMILIES SUPPORT IN OUTER EDGE SERVICE AREAS			
Number of Families Served Directly	4	Number of Families Served Indirectly	0
Number of Children Served Directly	9	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	2
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

Healthy Families, a home visitation service for families with at-risk children ages 0-3, was able to add four families to their visitation program during fall 2016. The families served live at the outer edge of the service area not easily reached due to funding restrictions for Healthy Families staff. With the help of funding from Zero2Eight, the staff was able to add those visits and open up the opportunity to continue services using their own funding.

## VI. CHILDREN AND FAMILIES REACHED IN ROOTED IN RELATIONSHIPS

The Platte Colfax Zero2Eight Child Well Being Coalition did not participate in Rooted in Relationships during this time period. Nothing to report.

## VII. SCOTT FUNDING - PROGRESS REPORTS

Scott Foundation Funding was awarded to Platte/Colfax Zero2Eight Child Well Being in January 2015. Focus groups held in May 2015 led to hiring a part time Parent Engagement Coordinator to bridge the gap between school and parents, particularly monolingual Spanish speaking parents. A Parent Teacher Organization (PTO) was created at Schuyler Elementary School as a result of the focus groups as well. Schuyler Elementary has also teamed with the UNL Extension Afterschool Program to provide incentives to parents to attend parent teacher conferences and other school functions, which has increased parent participation in both the English and Spanish speaking populations at the school.

After carefully evaluating the small successes and many challenges we have had with developing and initiating programs and work in Schuyler and the rest of Colfax County, we reassessed our strategies and plans for the use of the Scott Foundation funds. Conversations with Schuyler Community Schools' superintendent, elementary school principal, and school counselors, along with community leaders and faith leaders, lead us to the understanding that many local youth are struggling to have their basic needs met, and families are facing challenges such as safe and stable housing, obtaining enough food, keeping utilities on, and having transportation to school and jobs. From this it was decided that we must focus our efforts on building a strong Community Response system for Schuyler, and we must engage parents with programming lead by them rather than offered to them.

During the remainder of 2016 we worked toward those goals. We initiated a pilot program for Community Response with Schuyler Elementary School and the Head Start classrooms, and employed the skills of a bilingual elementary school counselor as an Assistant Central Navigator to work with Schuyler families. Salary for the assistant central navigator, flexible funding expenses to address the needs such as those listed above, and coordinated services to connect families with a Community Response Family Coach were utilized from the Scott funds. Along with this we are working with the elementary school to provide an elementary school level Attendance Monitor, with the understanding that at the elementary school level students are typically not the ones responsible for their own tardiness or absences, but rather those things may indicate a family concern that needs to be addressed. For the third piece of this puzzle, the superintendent identified a bilingual staff person to work as a Parent Liaison, helping to connect parents and families with the school and helping to facilitate parent lead programming for parents to connect with each other and build partnerships with the school staff to help their children succeed in school and community life. The Parent Liaison also continues to work with the Afterschool Program to enhance the work begun in 2015 to build a PTO and parent involvement.

Due to a combination of setbacks on our original timeline and scope of work plans for the Scott fund, and careful stewardship of the funds, we have not expended as much as originally anticipated. We are still using carryover funds from 2015 and have not begun using 2016 funds, nor received the 2017 funding at this time. With the larger than anticipated participation in Community Response in Schuyler and Colfax communities,

we expect that much of the Scott funding will go toward flex funding and coordinated services during the remainder of 2017.

Scott funding also helps support coalition coordinator salary and administration expenses.

A twelve month financial report for the Scott fund for the period of July 1, 2016 to June 30, 2017 will be submitted separately.

## VIII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

### Protective Factor Survey- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from July 1 – December 31, 2015.

Community Population Summary	# Surveys*	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/ Knowledge	Concrete Supports
Pre	9	5.79	5.67	6.44	5.62	5.51
Post		5.56	5.22	6.17	5.64	5.81
		NA	NA	NA	NA	NA

The results of the PFS across strategies found that the parents' strengths were in the area of Nurturing and Attachment. The most gains were in the areas of Concrete Supports.

## IX. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Please complete the chart documenting expanded community initiatives and sustained work, resulting from community Backbone support.

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	Strategies that are now sustained and no longer supported through NC funds
Example: Sixpence implemented starting in July 2015.	Example: SANKOFA sustained in community and supported through private funds.

## X. UPDATE ON YOUR COLLABORATIVE

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

Zero2Eight Child Well Being Coalition has a strong team of collaborators from many different agencies working together toward the common goal of enhancing the protective factors of families in our communities. We now have five workgroups, each focusing on a different aspect of child well-being, including Childcare, School Community interactions, Parent and Family Support, and Social Emotional Support. Each of those workgroups is made up of representatives from agencies and organizations who have like-minded strategies and goals. Workgroups meet regularly to ensure the continued progress of the programs and initiatives they are responsible for, and share information and processes with other workgroups to braid their work together. Our leadership team members work closely with the workgroups to ensure that the support and infrastructure is available to carry out the programs and initiatives of the workgroups.

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

Programs and initiatives under the Zero2Eight umbrella utilize similar data collection tools, such as DAYC-2 and the FRIENDS Protective Factors surveys. Data from the various initiatives is woven together to create an overall picture of the success of the coalition in enhancing the well-being of families in our communities. We utilize information from the data to develop work plans, find out what is working to build upon those successes, and make decisions about what to change about less successful outcomes to make them work better.

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

Coalition partners work together to develop plans, which are then brought to life through the various agencies and organizations. For instance, PIWI is a Zero2Eight initiative that is implemented by four different partners. Partners share valuable data outcomes with each other, help each other to succeed through sharing information and expertise about initiatives and programs, as well as knowledge and sharing of funding sources.

Along with those who are actively involved with the coalition, we have worked closely with other coalitions and groups to ensure that all children and families in our area are receiving the support and care they need. One particular success is our partnership with Platte County Juvenile Services (PCJS). Because they work with older youth ages 11-18 and we work with the younger population of 0-8, we realized that there is a gap population of 8-11 year olds who may not be getting their needs met. Both groups have modified their goals where we can to overlap this gap age group. We have worked together to ensure that mental health services are available to area youth, including being involve in each other's mental health plans. Together we hosted a suicide prevention speaker at Columbus High School, which was attended by over 400 parents and youth. We also have planned a mental health awareness family event which included activities and learning sessions ranging from PCIT demonstrations to suicide prevention speakers to an anti-bullying story and activity for children ages 0-18 in February 2017.

Zero2Eight is participating in the planning and learning sessions for the statewide community prevention plan Bring Up Nebraska, an initiative being spearheaded by Nebraska First Lady Susanne Shore, and developed by a team of government, private, and non-profit groups who are focused on enhancing the quality of life of young children across our state. As this movement continues forward, we hope to be a voice for community level action and involvement and share our experiences, good and bad, with developing and building a strong child wellbeing advocacy locally to help create a plan that can be adapted to communities large and small.

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

The entire coalition meets every other month, with part of their time dedicated to the workgroups and part to sharing successes and challenges, learning opportunities, and general business of the coalition. The Leadership Team meets monthly to discuss and vote on both general budgeting and operational concerns and any special concerns or needs that may arise. In April and May 2017 the collaborative and community members not yet involved in the collaborative met to conduct a service array. Through this activity, new organizations, and some that simply hadn't been at the table in a while, came on board as partners in the coalition. Partners communicate via email on a regular basis, and the Zero2Eight website, developed in early 2015 and currently being rehabbed to better represent the coalition's initiatives, is utilized to share information and resources with families in our communities. We have an active Facebook page to share information, including daily posts about topics ranging from child development to managing parental stress and many other topics. All information put out to the community from Zero2Eight goes through a Health Literacy review process before it is shared, in an effort to ensure we are communicating in a way and at a level of understanding that is best for our community audience.

