



COMMUNITY COLLABORATIVES

Annual Report - July 1 to June 30, 2025



nebraska
children[™]
AND FAMILIES FOUNDATION

Contents

Executive Summary	4
System-Level Efforts	4
Prevention System Reach and Outcomes	4
Community Leadership and Advocacy	5
Public Awareness and Strategic Expansion	5
Why This Work Matters	5
Purpose and Scope of the Report	6
Scope of Report	6
Acronyms	6
Nebraska's Statewide Prevention Effort Coordinated by Nebraska Children and Families Foundation	7
Nebraska Children and Families Foundation's Approach to Prevention	7
Statewide Prevention System: Funding	8
Statewide Prevention System: Technical Assistance	8
Statewide Plan for Community Well-being	8
Promotive and Protective Factors	9
Promotive and Proactive Factors	9
Youth and Families Thrive	10
Results Areas	11
Common Indicators	12
Common Indicators	12
Bring Up Nebraska – Public Awareness and Education	13
Website	13
Radio	13
Paid Advertising	13
Resources for Collaboratives and Councils	13
Community Collaboratives	14
Common System of Record via FindHelp	17
Individual and Systems-Level Prevention Strategies	18
Community Collaborative Infrastructure	18
Funding and Leveraged Resources	19
Community Engagement	20
Policy, Practice Changes and Actions to Advocate for System Change	21
Citizen Review Panels	21
Training Activities	23



Community Events	23
Individual-Level Prevention Strategies	24
Central Navigation	24
Support Service Funds	25
Coaching.....	26
Connected Youth Initiative.....	26
Community Engagement	27
Evidence-Informed Strategies within the Prevention System	27
Circle of Security Parenting (COSPTM)	28
Parent-Child Interaction Therapy (PCIT)	28
Parents Interacting With Infants (PIWI).....	29
Community Cafés.....	30
Locally Identified Prevention Strategies	31
Additional Prevention Strategies in the BUN Network.....	32
Camp Catch-Up.....	32
Legal Services and Supports.....	35
Rural Full-Service Community Schools.....	35
Evaluation Results.....	36
Nebraska Emergency Rental Assistance 2	37
Local Food Purchase Assistance	40
Program Highlights.....	40
Impact on Producers	41
Expanding Food Hub Infrastructure	41
Prenatal Plans of Safe Care	41
Rural Postsecondary and Economic Development Grant.....	42
World Wide Tech Connections	43
Statewide Family Engagement Center.....	44
Nebraska Growing Readers	44
Landscape Assessment Findings.....	44
Strengths Identified	45
Challenges and Barriers.....	45
Lessons & Take Aways:	46
Uses of these Results:	46
Outcomes and Impact.....	48
Pre-Post Survey to Measure Promotive and Protective Factors.....	48
Knowledge of Community Resources.....	48

Social Connections.....	48
General Health	49
Hope	49
Resilience	49
Pre-Post Survey Finding Overall.....	49
Connected Youth Initiative Promotive and Protective Factors Outcomes.....	52
Collaborative Connections to Community Groups.....	52
Reach of the Prevention System.....	57
Appendix A.....	58
Evidence-based Programs and Practices	58
What is evidence-based practice?	58
Evidence-Based Ratings for Specific Practices	59
Coaching	59
Appendix B.....	62
Policy, Practice, and Actions to Advocate for System Change	62



Executive Summary

From July 1, 2024, to June 30, 2025, Nebraska's Statewide Prevention System continued to demonstrate the power of coordinated, community-based prevention to strengthen the well-being of children, youth, families, and communities across the state. Implemented through the Bring Up Nebraska Network and coordinated by Nebraska Children and Families Foundation (NCFF), this system operates within the Collective Impact framework, bringing cross-sector partners together around a common agenda, shared measurement, and continuous communication. Community Collaboratives serve as the implementing partners of this statewide system, tailoring prevention strategies to the unique strengths and needs of their communities. These efforts are supported by a strong partnership among state agencies, philanthropic organizations, and community leaders who align policy, funding, and strategy to sustain and strengthen prevention across Nebraska. Together, these efforts advance the vision and priorities outlined in Nebraska's Statewide Plan for Community Well-Being, ensuring prevention is both locally driven and systemically aligned.

System-Level Efforts

The infrastructure of Nebraska's Prevention System is robust and growing. This year marked the successful statewide implementation of **FindHelp**, a unified social care platform that streamlines referrals, data collection, and service coordination. This transition represents a significant step forward in aligning community efforts with shared indicators and improving outcomes tracking.

Collaboratives leveraged over **\$20 million** in public and private funding, including nearly **\$5.4 million in local investments**, demonstrating strong community buy-in and the ability to attract and align resources. These investments supported both system-level strategies, such as training, policy advocacy, and infrastructure development, and individual-level supports like coaching, navigation, and concrete supports.

Over the last year, greater attention has been given to documenting and aligning commitments across the Statewide Prevention System. As a result, Collaboratives and state partners are now tracking 385 coordinated action steps connected to the Bring Up Nebraska Statewide Plan for Community Well-Being. This improved documentation highlights both the scale of collective action and the depth of commitment to driving progress statewide.

Prevention System Reach and Outcomes

This year, the Prevention System served **73,514 participants** and **11,200 children** through a range of strategies. Central Navigation connected **5,924 individuals** to **14,230 resources and/or referrals**, while Support Service Funds distributed nearly **\$900,000** across **1,547 requests** of those funds, 77% addressed housing and utility needs, underscoring the system's responsiveness to economic stressors.

Coaching reached **1,066 individuals**, and evidence-informed strategies such as Circle of Security Parenting™ supported **430 parents** and **1,126 children**. The Connected Youth Initiative (CYI) served over **1,500 youth**, offering coaching, financial education, parenting support, and leadership development.

Pre-service and post-service survey data revealed the Prevention System was successful in enhancing the knowledge of community resources, practical access to basic needs and improving participants' perceived health. There were also meaningful improvements in the domains of hope and resilience, signaling how the Prevention System can strengthen protective factors and improve well-being.

Community Leadership and Advocacy

Collaboratives reported **90 policy, practice changes and actions to advocate for system change** across 14 communities, reflecting a shift toward systems change. These efforts ranged from legislative engagement and public hearings to the creation of parent-led planning groups and youth advocacy campaigns. The integration of community voice into decision-making processes continues to be a hallmark of Nebraska's approach.

The launch of a statewide dashboard for youth and family engagement, sharing **62 opportunities** in its first three months, further illustrates the system's commitment to community driver leadership.

Public Awareness and Strategic Expansion

April 2025's **Child Abuse Prevention Month** saw a 437% increase in traffic to the Bring Up Nebraska website, over 1.8 million radio impressions, and the distribution of 6,000+ pinwheels and 6,667 campaign products, a testament to the growing visibility and resonance of the Bring Up Nebraska message.

New and expanded strategies, including Camp Catch-Up, Legal Aid partnerships, Emergency Rental Assistance, Statewide Family Engagement Center, Local Food Purchase Assistance, Prenatal Plans of Safe Care, and the Rural Postsecondary and Economic Development Grant demonstrate the system's agility in responding to emerging needs and opportunities.

Why This Work Matters

Nebraska's Prevention System is not a collection of programs; it is a statewide infrastructure built on community leadership, shared accountability, and a commitment to well-being. Designed to reach people where they are, the system responds to local needs while building the conditions for long-term stability and change. Whether it's a parent accessing housing support, a young adult finding a path to stability, or a community organizing around early childhood care, this coordinated network is improving outcomes and strengthening the foundation for thriving communities.

Continued investment in the Collaborative infrastructure that underpins this system is essential. The backbone coordination provided by Nebraska Children and Families Foundation and local Community Collaboratives ensures alignment, data-driven decision-making, and shared accountability across partners and systems. Equally important is maintaining flexible resources that address immediate and emerging needs such as housing, utilities, and food access as these supports not only stabilize families but also make long-term prevention possible.

Sustaining and strengthening these investments will allow Nebraska's Statewide Prevention System to continue building resilient communities, advancing opportunities, and ensuring every child, youth, and family has the conditions they need to thrive.

Purpose and Scope of the Report

This report focuses on the work with communities to build locally based prevention collaboratives and the strategies associated with these efforts, which exist at both the system and individual levels. Multiple partners, working in coordination through community collaborations, are implementing the strategies.

Evaluation of the Statewide Prevention System incorporates both implementation and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of services were provided?” “How well are strategies being implemented?” 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 participants’ well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children and Families Foundation focuses on a data-driven decision-making approach to help communities improve the performance of their adopted strategies and to ultimately improve the lives of people and their communities. Data is collected and reviewed for their decision-making and continuous improvement processes.

Scope of Report

This report provides an overview of the coordinated statewide effort to strengthen Nebraskan children, youth and families. The Bring Up Nebraska Network is comprised of Community Collaboratives state partners, community members, foundations and partner agencies. This Network and its coordinated efforts make up the Statewide Prevention System. Community Collaboratives are the local implementation of the Statewide Prevention System. This report covers the work of the 23 collaboratives and 3 Tribal communities participating in the evaluation undertaken over the past year (July 1, 2024, to June 30, 2025).

It consists of five main sections. The first section describes **Nebraska Children and Families Foundation’s role in the Statewide Prevention System and the Bring Up Nebraska Network**. The second section highlights **system-level strategies and key findings**, while the third section focuses on **individual-level strategies**. The fourth section outlines **additional statewide targeted prevention strategies**, and the final section presents outcomes related to **Promotive and Protective Factors as well as Community Collaborative Collective Impact**. Appendices are also included to highlight specific aspects of community-based prevention work.

Beginning in the 2020-2021 evaluation year, longitudinal data were included where possible to support examining this work over the past several years. Nevertheless, it is important to note that the number of collaboratives participating in evaluation and methods for collecting data have differed across time; thus, year-to-year comparisons should be made with caution. These caveats are noted in their respective data tables.

Acronyms

NCFF: Nebraska Children and Families Foundation
BUN: Bring Up Nebraska
CYI: Connected Youth Initiative
PPF: Promotive and Protective Factors
DHHS: Nebraska Department of Health and Human Services
YFT NE: Youth and Families Thrive Nebraska

ERA: Nebraska Emergency Rental Assistance Program
NIFA: Nebraska Investment Finance Authority
LFPA: Local Food Purchase Assistance
WWTC: World Wide Tech Connections
COSP: Circle of Security Parenting™
PCIT: Parent-Child Interaction Therapy
PIWI: Parents Interacting with Infants
CCU: Camp Catch Up



Nebraska's Statewide Prevention Effort Coordinated by Nebraska Children and Families Foundation

Nebraska Children and Families Foundation's Approach to Prevention

Nebraska Children and Families Foundation (NCFF) envisions a Nebraska where all people live in safe, supportive environments that provide opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children and Families Foundation works in partnership with national, state, and local community partners to improve the well-being of children, youth, young adults, and families.

Specifically, NCFF provides the overall framework, shared tools, and guiding principles for building safe, stable, and nurturing communities across Nebraska. Within that framework, Community Collaboratives adapt and apply these strategies locally by coordinating partners, resources, and data to meet the unique needs of families in their area. State partners play a critical role in ensuring alignment and accountability across the system. Their engagement ensures that lessons learned at the community level inform statewide strategy, funding priorities, cross-system coordination, and policy conditions that strengthen and sustain prevention efforts across Nebraska. The underlying assumption is that by strengthening these local systems, and working in partnership with state leaders, communities enhance family promotive and protective factors, leading to improved well-being for children and families (Figure 1).

Together, the network of Community Collaboratives, state partners, and NCFF make up Nebraska's Statewide Prevention System. This collective system is organized and advanced through the public-private partnership known as Bring Up Nebraska, which operationalizes the statewide framework through local implementation. Community Collaboratives and state partners come together through the Collective Impact Model, promoting and addressing local priorities and implementing specific targeted strategies to build Protective and Promotive Factors for all children, youth, and families.

Bring Up Nebraska, coordinated by Nebraska Children and Families Foundation, is a network working to unite a powerful group of changemakers at community, state, and national levels. This includes service providers, educators, health care professionals, law enforcement personnel, businesses, funders, policymakers, government agencies, and most importantly, parents and youth.

Together, ***Bring Up Nebraska*** aims to build the **strongest Statewide Prevention System in the nation through the power of Community Collaboratives, targeted lifespan initiatives, and coordinated state partnerships**. To do this, the network has co-created a Statewide Plan for Community Well-Being which is a unified framework guiding prevention efforts across Nebraska. The Bring Up Nebraska Statewide Plan for Community Well-Being is a comprehensive, community-driven plan designed to ensure that all children, youth, young adults, caregivers, and families in Nebraska can thrive. It is built on a prevention model that emphasizes local leadership, cross-sector collaboration, and data-informed strategies to address challenges before they become crises.

Figure 1



Nebraska's shared goals, as outlined in the plan, are as follows:

1. Strengthen collaboration among youth and young adults, parents and caregivers, community members, system partners, school districts, and Community Collaboratives to support community-driven approaches to well-being.
2. Strengthen statewide collaboration to support community-driven approaches to well-being and foster shared responsibility among partners.
3. Enhance access to and quality of educational programs, mental health services, and community resources that build Protective and Promotive Factors in thriving children, youth, young adults, families, caregivers, and communities.
4. Develop and strengthen a quality workforce of those supporting the Community Well-Being system in Nebraska.

Statewide Prevention System: Funding

NCFF secures and provides braided funds to strengthen the infrastructure of the Statewide Prevention System through the implementation of Community Collaboratives. Major funding sources include Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPF), Child Abuse Prevention and Treatment Act, Nebraska Department of Education, John H. Chafee Funds, and private funding sources. These funds support a range of strategies within each community. System-level strategies range from Collective Impact training to adopting best practices that strengthen communities, while programs and practices targeting individuals and families are implemented across the lifespan.

Statewide Prevention System: Technical Assistance

NCFF also provide technical assistance to communities through the Bring Up Nebraska Technical Assistance (TA) Team. This team works alongside Collaboratives to strengthen their capacity and leadership. TA staff provide individualized coaching, facilitate strategy sessions, and offer training in Collective Impact, data-informed decision-making, and results-based leadership. They help community partners define shared goals, align resources, and coordinate across systems to address the root causes of family stress and instability. Through regular peer learning and statewide convenings, the TA Team connects Collaboratives to one another, building a learning network that accelerates innovation and amplifies community voice. This structure allows Collaboratives to move beyond isolated efforts toward coordinated, community-led action that drives long-term well-being for children and families.

Statewide Plan for Community Well-being

NCFF as the coordinator of the Bring Up Nebraska Network, convenes community and state partners around shared commitments to the Statewide Plan for Community Well-Being. These commitments and associated activities, strategies and areas of focus are documented in the Statewide Plan for Community Well-Being portal. Collaboratives and state partners are asked to update their strategies, activities and commitments twice per year. Table 1 highlights the number of action steps implemented per goal and the number of communities actively participating in the execution of the actions. In total, the communities are engaged in 385 action steps across the state to meet the goals in the common agenda of the Bring Up Nebraska Statewide Plan for Community Well-Being. By documenting these steps, we can better understand the collective impact and the breadth of community engagement in strengthening the well-being of children, youth, families, and communities throughout Nebraska.

Table 1

Statewide Plan for Community Well-Being Goal	Number of Community Action Steps	Number of Communities Represented (23 total)
Strengthen collaboration among youth and young adults, parents and caregivers, community members, system partners, school districts, and Community Collaboratives to support community-driven approaches to well-being.	76	20
Strengthen statewide collaboration to support community-driven approaches to well-being and foster shared responsibility among partners.	144	21
Enhance access to and quality of educational programs, mental health services, and community resources that build Protective and Promotive Factors in thriving children, youth, young adults, families, caregivers, and communities.	119	23
Develop and strengthen a quality workforce of those supporting the Community Well-Being system in Nebraska.	41	17

Promotive and Protective Factors

A central pillar of Nebraska’s Statewide Plan for Community Well-Being is strengthening Promotive and Protective Factors (Knowledge of Parenting and Child and Adolescent Development, Social-Emotional Competence, Resilience, Social Connections, Concrete Supports). Protective Factors are the conditions and attributes that buffer against challenges and reduce the likelihood of poor outcomes such as child maltreatment or developmental disruptions. Promotive Factors go a step further by actively enhancing well-being by creating opportunities for growth, connection, and success.

Nebraska’s prevention approach goes beyond reducing risk. It intentionally builds the skills, relationships, and conditions that help families and communities thrive. Research shows that Protective and Promotive Factors are key levers for preventing child abuse and neglect, reducing the impacts of adversity, and creating pathways for thriving throughout life. (Austin, Lesak, & Shanahan, 2020; Bromfield et al., 2017; Center for the Study of Social Policy, n.d.) Their presence increases the probability of positive outcomes, while their absence leaves families more vulnerable.

