Community Well-Being

Six Month Progress Report
July 1, 2019 - December 31, 2019

nebraskachildren
AND FAMILIES FOUNDATION

Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation

University of Nebraska Medical Center

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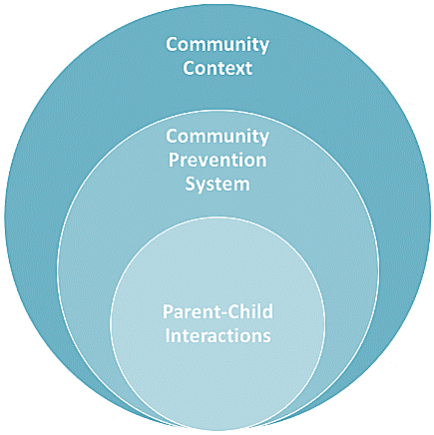
Nebraska Children and Families Foundation
Community Well-Being

Program Description

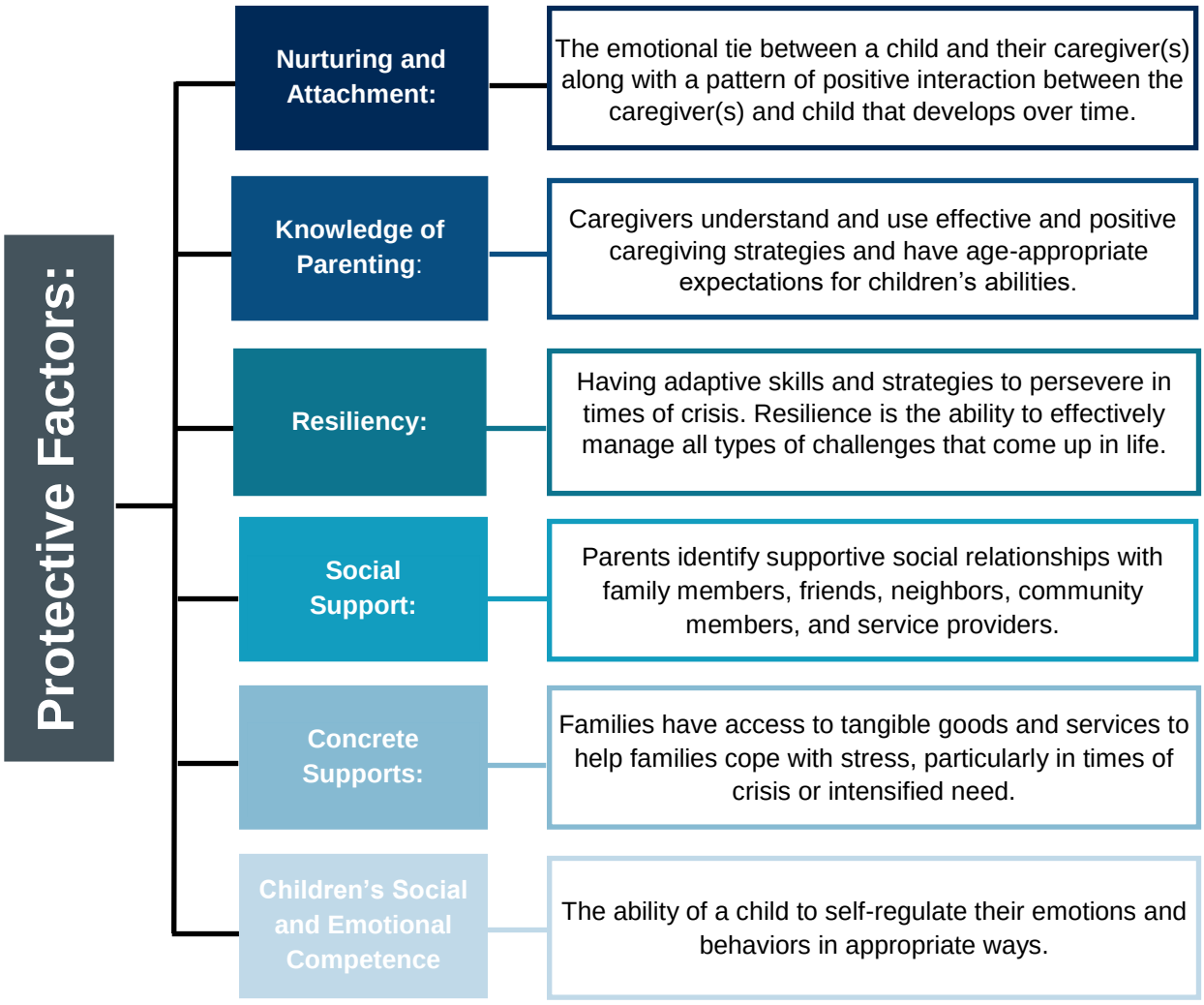
NEBRASKA CHILDREN PROMOTES COMMUNITY WELL-BEING



Nebraska Children (NC) envisions a Nebraska where all children and families live in safe, supportive environments providing opportunities for all to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children works in partnership with communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children works with communities to build locally-based prevention systems. In addition, Nebraska Children has funded and supported the development of a continuum of strategies to meet the needs of children across the age span (i.e., birth through 25). Funding is prioritized to address: 1) prevention of child abuse and neglect, 2) promotion of positive youth development, 3) collaborative environments that promote Protective Factors, family leadership and engagement, and 4) programs for families at risk of entering state child welfare systems. Major funding sources were Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPFB), Federal IV-E and private funding sources. The desired 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 developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention.



Evaluation Approach

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

Evaluation of locally-based prevention systems examines 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.

Results-Based Accountability Answers Three Basic Questions…

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

Evaluation Findings: System Approaches

LOCALLY-BASED PREVENTION SYSTEMS

SHARED FOCUS FOR COMMUNITY WELL-BEING COMMUNITIES

The eleven CWB communities participating in the statewide evaluation 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 are implementing their prevention plans and are working with local and state evaluators to measure outcomes.
- **Implementation of Collective Impact.** All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

Community Well-Being Sites

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

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 36% of their total budgets.

CWB Collaboratives leveraged over $600,000 during the first half of the year.

The Collaboratives have been successful in leveraging funds from multiple funding sources.	
Funding from Nebraska Children	$2,089,009
New Grants and Funding Awarded Directly to Collaborative	$625,000
New Grants and Funding Obtained by Partner as Result of Collective Impact	$0
TOTAL	**$2,714,009**

POLICY SUPPORT

How did CWB communities support policies?

CWB communities were active in trying to shape policy at the local, state, and federal level. This was a key outcome of their Collaboratives' collective impact work.

Local Policies

- Several communities have **engaged locally with policy makers** around specific topics. For example:
    - HC3 members attended community meetings on proposed bus routes that would link Kearney, Grand Island, and Hastings.
    - Lift Up Sarpy, Fremont Family Coalition, and Families 1st Partnership worked to address affordable housing in their communities. This has resulted in creative solutions being identified to address the issues. Lift Up Sarpy is creating a communication page with key points that can be used by members in presentations to city councils and senate officials.
- One community is working to **build the capacity of its members** to support the Collaboratives' policy work. Two members from York are participating in the Nebraska Early Childhood Policy Leadership Academy through First Five Nebraska.

CWB Collaboratives engaged in a number of activities to **increase policy makers' awareness** of Collaborative prevention activities. For example:

- Growing Community Connections, through their Community Childcare Solutions group, developed an

elevator speech about the importance of business and children that they disseminate to businesses to use when they share information with legislators.

- Growing Community Connections sends monthly updates to Nebraska Senators concerning the work of GCC.

State Policies

CWB Collaboratives recognize the importance of meeting with the state legislators to have a voice in state policy.

- Bring Up Nebraska has been a key activity to promote the prevention work in the Community Well-Being communities. Many communities continue to work with legislators to update them on Bring Up Nebraska priority areas.
- Panhandle Partnership collaborates with multiple groups (Poverty Roundtable, Coalition for a Strong Nebraska, Community Action Nebraska, and Nebraska Children) to discuss past and current legislation regarding poverty and its contributing factors.
- Several Collaborative members participate in state committees that influence policy (e.g., Early Childhood Systems of Care meetings, Preschool Development Grant leadership team, Early Childhood Interagency Coordinating Council).
- Many Collaborative members met directly with their state senators or invited them to join their Collaborative meetings.
- Growing Community Connections members participated in regional policy conferences (e.g., Tri-State Governors Conference and Tri-State Legislative Forum) to inform policy makers on local prevention issues.

Federal Policies

- Several Collaborative members have met directly with their US Congressional delegates.

