

Community Well-Being

2018-2019 Evaluation Report

October 2019



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AND FAMILIES FOUNDATION



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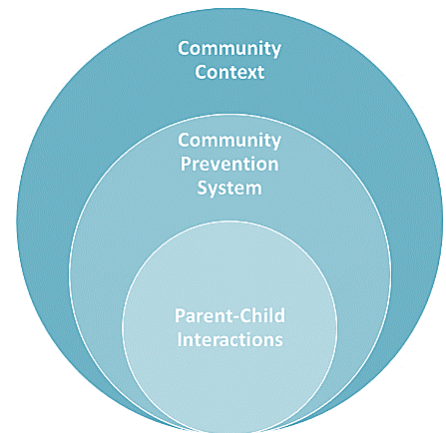


Nebraska Children and Families Foundation Community Well-Being

Program Description

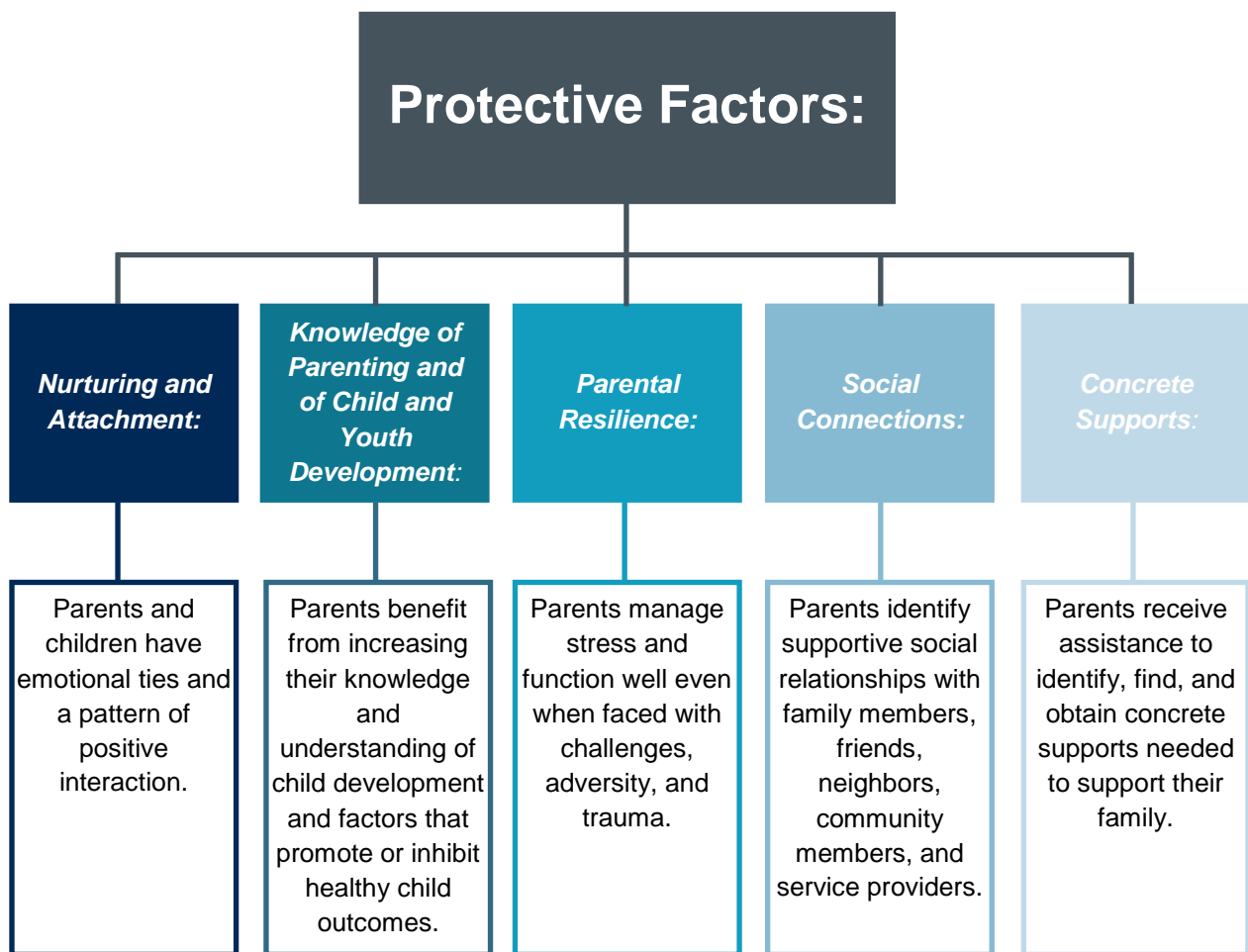
NEBRASKA CHILDREN PROMOTES COMMUNITY WELL-BEING

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 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.



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 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 1 st 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 \$3 million more funds than the previous grant year.

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

	2018-2019	2017-2018
Funding from Nebraska Children	\$5,319,340	\$3,785,315
New Grants and Funding Awarded Directly to Collaborative	\$329,947	\$649,412
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$2,728,504	\$637,139
TOTAL	\$8,377,791	\$5,071,866

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

CWB Collaboratives engaged in a number of activities to promote **new policies** within their community including the following:

- Lift Up Sarpy members participated in committees who are addressing current policies that are affecting families in Sarpy County. The Committee has worked closely with Metro Area Continuum of Care for the Homeless (MACCH) and Department of Health and Human Services to track funding and engage providers in a discussion about the need for funding supports for individuals who are homeless in Sarpy County. For 2019, the Housing Solutions Committee has prioritized the need for accurate homelessness and at-risk of homelessness data and is focused on collecting that data and sharing it with elected officials and others. Due to the flooding in the areas, multiple CWB Collaboratives took an active role in providing leadership to support the recovery in their community, implementing new policies to address the needs that arose as part of this disaster.



CWB Collaboratives engaged in a number of activities to promote **new administrative policies and/or procedures** as part of their local collaborative including the following:

- In an effort to improve regular tracking of Community Response activity, Lancaster County introduced monthly reporting with a centralized dashboard managed by the backbone. This measures both output and outcome data and allows them to track other collaborative activity related to the success of the program (such as calls into Central Navigation v. calls eligible for service).
- Resulting from Facilitated Strategic Planning, York County Health Coalition has prioritized developing and initiating an Employee Handbook. Fiscal internal control policies were also prioritized and initiated.
- During the 100 Day Challenge sponsored by Lift Up Sarpy, matching funds became available to assist families. Initially it was expected that those funds would be available to assist families with a wide variety of situations, but it soon became apparent that the primary need was for families to have assistance with car loans. The Collaborative has developed a policy that allows families to get assistance with every third payment of an established loan, if they have been part of a financial education class, have an on-going relationship with a Community Coach, and can use the funds to maintain, tax, or insure the car. This prevents repossessions, helps the families not have to risk doing anything illegal, and keeps them able to have transportation to get to work.
- Douglas County Community Response Collaborative established MOU for the 15 Flex Fund member agencies that outlined roles and responsibilities. These were all signed. In addition, their bylaws were updated for their steering committee.
- Bylaws were also updated by the Panhandle Partnership.
- Families 1st Partnership created new contracts and new project forms were designed and approved.
- Norfolk Family Coalition reviewed their employee policies and decided to contract for employee payroll and benefits. For families, they addressed a transportation need by contracting with the Norfolk Public Transportation to offer free and low cost transportation services to families and youth, while also providing access to car seats.

State Policies

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

- Growing Community Connections (Dakota) worked to develop an elevator speech for business leaders that they can share with legislators that inform them about the Collaborative and the needs of families in their community. Their state senator has attended meetings to hear about the work being done. Hall County Community Collaborative provided advocacy training (e.g., Public Policy Advocacy is Not Scary) to help build the capacity of community partners to advocate at the policy level.

Building community leaders' advocacy capacity was also a goal of several CWB Collaboratives including:

- Norfolk Family Coalition identified and supported community partners to participate in the Nebraska Early Childhood Leadership Academy.
- The Panhandle Partnership had community agency staff attend the advocacy workshop at the NAM Leadership Conference.



- Hall County Community Collaborative members met with their State Senator about how to provide testimony at a public legislative hearing.
- Members of the Lift Up Sarpy collaborative have communicated with State Senators frequently during the immediate impact of the flooding, and have also been in contact with the Mayor of Bellevue and the City Council, and County Commissioners and Administration.

Federal Policies

The backbone coordinator for Lancaster County met with an aide to Congressman Fortenberry to discuss how Community Response helps families in the Lincoln community.

TRAINING ACTIVITIES

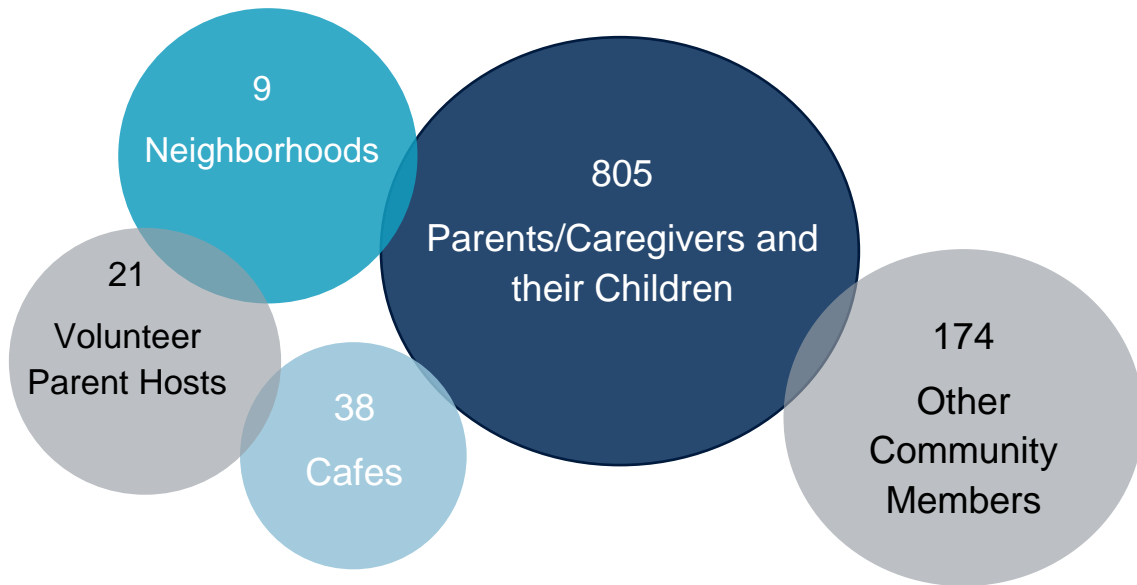
Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 154 events were reported with over 4,494 participants representing over 2,230 organizations engaged in training. While there may be duplication across training events in the counts of individuals and/or organizations, the data suggest that there was an increase in the number of training events and the number of individuals and organizations participating 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	15	60	235
Training for Communities (Either Parent or Professional)	Bullying and Suicide Prevention, Early Learning Guidelines, Trauma Informed Care	96	1950	3904
Training that Enhances Collaborative System	Collective Impact Training, Service Point Training	29	220	355
Policy Related Training/Outreach/Influence	NAM Leadership Conference, Nebraska Early Childhood Leadership Academy	14		
Total		154	2230	4494
2017-2018		135	913	3281

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 2018-2019, Community Café teams hosted Café's in Lincoln, Auburn and Norfolk Nebraska. A few examples of the successes in the 2018-2019 series of Cafés are summarized here.