Promotive and Proactive Factors

Knowledge of Parenting and Child and Adolescent Development is the ability to support nurturing attachments and have realistic expectations in order to effectively promote development in children and youth. When caregivers understand children’s developmental needs and stages, they can set realistic expectations and respond in supportive ways, strengthening the parent-child relationship. For youth and young adults, understanding the unique aspects of adolescent development helps them make sense of their own experiences, build healthy relationships, and make informed choices. This knowledge fosters self-awareness, supports identity formation, and equips young people to navigate challenges.

Social-Emotional Competence is the ability to recognize and regulate one's emotions and behavior, the ability to recognize and respect the feelings and needs of others and the ability to balance and communicate about these matters in order to promote healthy relationships with family, friends, in the workplace and in your community. When children and youth can recognize, express, and manage their emotions, establish and maintain positive relationships, and demonstrate empathy, they are better able to communicate their needs, resolve conflicts, and engage positively with others.

Youth and Parental Resilience is the ability to recover from difficult life experiences and often to be strengthened and even transformed by those experiences. When youth, parents, and caregivers can manage stress, remain hopeful, and recover from setbacks, they are better able to provide consistent, nurturing care that directly supports children's development.

Social Connections is the ability and opportunity to develop positive relationships that lessen stress and isolation and become a supportive network. Trusted friends, neighbors, mentors, and networks offer encouragement, problem-solving, and tangible support in times of need. These connections create safety nets that sustain families through challenges.

Concrete Supports is the ability to access resources and services that help make children, youth and families stronger and more resourceful for themselves and other. Reliable access to housing, food, health care, direct cash supports and financial assistance ensures families' basic needs are met, giving them the stability to engage more fully in other promotive activities and relationship building.

Nebraska's framework also recognizes factors that further support children, youth, families and communities:

- **Hope** - The energy to pursue meaningful goals and the belief in pathways to achieve them help families and young people persist through adversity.
- **Personal Resilience** - Resilience reflects the ability to adapt, learn, and grow stronger after hardship, especially when bolstered by supportive relationships and community resources.

On July 1, 2025, Bring Up Nebraska Community Collaboratives began using the Protective Factors Survey, 2nd Edition (PFS-2; FRIENDS National Resource Center, 2018), the Brief Resilience Scale (BRS; Smith et al., 2008), the Hope Scale – Short Form (Snyder et al., 1991), and the Concrete Supports Scale (FRIENDS National Resource Center, 2018) as part of a standardized pre/post survey package to assess Protective and Promotive Factors across families engaged in Central Navigation. Data from these tools will be available in the 2025-2026 Collaborative Report.

Youth and Families Thrive

Youth and Families Thrive Nebraska (YFT NE) is a comprehensive training that integrates Center for the Study of Social Policy's Strengthening Families™ and Youth Thrive frameworks. Designed to support professionals working with youth and families, the training promotes healthy development, resilience, and well-being through a strengths-based, trauma-informed approach. It draws on developmental science, family systems thinking, and healing-centered engagement to build a shared understanding across sectors.

Over the course of the reporting period, eight in-person training sessions were held across Nebraska, reaching an estimated total of 161 participants. Each session spanned three days and was hosted in partnership with local collaboratives, including Hall County, Buffalo County Community Partners, Community IMPACT Network, Holt/Boyd Community Connections, Sandhills Community Collaborative, Norfolk Family Coalition, Growing Community Connections, Lift Up Sarpy, Families 1st Partnership, Dawson County Family Partners, Better Together, 4-County Collaborative, The BRIDGE Family Resource Connector Network, and NCFF. These partnerships were instrumental in planning and facilitating the sessions, often involving multiple collaboratives working together to host a single training.

Participants reported several key outcomes. The training fostered stronger relationships across sectors, encouraged the use of a shared language, and helped communities reframe how they support families. Many noted a deeper understanding of the Promotive and Protective Factors. These insights were echoed during the November 2024 Bring Up Nebraska Partner Meeting, where themes of collaboration, shared purpose, and community transformation emerged.

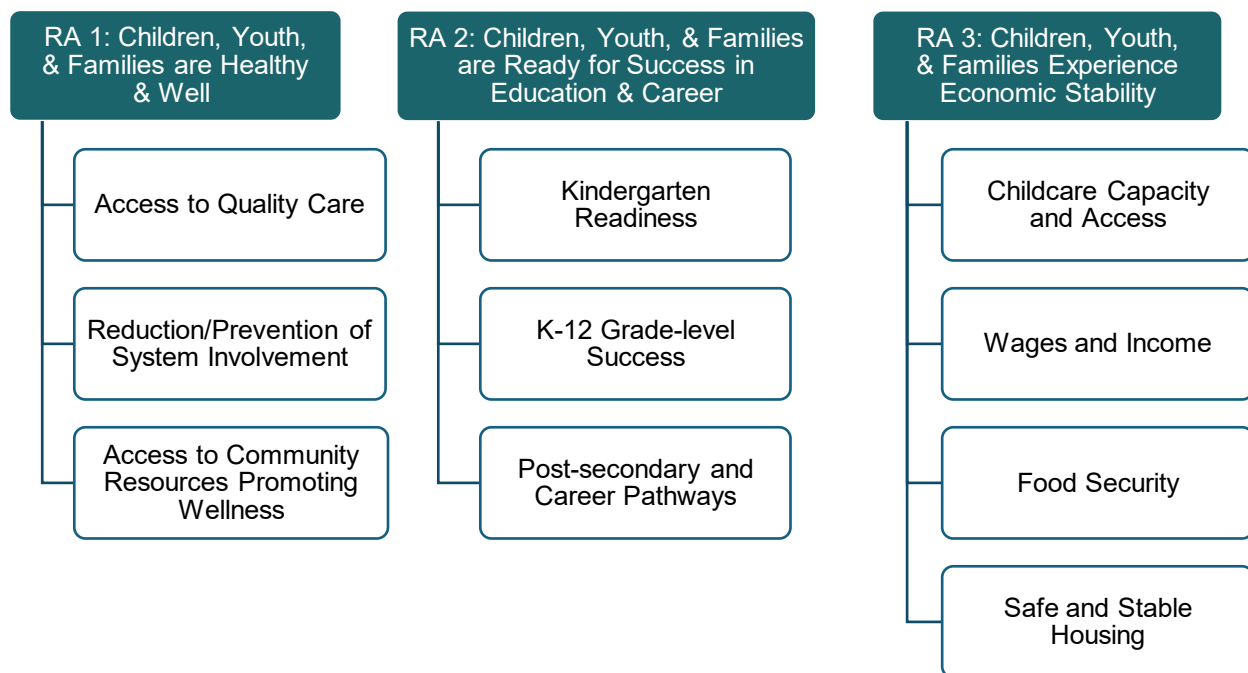
Looking ahead, YFT NE continues to serve as a foundational framework for strengthening local prevention systems. Collaboratives are encouraged to embed the training into ongoing professional development, use shared language to align efforts, and share data to demonstrate collective impact. The training not only builds individual capacity but also reinforces the power of community-led solutions and collective action.

NCCFF remains committed to support this work and partnering with collaboratives to expand access to YFT NE, for communities considering engagement, the training offers a meaningful opportunity to deepen relationships, align strategies, and build a more resilient and responsive support system for youth and families.

Results Areas

Nebraska Children and Families Foundation's work is rooted in three core Results Areas: Children, Youth, and Families are Healthy and Well; Children, Youth, and Families are Educated and Engaged; and Children, Youth, and Families are Economically Stable and Secure. These Results Areas anchor Nebraska Children's efforts and guide our role and commitments in advancing the Statewide Plan for Community Well-Being.

Figure 2



Common Indicators

At the core of Nebraska Children’s work and of the Statewide Plan for Community Well-Being, are a set of common, population-level indicators that reflect the outcomes we most care about for children, youth, and families. These indicators are not just internal benchmarks for Nebraska Children; they represent shared commitments that unite state agencies, local collaboratives, and public and private partners across Nebraska.

As coordinators of the statewide plan, Nebraska Children plays a central role in holding these indicators at the forefront, ensuring that they guide decision-making, shape strategies, and align efforts across the prevention system. Because these outcomes are owned collectively, they carry the weight of broad partner buy-in, from state leadership to Community Collaboratives.

Mobilizing resources around these indicators is how Nebraska builds and sustains its prevention infrastructure. By aligning funding, technical assistance, and capacity-building with the outcomes we collectively seek, Nebraska Children and its partners ensure that progress toward well-being is both measurable and meaningful and that it advances the shared vision for thriving families and communities statewide. Because they are common and shared across partners, these indicators are not static. As community needs and statewide priorities evolve, they are revisited and updated to ensure they remain relevant, responsive, and reflective of the outcomes most critical for Nebraska’s children and families.

Common Indicators

Results Area 1: Healthy and Well

- Ratings of General Health
- Entries into care (foster care & juvenile justice)
- Out-of-home placements (foster care & juvenile justice)
- Two-generation system involvement (foster care & juvenile justice)

Results Area 2: Ready for and successful in educational and career opportunities

- Kindergarten Readiness
- Early Reading
- Middle childhood math
- High school graduation rate
- Chronic Absenteeism
- Postsecondary enrollment
- Postsecondary completion

Results Area 3: Economically Stable

- Childcare Gap Number
- Childcare Quality
- Employee Recruitment and Retention
- Percentage of household income spent on rent
- Household incomes
- Percentage of food insecure households

Bring Up Nebraska – Public Awareness and Education

Governor Pillen proclaimed April 2025 as Child Abuse Prevention Month, and the Nebraska Department of Health and Human Services Director of Children and Family Services made remarks. DHHS also issued a media release about Prevention Month.



Twenty-three Community Collaborative, several DHHS sites, and other partners hosted or participated in events and activities across the state using the Bring Up Nebraska-Pinwheels for Prevention Campaign toolkit and products. This included mayoral proclamations, Wear Blue Day, and pinwheels plantings with local media coverage and social media promotions.

Other highlights for Child Abuse Prevention Month, included:

Website

The Bring Up Nebraska website realized a 437% increase in visitors over the previous 3 months with 7,744 visitors. There were 10,628 pageviews. The Community Collaboratives page was the most visited page with 7,937 views.

Radio

Radio ads in English and Spanish reached 454,000 people across the state with the add being heard or seen 1,824,600 times.



Paid Advertising

- Targeted digital display ads ran in English and Spanish
- Facebook/Instagram ads: Impressions = 540,729
- Google display ads: Impressions = 549,447

Resources for Collaboratives and Councils

Over 6,000 pinwheels were provided, and, through the Nebraska Child Abuse Prevention Fund Board, 6,667 campaign products were provided to promote Bring Up Nebraska and the help that is available through the Community Collaboratives.

Governor Jim Pillen proclaimed April 2025 as Child Abuse Prevention Month at the State Capitol on April 1, 2025.



Community Collaboratives

The Statewide Plan for Community Well-Being calls for building a comprehensive Statewide Prevention System that serves Nebraskans across the lifespan. Community Collaboratives form the foundation of that system, providing the local infrastructure to braid resources, build capacity, and ensure prevention strategies are accessible in every corner of the state. Utilizing a Collective Impact model, Community Collaboratives align partners, set shared priorities, and coordinate resources, while also responding to the immediate needs of children, youth, and families through direct connection to supports and services.

A fully developed prevention system, anchored in Collaboratives, extends across the lifespan from early childhood to adulthood. It does so by leveraging multi-sector partnerships and diverse public and private funding streams. While many resources focus on families with children under 18, Collaborative-led efforts ensure communities can meet the needs of individuals and families at every stage of life, reducing risk and building resilience across Nebraska.

In the last year, NCCFF has provided funding and technical assistance to 23 Community Collaboratives, including three Tribal nations and tribally affiliated families across Western Nebraska. These Collaboratives promote safety and well-being through a range of prevention programs and practices. While each Collaborative is in its own stage of development, all have provided direct and/or indirect support for example, through training, coaching, concrete support and support services funds, or indirectly through the siblings of children receiving services.

As depicted on the map in Figure 3, nearly every county across the state is directly supported by a Collaborative. Anyone in Nebraska has access to Central Navigation through a “no wrong door” approach. This approach ensures that anyone can access primary prevention and a referral network via Central Navigation regardless of where they live. Table 2 highlights all the Nebraska Community Collaboratives and the counties they directly served during the evaluation period.

Figure 3

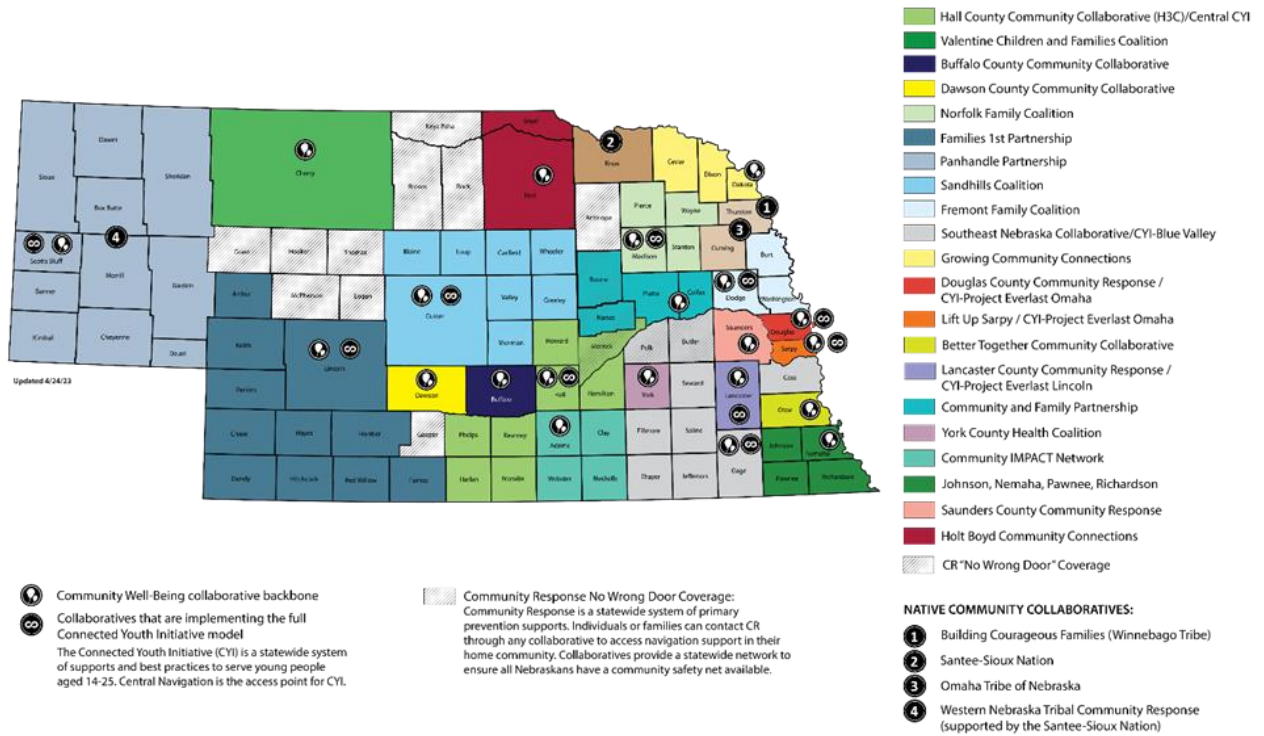


Table 2

Community Collaboratives and Associated Counties	
Name	Counties Served
Better Together Nebraska City	Otoe
BRIDGE Family Resource Connector Network	Douglas
Buffalo County Community Collaborative	Buffalo
Building Courageous Families	Winnebago Tribe of Nebraska
Community IMPACT Network	Adams, Clay, Nuckolls, Webster
Community & Family Partnership	Boone, Colfax, Nance, Platte
Dawson County Family Partners	Dawson
Families 1st Partnership	Arthur, Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Lincoln, Perkins, Red Willow
Four County Collaborative	Johnson, Nemaha, Pawnee, Richardson
Fremont Family Coalition	Burt, Dodge, Washington
Growing Community Connections	Dakota County and all of Siouxland
Hall County Community Collaborative	Hall, Hamilton, Howard, Merrick
Holt Boyd Community Connections	Boyd and Holt
Lancaster Connected	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Pierce, Stanton, Wayne
Panhandle Partnership	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, Sioux
Sandhills Community Collaborative	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, Wheeler
Saunders County Active Community Team	Saunders
Society of Care	Coordinates: Santee-Sioux Tribe of Nebraska, Omaha Tribe of Nebraska, and Western Nebraska Tribal Community Response
Southeast Nebraska Collaborative	Butler, Cass, Fillmore, Gage, Jefferson, Otoe, Polk, Saline, Seward, Thayer, York
Valentine Children and Families Coalition	Cherry
York County Health Coalition	York

Common System of Record via FindHelp

On July 1, 2024, Nebraska's Community Collaboratives transitioned from various data collection systems to a unified, statewide platform called FindHelp. This implementation of the FindHelp Social Care Platform, led by the Nebraska Children and Families Foundation, marks a major milestone in strengthening care coordination and collaboration across the state.

By rolling out this comprehensive Common System of Record across Nebraska's Community Collaboratives and their extensive networks of local partners, NCFE has achieved a noteworthy advancement in data management and service delivery. FindHelp introduces a unified System of Record that streamlines processes such as intake, assessment, referrals, goal setting, and the distribution of support service funds. This shift improves data accuracy, consistency, and efficiency.