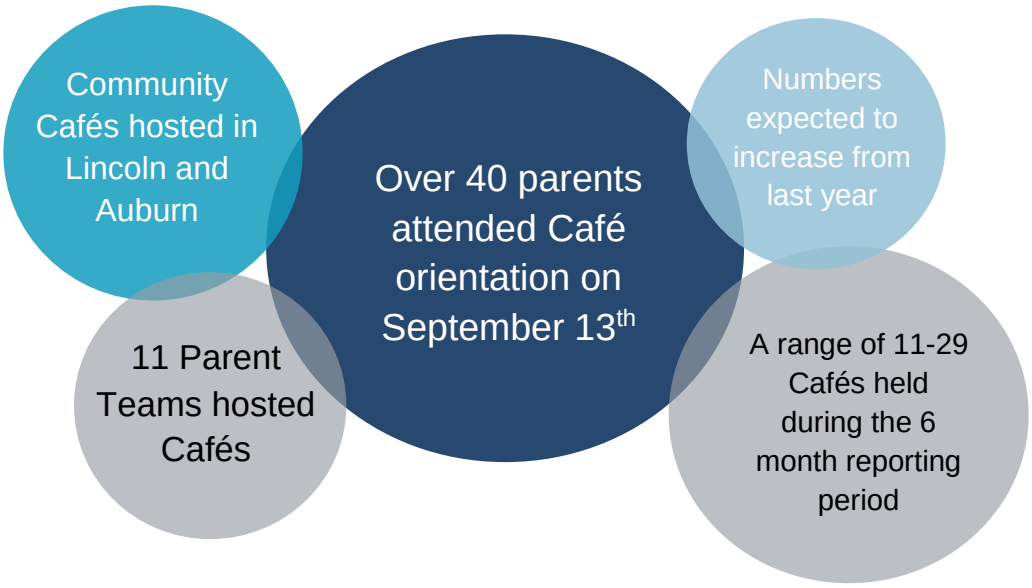
TRAINING ACTIVITIES

Over the past six months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. A total of 132 events were reported with 3,725 participants representing over 579 organizations engaged in training. Training topics included: Families Thrive, Bridges Out Of Poverty, Mental Health First Aid, SAFETALK, Motivational Interviewing, Trauma Informed Care, and many others.

COMMUNITY CAFÉS

The Community Café approach strengthens families and communities to create more inclusive and equitable systems. Community Cafés spotlight neighborhood wisdom and transform it into community action. The Cafés are planned, led and monitored by family members who can relate to the participants and build on the assets of their community to strengthen families.

In September, over 40 parents and staff from Lincoln, Auburn and Nebraska City participated in a Community Café orientation. Six veteran parent hosts from the Lincoln team co-facilitated this orientation with the national consultant. Following the Orientation and planning, one team in Auburn hosted two Cafés and nine teams in Lincoln each hosted one-to-three Cafés by the end of December and are continuing in 2020. Data from these Cafés are submitted in the year end data submitted by each community.



COLLECTIVE IMPACT

As part of the annual reporting, Collaboratives report on current activities and challenges. The following is a summary of their feedback on the work during the past six months.

What are the emerging structures of the Collaboratives?

Growing memberships and networking across Collaboratives. Many of the Collaboratives reported successfully expanding memberships. Several Collaboratives reported the helpfulness of cross-Collaborative networking within the CWB network, as well as within communities and across state lines. Shared expertise across Collaborative memberships has helped to address common agendas, e.g., addressing mental issues, housing, etc. Use of collective impact strategies has facilitated addressing these complex situations.

As the work of Community Response expands, CWB Collaboratives are finding themselves working together to improve their administrative practices. They worked with each other to share policies and procedures (e.g., forms and bylaws) and to refine and grow the infrastructures of their organizations. Communities learned how Community Response is deployed in their communities and how different communities structure their Collaboratives.

Changes in Collaborative structure. Most Collaboratives have a steering committee and larger Collaborative membership. Several Collaboratives described the emergences of new structures. Many of the Collaboratives were in the process of developing a subcommittee structure that focused on specific aspects of their work. Each subcommittee has a specific, defined task and their work is reported back to the steering committee and Collaborative.

What are the successes experienced by the Collaboratives related to collective impact?

Expansion of cross-agency work helped to address complex community problems. A common theme across all CWB sites this past six months has been expanding current strategies to meet the growing and changing needs of families. Many communities continue to add new community partners to their existing collaborative, while others have modified meeting dates and times to allow for increased attendance of existing community partners. Communities are also working to identify the needs of the families they serve and are working to implement new strategies to meet these needs. For example, Lancaster County Community Response identified the need to have a Community Response partner positioned in each Lincoln Public Schools elementary with at least 60% participation in free or reduced lunch programs. They identified five schools for the first round of expansion and will continue to work with the schools to prepare them to best imbed Community Response into their administration and approach to supporting their students. Mental health continues to be an area of priority for communities as well. The Community and Family Partnership has recently expanded their Mental Health Vouchers program beyond serving students' needs to include family therapy.

Development of subcommittees to best utilize resources. As CWB Collaboratives expand efforts in communities, some saw the need to develop smaller workgroups in order to focus efforts on common issues. Workgroups ranged from focusing on a specific age group within the community to a target communication effort to reach more families. Douglas County Community Response developed a workgroup tasked with developing a centralized location for trainings available to providers. The intended result is a Training Calendar that will present training opportunities for direct service staff. The calendar will be a culmination of all trainings that collaborating agencies will offer to families. Subcommittees were tasked with updating work plans, reviewing areas of completion, and working with community partners to combine resources and work toward common missions. Dividing collaborative efforts into subcommittees and providing a range of meeting dates and times increased attendance in multiple communities across the state.

Hiring and onboarding new staff. Several CWB communities went through the process of hiring and onboarding new Coordinators, Central Navigators, and board members over the past six months. These communities reported smooth transition periods and support from their own collaboratives as well as from Nebraska Children.

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

New challenges from expanding services. As communities expand services, new challenges arose with the increase of families being served. One Collaborative set out to determine the exact geographical

boundaries of their service area which resulted in a larger service area than what was previously being served. A larger service area meant that the current level of funding would not support new boundaries. Another community acknowledged the "growing pains" of expansion and restructuring. The coordinator noted that building relationships, creating new partnerships, and strengthening prevention systems are all challenges—ones that are being addressed "one day at a time".

Increasing Collaborative membership. As some communities expanded their membership to include new community partners, others faced the challenge of drawing in new partners if they weren't already a common part of the Collaborative's work or if a common agenda was not readily identified. Many professionals attend numerous meetings as part of their routine work; additional meetings appeared to be a deterrent to partners that do not have a clear connection to community prevention work. The consistency of collaborative meeting attendance was also noted as a challenge in CWB communities.

> "The amazing help and support, financial help and stability."
>
> A CR parent on how the strategy benefits the family

Turnover of key staff. Although hiring new staff was reported as a strength in most communities, it also came with a set of challenges as well. Training staff in key positions (or operating without key staff) has resulted in down time in programming while staff learned implementation strategies and data tracking and reporting processes. Communities also reported that without a centralized individual to oversee collaborative processes, communication across agencies became limited and information was not being shared as frequently. A decrease in engagement across community partners was also recognized in these communities and strategies are being developed to address re-engagement efforts.

ENGAGEMENT

How are Collaboratives working to ensure that young people and families are actively engaged in all aspects of their community's prevention system?

For this 6 month report, each community was asked, "How is your Collaborative working to ensure that young people and families are actively engaged in the planning, implementation, and evaluation of their community's prevention system?" All but one community responded to this request. Responses are summarized below.

Strategies were tailored to encourage community engagement. The most commonly reported approach to engaging young people and families was through the strategies the Collaboratives supported. For example, in Community Response (CR), "families are encouraged to create and drive plans and desired outcomes." The Connected Youth Initiative (CYI) actively engages young people in "planning, implementation, and evaluation." Programs such as Parents Interacting with Infants (PIWI) and Parent Child Interaction Therapy (PCIT) use "community marketing" via local organizations. Innovative programs, such as a Maternity Leave Program, a 6-month family engagement program, or voucher systems to boost participation in mental health initiatives are designed to give "children, youth, and families [a] stake in their well-being and helps them gain skills to cope with crisis." Community Cafés fostered engagement by using parent-facilitators. A couple of existing and novel programs also aimed to facilitate "Parent-to-parent support groups" or other small discussion groups.

Collaboratives also spoke more globally about their strategies by listing specific strategies as examples of engagement (e.g., Community Coaching, Financial Classes, Mental Health seminars, and a Parent Corner at the local library), and/or indicating, “Families are involved via participation in programs and evaluation.”

Engagement was supported through partnerships and community connectedness. Many Collaboratives also noted how their leadership and/or Collaborative members were actively involved in their communities, working as facilitators of engagement. Connections with local organizations, both through Collaborative meetings and via Collaborative members reaching out to non-member organizations, encouraged the participation from community members “who offer numerous community ideas for how to support families.” Communication with law enforcement and other community agencies also kept Collaboratives appraised of “current needs and areas of success.”

Cross-organization representation also supported community connections. For example, an advocate for one local organization regularly attended the development group meetings of another group, where she could “share her perspective on outreach and marketing efforts.” Another Collaborative worked closely with community partners during the hiring processes of staff members and while developing policies and procedures for some of their funded projects. In another community, the Central Navigator for CR partnered with their local ENCAP and Head Start programs and they noted that their “school counselors continue to form relationships with students and their families to bring that information back to our Community Response Team meetings.” One community noted their “director works hard to make herself accessible to our communities whenever possible.”

Many of the collaborative organizations discussed were actively “working on communication to families” and/or invited family representatives to organization meetings. One community reported their connection with faith-based organizations encouraged “continuous contact with families.”

Collaboratives also listed many community gatherings as ways they encouraged engagement from their community members. These included special events (such as holiday parties), government engagement activities (e.g., town hall meetings, coffee meetings with community leaders, and economic development meetings), and local programming support (which included work, meetings, events, and membership for local programming/groups, leadership groups, and advisory boards).