Strengthening Families

- Community Cafés provide a safe, respectful space to include diverse perspectives; participants learn from each other and build relationships. As a parent host noted, “The greatest benefit to communities and families from Cafés is the connection, getting to know each other which in turn strengthens community. It creates a space for people to be somewhat vulnerable as well as get to understand other people’s experiences better. Cafés increase the strength within the community. It gets people talking but in a less superficial way. It cultivates deeper relationships.”

The following are some common examples that happened in the past year:

- Parents made new connections which led to opportunities to help each other in challenging situations such as transportation, accessing community resources and providing social-emotional support.
- Many parents reported increased resiliency as a result of their Café participation.
- Meaningful relationships among parents and between parents and community organizations were developed as the Cafés were safe spaces to share beyond the surface and understand others’ experiences better. This led to more family involvement in community activities.



Increased parent engagement and leadership

The Community Café approach assumes all participants are valuable members of the community. To maximize participation interpreters were used. As one parent host expressed, “In the latest Café all of the major foreign languages at the school were represented and supported by interpreters. That became a proud moment that this isn’t just about me and my co-host, it’s something bigger.”

Parent engagement and leadership was cultivated in ways such as the following:

- Café host teams took turns to facilitate and circulate responsibilities; teamwork was emphasized in all teams.
- Parents who would not typically participate in community meetings due to barriers such as language and lack of positive experience became enthusiastic contributors.
- Staff partners invited Café Hosts to participate in other leadership activities which built their leadership skills.
- Café Hosts in one location created a neighborhood Strengths Directory which became part of a resource table at every Café.
- A Café social enabled all Lincoln host teams to gather, reflect on their experiences, and compare and share resources, successes and challenges to sustain and grow their work.

“

“The goal was to not only encourage families, friends, and community members across Lincoln to connect in new ways, but also to proactively change the mindset surrounding the neighborhood into one of beauty, safety, uniqueness, and security.”

A Staff Partner

”

“

The best thing that I have seen happen at Cafés are the social connections that are made and the feeling of comfort they produce, demonstrating that we’re not alone, that we’re all feeling the same way and have the same hopes for our children.

A School Community Coordinator

”

Increased partnerships with families for community change

Community Cafe conversations built social capital among family members and between parents and community members. The following are a few of the many examples that occurred as a result of these new relationships:

- Local businesses provided support for food, childcare, hosting spaces and additional resources.
- Attendance by local school officials, civic and state officials and law enforcement, built trust and resulted in changes in service practices and programs.
- School Family Literacy Coordinators helped advertise Cafés and provided interpreters for four languages.
- Parents developed partnerships with organizations to coordinate neighborhood clean-ups, several family activities such as block parties and picnics, free swim lessons, art classes, and film screenings, parent hotline groups and monthly meetings over coffee to share parenting struggles and strengths.

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 current year.

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. supporting flooding victims, addressing mental issues, 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 committee structure that focused on specific aspects of their work. Each committee 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?

Cross agency work helped to address complex community problems. A primary goal of the Collaboratives is to examine “how our initiative is working and how we can better serve our communities.” A number of the Collaboratives described new partnerships that were forged to address these community problems. For example, Hall County Community Collaborative reported on their work on human trafficking in conjunction with immigration customs enforcement agencies. Others have developed a “resources committee” that comes together to share resources, identify ways to address gaps in services, and determine ways to work together to share costs. In all of these efforts, a key element for the process to be successful included building trust. Enhancing mental health services has evolved as a primary activity for several communities. The Collaborative in those communities was viewed as the best avenue to address the issue due to its cross membership and use of collective impact processes. This work resulted in finding successful strategies to enhance mental health services in these communities.

The cross agency work expedited communities’ ability to activate the necessary supports for flood victims. As one



community reported, within the first 24 hours of flooding they had multiple agencies providing case management to families in the shelters and in other communities they helped provide legal assistance for flood survivors, manage grief and loss of victims through access to behavioral health services. The collective impact work of these communities provided the foundation that enabled them to address the disaster efficiently and effectively. One FEMA administrator reported how remarkable it was that the community had come along so far just one week after the disaster.

Cross community collaboration. Cross community collaborations occurred through both structured events and individualized meetings. For example, the annual Peer-to-Peer Homeless Symposium provided round table discussions where participants shared ideas with other communities regarding strategies that worked and were less effective.

Data helps guide the work of the Collaborative. In the South Sioux community area, a tri-state strategic planning effort was initiated. They presented the idea of collecting community data over a broader area to better reflect the needs of the community. They developed a team comprised of professionals like the director of One Siouxland, the director of GCC, the director of Siouxland District Health, the director of SHIP, the director of Siouxland Cares, and the director of the United Way to participate in the collaborative effort. The group felt that the tri-state area could look at its strengths and gaps and better determine how to serve the community as a whole through examination of regional data. This beginning planning effort points to the importance of using shared measurement as part of the planning process.

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

Increasing collaborative membership. Several Collaboratives were pleased with their growing membership, while others experienced turnover in membership. In both situations, this can be a challenge with large numbers of individuals with diverse interests and backgrounds joining the Collaborative. It is essential that new members be well versed in the work of the Collaborative. Coordinators reported the need to onboard new members and as part of this onboarding process, reconfirm their common agenda. One Collaborative coordinator coined this “transformation collaboration,” a process that requires a commitment of all partners to build and sustain relationships over the long term as they work toward a common agenda.

Need to revitalize the collective impact processes. A good reminder from one Collaborative was that collective impact practices need to be cultivated on an ongoing basis. Their Collaborative could see that there was a breakdown in trust, less effective cross agency communication, and a shift towards working in silos. Their Collaborative is working to re-establish a common vision in order to build a strong foundation that will drive changes in their community.

Turnover of key staff. Several Collaboratives reported one of their biggest challenges was turnover of key staff, including their executive director, coordinator, or central navigator.

“

Partners now come to meetings with ideas and proposals to share and the commitment to the work has been sustained, understanding deepened, and interest broadened.

A CWB Collaborative

Coordinator

”

A Collaborative Success Story

Dodge County experienced flooding in March that essentially made our community an island for a few days. This was a crisis a majority of community members had never experienced before. Now that we are few months out, we are so thankful for the foundation that Fremont Family Coalition (FFC) has built the past seven years. We have been told time and time again from FEMA, Red Cross, and other outside agencies how remarkable it was to come to a community that was so far along just one week in. What our community was able to accomplish in one month they say normally takes three plus months. Within the first 24 hours of the flooding we had multiple agencies provide case management to the shelters and hotels where affected families were staying. Within a few days they completed around 800 immediate need assessments! During this time we also relied on the collaborative connections with our school and health systems. Fremont Public Schools opened the middle school to be a shelter and we worked with Fremont Health to have a nurse at each site available to assist with medications, assess for sickness, and work with the case managers to purchase needed medical supplies. We are still a work in progress and will be for some time to come, but it is humbling to look back at those first few days and replay the countless hours of collaboration that took place between a diverse group of sectors. This strengthening of partnerships truly benefited the collaborative and made the community an even stronger unit moving forward. Now that we are in the recovery phase of the disaster, a long term recovery group (LTRG) was formed. Through strategic conversations, it was decided the community coordinator should chair the LTRG to keep the work aligned with FFC especially in areas such as housing and case management. Already having these work groups formed we wanted to keep the duplication to a minimum. Essentially we see the LTRG as a branch of FFC. This will also allow for new partners that sit around this group to become knowledgeable of work happening outside of flood related efforts.

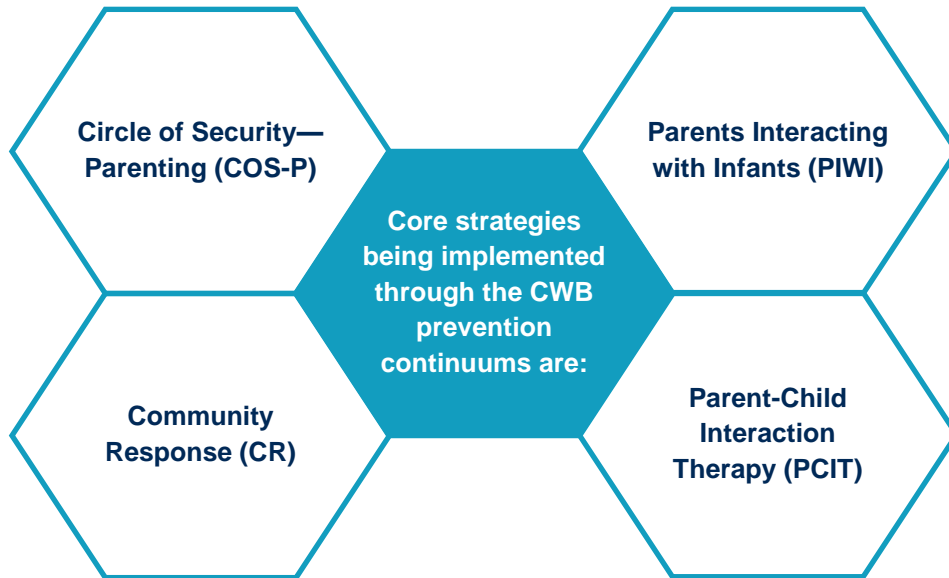
Evaluation Findings: Individual-Level Prevention Strategies

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 12 month evaluation year. Starred strategies are those that were core to Nebraska Children’s work during the past evaluation year. 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
Behavioral Health in the Schools	Lancaster County	Emerging I
Circle of Security – Parenting*	Families 1 st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership	Promising II
Community Cafés	Lancaster County, Norfolk Family Coalition	Emerging I
Community Learning Centers	Lancaster County	Emerging I
Community Response (CR)*	All CWB communities	Emerging I
Dusty Trails Mystery, Inc.	Families 1 st Partnership	Emerging I
FAST	Hall County Community Collaborative	Supported III
Library Parent Corner	Growing Community Connections	Emerging I
Parent-Child Interaction Therapy (PCIT)*	Community & Family Partnership, Fremont Family Coalition, Families 1 st Partnership, Growing Community Connections, Norfolk Family Coalition	Supported III
Parents Interacting With Infants (PIWI)*	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	Emerging I
Project Connect	Families 1 st Partnerships	Emerging I
School Family Activities	Families 1 st Partnerships	Emerging I
Social-Emotional Summer School	Growing Community Connections	Emerging I
Together Everyone Achieves More Success (TEAMS)	Panhandle 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 year, grantees adopted 13 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 2018-2019 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 2,000 families and more than 5,000 children were served directly in the past 12 months. More than three quarters of these families were at risk due to poverty and approximately 49 percent identified as Hispanic, Black, Native American, or other. Identified racial backgrounds included in the “Other” category listed below include: Asian, Multi-Racial, Native Hawaiian or Other Pacific Islander, and Other/Not Listed. Communities had an even broader reach by implementing community-wide strategies (e.g., community resource fairs). When families engage in

Most caregivers identified as women (85%). More than three quarters of the families served were at risk due to poverty (91%).



these events, they are considered “served indirectly”. These broad based strategies reached over 400 families and 500 children. Over 500 more families were served this year compared to the previous year. More children were served directly in 2017-2018. These high numbers were attributed to the Community Learning Centers (CLC) (8029) who served less children directly this year. If you remove the CLC numbers from the counts, there were over 1400 more children served through the other strategies in 2018-2019.

