Nebraska Child Abuse Prevention Fund Board

2017-2018 Evaluation Report

October 2018

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AND FAMILIES FOUNDATION

Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation

University of Nebraska Medical Center
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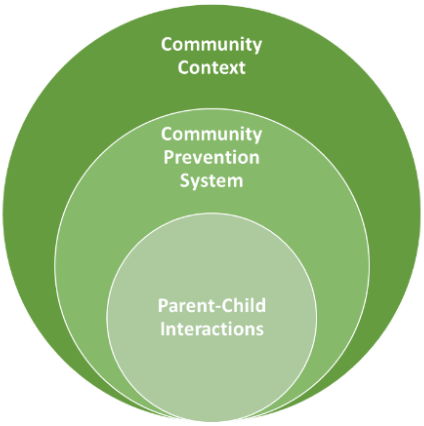
Purpose of Nebraska Child Abuse Prevention Fund Board Grants



The Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support research-based prevention strategies through community collaborations. Funding also supports training and technical assistance to community grantees. In this past year, the NCAPF Board funded strategies focused on children across the age ranges of infancy through early elementary and parent engagement and leadership. The funded strategies reflect a continuum of prevention strategies that range from universal prevention to high risk populations and high need individual strategies. Universal prevention strategies include Parents Interacting with Infants (PIWI), Circle of Security-Parenting (COS-P), and Community Cafés. Parent -Child Interaction Therapy (PCIT) is a high-need, individual family strategy. All of the strategies are being implemented by multiple partners working in coordination through community collaborations. The result is improved child and family Protective Factors, which are described below.

Protective Factors

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

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

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

Parental Resilience is the ability to manage stress and function well even when faced with challenges, adversity, and trauma. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child: *typical events and life changes*

(e.g., moving to a new city or not being able to soothe a crying baby); *unexpected events* (e.g., losing a job or discovering your child has a medical problem); *individual factors* (e.g., substance abuse or traumatic experiences); *social factors* (e.g., relationship problems or feelings of loneliness and isolation); *community, societal or environmental conditions* (e.g., persistent poverty, racism, or a natural disaster). Studies have shown that parents can be helped to manage stress and reactions to their own histories of poor attachments and trauma and to protect and nurture their children.

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

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

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

What is in this Report?

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

What is the Evaluation Approach?

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

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

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children has adopted Results-Based Accountability (RBA) as a data-driven, decision-making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of children, families, and their communities. NC staff, consultants, and evaluators have

worked with the communities to develop a RBA chart for each of the primary strategies implemented by their collaborative. Data is collected and reviewed as part of their decision-making and continuous improvement process.

Overall Summary of Children and Families Served

During the 2017-2018 evaluation year, the NCAPF Board provided funding to eight communities to promote children's safety and family well-being through four prevention strategies.

Overall Summary of Children and Families Served*	
Number of Families Served Directly	319
Number of Children Served Directly	261
Number of Parents with Disabilities Served Directly	5
Number of Children with Disabilities Served Directly	8
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served[1]	0
Number of Families Served Indirectly	0
Number of Children Served Indirectly	242
* Does not include numbers served in supported communities carrying out Community Cafés.	

A total of 261 children and 319 families have been served in the communities through one of the funded strategies. These numbers do not include families and children served in the Community Cafés. In addition, the communities provided indirect support (e.g., training, siblings of children receiving services) that benefit the children and families in their community through these strategies. Small percentages of children (3%) and families (2%) have a disability. None of the children had a first-time experience with substantiated child abuse.

Demographic data was obtained on a subset of all of the children and parents served. This information is summarized for 188 individuals. Primary prevention was provided for a diverse group of Nebraska families, as represented by the high percentages of families in poverty and representing minority populations. In a state where 86% of residents identify as White and 9% identify as Hispanic (2010 US Census, www.factfinder.census.gov), having over 40% of participants in ethnic or racially diverse populations is a strength to build on. All communities have prioritized culturally appropriate and competent service delivery.

