



## Agency Information

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## **Statewide child maltreatment prevention leadership**

### *Organization Background*

Nebraska Children and Families Foundation (Nebraska Children), a non-profit organization created in 1997, invests public and private dollars in services that help children and families reach their full potential and handle life's problems in the communities where they live. Nebraska Children strives to work in partnership with all communities to improve the health and well-being of children and families of all cultural backgrounds. Nebraska Children envisions a Nebraska where children and families of all cultural backgrounds live in safe, supportive environments providing opportunities for all to reach their full potential and participate as valued community members.

Funding is prioritized to address: 1) prevention of child abuse and neglect, 2) promotion of positive youth development, 3) environments that promote protective factors and family leadership and engagement, and 4) programs for families at risk of entering state child welfare systems.

Nebraska Children has funded a range of strategies including those that address strengthening the community and those focused on the individual. Programmatic strategies include universal, high risk populations, and individual strategies. Nebraska Children initiatives focused on prevention include:

### *Community Well Being – Community Response Central Navigation*

To accomplish Nebraska Children's mission to support children, families and communities in this integrated community prevention system, blended funds were made available to support multiple projects across communities. Nebraska Children prioritized building capacity of communities' prevention system through the adoption of a continuum of strategies across the age span (i.e., birth through 26). The underlying assumption is that by building strong community collaborations a community prevention system is strengthened, resulting in improved child and family protective factors. This initiative was formerly known as "Child Well-Being", and was rebranded in 2016 to "Community Well-Being" to align with the focus on improving child and family protective factors cradle to career. Community Well-Being communities are threaded throughout the targeted age-specific initiative information. Community Well-Being partners come together around the specific strategies within each community.

Community Well-Being partners align with one another using a foundation of Collective Impact. In doing so, **Community Response** has emerged as a strategic alignment of partners and resources to align with one another to support local children, youth, and families in preventing Child Welfare, Juvenile Justice, Homelessness, and other higher end system involvement. **Central Navigation**, is the function by which all the partners can intersect to maximize the use of strategies and resources available in the community, creating a full prevention continuum.



*Key Components:*

- Community and state level collaboration use principles of Collective Impact as a framework for operation.
- Implementation of Promising, Evidence Informed, and Evidence Based Programs and Principles.
- Results Based Accountability to guide and inform continuous quality improvement.
- Include prevention strategies that are primary, secondary, and tertiary.

*Children and Families Are Served Through the Community Collaboration:*

Nebraska Children provides funding and other support to eleven communities to promote children's safety and well-being through a range of prevention strategies (see table below). While each is in its own stage of implementation, the communities have provided indirect support (e.g., training, siblings of children receiving services) that benefit the children and families in their community.

**Community Well-Being Sites**

Name	Counties Served
Dakota County Connections	Dakota
Douglas County Community Response Collaborative	Douglas
Families 1 <sup>st</sup> Partnership	Lincoln and Keith
Fremont Family Coalition	Dodge and Washington



Hall County Community Collaborative	Hall, Howard, Valley, Sherman, and Greeley
Lancaster County	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison and Stanton
Panhandle Partnership	Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux Morrill, Garden, and Banner
York County Health Coalition	York
Zero2Eight	Platte, Colfax

Through the funding of **Community Response Central Navigation**, Community Based Child Abuse Prevention Funds have become one of the major funding sources to support the communities' ability to align prevention efforts and focus on gaps. These funded projects address one or more of Nebraska Children's identified priority areas. The following describes the projects funded based on the three key strategies that are part of the integrated prevention system. All of the strategies are being implemented by multiple partners working in coordination through the community collaboration.





*Early Childhood Strategies – Sixpence, Communities for Kids, Rooted in Relationships*

Nebraska Children works with community, state, and national partners to improve the lives of Nebraska's most vulnerable children through improved policies and practices. Nebraska Children is the administrative home of the **Early Childhood Education Endowment Fund, (commonly known as Sixpence)** established by our state legislature in 2006 and overseen through a Board of Trustees as outlined in the legislation. The endowment includes \$40 million from the state and an additional \$20 million which has been raised from the private sector. The earnings are deposited into an endowment grant fund and used exclusively for grants to schools and community partners to provide programs/services for at-risk children birth to age three. Sixpence Programs serve infants and toddlers (birth to age three) who are most at risk of failure in school through family engagement home-based services or center-based programs, most of which provided full-day, year-round services. With designated technical assistance and evaluation funding, we continue to support the initial group of 11 Endowment grantees. Additionally, thanks to the leadership of First Five Nebraska and many state policy leaders and advocates for children, the Nebraska state legislature allocated an additional \$5 million over the course of three years starting in 2013. With this infusion of support we expanded grants to a total of thirty-one communities across the state.

