

Promoting Safe and Stable Families

2016-2017 Evaluation Report

October 2017



nebraskachildren
AND FAMILIES FOUNDATION



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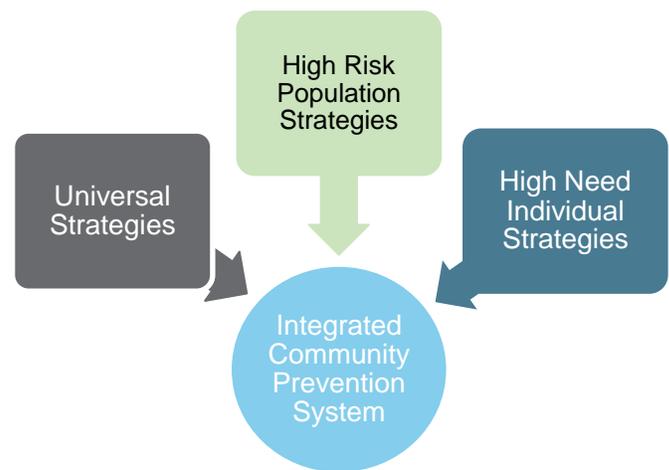
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Purpose of Nebraska Children and Families Foundation Grantmaking

Nebraska Children works in partnership with communities to improve the health and well-being of children, young adults, and families. Nebraska Children envisions a Nebraska where all children and families live in safe, supportive environments providing opportunities for all to reach their full potential and participate as valued community members. Funding is prioritized to address: 1) prevention of child abuse and neglect, 2) promotion of positive youth development, 3) collaborative environments that promote Protective Factors, family leadership and engagement, and 4) programs for families at risk of entering state child welfare systems.

Nebraska Children (NC) works with communities to build prevention systems through a continuum of strategies to meet the needs of children across the age span (i.e., birth through 24). The result is improved child and family Protective Factors and outcomes.

Nebraska Children has funded a range of strategies including those that address strengthening the community collaborations and prevention systems. Programmatic strategies include universal, high-risk populations, and individual strategies.



To accomplish Nebraska Children’s mission to support children, families, and communities in this integrated community prevention system, blended funds were made available to support multiple projects across the age span. Major funding sources were Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board and private funding sources. These funded projects addressed one or more of Nebraska Children’s identified priority areas. The following describes the work focusing on key strategies that are part of the integrated prevention system in the diagram above. Multiple partners working in coordination through community collaborations are implementing all of the strategies.



Initiative Description

Children and Families Served

Nebraska Children provides funding and other support to eleven communities to promote children’s safety and well-being through a range of prevention strategies.

Nebraska Children communities served large numbers of families and their children across multiple strategies. This is the first year additional demographic information was collected on families as available. Demographic information is available on 856 parents, a portion of the total number of children and families served. Strategies will be implemented to collect demographic information more universally in future years.

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% identify as Hispanic (U.S. Census, 2010, www.factfinder.census.gov), having a third of participants in minority populations is a strength to build on. All eleven communities have prioritized culturally appropriate and competent service delivery.

Overall Summary of Children and Families Served	
Number of Families Served Directly	2156
Number of Children Served Directly	5386
Number of Parents with Disabilities Served Directly	148
Number of Children with Disabilities Served Directly	200
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	13
Number of Families Served Indirectly	2903+
Number of Children Served Indirectly	3960

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



Gender n=541		At Risk Due to Poverty n=690		Parent n=856	
Male	Female	Yes	No	Yes	No
54.3%	45.6%	75.6%	24.4%	94.4%	5.6%
Race/Ethnicity n=732					
White	Hispanic	Black	Multi-Racial	Other	Native American
62%	23%	1%	8%	1%	5%

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. During the 2016-2017 year, grantees adopted 22 strategies/initiatives that were evaluated using PART. The results showed that NC has four core strategies that are well established and were shown to demonstrate positive results for children and families within the prevention system (Promising II or Supported III) that are based on previous research. Communities have also adopted a number of strategies to meet their community needs that have identified outcomes and are collecting data as part of their evaluation (Emerging I).

Program	Community(ies)	Rating/Level
Al's Pal and Second Steps	Zero2Eight	Promising II
Behavioral Supports in the Schools	Lancaster County	Emerging I
Beyond the Bell	Dakota County Connections (DCC)	Emerging I
Circle of Security - Parenting	Panhandle Partnership, Families 1 st Partnership	Promising II
Community Response	All CWB communities	Emerging I
Elementary Attendance Monitors	Zero2Eight	Emerging I
Families and Schools Together (FAST)	Panhandle Partnership and Hall County Community Collaborative	Supported III
Getting Ahead in a Just Gettin' by World	Dakota County Connections	Emerging I
Healthy Families Support in Outer Edge Service Areas	Zero2Eight	Emerging I
Hope Happens Here	Families 1 st Partnership	Emerging I
Mental Health Vouchers for Underserved Youth	Zero2Eight	Emerging I
Parent-Child Interaction Therapy (PCIT)	DCC, Fremont County Coalition, Families 1 st Partnership, Zero2Eight	Supported III
Positive Pulse Family Wellness	Families 1 st Partnership	Emerging I
Project Connect	Families 1 st Partnerships	Emerging I
School Family Activities	Families 1 st Partnerships	Emerging I
Sizzling Summer Enrichment Program	Zero2Eight	Emerging I
Special Needs Kids and Families	Families 1 st Partnership	Emerging I
Summer School Second Step	Dakota County Connections	Emerging I
Parents Interacting With Infants (PIWI)	DCC, Fremont Family Coalition, Families 1 st Partnership, Zero2Eight	Emerging I
Rent Wise	Families 1 st Partnership	Emerging I
TEAMS	Panhandle Partnership	Emerging I
Teaching Pyramid Parent Modules	Dakota County Connections	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

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

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 Nebraska Children's 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 1-7 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)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and vi, and viii) based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other

services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

The primary emphases of the PIWI model include :

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

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

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

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



Five communities including Fremont Family Coalition, Families 1st 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.