Gender n=188		At Risk Due to Poverty n=176		Parent n=76	
Male	Female	Yes	No	Yes	No
19%	81%	61%	39%	92%	18%
Race/Ethnicity n=98					
White	Hispanic	Other	Native American	Black	
58%	31%	4%	6%	1%	

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

Evidence-Based Practices

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

Program	Community(ies)	Rating / Level
Circle of Security-Parenting (COS-P)	NAEYC across six communities	Promising II
Parent-Child Interaction Therapy (PCIT)	Dakota County Connections (DCC), Hastings One Stop Shop, Fremont Family Coalition, Families 1st Partnership, Saline-Jefferson Rooted in Relationships, Norfolk Family Coalition, York County Health Coalition, Zero2Eight	Supported III
Parents Interacting With Infants (PIWI)	DCC, Fremont Family Coalition, Norfolk Family Coalition, York County Health Coalition, Saline-Jefferson RiR, Zero2Eight	Emerging I
Community Cafés	Lincoln Community Learning Centers, Norfolk Family Coalition	Emerging I

Locally-Based Prevention Systems

The majority of the communities funded by the NCAPF Board are also part of either Community Well-Being (CWB) or Rooted in Relationships. 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

Funded Sites	
Name	**Counties Served**
Hastings One Stop Shop	Adams and Buffalo
Dakota County Connections*	Dakota and Thurston
Families 1st Partnership*	Lincoln and Keith
Fremont Family Coalition*	Dodge and Washington
NeAEYC	Lancaster, Seward, Keith, Lexington, Kimball, and Douglas
Norfolk Family Coalition*	Madison, Wayne, and Stanton
Rooted in Relationships	Saline/Jefferson
York County Health Coalition*	York
Zero2Eight*	Platte and Colfax

*CWB Community

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 funded by the NCAPF Board and Nebraska Children carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 135 events were reported with over 3200 participants representing over 900 organizations engaged in training. There was an increase in training activities compared to the previous year.

The highest number of trainings focused on training to support Community Members.

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

Parent Engagement – Community Cafés

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

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

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

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

Significant Community Changes

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

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

Leveraging Funds

Did the Collaborative leverage additional funding for their community?

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

The Collaboratives have been successful in leveraging funds from multiple funding sources.	
July 2017 – June 2018	
Funding from Nebraska Children and NCAPF Board	$3,785,315
New Grants and Funding Awarded Directly to Collaborative	$649,412
New Grants and Funding Obtained by Partner as Result of Collective Impact	$637,139
TOTAL	**$5,071,866**

Policy Support

How did CWB communities support policies?

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

Administrative Policies

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

State and Legislative Policies

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

Collective Impact

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

recordings and the notes from facilitators. Analysis focused on identifying the most prevalent strengths and challenges associated with collective impact work to date. The results are summarized in the following section.

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

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

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

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

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

Communication is effective at multiple levels. Organizations reported they were well informed about what other organizations were doing, as well as what the Collaborative was doing. Collaboratives use email, a website, social media, flyers, success stories, and special events to keep their organizations and communities informed. Shared leadership across groups ensures high quality communication and sharing of information between those groups. Collaboratives effectively use subgroups to tackle goals and the subgroup's work is reported back to the whole Collaborative so they can be aware of progress.

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

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

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

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

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

Maintaining interest and engagement in the Collaborative is a related concern. Collaboratives reported that members dropped out over time, both as they "got stuff done" and when "stuff didn't get off the ground." As the Collaborative grows, so does the workload, which can result in members feeling like all they do is attend meetings. The time and energy commitment needed for individuals/organizations to participate in the Collaborative is a barrier, as members' schedules are already full. However, if organizations miss meetings, the Collaborative has difficulty disseminating information to them and this can cause problems

keeping everyone on the same page regarding processes and expectations. Some Collaboratives reported that it is frustrating when members take on a task/roll within the Collaborative and then leave, wasting the effort and funding spent training them.