Some communities were fostering engagement by making systems improvements. A new Central Navigator in one community “greatly improved” the accessibility for families and youth to get services. Their CR process also now allows families and youth to “provide input that can improve the planning and implementation…and how we coordinate with other agencies in serving families or youth in need.” In another community, new funds for “family engagement stipends” have been added for the 2020 year.

Special stories illustrated how Collaboratives encouraged engagement. A few communities also identified success stories they felt were examples of how their Collaborative was actively engaging young people and families. Two of the stories discussed how connecting specific families with resources “has helped [them] become more self-sufficient” and the gratitude they shared for the support they received. Another discussed a “community crisis” during which several community members, local organizations, and the Collaborative collectively problem solved.

Summary. Collaboratives identified several ways they were working to ensure that young people and families were actively engaged in the planning, implementation, and evaluation of their community’s prevention system. These included tailoring current strategies to encourage engagement, fostering engagement through community partnerships, supporting community gatherings, and making systems improvements. A few communities also shared success stories illustrating examples of what community engagement looked like in their Collaboratives.

A Collaborative Success Story

While most of the participants in Lancaster County's Community Response are referred through providers embedded in the school system, this story illustrates a success that happened outside of that typical model. When a young mother was referred to Community Response, we learned that she had a previous history with the child welfare system with her older children. As she was expecting a new baby, she and her Community Response provider were determined that previous history would not repeat itself. The provider worked with the mom to set up housing assistance, parenting supports, health care access - all the things that a young, expectant parent worries about. And we were successful. Not only was this mom able to maintain the growth and new skills she achieved by working with Community Response, but that also resulted in being able to raise her child herself. Due to the mom's hard work and determination and support from Community Response, the story – that could have ended with temporary or permanent separation – was changed. "Community Response is an opportunity to change the narrative. To change that family story of what could have been. And our school partners are seeing this and rather than making a referral to this really scary, intimidating (governmental) system, it's making a referral to a system designed to uplift, empower, and support families," said the Lancaster County Director of Community Impact.

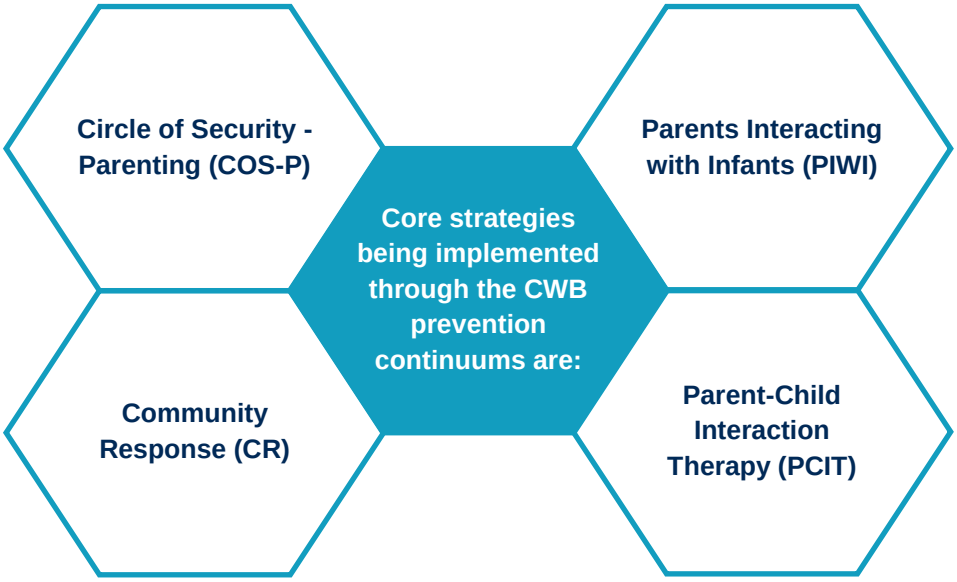
Evaluation Findings: Individual-Level Prevention Strategies

As a complement to systems-level work, Nebraska Children also funds and supports the development of a continuum of strategies to meet the needs of children across the age span (i.e., birth through 25). Below is a comprehensive list of the prevention strategies adopted by communities and supported by Nebraska Children during the first six months of the grant year. Starred strategies are those that were core to Nebraska Children's work. Additional information about the ratings listed on the table is provided in the paragraph below.

Community Well-Being Prevention Strategies, Participating Communities, and Evidence-Based Ratings

Strategy	Community(ies)	Rating/Level
0-3 Prime Age to Engage	Growing Community Connections	Emerging I
Behavioral Health in the Schools	Lancaster County	Emerging I
Circle of Security – Parenting*	Families 1st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership	Promising II
Community Cafés	Lancaster County	Emerging I
Community Response (CR)*	All CWB communities	Emerging I
Discovery Kids	Hall County Community Collaborative	Emerging I
Elementary Attendance Monitor	Community & Family Partnership	Emerging I
Library Parent Corner	Growing Community Connections	Emerging I
Parent-Child Interaction Therapy (PCIT)*	Community & Family Partnership, Fremont Family Coalition, Families 1st Partnership, Growing Community Connections, Norfolk Family Coalition	Supported III
Parent Connectors	Hall County Community Collaborative	Emerging I
Parents Interacting With Infants (PIWI)*	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	Emerging I
School Family Activities	Families 1st Partnerships	Emerging I
Sizzling Summer Enrichment Program	Community & Family Partnership	Emerging I

Evidence-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 reporting period, grantees adopted 18 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 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).



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

OVERALL SUMMARY OF CHILDREN AND FAMILIES SERVED

During the first six months of the 2019-2020 evaluation year, Nebraska Children provided funding and other support to eleven communities to promote children's safety and well-being through a range of prevention strategies. Communities served large numbers of families and their children across multiple strategies. Overall, more than 1,000 families and more than 2,000 children were served directly in the past 6 months. Communities had an even broader reach by implementing community-wide strategies (e.g., community resource fairs). When families engage in these events, they are considered "served indirectly". These broad-based strategies reached over 1,000 families and 1,000 children.

Most caregivers identified as women (81%). More than half of the families served were at risk due to poverty (60%).

Overall Summary of Children and Families Served[1]			
Number of Families Served Directly	1654	Number of Families Served Indirectly	1142
Number of Children Served Directly	2703	Number of Children Served Indirectly	1000
Number of Parents with Disabilities Served Directly	139		
Number of Children with Disabilities Served Directly	194		

[1] This table does not include the number of parents, children, and professionals that participate in community parent engagement events. Approximately 2,240 individuals attended those events this past year. This table does not include the parents and children that attended Community Cafés.

Information from 4 Core Strategies: CR, PCIT, PIWI, and COS-P (1,454 Participants)			
Number of Participants that identified as Female	1176	Number of Participants that identified as Male	268
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			868

Evaluation Findings: Core Strategies

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 (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 – Parenting, a statewide strategy, was implemented over the past six months in three CWB funded communities—specifically, Lancaster County, Hall County Community Collaborative, and the Panhandle Partnership.

Most caregivers identified as female (60%). Half of the families served were at risk due to poverty (51%).

The following is a summary of the demographics of the children and families served by all Community Well-Being communities currently implementing Circle of Security - Parenting. For Circle of Security - Parenting, racial and ethnicity demographics were reported separately.

Strategy: COS-P			
Number of Families Served Directly	86	Number of Families Served Indirectly	NA
Number of Children Served Directly	86	Number of Children Served Indirectly	NA
Number of Parents with Disabilities Served Directly	0		
Number of Children with Disabilities Served Directly	0		

Strategy: COS-P			
Number of Participants that identified as Female	52	Number of Participants that identified as Male	34
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			44

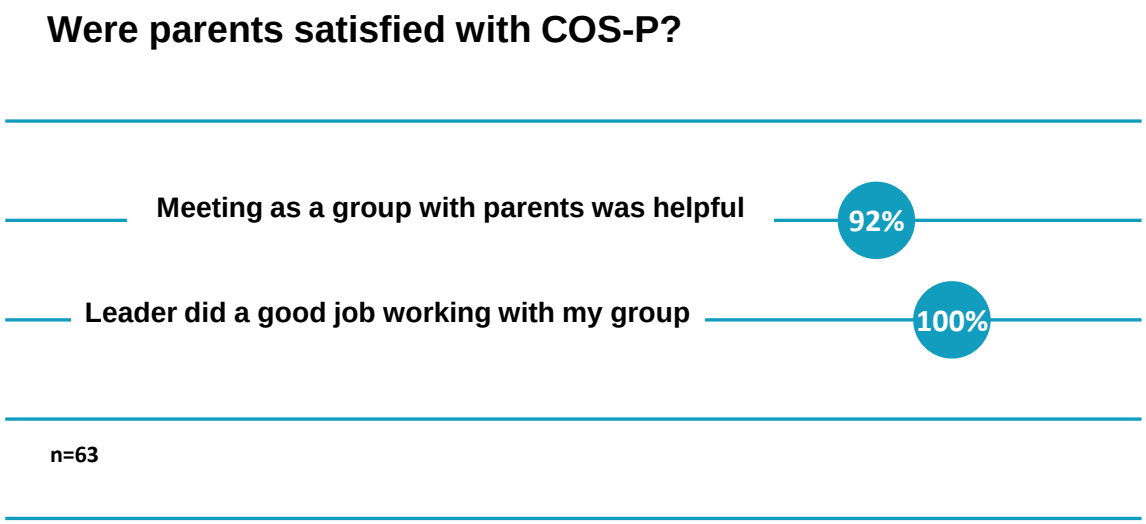
Evaluation Findings

Were 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. Sixty-four (64) 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 statistically significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [$t(63)=-15.131$, $p<.001$, $d=1.893$]; relationships with their children [$t(63)=-6.629$, $p<.001$, $d=0.828$]; and decreased stress [$t(63)=-7.822$ $p<.001$, $d=0.978$]. These results suggest a strong meaningful change, suggesting that COS-P is positively supporting parents in gaining skills to interact with their children.