In December 2016, the Coalition held a Community Celebration to share the many activities and initiatives we have worked on over the past few years. A team of coalition members planned the event, which was attended by both coalition members and community players who are invested in making our community a better place for all families. Attendees included city council members, county attorneys, police and sheriff officers, chamber of commerce representatives, child care providers, service organization staff and volunteers, and many others. While many of the entities in attendance were aware of Zero2Eight, some did not realized the vast scope of work we do as a coalition. We were able to share not only our successes and the activities we are working on and what NCFE and the state of Nebraska are doing to better children's lives, but we were able to connect with others to build toward future partnerships and community goals as well.

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

East Central District Health Department serves as the fiscal and administrative agent and employs the Zero2Eight CWB coordinator for the collaborative. East Central houses multiple public health groups, many of which are able to share resources and expertise to enhance community involvement and growth of healthy children and families. East Central takes a leadership role in the well-being of communities it serves and is the first nationally accredited public health department in the state of Nebraska.

While employed by East Central, the coordinator's key responsibilities are to support the collaborative through administration of the grant and other funds, leading meetings of the collaborative, and connecting team members to move initiatives forward. None of that is possible without a strong Leadership Team, which steers the coalition in its efforts. The Leadership Team members have each signed a Memorandum of Understanding for the organizations they represent, agreeing "to mutually promote strategies to aid in raising healthy and productive children and families". Along with that, each leadership team member has signed a personal Code of Ethics agreement to help ensure the integrity and accountability of the collaborative.

## XI. SUCCESS STORIES

Story 1: Many of our Community Response partner families are headed by single mothers who are victims of domestic violence and undocumented. One family in particular has two sisters who both recently left abusive relationships in another state and moved to Columbus. Between them there are five children. When they were connected with Community Response in early spring 2017, they had found a run-down mobile home to rent from a family friend, but didn't have any furniture, including beds or tables. The family coach they were working with helped them to obtain beds and a few other pieces of furniture for themselves and the children through connections with the local thrift stores and unused hospital beds stored in our former hospital building. Unfortunately, a series of challenging events happened to these mothers in just a few short weeks in June, and they found themselves without jobs, transportation, or their rental property, and without the means to do much about that due to their immigration status. Fortunately, they were able to find jobs in a nearby community on their own, and the CR team was able to help with flex funding for a hotel room until an apartment was found. The family coach worked with the mothers to find an apartment within walking distance of work and the children's school, and CR was able to help them with the deposits needed. The family is now successfully together in their new apartment, both mothers are working and have started the immigration process, and the children are preparing to start their new school year soon. While the family is still in need of a lot of help and is still working closely with their family coach, they are becoming more stable and self-sustaining and will soon 'graduate' from Community Response.

Story 2: In April and May 2017 our coalition conducted a service array for both counties. Through this process we were able to invite numerous community entities to the Zero2Eight table, including county attorneys, clergy, and other organizations whom we hadn't previously or only minimally collaborated with. We were also able to use the information gathered from the array to take a deeper look at our workgroups and the direction we want to go with programs and initiatives. In June we held a reorganization meeting to update workgroups and look at which coalition activities each workgroup would address. We changed from four workgroups to three, and created a mental and behavioral health focused workgroup based on identifying it as a gap we are able to address. Through this reorganizing and refocusing, we are able to use the strengths of the individuals and organizations that make up Zero2Eight to be good stewards of the funding we are granted and more clearly make a positive impact in our communities.

## XII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

Zero2Eight participated in numerous community and school events and speaking engagements at which we provided activities and/or education about child abuse and neglect prevention to families and service organizations. Some of those community events are listed above in the Demographic Information section.

## APPENDIX A

### Community Work Plan Updates-Rooted in Relationships

In the following section, please identify your work plan objectives and then describe your recent challenges, successes and next steps for each of the objectives identified in your work plan. Please focus on 2017 work to date; in other words, no need to restate information provided in 6-month reports submitted in January 2017, which covered work done July through December 2016. If your community has more than three objectives you can copy and paste below.

<b>Objective 1:</b>
Accomplishments
Challenges
Next Steps

<b>Objective 2:</b>
Accomplishments
Challenges
Next Steps

<b>Objective 3:</b>
---------------------

Accomplishments
Challenges
Next Steps



**Families 1<sup>st</sup> Partnership**  
**COMMUNITY WELL-BEING INITIATIVE**  
**12 MONTH (ANNUAL) EVALUATION REPORT-North Platte**  
**JULY 1, 2016 – JUNE 30, 2017..**

**I. ABOUT COLLABORATIVE.**

The community collaborative for Lincoln County is Families 1<sup>st</sup> Partnership. It’s vision statement is “A Connected Hope-filled Healthy Community.” It’s mission statement is: “Working Together to Empower Every Person to Reach a Positive Future.”

The purpose of Families 1<sup>st</sup> Partnership is to bring community partners together to identify and prioritize community needs and then select strategies that will address gaps and barriers that families face. The ultimate outcome would be to keep families stable therefore decreasing the possibility of child abuse & neglect.

Families 1<sup>st</sup> Partnership is comprised of a 21 member advisory board whose members are involved in 5 different workgroups. Those workgroups include: Child Well-Being, Collaborative Partners, Connected Youth Initiative, Future Planning/Infrastructure, and Maternal-Infant Health. The advisory group meets quarterly to receive updates from the workgroups and vote on recommendations made by the workgroups concerning broader organizational decisions. The workgroups make decisions on plans or strategies directly related to the programs they are most involved with.

Families 1<sup>st</sup> Partnership has seen more development of their workgroups over the past year. The concept of active workgroups to monitor grant activities was unfamiliar to members of the collaborative. Monthly meetings have now become the norm for the majority of the workgroups. The benefit of monthly meetings is the opportunity to stay more informed about the activity that is going on as different strategies are implemented.

## II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	291	Number of Families Served Indirectly	506+
Number of Children Served Directly	147	Number of Children Served Indirectly	110
Number of Parents with Disabilities Served Directly	11		
Number of Children directly served with Disabilities	32		
Number of First Time Children with Substantiated Child Abuse who were directly served			

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. This information is based on 70 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
14.3%	85.7%				
Race/Ethnicity					
White	Hispanic	Black	No Response	Pacific Islander	Native American
74.3%	18.6%	2.9%	1.4%		2.9%

## III. TRAINING ACTIVITIES

Community Partners were the “game changers” when it came to making decisions on trainings that would be made available to the community. All the trainings chosen would be very effective for increased knowledge and skills when working with clients. As the suggestions came forward, a consensus on the appropriate training was reached quite easily, which really gave many a sense of realizing how common their goals were in identifying trainings that would best serve the community. The trainings have been completely free to participants which was considered an important draw for getting enrollments. A free class or workshop does get some to sign up who might not if there were a cost. A drawback to that is people don’t feel extremely committed to following through if nothing is invested in being there. Consequently, the number of “No shows” to a training can be a disappointment. Workgroups will be asked to make suggestions for maintaining a reliable class sign-up.