OVERALL SUMMARY OF CHILDREN AND FAMILIES SERVED¹	2018-2019	2017-2018
Number of Families Served Directly	2332	1509
Number of Children Served Directly	5397	10915
Number of Parents with Disabilities Served Directly	235	114
Number of Children with Disabilities Served Directly	332	1514
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ²	19	20
Number of Families Served Indirectly	434	3219
Number of Children Served Indirectly	565	3848
Number of Staff Participating	189	225
Number of Organizations Participating	234	300

¹ This table does not include the number of parents, children, and professionals that participate in community parent engagement events. Approximately 6,110 individuals attended those events this past year. This table does not include the 805 parents and children that attended Community Cafés.

²Number 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.



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 12 months in four CWB funded communities—specifically, Families 1st Partnership (North Platte), Growing Community Connections (Dakota), Hall County Community Collaborative, and the Panhandle Partnership.

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. Of the families served, 16% reported Hispanic or Latino as their ethnicity. The data show that, as compared to the prior evaluation year, there was an increase in families served—from 85 to 165.

Most caregivers identified as female (68%). Half of the families served were at risk due to poverty (50%).

STRATEGY: CIRCLE OF SECURITY-PARENTING (COS-P)	
Number of Families Served Directly	165
Number of Children Served Directly	288
Number of Staff Participating	23
Number of Organizations Participating	20



EVALUATION FINDINGS

Were parenting strategies improved?

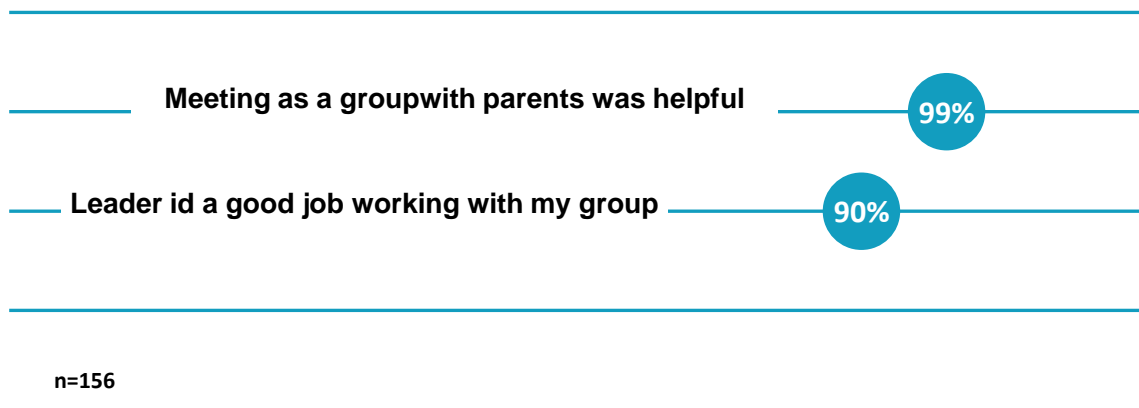
Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5-point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. One hundred and sixty-five (165) 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 [$t(158)=-20.867, p<.001, d=2.198$]; relationships with their children [$t(162)=-10.269, p<.001, d=0.805$]; and decreased stress [$t(164)=-10.919, p<.001, d=0.850$]. These results suggest a strong meaningful change, suggesting that COS-P is positively supporting parents in gaining skills to interact with their children. Although there were statistically significant improvements in reduced parenting stress, the majority of the parents continued to rate their stress in the moderate to high range (55%).



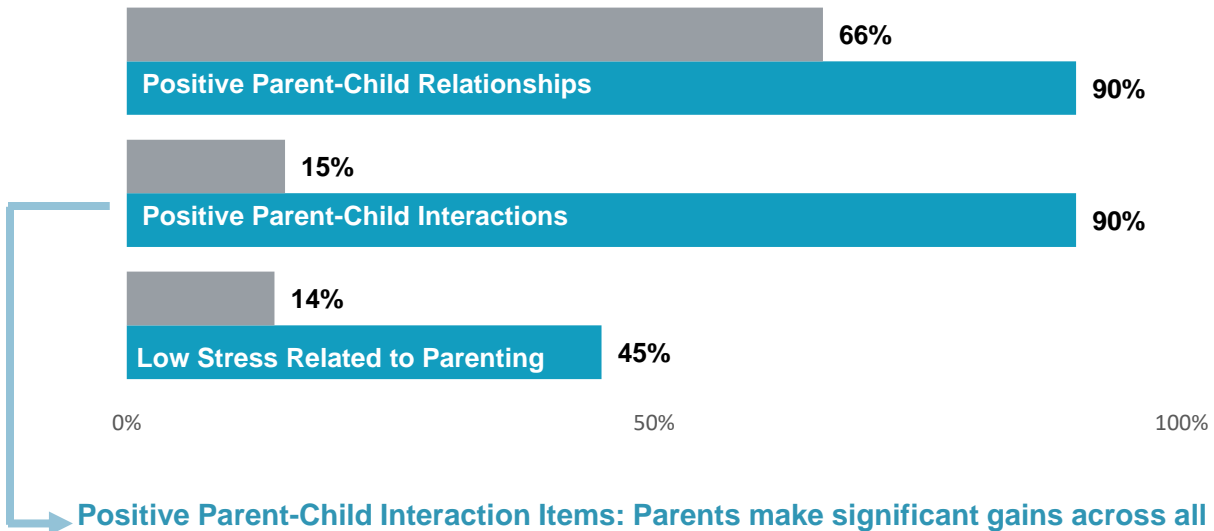
Were parents satisfied with Circle of Security-Parenting?

Overall, the parents that were served by COS-P reported that meeting with a group of parents was helpful (99%). The majority felt the leader did a good job working with the group of parents (90%).

Were parents satisfied with COS-P?

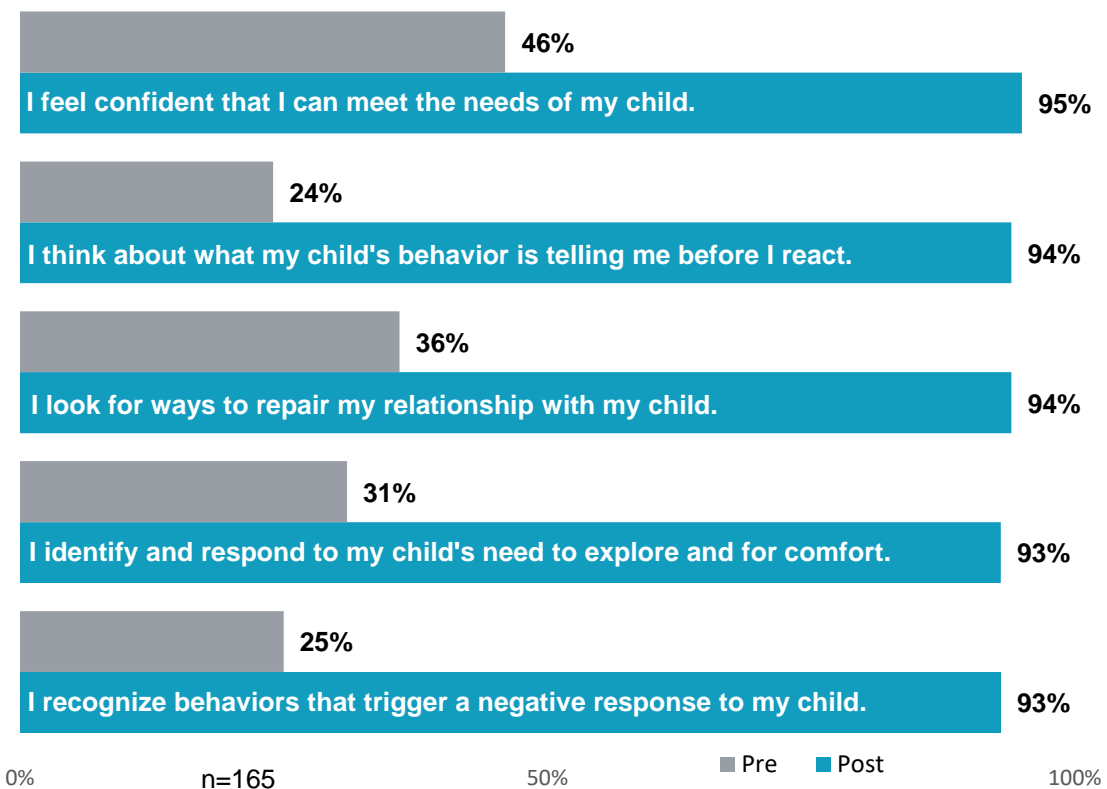


Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.
 More parents rated their stress level lower by the end of the COS-P session.



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

The most gains were made using the child's behavior to understand their needs and



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 (87%). More than three quarters of the families served were at risk due to poverty (91%).

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.

In addition, in 2018-2019 Community Response work included an intentional focus on behavioral health. Analysis suggests that, as of early 2019, while some communities were still near the beginning of efforts related to behavioral health, many had already undertaken a considerable amount of work. Some of the work begun focuses on supporting individuals' (especially, but not exclusively, students') access to mental health services, while some of the work focuses on 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 implemented Community Response during the 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

STRATEGY: COMMUNITY RESPONSE	2018-2019	2017-2018
Number of Families Served Directly	1782	839
Number of Children Served Directly	3627	1787
Number of Parents with Disabilities Served Directly	228	110
Number of Children with Disabilities Served Directly	290	148
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ¹	15	19
Number of Staff Participating	131	58
Number of Organizations Participating	115	74

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.

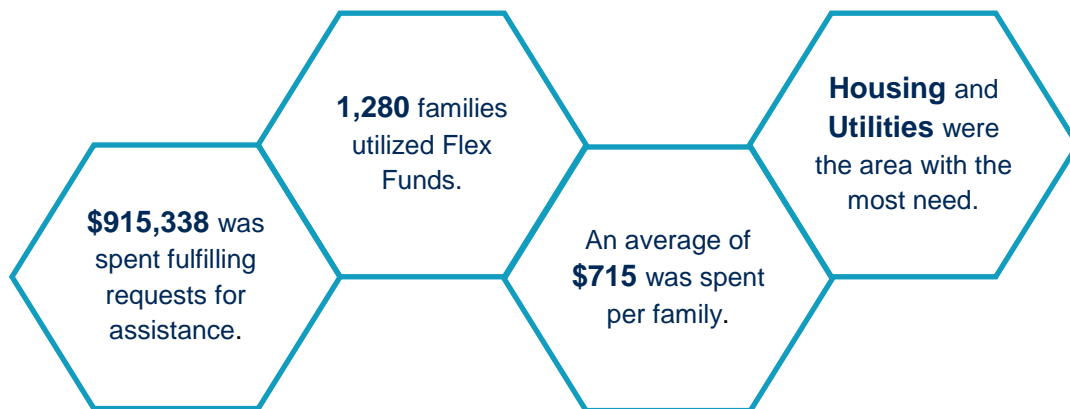
In comparison to the previous evaluation year, the number of children served directly increased by more than 1,800—from 1,787 to 3,627. Additionally, the number of families served directly increased by more than 1,000. The percentage of parents with disabilities and children with disabilities remained relatively constant over the two year period.