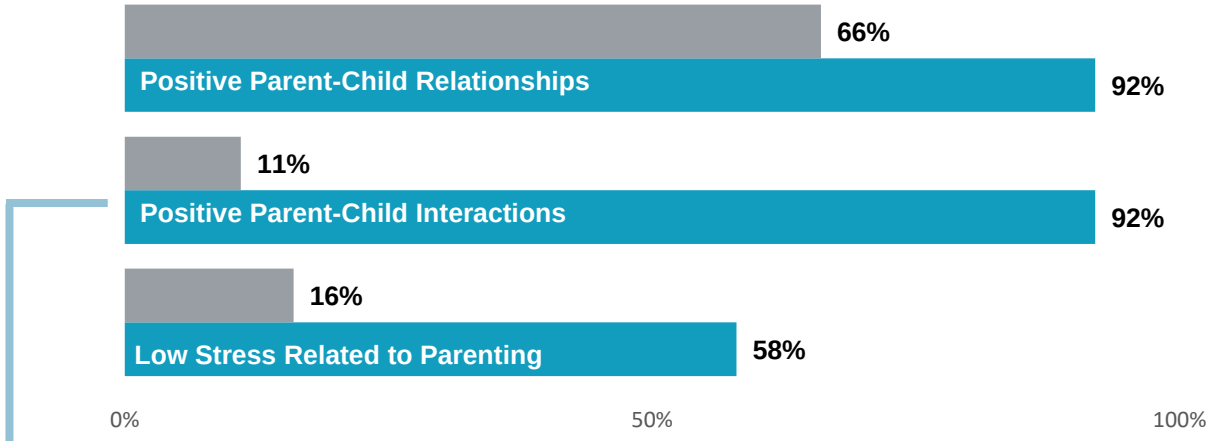
Were parents satisfied with Circle of Security-Parenting?

Overall, the parents that were served by COS-P reported that meeting with a group of parents was helpful (92%). The majority felt the leader did a good job working with the group of parents (100%). Sixty-three of the 64 participants completed the satisfaction survey.



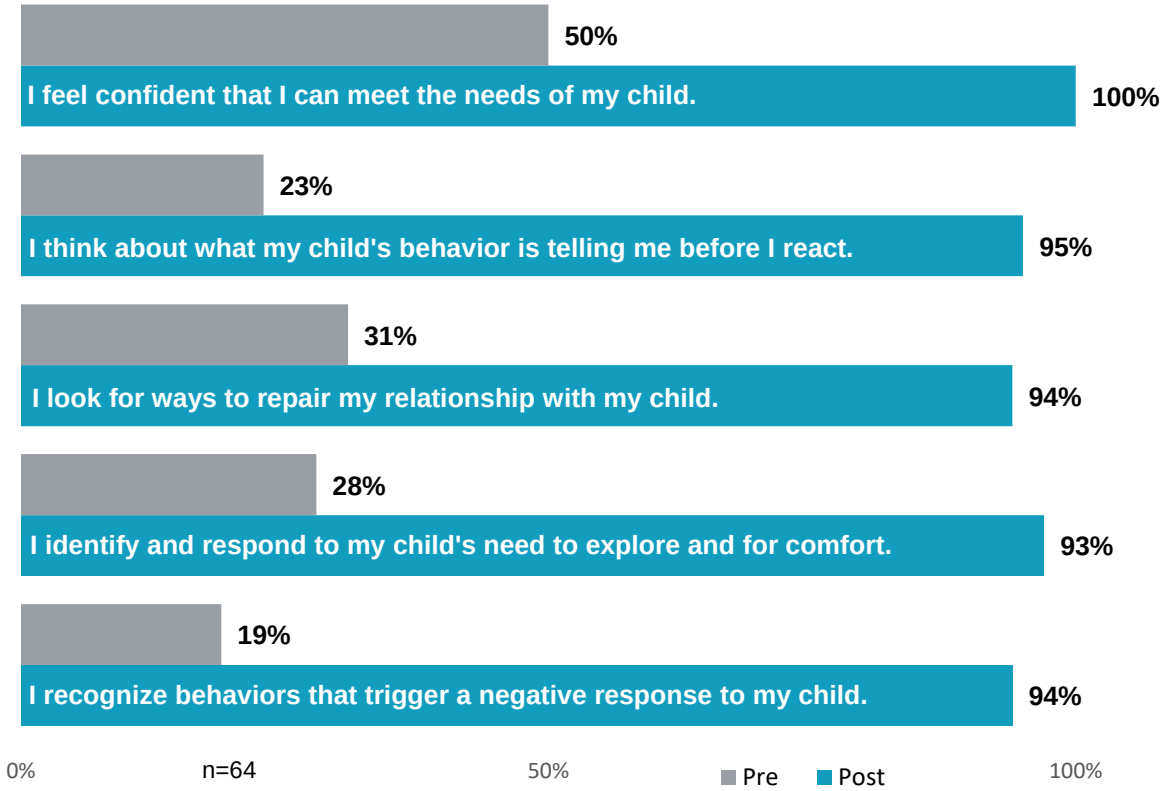
Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.

More parents rated their stress level lower by the end of the COS-P session.



Positive Parent-Child Interaction Items: Parents made significant gains across all areas.

The most gains were made in thinking what their child's behavior is tellling me and recognizing the triggers for a negative response to their child.



COMMUNITY RESPONSE PROJECT (CR)

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

Most caregivers identified as women (82%). More than half of the families served were at risk due to poverty (60%).

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. For the purpose of Community Response, the public funding specifically targets supporting families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan (the full age spectrum of children, individuals, and partners).

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

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

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

Since 2018-2019, Community Response work included an intentional focus on behavioral health. Communities’ work focused on supporting individuals' access to mental health services, as well as, building the capacity of the community around mental health needs through, for example, training events and/or bringing in new, outside funding.

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

Eleven communities are implementing Community Response and participated in the statewide evaluation of this work during the current evaluation year. These were:

Community & Family Partnership (Platte and Colfax Counties)

Douglas County Community Response Collaborative

Families 1st Partnership (Lincoln and Keith Counties)

Fremont Family Coalition (Dodge and Washington Counties)

Growing Community Connections (Dakota County)

Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley Counties)

Lancaster County

Lift Up Sarpy (Sarpy County)

Norfolk Family Coalition (Madison, Wayne, and Stanton Counties)

Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner Counties)

York County Health Coalition

Two communities (Sandhills and the Santee Sioux Tribal Community) are in year one of implementing Community Response, with a plan to join the statewide evaluation in the subsequent evaluation year. Two additional communities beyond these (Dawson County and Winnebago Tribal Community) are in the initial, planning stage for Community Response.

Strategy: Community Response			
Number of Families Served Directly	1331	Number of Families Served Indirectly	NA
Number of Children Served Directly	2322	Number of Children Served Indirectly	NA
Number of Parents with Disabilities Served Directly	137		
Number of Children with Disabilities Served Directly	182		

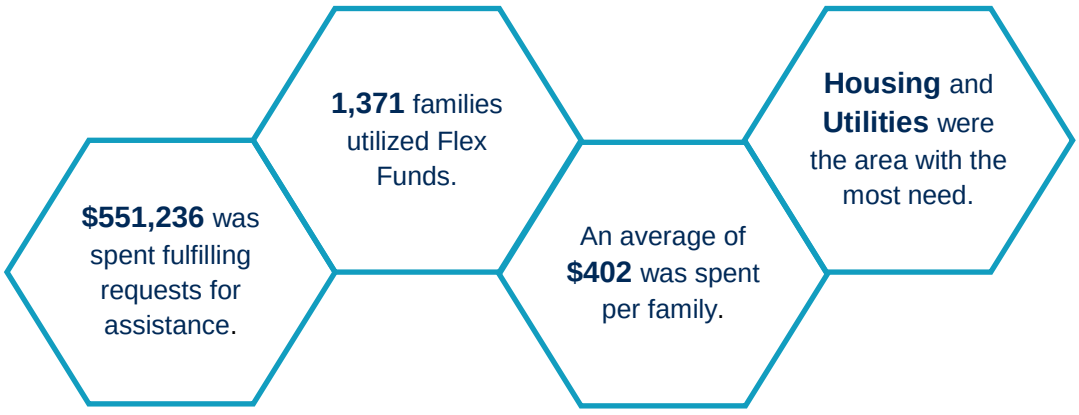
Strategy: Community Response			
Number of Participants that identified as Female	1091	Number of Participants that identified as Male	230
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			797
As of today's date, number of participants between the ages of 14 and 25			319
Number of Participants that are currently pregnant or expecting a child			90
Number of Participants that are currently a parent or caring for a child (foster parent, grandparent, etc.)			690

What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This past six months there were 1331 families (unduplicated count) that made one or more request. Five percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority of the funds were allocated for housing related needs, such as rent and deposits (53%). The remaining funds were spent on resources for families related to utility assistance (24%), transportation (8%), and other needs (5%).