Legislation establishing a Quality Rating and Improvement System (QRIS) for early care and education programs passed in the 2013 legislative session. Nebraska's QRIS- Step Up to Quality (SUTQ) is voluntary, except for child care centers and homes that receive over an established amount in child care subsidy dollars, and for Sixpence grants. SUTQ is a 5-step pathway to increase quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a professional record-keeping system.

First Five Nebraska was instrumental in development of this proposed legislation. The legislation received overwhelming support, demonstrating the collaborative work of many dedicated professionals in Nebraska that have been focused on helping parents and the public understand the importance of quality in early childhood environments.

In May 2015, Senators gave final approval to a bill that provided additional funding guidelines for new child care partnership grants. The bill amended the Quality Child Care Act relating to federal Child Care and Development Block Fund Grants (CCDBG) and sets a funding schedule according to federal reauthorization amounts. The federal government previously required states to spend a minimum of 4 percent of CCDBG funds on efforts that improve the quality of licensed child care. In 2014, the program's reauthorization increased that minimum to 7 percent in fiscal year 2015-16, 8 percent in FY2017-18, and 9 percent in FY2019-20 and subsequent years. LB547 requires the state Department of Health and Human Services to allocate these higher required minimum percentages to early childhood education programs. Funds are split between Sixpence and SUTQ. The bill also incorporated LB489, which expands eligibility for Sixpence grantees (school districts) entering into partnerships with child care providers. The providers must achieve a minimum of Step 3 rating in SUTQ within three years of the start date of the initial grant period, and the grantees are required to employ or contract with a program coordinator who holds a teaching certificate.



The Sixpence School-Child Care Partnership grant program (CCP) is a collaboration between school districts and local child care providers to improve the quality of early childhood programs across the state serving children up to age three and their families. Participating communities prioritized the needs in the community for quality care, developed goals, and strategies to create effective partnerships, and selected services to provide to the local child cares. They also conducted an assessment of local child care programs – both center-based and in-home family child cares – to identify potential partners that could benefit from more training and support. Whenever feasible, school districts provided the opportunity for all existing child care providers within the community to partner on this project. When that was not possible, the school districts established a selection criteria to give programs serving the most numbers of at-risk infants and toddlers the highest priority to participate. The CCP program includes trainings for the providers, weekly on-site coaching support, and monthly leadership meetings that bring together providers, coaches and other program partners in the community.

In 2016, the Sixpence Board of Trustees awarded six school districts these new School-Child Care Partnership grants (3 of which already had a Sixpence grant.) Five of the six communities began their grant activities, supporting the advancement of quality with 30 child care partners across the state in July 2016. The sixth community ultimately declined their grant award due to changes within the district's leadership and their community child care partners. These newest grants brought the total number of school districts with a Sixpence grant up to 34, reaching an estimated total of 1500 of Nebraska's youngest and most vulnerable children. With additional CCDBG funds made available, the Board approved two additional School Child-Care Partnership grants to two existing Sixpence grantees in 2017 and two more existing grantees will start in January 2019.

In the 2017-18 program year, the Sixpence Early Learning Fund supported 34 school district grantees offering infant/toddler services to 1797 children and 78 prenatal mothers. This was Sixpence's tenth year of serving young children in Nebraska. 40% of Sixpence Programs were in rural communities.

Sixpence grantees were located in 34 counties and implemented at least one of the following models:

- Center-based care (7) serving 325 children
- Family engagement home-based services (27) serving 758 children
- School-Child Care Partnerships (7) serving 714 children

During the 2017-2018 program year, 35 child care programs participated in CCP. Of these, 17 were child care centers and 18 were family child care providers. A goal of the CCP program is to partner with child care providers that serve children who are most at risk of failure in school. All of the child care providers accept child care subsidy for families that qualify. 18% of the children served qualified for a child care subsidy which is an indicator of low-income.



CCP providers are expected to enroll in SU2Q and to achieve a Step 3 within three years. After two years of CCP coaching, 38% of providers had already met the grant goal of achieving a Step 3 rating. To demonstrate the growth, at the start of the program (Fall 2016,) 64% of the providers were at Step 1 and 20% were at Step 2. By Spring 2017, 56% were at Step 2 and by Spring 2018 39% were at Step 2, 8% were at Step 3, 15% were at Step 4 and 15% were at Step 5.