There are still populations in need and some services are lacking. Sometimes solving one problem brings light to additional and the Collaborative is not always able to solve those new problems. Keeping families engaged long enough to address more than their first-presented struggle is difficult. Wait times in general are also a source of frustration. Collaboratives identified populations who still have needs the Collaborative cannot successfully address and services their community still needed. Some communities worry recipients of the assistance become dependent on it, take advantage of the programs, or that their agency is "overly involved" with the family.

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

A Success Story…

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

Prevention Strategies

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

The core strategies being implemented through the programs funded by NCAPF are:

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

Evaluation Findings

Circle of Security-Parenting (COS-P)

Circle of Security-Parenting is a Family Support Service. Circle of Security is a relationship-based intervention designed to change young children's (Birth to 5) behavior through changes in parents' behavior and enhanced attachment between parents and children.

Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. Circle of Security was implemented over the past 12 months in communities including the Panhandle Partnership, Hall County, and Families 1st Partnership (Lincoln County) through the CWB communities. NeAEYC supported seven communities including Ogallala, Seward, Kimball, Lexington, Lincoln, Omaha, and the Nebraska Mental Health Association.

Strategy: Circle of Security			
Number of Families Served Directly	151	Number of Families Served Indirectly	0
Number of Children Served Directly	0	Number of Children Served Indirectly	204
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	24
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	24
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served[1]	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 based on the intake data that were submitted.

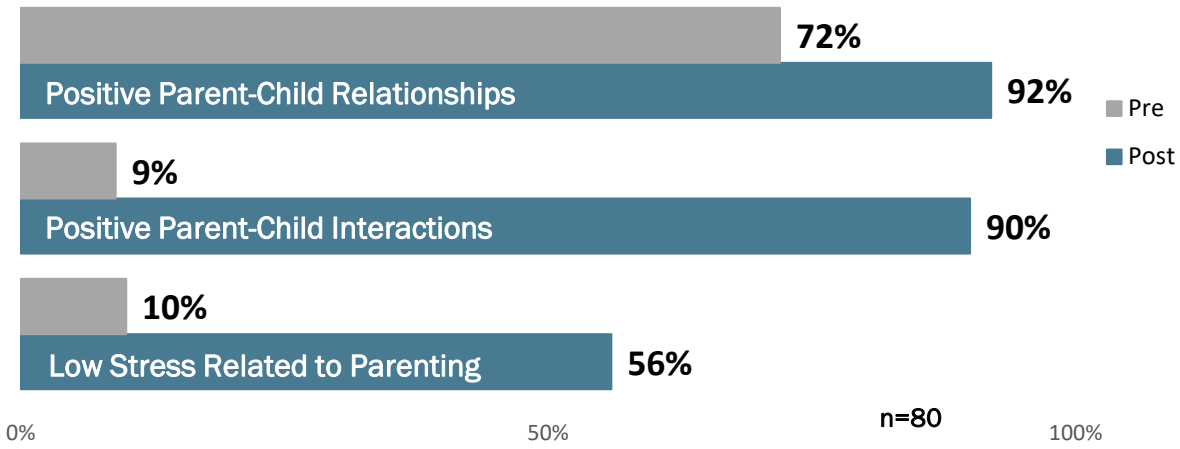
Gender n=76		At Risk Due to Poverty n=76		Parent n=76	
Male	Female	Yes	No	Yes	No
30%	70%	51%	49%	82%	18%
Race/Ethnicity n=76					
White	Hispanic	Black	Multi-Racial	Native American	Other
73%	13%	2%	0%	4%	8%