The adoption of FindHelp is a concrete step toward advancing the Statewide Plan for Community Well-Being. By providing a common platform for referrals, data collection, and outcomes tracking, FindHelp equips Collaboratives and state partners with the tools needed to align around the Plan's shared indicators, measure progress consistently, and respond more effectively to the needs of children, youth, and families.

This integrated approach not only ensures regulatory compliance, but also enhances data usability and decision-making, deepens collaboration across organizations, and ultimately strengthens support for individuals and families across Nebraska. The successful statewide launch of FindHelp reflects NCFE's ongoing commitment to innovation, data-driven strategies, and sustained community impact.

It's important to note that rolling out a statewide System of Record is a significant undertaking, and much of the current evaluation year (July 2024–June 2025) should be considered an implementation period. During this time, communities were actively learning the FindHelp system, adapting to new processes for data collection and reporting, and leveraging the platform to encourage adoption among community partners. As such, data collected during this period should be interpreted with caution, and year-over-year comparisons should be understood within that implementation context.

Individual and Systems-Level Prevention Strategies

Effective prevention work requires attention to both system-level and individual-level strategies. At the system level, communities build the infrastructure, partnerships, and policies that create the conditions for prevention, such as aligning resources, establishing shared goals, hosting events and trainings, and coordinating services across agencies and sectors. At the individual level, prevention is reflected in the strategies and practices that strengthen Promotive and Protective Factors for children, youth, and families including Central Navigation, Support Services Funds, Coaching and community engagement. These practices ensure families have the direct supports and services they need to address immediate needs while also strengthening their capacity and stability so that they can thrive independently without long-term reliance on services. Together, these two levels of community-based prevention reinforce one another: system strategies create the foundation for sustainability and scale, while individual-level practices ensure families have the direct supports and services they need to thrive.

Community Collaborative Infrastructure

Addressing complex social challenges such as improving child and family well-being requires more than effective programs. It requires a shared structure that can align organizations, resources, and strategies across an entire community. Research and national experience have shown that when communities invest in collaborative infrastructure, they are better equipped to produce measurable, lasting results. Without this infrastructure, even well-designed programs tend to operate in silos, duplicating efforts and addressing symptoms rather than systems.

In Nebraska, Community Collaboratives serve as the backbone of this infrastructure. Grounded in the principles of Collective Impact, these Collaboratives provide the coordination, communication, facilitation, and data capacity that allow partners from multiple sectors to align their work toward a common vision for prevention and well-being. They bring coherence to local efforts by establishing shared goals, defining common measures of success, and maintaining continuous communication and learning among partners.

Community Collaboratives convene cross-sector partners, align strategies and investments, and use shared data systems to track progress and guide decision-making. They help partners see how their individual contributions fit within a broader system, building shared accountability for outcomes that no single organization can achieve alone.

Investing in collaborative infrastructure is a key role of **Nebraska Children and Families Foundation** and the **Bring Up Nebraska** partners. It ensures that there is a permanent mechanism for alignment, problem-solving, and adaptation and ensures that structure goes beyond any single funding source or program cycle. This investment creates the conditions for long-term systems change where prevention becomes embedded become embedded in the very way a community functions and makes decisions. The necessary elements of Community Collaborative Backbone Infrastructure include:

- **Coordination and Continuous Communication** among partners, including active engagement of community members
- **Central Navigation** – coordination of services to ensure families can access supports efficiently and equitably
- **Support Services Funds** – flexible funds used to address concrete needs, bridge funding cliffs, and overcome eligibility barriers that limit the impact of service delivery

- **Common Operational Framework, Foundations, and Principles** – such as *Youth and Families Thrive*, which guide practice and align approaches across partners
- **Community Capacity Building and Workforce Development** – strengthening the skills, leadership, and stability of the local prevention workforce
- **Social Norming** – promoting shared community values that support help-seeking and prevention
- **Fiscal and Contract Management** – clearly outlining the roles and responsibilities of fiscal sponsors and partners within a collaborative prevention system
- **Shared Evaluation and Measurement Systems** – using data to drive decision-making, demonstrate progress, and foster accountability
- **Root Cause Analysis and Community Context** – ensuring strategies address underlying systemic barriers and are informed by local lived experience

Funding and Leveraged Resources

One of the intermediate community well-being outcomes is that the work of Community Collaboratives increases communities' ability to leverage and align funds. In the past year, Collaboratives have successfully obtained more than \$5.3 million in local leveraged funding. Funding for the Community Collaboratives consists of braided public and private funds across multiple fiscal sponsors to support the full scope of the local prevention system. Community Collaboratives Backbone Infrastructure, via grants to NCFF, are supported by a variety of sources totaling approximately \$2.8 million.

Public funds include Nebraska Department of Health and Human Services dollars through Promoting Safe and Stable Families, Strengthening Families, and Community-Based Child Abuse Prevention (CBCAP), as well as support from the Nebraska Department of Education, the Nebraska Child Abuse Prevention Fund Board, and other state grants. Private funding includes contributions from the Sherwood Foundation, the William and Ruth Scott Family Foundation, Casey Family Programs, and other philanthropic partners. Nebraska Children and Families Foundation (NCFF) plays a unique role in aligning these resources, providing fiscal management, evaluation, training, and technical assistance to ensure dollars are not only secured but maximized for impact across communities.

Through partnership with NCFF, Community Collaboratives received nearly \$3 million in direct grant awards from the Department of Health and Human Services Child and Family Services. These funds are accounted for in the “Local Leveraged” section of Table 3. These funds supported key community prevention resources, including Central Navigation, Coaching, Support Services Funding, and Community Training. This investment represents a significant outcome of the Bring Up Nebraska Network and highlights the strength of public–private partnerships in addressing community needs.

Table 3 provides a summary of the total dollars leveraged by Collaboratives. It captures the investment in the Statewide Prevention System in 4 categories:

1. **Community Collaborative Backbone Infrastructure:** This category reflects the funding invested by NCFF to support the Collaborative backbone functions that make Collective Impact possible. These resources sustain essential infrastructure components such as coordination, facilitation, continuous communication, data and evaluation, and capacity-building. A portion of these contracts are also allocated to Central Navigation, Coaching, Support Services Funds, and direct services and supports to community members specific to each community. Adequate investment in backbone

infrastructure ensures communities can effectively convene partners, align strategies, and drive measurable change.

2. **Nebraska Children Funded Initiatives and Programs:** This category represents funding provided by NCCF through its life span initiatives which are implemented locally through partner organizations or Collaboratives. Examples include before and after school programming and home visiting programs.
3. **Nebraska Children Funded State-wide System Level Strategies:** This category represents funding provided by NCCF for state-wide initiatives and strategies that align with priorities in the Statewide Plan for Community Well-Being and/or enhance the Central Navigation system statewide. Examples include access to food, housing, and legal supports.
4. **Local Leveraged:** This category reflects dollars raised through Community Collaboratives, including grants, donations, and community-specific fundraising efforts.

These dollars were used to serve 73,514 families and youth across the Statewide Prevention System during the evaluation year.

Table 3

Collaboratives have Leveraged Funds from Multiple Sources					
Evaluation Year	NC-funded Community Collaborative Backbone Infrastructure	NC-funded Initiatives and Program	Individual and System Level Prevention Strategies	Local Leveraged	TOTAL
2024-2025	\$2,834,258*	\$5,888,957	\$5,944,491	\$5,355,187	\$20,022,893

Community Engagement

Community and system transformation is supported by structures that welcome various voices and create opportunities for shared decision-making. Leadership and engagement are strategic approaches that require intentional systems to ensure youth, parents, and caregivers are involved in shaping the programs and services that affect them. Youth and Family Engagement, as defined by the Children's Bureau, is a strength-based method that fosters collaboration with families to support change. Leadership, at the system level, involves building consistent opportunities for individuals to contribute to planning, implementation, and evaluation—ensuring that community input informs system development.

Nebraska Children and Families Foundation works to build strong communities where all children, young people, and families thrive. Central to this mission is the development of systems that support collaboration with youth and families across Nebraska. In June, the Bring Up Nebraska Network launched a statewide dashboard designed to connect youth, parents, caregivers, and service providers to opportunities for engagement. In its first three months, the dashboard has facilitated 62 opportunities—highlighting how system-level structures can support meaningful participation and drive positive change.

Policy, Practice Changes and Actions to Advocate for System Change

This year, Community Collaboratives continued to engage in efforts that influence policy, shift practice, and advance actions to advocate for system change at both local and state levels. Unlike previous years, these activities were not separated into distinct categories, as collaboratives emphasized how these efforts often overlap and evolve together.

Policy activities may include changes in laws, regulations, funding, or formal guidance, such as new legislation, pilot funding for programs, or executive directives. Practice changes refer to shifts in how professionals and systems operate, such as adopting best practices or improving collaboration across agencies. Actions to advocate for system change aim to influence decision-makers or raise awareness, and may involve meeting with officials, organizing campaigns, or supporting community members in sharing their stories.

Together, these interconnected strategies reflect the dynamic and ongoing nature of collaborative work. A summary of reported activities is provided below, with a full listing available in Appendix B.

During the 2024-2025 evaluation year, there were:

90 policy/practice changes and actions to advocate for system change occurred across
14 Community Collaboratives

Examples include:

- Family Cafes and Community Planning Meetings: These gatherings gave families and youth space to engage directly in shaping community priorities, offering feedback that informs both prevention work and the broader system landscape.
- Schuyler City Council Agenda, Public Hearing: To consider amendment of the Schuyler Economic Development Plan to add businesses that provide early childhood care and education to the list of Eligible Businesses regarding LB840 funds. Motion carried.
- Central Community College advocacy to stay in our area to continue service to many.
- Created a Parent Engagement Group & Resource Page to enhance partner practice adoption of using available training/education resources.
- Legislative Days- Youth Leadership members helped to create a presentation to senators to persuade them not to vote to lower the age of life in prison to include 12-year-olds.

Citizen Review Panels

NCCF collaborated on two Citizen Review Panels (CRP) with Nebraska DHHS: the Parent and Caregiver CRP and the Young Adult CRP. The reporting timeline for the CRPs is October to September. The most recent CRP recommendations to DHHS from the October 2023-September 2024 report are shared below.

The Parent and Caregiver CRP is composed of members from across the state and includes people who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect. The group made the following three recommendations to DHHS in 2023-2024: which DHHS is taking under advisement and incorporating into its policy and procedures.

1. The group recompensated increased financial literacy supports for foster parents noting: It is vital to teach foster parents about financial literacy so they know and understand how much of the money they receive from the state will go toward direct expenses for the child who lives with them. This education should start during foster parent training. Budget management should be

- part of the lessons, and it should be a priority to teach them how to budget for their increased expenses. These budgeted expenses should also include hair care and personal hygiene items.
2. The group also recommended mental health support for foster families noting: Offer mental health supports and check-ins to foster families. Therapy and mental health services for foster parents can help them and other household members adjust to the changes of having new members in the household. DHHS could also help create a supportive environment by offering annual mental health evaluations for caregivers. DHHS should also check in after a child is removed or another one is placed in the home. If a newly placed foster youth is offered therapy with the entire family, it will create a more supportive environment for them to live in.
 3. The group recommended implementing strategies to better support caseworkers in managing their workloads and utilizing their vacation time efficiently. They noted: Creating a more manageable workload for caseworkers could involve evaluating case assignments and redistributing cases among staff to ensure no caseworker is overwhelmed. Time away from work is essential for recharging and maintaining mental health, leading to improved productivity and focus. When employees feel empowered to take their vacation time without guilt or concern, it enhances their overall well-being and job satisfaction.

The Young Adult CRP consists of 13 community members between 16 and 26 with experience in child welfare, juvenile justice, and/or homelessness systems in Nebraska. The group made the following three recommendations to DHHS in 2023-2024:

1. **Make the Youth Court Questionnaire Mandatory:** The Court Improvement Project Youth Court Questionnaire is currently not a DHHS requirement but making it a requirement would greatly benefit system-involved youth in Nebraska by further including them in their outcomes and giving them more agency and control in decision-making. Requiring the completion of the form ensures that caseworkers and other personnel are held accountable for how they treat the youth. The form will ensure everyone is on the same page by lessening misunderstandings and putting the power back in the hands of the youth. Making the youth court questionnaire mandatory would be a simple step in the court hearing process. It would cater to the youth's needs and teach them that they are their own best advocate.
2. **Logging, analyzing and sharing data on Deaf and Disabled youth:** Currently no concrete numbers exist on how many Deaf and/or Disabled youth are in the foster care system. If this data was collected quality care and access to accommodations could be provided for these youth. Once data on impacted youth in care is collected, other avenues to meet their needs can be explored. DHHS can provide foster parents/group homes/placement with information regarding the youth's disability (how to fingerspell, providing ramps and necessary accommodations for wheelchair users and other disabilities either seen or unseen). Additionally, providing access to mentors within their community (Deaf mentors through Nebraska Hands and Voices).
3. **Address the needs of foster youth seeking employment and income security:** Financial well-being and security start with foster youth having autonomy over their earnings. Foster youth are often disproportionately affected by extra barriers to employment opportunities that can contribute to their lack of well-being. These can include requesting vital documents and receiving them on time, being allowed to have a job, transportation, and accessibility issues with opening a bank account. Once the youth have obtained employment, it is essential to provide them with autonomy over their earnings. Youth should not be expected or required to pay bills or provide financially for the household needs. This should all be covered under the reimbursement the foster parent receives, as it is not the obligation of the youth to provide for their basic needs.

Training Activities

During the reporting period, Community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. 20 Community Collaboratives reported a total of 156 trainings with 7,280 participants representing 1,961 organizations engaged in training. Examples of the trainings offered were Youth and Families Thrive, Motivational Interviewing, QPR/Suicide Prevention, Mental Health First Aid, Budgeting and Money Management, and Collective Impact Training for New Non-Profits (Table 4).

Table 4

Community Collaboratives hosted training events to enhance strategies			
	2024-2025	2023-2024	2022-2023
Number of Training Held	156	138	167
Number of Organizations	1,961	967	1,717
Number of Individuals Trained	7,280	3,070	6,502

Note: The numbers above do not represent an unduplicated count. 20 Community Collaboratives reported training in 2024-2025.

Community Events

Twenty-one Community Collaboratives sponsored community and family events (Table 5). The purpose of the events varied, including food distribution/deliveries (e.g., food boxes, pantries, backpacks, vouchers), distribution of diapers and school supplies, motherhood is sacred classes, and other community engagement efforts such as Diaper Pantry, Community Baby Showers, Career Days, engagement, Backpacks with School Supplies, Community Thanksgiving Dinner, and collaborative meetings. Events were available to all community members and served the general public, parents, children, young adults, older adults, and agency and community members (e.g., childcare providers, coaches, and other service providers). These 185 events served approximately 47,314 individuals, although it is important to note that this is an estimate since some events were large, and it was difficult to track the number of attendees. The number of individuals engaged each year fluctuates dramatically based on the reach of the method of engagement (e.g., billboards vs. community events).

Table 5

COMMUNITY COLLABORATIVES HOSTED EVENTS THAT EXTENDED OUTREACH EFFORTS TO CONNECT WITH FAMILIES

	2024-2025	2023-2024	2022-2023
Number of Events Held	185	184	228
Number of Individuals Engaged	47,314	37,603	200,494
Number of Communities hosting events	21	18	18

Note. Numbers reported for the current evaluation year are estimates and not unduplicated counts. 21 Community Collaboratives reported hosting events in 2024-2025.

Individual-Level Prevention Strategies

Central Navigation

Central Navigation is the component of the Prevention System that is facilitated through Community Collaboratives. Central Navigation matches parents, community members, and young adults to services. Central Navigation is also the intersection where community partners collaborate to enhance community capacity through training, and to identify and address barriers to thriving. Through Central Navigation and Coaching, Community Collaboratives coordinate existing resources within a community to help children, young adults, and families address immediate needs, as well as increase Promotive and Protective Factors in the long-term. This not only serves participants directly, but also builds workforce capacity and addresses larger, systemic issues that pose barriers to thriving people and thriving communities.

Several public funding sources specifically aim to support families at risk of entering higher levels of child welfare services or facing significant challenges related to housing stability, early childhood development, educational attainment, meeting basic needs, or responding to family crises while private funds allow for flexibility to meet immediate needs. Central Navigation is the mechanism through which these resources and supports come together, ensuring that community members can access the full range of prevention strategies.

Table 6 below provides an overall summary of the participants and their children who completed an intake from July 1, 2024, to June 30, 2025, through Central Navigation. It is important to note that more individuals may have been served by the collaborative during the current evaluation period as the intake may have been completed in a previous evaluation period. As noted above, on July 1, 2024, Collaboratives transitioned to a new data system, FindHelp. As a result, some metrics may be impacted by changes in data collection methods. Including previous years' data is for quality improvement monitoring across data collection and FindHelp implementation, rather than for historical comparison.