Strategy: PIWI			
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%		

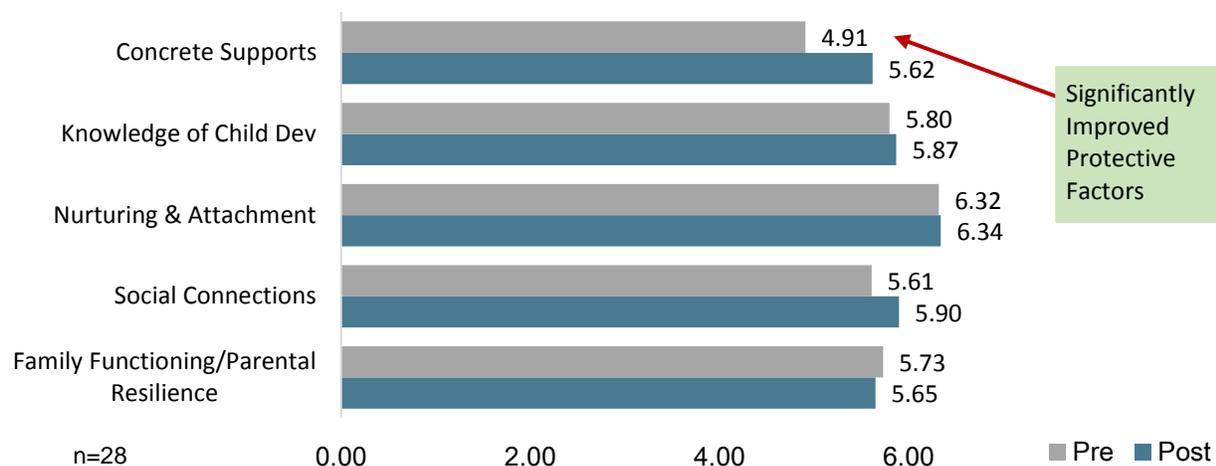
EVALUATION FINDINGS

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.

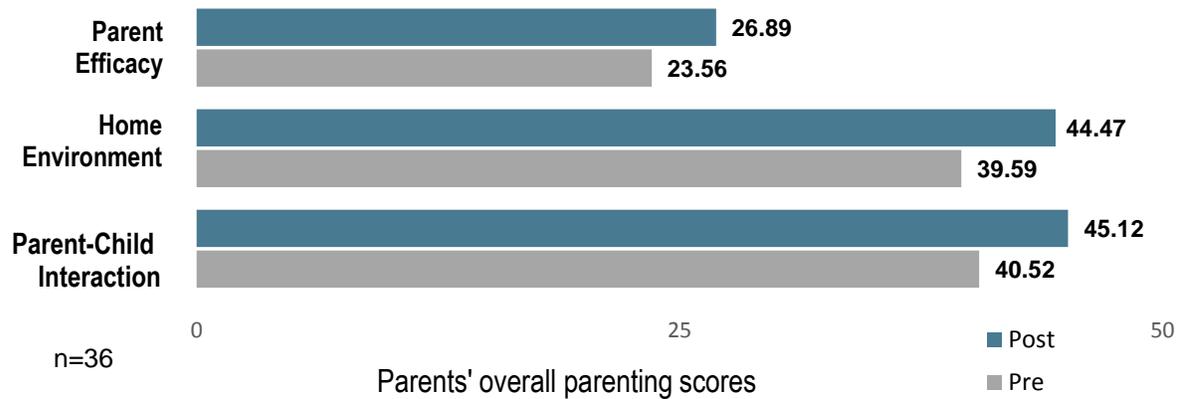


Pre-post analyses of the Protective Factors Surveys found that there were significant improvements in families' Protective Factors in the area of Concrete Supports [$t(28) = -2.182, p = .04; d = -0.607$]. These results suggest strong meaningful change occurred in this area. Strengths were in the area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

Families and Schools Together (KIDS FAST)

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

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

Hall County Community Collaborative and the Panhandle Partnership both implemented FAST.

Strategy: FAST			
Number of Families Served Directly	48	Number of Families Served Indirectly	43
Number of Children Served Directly	85	Number of Children Served Indirectly	110
Number of Parents with Disabilities Served Directly	1	Number of Staff Participating	11
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	7
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

EVALUATION FINDINGS

Parents completed the FAST evaluation assessment at the end of each semester with results tabulated by the national FAST program, which were available 3-6 months after the end of the semester.

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

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

FAST Evaluation Results (National Evaluation, Spring, 2017)

Number of Families Participating*	Number of Families Graduating**	Percent of Parents Reporting Improvements in...			
		Family Relationships	Relationship with FAST Child	Parent School Involvement	Total Social Support
48	45	55%	68%	54%	52%

*Participating families attended at least one session.

**Graduating families attended at least 6/8 weekly sessions.

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

Two barriers were noted by the communities. One school reported difficulty in recruiting parents to participate in FAST. The second barrier was the time required to attend the program for the participants. Several parents indicated that it was difficult to attend the required 6 out of 8 sessions. However, most (94%) of the families did not have an issue with the time commitment, as it was discussed with each family at their home visit prior to starting FAST. Time commitment may have had an impact on recruitment.

One father shared that he didn't realize how much his daughter wanted his uninterrupted attention. All her siblings are boys, so she wasn't getting the attention she felt she needed from her father. He completed FAST with a commitment to spend more time with his daughter.

...a FAST Facilitator



Child Care Supports: AI's Pals

Zero2Eight adopted strategies to assist in-home providers in developing better social-emotional functioning and self-regulation skills in children aged 3-5 years old.

Strategy: AI's Caring Pals			
Number of Families Served Directly	34	Number of Families Served Indirectly	6
Number of Children Served Directly	43	Number of Children Served Indirectly	10
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	15
Number of Children directly served with Disabilities	0	Number of Organizations participating	17
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

AI's Caring Pals provides a Social Skills Toolkit for home providers. This kit included a flip-card activity book, music CD and songbook, and calm down and problem-solving posters. The activity cards in the flip-book offered straight-forward strategies that teach children how to use words to express feelings, control their impulses, calm down, solve problems peacefully, share, accept differences, and make safe and healthy choices. The CD/songbook and posters are used throughout the day and provide ongoing opportunities for the children to practice and generalize the pro-social behaviors they learn.

Six home-based providers participated in the pilot project for AI's Caring Pals since December 2015. Follow-up DAYC-2: Social-Emotional Scale was collected on children in October 2016. Results found improvement in most children's overall social-emotional well-being skills. Eight home-based childcare providers completed training in the AI's Caring Pals curriculum in December 2016. Following completion of training, the providers implemented the program in their childcare. Only pre-surveys using the DAYC-2 were collected thus far. Follow-up post surveys will be collected in Fall 2017. Due to concerns with the collection of follow-up data and the issue of turnover of providers in the community (no longer providing childcare), the community is unsure if this program will continue.