<b>Professional Training for Specific Community Well-Being Strategies (e.g. PIWI facilitator training)</b>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
8/9/16	PIWI training Keith County	7	5
3/3/17-3/4/17	PCIT Advanced training	3	2
5/1/17-5/3/17	Circle of Security Parenting	2	2

<b>Training for Communities (e.g. Autism Training)</b>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
7/17/16	Trauma 101 & recovery	14	14
12/9/16	Trauma 101 & recovery	30	30
1/24/17	Your Money, Your Goals facilitator training	12	9
4/5/17-4/6/17	Rent Wise	9	1
5/4/17-5/4/17	Rent Wise facilitator training	3	2
6/23/17	Your Money, Your Goals	4	1

<b>Training that Enhances Collaborative System (e.g. Collective Impact Training, Community Café Training)</b>			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
11/4/16	Collective Impact Basics	11	6

#### **IV. Policies Initiated or Influenced**

<b>Administrative (Local) Policy</b>	
Short Description of Policy	Role of Collaborative
Voucher plan for payment to Municipal Light & Water	Email guarantee of payment

<b>Legislative Policy</b>	
None	Role of Collaborative

<b>State Policy</b>	
None	Role of Collaborative

## V. SUMMARY OF EACH PREVENTIVE STRATEGY

<b>Strategy: PCIT</b>			
Number of Families Served Directly	5	Number of Families Served Indirectly	
Number of Children Served Directly	5	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Families Link is the PCIT & CPP outreach through Families 1<sup>st</sup> Partnership. There are three therapists trained to provide PCIT services through the PCIT facility at West Central District Health Department. One of those therapists completed their training a year ago. Communication for scheduling is done through a shared Google calendar. Referrals do come from a variety of sources through the community with DHHS as a main source, as well as the local court system, and some on a self-referral basis. More often than not, once a therapist finishes with a family, there is another that will be entering therapy.

Each of the therapists is trained in CPP, and while that is not a strategy monitored by NCFF, it does broaden the range of services that can be offered through the facility.

In April, Families Link therapists requested that Families 1<sup>st</sup> Partnership consider the addition of another therapist, Moriah Eickhoff. While Moriah is not trained in PCIT, she does have extensive experience in trauma screenings and CPP. Adding her to the available therapists could also increase the referrals for PCIT.

<p>Parent Child Interaction Therapy<sup>7</sup> PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.</p> <p><i>Data collected at the end of the parenting sessions. Reported by county annually.</i></p> <p>Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade.</p>					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	5	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	3/3	100%
	Average number of sessions completed (attendance record)	4	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	3/3	100%
	# of children indirectly served (attendance record)	7	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	3/3	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	3/3	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5) : (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			1/4 2/4 1/3 1/3 3/4	25% 50% 33% 33% 75%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (Total number improved to below problem range/total at pre in problem range) ( <i>The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.</i> <i>The Problem Scale measures the degree that the parent is bothered by the conduct problem.</i> )			N/A N/A	N/A N/A
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) ( <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; and Combined number of Questions, Commands, and Negative Talk.</i> )				See below

## Summary of PFS Findings

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	4	4.55	6.33	6.00	4.93	4.91
Post		5.25	6.41	6.08	5.00	5.41
Results of Statistical Analyses		NA	NA	NA	NA	NA

Families' strengths on this scale were in the areas of Nurturing and Attachment and Social Connections. The parents made the most improvements in the Family Functioning and Concrete Supports.

## Summary of Parent's progress on the DPICS

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 parents' behavior in interacting with their child. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varies by client.

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	5	20%	20%	20%	80%

\*Increase of 5 or more

Overall, the high percentages of parents demonstrated improved positive strategies in their interactions with their children. The most improved areas was decreasing their commands and negative talk.

## Summary of Eyberg Findings

Eyberg assessments were not submitted on any of the children receiving PCIT services.

## Summary of Satisfaction

A satisfaction survey was completed to obtain input from the families regarding input related to the program. Overall the parents rated the program implementation very positively, rating it as a mostly or strongly agreed rating.

Strategy: Community Response-Circle of Care			
Number of Families Served Directly	70	Number of Families Served Indirectly	8
Number of Children Served Directly	121	Number of Children Served Indirectly	17
Number of Parents with Disabilities Served Directly	11	Number of Staff participating	8
Number of Children directly served with Disabilities	12	Number of Organizations participating	6
Number of First Time Children with Substantiated Child Abuse who were directly served			

Six agencies are currently involved in Circle of Care (Community Response) as continuous providers of services. Four of the agencies serve a very specific and confidentially protected population, so their ability to coach other families in need is limited. The other two agencies are making efforts to serve a broad range of family needs which have primarily centered around assistance with utilities, rent, or transportation. The Central Navigator, Aspen Shirley, has taken on a very instrumental role in communicating with Municipal Light and Water to set up a voucher system for a family in need of utility assistance. There have been a few challenges in providing financial support to families. The assistance through Community Action is commonly at \$100 per occurrence and the family can't come back for a year. Due to other financial complications, the Salvation Army has not had any money available for financial support to families. While there were dollars allocated to brief contact needs-based assistance to families, it has been expended more quickly than expected since other agencies haven't had funds available. A request was made of the Child Well-Being workgroup to make a recommendation for a re-allocation of funds budgeted to provide for additional brief contact financial assistance to families with overdue bills. The CWB workgroup advised against moving more money into that fund. This has pushed community partners to find ways to brainstorm ways to provide assistance to families. Circle of Care agencies have made efforts to meet with DHHS so that coordination of assistance can be more effective. Circle of Care agency representatives and Families 1<sup>st</sup> Coordinator and Central navigator learned of other options for assistance to families. The meeting with DHHS also brought about a realization that agencies could be more knowledgeable on assisting families with signing up for DHHS programs. The idea of DHHS providing a training for Access NE came out of this meeting. That training will be offered to the community on August 30, 2017.

<b>Community Response</b> <sup>8</sup> Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care. <i>*Data to be collected at the county level annually</i> <b>Population indicators:</b> Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3 <sup>rd</sup> grade					
	<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	70	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	25/29	86%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	15/29	52%
	# of families re-referred to strategy (case closure form)		# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	27/29	93%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	15/29	52%

<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form)	0/9	100%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)	9/9	100%
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)	9/21	43%
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)	12/24 9/24 10/22 3/24 9/24	50% 29% 41% 23% 38%

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/Knowledge	Concrete Resources
Pre	24	5.39	5.42	6.40	5.56	5.01
Post		5.93	5.42	6.54	5.80	5.63
					<i>p</i> =.04	<i>p</i> <.001

The families' strengths were in Nurturing and Attachment and Family Resiliency. Significant progress was made by families in the areas of Child Development and Concrete Resources.

### Summary of Goals Addressed by Community Response

Goal Area	Number Completed	Percentage Completed
Housing		
Money	2/6	33%
Child Care	1/2	50%
Food and Nutrition		
Transportation	1/3	33%
Social Support	2/2	100%
Community Life		
Child Behavior Support	1/2	50%
Child's Education	1/3	33%
Parenting		
Health		
Education	1/3	33%

Nine families had been served and discharge data was submitted from Community Response. As part of the process, families identified goals they wanted to address. A total of 21 goals were identified with a range of 33% to 100% being accomplished by discharge. Addressing money needs was the next highest identified need (6).

**Strategy: PIWI**

Outreach efforts for PIWI have continued through Parent Child Aquatics held at the North Platte Recreation Center. Efforts to make this a sustainable practice have not gone easily. When the class wasn't completely free, then the number of those signed up did drop. For the summer session of 2016, the class was once again free. A success was the number of fathers that were involved with their children for these sessions.

A challenge with carrying out PIWI has been the need to engage another community partner in facilitating it. Currently the CWB coordinator has been the main facilitator. While this ensures that the class is carried out, it isn't as supportive of building capacity in other agencies and supplementing the work that they do.

An effort was made to expand PIWI to Keith County. Several community members were trained, but as time went on other life events prevented their involvement in facilitating a PIWI program for the community. It proved to be a beginning with many bumps in the road for consistent communication and follow-through. As the 2017-2018 year approached, Keith County agencies were screened as to their interest in being the lead agency for carrying out PIWI. For many busy agency workers, the idea of trying to take on one more thing is often overwhelming. Due to the lack of a lead agency in Keith County, the PIWI Expansion effort for Keith County was not continued.