EVALUATION FINDINGS

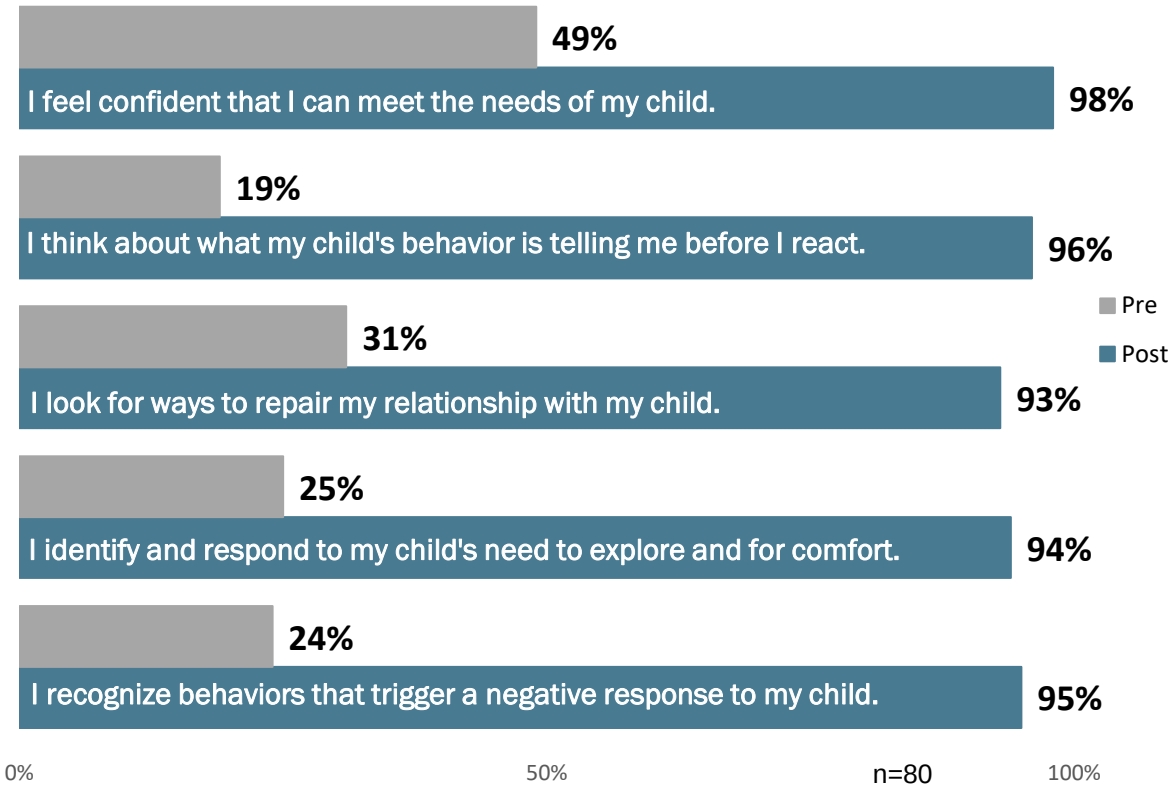
Were parents' parenting strategies improved?

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

Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.
Parenting stress was lowered by the end of the COS-P session.



Positive Parent-Child Interaction Items: Parents make gains across all areas.
The most gains were made using the child's behavior to understand their needs and recognizing the triggers for a negative response to their child.



Parent-Child Interaction Therapy (PCIT)

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

PCIT was being implemented in eight Nebraska Community Well-Being communities (Dakota County Connections, Hastings One Stop Shop, Fremont Family Coalition, Families 1st Partnership, Saline-Jefferson Rooted in Relationships, Norfolk Family Coalition, York County Health Coalition, and Zero2Eight). Eleven therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 69 families and 69 children participated in PCIT sessions during the past 12 months.

Families participated in PCIT with varying numbers of sessions attended, ranging from 2 to 24 sessions. Overall, average attendance across communities was 9 sessions. All of the adults receiving services with their child were females.

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

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

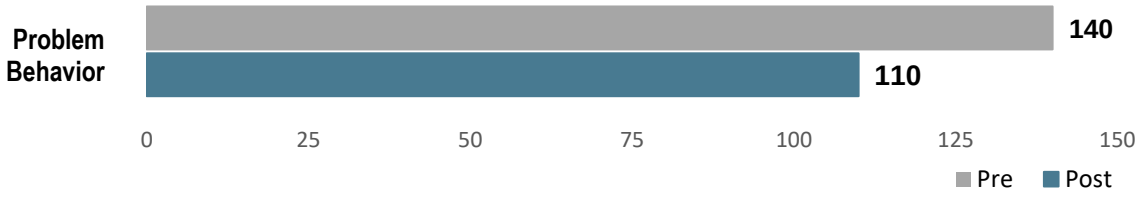
EVALUATION FINDINGS

Did children's behavior improve?