What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This year there were 1,280 families (unduplicated count) that made one or more request. Three 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 (54%). The remaining funds were spent on resources for families related to utility assistance (21%), transportation (10%), and daily living needs (4%). There was an 87% increase in the number of families receiving flex funds compared to the previous year.



“

My family and I were able to stay in our home, providing peace of mind. We also became aware of budgeting and how it can help accomplish financial goals.

-A CR parent

”

Priority Area	Total Number of Families (Unduplicated) Receiving Flex Funds	All Dollars	Range of Dollars	Percent of Total	Average Dollars per Family
Housing	726	\$493,175	\$19-\$5,536	53.88%	\$679
Utilities	531	\$195,090	\$25-\$2,672	21.31%	\$367
Transportation	183	\$87,024	\$4-\$5,245	9.51%	\$476
Daily Living	139	\$40,579	\$20-\$2,113	4.43%	\$292
Mental Health	100	\$35,541	\$8-\$1,990	3.88%	\$355
Other	84	\$28,152	\$2-\$2,249	3.08%	\$335
Parenting	58	\$16,818	\$23-\$2,550	1.84%	\$290
Physical/ Dental Health	28	\$9,429	\$10-\$1,163	1.03%	\$337
Education	26	\$9,380	\$15-\$2,054	1.02%	\$361
Employment	2	\$150	\$70-\$80	0.02%	\$75
Total*	1,280	\$915,338			\$715

*Total is the total unduplicated number of families, it does not equal the sum of all priority areas due to families requesting Flex Funds in multiple categories.

Direct comparisons cannot be made to the previous years, as new funding sources were leveraged, changes were made in how data were collected and reported, and changes were made in some communities in terms of how Flex Funding was implemented.

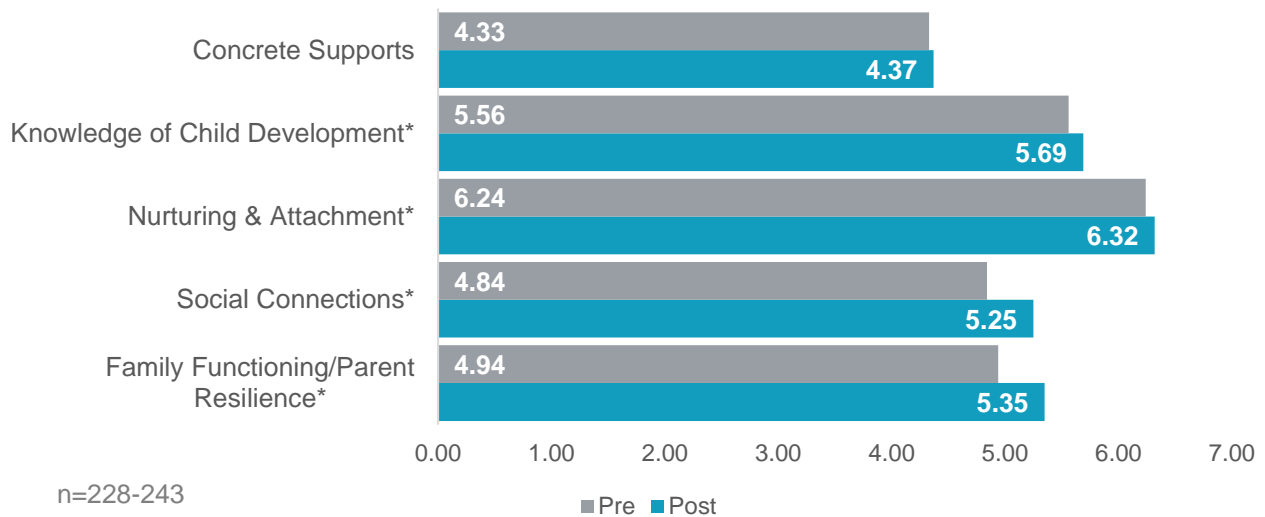


EVALUATION FINDINGS

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

Several strategies were used to evaluate the efficacy of Community Response. At completion of services (which was typically 30 to 90 days), families were asked to complete the pre-post retrospective version of the original FRIENDS Protective Factor Survey. A total of 243 parents completed the survey. A paired-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores. The results found that families made statistically significant improvements on Protective Factors in the areas of Social Connections [t(241)=-5.032; $p<.001$; $d=0.324$], Nurturing and Attachment [t(227)=-2.467; $p=.014$; $d=.054$], Knowledge of Child Development [t(228)=-3.612; ($p<.001$, $d=.239$)] and Family Functioning/Parent Resilience [t(243)=-6.529; $p<.001$; $d=0.500$]. These results suggest parents participating in Community Response improved their Protective Factors at the completion of services in all areas except for Concrete Supports. Parents' rating of Concrete Supports were similar across time. Concrete Supports continues to be the lowest rated area. Families' strengths on the PFS were in the areas of Nurturing and Attachment and Knowledge of Child Development.

Parents participating in Community Response demonstrated significant improvements in Parental Resilience, Nurturing and Attachment, Knowledge of Child Development, and Social Connections.

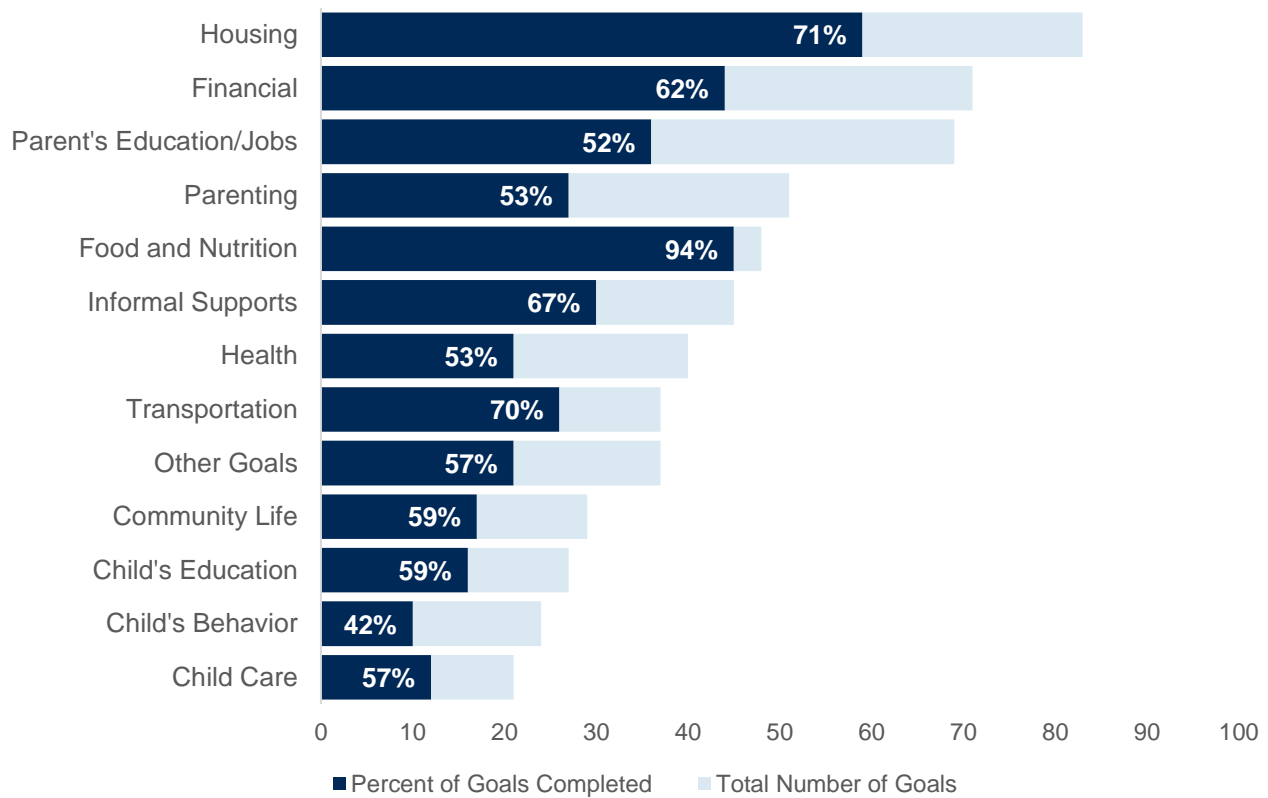


*Indicates statistically significant improvements over time.

Did Community Response help to support families reaching their goals?

Three hundred and seventy-eight (378) parents were discharged from Community Response and had completed data on goals. The results found that these families had 582 identified goals. Parents completed two-thirds of their goals (63%). In 2017-2018, families identified slightly fewer goals (513) with completion rate at 67%. This year, the areas that had the highest number of identified goals were housing (83), financial (71), and parents' education/jobs (69). The goal areas that had the highest completion rate were food and nutrition (94%), housing (71%), and transportation (70%). The goal area that had the lowest completion rate was health (42%).

Parents' most identified goals were in Housing and Financial Planning. Success in meeting the goals varied ranging from 42% to 94%.



Did families' informal supports improve?

In addition to completing the FRIENDS Protective Factor Survey (PFS), families were asked at intake and discharge to identify the number of informal supports that were available. Results were based on the 355 families that had data in this area. At case closure, 35% of the parents indicated they had three or more informal supports. These results suggest that the majority of the families have few (<3) informal supports. This was a decrease from the 44% that met this indicator last year.

Were parents satisfied with Community Response services?

Overall, the parents that were served by Community Response felt respected and valued by staff (95%). Most also reported that their relationship with their child had improved (83%). The majority reported having learned at least one technique to help their child learn (78%).

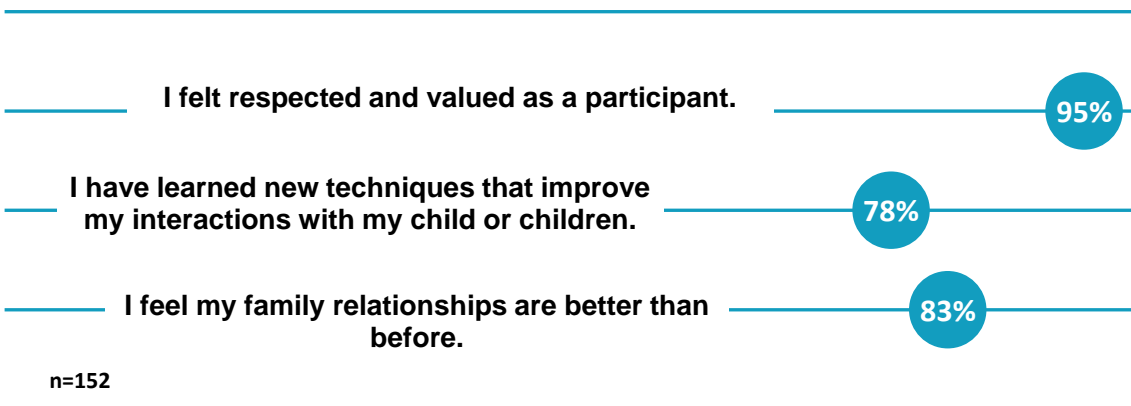
“

We learned to be active parents, which means better parents.

-A CR parent

”

Were parents satisfied with Community Response?



A Community Response Family Success Story

A family reached out to a Case Manager in October 2018. At the time they were living in a motel room. The case manager and the family worked through a central navigator and set goals: education for the youngest child (who was not enrolled into school at the time) and locate permanent housing. During CR, it was discovered that the biggest barrier the family was facing was mom's mental health. In the 2 ½ months of active CR, mom was hospitalized 4 times due to her mental health. She had difficulty following through with assigned tasks and her mental health became extremely concerning. The last time the mom was in the hospital the team decided that it would be beneficial for the family to enter the community emergency shelter.