Priority Area	Total Number of Families Receiving Flex Funds*	All Dollars	Percent of Total	Average Dollars per Family
Housing	465	$291,802.19	52.94%	$628
Utilities	408	$130,325.03	23.64%	$319
Transportation	140	$45,029.08	8.17%	$322
Other	80	$27,707.31	5.03%	$346
Mental Health	162	$27,282.30	4.95%	$168
Education	11	$10,515.75	1.91%	$956
Daily Living	44	$7,202.35	1.31%	$164
Parenting	46	$6,230.77	1.13%	$135
Physical/ Dental Health	10	$4,446.00	0.81%	$445
Employment	5	$695.29	0.13%	$139
Total	**1,371**	**$551,236.07**		**$402**

*Duplicated count



Evaluation Findings

Did Community Response help to support families improve their Protective Factors and their Hope and Resilience?

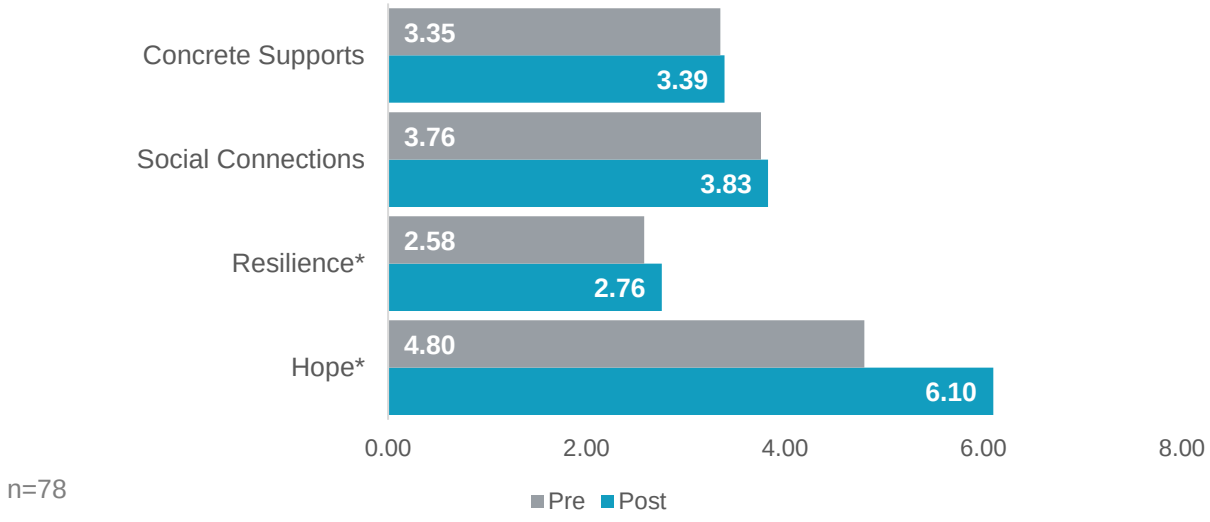
In order to evaluate the efficacy of Community Response, three scales were used [FRIENDS Protective Factors, Hope and Resilience scales]. The FRIENDS PFS subscales were administered at the time of the application and at completion of services (which was typically 30 to 90 days). The Hope and Resilience scales were administered as a pre-post retrospective scale at the completion of services.

Baseline Protective Factor data was collected on 441 CR participants. The results found that participants scored in the mid-range (3 = "sometimes") for both Concrete Supports (3.43) and Social Supports (3.83). Follow-up surveys were completed by 78 participants. A paired-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores (e.g. Concrete and Social Supports). The results found that no statistically significant changes occurred over time.

Retrospective Hope and Resilience surveys were completed by 78 participants. A paired-samples t-test analysis was completed to compare pre-post Hope and Resilience scores. The results found that families made statistically significant improvements in the areas of Hope [pre mean=4.80; post mean=6.10; [t(78)=-5.547; p<.001; d=0.620] and Resilience [pre mean=2.58; post mean=2.76; [t(77)=-3.795; p<.001; d=0.620]. These results suggest parents participating in Community Response improved their Hope and Resilience at follow-up.

Participants engaged in Community Response demonstrated significant improvements in Hope and Resilence.

No significant changes were found for Concrete Supports and Social Connections.



*Indicates statistically significant improvements over time.

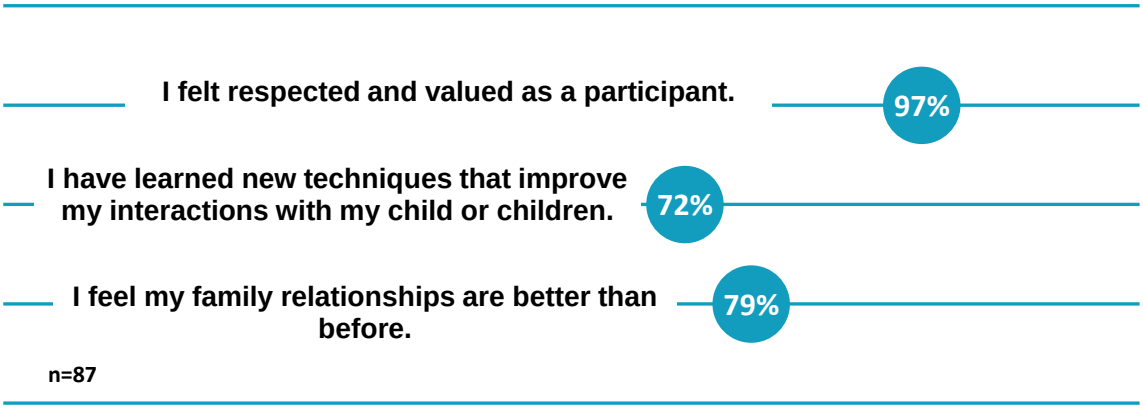
Hope (based on 8 point Likert Scale); Resilience (based on a 4 point Likert Scale); Concrete & Social Supports (based on a 5 point Likert Scale)

> We were not evicted and able to get caught up on my rent – Thank you.
>
> A CR parent

Were parents satisfied with Community Response services?

Overall, the parents that were served by Community Response felt respected and valued by staff (97%). Most reported that their relationship with their child had improved (79%). Most also reported having learned at least one technique to help their child learn (72%).

Were parents satisfied with Community Response?



A Community Response Family Success Story

Most of the families we work with are initially referred to Community Response due to financial issues – having basic needs they can't meet. They have rent that's overdue and are facing eviction, their utilities are going to be shut off, they can't afford childcare, etc. One family we are working with found their situation suddenly in crisis. They are a refugee family that came to the community speaking only French. Not only were they in a new community with all of the challenges that means, but language barriers made them feel isolated. A representative from a local church took them under their wing and provided some emotional and spiritual support but didn't know how to connect them with different resources in the community. When the family was connected to Community Response, there were some initial hurdles in language, but thanks to Google Translate, the local coach has been really a great support to help them problem solve, and to be an additional person to listen and talk to. In addition to the challenges the family was facing, the father recently passed away from brain cancer and the families' struggles have now reached crisis. Dad was the sole financial provider for the family and as Mom struggles with health issues as well, isn't currently able to work. Their coach is helping them access supports to meet their basic needs and help the mom make plans to provide for her kids in the future. The importance of a coach in place that Mom feels comfortable with and can help her plan for the next step in her life cannot be overstated – not only for the access to resources but to have a supportive connection in the community. As wrapped up by the Central Navigator, "Prevention is helping us become a healthier community. And then we have families that don't have to enter what is really a negative system."

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 age's two to seven 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 implemented in five Nebraska Community Well-Being communities (Community & Family Partnership, York County, Families 1st Partnership, Growing Community Connections, and Norfolk Family Coalition) and two communities supported by the Fund board (Adams and Saline Counties).

Five CWB communities provided attendance data from 10 families' participation in PCIT sessions. Families participated in PCIT with varying numbers of sessions attended, ranging from one to 24 sessions. Overall, average attendance across communities was eight. Parents participated in 100% of their possible sessions.

Most caregivers identified as women (94%). Almost three quarters of the families served were at risk due to poverty (72%).

Strategy: PCIT			
Number of Families Served Directly	18	Number of Families Served Indirectly	0
Number of Children Served Directly	18	Number of Children Served Indirectly	18
Number of Parents with Disabilities Served Directly	1		
Number of Children with Disabilities Served Directly	0		

Strategy: PCIT			
Number of Participants that identified as Female	17	Number of Participants that identified as Male	1
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			13

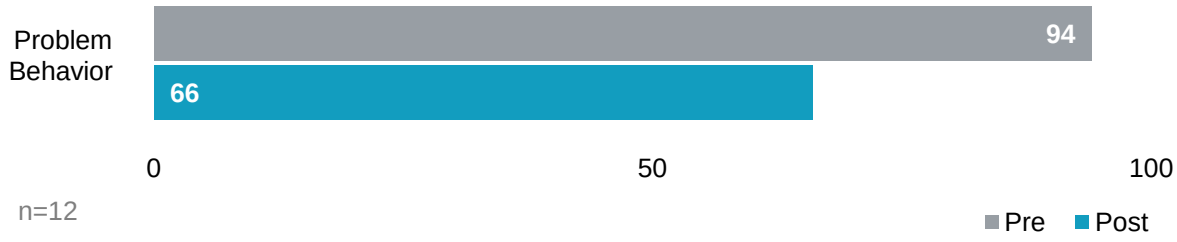
Evaluation Findings

Did children's behavior improve?