The staff of Nebraska Children and First Five Nebraska (our affiliate), work with members of both the Departments of Education and Health and Human Services to revise and implement administrative policies that are most supportive of children and families and the communities and organizations serving them. To illustrate, please see <http://www.firstfivenebraska.org> (<http://www.firstfivenebraska.org/>)website.

The **Communities for Kids Initiative (C4K)** was created with private philanthropy funding, in response to community requests for assistance with shortages of high quality early care and education programs - shortages that both impact children's optimal development and pose a challenge for communities hoping to attract and retain the viable workforces they need to thrive. C4K aims to partner with communities' public and private entities to support and coordinate a plan to address this need. Existing collaborataives with additional partners will customize the planning efforts to address each community's unique assets and needs – so each community can grow and prosper well into the future.

Through a collective impact approach Nebraska Children will provide expertise and coordination to support communities with the following:

- Engage stakeholders in taking inventory of the current early care and education resources in their community; identify strengths and gaps in early childhood services to promote optimal development and well-being.
- Utilize informed decision making and planning to determine strategies and desired outcomes most relevant to meeting the priority needs identified in the community assessment.
- Connect communities with experts and acquire information regarding research, best practices, implementation, quality measurements, financing, use of government/public resources, and physical environmental designs, etc.
- Explore and assist with applying for all available sources of funding to implement and sustain the identified strategies.

The C4K initiative began work in late June 2017 with the goal of working with 10 communities (8 of which are Community Well-Being collaboratives) identified as needing assistance with expansion or enhancement of childcare and services for children 0-8. Through four key strategies; engagement in identifying strengths and gaps, utilizing local expertise and resources, connection to other communities and programs and assistance with exploring how to build sustainable funding sources through public and private resources, the program works with communities to create a community solution plan and



strategies to implement those solutions. The team is supporting each community in various stages from community needs assessment, to assistance in opening a new childcare center, to development of impactful and sustainable solutions.

The C4K team collaborated with other stakeholders to host a statewide conference in September 2018. Over 250 civic, business and education leaders from over 70 communities attended Thriving Children, Families and Communities: The role of Early Childhood Programs. They heard from experts on topics such as *High-Quality Early Care and Education: What It Is and What It Takes*, *Developing and Supporting Nebraska's Early Childhood Workforce*, *Redesigning child Care to Promote Education*, *Support Families*, and *Build communities*, *Community Champions: Early Childhood Spurs People Attraction*. In addition, C4K communities were able to dive deeper into these, and other topics, receive individual consultation from these experts, and network with each other.

Due to the demand from new communities, additional funding was secured which allowed the addition of one staff in December 2018. The expanded C4K team is now supporting 17 communities with several more getting ready to start their work.

**Rooted in Relationships (RIR)** is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. At the state level, a cross-systems leadership team is focused on networking, communication, and collaborative processes among system partners with a specific focus on early childhood mental health.

Selected communities engage in three key activities:

1. **Community Work:** Stakeholders connect with additional local partners for the development of a long-range plan to support the social-emotional development of young children. In RIR communities that have Collective Impact backbones focused on Community Well Being this is a priority of the Collaborative's work. Planning includes community assessment, systems building, and the development of a process for coordination of systems and services.
2. **Pyramid Model Implementation:** The community identifies 9-15 childcare providers from both in-home and center-based early care and education settings to engage in a three-year implementation cycle using a train- coach-train approach.
3. **Selection of a Systems Priority:** Communities choose at least one additional system (e.g. health, child welfare, early elementary education, parent engagement) to support in the development of a detailed plan for implementing evidence-based strategies to promote social emotional development. The community focuses on this chosen system and coordinates in order to move their community forward in meeting needs and improving the overall well-being of children, families, and their community.

RIR is currently supporting ten communities in these efforts and is engaged in a planning process in one additional community with implementation scheduled to begin in July of 2019. Additionally, two new communities will begin the yearlong planning process in July 2019. Since initiation of the Pyramid



Model implementation in 2014, 38 coaches have supported 309 center and home-based child care providers in 113 programs impacting over 4,000 children. Of children impacted, 9% were English language learners and 22% qualified for child care subsidy.

Throughout the implementation of the RIR initiative, quantitative and qualitative evaluation data has been collected to monitor progress and measure outcomes on both the Pyramid Model implementation and Systems of Care. Funding for this project is a partnership between the Buffett Early Childhood fund (beginning in 2013) and Nurturing Healthy Behaviors funding made available through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 with an additional funding source beginning in 2019 from the Child Care Development Fund. For more information regarding RIR and to review the annual report which is inclusive of outcome data, go to [www.rootedinrelationships.org](http://www.rootedinrelationships.org/). (<http://www.rootedinrelationships.org/>)

### *Middle Years – Beyond School Bells*

**Beyond School Bells (BSB)**, the Nebraska Children-led statewide afterschool network in Nebraska, works to develop and support community collaborations and state level partnerships to develop high quality, sustainable Expanded Learning Opportunity (ELO) programs. This school-community partnership model focused on building and sustaining ELO programs is a core element of every community's prevention system in caring for at-risk youth during the afterschool hours and summer months.