A similar scenario came about in Lincoln County. The CWB coordinator sought interest in the PIWI program from CASA, Women's Resource Center, and Teen Life. CASA showed the most interest but currently couldn't take it on. The director would still like to bring on a parent-child relationship series such as PIWI and will be considering the option next year when they will possibly have more staff available.

A total of 10 families were enrolled in one PIWI group through Families First. They participated on average in 6 sessions with a range from 1 to 8 sessions.

<b>Strategy: PIWI</b>			
Number of Families Served Directly	5	Number of Families Served Indirectly	
Number of Children Served Directly	5	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
Number of First Time Children with Substantiated Child Abuse who were directly served			

**Parents Interacting with Infants<sup>9</sup>** PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.

**Population indicators:**

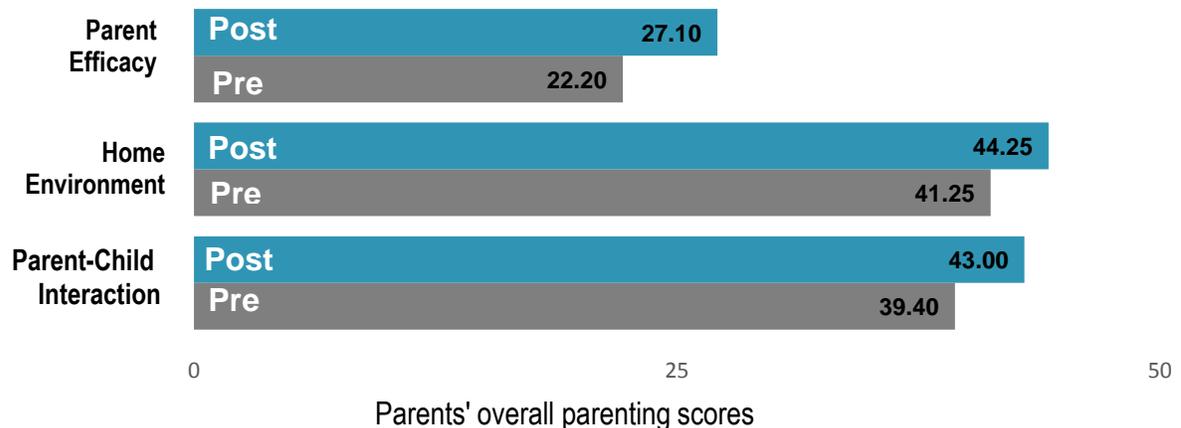
	<b>Quantity</b> <i>How much? (Inputs, Outputs)</i>		<b>Quality</b> <i>How well? (Process)</i>		
	<b>Effort</b>	# of parents/children directly served (attendance record)	5	average number of sessions completed (attendance record)	
			Completion of PIWI fidelity guide checklist (onsite visit)		
# number of sessions (attendance record)		8	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.		

			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.		
	# of children indirectly served (attendance record)	<b>5</b>	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.		
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.		
<b>Effect /s anyone better</b>	# and % of parents reporting improved: (1) Parent-Child Interaction (2) Home Environment Parent Efficacy			4/5 2/4 1/5	<b>80%</b> <b>50%</b> <b>20%</b>

### Healthy Families Parenting Inventory

The Healthy Families Parent Inventory (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. Ten parents completed the survey. The results found that the majority of parents demonstrated improvements across all areas.

**Parents made improvements across all areas of parenting skills.**  
**Families strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.**



<b>Strategy: Circle of Security</b>			
Number of Families Served Directly	33	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	91
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	5
Number of First Time Children with Substantiated Child Abuse who were directly served			

Circle of Security is a parenting reflection class offering to the community that has become very much in demand. That demand has been driven by referrals from DHHS, Region II, and the local court system. The majority of the classes now offered in the community are sponsored by Region II, so participants are able to take the class at no cost. While it is great to know that every class is full, and there is a waiting list for the next class offering, the Child Well-Being workgroup is dedicated to preserving the integrity and reputation of the model so that it isn't branded as the "required parenting class". More effort is being made to network with other local partners to sponsor or co-sponsor Circle of Security classes offered to specific parent populations. Currently Region 27-early Childhood Education providers have made plans to co-sponsor three Circle of Security parenting class with parents of handicapped children as the focus population.

Another consideration is to work with schools to have Circle of Security available to be offered through parent-teacher organizations.

Child Well-Being IV-E funds were used to train two more therapists to facilitate Circle of Security Parenting. Experience with the classes so far has shown that it is valuable to have an individual with some counseling background to talk with families that have more "shark music" to deal with.

Families 1<sup>st</sup> Partnership has been fortunate to have community partners that are willing to provide the location for the Circle of Security classes. Space has been made available by MidPlains Community College, ESU 16, and Salvation Army.

Partnership and Lincoln County.

**Strategy: Circle of Security**

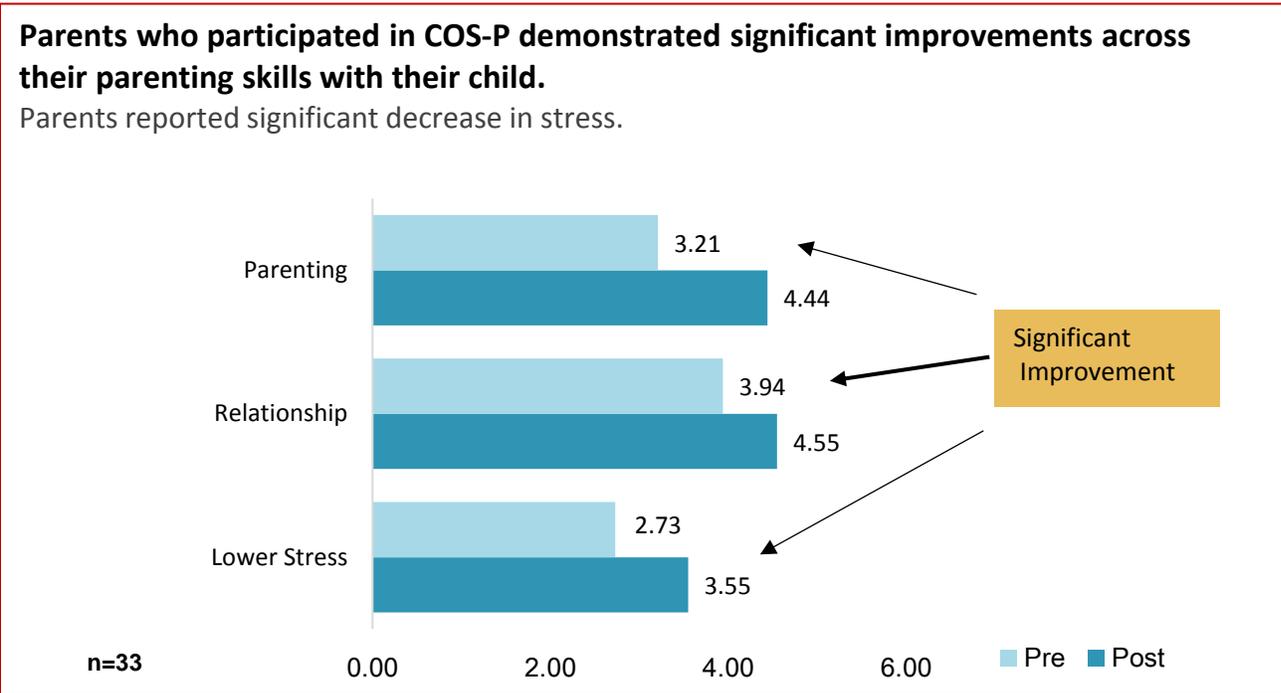
Four Circle of Security classes were offered during the past year in the North Platte community. The following is a summary of the demographics of a sample of the total number of children and/or families served by the Community Well-Being community. This information is based on 32 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
28%	72%	59%		85%	15%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
91%		3%	3%		3%