Table 6

Summary of Participants Accessing Central Navigation		
	2024-2025	2023-2024
Number of Participants	5,924	5,542
Number of Children	8,051	9,913
Number of Referrals to Community-Based Resources and Services	14,230	--
Number of Coaching Participants	1,068	--
Number of CYI Coaching Participants	1,509	
Age		
Participants under 14 years	51 (<1%)	1,013 (18.3%)
Participants ages 14-18	169 (2.9%)	754 (13.6%)
Participants ages 19-26	1,183 (20.0%)	1,260 (22.7%)
Participants ages 27-40	2,268 (38.3%)	1,399 (25.2%)
Participants ages 41-60	1,451 (24.5%)	849 (15.3%)
Participants 61+	353 (6.0%)	240 (4.3%)
Not Reported/Missing	449 (7.6%)	27 (<1%)
Number of Participating Staff*	308	44
Number of Participating Organizations*	478	154

*Numbers do not represent unduplicated counts. Number of Participating Staff and Participating Organizations are self-reported by Community Collaboratives.

Support Service Funds

Flexible and supportive funding (called Support Service Funds) is available through Central Navigation when needed. These funds are intended to “fill gaps” when other funding sources are not available, or when the participant doesn’t meet the criteria for other publicly available programs or resources. Table 7 represents all distributions to participants across the state during the evaluation period. Applicants may request a distribution that addresses more than one area of need. From July 1, 2024- June 30, 2025, there were 1,547 approved requests for a total of \$894,054.94. The \$894,054.94 were distributed to 2,037 different areas of need which are detailed in Table 7. Over 77% of the dollars distributed were for support with housing or utilities. This need area has remained steady from same timeframe in 2023-2024 when 77% of dollars distributed were also for housing and utilities support. This consistent trend highlights a need to continue focusing statewide efforts in these areas.

It is worth noting, during this evaluation period, Nebraska was distributing federal Emergency Rental Assistance 2 (ERA2) dollars, which may have influenced the number of requests for Support Service Funds. Community Collaboratives established a close working relationship with the Nebraska Investment Finance Authority (NIFA), responsible for coordinating the distribution of these funds. Consequently, Central Navigation became an additional avenue for Nebraskans to access this resource statewide, integrating more public funding into the Prevention System. Since September 2023, through Emergency Rental Assistance 2, \$29.33 million has been distributed to over 16,641 households in Nebraska to date. ERA2 sunset in August 2025 and without this funding there remains a large, continued need for housing and utility support in Nebraska. More information about Central Navigation’s work with Nebraska Emergency Rental Assistance 2 program can be found in the “Additional Prevention Strategies in the BUN Network” section of this report.

Table 7

Support Service Funds Distributed in 2024-2025				
Priority Area	Number of Distributions	All Dollars	Percent of Total	Average Dollars per Distribution
Daily Living	168	\$35,281.82	3.9%	\$210.01
Education	53	\$19,170.80	2.1%	\$361.71
Employment	12	\$1,925.65	0.2%	\$160.47
Housing	718	\$511,236.83	57.2%	\$712.03
Mental Health	129	\$37,493.88	4.2%	\$290.65
Parenting	78	\$17,322.99	1.9%	\$222.09
Physical/Dental Health	34	\$11,931.54	1.3%	\$350.93
Transportation	263	\$74,408.61	8.3%	\$282.92
Utilities	558	\$178,166.28	19.9%	\$319.29
Other	25	\$7,116.44	0.8%	\$284.66
2024-2025 Total	2,037	\$894,054.84	--	\$438.91

Coaching

The Bring Up Nebraska Coaching Framework is a strengths-based, voluntary coaching structure designed to support individuals in identifying and building upon their existing Protective and Promotive Factors. Rooted in principles of autonomy, collaboration, and resilience, this coaching structure places participants into pathways (or tracks) of their own choosing, based on their own goals, and encourages self-direction, personal and family agency, and meaningful goal setting. Coaches in this network, utilizing this framework, serve as facilitators and supporters, helping participants navigate challenges, recognize their strengths, and cultivate the skills and supports necessary for them – and their families – to thrive.

The Bring Up Nebraska’s Coaching Framework serves as the essential building blocks that illustrate how Nebraska’s prevention-focused coaching is community-driven, impactful, and results-oriented. These components shape the way coaching services are locally designed, implemented, and evaluated across the state. The Coaching Framework is not overly prescriptive or a one-size-fits-all program. Instead, it is intended to be a flexible, value-based framework that outlines the essential principles and practices of effective coaching for prevention and well-being. This framework is intentionally designed to be adaptable, allowing each local community to shape and implement coaching in ways that reflect their unique strengths and needs. While the core components of the framework provide some consistency and purpose and quality, they are intended to honor the importance of local innovation, voice, and partnership.

A subset of the people who engage with Central Navigation may also participate in coaching. Table 8 below outlines the number of individuals to participated in coaching across the state during the evaluation period.

Table 8

Coaching Referrals	Number
Number of Referrals to Coaching	1,701
Number of Individuals Served	1,066

Connected Youth Initiative

The Connected Youth Initiative (CYI) is a statewide effort led by NCFF to support older youth, young adults, and young parents, particularly those with experience in foster care, juvenile justice, or other systems. CYI’s mission is to prevent repeated system involvement and promote long-term well-being by strengthening Promotive and Protective Factors (PPFs) through coordinated, developmentally appropriate services. The Connected Youth Initiative (CYI) uses a flexible, participant-centered approach to support youth, young adults, and young families in avoiding repeated system involvement. CYI’s strategies operate at both the statewide and individual levels with participants engaging voluntarily and accessing services as needed.

CYI serves as an essential component of the Bring Up Nebraska network as it provides targeted supports to youth and young adults across the state. CYI offers specific strategies to support youth and young adults including CYI Coaching, Support Services, CYI Leadership and Advocacy Chapters and Opportunity Passport™. These services can be accessed via multiple channels ensuring a “no wrong door” approach to service delivery.

The 'Participation by CYI Strategy' table below (Table 9) presents the total number of participants involved in each strategy; however, individuals may be represented in multiple categories if they participated in more than one strategy.



During the past evaluation year, CYI supported over 1,500 youth through coaching services, engaged 240 participants in Opportunity Passport™ financial education, provided parenting support to 430 young parents, and facilitated leadership development opportunities for 489 youth across collaborative and statewide activities. CYI also serves youth ages 14-26 via Central Navigation, these individuals are included in the Central Navigation Table (Table 6) above.

Table 9

CYI Strategy	Participation 2024-2025
Opportunity Passport	240
Parenting Support	430
Youth Leadership and Advocacy	489
CYI Coaching	1,509

Community Engagement

Community and system transformation begins when individuals are welcomed, heard, and given opportunities to contribute to the design of solutions. When youth, parents, and caregivers are actively engaged, their perspectives help guide meaningful improvements in both community and system efforts. Youth and Family Engagement is a strength-based approach focused on building relationships and working collaboratively with families to achieve shared goals (Children’s Bureau). Leadership, at the individual level, involves intentional opportunities to participate in planning, implementing, and evaluating initiatives—supporting personal growth and empowering individuals to influence the direction of their families, programs, and communities.

Nebraska Children and Families Foundation is dedicated to strengthening communities, so all children, young people, and families thrive. A key part of this work is ensuring that youth and parents/caregivers have opportunities to take part in community development. This is achieved through a commitment to co-creation within NCCFF organization and across Nebraska. In June, the Bring Up Nebraska Network launched a dashboard that connects youth, parents, caregivers, and service providers to opportunities for involvement. In its first three months, the dashboard has shared 62 opportunities.

Evidence-Informed Strategies within the Prevention System

Three evidence-based strategies that are focused on parents were implemented during the 2024-2025 evaluation year: Circle of Security Parenting™ (COSP), Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI). NCCFF directly supported the provision of COSP services which reached 430 parents and 1,126 children across the state. These strategies for parents have demonstrated impact on improving parent-child relationships and interactions, reducing parent stress, and increasing parent efficacy - all of which are essential for preventing entry into higher systems of care for vulnerable children and families.

Within Nebraska’s Prevention System, communities implement a mix of strategies. Some are evidence-informed and focused on specific populations, others are locally designed to meet unique priorities, and some are available statewide. The sections that follow illustrate common examples of each type across prevention systems.

Circle of Security Parenting (COSP™)

Circle of Security Parenting (COSP) is an evidence-informed strategy implemented in many communities across Nebraska that has a focus on parents and caregivers’ interaction with their child or children. COSP is an 8-week program based on research about how to build strong attachment relationships between caregivers and children. It is designed to help caregivers learn how to respond to children’s needs in a way that enhances the attachment between a caregiver and a child.

NCFF’s Rooted in Relationships initiative supports COSP facilitators by offering training and reflective consultation, as well as by supporting evaluation, marketing tools, and the Statewide website (<https://www.necosp.org/>). Many Nebraska Children initiatives Sixpence, Rooted in Relationships, the NCFF Community Collaborative infrastructure contracts, as well as other funding sources coordinated by NCFF (Nebraska Child Abuse Prevention Funds, Preschool Development Grant, DHHS, etc.) provide localized support including funding programs in communities, and offering childcare and incentives for class.

Due to the unique blending and braiding of funding that supports COSP across the state, all data is compiled into a statewide report. In the years 2023-2024 over 227 COSP programs were conducted across the state, this information is reported biennially. For more information and to view the biennial evaluation report visit: https://www.necosp.org/content/_necosp.org resources. The following (Table 10) is a summary of the demographics of the children and families served by all Community Collaboratives currently implementing COSP™ between July 2024 and June 2025.

Table 10

Overall Summary of Participants Served Through COSP™		
	2024-2025	2023-2024
Number of Participants Served Directly	430	494
Number of Children Served Directly	1126	1200
Number of Participants that Qualify for Public Assistance	212 (56.4%)	261 (52.8%)
Number of Participating Staff	39	46
Number of Communities Offering COSP™	48	44

Parent-Child Interaction Therapy (PCIT)

PCIT is an evidence-based strategy being implemented in multiple communities that has a focus on the interaction between children and their caregivers. PCIT is an empirically supported treatment for children ages two to seven. PCIT places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s pro-social behavior and decreasing negative behavior. PCIT is supported by a wealth of outcome research demonstrating its effectiveness and is considered a “well-established” intervention for disruptive behaviors in young children (<https://www.cebc4cw.org/program/parent-child-interaction-therapy>).

Notably, NCFF plays only a limited role in directly supporting PCIT providers. Instead, NCFF and community partners have made investments in supporting the infrastructure for PCIT in the state of Nebraska. This includes the intensive training and clinical supervision required to become certified in PCIT. Additionally, PCIT requires a therapy room with a one-way mirror and a “bug-in-the-ear” electronic device.

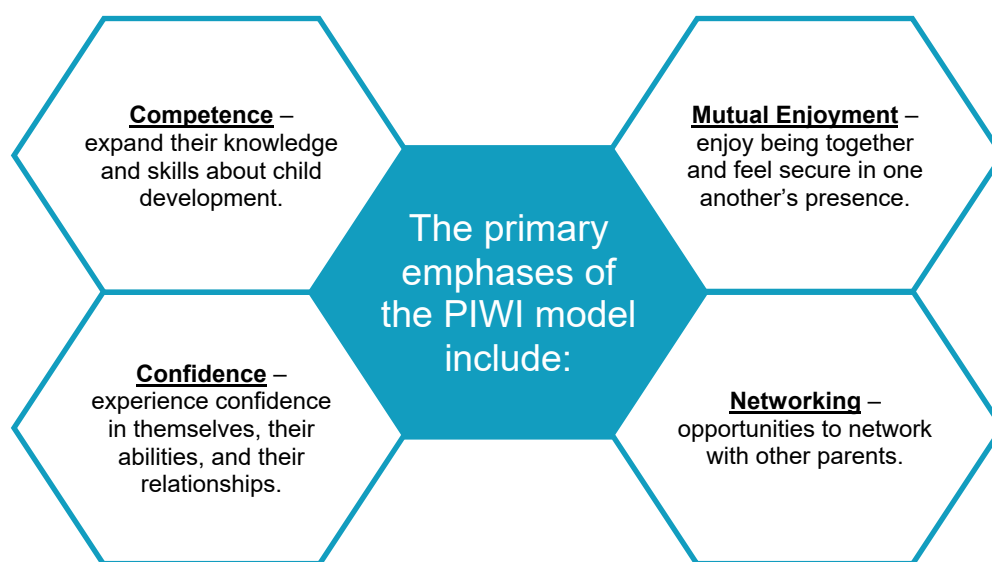


PCIT involves a parent and child interacting in the therapy room while the therapist talks the parent through specific techniques and approaches to help the child to regulate emotions, to have their needs met in developmentally appropriate ways, and how to provide boundaries and discipline to an actively disruptive child. By providing initial investments and critical mass, PCIT is now offered by over 70 providers across Nebraska (<https://www.nebraskababies.com/ecmh/services/pcit>). PCIT demonstrates the power of NCCF to eliminate barriers and lay the foundation for communities to meet their own needs.

Parents Interacting With Infants (PIWI)

PIWI is an evidence-informed strategy being implemented in multiple communities that focuses on parents and caregivers' interaction with their child or children. The Parents Interacting with Infants (PIWI) model (McCollum, Gooler, Appl, & Yates, 2001) is based on a facilitated group structure that supports parents with young children from birth through thirty-six months. PIWI is targeted to increase parent confidence, competence, and mutual enjoyment with their children (see Figure 3). PIWI is primarily conducted through facilitated play groups and is also 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 National Center for Pyramid Model Innovations (NCPMI) which promotes social-emotional development and school readiness for young children and is funded by the U.S. Department of Education, Office of Special Education Programs. Nebraska Children and Families Foundation supports PIWI implementation across the state. Managed through the Rooted in Relationships initiative, trainings for new PIWI facilitators, professional development, as well as technical assistance are offered.

Figure 4



Community Cafés

30 Community Cafés were supported by Nebraska Children and the Nebraska Child Abuse Prevention Fund Board this past year. The Cafés were hosted by parents and other residents in five locations in four communities. Over **675** parents and other community members participated in these Cafés that were part of five series of six Cafés each. Three of the five Café series included interpretation for Spanish speakers.

Parents were a vital part of the local planning teams and were supported by organizational partners to lead Café conversations on topics such as how to improve public safety, and how to increase the accessibility and effectiveness of community resources.

Results of this year's Café series included increased parent capacity for stronger families, new parent/family representation in organizational partners, and additional opportunities for parent/family leadership in the larger community.

During the reporting period, the Statewide Coaching Team for Community Cafés collaborated with the Nebraska Children and Families Foundation's Research and Evaluation department to develop a logic model for Nebraska's Community Café work. This model will help establish a shared understanding of goals, guide evaluation efforts, and serve as a communication tool for the Coaching Team and its partners.

Local Quotes

"The Cafés serve as a dynamic platform for strengthening partnerships by elevating family voices, building parent leadership, and creating safe spaces for dialogue between families, schools, and community stakeholders."

"By integrating with district priorities and tapping into existing strengths, the Cafés contribute to a more connected, empowered, and resilient school community."

Locally Identified Prevention Strategies

During the evaluation period, 8 Community Collaboratives also implemented 21 local, community-specific prevention strategies during the 2024-2025 evaluation year, reaching a total of 3,858 participants and 672 children across the state. These local prevention strategies such as mental health services and resources, Maternity Match, prescription takebacks and medication lockbox distributions, etc. represent the community-driven aspect of collaborative work. They are designed to meet the unique needs of each community and often bring together partners from multiple sectors. While many of these efforts focus on individual-level supports, Community Collaboratives also use them to build relationships and strengthen broader community infrastructure. Table 11 highlights the local strategies implemented in each community during the evaluation year, along with the number of participants and children served. Additionally, the table shows which Statewide Plan for Community Well-Being goal each strategy most aligns with.

Table 11

Locally Identified Prevention Strategies				
Community Collaborative	Strategy	Participants	Children	Statewide Plan Goal # this Strategy Supports
Growing Community Connections	Family Cafes	47	31	3
	Summer School Second Step Curriculum K-5	61	61	3
Saunders County Active Community Team	School-Based Mental Health & In-Home Therapy and Family Support Service	161	161	3
	ARRIVE (Absence Reduction Resources Increasing Valuable Education)	84	84	3
Norfolk Family Coalition	Public School Mental Health	13	17	2
Holt/Boyd Community Connections	Family Learning Community	15	0	3
	Summer Reading Kit distribution	40	15	1
Families 1 st Partnership	Stop the Stigma Suicide Prevention Walk	20	0	1
Santee Sioux Nation	Implement local councils, chapters, or committees	13	12	1,2,4
	Children, youth, young adults, families, and communities must have access to enough quality physical, mental, and behavioral health services	130	286	1,3,4
Buffalo County Community Partnership	Buffalo County Youth Advisory Board	25	0	3
	Double Up Food Bucks	34	0	3
	Supplemental Assistance Program	34	0	3

	Medication Lockboxes	176	0	3
	Prescription Takeback	98	0	3
	Alcohol Compliance Check	22	0	1
	Reaching Teens Toolkit/Parenting Resources	30	0	3
	Overdose Prevention – Providing Information & Policy	20	0	3
	Be Safe Be Smart Cruise Nite Prevention Campaign	230	0	1,3
	Social Norms campaign for Marijuana Prevention	2,600	0	3
BRIDGE Family Resource Connector Network	Maternity Match	5	5	3

Additional Prevention Strategies in the BUN Network

In addition to the core components of individual and systems level prevention strategies and the community-specific efforts described above, additional prevention strategies were implemented across the state during the 2024-2025 evaluation year. This includes Camp Catch-Up, Legal Services and Supports, Rural Postsecondary and Economic Development, Local Food Purchasing Assistance, Prenatal Plans of Safe Care, Community Schools, Emergency Rental Assistance, Worldwide Technology solutions, Statewide Family Engagement Centers, and Nebraska Growing Readers. Each of these strategies supports a critical component of Nebraska's Prevention System and was offered either statewide or through a targeted prioritization process. Collectively, these efforts are designed to strengthen Promotive and Protective Factors for participants while connecting individuals and families to the individualized services and supports they need to thrive.