During 2019, as part of this statewide Coalition of city-wide ELO systems, BSB will continue to work directly with ELO advocates in the following twelve Nebraska communities with established ELO programs to support the development of stronger community collaborations serving high need youth: Norfolk, Schuyler, Chadron, Sidney, Fremont, Kearney, York, Columbus, North Platte, Lexington, Lincoln, Crete, and Omaha. We will also continue working with teams in the following five communities that are in year two of a NDE grant that enables them to launch ELO programs: Grand Island, Cairo, Albion, Auburn and Beatrice. These communities, along with NE Extension and the NE Community Foundation, collaborated with NC to apply for an \$1.8 million innovation grant from Neb. Dept of Education to participate in a three year Design Challenge to develop and test the next generation of ELO programs for rural communities. Completing the tool box of best practices highlighting lessons learned during this work will be a major focus of our work in 2019. In 2019 we also anticipate adding more high need, rural ELO programs to our growing network of partner communities.

At the policy level, BSB will continue working with partners at the Nebraska Department of Education (NDE) the State Legislature, other state-level advocates and with community partners, local school boards and community leaders to create policy environments that support additional, high quality, sustainable ELO programs in Nebraska's highest need communities. In the most recent legislative session NC worked with the Health and Human Services Department to review regulations concerning school-based afterschool and summer programs, a review process that contributed to legislative





changes to streamline the licensing process for school-based programs. In the 2019 Legislative session, we will again provide support to advocates of ELO programs that seek to support more high quality, locally sustainable ELO programs across the state.

As part of this work, BSB will continue to convene community groups and other stakeholders to discuss the important role that expanded learning opportunities play in communities across the state. The Design Challenge mentioned above will help focus these efforts. Based on NDE's Accountability for a Quality Education System, Today and Tomorrow (AQuESTT), NE STEM process and the College and Career Readiness standards, the Design Challenge continues to bring together a variety of stakeholders in focused conversations about three key elements of ELO initiatives: Programming, Sustainable finance and data collection and use. When the design challenge process is completed, we will have created and captured low cost, high quality opportunities for rural communities to launch their own locally sustainable ELO programs. During 2019 we will be piloting new entrepreneurship and career and technical education programming in ELOs and will intentionally be working with our community partners to engage older youth, especially youth involved in NDE Career and Technical Student Organizations (CTSOs). As part of this youth engagement strategy, we will also be working closely with UNL to bring more college youth into afterschool programs as club providers. BSB will continue to develop videos and other outreach material that communities can use to help explain this work to other groups. Finally, BSB will continue working with a variety of stakeholders to convene outreach events in 2019 to share data about the importance of ELO programs and to broaden understanding of opportunities available to support this important work. All of this work is aimed at enhancing program quality and developing a sustainable funding base for Nebraska's ELO's that serve our state's most vulnerable youth.

#### *Transitional Years – The Connected Youth Initiative, Dual Generation Approach*

The mission of our Connected Youth Initiative (CYI) is to bring young people together with services providers, funders, and decision makers to create supportive communities committed to improving outcomes for you ages 14-26. It is nested within Community Well-Being collaborations and infrastructure, which is necessary for community ownership of youth well-being and the realization of improved youth outcomes. This model requires youth engagement, firm cross-sector commitments, collective impact and neutral facilitation, and protective and promotive factors for children, youth, and families.

It is through the function of Central Navigation that work with older youth intersects with children and families. The alignment of Central Navigation in each community allows for a true dual generation approach, by which young people can be served using strategies specific to older youth, and when appropriate, can also be served as young adults who are parenting young children. Partners with a dual generation lens work to prevent further Child Welfare or Juvenile Justice system involvement for the children of youth who have aged out of care.



**The Connected Youth Initiative (CYI)** Through a collective impact approach, Connected Youth Initiative (CYI) aims to promote and enhance evidence-informed programming in key indicator areas via activities and strategies in four core components that result in a difference made for Nebraska's older youth. This is achieved through a collective impact, youth-centered approach. CYI also aims to make multi-level systematic changes and develop and strengthen strategic partnerships to enable Nebraska's unconnected youth to thrive.