Teaching Pyramid Parent Modules

A new strategy for Dakota County Connections in the last twelve months, the "Positive Solutions for Families" (Pyramid Parent Module) is an evidence-based parenting training series of six 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.

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			

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 four to 13 parents (give or take from week to week) in attendance. The parents received free dinner, free childcare for attending and childcare was provided by Kidlogic employees. 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 materials and each week had real, tangible strategies and skills that they could go home and use and report on the following week. The trainer reported that the group was an interactive and engaged group.

There is no formal RBA for this strategy. Parents did complete surveys similar to those used in other strategies. High percentages of parents reported that the training helped them to recognize challenging behaviors and built their confidence to address their children's social-emotional needs.

Families were better able to recognize their child's challenging behavior and were more confident in meeting their child's social-emotional needs.	
% who feel they have a more positive relationship with their children	64%
% who feel better able to recognize challenging behaviors	100%
% who see themselves as better able to help their children when they need comfort or want to explore new things	82%
% who see themselves are more likely keep calm when children "push their buttons"	82%
% who see themselves as confident that they can meet the social-emotional needs of their children	82%
% who feel more able to find resources in the community to help with the problems they face	82%

n=11



“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.”

....A parent

Beyond the Bell

Dakota County Connections (DCC) supported Beyond the Bell, an organization providing before and 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 new program started in South Sioux City in August at the beginning of the 2016-2017 school year. Beyond the Bell is located in five South Sioux City elementary schools including Dakota City. This was an opportunity for DCC to serve a large population of at risk students. Initially DCC 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 at 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. Beyond the Bell received a 21st Century Community Learning Center grant to fund this program beginning in the Fall of 2017.

Strategy: 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			

Evaluation strategies for the Beyond the Bell program include satisfaction and assessments of student progress. A satisfaction and student progress survey was sent to parents, students, and school-day teachers to evaluate 2016-2017 progress. That report is not yet available.

Summer School Second Step

This year DCC supported the implementation of a summer school program using the Second Step curriculum. A local mental health provider led 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 Second Step Curriculum, an evidence based social-emotional curriculum that is user friendly and engaging for the children. Lesson content addressed 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.

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			

All children related to the topics and discussed their struggles/concerns in these areas in their own lives. The children completed a pretest on the first day and completed a post-test on the last. The results found children improved their scores over time. Pretest average score was 83% and the post-test average was 96%.

Getting Ahead in a Just Gettin' By World

Strategy: Getting Ahead in a Just Gettin' By World			
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			

DCC sponsored “Getting Ahead in a Just Gettin’ By World” for nine participants that ranged in age from 19 years to 67 years. Attendance incentives (e.g., gift cards from the local grocery store, fuel station, recreation center, craft store, and payment vouchers for the homeless shelter) were provided to support attendance. The class was held at the Connection Homeless Shelter and was facilitated by a 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 plan forward.

Elementary Attendance Monitors

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 as part of Zero2Eight. The goal of this position was 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 that 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.

Sizzling Summer Enrichment Program

Strategy: Sizzling Summer Enrichment Program (SSEP)			
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			

Zero2Eight helped to sponsor the SSEP, which was held in June 2017. Forty kindergarten through 2nd 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. The program served an underserved population as 75% were eligible free and reduced lunch, 37% were English as Second Language learners, and 33% lived in a single parent home.

Mental Health Vouchers for Underserved Youth

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 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.

Healthy Families Support in Outer Edge Service Areas

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 zero to three years, was able to add four families to their visitation program during the fall. 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.

School Family Activities

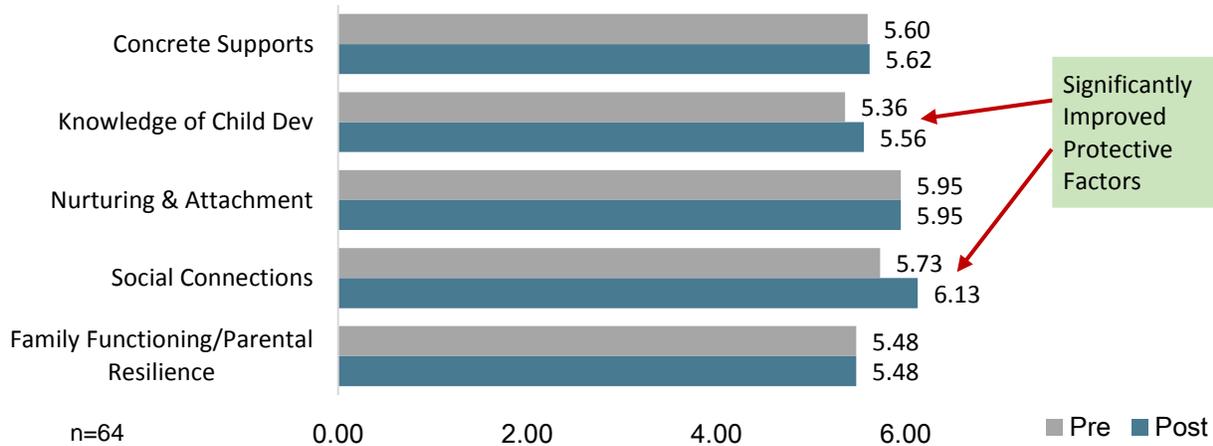
Strategy: School Family Activities			
Number of Families Served Directly		Number of Families Served Indirectly	248
Number of Children Served Directly	4	Number of Children Served Indirectly	2
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly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

Families 1st Partnership supported six schools to host activities for families with the goal of building informal supports within their school community. This mix included three 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 Friends PFS either by paper survey or Survey Monkey. The schools that elected to use the paper surveys had by far the best return rate.

Evaluation Findings

Summary of PFS Findings:

Families who participated in School Family activities demonstrated significant improvements in Knowledge of Child Development and Social Connections.



Families’ strengths on this scale were in the areas of Social Connections and Nurturing and Attachment. The results found that after participation in School Family project, families improved their Protective Factors. The greatest increases were in the Social Connections and Knowledge of Child Development.

Positive Pulse Family Wellness

Strategy: Positive Pulse Family Wellness			
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 Family Wellness is a strategy to build family relationships and gain healthy lifestyle education that was implemented by Families 1st Partnership in Lincoln County. Each session with families includes an educational session, which has included topics or activities such as family jazzercise, highway safety, nature walk, and importance of reducing 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 were 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, which resulted in more families attending consistently.