## EVALUATION FINDINGS

Circle of Security Parenting				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
<b>Effort</b>	# of Circle of Security Parenting classes provided	4	# and % of parent educators that rated the reflective consultation received as helpful.	
	# of parent educators who participated in reflective consultation at least annually		# and % of parent educators that rated frequency of the reflective consultation was adequate.	
	# of participants by gender	72% Females  28% males	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	<b>29/33</b>  <b>88%</b>
	# of participants by age			
	# of participants by child's/age 0-5 years  Over 5 years		# and % who agree or strongly agree that the leader did a good job working with their group	<b>32/33</b>  <b>97%</b>
	# of participants Parent Grandparent Other Partner Unknown	85%  3%  3%  3%  6%	Qualitative analysis of parent/participant survey question 11 for feedback on the quality/process of the class	
	# and type of supports provided for families (e.g., transportation)		# and % of participants completing six of the eight classes (attendance sheet)	
	# of children indirectly served	91		

<b>Effect</b>	# and % of parent educators who felt the COS-P class had an impact on participants (Parent Educator Survey – qualitative questions)		
	# and % of participants who reported positive outcomes in relation to their experience with the class, with description of these	100%	
	# and % of participants demonstrated stronger or improved relationship with their children	16/31	45%
	# and % who reported a decreased level of stress about parenting	24/30	80%
	# & % who demonstrate improved parenting	18/33	54%



The results found that parents demonstrated significant improvements in their parenting stress, their relationships with their children and their parenting skills. Strengths on this scale were related to parenting ratings of their parenting skills and their relationships with their children.

**Summary of Satisfaction**

A satisfaction survey was completed to obtain input from the families regarding input related to the program. Overall, the parents rated the program implementation positively.

<b>Strategy: Getting Ahead in a Just Gettin' By World</b>			
Number of Families Served Directly	9	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 participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

After several attempts to fill a class for “Getting Ahead in a Just Gettin’ By World”, it was time to just carry forth and it turned out to be a very successful venture. There were 9 participants that ranged in age from 19 years-67 years. Attendance incentives were provided to keep in fidelity with the model. Those incentives included gift cards from the local grocery store, fuel station, recreation center, craft store, and payment vouchers for the homeless shelter. The class was held at the Connection Homeless Shelter and the facilitator was Michele Grier, former life coach at the Connection. Class participants were very involved in the class and created charts and numerous schematics as they brainstormed plans and resources for building a new future. At the completion, several had found work and others were still building resources for moving their future plan forward.

<b>Strategy: School Family Activities</b>			
Number of Families Served Directly		Number of Families Served Indirectly	248
Number of Children Served Directly	4	Number of Children Served Indirectly	2
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

Six schools hosted activities for school families with goals of building informal supports within their school community. This mix included 3 schools in low income neighborhoods of North Platte, 2 schools in smaller communities that have transfer students from the North Platte District, and a private faith-based school. Events coordinators through the schools were given a lot of flexibility in planning and implementing events that would be the most appealing to their population. Events have commonly included a family night that includes some sort of academic theme. This has broadened for some schools to include a sport or physical activity as a part of their events. Schools were given the option to offer the pre & post surveys either by paper survey or Survey Monkey. The schools that elected to use the

paper surveys had by far the best return rate. The Survey Monkey was developed to appeal to those hoping for more anonymity and the tech savvy generation, yet it isn't as easy to follow up on for completion.

**Summary of PFS Findings:**

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	5	5.48	5.73	5.95	5.36	5.60
Post		5.48	6.13	5.95	5.56	5.53
Results of Statistical Analyses		NA	NA	NA	NA	NA

Families' strengths on this scale were in the areas of Social Connections and Nurturing and Attachment. The greatest increase was in the Social Connections

<b>Strategy: Positive Pulse Family Wellness</b>			
Number of Families Served Directly	4	Number of Families Served Indirectly	
Number of Children Served Directly	12	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Positive Pulse Wellness is a strategy to build family relationships and gain healthy lifestyle education. Each session with families includes an educational session which has included topics or activities such as family jazzercise, highway safety, nature walk, and cutting down on screen time.

This has been offered through the backpack food program in the local public schools, during immunization clinics, and through the Minority Health Initiative. The challenge has been getting good attendance for events due to the schedules of families. The education sessions are held once per month, but it has been a struggle to get the same families to events consistently. An effort was made to create an events calendar so families could save the dates in advance. An outreach effort was also made to the families involved in the Minority Health Initiative. This did bring in more families, but there is room for improvement.

<b>Strategy: Rent Wise</b>			
Number of Families Served Directly	9	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 participating	
Number of Children directly served with Disabilities		Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Members of the Child Well-Being Workgroup have had a concern about housing issues for families. Many struggle to find quality housing and often tenants are in need of more information about their responsibilities and rights. This often creates a situation where they move frequently when conflict starts over problems with the house rented. The Rent Wise class had been offered in the community in the past, but as facilitators went on to other jobs, the class had pretty much disappeared also. In checking with the Lincoln County Housing Development Office, it turns out that there were facilitators still interested in presenting this valuable curriculum. The NE Housing Development group did agree to allow for one Rent Wise class to the community as long as facilitators would plan to later attend the upgraded Rent Wise training. This class was carried out at the WalMart Distributing Center for a group called Project Search. The group is composed of high school students who do a work internship at the WalMart DC. These are typically “at risk” students who may not have an interest in college.

The facilitators were: Nancy Striebel, Lincoln Co. Housing Development, and Irene Britt, Independence Rising. The re-training was offered to them in addition to another staff member at Lincoln Co. Housing Development, Carol Bodeen. Future classes will be offered to community residents and older youth.

<b>Strategy: Project Connect</b>			
Number of Families Served Directly	138	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 participating	
Number of Children directly served with Disabilities		Number of Organizations participating	41
Number of First Time Children with Substantiated Child Abuse who were directly served			

The idea of Project Connect stemmed from a previous community effort in hosting “Project Homeless Connect.” Members of Families 1<sup>st</sup> Partnership Collaborative Partners agreed that it was a very successful outreach to offer local residents the opportunity to have numerous agencies and services gathered in one location. The beauty of it is that it is very user friendly since families or individuals don’t have to pre-

register or set appointments. They may visit the booths or agencies that provide information that they need, and they may participate at their comfort level of intervention.

There is an intake process to determine priority needs for the client. Volunteers from RSVP (Ready to Serve Volunteer Program) served as client “guides” to direct clients to the most beneficial agencies. The agencies available offer assistance in all areas of human services and so it really does become a “One Stop Shop” for those seeking community resources. The agencies involved were: Salvation Army, RDAP (Rape and Domestic Abuse Prevention), Project Everlast, Community Action Partnership, Mid-Plains United Way, Guardians of Children, Families 1st Partnership, Minority Health Initiative, Vet Set, Supportive Services for Veterans and Families, VA-NE/IA, Great Plains Housing, WellCare, United HealthCare, Legal Aid of Nebraska, West Central District Health Dept., Connection Homeless Shelter, DHHS, NE Dept. of Labor, MidPlains Community College, HeadStart, RSVP, Boystown, Independence Rising, North Platte Public Schools Early Development Network, ResCare. Tobacco Free Lincoln County, Minority Health Initiative, Migrant Education Program, NE Children’s Home Society, Goodwill Industries, Therapeutic Choices, Speak Out, NE Commission of Deaf & Hear of Hearing, NE Total Care, Oxford House, Career Closet, L2 for Kids, Women’s Resource Center, Platte Valley Sober Living, Methodist Church, Gamblers Anonymous, Bridge of Hope, Great Plains Health, and Platte View Apartments. Donations were received from UPS, Hampton & Fairfield Inn, Elizabeth Ann Seton Church, Great Plains Health, Sun Mart, Beautiful Savior Lutheran Church, KNOP TV, North Platte Telegraph, Ministerial Alliance, Western Insurers of NE, United HealthCare, and McCook Child Abuse Prevention Council.