One of the major positive contributing factors was that mom had a relationship with her Advocate who was able to be her shelter case manager. This made the transition smoother. While in shelter, mom had the opportunity to work on her mental health without the fear of losing housing. Her child stayed in school and recently graduated. Mom was approved for permanent housing and recently moved into her own apartment. Mom is currently working to get on disability and she has not been hospitalized since checking into the emergency shelter in January 2019.

A great deal of this family's success is directly related to Community Response. Without the initial contact and having a team that was able to identify barriers quickly and work to assist overcoming them, the family would have continued to spiral. CR allowed the family to meet with professionals that could help them and made the family comfortable enough to enter the shelter to work on achieving stability for their future.

PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b, i, ii, iii, iv, and viii). It is an empirically supported treatment for children ages 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, Fremont Family Coalition, Families 1st Partnership, Growing Community Connections, and Norfolk Family Coalition) and two communities supported by the Fund board (Adams and Saline Counties). Nine therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 40 families and 91 children participated in PCIT sessions during the past 12 months.

Two (2) CWB communities provided attendance data from PCIT sessions. Families participated in PCIT with varying numbers of sessions attended, ranging from one to 20 sessions. Overall, average attendance across communities was seven sessions. Parents participated in 69% of their possible sessions.

Most caregivers identified as women (83%). More than three quarters of the families served were at risk due to poverty (94%).

“

[We] learned many new ways to deal with behaviors and emotions and were able to build better connections with each other.

-A PCIT parent



”

STRATEGY: PARENT-CHILD INTERACTION THERAPY (PCIT)

Number of Families Served Directly	40
Number of Children Served Directly	40
Number of Parents with Disabilities Served Directly	2
Number of Children with Disabilities Served Directly	4
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ¹	4
Number of Children Served Indirectly	51
Number of Staff Participating	5
Number of Organizations Participating	5

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.

White, 79.5%

Hispanic or Latino,
20.5%

EVALUATION FINDINGS

Did children's behavior improve?

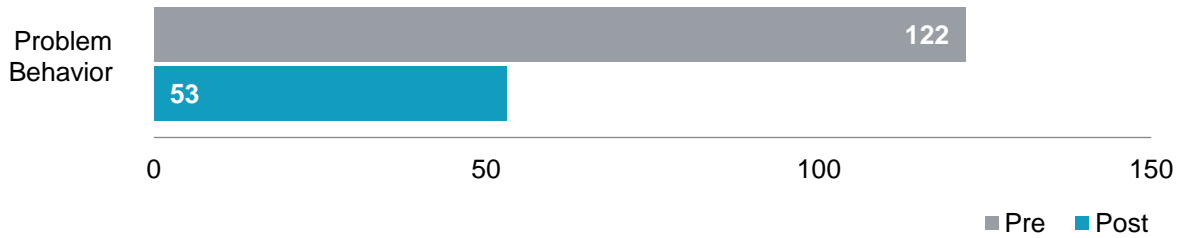
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. Twenty-five (25) children had pre-post ECBI data. There was a statistically significant decrease in intensity of the problem [$t(25)=6.158$; $p<.001$; $d=1.231$]. There was also a statistically significant decrease in parents' perception of the behavior as being problematic [$t(25)=2.713$; $p=.012$; $d=.542$]. 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 conduct was still in the high range.



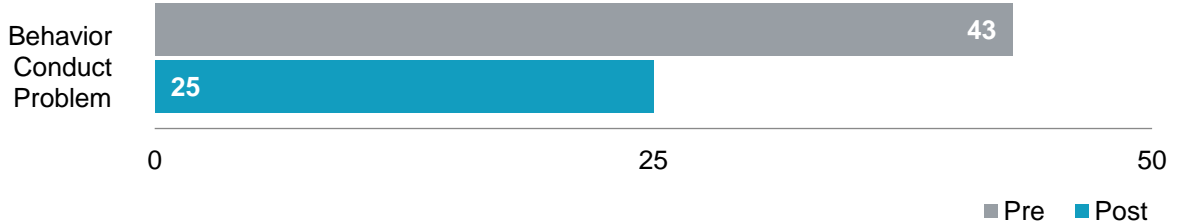
The intensity of the children's behavior was significantly reduced.

A score of 131 or higher reflects problem behavior



Children significantly reduced problem scores related to child conduct.

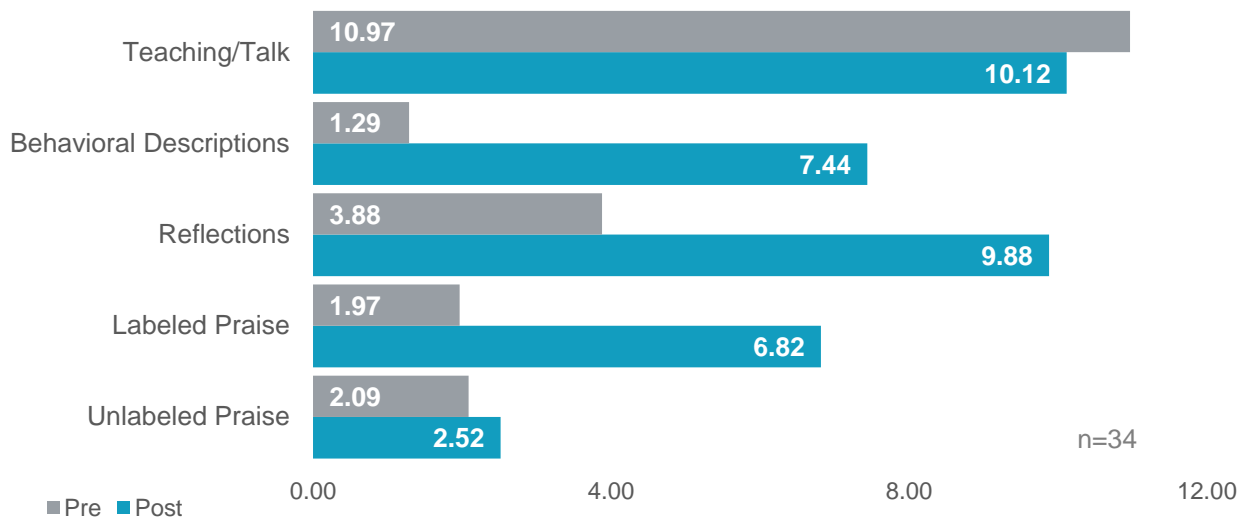
A score of 15 or higher reflects parent concern regarding child's conduct



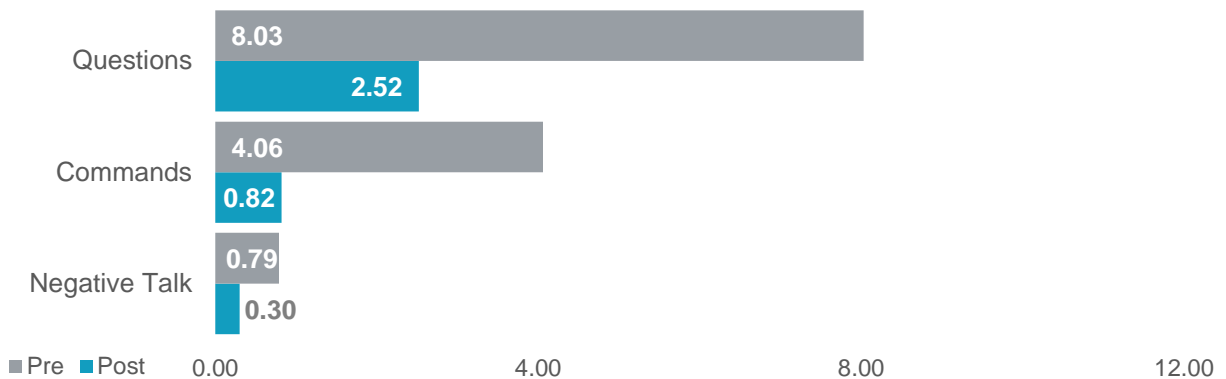
Did the parents improve their parent-child interactions?

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.



Parents significantly decreased their negative interactions with their children.



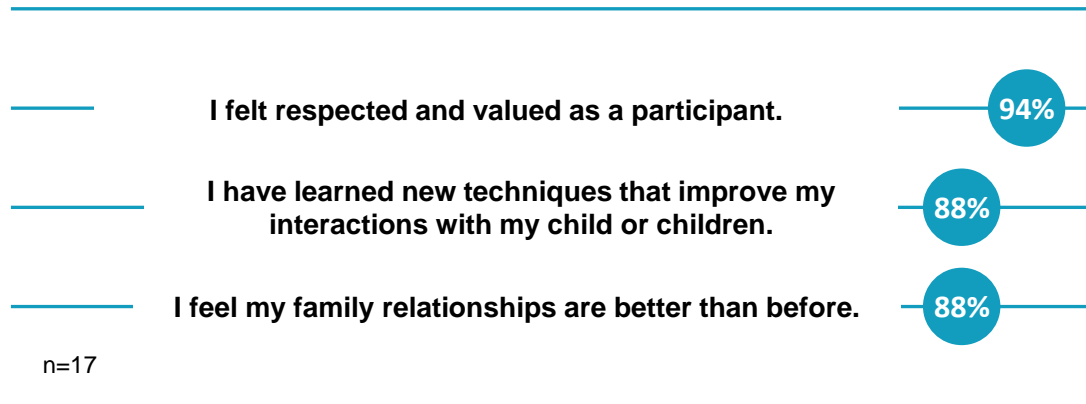
A paired t-test analysis found that there were statistically significantly improved positive behaviors over time including use of behavioral descriptions [t(33)=-7.061; $p < .001$; $d = 1.21$]; reflections [t(33)=-5.210; $p < .001$; $d = .89$]; and labeled praise [t(33)=-6.024; $p < .001$; $d = 1.03$] and significantly decreased use of questions [t(32)=4.436; $p < .001$; $d = .772$]; commands [t(32)=2.990; $p = .005$; $d = .520$]; and negative talk [t(32)=2.180; $p = .037$; $d = .376$]. 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 (88%), they learned new techniques (88%), and reported feeling respected (94%).