Rent Wise

Strategy: Rent Wise			
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 Families 1st Partnership Workgroup in Lincoln County 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 was offered in the community in the past, but as facilitators went on to other jobs, which resulted in the class not being available. In checking with the Lincoln County Housing Development Office, it turns out that there were facilitators still interested in presenting this curriculum. The NE Housing Development group agreed to present 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 Wal-Mart Distributing Center (DC) for a group called Project Search. The group is composed of high school students who do a work internship at the Wal-Mart DC. These are typically “at risk” students who may not have an interest in college. Future classes will be offered to community residents and older youth.

Project Connect

Strategy: Project Connect			
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, “Project Homeless Connect.” Members of Families 1st Partnership agreed that it was a very successful outreach to offer local residents the opportunity to have numerous agencies and services gathered in one location. This format is very user friendly since families or individuals do not 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.

There was 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. Over 40 agencies were involved (e.g., Salvation Army, RDAP (Rape and Domestic Abuse Prevention), Project Everlast, Community Action Partnership, Minority Health Initiative). Thirteen different organizations gave donations to support the event.

This effort 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.

Hope Happens Here

Strategy: Hope Happens Here			
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. A local pastor 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. Eighteen local agencies (e.g., Tobacco Free Lincoln County, Boystown, L2 for Kids, Putting Veterans First Agencies)

Special Needs Kids and Families

Strategy: Special Needs Kids and Families			
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 for Families 1st Partnership was providing family bonding/memory making activities for children with special needs and their families. Often this group lacks opportunities for socializing with 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 1st Partnership. Six gatherings were offered during the year (e.g., Skills Rodeo, and a trip to Kearney for Tri-City Storm Hockey).

Together Everyone Achieves More Success (TEAMS)

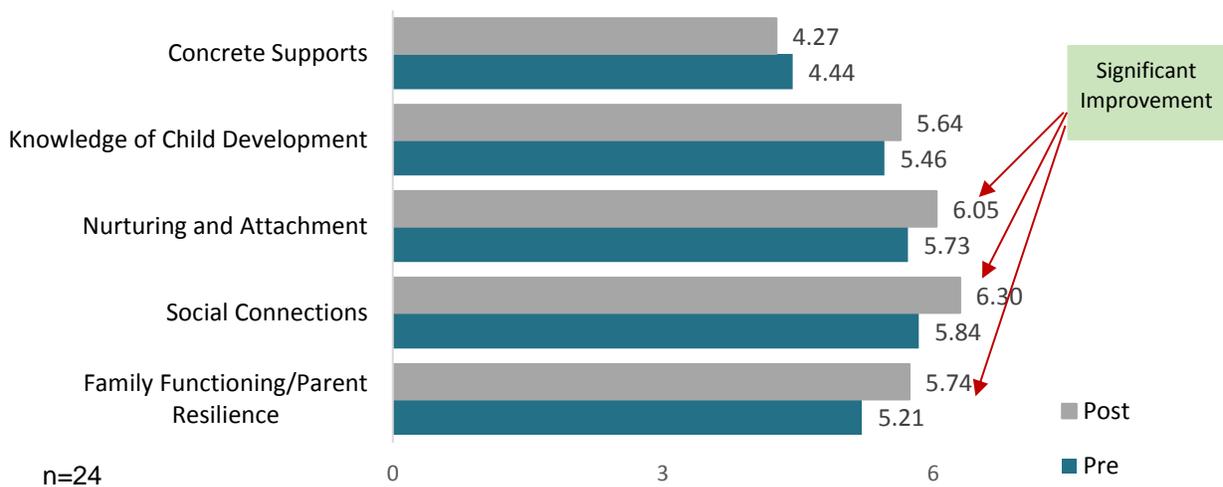
The TEAMS (Together Everyone Achieves More Success) strategy is designed to improve middle school and high school students' likelihoods of staying in school, graduating, and attending college. Panhandle Partnership is implementing the strategy, which is a partnership between UNL Extension, Western Nebraska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

Strategy: TEAMS			
Number of Families Served Directly	80	Number of Families Served Indirectly	56
Number of Children Served Directly	96	Number of Children Served Indirectly	16
Number of Parents with Disabilities Served Directly	0	Number of Staff/Mentors Participating	16
Number of Children with Disabilities Served Directly	1	Number of Organizations Participating	6
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	N/A		

Gender n=24		At Risk Due to Poverty n=17		Parent n=18	
Male n=9	Female n=13	Yes	No	Yes	No
41%	59%	71%	29%	75%	25%
Race/Ethnicity n=23					
White n=8	Hispanic n=13	Black n=1	Multi-Racial n=1		
35%	57%	4%	4%		

Were families' Protective Factors improved?

Parents participating in TEAMS demonstrated significant improvement in Nurturing and Attachment, Parent Resilience, and Social Connections.



Twenty-four parents completed both pre-post Protective Factors Surveys (PFS). The results of the paired t-test found that families made a significant improvement in the area of Family Functioning and Resiliency [$t(23)=-2.88, p=.008, d=-0.58$], Nurturing and Attachment [$t(22)=-2.39, p=.007, d=0.032$], and Social Connections [$t(20)=-2.98, p=.026, d=0.02$]. These results found small to moderate meaningful change. Parents' strengths were in the area of Nurturing and Attachment and Social Connections.

Strategies focused on HIGH RISK POPULATIONS

Community Response Project (CR)

The Community Response Project (CR), a family preservation service (see Family Preservation Service NC and DHHS Contract sections A. 1 ii. and v) is a pilot project that was initiated in 2012. Community Response is a voluntary system that is available to all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community. Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

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

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

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

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

As of August 2017, there were 11 communities under the Community Response umbrella. Evaluation data is available at present for 10 of these communities, the exception being York County Health Coalition, which is the most recent to implement Community Response.

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

In addition to the increased number of communities implementing Community Response, there was also a substantial increase in families— from 359 to 775 in 2016-2017. The following table summarizes the number of children and families served in 2016-2017.

Strategy: Community Response			
Number of Families Served Directly	775	Number of Families Served Indirectly	177
Number of Children Served Directly	1476	Number of Children Served Indirectly	348
Number of Parents with Disabilities Served Directly	151	Number of Staff Participating	101
Number of Children with Disabilities Served Directly	12%	Number of Organizations Participating	68
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	.97%		

The following table summarizes the demographics of children and or families that participated in Community Response. This information is based on 505, or 64%, of participating families. The majority of the families (91%) were eligible for Medicaid or Title XX. Forty-one percent of the families represented minority populations.