Camp Catch-Up

Camp Catch-Up (CCU) reunites siblings, who have been separated by foster care, through events geared towards fun, adventure, and connection. CCU hosts several multi-day, sleepaway camps as well as single overnight and day events across Nebraska each year. Campers are generally between the ages of 8 and 19 years and must have at least one biological sibling with a separate foster care placement. Campers do not pay to attend any CCU event and are provided with any necessary items to be successful at camp events such as sleeping bags, pillows, camp t-shirts, water bottles, sling bags, masks, and other activity items.



Community Collaboratives and Connected Youth Initiative local youth leadership chapters promote CCU events and help siblings access them. Additionally, Community Collaboratives and local youth leadership chapters encourage young people who access CYI programming and services to apply as camp staff and promote the CCU Leaders-in-Training youth development program as another youth leadership opportunity.



During CCU events campers are given the opportunity to participate in healthy risks and are encouraged to cheer each other on and make new friends. Connection is a primary goal of CCU, providing opportunities for campers to gather in genuine ways that are not part of a case plan. Additionally, CCU aims to create opportunities for campers and staff alike around skill and leadership development through camp and training activities. Favorite camper activities include the zipline, pool, and gaga ball.

Camp Catch-Up would not be successful without the many dedicated and trained staff at each event, and camp staff are required to attend training prior to camp. Most staff are volunteers that are compensated with a small stipend. Staff are supported to connect with each other and with campers in ways that make each camp event special. This past year, three former campers returned as Leaders-in-Training (LIT) to support staff and other campers in a leadership role. Leaders-in-training facilitated the camp store, assisted in the art room, supported the camp photographer, and helped with other duties during camp. Two LIT participants recently took part in Legislative Days, representing youth perspectives in civic discussions. The program is designed to cultivate a future staff pipeline by equipping young people with leadership skills and encouraging their involvement in shaping future camp programming.

CCU uses many tools to gather information from campers, staff, and the teams responsible for the well-being of the campers. Evaluations are collected at the end of every camp event and the information gathered is used to inform CCU improvements.

CCU hosted several events across the state during the past evaluation year including:

- Camp Comeca, Cozad, NE- July 11-14, 2024
- Camp Solaris, Firth, NE- Sept 27-29, 2024
- New Year Bash – January 25, 2025
- Camp Solaris, Firth, NE- June 5-8, 2025

Table 12 summarizes the children and families served through Camp Catch Up during the 2024-2025 evaluation year. 128 children from 34 different families participated in camp events this year; some campers participated in multiple events. This year, over 60% of campers were between the ages of 7 and 12 years.



Governor Pillen declared June 2025 as Camp Catch-Up Month in Nebraska.

Table 12

Summary of Children and Families Served Through Camp Catch-Up		
	2024-2025	2023-2024
Number of Participants/Youth Served Directly	128	104
Number of Families Served Indirectly	34	36
Age		
Participants ages 5-6	5 (3.9%)	2 (1.9%)
Participants ages 7-12	77 (60.1%)	60 (57.7%)
Participants ages 13-19	45 (35.2%)	44 (42.3%)
Camp Locations		
Camp Comeca, Cozad, NE	26 (20.3%)	26 (25.0%)
Camp Solaris, Firth, NE (Fall 2024)	37 (29.1%)	41 (39.4%)
New Year Bash	28 (21.9%)	--
Camp Solaris, Firth, NE (Summer 2025)	37 (29.1%)	37 (35.6%)*

**Number represents population of Summer 2024 camp at Camp Catron in Nebraska City, NE. In 2025, the summer session was held at Camp Solaris in Firth, NE.*

Legal Services and Supports

Access to quality legal services has been a reported gap and priority in local communities for some time. Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) is public funding that has provided the opportunity to enter into a relationship with Legal Aid of Nebraska (LAN) to improve access to legal supports. At a local level, Bring Up Nebraska Collaborative can access these services from the statewide organization. The specific referral pathways and implementation are evolving in each area. Work with Legal Aid began in March 2021. During the current evaluation year, legal services were provided across the majority of Nebraska. Participants are described in Table 13.

Between July 1, 2024 and June 30, 2025, Legal Aid received requests for assistance from 474 unique clients with legal issues across the state. 599 cases were closed for 567 unique households. When stratified by Legal Aid priority area, the highest number of cases were for debt and financial-related legal issues (34%), followed by children and family-related legal issues (30%), housing-related legal issues (23%), and income and benefits-related legal issues (13%).

Approximately 2,093 people were part of households that received some level of service of which about 1,317 (63%) were children. All eligible families had incomes of less than 200% of the federal poverty line and at least 1 child in the household.

Table 13

Summary of Participants Served Through Legal Aid		
	2024-2025	2023-2024
Number of Participants Served Directly	776	956
Number of children in households served	1,317	3,357

During the reporting period, Legal Aid Nebraska successfully realized about \$5.4 million in total economic impact on behalf of clients, including approximately \$1.5 million in increased assets, \$369,000 in increased income, and about \$4.3 million in decreased debt during the reporting period.

Rural Full-Service Community Schools

In October 2022, the Nebraska Department of Education and Nebraska Children and Families Foundation partnered to develop the Rural School Initiative. The Rural School Initiative is funded by federal dollars from the Elementary and Secondary School Emergency Relief (ESSER) Fund, which provided funding to K-12 schools during the COVID-19 pandemic. The dollars were distributed to three Collaboratives participating in the Rural School Initiative: Community IMPACT Network, Holt/Boyd Community Connections, and 4 County Collaborative. The coordinator at each of these Collaboratives acted as the site coordinator for the school districts in their communities. The supported Collaboratives represent: Holt, Boyd, Adams, Webster, Nuckolls, Clay, Johnson, Nemaha, Pawnee and Richardson. The dollars allocated for this initiative were to be used to develop or expand partnership with the 24 public school districts in represented counties to facilitate a ‘Whole Family’ approach. This pilot initiative concluded on September 30, 2024.



Evaluation Results

The evaluation of the Rural School Initiative was conducted to assess the effectiveness of the partnerships between community schools and local Collaboratives, with a focus on how these relationships addressed community needs and enhanced student experiences. Nebraska Children and Families Foundation sought to understand the impact of the initiative on expanding school-community partnerships through implementing strategies aligned with the 4 Pillars of Community Schools. By focusing on four key evaluation questions this evaluation aimed to provide insights into the successes, challenges, and opportunities for sustaining and strengthening these partnerships to improve educational outcomes and community well-being in rural areas.

Evaluation Question: To what extent have the partnerships between the schools and the collaborative developed or expanded due to the investment in community schools?

The partnerships between the schools and the collaborative expanded due to the investment in community schools. For instance, the Community IMPACT Network grew from five school district partnerships to eight after engaging in the Rural School Initiative. Key to this expansion was the relationship with Educational Service Unit 9 (ESU 9), which allowed the collaborative to present at superintendent meetings, leading to closer school-collaborative partnerships. Holt/Boyd Community Connections formed in June of 2022 just months prior to the Rural School Initiative's implementation. Throughout the initiative, Holt/Boyd Community Connections, they prioritized partnership development with school districts in their community. By the end of the initiative, they reported partnerships with seven school districts. This indicates the investments facilitated and enabled strong partnership building across their community. The 4-County Collaborative was unique in having pre-existing connections with all nine school districts in their area before the Rural School Initiative. The initiative helped strengthen these partnerships, leading to the development of the Falls City Career Academy and strategies to retain local youth post-graduation.

Evaluation Question: What community needs have the schools and collaborative identified through the community schools' partnerships?

The schools and collaborative identified a variety of community needs, including increased access to mental health services, dental care, and programs that address youth engagement and family support. For example:

- Mental health was a recurring need, with expanded capacity for Licensed Mental Health Practitioners (LMHPs) in districts like Harvard and recruitment of LMHPs through bonuses in Holt/Boyd.
- A lack of access to Medicaid-accepting dentists was highlighted in the Community IMPACT Network area, which led to advocacy efforts with the local economic development office and area dentists.
- In Holt/Boyd and 4 County Collaborative, retaining youth in rural areas after graduation was identified as a priority, resulting in strategies for creating apprenticeship pathways, mentoring, internships and community engagement activities.

Evaluation Question: How do these partnerships come together to develop and implement local strategies related to the 4 Pillars of Community Schools?

- The partnerships come together to implement local strategies through coordinated activities across the Four Pillars of Community Schools:
- Integrated Student Supports: Collaboratives provided mental health services, established site coordinators to connect families with resources, and coordinated with social and health agencies to address barriers to learning, enabling referrals to programs like Nebraska Emergency Rental Assistance and direct resource support with school district staff working with truant and/or homeless students and their families.

- **Expanded and Enriched Learning Time and Opportunities:** Collaboratives introduced programs like the Falls City Career Academy, after-school and summer programs, and supported academic enrichment activities, such as STEM-focused workshops.
- **Active Family and Community Engagement:** Events like student visioning sessions and community engagement nights allowed families and community members to contribute to decision-making, while family engagement nights and reading programs supported direct family involvement.

Collaborative Leadership and Practices: All sites hosted regular collaborative meetings with school district officials and community partners, which foster essential communication. The development of a Community Assistance Dashboard by the Community IMPACT Network enhances transparency and coordination among stakeholders. Professional development opportunities, such as sending staff to conferences or being trained in new modalities support collaborative learning and leadership capacity building.

Evaluation Question: What, if any, notable improvements have been made to the experiences of students in your community as it relates to the 4 Pillars of Community Schools?

Notable improvements to the experiences of students include:

- **Mental health support:** Schools like Harvard doubled the availability of mental health services.
- **Youth engagement and retention:** Initiatives like the Youth Opportunity Survey and student visioning sessions in 4-County Collaborative empowered students to contribute to local decision-making and identified pathways for keeping youth engaged in their community's post-graduation.
- **Career and technical education opportunities:** The Falls City Career Academy provided students with the chance to earn college credits and gain hands-on experience in areas like agriculture and healthcare, preparing them for future careers.
- **Increased enrichment and support:** After-school programs, mental health awareness events, and family engagement initiatives created more well-rounded educational experiences for students and families across all regions.

Nebraska Emergency Rental Assistance 2

The Nebraska Emergency Rental Assistance Program (ERA) was established under the American Rescue Plan Act of 2021 to support renter households facing financial hardship due to the COVID-19 pandemic. The United States Treasury distributed funds to the states and the State of Nebraska served as the fiscal agent for the duration of this work. The program provided aid to eligible renters across Nebraska excluding Douglas and Lancaster counties, who met income requirements and experienced financial impacts during or as a result of the pandemic.

Nebraska Emergency Rental Assistance offered financial assistance for a range of housing-related expenses, including current and past-due rent, tenant-paid utilities and internet services. Through this initiative, a total of \$29.33 million was distributed to 16,641 households across the state.

The Nebraska Investment Finance Authority (NIFA) administered the program in partnership with the Nebraska Children and Families Foundation and the Bring Up Nebraska Community Collaboratives. Together, they delivered housing stabilization services through Central Navigation, a coordinated system designed to support tenants throughout the application process.

These housing stabilization services included eviction prevention through Legal Aid of Nebraska, housing navigation, housing stability assessments, and specialized support for individuals fleeing domestic violence or human trafficking. Community engagement and outreach were also key components. Over the course of the program, housing navigators assisted 3,395 individuals in securing and maintaining stable housing.

The existing infrastructure of the Community Collaboratives and Central Navigation played a crucial role in ensuring that tenants had access to local resources and support within their own communities. In addition to housing stabilization, navigators were able to connect tenants with additional resources and referrals local to their communities. One navigator said of the program, “ERA2 provided the ability to connect families who wouldn’t normally qualify for some programs with the opportunity to be connected to local resources they weren’t previously familiar with.”

The Nebraska Emergency Rental Assistance Program concluded August 2025. Now communities across the state will again face a substantial need for housing assistance and support to help residents maintain stability.

Table 14

Nebraska Emergency Rental Assistance 2	
Total Dollars Distributed	\$29.33 million
Number of Counties Served*	91
# of households who were served by ERA	16,641
# of Households Connected to Legal Aid for Eviction Prevention	2,032
# of Households Served under 50% Area Median Income	8,859

*Residents of Douglas and Lancaster counties were not eligible to be served by this funding. Douglas and Lancaster County residents were eligible for assistance through ERA1 and ERA2 through separate ERA funding.

Table 15

Nebraska Emergency Rental Assistance 2: Housing Stabilization	
# of Individuals Served by Housing Stabilization	3,395
Dollars Distributed to those connected to Housing Stabilization	\$12.28 million
Number of Counties Served*	72
# of Households Connected to Legal Aid for Eviction Prevention	659
# of Households Served under 50% Area Median Income	2,178

*Residents of Douglas and Lancaster counties were not eligible to be served by this funding. Douglas and Lancaster County residents were eligible for assistance through ERA1 and ERA2 through separate ERA funding.

Housing Stabilization Story from a Navigator in Adams County, NE

“A client in Adams County who accessed ERA2 is a single mother with five children at home. Working full-time, she got behind on her rent due to medical issues. She came to us for assistance and applied for ERA, and it helped her out so much. Previously, she was living paycheck to paycheck; after receiving rental assistance she felt a weight lifted off her shoulders after receiving time to put money in her savings. She now is in a stable living situation and participates in our Bridging Forward program. Since then, she was also able to finish her CNA classes and is now working in a better-paying job. She feels like a generational curse was broken. She has been referred to our internal coaching for quarterly check-ins. She is in a spot she could not have imagined, and it is all thanks to ERA!”

County	Total Served by Housing Stabilization
Adams	96
Antelope	10
Boone	2
Box Butte	17
Boyd	1
Buffalo	258
Burt	15
Butler	10
Cass	36
Cedar	2
Chase	1
Cherry	3
Cheyenne	8
Clay	10
Colfax	18
Cuming	15
Custer	14
Dakota	136
Dawes	8
Dawson	60
Deuel	1
Dixon	3
Dodge	379
Dundy	1
Fillmore	9
Franklin	2
Frontier	6
Furnas	3
Gage	141
Garfield	1
Gosper	3
Greeley	2
Hall	255
Hamilton	8
Harlan	1
Hitchcock	1
Holt	28
Howard	4
Jefferson	47
Johnson	12
Kearney	6

County	Total Served by Housing Stabilization
Keith	41
Kimball	3
Knox	5
Lincoln	136
Madison	214
Merrick	8
Morrill	1
Nemaha	12
Nuckolls	3
Otoe	45
Pawnee	4
Perkins	5
Phelps	10
Pierce	19
Platte	91
Polk	7
Red Willow	23
Richardson	20
Saline	28
Sarpy	864
Saunders	18
Scotts Bluff	59
Seward	19
Sheridan	3
Sherman	2
Stanton	6
Thayer	13
Thurston	40
Valley	2
Washington	20
Wayne	7
York	34
Total Served by Housing Stabilization	3395

Local Food Purchase Assistance

In 2023, the Nebraska Department of Health and Human Services (DHHS) awarded \$1.76 million to Nebraska Children and Families Foundation (NCFF) through the Local Food Purchase Assistance (LFPA) program. The goal was to establish a collaborative network focused on sourcing food from local, small-scale farmers and producers, and distributing it to Nebraskans underserved by traditional food systems. NCFF partnered with three Community Collaboratives, Holt/Boyd Community Connections, and Community and Family



Partnership who split their award with Norfolk Family Coalition, to build relationships with local producers, facilitate food purchases, and distribute products to community members in need. These Collaboratives served as vital connectors between farmers and producers, community food hubs, and residents, ensuring that local food reached those who needed it most. Through this initiative, \$1.76 million was invested in 223 unique producers across the state. The program successfully fostered partnerships, expanded food hub infrastructure, and strengthened Nebraska's local food systems while addressing food insecurity statewide.

Program Highlights

- **Developing Relationships & Coordinated Planning:**

The program launched in April 2023 with an emphasis on collaboration. Partnerships with Nebraska's two major food banks and alignment with complementary initiatives (Local Foods for Schools, Resilient Food Systems Infrastructure, Regional Food Business Center) ensured equitable distribution and minimized duplication.