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



PARENTS INTERACTING WITH INFANTS (PIWI)

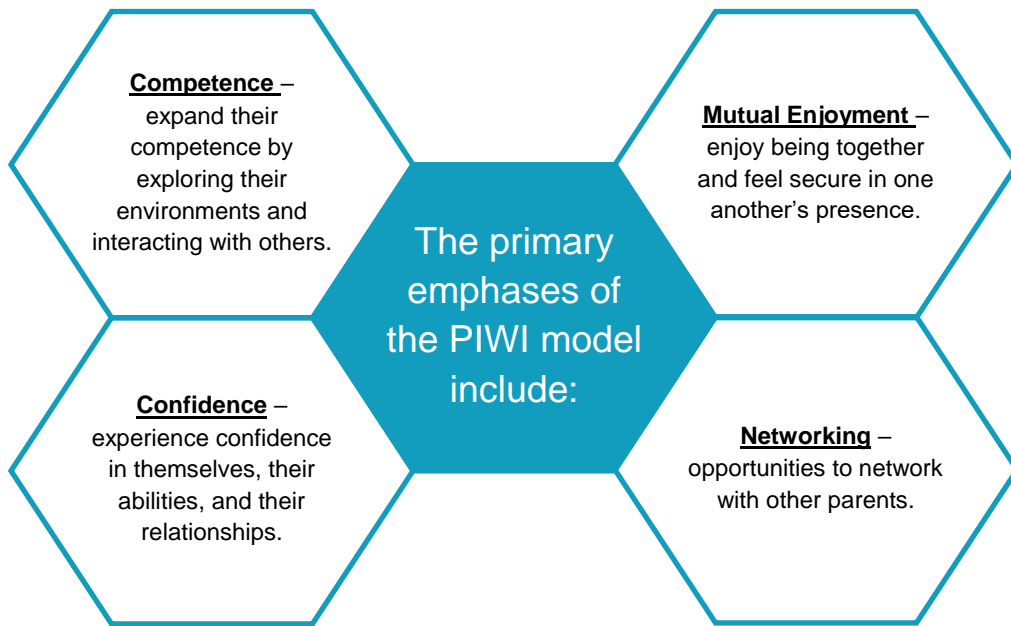
Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and vi, and viii) based on a facilitated group structure that supports parents with young children from birth through 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.



Classes were amazing. As first time parents, classes have truly enhanced our communication and interaction with our little one.

-A PIWI parent





Most caregivers identified as women (89%). More than three quarters of the families served were at risk due to poverty (92%).

Four communities including the Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, and the York County Health Coalition and one Fund Board funded community (Saline County) implemented PIWI.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between one and ten sessions. The average attendance was four sessions, or 53% of the offered sessions. A total of 124 families and 124 children participated in PIWI classes during the past 12 months.

STRATEGY: PARENTS INTERACTING WITH INFANTS (PIWI)

Number of Families Served Directly	124
Number of Children Served Directly	124
Number of Parents with Disabilities Served Directly	5
Number of Children with Disabilities Served Directly	20
Number of Children Served Indirectly	192
Number of Staff Participating	8
Number of Organizations Participating	6

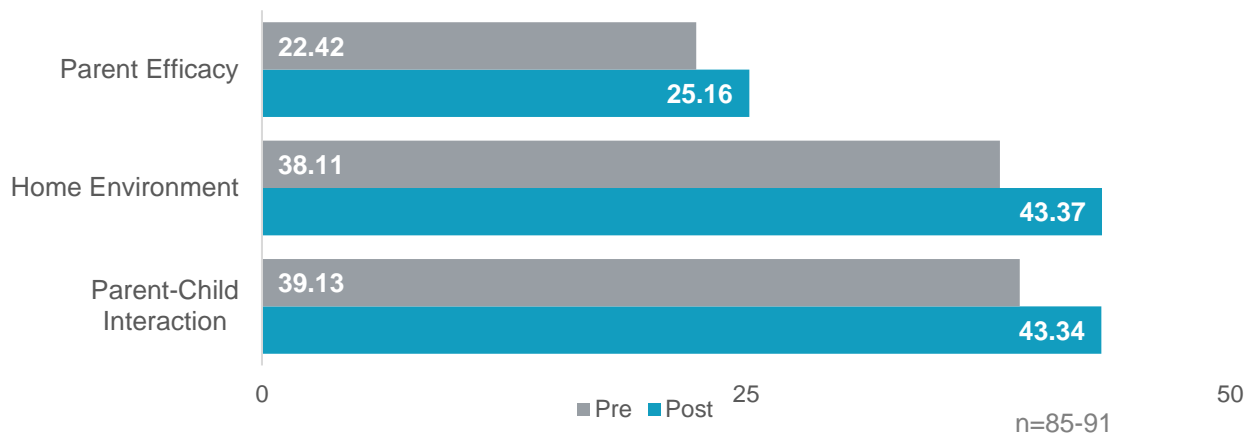


EVALUATION FINDINGS

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 statistically significant increases with large meaningful change across all areas: Parent Efficacy [$t(84)=-6.697, p<.001, d=-0.697$]; Home Environment [$t(88)=-8.439, p<.001, d=-0.894$]; and Parent-Child Interaction [$t(90)=-7.989, p<.001, d=-0.837$]. 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 Interaction.

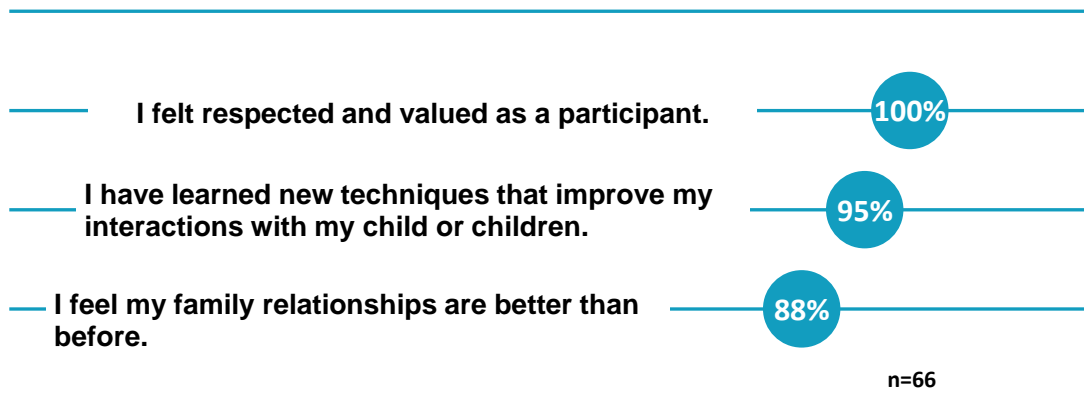


How satisfied were the families?

A satisfaction survey was completed to obtain input from families regarding satisfaction of their participation in PIWI. Overall, the parents rated the program implementation very positively. Highest ratings were in the areas of feeling respected and valued by their provider (100%) and learning a new technique to use in their interactions with their children (95%). Slightly fewer parents indicated that their relationship with their child improved (88%).



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



“

Poder entender mejor los comportamientos de nuestros hijos como sus emociones para saber que hacer en un momento así.

-A PIWI parent

“Able to better understand our children’s behavior, such as their emotions so we know what to do in those moments.”

”



Evaluation Findings: Community Specific Prevention Strategies

BEHAVIORAL HEALTH IN THE SCHOOLS

STRATEGY: BEHAVIORAL HEALTH SERVICES	
Number of Families Served Directly	149
Number of Children Served Directly	159
Number of Children with Disabilities Served Directly	15
Number of Staff Participating	8
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.



COMMUNITY LEARNING CENTERS

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

Lincoln Community Learning Centers (LCLCs) are a key strategy in helping Lincoln Public Schools achieve the objective of increased high school graduation rates. The Lincoln Community Learning Centers works collaboratively with 10 local nonprofit community partner organizations, which serve as Lead Agencies at 26 different Title I eligible schools in the public school district. The goals of the Lincoln CLCs are: smart kids, thriving families, and strong neighborhoods. The system provides before and after school and summer academic and enrichment opportunities for students; parent leadership opportunities, family support and connection to community supports; and neighborhood and community development. This work was facilitated through:

Community Cafes, which allow parents the opportunity to come together to make connections, discover resources, and create informal support networks with peer parents from their child's school.

School Neighborhood Advisory Committees, which engage parents to give input and provide voice to goals, strategies, and interventions at their child's school.

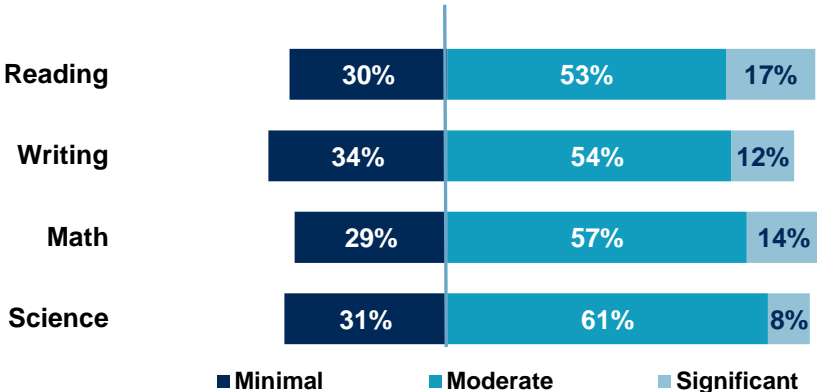
Resource discovery, where parents have the opportunity to seek out further community resources such as parenting classes or financial literacy classes and attend, free of charge, in order to meet family goals.

STRATEGY: COMMUNITY LEARNING CENTERS	
Number of Families Served Directly	36
Number of Children Served Directly	1043
Number of Staff Participating	3
Number of Organizations Participating	3

EVALUATION FINDINGS

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

The majority of Lincoln CLC students demonstrated moderate to significant improvement.



DUSTY TRAILS MYSTERY INC.

Dusty Trails Mystery Inc. is a group whose focus is to provide a social support to families with children with special needs. This group evolved out of the recognition that families with children with special needs often feel quite isolated and need involvement with others. The greatest reward in offering activities for families with



children with disabilities is their excitement in having their children experience something new and different with more assurance that the setting is safe for those with physical, emotional, or developmental disabilities. Multiple agencies support the activities. Although sessions were originally provided monthly, it was decided to have eight well planned activities that are well received than trying to implement an activity each month.

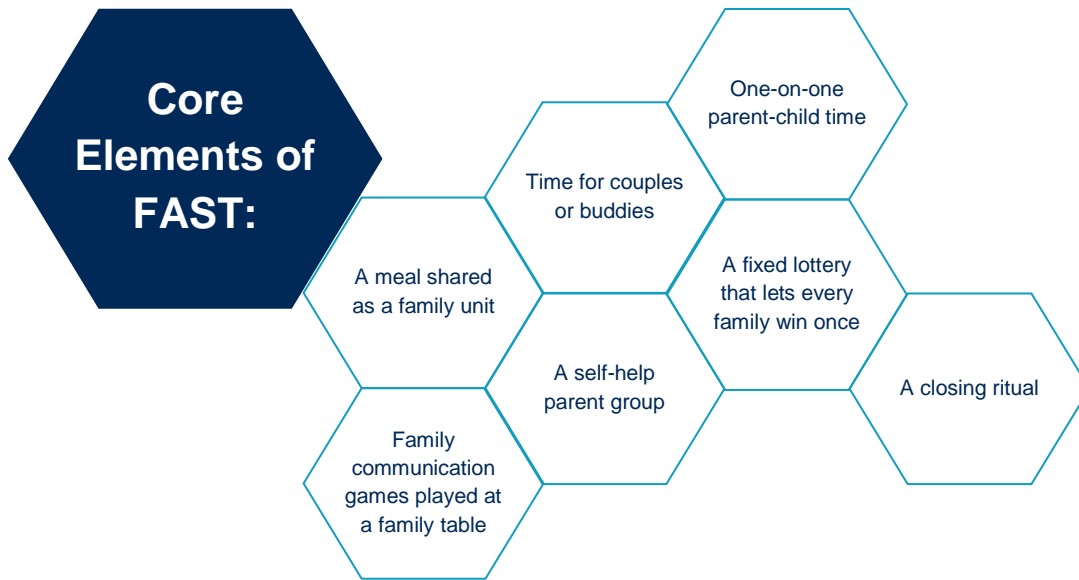
The most successful activity was the float created for Nebraskaland Days. Its message was about the collaboration that goes on between agencies that serve children, youth, and adults with disabilities.