CYI, built on models of Project Everlast and Nebraska Panhandle's SSHRY, serves 54 Nebraska counties and served 3,881 unconnected youth aged 14 to 26 in 2017-18. This was an increase of 1,467 youth served from 2016-2017. In 2018-19, Nebraska Children will build on the success of the previous year and advance the CYI model to align services and supports via community implementation through strategies and activities within CYI core components in three indicator areas to achieve our difference made and better off performance targets during the year: 1. Permanency 2. Educational Success and Economic Security (includes stable housing) 3. Pregnancy Prevention and Parenting Supports

The CYI model includes strategies and activities in four core components. These strategies and activities area implemented at the community, county and state level and assessed using different data collection and evaluation tools. The four components of the CYI model include: 1. Youth Leadership 2. Coaching 3. Financial Well-Being 4. Central Navigation

CYI enhances systematic work through several approaches at the community and state level. CYI work promotes policy and administration change, normalcy, dual-generation core competencies, economic development, collective impact and postsecondary system partnerships all through a race, equity, ethnicity and inclusion lens. CYI believes systematic change as well as activities and strategies within the four core components contribute to improved outcomes for youth and young adults and impact seven outcome areas for youth: • Permanence • Education • Employment • Housing & Transportation • Health (physical, mental, dental) • Personal & Community Engagement • Economic Stability

With collaborative partnerships between Nebraska Children and communities, CYI strategies and activities meet the needs of older youth in the community within the cradle-to-career continuum, measured via key indicators. The key indicators for CYI include the percentage of youth with: • High school diploma or GED • Education beyond high school (for those with a diploma or GED) • Working full-time for 30+ hours per week for more than 6 months • Safe, stable, affordable housing • Access to transportation to work and school • Enough money to cover all expenses last month • Enough people to turn to for advice in a crisis or for advice about work and school • The ability to get medical, dental and/or mental health care when needed in the past 6 months

Additionally, Nebraska Children's and CYI partners utilize the Youth Thrive™ framework as the relevant and meaningful theoretical framework from which to develop and enhance both practice and outcome evaluation.

### *Dual Generation Approach*



In 2017, NC partnered with CSSP to offer the first-ever combined train-the-trainer of Youth Thrive™ and Strengthening Families™ frameworks to communities as a strategy to address the two-generational challenge facing pregnant and parenting older youth through a **coordinated effort via CR and CYI**. NC hopes that adopting this combined framework will lead to a comprehensive understanding of protective and promotive factors to strengthen older youth and their families across the lifespan. Embedding the framework into local prevention and community efforts will contribute to the overall strength of each community and advance Community Response (CR) and CYI.

In 2015, 6,743 babies were born to parents age 10-24 in Nebraska (Kids Count in Nebraska Report, 2016). Nebraska is seeing an all-time low pregnancy rate for youth age 10-17, at 1.4% in 2015 (Kids Count in Nebraska Report, 2016). However, unconnected young adults do not fare as well, with 31% (n=54) of youth in DHHS's Bridge to Independence extended foster care program are pregnant or parenting (Foster Care Review Office Report, 2016).

The need to focus on pregnant and parenting older youth in Nebraska, is an opportunity to intervene in additional unintended pregnancies, promote family well-being, and break the intergenerational cycle of system involvement. Nebraska's data illustrates what is known nationally. Older youth who lack significant supports are more likely to be pregnant or parenting. Having parents who lack adequate support makes children especially vulnerable and increases the likelihood of state system involvement.

CYI enhances an evolving systems approach focused on unconnected youth, through a plan to develop results, indicators, and strategies to implement a two-generational method to include implementation of the CSSP combined Youth Thrive™ and Strengthening Families™ frameworks. NC will establish a community-based training team and population-specific implementation plan to equip those already working with pregnant and parenting older youth with tools to integrate promotive and protective factors into existing systems, programs, and supports; and further embed them in the skill sets of parenting older youth, service providers, and communities. NC and CYI partners will work together to identify strategies for implementation of the two-generation approach and the combined Youth Thrive™ and Strengthening Families™ training. In addition, older youth that are pregnant or parenting are leaders in developing the plan.

The effort of building a communal approach to supporting young adults in our local communities provides enormous potential for addressing rural population loss, reducing loss of income tax revenue, decrease in social service dependency, and providing an opportunity for individual well-being through public and private partnerships. Not one sector of our social system can provide enough support to change the challenges and barriers unconnected youth face in Nebraska but through a combined effort of governmental, human services, and economic development partnerships, true change and opportunity is possible.