- **Connecting Communities:**

By 2024, Community Collaboratives and food hubs were distributing funds and food purchases, with outreach targeting underserved rural areas. Food was distributed to 16 rural counties in northern and northeast Nebraska. Technical assistance supported both established and emerging partners, while spending scaled up to match seasonal harvests.

- **Implementation:**

Weekly technical assistance office hours and operational adjustments improved communication and ensured timely reimbursement. By August 2025, approximately 55% of the total program budget was spent, with reduced non-food costs allowing for greater investment in food purchases. The program reached 43 counties, covering more than two-thirds of Nebraska's population.



Impact on Producers

- Purchases supported a diverse array of farms, including urban farms like City Sprouts, niche producers like Tegtmeier Buffalo, and specialty growers such as Flavor Country Farms.
- Partnered with 135+ farms and ranches.
- Surveys showed 100% of responding farmers established new market connections, and 80% expected these connections to last beyond the program, demonstrating long-term market stability.
- Farmers credited LFPA with enabling growth that would otherwise have been financially risky.

Expanding Food Hub Infrastructure

- New food hubs were established in O'Neill, Norfolk, Columbus, and Beatrice, bringing food access to underserved communities.
- Food4Hope (Beatrice) used LFPA funds to launch locally sourced meal distributions and secured a permanent food hub facility.
- Qualitative interviews confirmed LFPA funding fostered collaboration, improved coordination among food pantries, and inspired communities to seek sustainable funding for future work.
- Several improvements made to the communities' food security infrastructure will be continued after the grant's life cycle, including: convening food hubs regularly, engaging farmers and producers in the collaborative's ongoing work, and resources created that detail food distributions and availability in the community.

Prenatal Plans of Safe Care

Developed in response to the Child Abuse Prevention and Treatment Act (CAPTA) and the Comprehensive Addiction Recovery Act (CARA), Nebraska's Prenatal Plan of Safe Care (PoSC) model provides a non-punitive, coordinated care plan for expectant mothers and infants affected by prenatal substance exposure. While federal law requires intervention at birth, Nebraska has adopted a proactive and trauma-informed approach by initiating care planning during pregnancy. This early engagement ensures timely connection to services, improves birth outcomes, and reduces the likelihood of child protective services involvement.

The initiative centers on cross-sector collaboration to provide wraparound support for families. NCFE trains and supports care navigators who work directly with pregnant women experiencing substance use. Together, they create individualized Prenatal PoSC Binders—tools that guide mothers through their pregnancy and recovery journey by connecting them to prenatal and postpartum care, behavioral health treatment, home visiting programs, and parenting supports.

Currently, the Prenatal PoSC Binder is being implemented within two Community Collaboratives: Community IMPACT Network and Families 1st Partnership. Over the past year, significant progress has been made to ensure the binder remains current and includes resources that continue to support families after the birth of their child.

In August 2024, the participant survey was finalized and implemented. Each binder distributed to an expectant mother now includes a QR code linking to an introductory survey that collects basic information about how the mother was connected to the binder. Depending on the due date, follow-up surveys are offered during the second and third trimesters, and again approximately one month post-partum. These surveys gather valuable data about the support network surrounding the mother, resources that were helpful

or may need to be revisited, and interest in joining the Straight Up Advocate Peer Support Group established in each participating community.

Throughout the year, several presentations were delivered to expand awareness and build partnerships. In October, two major presentations focused on Prenatal Plans of Safe Care. The first took place at the Eliminating Health Disparities Conference, hosted by the Division of Public Health. Maraina Muñoz de Schell, Assistant Vice President of Community Infrastructure and Cultural Response at Nebraska Children, led the session by presenting background information on Plans of Safe Care in Spanish, with live English translation. This bilingual approach underscored the importance of language justice when engaging with diverse families. The presentation concluded with an introduction to the Prenatal PoSC Binders and a discussion about expanding implementation to new communities.

The second presentation was delivered to the Grand Island Prenatal Access Coalition, which expressed strong interest in adopting the Binder model. However, the group noted the need to identify a backbone organization to lead and sustain the initiative, as one does not currently exist within the community. The coalition continues to meet monthly to plan for future implementation.

Later in the reporting period, a Court Improvement Project presentation highlighted the history of the Comprehensive Addiction and Recovery Act and the development of Nebraska's Prenatal PoSC initiative. The session featured a panel discussion with two mothers who had utilized the binder and successfully maintained custody of their infants, alongside the central navigator from their collaborative. Together, they shared powerful firsthand accounts of their experiences and emphasized how collaboration and peer support continue to strengthen community outreach.

During the summer of 2025, a binder review was conducted with mothers who had used the resource during pregnancy. Their feedback led to meaningful updates, including the addition of a postpartum section and integration of each collaborative's FindHelp page for easier access to local resources.

Both participating communities continue to excel in connecting pregnant women affected by substance use and those who serve them. The Community IMPACT Network now participates in Drug Court staffings to identify and engage pregnant women, ensuring they receive a binder and timely support.

Looking ahead, the focus for the coming year is on expanding the Prenatal Plan of Safe Care Binder to additional communities and connecting more mothers and families to the coordinated support they need for healthy, stable outcomes.

Rural Postsecondary and Economic Development Grant

In October 2024, NCCFF was awarded the Rural Postsecondary and Economic Development (RPED) multi-year grant to support community members between 16 and 26 with experience in the child welfare, juvenile justice, and/or homelessness system in pursuing postsecondary and career advancement. The grant spans from October 1, 2024, to September 30, 2028, and focuses on building cross-sector partnerships that connect communities, schools, and youth-serving organizations.

The first year of RPED implementation concentrated on establishing foundational infrastructure and strategic relationships to align local efforts with RPED's overarching goals. This included:

- Cross-sector collaboration with Community Collaboratives, community partners, school districts, and service providers.
- Development of coordinated strategies to expand access to postsecondary education, workforce training, and career pathways.

- Emphasis on procedural consistency across communities to enable data collection, outcome measurement, and policy alignment.

A total of 58 planning, strategy, and innovation sessions were held between October 2024 and June 2025, demonstrating a robust commitment to systemic coordination and responsiveness to local contexts.

World Wide Tech Connections

In 2025, Nebraska Children and Families Foundation piloted the use of World Wide Tech Connections (WWTC) translation software in two Community Collaboratives, Community and Family Partnership and Community IMPACT Network, through funding from the Elementary and Secondary School Emergency Relief Fund (ESSER) from Nebraska Department of Education. The goal was to expand language access for community members seeking assistance by integrating WWTC's suite of translation tools, which includes Speech to Text, Text to Text, Speech to Speech, Voice to Subtitles, and Forms.

Nine community partners across education, workforce support, diversion, and prevention services were trained to use the software. These partners were selected for their direct engagement with non-English speaking populations. Nebraska Children purchased 2 million characters and 50,000 minutes of translation services, 99.3% of characters were utilized (Text to Text feature), however less than 1% of minutes purchased for all other features were utilized by the end of the pilot.

Evaluation efforts included weekly surveys, triggered feedback, and interviews. Key findings include:

- Text to Text (Correspondence) was the most used and valued feature, praised for ease of use and efficiency in translating documents and outreach materials.
- Users reported that the technology sometimes enabled communication with individuals they otherwise would not have been able to reach.
- Live translation features (e.g., Speech to Speech) were underutilized due to slow performance and complex setup for the users and help seekers. In many cases, help seekers deferred to using Google Translate due to familiarity.
- Communities with bilingual staff often relied on existing capacity rather than the software.
- For less common languages, users expressed low confidence in translation accuracy, leading to reduced usage.

Throughout the evaluation users of the software in both communities shared their recommendations for other communities who are considering adopting translation software in their communities. Below is community feedback which highlights several recommendations and strategies for successful adoption:

- Leverage the software's implementation as an opportunity to strengthen relationships with partners who may not typically work in close proximity
- Prepare multilingual setup guides for staff and help seekers about how to use the software and keep them available for reference.
- Incorporate real-life use cases into training to address community-specific needs.
- Focus training and implementation efforts on the features that align with communication needs.

Throughout the pilot and evaluation process, Nebraska Children gained valuable insights into the experience of implementing World Wide Tech Connections in two Community Collaboratives. The WWTC pilot laid a strong foundation for understanding how translation technology can support community-based work. Lessons learned will inform future decisions about technology adoption and collaborative strategies.

Statewide Family Engagement Center

The Holt/Boyd Community Connections Collaborative partnered with the Nebraska Statewide Family Engagement Center (NE SFEC) and the National Center for Families Learning (NCFL) to launch a family learning community (FLC) over the last year. FLCs aim to increase access for families by coordinating and aligning family learning resources, services, and programs. In conjunction with the NE SFEC, NCFL worked alongside community partners to provide guidance and training as they convened local stakeholders with a focus on reducing local barriers to workforce and academic opportunities for families.

As part of the FLC effort, NCFL facilitated a community asset mapping process over multiple sessions to identify the strengths, opportunities, and gaps in services across several domains that support family learning and community well-being including education, economic prosperity, housing, justice, and public health. Emphasis was placed on the role of anchor partners which included a city representative, school district representative, and the collaborative. The asset mapping process created an opportunity to ensure that all partners were on the same page about available resources and needs. Together, they discovered additional gaps in their community offerings and identified the need to enhance their communication with one another about availability of resources in the community.

Following the community asset mapping, the community identified next steps and developed an implementation plan to address the identified needs before progressing to early implementation. They formed workgroups and aligned their goals to the identified gaps from the community asset map (transportation, quality childcare, and community health). This partnership will continue into the coming year as the team works to implement their action plan.

Nebraska Growing Readers

In the first year of Nebraska Growing Readers, Collaboratives were helpful in getting the word out to community partners to facilitate a rapid ramp up for our statewide program. With this help, through a variety of partnerships with early childcare providers, direct mailings to kindergarteners, and Sixpence Home Visitors, NGR was able to distribute over 900,000 books to over 38,000 children birth-5 across the state. With a change in funding sources, NGR now is continuing statewide book distribution through Sixpence home visitors, and a recent grant from the Nebraska Department of Education is allowing for community-based literacy intervention efforts through early childcare sites to continue in Crete, Kearney, Schuyler, Scottsbluff, and Walthill.

Landscape Assessment Findings

In 2024, Nebraska Children and Families Foundation, in partnership with the University of Nebraska Medical Center Munroe-Meyer Institute, conducted a statewide Landscape Assessment to better understand how well services and families are connected across Nebraska. The primary focus in 2024 was early childhood systems, supported by data gathered about school connections, concrete supports, and mental health. While much of the assessment process occurred in the previous evaluation year, the findings were finalized during the current reporting period.

The assessment was two-prong approach, including:

- **Community Conversations:** Twelve Collaboratives hosted discussions with 315 participants, including educators, service providers, families, and local leaders.
- **Community Survey:** 22 Collaboratives participated in a statewide survey, collecting over 500 responses on early childhood systems, school connections, concrete supports, and mental health.

Strengths Identified

Community Support for Early Childhood

Participants consistently highlighted strong local commitment to early childhood care and education. Communities praised the presence of high-quality educators and facilities and noted growing recognition of early childhood professionals as essential contributors. Where available, programs such as Educare and Head Start, which provided affordable care and family engagement, were highly regarded. Importantly, some communities highlighted having long-standing, dedicated, high-quality educators, while others credited recent funding opportunities and participation in programs such as Step up to Quality, Sixpence, or Communities for Kids for enhancing the workforce.

Collaborative Partnerships

Many communities described robust partnerships among early childhood providers, schools, businesses, and local organizations. These collaborations led to expanded childcare capacity and improved service coordination. These partnerships have resulted in the opening or expansion of childcare facilities, thus increasing childcare capacity within their communities.

Tailored Support

A final strength noted by several communities was increased support for engaging populations and children with special needs. Increased engagement of bilingual, particularly Spanish-speaking educators, in accessing available resources, training, and grants was seen as a benefit to the early childhood care and education field. A few communities recognized there had been improvements in identifying children needing early intervention services and referring them to the Early Development Network, which they felt contributed to better kindergarten readiness.

Challenges and Barriers

- **Limited Availability and Affordability of Care:** Across the state, communities reported long waitlists and insufficient infant/toddler care. Cost was a major barrier, families often struggled to afford licensed care, and educators found it difficult to balance affordability with sustainable wages. Some families declined job promotions to remain eligible for subsidies.
- **Workforce Shortages:** Staffing challenges were widespread. Communities cited low wages, limited benefits, and burnout as key deterrents to entering or staying in the field. Licensing and training requirements were described as complex, especially for non-English speakers. Communities with space to expand care lacked the staff to do so.
- **Accessibility Barriers:** Families facing language barriers, homelessness, or special needs experienced greater difficulty accessing services. Transportation was a recurring issue, particularly for part-time preschool programs and rural families. Wraparound care and services available for non-traditional work hours was also lacking.
- **School System Engagement:** Engagement between early childhood providers and school systems varied. Some communities had strong partnerships that supported smooth transitions to kindergarten, while others noted gaps in communication and coordination, especially for children in community-based programs or from immigrant families.

Lessons & Take Aways:

- **Importance of Collaboration:** Continuous engagement and collaboration among community members, schools, and service providers are essential for making impactful progress. Conversations facilitated new connections and helped community members discover available resources within their locality.
- **Value of Facilitated Discussions:** Setting aside intentional time for dialogue, guided by a facilitator, was beneficial. It allowed participants to share experiences and collectively strengthen their resolve to address community challenges.
- **Focus on Prevention:** There's a need for preventive measures to support families before they reach a crisis point, which would help reduce long-term dependency on emergency services.
- **Localized Approaches:** While communities share similar challenges, solutions must be tailored to their specific contexts.

Uses of these Results:

- **Localized Findings:** Each participating community received a customized report with actionable insights for improving local services.
- **Statewide Impact:** Results were shared across various NCFE networks and as several conferences presentations. These results will continue to help shape future policies, grant opportunities, and collaborative efforts across Nebraska and beyond.
- **Community Engagement:** Community voices will guide decisions, shape services, and exercise choice in how supports are designed and delivered.

Outcomes and Impact

Pre-Post Survey to Measure Promotive and Protective Factors

A pre-post survey methodology was used to evaluate the efficacy of Central Navigation and Coaching. At the time of enrollment, participants completed a survey that asked questions about their knowledge of community resources to support family needs. These pre-post surveys represent surveys completed between February 1, 2025-June 30, 2025. Questions assessed whether respondents knew where to go for help with basic needs (e.g., food, housing, transportation), employment support, and accessing healthcare and mental health services. Respondents were also asked questions related to the ease of access to essential resources (housing, utilities, food, health, transportation, and neighborhood safety) in the past 30 days. Responses were measured using a Likert scale format. For resource-related questions, participants responded on a 1–6 scale (1=Strongly Disagree, 2=Mostly Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Mostly Agree, 6=Strongly Agree). Additionally, respondents rated their general health on a scale of 1-5 (1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent). For every question, respondents were provided with an option of “Prefer not to respond”.

For those families that were engaged in central navigation or coaching, at completion of central navigation or coaching (which was typically 30 to 120 days), families were asked to complete a post- survey that included a repeated administration of the questions related to the knowledge of community resources and ease of access to essential resources.

Additionally, in the post survey, participants were asked retrospective pre-post questions from the Brief Resilience scale (Smith et al., 2008) and the State Hope scale (Snyder et al., 1996). The Brief Resilience scale consists of 6 items on a four-point likert scale (1=Not at all true, 2=Somewhat true, 3=Mostly true, and 4=Completely true). The State Hope scale consists of six items on an eight-point likert scale (1=Definitely false, 2=Mostly false, 3=Somewhat false, 4=Slightly false, 5=Slightly true, 6=Somewhat true, 7=Mostly true, and 8=Definitely true). For both the Brief Resilience scale and the State Hope scale, participants were asked to rate themselves on all items 3 months ago and now, providing a retrospective and current assessment of perceptions of resilience and hope.

A total of 56 participants completed both surveys. We conducted paired samples t-tests to determine if there was a significant change in participants’ responses. This low response rate was due to a delayed roll out of the pre-post survey in FindHelp.

Knowledge of Community Resources

For knowledge of community resources, the most significant improvements were observed in getting help for medical and dental care ($d=0.77$, $p<0.01$), needing financial support for making ends meet ($d=0.75$, $p<0.01$), and housing/utilities assistance ($d=0.56$, $p<0.05$). While there was a small increase in awareness of food ($d=0.25$) and transportation ($d=0.31$) supports, the difference was not statistically significant. The knowledge of job search assistance slightly declined ($d=-0.14$) in the post-survey as compared to the pre-survey, however, the difference was not statistically significant.

Social Connections

For questions related to social connectedness of having someone to give advice or talk to in a crisis, we observed a modest increase, suggesting strengthened social connectedness, however, the differences were not statistically significant.

General Health

In response to the question “How is your general health now?” on a scale of 1-5, participants reported a significant improvement from 2.66 (Fair/Poor) to 3.06 (Good), indicating an increase of 0.40 ($p < 0.01$).