STRATEGY: DUSTY TRAILS MYSTERY INC.

Number of Families Served Directly	3
Number of Children Served Directly	3
Number of Children with Disabilities Served Directly	3
Number of Children Served Indirectly	7
Number of Staff Participating	4
Number of Organizations Participating	4

FAMILIES AND SCHOOLS TOGETHER (FAST)

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



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. The biggest surprise is the number of families that use parent corner, but do not check out toys to take home. In the next six months, GCC will review checkout policies for the toys to facilitate check out by families.

STRATEGY: LIBRARY PARENT CORNER	
Number of Families Served Indirectly	315
Number of Children Served Indirectly	315
Number of Staff Participating	2
Number of Organizations Participating	2

PROJECT CONNECT

Project Connect is a “one stop” resources fair for families or individuals with limited resources. This is the second year that Families 1st Partnership has served as the primary hosting/organizing agency. The role that is taken by the Collaborative is to be the non-profit that can accept donations or apply for funds to assist with the implementation of Project Connect. This is a major event for agencies to not only reach out to the local community, but to also make connections with the other local or regional organizations. Not only were there



information booths about community resources, each family was offered bedding, food boxes, hygiene or health items, and cleaning products as they were departing the event.

Due to a past request from agencies, time was set aside prior to the event so that a “meet and greet” could be scheduled for agency staff to exchange information and discuss future activities together.

STRATEGY: PROJECT CONNECT	
Number of Families Served Indirectly	74
Number of Organizations Participating	65

EVALUATION FINDINGS

What was the feedback from agency staff and families?

Surveys were completed to provide input to Families 1st Partnership on the degree to which Project Connect was helpful to families and for future planning to identify ways to improve the fair. Most families were attending for the first time (88%). Project Connect reached the targeted population as 79% of the participants reported that their annual income was \$20,000 or less. The survey feedback indicated that the services offered were valued especially those in which the person could follow-up with an agency at a later time for either an appointment or more information. The survey results found that Project Connect benefitted families, with 98% strongly agreeing or agreeing that this was a helpful experience for them. The suggestions given for future Project Connect events was to have laundry soap, underwear, and clothing available.

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. The core expectations for the schools were to plan and carry out at least three activities per school semester that promote family time together and help increase informal supports within their school population. Each school has approached their activities differently to address the needs of their school.

The following is a description of the activities each school implemented:

The Maxwell Schools’ activities planned by the principal are held on a monthly basis and attract a lot of families back to the school in the evening to participate. The average attendance at events was 15-20 families.

Jefferson Elementary School’s activities are planned by a very active Parent-Teacher Organization. Their activities were well attended and promoted education as well as family involvement.

Head Start’s activities bring families from the three Head Start programs together for an evening of activities for the children and a short educational session for parents. It was a good time for families to become acquainted with all the teachers and staff.

“

Spending quality time together and having fun together.

A SFA parent on how the strategy benefits the family

”

STRATEGY: SCHOOL FAMILY ACTIVITIES

Number of Families Served Indirectly	45
Number of Organizations Participating	2

EVALUATION FINDINGS

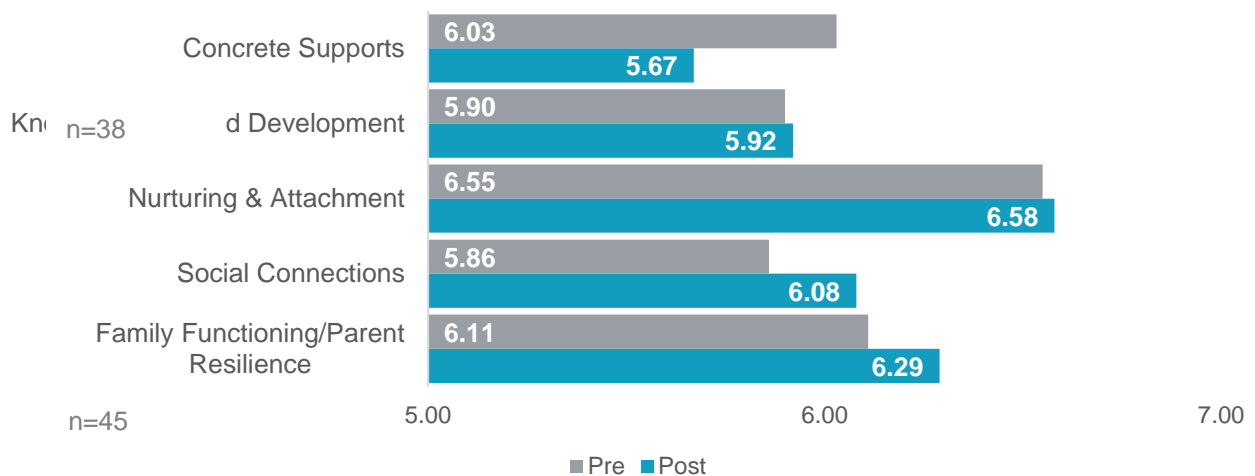
Did School Family Activities help families improve their Protective Factors?

This strategy was evaluated by having parents complete the FRIENDS Protective Factor Survey (Jefferson Elementary School and Head Start) or School Engagement Survey (Maxwell Schools). Only Jefferson had a high enough return rate sufficient to analyze the results (more than 10). The results of the statistical analyses using a t-test found that parents who participated in SFA demonstrated statistically significant improvements in the area of Family Resilience [$t(44)=-2.059$; $p=.045$; $d=.307$]. There were statistically significant decreases in the area of Concrete Supports [$t(44)=2.016$; $p=.05$; $d=0.300$]. These results found small meaningful change. There were improvements in the other areas, but these improvements were not statistically significant.



Parents' strengths were in the area of Knowledge of Child Development and Parent Resilience.

The most improvement was in Nurturing and Attachment and Social Connections.



SOCIAL-EMOTIONAL SUMMER SCHOOL

Growing Community Connections (GCC in Dakota County) initiated a week long social-emotional summer school session for 11 kindergarten/1st graders. The children were identified by their elementary schools as children that would benefit from social-emotional teaching. A mental health consultant facilitated nine 40 minute sessions within the summer school session. These sessions covered content from the Second Step curriculum including: identifying their feelings, how to identify other's feelings, managing anger, fair ways to play, how to calm down when having uncomfortable emotions, who to go to for help when they are upset, and appropriately listen to one another. The consultant provided "in the moment" situations to coach and practice social skills. Parents were provided information on strategies to support these skills at home.

STRATEGY: SOCIAL-EMOTIONAL SUMMER SCHOOL	
Number of Children Served Directly	11
Number of Staff Participating	2
Number of Organizations Participating	2

EVALUATION FINDINGS

Did students improve their social-emotional skills?

To assess students' progress, a 5-question assessment was completed by the students at their first and last session. The results found all students made gains with 67% of the students scoring at 100% at the last session. These results indicate that the students demonstrated increased social-emotional competence. Students reportedly enjoyed the sessions as many of the students asked if they could be in the group next year.

TOGETHER EVERYONE ACHIEVES MORE SUCCESS (TEAMS)

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

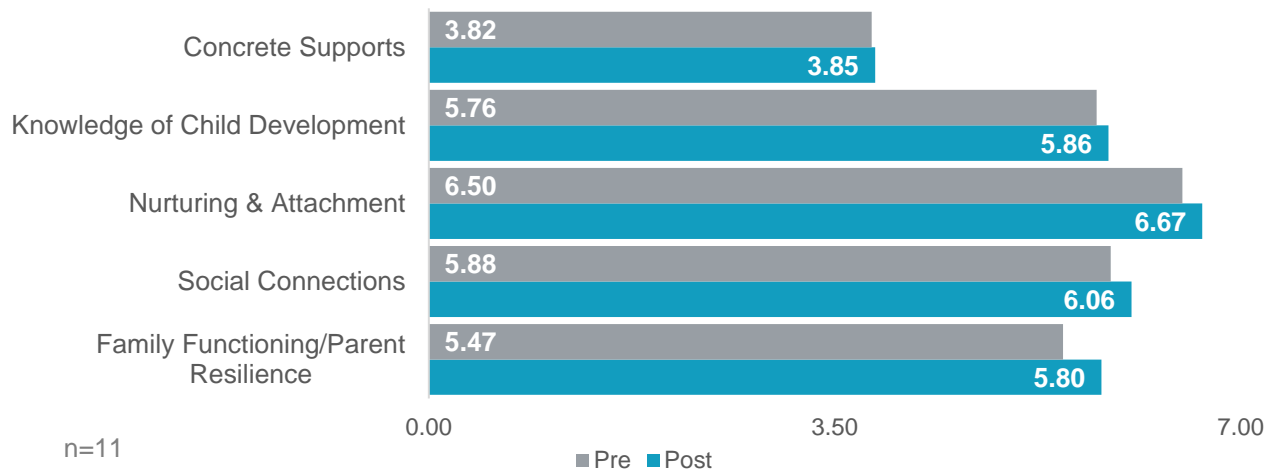
STRATEGY: TOGETHER EVERYONE ACHIEVES MORE SUCCESS (TEAMS)	
Number of Families Served Directly	33
Number of Children Served Directly	102
Number of Staff Participating	3
Number of Organizations Participating	7

EVALUATION FINDINGS

Did TEAMS help families to improve their protective factors?

Parents completed the FRIENDS Protective Factors survey as part of the evaluation. Parents completed a pre/post retrospective survey. Parents' strengths on this assessment were in the areas of Social Connections and Nurturing and Attachment. The results of the statistical analyses using a t-test found that parents who

Parents participating in TEAMS demonstrated significant improvement in Family Resilience and Nurturing and Attachment.



participated in TEAMS demonstrated statistically significant improvements in the areas of Family Resilience [$t(10)=-3.33$; $p=.008$; $d=1.000$] and Nurturing and Attachment [$t(10)=-2.309$; $p=.05$; $d=0.770$]. These results found large meaningful change. There were improvements in the other areas, but these improvements were not statistically significant.

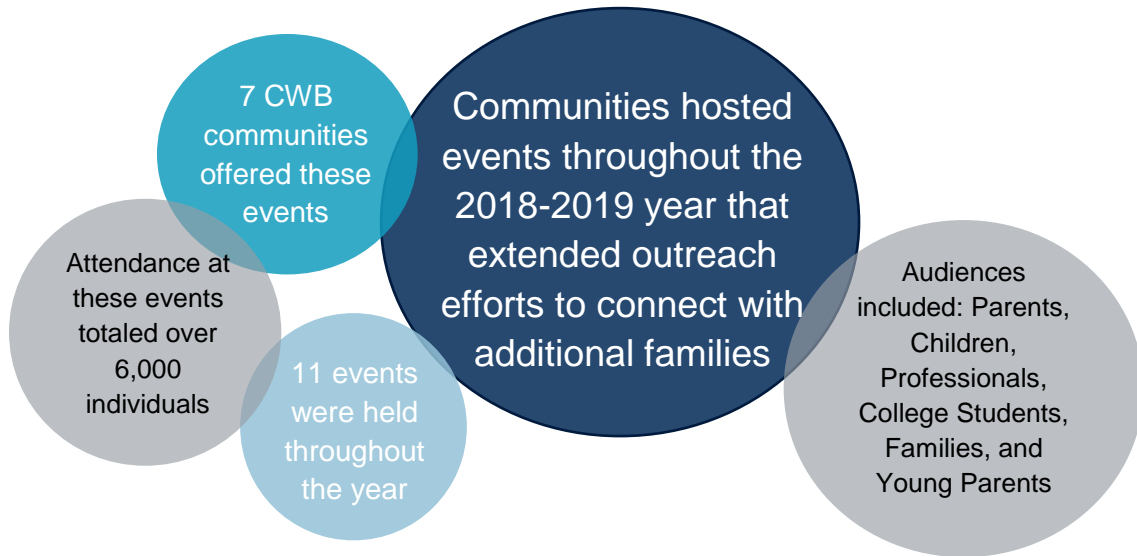
PARENT ENGAGEMENT: COMMUNITY AND FAMILY EVENTS

Seven Child Well-Being Collaboratives (Douglas County Community Response Collaborative, Families 1st Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition, Panhandle Partnership, and York County Health Coalition) sponsored community family events. The purpose of the events varied. Examples include: educational offerings (e.g., a Safety and Wellness Conference), discussion forum on child care, baby showers, and parades. These events were available to all community members. These eleven community events hosted approximately 6,110 individuals.