Enhancing support systems available through CR and CYI, via Youth Thrive™ and Strengthening Families™ frameworks, improves the likelihood that older youth that are pregnant and parenting – and their children – have access to providers equipped to serve the whole family. CYI aims to improve outcomes for young adults who are pregnant or parenting in three key ways: 1) strengthen young parents, as primary nurturers, via parenting supports and training; 2) strengthen young parent protective factors through increased young parent involvement in CR; and 3) enhance provider's





understanding and application of the protective and promotive factors. Pregnant and parenting older youth involved in systems and their children will have the best outcomes when a two-generational approach provides a seamless continuum of public and private supports that are accessible in their communities in a timely manner, developmentally appropriate, based on research, culturally and linguistically matched to each family's preferences, and easily navigated without burdensome administrative and policy restrictions that impede the families progress in life.

### *Awareness*

Nebraska Children is actively engaged in administering a state-wide, community lead effort to engage state system and policy level stakeholders in community-based prevention (Bring up Nebraska). Bring Up Nebraska, with the support of Nebraska's First Lady, officially launched in the fall of 2017 and has brought together state partners, policy makers, local families, and community leaders to collaborate and develop priority areas for the Community Well-Being collaboratives, serving approximately 30 counties in Nebraska, have come together around nine priorities. The support of the Governor and First Lady, along with national partnerships has raised awareness to the prevention practices, priorities, and activities across Nebraska in order to address barriers and enhance prevention efforts.

Through Prevent Child Abuse Nebraska, a key partner in Bring Up Nebraska and administered by Nebraska Children, professionals in many disciplines and private citizens work as volunteer members of 17 Local Child Abuse Prevention Councils serving multi-county areas across the state. Many of these councils are part of or affiliated with Community Well-Being Collaboratives. These local councils are key distributors and facilitators of public awareness and parent education activities especially focusing on Child Abuse Prevention Month. NC supports their work through promotion of the national Prevent Child Abuse America Pinwheels for Prevention resources that is integrated with Bring Up Nebraska products and tools. The campaign website is: <http://nebraskapinwheels.org> (<http://nebraskapinwheels.org/>) or <http://bringupnebraska.org>. (<http://bringupnebraska.org/>)

NC also provides staffing for other public awareness strategies supported by the Nebraska Child Abuse Prevention Fund Board. These include, but are not limited to, creation and placement of radio ads across the state and Pinwheels for Prevention activities during Child Abuse Prevention Month. NC also responds to ongoing requests for public awareness information and products from other community stakeholders.

### *System of Care*

The Nebraska System of Care is a network of partnerships among youth, family, schools, public and private system partners organized by the Nebraska Children Families Foundation and the DHHS Division of Behavioral Health. It aims to provide a spectrum of accessible, effective, community-based services and supports for youth at risk of or experiencing behavioral health challenges. This is accomplished by two separate, but complimenting, funding streams flowing from the federal government through the Regional Behavioral Health Authorities and from private donors through the Community Response initiative. The private funds allow Nebraska to focus on prevention parallel to the intervention activities of the federal grant funds, thus completing a full spectrum approach from



prevention and early intervention to more intensive services offered through system partners such as Children and Family Services, Medicaid, Juvenile Justice, and Behavioral Health via state and regional authorities.

System of Care statewide services being provided now, or in development include:

- Youth Mobile Crisis Response
- Parent and Children Together (PACT)
- Youth Intensive Outpatient Program (IOP)
- School-based Mental Health Services
- Professional Partner Program
- Family Peer Support Services
- Increased access to behavioral health supports through community collaborations
- Multi-disciplinary team development across school and behavioral health providers
- Behavioral health voucher programs
- Focused, intensive crisis prevention coaching

The partnership between Department of Behavioral Health and community prevention systems opens the door for families and young people to be served in the manner best fitting to their needs, and reduces the need for formal system involvement.

*State/Regional/Local collaboration combined with targeted initiatives:*

Several other community, state and regional networks for prevention are facilitated by Nebraska Children including membership by representatives of local and state organizations in areas such as early childhood, public health, education and mental health. The purposes of these networks range from assessing community and state needs, coordinating and providing technical assistance, planning and conducting statewide meetings, promoting culturally competent practices, and promoting inclusive community and systems planning and service development.