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

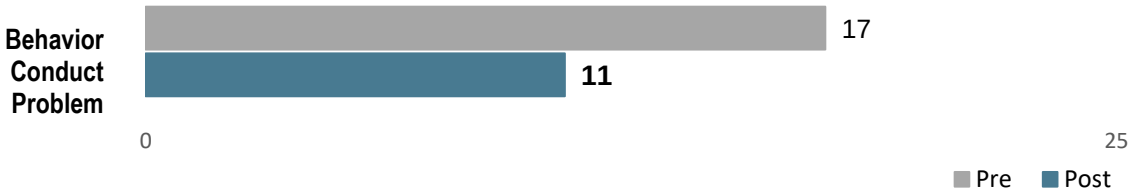
This assessment was used for the PCIT project to determine if participation in the sessions Improved children's behavior. Forty-nine (49) children had pre-post ECBI data. There was a significant decrease in intensity of the problem (t(47)=6.788; *p*< .001; *d*=.970). There was also a significant decrease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

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



A score of 131 or higher reflects problem behavior

Children signficantly reduced problem scores related to child conduct.



A score of 15 or higher reflects parent concern regarding child's conduct

Did the parents improve their parent-child interactions?

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

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

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

Are parents satisfied with the services provided?

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

A Success Story…

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

Parents Interacting with Infants (PIWI)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service 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 the Fremont Family Coalition, Dakota County Connections, Norfolk Family Coalition, Zero2Eight, and Jefferson/Saline Counties implemented PIWI. Each of these communities was contracted to complete one or more PIWI series to fidelity.

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

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

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

EVALUATION FINDINGS

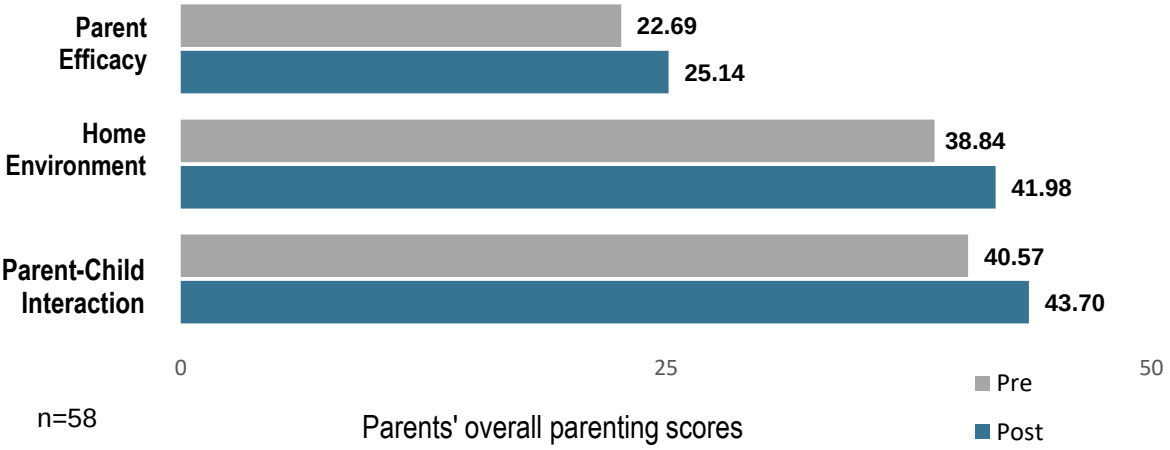
Did parents' interactions with the children improve?

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

change across all areas: Parent Efficacy [t(67)=-6.617, p<.001, d=-0.647]; Home Environment [t(65)=-6.011, p<.001, d=-0.505)]; and Parent-Child Interaction [t(65)=-7.116, p<.001, d=-0.628)]. The parents' strengths were in the areas 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



How satisfied were the families?