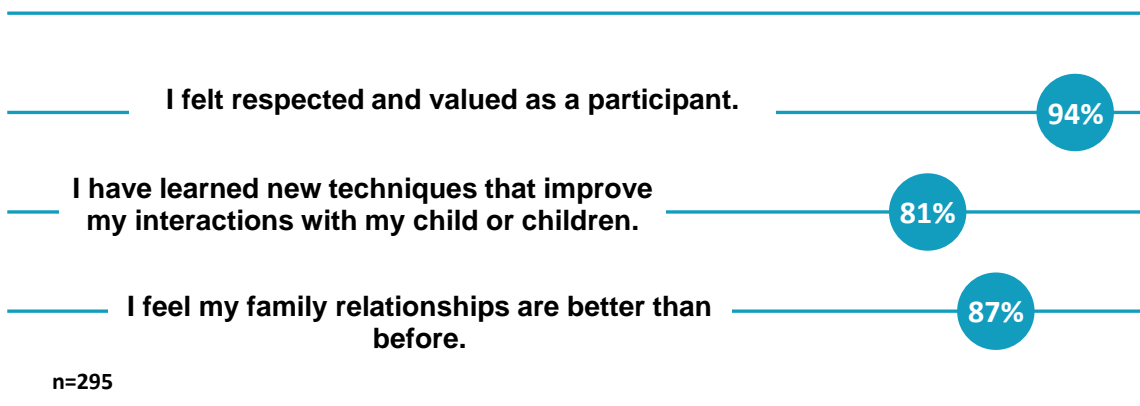
CROSS-STRATEGY SATISFACTION

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 (94%). Fewer parents indicated that they had adopted new parenting techniques (87%) or that their family relationships were better than before (81%).

Were parents satisfied with participation in CWB strategies?



As part of the satisfaction survey, parents were asked to comment on the strategies' benefits. Several themes emerged, learning new parenting skills, improved growth in their family, new social connections, and access to needed services.

New parenting skills. Parents described many areas that supported them improve their parenting skills. They discovered new ways to help their child learn and had fun as they engaged with their child in these learning activities. They expressed that they could see their child learn new skills. Parents also reported learning ways to “discipline him better.” Learning strategies to support their child’s social skills was equally valued.

Social networking. Several parents expressed that they benefitted from the social networking that was available. This was beneficial to them and their children. As one parent commented, “having fun and playing with other children” was helpful for her child. Another expressed “meeting other families from our area was a benefit to her.”

Growth as a family. The goal of many of the Child Well-Being strategies is support the family as a whole. This was a positive outcome for several families as they reported they found “new ways to cope with each other,” “solve their own family issues,” and to “deal with their behaviors and emotions.” In addition, they enjoyed the opportunity to spend time together as a family.

Access needed services. Parents expressed gratitude to staff for the support they received in accessing needed resources. They expressed that they were often in crisis and these resources came at an important time. As one parent said, “it saved my life by giving me resources and helping us.” Samples of the wide range of resources that were accessed include support for employment, payment for rent and utilities that helped to stabilize their housing situation, and helping families get current on their bills.

“

Our family time seems to be more valuable than before. We have learned there are more amazing generous helping people today than we realized.

A Parent

”



A Community Response Success Story

It became apparent in the first two years of CR that some families are well known to all helping agencies across the community and that those families usually have at least one parent who is living with a mental health diagnosis. Some collaborative members felt that those families had to be referred to CPS, as their needs were beyond the capacity of CR. Some referrals were made, but were often not accepted, especially for families who had already been part of the child welfare system, but were discharged, sometimes repeatedly. So in the summer of 2018, [the collaborative] contracted with a licensed therapist to work with a small number of families as a coach, in addition to managing all requests for financial assistance and flex funds. It has been a learning experience and a challenge to understand the complex needs of these families and develop creative and supportive ways to work with them. A meeting with a local social service agency was held to gain more expertise in working with families around prevention. This meeting led to a contract with them to provide some intensive case management with these persistently vulnerable families.

Conclusion

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

INDIVIDUAL-LEVEL PREVENTION STRATEGIES

How much did they do? Eleven communities funded throughout Nebraska directly served 2,233 families and 5,397 children using a range of strategies. A total of 11% of the parents and 6% of the children served had a disability. Less than 1% of the children were a part of substantiated child abuse or neglect for the first time after participating in services. Analysis shows that, as compared to the prior evaluation year, more families were served directly, more children were served directly for core strategies, there were similar percentages of parents and children with disabilities in the populations served, and there was a similar percentage of children who experienced a substantiated case of abuse and neglect for the first time after participating in services.

How well did they do it? NC found that 94% 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 (81%), and felt that they learned new techniques to use with their child (87%). Analysis shows that, as compared to the prior evaluation year, families reported similar but slightly lower levels of respect and similar but slightly lower levels of improvement in relationships with their children. There were similar but higher levels of families that felt they learned new techniques to use with their child.

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, and funds leveraged and parent engagement.

CWB Collaboratives:

- Trained over 4,000 individuals across 154 events.
- Leveraged over 8 million 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 Protective Factors; greatest improvement in Social Connections and Parental Resilience Least in Concrete Supports.
- Completed 67% of their goals.
- Reported 3 or more informal supports (35%).

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.
- 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.

Cross Year Summary of Results

Numbers Served (Direct and Indirect)

	Families		Children	
	2017-2018	2018-2019	2017-2018	2018-2019
Community Well-Being Total	1,509	2,766	10,915	5,962*
Circle of Security – Parenting (COS-P)	85	165	196	288
Community Response (CR)	839	1,782	1,787	3,627
Parent-Child Interaction Therapy (PCIT)	69	40	75	91
Parents Interacting With Infants (PIWI)	99	124	224	316

*This decrease represents fewer children served this year through Lincoln Community Learning Centers. Totaled children served by other strategies increased this year.

Participant Survey – Circle of Security – Parenting (COS-P)

Statistically significant change over time?

	2017-2018	2018-2019
Positive Parent-Child Relationships	✓	✓
Positive Parent-Child Interactions	✓	✓
Low Stress Related to Parenting	✓	✓

FRIENDS Protective Factors Survey – Community Response

Statistically significant change over time?

	2017-2018	2018-2019
Concrete Supports		
Knowledge of Child Development		✓
Nurturing and Attachment		✓
Social Connections	✓	✓
Family Functioning/Parent Resilience	✓	✓

Eyberg Child Behavior Inventory (ECBI) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2017-2018	2018-2019
Problem Behavior	✓	✓
Behavior Conduct Problem	✓	✓

Dyadic Parent Child Coding System (DPICS) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2017-2018	2018-2019
Teaching/Talk	N/A	
Behavioral Descriptions	✓	✓
Reflections	✓	✓
Labeled Praise	✓	✓
Unlabeled Praise	N/A	
Questions	N/A	✓
Comments	N/A	✓
Negative Talk	N/A	✓

Healthy Families Parenting Inventory (HFPI) – Parents Interacting With Infants (PIWI)

Statistically significant change over time?		
	2017-2018	2018-2019
Parent Efficacy	✓	✓
Home Environment	✓	✓
Parent-Child Interaction	✓	✓



Appendix A: Results-Based Accountability Tables

Circle of Security Parenting Based Accountability Plan					
Circle of Security Parenting (COS-P): COS-P is a relationship based early intervention program designed to enhance attachment security between parents and children					
<i>*Data collected at the end of the sessions. Reported by each Community Well Being site or other coalition grantee annually.</i>					
Population indicators: Substantiated abuse and neglect (rate); high school graduation (rate); reading proficiency at 3 rd grade					
Effort	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
				#	
	# of families that participated in strategy (i.e. the count of parent/caregivers served directly, and the count of children served directly)	107	# and % who strongly agree or agree that meeting with a group of parents was helpful to me.	154/156	99%
	# of children that indirectly benefitted from strategy/# of children served indirectly (i.e. the count of children of parents who participated)	Not Reported	# and % who strongly agree or agree that the leader did a good job working with my group.	156/156	100%
			Average number of sessions completed		
	# and % of parents reported statistically significant reduced parenting stress**.			165	**
	# and % of parents reported statistically significant improved relationships with their child/children**.			165	**
	# and % of parents reporting statistically significant improved confidence in their parenting skills **.			165	**



Strategy: Community Response					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	1782	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	143/151	95%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	91/109	83%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	110/142	78%
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (at program completion)		1767/1782	99%	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)		123/355	35%	
	# and % of goals completed by families		364/582	63%	
	# and areas where parents reported statistically significant improved ratings**:		#		
	(1) access to concrete supports		234	--	
(2) social connections		241	**		
(3) knowledge of child development		228	**		
(4) nurturing and attachment		228	**		
(5) family functioning/parental resilience (FRIENDS PFS)		243	**		



Strategy: Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	40 Parents 40 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	16/17	94%
	Average # of sessions completed (attendance record)	7 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	15/17	88%
	# of children indirectly served (attendance record)	51	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	15/17	88%
Effect <i>Is anyone better off? (Outcomes)</i>	# and areas where parents reported statistically significant improved ratings**: (Eyberg)				
			Intensity Problem Scale	25 25	** **
<i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i>					
# and areas where parents reported statistically significant improved interactions with their children**. (DPICS)					
				#	
INCREASED:					
Behavioral Descriptions				34	**
Reflections				34	**
Labeled Praises				34	**
Teaching/Talk				34	--
DECREASED:					
Commands				33	**
Negative Talk				33	**
Questions				33	**
Unlabeled Prace				33	--
<i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; Teaching/Talk; and Commands and Negative Talk.)</i>					

Strategy: Parents Interacting with Infants (PIWI)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	124 Parents 124 Children	Average number of sessions completed (attendance record)	4 (53%)	
			Completion of PIWI fidelity guide checklist (onsite visit)	1 completed	
	# of sessions (attendance record)	Range of 1 to 10 sessions	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	66/66	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	63/66	95%
	# of children indirectly served (attendance record)	192	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	58/66	88%
	# and areas where parents reported statistically significant improved interactions with their children**. (DPICS)			#	
1) Parent-child interaction			91	**	
2) Home Environment			89	**	
3) Parent Efficacy			85	**	





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