This effort has really prompted local agencies to consider offering a “resource Fair” such as this more frequently. Agencies who participated also had the benefit of visiting the other booths, so it even became a “one stop shop” for agencies as they had the chance to refresh their knowledge of other resources available in the community.

<b>Strategy: Hope Happens Here</b>			
Number of Families Served Directly		Number of Families Served Indirectly	250+
Number of Children Served Directly		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	18
Number of First Time Children with Substantiated Child Abuse who were directly served			

In its third year, Hope Happens Here is still drawing attention and bringing awareness to local resources as families stop through on their way to the Nebraskaland Days Family Night concert, which is a faith based event. A major partner in making the event possible is Valley Christian Church and the Nebraskaland Days Family Night committee. Pastor Brent Montgomery has been particularly supportive of keeping agencies in front of people so that connections to address particular needs can be made. Over the last year, local churches have seen an increase in the number of families that come to them seeking financial assistance. The demand is much more than what the churches have available financially, so keeping families in contact with agencies has become the solution. Local agencies participating included: Tobacco Free Lincoln County, Boystown, L2 for Kids, Putting Veterans First Agencies, WellCare, Minority Health Initiative, NE

Total Care, Families Link, 1<sup>st</sup> Lutheran Church, WIC-People’s Family Health, Women’s Resource Center, KJLT Radio, TeamMates Mentoring, Independence Rising, Our Redeemer Lutheran Church, Families 1<sup>st</sup> Partnership, Men in the Gap, and St. Elizabeth Ann-Seton.

<b>Strategy: Special Needs Kids and Families</b>			
Number of Families Served Directly	18	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 participating	
Number of Children directly served with Disabilities	20	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served			

One of the newest strategies is that of providing family bonding/memory making activities for special needs children and their families. This is often a group that lacks opportunities for socializing with other families, yet this group of parents often need more on-going support than other families. There is a continuous struggle and obligation to be parent and caregiver, typically on a long term basis. These monthly family activities provide opportunities for families to engage in activities with their own peer group not only to build informal supports, but also to share and assist with common barriers. It is a group that is more accepting of extra considerations for safety and planning to accommodate extra equipment such as wheelchairs, walkers, or braces.

The partners involved include the DHHS Waiver program, JayCees, Dusty Trails Rides, and Families 1<sup>st</sup> Partnership.

Activities have included: A Skills Rodeo, Valentine’s party, Improvisation stage, a trip to Kearney for Tri-City Storm Hockey, Everyone’s Birthday party, and watching the Nebraskaland Day parade together (chasing after candy also!)

## VIII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	35	5.34	5.55	6.27	5.38	5.14
Post		5.80	5.77	6.41	5.68	5.56
Results of Statistical Analyses		0.85	0.18	0.18	0.35	0.30

## IX. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Please complete the chart documenting expanded community initiatives and sustained work, resulting from community Backbone support.

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	Strategies that are now sustained and no longer supported through NC funds
Your Money, Your Goals implemented January 2017	
Rent Wise implemented in April 2017	
Getting Ahead in a Just Getting' By World-May 2017	

## X. UPDATE ON YOUR COLLABORATIVE.

Families 1<sup>st</sup> Partnership has drawn in many members who are dedicated to seeking solutions for the community. That solution seeking mindset has prompted workgroups to establish yearly goals that increase services available for community members as well as improve the communication and coordination between agencies.

An initial goal was to establish an online resource directory for local agencies. Many agencies were contacted to contribute to this resource directory, which was eventually realized through Network of Care. The directory can be found on the website for West Central District Health Department by clicking on the Network of Care box. This online resource is available to local residents who prefer to access the internet for researching options. Network of Care is also designed to be very user friendly for agencies as they enroll their agency and include pertinent information about their services. Once an agency is in the directory, there are options for updating their profile.

The concept of collaborative work has taken steps forward through a few different means. Families 1<sup>st</sup> workgroups continue to suggest trainings that would offer opportunities for agency workers to be more knowledgeable. This past year included trainings in finance curriculums, trauma care, and empowering clients. The knowledge gained was valuable, but even more impactful was the relationships forged between agency workers as they learned together.

The collaborative concept has been reinforced by the “resource fairs” organized by Families 1<sup>st</sup> Partnership. The gathering of many agencies together in one place for “Project Connect” and “Hope Happens Here” again drums in the idea of how we are all in this together.

The second round of goals established by the partners were to seek out more felon friendly employers, secure better quality affordable housing, and for the group to become a grant writing hub that would secure additional funding to support new outreach done by agencies willing to adjust or expand to meet a community need or reduce barriers. During discussion of these concerns, the realization that has come about is that some of these issues are bigger than our group has resources to solve. Steps may need to be taken to reach out to community housing and development groups to address these issues together.

## XI. SUCCESS STORIES

See Attached for stories 1,2, & 3.

Who is this story about? What was the child/family/collaborative situation?

What were the actions that were taken? How did the child/family/collaborative improve through participation in the activities? What were the outcomes?

## XII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

None at this time.



NORFOLK FAMILY COALITION  
COMMUNITY WELL-BEING INITIATIVE  
**12 MONTH (ANNUAL) EVALUATION REPORT**  
**JULY 1, 2016 – JUNE 30, 2017**

**I. ABOUT COLLABORATIVE**

The mission of the Norfolk Family Coalition (NFC) is to build collaboration among agencies, networks, and the broader community to find innovative solutions to improve the quality of life of people and communities in and around Norfolk.

The NFC started in 2013 and has continually grown and has added area agencies and members to our collaborative. Our current membership is at 182 members.

Our whole group collaborative meetings meet on bi-monthly 1<sup>st</sup> Tuesday from 1 to 3 at Grace Lutheran Church in Norfolk. Our steering team is composed of 12 members. We currently have 5 subcommittees- 1) Basic Needs 2) Prevention 3) Healthy Communities 4) Social Initiative/Connected Youth 5) Early Childhood.

**II. DEMOGRAPHIC INFORMATION**

Overall Summary of Children and Families Served			
Number of Families Served Directly	41	Number of Families Served Indirectly	12
Number of Children Served Directly	65	Number of Children Served Indirectly	49
Number of Parents with Disabilities Served Directly	2		
Number of Children directly served with Disabilities	3		
Number of First Time Children with Substantiated Child Abuse who were directly served	2		

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. **This information is based on 5 individuals.**

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
60%	40%	60%	40%	100%	0%

Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
100%					

### III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF and NCAPF & Other Priorities (TBD)			
Source	Strategies Supported	Funding Period	Amount

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Region 4	Early Childhood Coalition Sustainability	PCIT	7/1/16-6/30/17	700.00	No	No
Big Give			5/2017-12/2017	598.43	Yes	Yes

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

<b>Total Across All Charts</b>	<b>\$</b>
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### IV. TRAINING ACTIVITIES

<i>Professional Training for Specific Community Well-Being Strategies (e.g. PIWI facilitator training)</i>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated

8/22/16	PIWI Facilitator Training	9	8
2/15/17	Your Money Your Goals	17	11

<b>Training for Communities (e.g. Autism Training)</b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., autism training)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
10/20/16	Tom Trembley Training- Domestic Violence Awareness Training	124	55

<b>Training that Enhances Collaborative System (e.g. Collective Impact Training, Community Café Training)</b>			
<b>Date(s)</b>	<b>Training Topic/Description (e.g., collective impact)</b>	<b># of People Attended</b>	<b># of Organizations Participated</b>
9/12/17	Community Cafes Training	3	2

**V. POLICIES INITIATED OR INFLUENCED**

<b>Administrative (Local) Policy</b>	
<b>Short Description of Policy</b>	<b>Role of Collaborative</b>
Wayne County was added to the Northeast Nebraska Juvenile Justice Partnership	Requested the addition to the Partnership to the Madison County Board of Commissioners, requested Wayne County Commissioners to approve addition to NENJJP
Merger between Norfolk Family Coalition and Norfolk Council for Family Empowerment	The Early Childhood Committee has now absorbed the Norfolk Council for Family Empowerment functions and activities
Referral process established with Norfolk Police for Community Response and Connected Youth	Referral cards were developed for an easy referral process by local police officers, police officers were trained in community response and connected youth initiatives

<b>Legislative Policy</b>	
<b>Short Description of Policy</b>	<b>Role of Collaborative</b>

<b>State Policy</b>

Short Description of Policy	Role of Collaborative

## VI. SUMMARY OF EACH PREVENTIVE STRATEGY

### COMMUNITY RESPONSE (CR)

The Community Response strategy (CR) is designed to provide at risk families with services and case management to promote safety and overall family wellbeing to enhance a supportive family environment. Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high-end systems of care.