Specifically, we administer the Beyond School Bells (the afterschool network), the Sixpence Early Childhood Endowment (supporting ages birth-three), Rooted in Relationships (promoting social emotional development in early childhood) the Early Childhood Data Coalition (cross systems), the Nebraska Foster Youth Councils (youth voice and connections), Project Everlast statewide expansion (transition aged youth and young adults), the Prevention Partnership (state level cross system collaboration). In partnership with communities, we work to implement these initiatives within the Community Well-Being collaboratives. Staff members representing Nebraska Children participate on state boards and commissions ranging from infant mental health to juvenile court reform. As indicated below in the next section of this document, Nebraska Children staff leads and participates in many state level teams that address Prevention of Child Abuse and Neglect.

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### **Actions to advocate for systemic change**

Nebraska Children continues to serve as a conduit for information sharing between communities and state agencies about the needs of children, families, and communities. We advocate for systemic change through participation on several statewide committees and planning efforts. In 2016-2017, these included:

- Governor's Commission for the Protection of Children (an advisory committee to the Governor on child abuse issues)
- Bring Up Nebraska (community-based prevention initiative administered by Nebraska Children, with support from Nebraska's First Lady)
- Three Citizen Review Panels, administered by Nebraska Children
- Advisory Committee for the CFSR/PIP
- Advisory Committee for the CFSR
- Advisory Committee for the IV-B Plan
- Advisory Committee for CARA
- Child Death Review Team



- Supreme Court Commission on Children in the Court
- Early Childhood Interagency Coordinating Council
- Early Childhood Policy Committee (convened by the Nebraska Department of Education)
- Nebraska Statewide Prevention Partnership for Child Abuse Prevention
- Nebraska Governor's Youth Advisory Council
- Nebraska Department of Education's Committee on Children in Out of Home Care
- State Health Improvement Plan (SHIP)
- System of Care (public-private partnership to improve access and quality of services to meet child and family behavioral health needs), partnership between Nebraska DHHS and Nebraska Children
- A member of the State Planning Team with DHHS and CIP
- Court Improvement Project Conference Planning Committee
- Statewide NE Home Visitation Partnership (convened by NE Department of Health and Human Services)
- Maternal Infant and Early Childhood Home Visitation Program [N-MIECHV])
- Nebraska Early Interagency Coordinating Council (EICCC), Governor's appointed Council advising on early childhood. This Council also serves as the State Advisory Council (SAC).
- Alternative Response Advisory Committee and Director's Committee
- Nebraska Coalition for Juvenile Justice, Nebraska Juvenile Justice Association, and the Crime Commission, (grants to communities, annual training for juvenile justice, policy guidance)
- A few highlights from 2017 – 2018 include: Sixpence Legislation?
- Received 3.7 million dollars from Administration for Children and Families, Community Collaboratives to Strengthen and Preserve families to support the community based prevention model in Nebraska. Family Focused Case Managers



- DHHS hired and utilizes Community Support Specialists to support families with economic assistance benefits and prevention services that DHHS can provide
- Less restrictive criteria for Alternative Response proposed and utilized in a Red Team to keep families together.

The Bring Up Nebraska Initiative focused on the need to better support pregnant and parenting young adults. As a result, NC received the Office of Adolescent Health grant to develop strategies and integration of supports and services for dual generation work.

### *Funding Mechanisms*

Nebraska Children actively seeks and receives funding from a variety of sources, both public and private. Braiding of funds allows for innovative approaches in meeting the needs of children and families, breaking down silos and reducing duplication of assessments and evaluations by promoting collaborations and work across publicly funded initiatives in order to maximize efficiency and effectiveness in the use of limited dollars for community-based services for children and families. We encourage communities to use their grant awards to leverage other dollars at the local level. Over the last year, NC and Communities have developed plans for seeking local funds (as match) while NC has worked on statewide philanthropists to support community collaboratives to help ensure that programs continue after our grant funding ends.

The sustainability model was developed by the Center for the Study of Social Policy and Nebraska Children partnered with the Finance Project to utilize tools for sustainability of community-school partnerships. The sustainability work begins with the work we accomplished in the Peer Review process and outcome accountability training focused on Logic Models. The Nebraska Child Abuse Prevention Fund Board's grant-making is informed by Nebraska Children's grant-making to maximize effectiveness while supporting a network of grantees that share similar processes and accountability for results.

Nebraska Children operates as a Public and Private partnership for funding community prevention systems (leveraging, braiding and integrating CBCAP funds). This year, we have raised private dollars to match all of the public dollars we receive for prevention. Public funding includes:

- Promoting Safe and Stable Families
- State General Funds for Alternative Response /Community Response expansion
- Endowment and state general funds for Sixpence
- State general funds for Rooted in Relationships
- Federal Funds for Beyond School Bells



### *Community Mobilization to Support Policies*

CWB communities were active in trying to shape policy both at the local and state level. This was a key outcome of their Collaboratives' collective impact work. At the local level policies were impacted at three different levels: 1) policies to further the internal workings of the Collaborative (e.g., development of financial policies, changes in bylaws); 2) policies to support the implementation of collaborative strategy (e.g., agency MOUs for implementation of Community Response; and 3) policies that support local community efforts (e.g., Safety Policies changed in local trailer park due to Community Café efforts including speed bumps and stop signs installed and city code violations corrected).