Hope

The Hope Scale measured participants’ sense of agency, problem-solving ability, and progress toward personal goals. The largest and most significant increases were observed in confidence of getting out of problems ($d = 0.52$, $p < 0.01$), perceived success ($d = 0.46$, $p < 0.01$), meeting goals ($d = 0.57$, $p < 0.05$), and thinking of different ways of reaching goals ($d = 0.39$, $p < 0.05$). While there was an increase in the other two scores of the hope scale, however, the difference was not statistically significant.

Resilience

The Resilience Scale measured participants’ ability to cope with and recover from stress and adversity. The scale included both positively worded statements (e.g., “I tend to bounce back quickly”) and negatively worded statements (e.g., “I have a hard time making it through stressful events”). Negatively worded items were reverse-coded so that improvements in resilience are consistently reflected as positive changes across the scale. The biggest improvements were seen in reducing feelings of difficulty during stressful events ($d = 0.28$, $p < 0.01$), increasing confidence in bouncing back after something bad happens ($d = 0.28$, $p < 0.01$), and bouncing back quickly ($d = 0.16$, $p < 0.05$). While there was an increase in the other three scores of the resilience scale, however, the difference was not statistically significant.

Pre-Post Survey Finding Overall

Overall, the survey findings indicate that the Prevention System was successful in enhancing the knowledge of community resources and practical access to basic needs, while also improving participants’ perceived health. However, declining confidence in knowing where to go for job support could be an area of concern. Hence, future efforts may be directed towards strengthening employment assistance.

Results also showed meaningful improvements in the domains of Hope and Resilience. On the Hope Scale, participants reported greater confidence in problem solving, and pursuing and meeting their goals. On the Resilience Scale, participants showed progress in their capacity to bounce back from stress and adversity.

While the findings are encouraging, it is important to note that the sample size is relatively small ($n = 56$), which may limit the generalizability of the results to broader populations. Additionally, because the survey did not include a control group, it is not possible to rule out external factors that could have contributed to improvements. These limitations highlight the need for caution in interpreting the results and point to the value of continued data collection with larger and more diverse samples.

The charts below display the average survey scores before and after the program, with higher values indicating stronger agreement or greater ease of access. For example, an increase from 4.8 to 5.3 suggests participants shifted from “mostly agree” closer to “strongly agree.” Asterisks indicate the level of statistical confidence in these changes. A single asterisk (*) denotes significance at the 5% level, which means we are about 95% sure the change is real and not simply due to chance. A double asterisk (**) denotes significance at the 1% level, meaning we are about 99% sure the change is real. Items without asterisks did not reach conventional thresholds of significance, which means we cannot be confident the difference reflects a true change; it may instead represent normal variation or random ups and downs.

Table 17

Hope	Pre	Post	Difference
If I should find myself in a jam, I could think of many ways to get out of it.	6.36	6.88	0.52**
At the present time, I am energetically pursuing my goals	6.18	6.38	0.2
There are lots of ways around any problem that I face	6.46	6.59	0.13
Right now, I see myself as being pretty successful	5.68	6.14	0.46**
I can think of many ways to reach my current goals	6.16	6.55	0.39*
At this time, I am meeting the goals I have set for myself	5.86	6.43	0.57*

n=56

Scale of 1-8 (Definitely false, Mostly false, Somewhat false, Slightly false, Slightly true, Somewhat true, Mostly true, Definitely true)

* Significant at 5% level

** Significant at 1% level

Table 18

Resilience	Pre	Post	Difference
I tend to bounce back quickly	2.91	3.07	0.16*
I have a hard time making it through stressful events (Reverse Coded)	2.68	2.96	0.28**
It does not take me long to recover from a stressful event	2.79	2.89	0.1
It is hard for me to snap back when something bad happens (Reverse Coded)	2.88	3.16	0.28**
I usually come through difficult times with little trouble	2.79	2.89	0.1
I tend to take a long time to get over setbacks in my life (Reverse Coded)	3.02	3.17	0.15

n=56

Scale of 1-4 (Not at all true, Somewhat true, Mostly true, Completely true)

* Significant at 5% level

** Significant at 1% level

^Because Q2, Q4, Q6 are negatively worded, they have been reverse-coded on a scale of 1-4 (Completely true, Mostly true, Somewhat true, Not at all true)

Table 19

Survey Question	Pre	Post	Difference
I know where to go for help if my family needs housing or utilities assistance	4.8	5.36	0.56*
I know where to go for help if my family needs food	5.3	5.55	0.25

I know where to go for help if my family has trouble making ends meet	4.34	5.09	0.75**
If I need help finding a job, I know where to go for help	5.07	4.93	-0.14
I know where to go for help finding quality medical and dental care (prescription access, health insurance)	4.51	5.28	0.77**
I know where to go for help if my family needs transportation	4.69	5	0.31
I have someone in my life who gives me advice, even when it's hard to hear	5.12	5.26	0.14
When I am trying to achieve a goal, I know where to go for support	5.21	5.38	0.17
If there is a crisis, I have someone I can talk to	5.18	5.4	0.22
In the last 30 days, it was easy for my family to access healthy and nutritious food	4.91	5.35	0.44*
In the last 30 days, it was easy for my family to access acceptable housing that meets my family's needs	4.82	5.31	0.49*
In the last 30 days, it was easy for my family to access basic utilities (heat, electricity, water)	4.69	5.36	0.67**
In the last 30 days, it was easy for my family to access quality medical and dental care (access to prescriptions, affordable health insurance)	4.89	5.46	0.57**
In the last 30 days, it was easy for my family to access transportation to get to work, school, appointments and other activities	5.02	5.46	0.44**
In the last 30 days, my family has felt safe in my neighborhood	5.33	5.72	0.39*

n=56

Scale of 1-6 (Strongly Disagree, Mostly Disagree, Slightly Disagree, Slightly Agree, Mostly Agree, Strongly Agree)

* Significant at 5% level

** Significant at 1% level

Table 20

Survey Question	Pre	Post	Difference
How is your general health now?	2.66	3.06	0.40**

n=56

Scale of 1-5 (Poor, Fair, Good, Very Good, Excellent)

* Significant at 5% level

** Significant at 1% level



Connected Youth Initiative Promotive and Protective Factors Outcomes

Connected Youth Initiative coaching participants reported generally high levels of Promotive and Protective Factors which are key indicators of well-being and resilience. Over 500 youth and young adults in CYI Coaching completed the Youth Thrive Survey which measures Promotive and Protective Factors in April 2025 and over 350 in October 2024. Across both time points:

- **Resilience, Social Connections, and Social and Emotional Competence** averaged between “Sort of like me” and “A lot like me.”
- **Adolescent Development and Concrete Supports** scored even higher, between “A lot like me” and “Very much like me.”

Table 21

Promotive and Protective Factors Scales	October 2024 Average Scores N=374	April 2025 Average Scores N=505
Resilience	3.77	3.81
Social Connections	4.0	4.06
Adolescent Development	4.22	4.25
Concrete Supports	4.17	4.14
Social and Emotional Competence	3.95	4.01

Scale: 1= “Not at all like me,” 2= “A little like me,” 3= “Sort of like me,” 4= “A lot like me,” and 5= “Very much like me.”

Collaborative Connections to Community Groups

Collaborative Coordinators were asked to rate the level of involvement of many community partners that may be present in their community. A total of 31 identified community partners were organized into five categories they best aligned with: Community Member Groups, Healthcare & Social Services, Education, Government, and Law Enforcement. Communities rated each community partner’s involvement in the collaborative as one of the following: "Actively Involved" (4), "Involved" (3), "Connected" (2), "No Partnership" (1), and "To my knowledge this does not exist in my community" (0). A numerical score was assigned for each rating as indicated in the parentheses.

Table 22 illustrates each community collaborative’s level of involvement with each individual community partner that may be present in their community. These ratings were provided by coordinators from each community collaborative based on their perceptions of partner involvement. The table's layout is that of a heat map, and scores are represented as a spectrum of color with "Actively Involved" community members being represented as the darkest teal to "No Partnership" being the lightest teal. If a community partner was not rated by a collaborative, it is marked in white as “No Information Provided” and grey entries represent “To my knowledge this does not exist in my community.”



Table 23 below shows the aggregate result for each category by collaborative. The average scores were calculated for each category and categorized as “No Partnership” (Average score of less than 1.4), “Connected” (1.5 to 2.4), “Involved” (2.5 to 3.4), and “Actively Involved” (3.5 to 4.0). The table’s layout is that of a heat map, and scores are represented as a spectrum of color. Categories scoring overall as "Actively Involved" are represented as the darkest teal and range to "No Partnership," which is represented as the lightest teal.

Table 24 shows the overall average rating score for each collaborative and compares it to their average score from the last reporting year, 2023-2024. We see that while the overall average rating of 2.8 is same as that of last year, among the 18 Collaboratives who reported data for both the years, only 6 reported an increased rating of their connections to community partners.

Table 22

Collaborative's Involvement with Each Community Group											
Collaborative	BRIDGE	Fam 1st	Holt/Boyd	Otoe	Fremont	York	Dawson	Southeast	Sarpy	Valentine	Buffalo
Community Member groups											
Parents and caregivers											
Youth and young adults											
Interested community members											
Volunteer organizations											
Business community											
Faith community											
Recreation/fitness centers											
Media (statewide or local)											
Healthcare & Social Services											
Health care providers											
Behavioral/mental health											
Child and youth serving organizations											
Child advocacy centers											
Human services/service providers											
Education											
Early Childhood Education											
Elementary Education/K-5											
Middle School Education/6th-8th											
High School Education/9th-12th											
Higher Education											
Educational Service Unit											
Government											
Local elected officials											
Dept of Health and Human Services											
Local Crime Commission Representative											
Local Representative from Public Health											
Other state agencies (e.g., NDE)											
City/county agencies											
Tribal agencies											
Committees/boards											
Law Enforcement											
Juvenile justice											
Local law enforcement											
Local Court System											
1184 Team											
	To my knowledge, this doesn't exist in our community										
	No Partnership: We do not have a current partnership with anyone in this category										
	Connected: Attends meetings sporadically and is connected to the collaborative through their work, but not involved in decision making										
	Involved: Attends regular meetings but does not influence decision making										
	Actively Involved: Attends regular meetings and participates in making important decisions										

Collaborative	Winnebago	Hall	Lancaster	Panhandle	GCC	CFP	Saunders	Norfolk	CIN	Sandhills	Santee
Community Member groups											
Parents and caregivers											
Youth and young adults											
Interested community members											
Volunteer organizations											
Business community											
Faith community											
Recreation/fitness centers											
Media (statewide or local)											
Healthcare & Social Services											
Health care providers											
Behavioral/mental health											
Child and youth serving organizations											
Child advocacy centers											
Human services/service providers											
Education											
Early Childhood Education											
Elementary Education/K-5											
Middle School Education/6th-8th											
High School Education/9th-12th											
Higher Education											
Educational Service Unit											
Government											
Local elected officials											
Dept of Health and Human Services											
Local Crime Commission Representative											
Local Representative from Public Health											
Other state agencies (e.g., NDE)											
City/county agencies											
Tribal agencies											
Committees/boards											
Law Enforcement											
Juvenile justice											
Local law enforcement											
Local Court System											
1184 Team											
	To my knowledge, this doesn't exist in our community										
	No Partnership: We do not have a current partnership with anyone in this category										
	Connected: Attends meetings sporadically and is connected to the collaborative through their work, but not involved in decision making										
	Involved: Attends regular meetings but does not influence decision making										
	Actively Involved: Attends regular meetings and participates in making important decisions										

Table 23

Collaborative's Involvement with Community Groups					
Collaborative	Community Member groups	Healthcare & Social Services	Education	Government	Law Enforcement
Winnebago					
Hall					
Lancaster					
Panhandle					
GCC					
CFP					
Saunders					
Norfolk					
CIN					
Sandhills					
Santee					
BRIDGE					
Fam 1st					
Holt/Boyd					
Otoe					

Fremont					
York					
Dawson					
Southeast					
Sarpy					
Valentine					
Buffalo					
	(Less than 1.4) - No Partnership: We do not have a current partnership with anyone in this category or to my knowledge, this doesn't exist in our community				
	(1.5 to 2.4) - Connected: Attends meetings sporadically and is connected to the collaborative through their work, but not involved in decision-making				
	(2.5 to 3.4) - Involved: Attends regular meetings but does not influence decision-making				
	(3.5 to 4.0) - Actively Involved: Attends regular meetings and participates in making important decisions				

Community Member groups = Parents and caregivers, Youth and young adults, Interested community members, Volunteer organizations, Business community, Faith Community, Recreation/fitness centers, Media (statewide or local)
Healthcare & Social Services = Health care providers, Behavioral/mental health, Child and youth-serving organizations, Child advocacy centers, Human services/service providers
Education = Early Childhood Education, Elementary Education/K-5, Middle School Education/6th-8th, High School Education/9th-12th, Higher Education, Educational Service Unit
Government = Local elected officials, Department of Health and Human Services, Local Crime Commission Representative, Local Representative from the Public Health, Other state agencies (e.g., NDE, Department of Labor), City/county agencies, Tribal agencies, Committees/boards
Law Enforcement = Juvenile justice, Local law enforcement, Local Court System, 1184 Team

Table 24

Average Involvement Rating		
Collaborative	Average Rating 2024-25	Average Rating 2023-24
Building Courageous Families	2.6	-
Hall County	3.2	-
Lancaster Connected	3.3	-
Panhandle Partnership	3.5	-
Growing Community Connections	3.8	3.6
Community and Family Partnership	2.7	2.4
Saunders County Active Community Team	3.2	3.5
Norfolk Family Coalition	2.7	3.0
Community IMPACT Network	2.6	3.1
Sandhills Community Collaborative	2.0	2.6
Santee-Sioux Nation	1.9	1.8
BRIDGE Family Resource Connector Network	2.5	2.6

Families 1st Partnership	2.2	2.6
Holt/Boyd Community Connections	2.3	2.5
Partners for Otoe County	1.9	3.2
Fremont Family Coalition	2.7	3.2
York County Community Coalition	2.0	2.8
Dawson County Family Partners	2.9	2.4
Southeast Nebraska Collaborative	3.0	2.7
Lift Up Sarpy	3.7	3.8
Valentine	2.0	2.2
Buffalo County Community Partners	3.8	3.5
Total Average Rating	2.8	2.8



Reach of the Prevention System

From July 1, 2024, to June 30, 2025, the Prevention System served a total of 73,514 participants across various strategies implemented throughout the collaborative network. Central Navigation remained an impactful strategy, connecting 5,924 participants and 6,392 children to tailored resources and referrals. This approach continues to be a cornerstone of the system's ability to meet families where they are and guide them toward meaningful services.

Statewide and targeted prevention strategies also played a significant role in overall reach, serving 4,974 participants and 1,351 children. Notably, Emergency Rental Assistance 2 accounted for 3,395 of those participants. As this program sunset shortly after the reporting period, its absence will likely affect the system's overall reach in the coming year.

While Table 25 outlines the reach of each strategy, it's important to note that not all strategies currently track the number of children served. As a result, the total number of children impacted is significantly higher than reported. This presents an opportunity to expand and refine our measurement practices in future years to capture the scope and effectiveness of prevention efforts more fully. Individuals being served by the Prevention System may have accessed multiple strategies or services during the evaluation year and these totals do not represent unduplicated counts.

Table 25

Overall Summary of Numbers Served July 1, 2024 – June 30, 2025		
Statewide Community-Based Prevention System	Participants	Children
Central Navigation (total)	5,924	8,051
Coaching	1,066	--
Evidence-informed Strategies for Parents (COSP)	430	1,126
Evidence-informed Strategies for Young Adults (CYI)*	2,668	--
Local Prevention Strategies	3,858	672
Statewide and Targeted Prevention Strategies	4,974	1,351
Community Events	47,314	--
Community Trainings	7,280	--
Total Prevention Reach**	73,514	11,200

Individuals being served by the Prevention System may have accessed multiple strategies or services during the evaluation year and these totals do not represent unduplicated counts.

*Participants in CYI coaching are counted in "Evidence-informed Strategies for Young Adults (CYI)". "Coaching" is all other community coaching participants.

**Total Reach includes individual who may have been served by more than one program. This is not an unduplicated count.

Appendix A

Evidence-based Programs and Practices

What is evidence-based practice?