**Population indicators:** Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade.

Strategy: Community Response			
Number of Families Served Directly	15	Number of Families Served Indirectly	7
Number of Children Served Directly	15	Number of Children Served Indirectly	8
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	13
Number of Children Directly Served with Disabilities	0	Number of Organizations Participating	15
Number of Reports to CPS of Substantiated Child Abuse Who Were Directly Served			

Strategy: Community Response					
	Quantity		Quality		
	<i>How much? (Inputs, Outputs)</i>		<i>How well? (Process)</i>		
<b>Effort</b>	# of families that participated in strategy	15	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	1/1	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	1/1	100%

	# of families re-referred to strategy (case closure form)		# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	1/1	100%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	1/1	100%
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form)			0/3	100%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			3/3	100%
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)			17/18	94%
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions			*	

\*There is only one family that has been discharged, so data will not be reported.

### Evaluation Summary

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall, the one parent who responded rated the program implementation positively.

### Summary of Goals Addressed by Community Response

A total of 3 families had data submitted at discharge from Community Response. As part of the process, families identified goals they wanted to address. A total of 18 goals were identified with a range from 66% to 100% being completed by discharge.

Goal Area	Number Completed	Percentage Completed
Housing		
Money	3/3	100%
Child Care	2/3	66%
Food and Nutrition		
Transportation	3/3	100%
Social Support		

Community Life		
Child Behavior Support	3/3	100%
Child's Education	3/3	100%
Parenting		
Health		
Education	3/3	100%

**Accomplishments:**

One of our largest accomplishments this past grant year was the partnership that was developed with the Norfolk Police Department for referrals. Central Navigation worked with NPD Captain Don Miller to develop an easy referral process for law enforcement to use when referring families and individuals. The end result was a postcard size referral card that police can fill out with individuals they come across on calls that would benefit from resources and support. The card is then left with dispatch where the CN is contacted to come pick up the card and proceed with the regular referral process. This was also a partnership with Bright Horizons, our local domestic abuse advocacy center, in developing the card itself. We were able to develop a similar card to what officers use to refer domestic abuse victims to BH. The cards have been successful partially because it is simple to fill out and less overwhelming for both the referring officer as well as the individual being referred, it is a one single referral solution that leads to a multitude of resources.

After developing the cards, the Central Navigator was invited to present, train, and gather feedback from officers on Community Response and the Norfolk Family Coalition. There was great feedback and the final card was then prepared with suggestions from law enforcement.

Within a day of presenting, we were receiving referrals from law enforcement. One of the comments made by law enforcement officers was, "it's good to see that there will finally be some follow up with these people we come across on calls. Rather than waiting for the next call, and the next, until it's a really bad one for them and its more than just a referral."

**Barriers:**

We have families that start to "check out" before they may really be ready to exit CR. This often leads to reentrance into CR at a later date or in worse cases involvement from CPS. This also causes problems with our data as we are often unable to reconnect to get a completed post protective factors survey and satisfaction form. We also had troubles with advocates and coaches filling out paperwork with the family correctly and completely. Another barrier is the need for translators and bilingual staff. Our population language is primarily English and Spanish.

*PARENT CHILD INTERACTION THERAPY (PCIT)*

**Parent Child Interaction Therapy PCIT** is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

**Population indicators:** Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3<sup>rd</sup> grade.

Strategy: PCIT			
Number of Families Served Directly	32	Number of Families Served Indirectly	4
Number of Children Served Directly	32	Number of Children Served Indirectly	30
Number of Parents with Disabilities Served Directly	1	Number of Staff participating	2
Number of Children directly served with Disabilities	1	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	2		

A total of 32 families were enrolled in PCIT in Norfolk. Of the 32 parents that had attendance data reported, parents participated on average of 8.8 sessions with a range from two to 26 sessions.

Strategy: PCIT					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	32	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	3/3	100%
	# Average number of sessions completed (attendance record)	8.8	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	3/3	100%
	# children indirectly served (attendance record)	17	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	1/3	33%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	2/3	67%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (5): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions			1/3	33%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) <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>			7/13	54%
				10/13	77%

	# and % of parents reporting improved strategies in their interaction with their children (DPICS) (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; and Combined number of Questions, Commands, and Negative Talk.)		See below
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**Summary of PFS Findings:** Families' strengths on this scale were in the areas of Nurturing and Attachment. The parents made improvements across all areas.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	5	3.96	5.20	5.50	3.92	4.93
Post		5.20	5.60	6.25	5.52	5.26
Results of Statistical Analyses		NA	NA	NA	NA	NA

**Summary of Parent's progress on the DPICS:** 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 parents' behavior in interacting with their child. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varies by client.

Overall, the high percentages of parents demonstrated improved positive strategies in their interactions with their children. The most improved areas were labeling praise and decreasing their commands and negative talk.

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	23	65.2%	52.2%	69.6%	69.6%

\*Increase of 5 or more

### Summary of Eyberg Findings

The Eyberg evaluates the extent that the parent views the intensity of their child's behavior or the level it is a problem. This is an ongoing assessment across the time that the parent and child are in therapy.

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
January 1-June	13	137.69	114.31	$p=.002$	$d=1.12$

\*A score of 131 or higher is in a problem range

Summary of Parent's who View their Child as having Conduct Disorder (Problem Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size

January 1-June 30	13	13.92	8.46	$p=.007$	$d=0.898$
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\*A score of 15 or higher is in a problem range

The results of the Eyberg found a significant decrease in the number of problem behaviors demonstrated as well a significant decrease in the parent's view of the child's behavior as problematic. These results suggest a meaningful change. The results should be interpreted with caution given the small amount of data analyzed. The percentage of children demonstrating scores in the high range decreased at the time of the post score rating.

### Summary of Satisfaction

A satisfaction survey was completed to obtain input from the families regarding input related to the program. Overall, the parents rated the program implementation very positively in that, they gained new skills and were respected by staff. Overall, the parents were very satisfied with the program, rating it as a mostly or strongly agreed rating. Fewer parents rated the degree that their relationship improved with their child and that they would recommend the program to another parent.

### Accomplishments

A huge accomplishment this last year was incorporating PCIT into our community. We were able to assist two agencies, Midtown Health and Good Life Counseling, which had staff members already trained with supplies, equipment, and room setup. We also assisted Oasis Counseling with training costs to send a therapist to receive training at Oklahoma University. It has been a great partnership between all three agencies as they have been able to offer each other support. We have had therapists ask each other questions as to PCIT and working with families. This has been a tremendous resource for many of our families from many of our initiatives, including PIWI participant families to our Community Response families.

### Barriers

Bilingual therapists are hard to find. We anticipate sending a bilingual therapist to training in the near future with the expansion grant to help this need. It has been a challenge to find a way to assist families that are not English speaking through PCIT as it is a very much in- the- moment therapy. Using a bug in the ear with a translator is a slow process.