Gender n=		At Risk Due to Poverty		Parent		
Male	Female	Yes	No	Yes	No	
16%	84%	91%	9%	96%	4%	
Race/Ethnicity						
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American	Other
59%	26%	5%	1%	1%	5%	3%

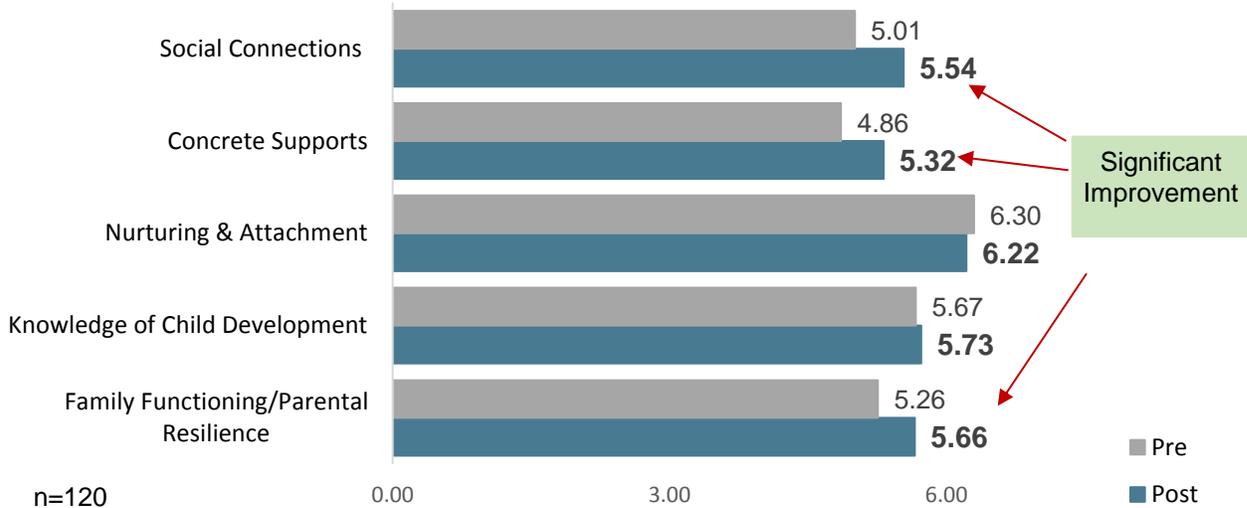
EVALUATION FINDINGS

Were families' Protective Factors improved?

The following analyses were based on a pair-samples t-test comparing pre-post Protective Factors Surveys (PFS) scores. The post PFS were completed when families were discharged from services. The results found that families made significant improvements on Protective Factors in three areas including: Social Connections ($p<.001$; $d=0.39$), Concrete Supports ($p=.001$; $d=.31$), and Parent Resilience ($p<.001$; $d=0.38$). These results suggest parents participating in Community Response improved in their Protective Factors at discharge.

Parents participating in Community Response demonstrated significant improvements across most areas of Protective Factors.

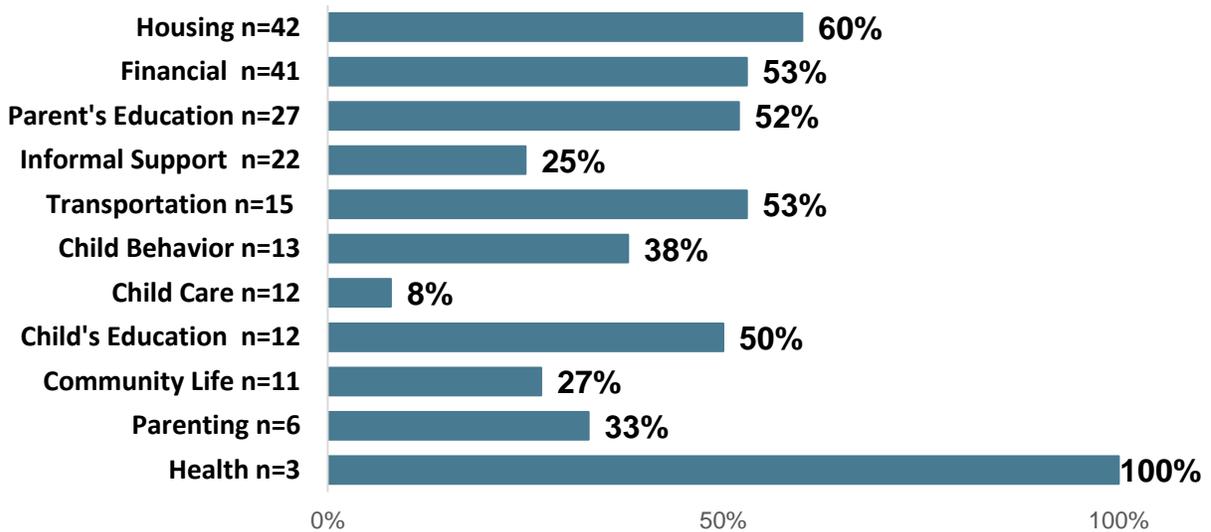
Parents' strengths were in Nurturing and Attachment.



Did Community Response help to support families reaching their goals?

Eight communities reported discharge data. One hundred-forty seven (147) parents were discharged from Community Response and had completed data. The results of the discharge data found that these families had 219 identified goals. The areas that had the highest number of goals identified were housing (42) and Financial (41). Parents were able to complete half of their goals (45%) and made progress towards meeting their goals on another 28% prior to discharge. The goal areas that had the highest completion rate were housing (60%) and Health (100%). The goal area that had the lowest completion rate was Child Care (8%).

Parents' greatest needs were in accessing Housing and Transportation. Success in meeting the goals were varied ranging from 8% to 100%.



A Success Story.....

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 the 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. The family decided to move 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.

to meeting the goals (8%), while a small percentage (12%) were discharged as they were no longer engaged or moved (14%) from the area. Ten percent of the families were discharged as they had an open CPS case.

Circle of Security Parenting (COS-P)

Circle of Security Parenting is a Family Support Service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). Circle of Security is a relationship-based intervention designed to change young children's (0-5) behavior through changes in parents' behavior and enhanced attachment between parents and children. Decades of university-based research have confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. COS-P has been provided to parents with higher risks of abuse or neglect as it addresses insensitive or unresponsive caregiving or frightening parental behavior.

Did families' informal supports improve?