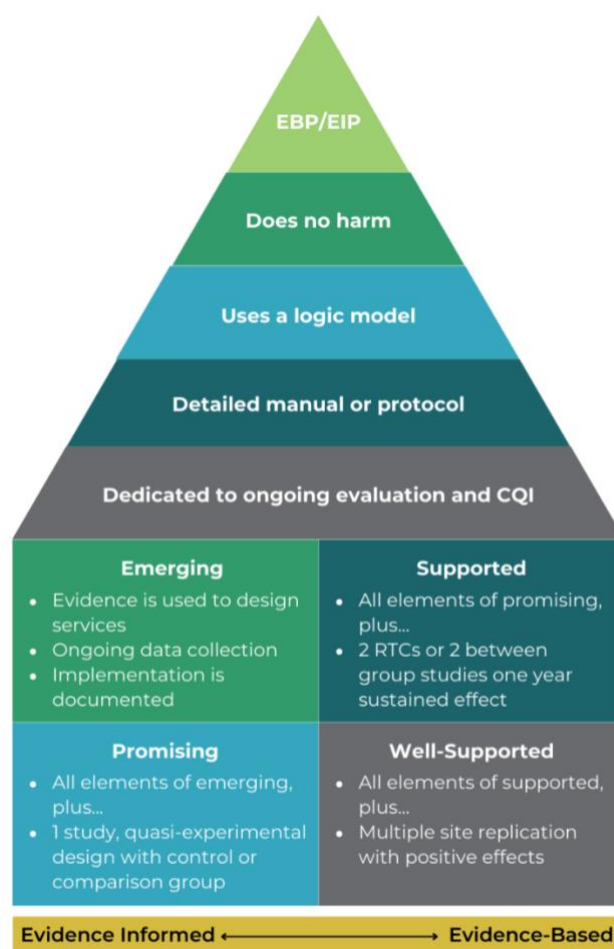
Engaging in evidence-based practice is becoming an expectation in many different human services settings. In this appendix, the evidence-based practices of Nebraska Children and Families Foundation will be detailed. However, it is first necessary to define evidence-based practice. All evidence-based practice is derived from quality research. The proposed mechanisms of change that an evidence-based practice seeks to alter are drawn from this research, as are the approaches to create change. Evidence-based practice includes selecting evidence-based programs but also engaging in ongoing quality improvement and documentation practices. Multiple definitions for evidence-based practice and criteria for levels of evidence exist.

Nebraska Children and Families Foundation uses a classification system developed by the Family Resource Information, Education, and Network Development Service (FRIENDS) on behalf of the National Center for Community-Based Child Abuse Prevention (CBCAP), a federally mandated Training and Technical Assistance Provider for CBCAP lead agencies (Figure 8). In this system, all evidence-based practices have a grounding in research, have a clear theoretical framework, often articulated in a logic model, have a detailed protocol or manual, engage in on-going evaluation and continuous quality improvement (CQI), and does not cause harm (<https://friendsnrc.org/evaluation/evidence-based-practice/>).

Building on this base are four levels of evidence: emerging, promising, supported, and well-supported (Figure 6).

- **Emerging:** Emerging practices are designed based on research and evidence of effective practices. Developers and practitioners collect data continuously during the application of the practice in order to monitor effectiveness and the implementation processes that support the practice are well documented.
- **Promising:** Promising practices contain all the elements of emerging practices. Additionally, Promising practices have demonstrated effectiveness in one study with a quasi-experimental design (QED). A QED is a study where a group of individuals engaging in the practice is shown to have greater improvement or fewer problems than a similar group of individuals not engaging in the practice.

Figure 6



- **Supported:** Supported practices contain all the elements of Promising practices. Promising practices additionally have two QED or randomly controlled trials (RCTs) with at least one year of follow-up data showing the effectiveness of the practice. An RCT differs from a QED in an important way. In a RCT one group of people is randomly assigned to the control group or the group engaging in the promising practice. RCTs are considered superior to QEDs, because while QEDs try to have two very similar groups, there may be (and often are) systematic differences between the two groups. An RCT, because of the random assignment, is likely to only have random differences between the two groups. This allows for stronger conclusions to be drawn.

It is important to note that evidence-based practice ratings are as much a measure of how long a practice has been in existence as a measure of its quality. The absence of evidence does not imply that a program is necessarily ineffective, simply that its effectiveness has not yet been demonstrated. Nebraska Children and Families Foundation is actively working to demonstrate the effectiveness and impact of our practices and different practices are in different stages of development.

Evidence-Based Ratings for Specific Practices

Nebraska Children and Families Foundation and the Community Collaboratives utilize a number of practices with varying degrees of evidence currently available. They are described below and in Table 24.

Coaching - Coaching is currently rated as “Emerging.” Coaching takes place through both Central Navigation and the Connected Youth Initiative (see section “Coaching”). Academic research provides some evidence of the effectiveness of coaching in preventing or reducing homeless (Holmes & Burgess, 2021), increasing employment (Hoven et al, 2016), and reducing juvenile justice involvement in those involved in the child welfare system (Davis et al, 2018). While these studies are of high quality, their designs do not allow for a rating of Promising currently.

Concrete Support - Concrete Support is currently rated as “Promising.” Concrete supports include the direct payment of bills for essentials, including rent, utilities, and transportation (see section “Support Services Funds”). The direct provision of concrete supports has been shown in a QED to have a positive impact on placement stability in child-welfare involved children (Winters et al., 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Connected Youth Initiative (CYI) - CYI is currently rated as “Promising.” CYI consists of a number of practices, including coaching and concrete support, that is coordinated explicitly for youth and young adults between the ages of 14 and 26. CYI as a whole was assessed by Nebraska Children and Families Foundation in collaboration with WestED. This evaluation consisted of a QED which found CYI participation was associated with improvement in the safety and stability of housing, financial stability, and reduced utilization of emergency care (WestED, 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Parents Interacting With Infants (PIWI) - PIWI is currently rated as “Emerging.” PIWI is grounded in research on child development (McCollum, et al, 2001). A sufficiently rigorous evaluation of PIWI has not yet been conducted to allow for the rating of “Promising.”

Parent-Child Interaction Therapy (PCIT) - PCIT is one of the best studied parent-child interventions and is “Well-Supported.” (<https://www.cebc4cw.org/program/parent-child-interaction-therapy/>)

Table 26

Evidence-Based Ratings for Select Programs and Practices			
Programs and Practices	Evidence Rating Level	Community(ies) Implementing the Program or Practice	Additional Source(s) of Supporting Evidence
Concrete Supports	Level II: Promising		Winters, D.E., Pierce, B.J., & Imburgia, T.M. (2020). Concrete services usage on child placement stability: Propensity score matched effects. <i>Child and Youth Services Review</i> , 118:105353. Doi 10.1016/j.chilyouth.2020.105362
Coaching	Level I: Emerging		<ul style="list-style-type: none"> Hannah Holmes & Gemma Burgess (2021) Homelessness Prevention through One-To-One Coaching: The Relationship between Coaching, Class Stigma, and Self-Esteem, <i>Housing, Theory and Society</i>, 38:5, 580-596, DOI: 10.1080/14036096.2021.1887348 Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2016). Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People. <i>Research on Social Work Practice</i>, 26(6), 668-674. https://doi.org/10.1177/1049731514562285 Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. <i>Psychiatric Rehabilitation Journal</i>, 41(4), 266.
Parents Interacting with Infants (PIWI)	Level I: Emerging	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	McCollum, J.A., Gooler, F, Appl, D.J., & Yates, T.J. (2001). Enhancing Parent-Child Interaction as a Foundation of Early Intervention. <i>Infants and Young Children</i> , 14(1), 34-45.
*Connected Youth Initiative (CYI)	Level II: Promising	All Communities	<p>WestEd. (2020). Evaluation of the Connected Youth Initiative: Final Report. https://www.wested.org/wp-content/uploads/2020/10/CYI_Final_Report_FINAL-1.pdf</p> <p>The California Evidence-Based Clearinghouse. (2018). Opportunity Passport. https://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/</p>

Circle of Security Parenting (COSP)	Level I: Emerging	Families 1 st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership	Circle of Security International . (2021). Research. https://www.circleofsecurityinternational.com/circle-of-security-model/research/
Parent-Child Interaction Therapy (PCIT)	Level IV: Well-Supported	Community & Family Partnership, Families 1 st Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	The California Evidence-Based Clearinghouse . (2021). Parent-Child Interaction Therapy (PCIT). https://www.cebc4cw.org/program/parent-child-interaction-therapy/



Appendix B

Policy, Practice, and Actions to Advocate for System Change

Table 27

Community Collaborative	Policy, Practice, and Actions to Advocate for System Change
Growing Community Connections	Increased Use of FindHelp Platform: GCC helped expand and normalize the use of the FindHelp referral system across community organizations. Highlighting FindHelp at every monthly meeting encouraged more partners to adopt this shared tool for connecting families to local services—representing a systemic shift in how referrals and service navigation are handled in the community.
	Expansion of Pyramid Model Training and Coaching: By offering multiple training sessions and coaching to child care providers, GCC helped institutionalize trauma-informed, social-emotional teaching strategies within early care settings. This reflects a commitment to embedding best practices across child-serving environments.
	Ongoing Story Sharing and Partner Highlights: Through monthly meetings and events like the Child Care Gallery Walk, GCC uplifted the voices of families and providers by showcasing their experiences and insights. This grassroots advocacy informed broader conversations about child care, family needs, and access to resources.
	Community Conversations Leading to Systemic Awareness: GCC meetings and events often brought attention to critical gaps in services—such as mental health supports, early childhood care, and family engagement—which can help shape future advocacy priorities or policy discussions at the local and regional level.
	Family Cafés and Community Planning Meetings: These gatherings gave families and youth space to engage directly in shaping community priorities, offering feedback that informs both prevention work and the broader system landscape.
	Youth and Families Thrive and Motivational Interviewing Trainings: These were not just staff development efforts but also community-capacity building activities that involved a broad range of partners working together toward shared practice goals
York County Health Coalition	Improved Community-Level Collaboration
	Raising Community Understanding of Needs
	Centering Youth and Families
	Training and Capacity Building
	Advocacy Through Relationship Building
Saunders County Active Community Team	Supported legislation to remove diversion fees for youth who participate in diversion. Also supported legislation to keep Community-based Aid dollars the same for early intervention services for youth. Funding remained the same, but our overall funding decreased for the next grant year.
	Youth and community members were members of the community planning process to develop the county's juvenile services community plan. Youth identified substance use, mental health, and family/parent issues as their top priorities.
Norfolk Family Coalition	Legislative Days- Youth Leadership members helped to create a presentation to senators to persuade them not to vote for a bill to lower the age of life in prison to include 12-year-olds.
Lancaster Connected	Advocacy policy development with fiscal sponsor
	Housing solutions convening with local partners

Hall County	Developed and implemented internal guidelines to ensure equitable and consistent distribution of concrete supports to families in crisis across all funding sources.
	CDHD staff actively participate in the H.E.L.P. (Helping to Engage Life-changing Programs) Initiative steering committee, and Insight Session Planning Committees- supporting cross-sector alignment and strategic coordination of support services.
	Coordinate/facilitate an active CoC group with over 140 agencies working together to align services, reduce duplication, and create a more cohesive network of support for community members across sectors.
	Participate in statewide and regional coalition efforts focused on legislative advocacy, early childhood policy, and childcare workforce support.
	Advocate at local and state levels for the critical role of prevention and the importance of addressing SDOH through policy, funding, and public health infrastructure.
Santee Sioux Nation	Raised the maximum allowance to \$300 (from \$250) due to increased costs of issues facing families
Dawson County Family Partners	Central Community College advocacy to stay in our area to continue service to many
	Hired on Life Skills Coach to staff
	increased communication with law enforcement for education about DCFP and services and also for notifying them that we also do home visits
	Fiscal Agent for Sandhills Community Collaborative
	Encouraging the local school district to allow teachers and staff to attend Youth & Families Thrive Training (had to cancel due to low registration number)
	Encouraging the local home visitation company to send staff to Youth & Families Thrive Training (had to cancel due to low registration number)
	Work with local health department (Two Rivers Public Health) to have 2 homes evaluated and tested for Lead Abatement Grant and Healthy Homes Grant (covers mold and mildew)
Buffalo County Community Partners	UNMC Community-Engaged Research Great Plains IDEa-CTR Network
	Nebraska Investment Finance Authority Grant for Workforce Pilot Project
	Youth Legislative Days- Youth Advisory Board advocated for LB 217, to require Children and Family Services providers get adequate suicide prevention training
	NDED Press Conference Event
	KNEW Project for Buffalo County
	Collaboratives began using FindHelp in place of Clarity or Quickbase to enter the CR/CYI Participant Information Form and to record Supportive Service Funds.
	Implemented new NCFF pre/post surveys
	Implemented new follow-up surveys
	Policy
	Provide information on SNAP/DUFB and other nutrition program to vendors during KAFM Vendor Meeting
	Buffalo County Youth Advisory Board meets monthly to identify issues or needs that are of concern or interest to area youth. Every high school in Buffalo Co. is eligible to be represented by the YAB. YAB addressed policy changes on a statewide level by presenting youth suicide-prevention education to elected officials. YAB engaged in advocacy efforts throughout the year by presenting to elected leaders, community leaders, school officials, and their peers on youth data that was made available through the SHARP surveys. YAB also implemented practice changes to aid prevention by conducting internal trainings in WRAP Pillars of Wellness and QPR: Suicide-Prevention.
	Nonprofit Association of the Midlands Roundtable Conversation
	Monthly Buffalo County Collaborative and Collaborative Steering Committee Meetings - a collection of community partners representing cross-sector participation that come together to share interests, resources, time, and expertise in order to achieve larger impact or common purpose

	Monthly Buffalo County Housing Task Force Meeting to address short and long term housing goals and support for case management.
	Monthly Positive Pressure/Opioid Task Force meetings to reduce access to and increase awareness of the dangers of opioids
	The monthly Food Leaders Task Force to solve food security issues, design coordinated community activities, track shared measurements, & celebrate successes such as the food leaders model being an example of replicating in other parts of NE.
	Monthly Board Committees Meetings
	C4K Pleasanton Childcare Meetings to raise awareness of the critical importance of quality early childcare and its impact
	C4K Elm Creek Childcare Meetings to raise awareness of the critical importance of quality early childcare and its impact
	SHARP Recruitment for Fall 2025
BRIDGE Family Resource Connector Network	BRIDGE Advocacy Committee
	Community Resource Meeting for organizations working with immigrants and refugees
	Meeting w/ Chief Schmaderer
	Meeting w/ Sen. McKinney
	Meeting w/ Commissioner Garcia
Community and Family Partnership	Schuyler City Council Agenda, Public Hearing: To consider amendment of the Schuyler Economic Development Plan to add businesses that provide early childhood care and education to the list of Eligible Businesses regarding LB840 funds. Motion carried.
	Legislative Days Senator Moser LB71 Child Care Subsidy Rates and Workforce
	Through The Eyes of the Child
	City of Schuyler Week of the Young Child
	City of Genoa, City of Columbus, Platte County Supervisors and Colfax County Commissioners. All signed Proclamations of April as Child Abuse Prevention Month.
	Collaborative Coordinator involved in Policy Leadership Academy cohort
	LB71 Child Care Subsidy Rates Policy
	Transit work – proposed transit system between Columbus and Schuyler work continued until paused in March 2025 due to current environmental landscape. Reassessment of situation to come in upcoming months
	Internal CAUW/CFP practice change to Youth Mental Health Vouchers in that we are now asking households with insurance to contribute a minimum of \$30 per session effective in July 2024.
	Colfax County courtroom practice change. County Attorney Bruce Prenda, an active CFP member, works with Centro Hispano to bring immigration information into the courtroom so that it is present where the people who need it are.
	Internal CAUW/CFP practice change to use BUN Intake Form
	Coordinator is active with First Five Nebraska being a Policy Leadership Academy Alum during this reporting period. She shares with collaborative some of the pieces of information.
Lift Up Sarpy	Legislative Coffee
	Mayor Forum
	State of the County
	Testimony
	Trip to Washington DC
	City Council Meetings
	Board of Commissioners

Community IMPACT Network	Inclusion of Representatives in communication and opportunities within the collaborative
	Direct communication and inclusion of the City of Hastings staff, mayor and city council
	Inclusion of City of Hastings staff in conversations and policy work involving housing and transportation
	Inclusion of local and state representatives during BUN summit to advocate for policy and practice shifts in child welfare and prevention strategies
	Developed policy and practices to create a sub pool for childcare providers, now being adopted statewide
	Created a Parent Engagement Group & Resource Page to enhance partner practice adoption of using available training/education resource
	Launched the Child Care Business Learning Community
	Advocacy of Lawrence-Nelson in Expanding Early Childhood Care
	Promoted and participated in a Head Start Rally at the capitol
	Working with public partners to innovate funding strategies
	Public commenting on various bills and legislation lifted up by different partners
Fremont Family Coalition	Cross-System Training
	Truancy Task Force Meeting

Bibliography

Austin, A. E., Lesak, A. M., & Shanahan, M. E. (2020). *Risk and protective factors for child maltreatment: A review*. *Current Epidemiology Reports*, 7(4), 334–342. <https://stacks.cdc.gov/view/cdc/107368>

Bromfield, L., et al. (2017). *Risk and protective factors for child abuse and neglect*. Policy & Practice Paper. Australian Institute of Family Studies. <https://aifs.gov.au/resources/policy-and-practice-papers/risk-and-protective-factors-child-abuse-and-neglect>

Center for the Study of Social Policy (CSSP). (n.d.). *Strengthening Families: A Protective Factors Framework*. <https://cssp.org/project/strengthening-families/>