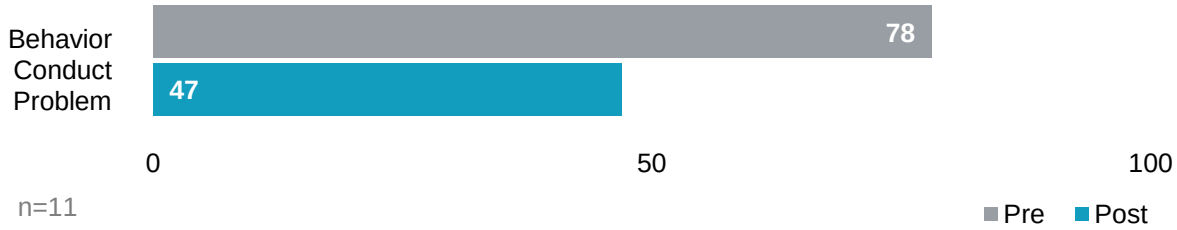
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. Eighteen children had pre-post ECBI data. There was a decrease in intensity of the problem, although it was not statistically significant. There was a statistically significant decrease in parents' perception of the behavior as being problematic [t(11)=2.404; *p*=.035; *d*=0.694]. 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. On average, the intensity of children's behavior was below the "problem behavior" range. Although there were significant reductions in children's conduct, on average, parents' concern regarding their child's intensity of their conduct was still in the high range.

The intensity of the children's behavior was reduced.
A score of 131 or higher reflects problem behavior.



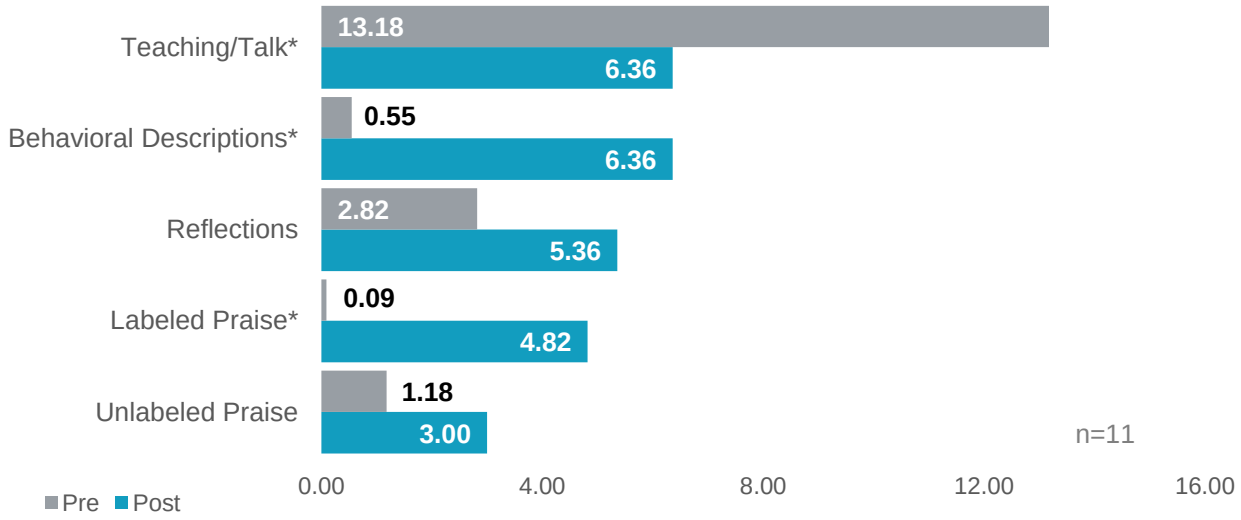
Children significantly reduced problem scores related to child conduct.
A score of 15 or higher reflects parent concern regarding child's conduct.



Did the parents improve their parent-child interactions?

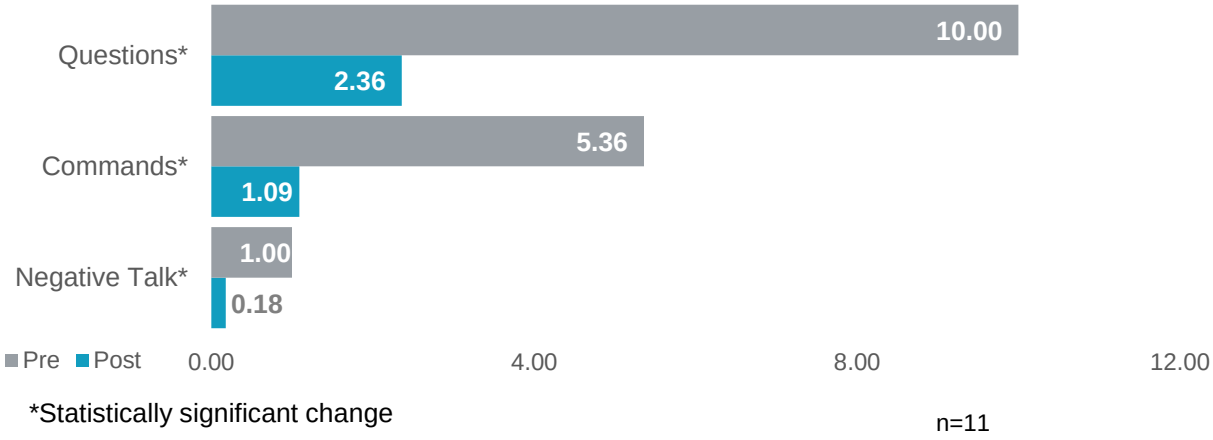
The Dyadic Parent Child Coding System (DPICS) is a behavioral coding system that measures the quality of parent-child social interactions. It is used to monitor progress in parenting skills during treatment and provides an objective measure of changes in child compliance after treatment. Parents' interactions with their children were observed and coded, documenting the total number of times positive and negative (use of questions, commands or negative talks) parent interactions occurred. The following summarizes the total number of behaviors observed at baseline to the most current assessment. Time between assessments varied by client.

Parents' interactions with their children significantly improved across all areas except for Teaching/Talk.



*Statistically significant change

Parents significantly decreased their negative interactions with their children.



*Statistically significant change

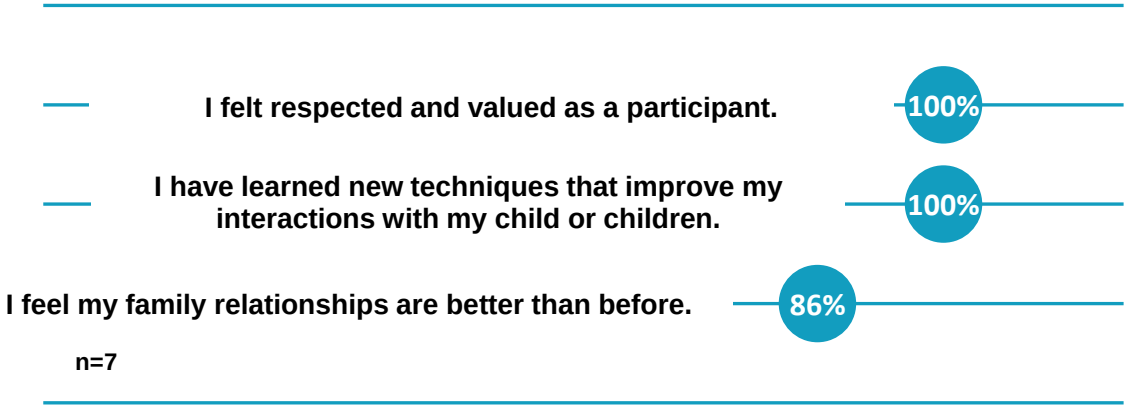
n=11

A paired t-test analysis found that there were statistically significantly improved positive behaviors over time including use of behavioral descriptions [t(10)=-3.502; *p*<.006; *d*=1.055; and labeled praise [t(10)=-3.404; p<.007; *d*=1.026] and significantly decreased use of questions [t(10)=2.535; *p*<.030; *d*=0.764]; commands [t(10)=3.456; *p*=.006; *d*=1.041]; and negative talk [t(10)=2.324; *p*=.042; *d*=.700]. These results suggest that parents improved their interactions with their children after participation in PCIT.

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 (86%), they learned new techniques (100%), and reported feeling respected (100%).

Parents demonstrated high levels of satisfaction with the services provided by PCIT therapists.