In addition to completing the FRIENDS Protective Factor Survey (PFS), families were asked at intake and discharge to identify the number of informal supports that were available. Results were based on the 76 families that had discharge data in this area. At intake 46% of the parents indicated they had three or more informal supports. This number increased to 49% at discharge. These results suggested that there was a slight improvement in families' access to informal supports after participation in the program.

Were parents satisfied with Community Response services?

Overall, the parents (94%) that were served by Community Response felt respected and valued by staff. Most (95.1%) also reported that their relationship with their child had improved. The majority (64%) reported having learned at least one technique to help their child learn and had an improved relationship with their child (71%). Almost all (96%) would recommend the program to other families.

Why were families discharged from Community Response?

Families were discharged from Community Response for a variety of reasons. Data was available on 74 families. The most common reason was that the majority of their goals had been obtained (54%). Some families decided to close services prior

Circle of Security was implemented over the past 12 months in communities including the Panhandle Partnership, Dakota County Connections, and Families 1st Partnership.

Strategy: Circle of Security			
Number of Families Served Directly	125	Number of Families Served Indirectly	0
Number of Children Served Directly	0	Number of Children Served Indirectly	251
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	14
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	11
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

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

Gender n=41		At Risk Due to Poverty n=37		Parent n=41	
Male	Female	Yes	No	Yes	No
37%	63%	45%	55%	77%	23%
Race/Ethnicity n=41					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
86%			9%		5%

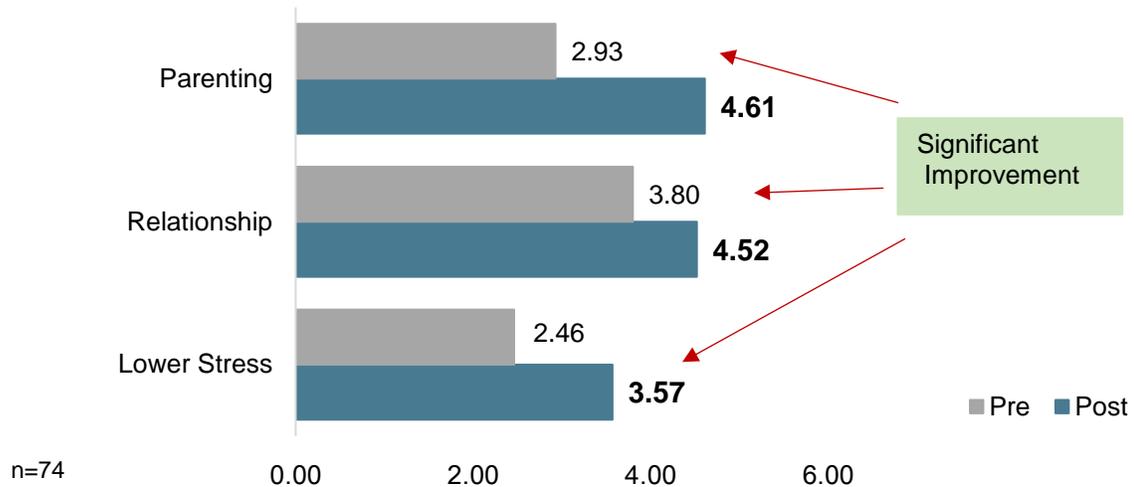
EVALUATION FINDINGS

Were parents parenting strategies improved?

Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. Seventy individuals completed the survey. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [$t(69)=-14.96$, $p<.001$, $d=1.79$]; relationships with their children [$t(70)=-5.953$, $p<.001$, $d=0.71$]; and decreased stress [$t(73)=-5.357$, $p<.001$, $d=.62$]. These results suggest a strong meaningful change. These results suggest that COS-P is positively supporting parents in gaining skills to interact with their children.

Parents who participated in COS-P demonstrated significant improvements across their parenting skills and relationship with their child.

Parents reported significant decrease in stress.



High Need Individual Strategies

Parent-Child Interaction Therapy (PCIT)

PCIT is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is an empirically supported treatment for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. 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 being implemented in five Nebraska Community Well-Being communities (Dakota County Connections, Fremont Family Coalition, Families 1st 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.



Strategy: PCIT			
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		

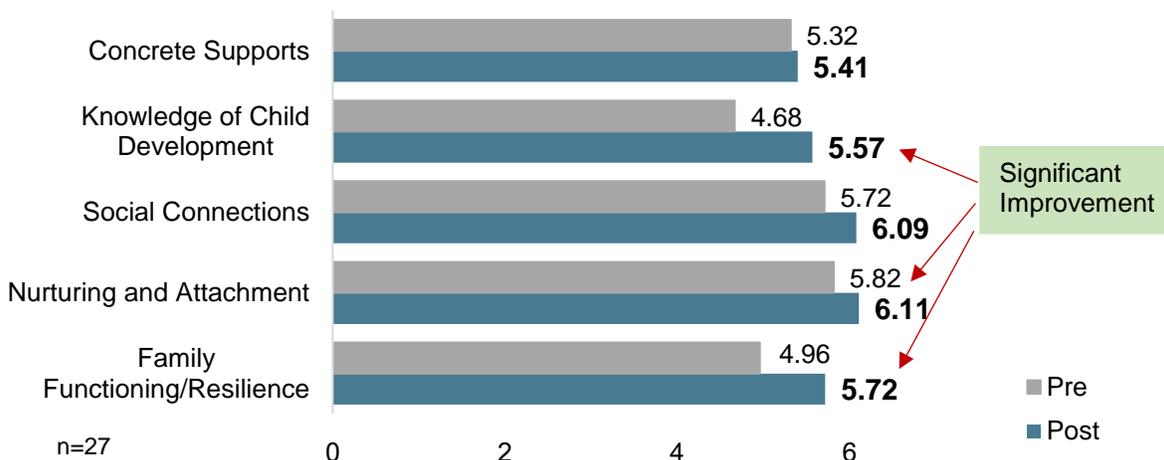
Gender n=47		At Risk Due to Poverty n=47		Parent n=37	
Male	Female	Yes	No	Yes	No
64%	36%	64%	36%	95%	5%
Race/Ethnicity n=37					
White	Hispanic	Multi-Racial			
78%	19%	3%			

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.

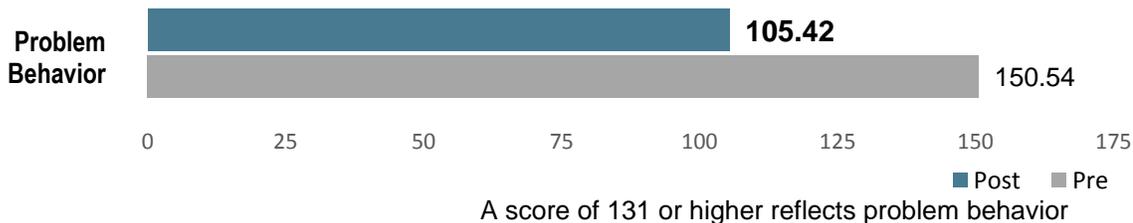


Did children's behavior improve?