A satisfaction survey was completed to obtain input from families regarding satisfaction of their participation in PIWI. Overall, the parents rated the program implementation very positively. Highest ratings were in the areas of positive relationships with their child (99%) and being respected by staff (98%). Fewer parents indicated that they had adopted new parenting techniques (72%).

Conclusion

Nebraska Children (NC) and NCAPF Board 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? Nine community grantees funded throughout Nebraska directly served 319 families and 261 children using a four primary prevention strategies. In a state where 86% of residents identify as White and 9% identify as Hispanic (2010 US Census, www.factfinder.census.gov), having over 40% of participants in ethnic or racially diverse populations is a strength to build on. None of

the children were a part of substantiated child abuse or neglect for the first time after participating in services.

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

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

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

Highlights of Additional Findings of Funded Strategies

- 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.**

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 3,281 participants over 130 events with 913 collaborating agencies. Over $1.2 million in funds were leveraged for services and supports for their communities. CWB communities were active in trying to shape policy both at the local and state level including: establishing policies for the Collaboratives, influencing change in local agency policies, and informing state senators about their efforts.

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

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

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

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

Appendix A: Results-Based Accountability Tables

<table>
<tr><th colspan="6">Strategy: Parent Child Interaction Therapy (PCIT)</th></tr>
<tr><th></th><th colspan="2">Quantity
How much? (Inputs, Outputs)</th><th colspan="3">Quality
How well? (Process)</th></tr>
<tr><td rowspan="4">Effort</td><td># of parents/children directly served (attendance record)</td><td>69 Parents
69 Children</td><td># and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.</td><td>13/13</td><td>100%</td></tr>
<tr><td>Average # of sessions completed (attendance record)</td><td>9 on average</td><td># and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.</td><td>12/13</td><td>92.3%</td></tr>
<tr><td rowspan="2"># of children indirectly served (attendance record)</td><td rowspan="2">6</td><td># and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.</td><td>11/13</td><td>85.6%</td></tr>
<tr><td># and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.</td><td>19/20</td><td>95%</td></tr>
<tr><td rowspan="2">Effect
Is anyone better off? (Outcomes)</td><td colspan="3"># and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Eyberg)

(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.)</td><td>32/48

32/49</td><td>67%

65%</td></tr>
<tr><td colspan="3"># and % of parents reporting improved strategies in their interaction with their children (DPICS)
INCREASED:
Behavioral Descriptions
Reflections
Of Labeled Praises
Teaching/Talk
DECREASED:
Commands and Negative Talk

(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; Teaching/Talk; and Commands and Negative Talk.)</td><td>

28/59
18/59
20/59
37/59

4/48</td><td>

48%
31%
34%
63%

89%</td></tr>
</table>

<table>
<tr><th colspan="6">Strategy: Parents Interacting with Infants (PIWI)</th></tr>
<tr><th></th><th colspan="2">Quantity
How much? (Inputs, Outputs)</th><th colspan="3">Quality
How well? (Process)</th></tr>
<tr><td rowspan="6">Effort</td><td rowspan="2"># of parents/children directly served (attendance record)</td><td rowspan="2">99/192</td><td>Average number of sessions completed (attendance record)</td><td colspan="2">4.2 average</td></tr>
<tr><td>Completion of PIWI fidelity guide checklist (onsite visit)</td><td colspan="2">1 completed</td></tr>
<tr><td rowspan="2"># of sessions (attendance record)</td><td rowspan="2">7
71%
average</td><td># and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.</td><td>56/57</td><td>98.2%</td></tr>
<tr><td># and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.</td><td>54/56</td><td>96.4%</td></tr>
<tr><td># of children indirectly served (attendance record)</td><td>32</td><td># and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.</td><td>49/56</td><td>87.5%</td></tr>
<tr><td colspan="3"># and % of parents reporting improved: (4+ change in score)
1) Parent-child interaction
2) Home Environment
3) Parent Efficacy</td><td>31/66
31/66
30/66</td><td>47%
47%
44%</td></tr>
</table>

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AND FAMILIES FOUNDATION

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