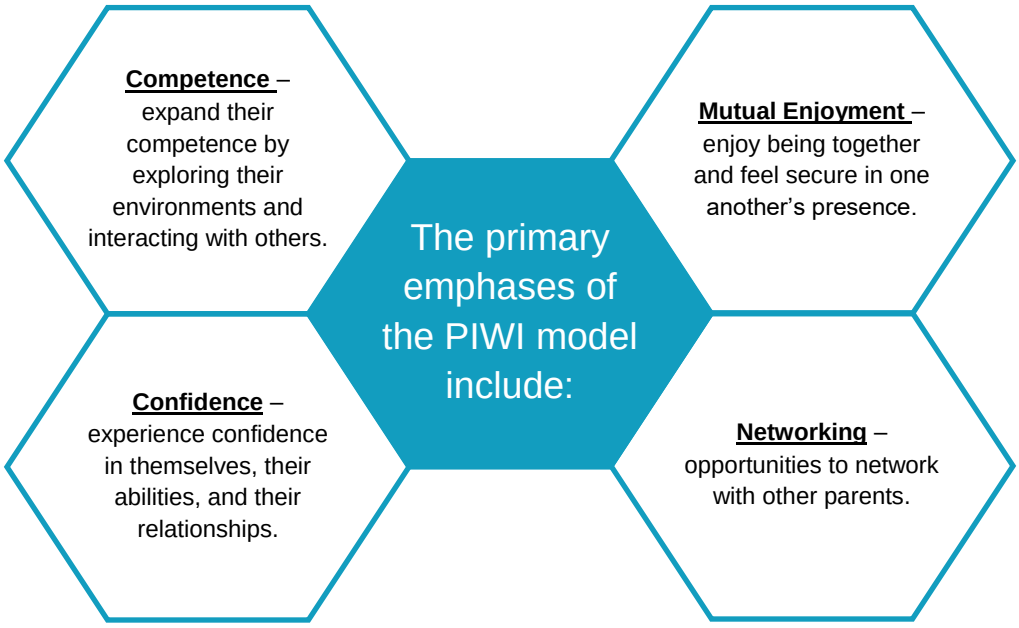
PARENTS INTERACTING WITH INFANTS (PIWI)

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 interactions with their young children. 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.

Most caregivers identified as women (84%). Almost three quarters of the families served were at risk due to poverty (74%).

Three communities implemented PIWI including the Community & Family Partnership, Family 1st Partnership, and Growing Community Connections.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between one and nine sessions. The average attendance was six sessions, or 73% of the offered sessions.



> Setting aside a day of the week to focus on my son. Learning better ways to interact.
>
> A PIWI parent on how the strategy benefits the family

Strategy: PIWI			
Number of Families Served Directly	19	Number of Families Served Indirectly	0
Number of Children Served Directly	19	Number of Children Served Indirectly	4
Number of Parents with Disabilities Served Directly	1		
Number of Children with Disabilities Served Directly	0		

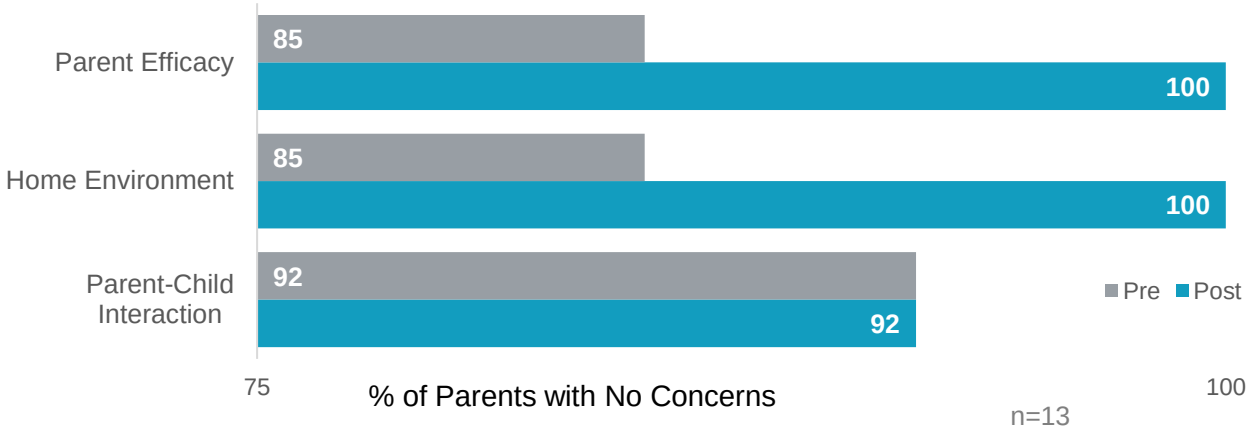
Strategy: PIWI			
Number of Participants that identified as Female	16	Number of Participants that identified as Male	3
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			14

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. Parents' responses are categorized into "no concerns" and "possible concerns." The percent of concerns pre and post were compared descriptively. The results found that by the end of the PIWI sessions, the majority of the parents rated the three areas in the no concerns category. The greatest number of parents moved from the "concern" category in the Parent Efficacy and Home Environment area.

Most parents rated their parenting positively by the end of the PIWI sessions.
The most gains were in Parent Efficacy and Home Environment.



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. All areas were positively rated.

Were parents satisfied with Parents Interacting With Infants (PIWI) services?

Evaluation Findings: Community Specific Prevention Strategies

0-3 PRIME AGE TO ENGAGE

Every child that comes into Siouxland Community Health of NE and IA gets a free book, a prescription from their doctor to read with their child, and encouragement to spend special one-on-one time with their child/children. Since July, in just Nebraska alone, the SCHC office has seen over 313 children and given them the books and prescriptions to read.

Strategy: 0-3 Prime Age to Engage			
Number of Families Served Directly	0	Number of Families Served Indirectly	313
Number of Children Served Directly	0	Number of Children Served Indirectly	313
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	9
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	3

BEHAVIORAL HEALTH IN THE SCHOOLS

Strategy: Behavioral Health in the Schools			
Number of Families Served Directly	111	Number of Families Served Indirectly	0
Number of Children Served Directly	118	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	8
Number of Children with Disabilities Served Directly	7	Number of Organizations Participating	3

Behavioral Health Services were provided for specific children and families referred through the Community Learning Centers (CLCs) at select school sites in the Lincoln community (Lancaster County). 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 students' abilities to be in class on time and ready to learn. Many real life circumstances contribute to trauma and a deep sense of loss and insecurity. Immigration status and cultural issues, economic insecurity due to low wages, frequent moves, and homelessness all impact students' overall emotional well-being. The CLC strategy has partnered with Family Service to provide school-based mental health services at the CLC schools. This has served to address an identified need by

the principals for increased support to students and families in this area. The project staff continue to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high-quality mental health services in our community.

DISCOVERY KIDS

Discovery Kids is a free, seven-week prevention education program for youth in grades 2-5 who want to have fun as they learn more about themselves in a safe and supportive environment. The Hall County Community Collaborative aims to improve the quality of behavioral health supports, decrease substance abuse in the community, increase youth knowledge of alcohol, tobacco, and other drugs and their related problems (including addiction), and increase youth life skills designed to help them make healthy choices. Community partners involved in the Discovery Kids program include Grand Island Public Elementary Schools, Tobacco Free Hall County Coalition, CHI Health St. Francis Cancer Treatment Program, Heartland Unity Way, and others.

Strategy: Discovery Kids			
Number of Families Served Directly	65	Number of Families Served Indirectly	0
Number of Children Served Directly	65	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	2
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	3

ELEMENTARY ATTENDANCE MONITOR

The Elementary Attendance Monitor program is to provide extra support for students with excessive tardies or absences. The monitor program implements services to improve attendance and communication with the school and parents to implement a plan of action. This program also connects families to resources and empowers them to become more active in their child's educational journey. The Community & Family Partnership conducts this activity for all Columbus Public Elementary Schools.

Strategy: Elementary Attendance Monitor			
Number of Families Served Directly	15	Number of Families Served Indirectly	35
Number of Children Served Directly	15	Number of Children Served Indirectly	8
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	3
Number of Children with Disabilities Served Directly	1	Number of Organizations Participating	4

LIBRARY PARENT CORNER

Growing Community Connections (GCC) sponsored the Parent Corner that is located at their public library. It is a corner where children and parents can go to play one-on-one with special toys they can check out. Special toys are provided in the area with fun ideas on how to use them. There are library staff on hand to support parent-child interactions and there are information sheets available to help with challenges that can come up in parenting, such as temper tantrums.

Strategy: Library Parent Corner			
Number of Families Served Directly	0	Number of Families Served Indirectly	675
Number of Children Served Directly	0	Number of Children Served Indirectly	675
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	5
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	3

PARENT CONNECTORS

Parent Connectors is a mentoring program that supports parents of current middle school students with emotional or behavioral issues. Parent Connectors provide brief (up to one hour) weekly phone calls with families which focus on: emotional support - to reduce feelings of blame and stigma, instrumental support - to meet basic needs such as food, clothing, and housing, and informational supports - in areas such as special education regulations and procedures, and strategies to support academic and behavioral success in the home, school, and community. The Hall County Community Collaborative aims to improve the quality of behavioral health supports for their community through Parent Connectors.

Strategy: Parent Connectors			
Number of Families Served Directly	9	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	0	Number of Staff Participating	5
Number of Children with Disabilities Served Directly	4	Number of Organizations Participating	2

SCHOOL FAMILY ACTIVITIES

Families 1st Partnership supported three schools to host activities for families with the goal of building informal supports within their school community. Each group had family engagement nights that incorporate either academics or social-emotional topics into an evening of activities for families and children. The family events are held approximately once per month.