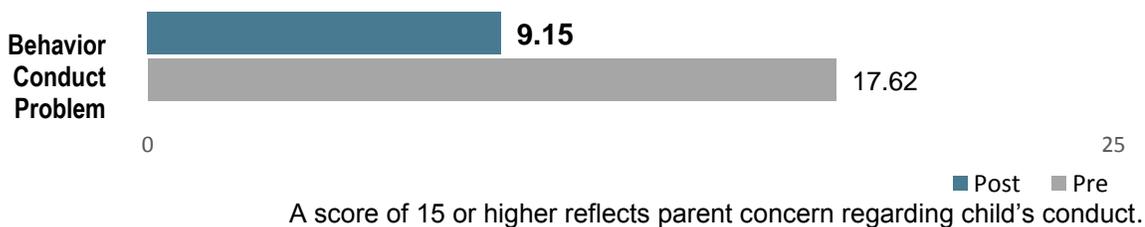
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

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.

Behavior Supports

Strategy: Behavior Supports			
Number of Families Served Directly	498	Number of Families Served Indirectly	9
Number of Children Served Directly		Number of Children Served Indirectly	9
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	10
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	1
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	6		

Behavioral Health Services were provided for specific children and families referred through the Community Learning Center (CLC) at select school sites in Lincoln. Primary modalities include solution focused, trauma focused, cognitive behavioral, narrative and attachment based. All therapy is family-based and includes the system theory of change. Many of the families served through the CLC schools grapple with multiple challenges that may have a direct impact on student’s ability to be in class on time and ready to learn. Many real life circumstances contribute to trauma and a deep sense of loss and insecurity. Immigration status and cultural issues, economic insecurity due to low wages, frequent moves, and homelessness all impact students overall emotional well-being. The CLC strategy has partnered with Family Service to provide school based mental health services at the CLC schools. This has served to address an identified need by the principals for increased support to students and families in this area. We have also continued to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high quality mental health services in our community.

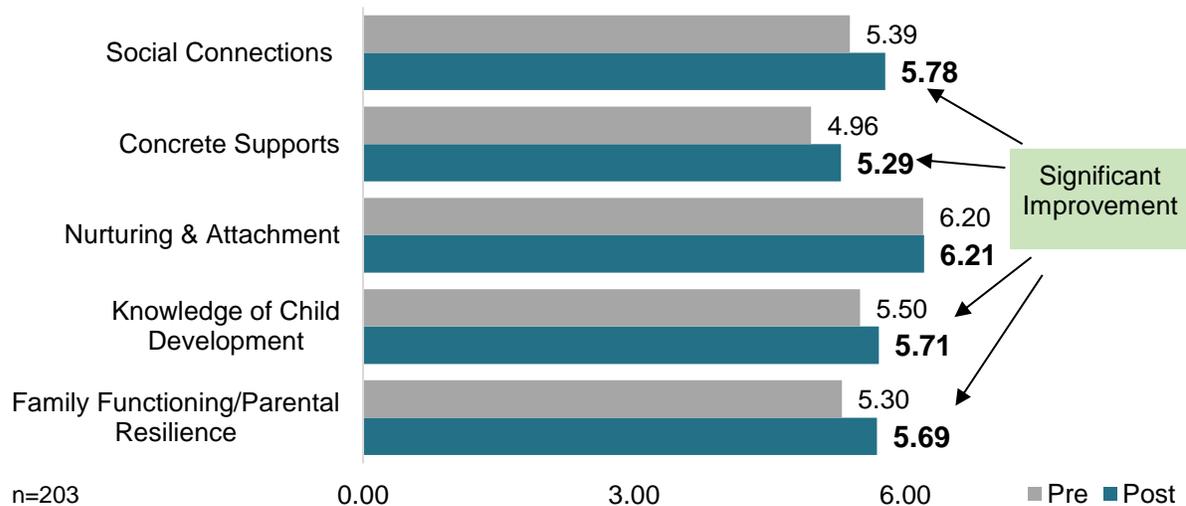
PFS Across All Strategies

Were parents’ Protective Factors improved?

The following analyses were based on a pair-samples t-test based comparing pre-post Protective Factors Surveys (PFS) scores. The post PFS were completed when families completed their participation in NC funded strategies. The results found that families made significant improvements on Protective Factors in four areas including: Child Development Knowledge ($p=.001$; $d=0.25$), Social connections ($p<.001$; $d=0.32$), Concrete Supports ($p=.001$; $d=.23$), and Parent Resilience ($p<.001$; $d=0.42$). These results suggest that parents participating in NC projects improved in their protective factors.

Parents participating in NC projects demonstrated significant improvements across most areas of Protective Factors.

Parents' strengths were in Nurturing and Attachment.



Community Well-Being (CWB) Initiative

Shared Focus for Seven Community Well-Being Communities

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

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

Training Activities

Over the past 12 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 109 events were reported with over 1800 participants representing over 800 organizations.

The highest number of trainings focused on training to support Community Members.				
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
Total		109	899	1839

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. ¹ There are three core elements in this approach:

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

In the 2016-2017 grant year, the Nebraska Child Abuse Prevention Fund Board and Nebraska Children worked in partnership with 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

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

parents in building their capacity to make positive changes in their families, neighborhoods, and communities through partnerships with community organizations. (Jordan, A. (2006).²

Six parent and staff teams partnered to host a total ³of 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.

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>.

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.

"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

² 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.

The Collaboratives have been successful in leveraging funds from multiple funding sources.			
July 2016 – December 2016		January 2017 - June 2017	
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
TOTAL	\$3,158,3400	TOTAL	\$2,814,062

Policy Support

How did CWB communities support policies?

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

Administrative Policies

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

Prevention Strategies

How much did they do? Eleven communities funded throughout Nebraska directly served 2156 families and 5386 children using four evidence-informed or evidence-based practices and 18 community specific strategies. A total of 7% of the parents and 4% 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 CWB 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 Additional Findings of PSSF Funded Strategies

- Families who participated in **Community Response** reported improved protective factors and the majority **completed their goals**.
- Children in **PCIT** significantly **improved their behavior** and **parents improved the positive strategies** and **decreased the negative strategies** they used in their interactions with their children.
- Parents in **Circle of Security-Parenting** demonstrated **improved relationships** with their children, demonstrated **decreased parenting stress**, and felt better equipped to **meet their child's needs**.