## PARENTS INTERACTING WITH INFANTS (PIWI)

Parents Interacting with Infants (PIWI) is a family support service based on a facilitated group structure that supports parents with young children from birth through age 3. An observation of one of the sessions was completed to monitor for the fidelity of the implementation of the program. The results found that the program was implementing PIWI to fidelity. A total of 95% of the 44 items observed were implemented with fidelity.

Strategy: PIWI			
Number of Families Served Directly	1	Number of Families Served Indirectly	0
Number of Children Served Directly	2	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	1
Number of Children Directly Served with Disabilities	0	Number of Organizations Participating	2

Number of First Time Children with Substantiated Child Abuse who were directly served	0	
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No data reported.

Strategy: PIWI				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
<b>Effort</b>	parents/children directly served (attendance record)		# /average number of sessions completed (attendance record)	
			Completion of PIWI fidelity guide checklist (onsite visit)	
	# number of sessions (attendance record)		# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	
	children indirectly served (attendance record)		# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	
<b>Effect</b> <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions			

### Accomplishments

This year we were able to purchase supplies for our PIWI classes to offer a dual set of DOT totes filled with materials for a successful PIWI class. We also were able to purchase books for family incentives that include tie ins to the DOT's and are also available in Spanish. We were able to partner with the YMCA for 3 month passes for a family to use as a family incentive after successfully attending PIWI classes.

Our facilitator, Lee Sherry from Nebraska Extension, held a class at the Stanton Head Start in the Spring. Although low on numbers, she was able to work with a family one on one as they struggled with understanding child development and behavior. This facilitator also referred the family to Community Response and PCIT.

### Barriers

Two of our biggest barriers included enrollment and recruitment. It was a challenge to get families to register for classes. We had set up 4 different sessions in three different communities and 3 of the communities had to cancel class due to little or no enrollment. We are exploring ideas on how to recruit families for upcoming sessions, which include offering an all-Spanish session, changing hours to fit different family's needs (possibly looking at offering families the choice of setting up times), and transportation. A third barrier we faced was the submitting of paperwork and data by facilitators. We have had facilitators lose the paperwork for the PIWI sessions and are left with no data to show for the session. Our goal this next year is to establish a procedure for data submission and reimbursement, or a plan that reiterates the importance of completing and submitting data.

## VIII. SCOTT FUNDING - PROGRESS REPORTS

The Scott Funding supports the backbone organization and provided braided funding for Community Response and Connected Youth Initiative.

## IX. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/ Knowledge	Concrete Resources
Pre	6	5.83	6.11	6.56	5.80	6.22
Post		5.67	6.22	6.50	5.85	5.94
		NA	NA	NA	NA	NA

## X. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	Strategies that are now sustained and no longer supported through NC funds

## XI. UPDATE ON YOUR COLLABORATIVE

A large concern for a large population of families in our community surrounds immigrant rights. We have seen many sides of the issue, where there are concerns from immigrant families as to what could happen to them if there happens to be a deportation in the family; to community members concerned for their

neighbors, employees, and friends; to uninformed/misinformed community members. We have also seen concerns/questions about helping undocumented or immigrant families. This brought up key points in discussions with our collaborative and the services that Community Response, Connected Youth and other collaborative initiatives offer. We determined that the initiatives would continue to proceed with services and resources for families, youth, and individuals regardless of the families' status. Our ultimate goal is that of our mission statement, "offering innovative solutions to improve the quality of life of people and communities in and around Norfolk" plain and simple.

One of the ways we have addressed this common topic is by inviting presenters to share information on the process towards citizenship, connecting to resources for those needing more information, and keeping our gaps in services at the forefront as well. We have been looking at what agencies have criteria that do prevent them from serving those that are undocumented. As well, as searching for alternatives agencies and services or looking at how they could still help other family members needing their services. It's ongoing discussion, but one that has brought an opportunity to learn and a way to inform ourselves to better serve those in our communities.

These presentations have helped look at available resources such as planning in case of a deportation, how to proceed with the citizenship process, looking at the legalities that could impede the process, and the associated costs with becoming a citizen. We have been able to connect with Justice for Our Neighbors and Nebraska Appleseed to offer more information and presenters.

On another note, we have been working with the Wayne community to kick-start Community Response efforts in their community. We have been offering support and resources to their collaborative as they explore how to fund, house, and support a central navigator. Our fiscal agent, Candace Allen with the Norfolk Area United Way, is also looking at offering services to them in being their fiscal agent for CR. We also have offered support to the United Way of Lincoln and Lancaster County as they push efforts for a partnership with their local law enforcement. They were excited to hear about our partnership with the Norfolk Police Department. We were able to share our referral card that was developed for NPD and are working on offering a training of sorts for their law enforcement on the referral process that has been established in Norfolk.

## XII. SUCCESS STORIES

### **CR Family:**

One of our most recent referrals into CR was from a police officer that had used the referral card they were trained to use.

A young couple had a two-week-old baby that they were not prepared, both financially and emotionally, to raise. They had called the local hospital, where they had delivered baby, to ask for help and support in taking care of baby as they were highly considering adoption at that point. The hospital, unfortunately, offered no support or resources but instead called law enforcement to do a welfare check on the family. This made the family even more anxious, upset, and less willing to ask for help. Luckily, the officer who responded used our referral card to get them in contact with Central Navigation. Contact was made and an advocate was able to meet with the young family to connect them with some parenting support, baby items, adoption information, and more. Lastly, they were also provided a referral to CR in Sioux City as mom decided to

move back with baby to be closer to family. Dad will be joining them soon as he finishes out his work contract. After developing a plan and looking at a financial picture, the family felt that this was the best choice for them to be able to thrive as parents.

This referral also served a dual purpose, as there was a family also living in the home that was facing some harder concerns. A mother of three other children was not to have contact with her children due to a child abuse and neglect issue, but had her children with her as the guardian had given them to her despite the court order. The young couple was concerned for the children's well-being and were also asking for information on how to report the issue. The advocate was able to contact the children's social service worker to inform them about the concerns facing these children.

Ultimately the young couple felt that they could raise their baby by connecting to resources and receiving support from their family and community. We, as a collaborative, also identified the need to connect with our local hospital in efforts to share with them the resources that are available for their patients.

### **Collaborative:**

Although the report for the Connected Youth Initiative is separate from this report, one of our biggest accomplishments as a collaborative surrounds the efforts behind this initiative. The past year has been one of growth and learning in large part due to CYI. We have had hiccups in the process of establishing this initiative into our community but nevertheless, our collaborative has held strong to the fact that this is needed and crucial to have available for the youth in our area. We lost our central navigation staff person in April while our CR central navigator/collaborative coordinator was on leave. Our collaborative and our steering team pulled together to offer tremendous support to our central navigation/coordinator in efforts to keep things progressing in CYI, CR, and with the collaborative itself. The amount of support, advice, and guidance from the Nebraska Children's Foundation staff is immeasurable, and most appreciated, during this last year of transition. We now have established a defined work plan for our CYI and its components; looking at expansion for CR; as well as continuing to grow our collaborative. None of this would be possible without the support, involvement, and hard work of people working together to make sure that families, youth, and children are offered the opportunity to thrive.

## **XIII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES**

This year we were privileged enough to receive the grant for Community Cafes. We began offering community cafes to our community in March of 2017 and saw it increase in attendance as the series went on. Our participants were able to participate in discussions that tied into their vision and ideas for their communities. This led to some fantastic dialogue and interest in increasing involvement into their community. Our parent host and our organizational staff were interested in continuing on in their roles for future community cafes. There was also a write up in our local newspaper sharing the efforts that were happening in Community Cafes.



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