SIZZLING SUMMER ENRICHMENT PROGRAM

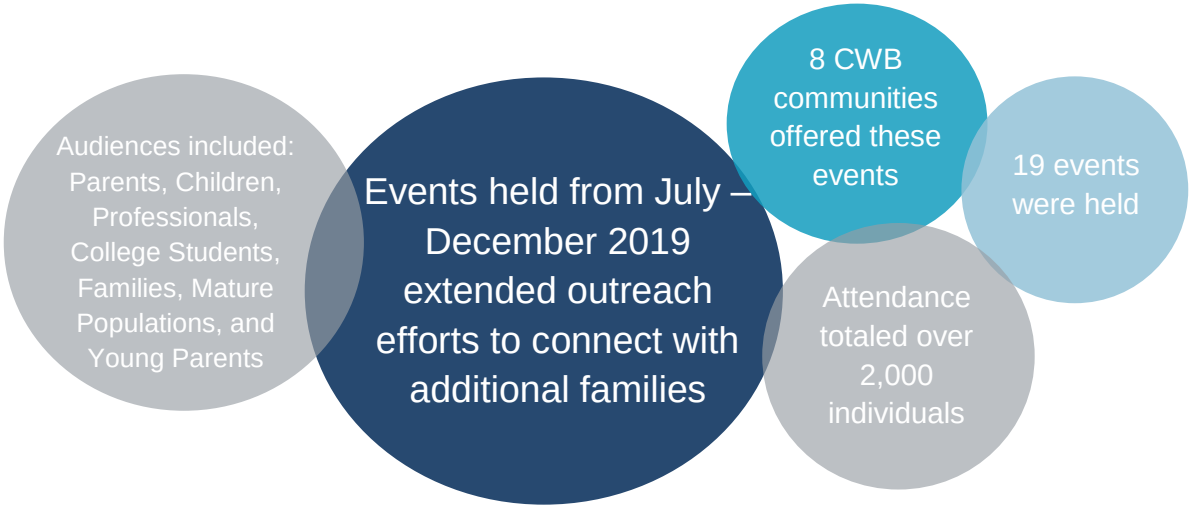
The Sizzling Summer Enrichment Program is a collaboration between our local Partnership, United Way and Columbus Public Schools. Approximately 40-45 children, almost all of which meet at least one at-risk criteria, attend this four-week morning program. Classrooms for children in grades K-2nd (as of just completed school

year) are operated by certified teachers who focus on maintaining reading skills over the summer. Staff and community partners also provide an enrichment time with fun activities that often have a STEM focus.

Strategy: Sizzling Summer Enrichment Program			
Number of Families Served Directly	0	Number of Families Served Indirectly	52
Number of Children Served Directly	33	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	6
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	1

PARENT ENGAGEMENT: COMMUNITY AND FAMILY EVENTS

Eight Child Well-Being Collaboratives (Community & Family Partnership, Douglas County Community Response Collaborative, Fremont Family Coalition, Growing Community Connections, Hall County Community Collaborative, Norfolk Family Coalition, Panhandle Partnership, and York County Health Coalition) sponsored community and family events. The purpose of the events varied. Examples include: educational offerings (e.g., a Safety and Wellness Conference), family fun events, parades, legal clinics, and suicide and child abuse prevention events. Events were available to all community members. These 19 community events hosted approximately 2,240 individuals and community agencies.

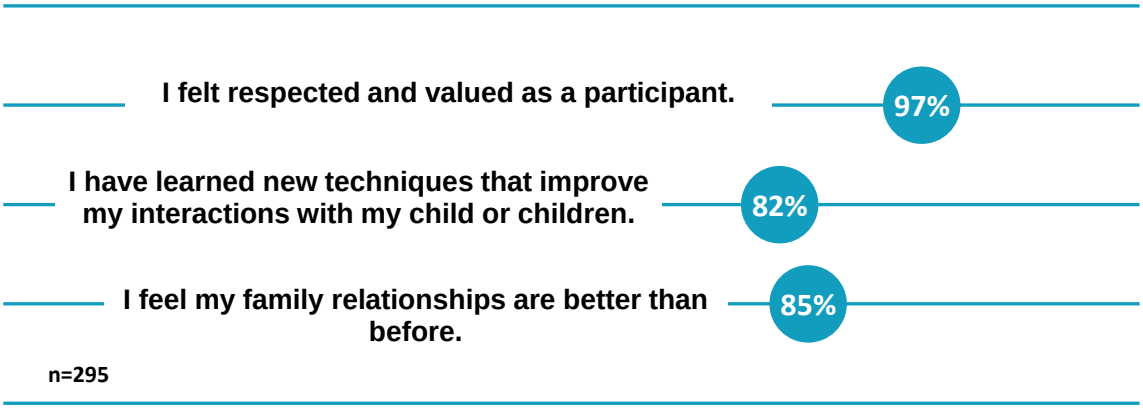


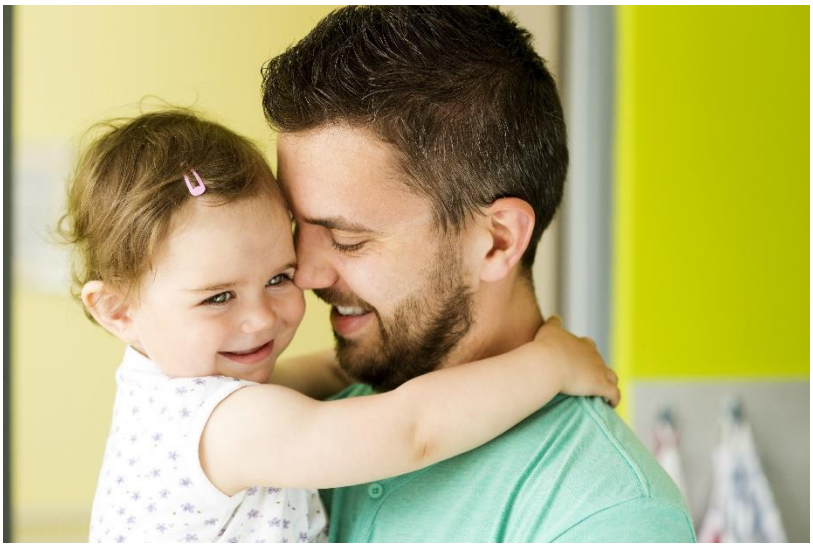
CROSS-STRATEGY SATISFACTION

How satisfied were the families?

For each strategy that parents participated in, they completed a satisfaction survey. Overall, the parents rated the strategy implementation very positively. Highest ratings were in the areas of being respected by staff (97%). Most parents indicated that they had adopted new parenting techniques (82%) and that their family relationships were better than before (85%).

Were parents satisfied with participation in CWB strategies?





As my role as an administrator with DHHS in the Northern Service Area, we are very fortunate to have five community collaboratives within the counties that we serve. When I go to collaboration meetings, it's truly just awe-inspiring and really energizes me to go back and do my work. I see partners coming together who never would have been sitting at that table together, having conversations about how we're going to change the way we do our work, and coming up with innovative ideas on how to have thriving youth and families in our communities.

The power of local community collaboratives is that they are a central point for families to get help and get answers to their questions. It's been a way for families to feel connected to their communities. And when they need some assistance, they're able to go to one spot, instead of going to multiple nonprofits and churches and other organizations and having to retell their story over and over again - which for most families feels shameful. It's just been a great collaboration between community partners to come together to help those families feel empowered and to be able to get the help they need in a short amount of time.

Nebraska DHHS has seen a 20% reduction in children in out-of-home care, that is result of a lot of hard work from our frontline staff and getting kids safely home with their families. It's also the result of two other things. One, the number of children and families that are coming into our system. We have a lot of families that are now being served in the community through Community Response, but we're also closing out family cases and able to refer those families into Community Response as well. "That means lower caseloads for my staff and then the families who are living in poverty, who don't need to be in our very intrusive system, can get the help in the community that they need." If something else does arise in the future before it gets to a crisis point, they have a contact within the community to be able to reach out to get the help they need, instead of coming back into the system.

Protection and Safety Administrator (DHHS)

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. MMI-UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes.

INDIVIDUAL-LEVEL PREVENTION STRATEGIES

How much did they do? Eleven communities funded throughout Nebraska directly served 1,654 families and 2,703 children using a range of strategies. A total of 8% of the parents and 7% of the children served had a disability.

How well did they do it? NC found that 97% of families reported that they were respected by program staff and therapists. The majority of the families indicated they had a better relationship with their child as a result of their participation (85%), and felt that they learned new techniques to use with their child (82%).

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

Is anyone better off? Shared measurement was established for four core strategies: Community Response, COS-P, PIWI, and PCIT. Analyses based on these common measures is summarized below. In addition, Collaboratives supported community specific initiatives in their communities that supported community specific identified needs.

SYSTEM APPROACHES

COMMUNITY WELL-BEING COLLABORATIVES

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities through working together based on collective impact approaches. Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement.

CWB Collaboratives:

- Trained over 3,500 individuals across 132 events.
- Leveraged over 625,000 dollars.
- Built their capacity and influenced policy at the local, state, and federal level.

INDIVIDUAL-LEVEL PREVENTION STRATEGIES

COMMUNITY RESPONSE

Families after coaching and/or access to flex funds:

- Improved Hope and Resilience.
- Supported 1331 families through the distribution of $551,236 in service supports.
- Housing and utilities were the areas of highest need for families.

CIRCLE OF SECURITY – PARENTING

Parents after participating in COS-P:

- Improved their interactions with their children.
- Improved their relationship with their child.
- Decreased the stress related to parenting.

PARENT-CHILD INTERACTION THERAPY

Parents after participating in PCIT:

- Improved their interactions with their children by using more positive and fewer negative strategies.

Children after participating in PCIT:

- Decreased the intensity of their behaviors and their negative conduct scores.
- Many parents continue to view their child's behavior in the high-problem range.

PARENTS INTERACTING WITH INFANTS

Parents after participating in PIWI:

- Improved their interactions with their children.
- Improved how their home environment supported child learning.
- Improved their sense of efficacy.

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