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

Community Well-Being Collaboratives

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

How much did they do? Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Training was provided to 1839 participants over 100 events with 899 collaborating agencies. A total of 46 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: Results-Based Accountability Tables

Strategy: Behavioral Health Services		
	Quantity	Quality
Effort	<p><i>How much? (Inputs, Outputs)</i></p> <ul style="list-style-type: none"> --Served 284 unduplicated children/adults --Provided 3,145.5 Hours Direct Service --Provided 1,475.75 Indirect Hours <p>No parenting classes offered this past six months due to low attendance.</p>	<p><i>How well? (Process)</i></p> <ul style="list-style-type: none"> ✓ # 57 and 70 % of client satisfaction (satisfaction survey) were returned. -100% of parents' report satisfaction with service. -93% reported "I helped choose my treatment goals." -100% reported "I felt my therapist treated me with respect." -79% reported "I am better at handling daily life stressors." -80% would recommend this service to others ✓ # 67 and 24 % of child satisfaction (satisfaction survey) as reported by parents were returned. -100% of parents reported being satisfied with service their child received. -94% of parents reported their child had someone to talk to when feeling troubled. -100% of parents reported their child was respected. -81% of parents reported their child had better skills for handling daily life stressors.
Effect	<p><i>Is anyone better off? (Outcomes)</i></p> <p>#98 and 96 % children maintained or improved school behaviors at discharge (based on a pre-and post-Likert scale)</p> <p>#90 and 88 % clients discharged met their Service Plan goals</p>	

Strategy: Circle of Security Parenting					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of Circle of Security Parenting classes provided	N/A	# and % of parent educators that rated the reflective consultation received as helpful.	N/A	
	# of parent educators who participated in reflective consultation at least annually	N/A	# and % of parent educators that rated frequency of the reflective consultation was adequate.	N/A	
	# of participants by gender	N/A	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	68/75 91%	
	# of participants by age	N/A			
	# of participants by child's/age 0-5 years Over 5 years	N/A	# and % who agree or strongly agree that the leader did a good job working with their group	74/75 99%	
	# of participants Mother Father Grandparent	N/A	Qualitative analysis of parent/participant survey question 11 for feedback on the quality/process of the class	N/A	
	# and type of supports provided for families (e.g., transportation)	N/A	# and % of participants completing six of the eight classes (attendance sheet)	23/84	27%
	# of children indirectly served	297			
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parent educators who felt the COS-P class had an impact on participants (Parent Educator Survey – qualitative questions)		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		
	# and % of participants demonstrated stronger or improved relationship with their children		23/40	57%	
	# and % who reported a decreased level of stress about parenting		34/41	83%	
	# & % who demonstrate improved parenting		29/38	76%	
—					

Strategy: Community Response					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	359	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	101/108	94%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	56/88	64%
	# of families re-referred to strategy (case closure form)	3	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	62/88	71%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	102/108	94%
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form) Add note that 75 in this line and below is the number discharged or completed			132/147	97%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			37/76	49%
	# and % of goals completed by families (# of goals completed / total # identified on case closure form)			99/219	45%
	# and % of parents reporting improved .5 (increase):				
	(1) access to concrete supports			45/120	38%
(2) social connections			50/120	42%	
(3) knowledge of child development			26/99	26%	
(4) nurturing and attachment			20/116	17%	
(5) family functioning/parental resilience (FRIENDS PFS)			41/120	34%	

Strategy: FAST					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of sessions that community members and families meet	8	# and % of parents attending at least 75% of sessions (attendance roster)	27	
	# of families that attend sessions	16	# and % of parents very satisfied (at least 9 on a 10 point scale) with program (satisfaction survey)		
			# and % of parents completing program (graduates) (attendance roster)	27	
Effect <i>Is anyone better off?</i>	# and % of parents reporting improved (increase of .5): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)			*Not used this semester	

Strategy: Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	99 Parents 99 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	20/28	71.4%
	Average # of sessions completed (attendance record)	6 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	20/28	71.4%
	# of children indirectly served (attendance record)	89	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	18/20	90%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	19/20	95%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Eyberg)			26/40	65%
	<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>			26/40	65%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved strategies in their interaction with their children (DPICS)				
		# Behavioral Descriptions		26/56	46.4%
		# Reflections		22/56	39.3%
		# Of Labeled Praises		27/56	48.2%
		Combined number of questions, Commands and Negative Talk		43/56	76.8%
<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>					

Strategy: Parents Interacting with Infants					
	Quantity		Quality		
	<i>How much? (Inputs, Outputs)</i>		<i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	124	Average number of sessions completed (attendance record)	8.4 average	
			Completion of PIWI fidelity guide checklist (onsite visit)	2 completed	
	# of sessions (attendance record)	4 46% average	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	38/41	93%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	41/42	98%
	# of children indirectly served (attendance record)	62	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	32/41	78%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	35/37	94%
	1) # and % of parents reporting improved: (4+ change in score)				
	2) Parent-child interaction			14/39	42.4%
3) Home Environment			32/39	82%	
4) Parent Efficacy			36/39	92%	

Strategy: Together Everyone Achieves More Success				
	Quantity		Quality	
	<i>How much? (Inputs, Outputs)</i>		<i>How well? (Process)</i>	
Effort	# of parents and students enrolled	80 parents 96 students	% of students completing the program	
	# of sessions held	N/A	% of parents and students satisfied with the program	N/A
	# of activities held	N/A	% of students participating in activities (on average per activity)	N/A
	# of students/parents participating in activities/events	N/A		
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved:			
	(1) access to concrete supports		1/20	5%
	(2) informal supports		7/23	34%
	(3) knowledge of child development		1/20	5%
	(4) nurturing and attachment		5/21	24%
	(5) family functions		9/24	38%
# and % of students staying in school		83	86.46%	
# and % of students graduating high school		13	13.54%	
# and % of students pursuing higher education		12	92.31% of graduating class	

Strategy: Dakota Community Connections Pyramid Parenting

		Quantity (N=11 Parent Surveys completed)		Quality (N=11 Parent Surveys completed)	
		<i>How much? (Inputs, Outputs)</i>		<i>How well? (Process)</i>	
Effort	# 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			
Effect	% 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%



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