Community members informed legislation by partnering side by side with their legislative representatives, to bring community prevention priorities to focus. Through Bring Up Nebraska, local legislative offices have taken an active role in community collaboratives across the state, and included community voice in the legislative process. One state senator has requested the assistance of community leaders in providing input and direction to a bill supporting mental health needs of children in schools across the state.

The following priority areas of Bring Up Nebraska were selected by community prevention leaders as critical areas that need to be addressed in order for prevention and well-being to be achieved:

- Neglect/Basic Needs
- Housing
- Pregnant and Parenting
- Limited Resources and
- Substance Abuse/Behavioral Health

*The Purpose of Bring Up Nebraska Priority Workgroup* is for community and state leaders to develop actions and/or make recommendations to alleviate gaps and make improvements in policies and practices across multiple systems for prevention. The commitment of membership is to be accountable to one another for taking actions in accordance with agreed upon strategies/priorities, maintain a structure for improved communication at the state and community levels, and work together to review relevant data and information for ongoing informed decision-making. Members agree to be conduits for sharing information between and among priority work groups and other decision making groups at the community and state level.

CWB Collaborative members worked with state and local Department of Health and Human Services (DHHS) to help inform the linkages between Community Response and Alternative Response as local communities developed policies and procedures during this implementation phase. As communities



continued to implement the Nebraska Children Connected Youth Initiative Flex Funds, documents were shared with Social Innovation Fund (SIF) partners. Similarly, community leaders and families have lent their voice to System of Care leadership committees, with the opportunity to influence state-level policy change.

### 3

Complete

**Nature and extent of collaborations and partnerships and its impact on the CBCAP program in the past reporting period. (Check all that apply.)**

- ☒ CFSR/PIP
- ☒ IV\_B/PSSF
- ☒ CFSP
- ☒ APSR
- ☒ Early Childhood Comprehensive Systems
- ☒ Strengthening Families, Head Start
- ☒ Early Head Start
- ☒ Maternal, Infant, & Early Childhood Home Visiting Program
- ☒ Mental Health
- ☐ Project Launch
- ☒ Substance Abuse
- ☐ Project Launch
- ☒ Public Health/ACES
- ☒ Business Community
- ☐ Other

*CFSR/PIP*

1. B, CFSR, AND APSR.

Nebraska Children's President and Senior Vice President serves on the State Planning Team for the IV-B planning process. The Bring Up NE committee meets once a month to provide opportunities for strategic planning on program and policy decisions.

1. has partnered with the Nebraska Children and Families Foundation in the development of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan. In November 2017, NCFF participated in a stakeholder's meeting where the Children's Bureau representatives presented their





formal CFSR findings. Over 112 individuals attended and participants identified the major factors for the areas needing improvement. Information from the meeting was utilized to develop strategies and key activities in the PIP. One of the major areas of concern impacting Nebraska's CFSR outcomes is the failure to engage families. To improve practice around family engagement, NCFF is supporting a Family and Caregiver Citizen Review Panel (CRP).

*Early Childhood efforts (e.g., Early Childhood Comprehensive Systems, Strengthening Families, Head Start)*

- Early Head Start, Supporting Evidence-base Home Visiting programs, or other efforts). An Early Childhood Leadership Team involves DHHS and the Nebraska Department of Education and works with Nebraska Children to improve outcomes across organizations for children ages 0-5.
- Nebraska Children administered funding for home visitation programs through the Early Childhood Endowment.
- Coordination with other home visitation funders through the Statewide Prevention Partnership for Child Abuse Prevention--Nebraska Children, Nebraska Child Abuse Prevention Fund Board, and DHHS
- Receipt of a private grant to promote positive social emotional development of young children ages 0-8 through local community systems building and planning, state infrastructure development, and promotion of the CSEFEL Teaching Pyramid model in early care and education programs.
- Periodic meetings with the newly developing Buffett Early Childhood Institute, a new addition to the University of Nebraska system. This institute is focused on improving the first years of all children of our state. Among other things, they will work across university programs to better align efforts and fill gaps in the professional development of our early education and mental health workforces. We have a number of areas where we can collaborate.
- Nebraska Children has developed a strong commitment to the Together for Kids and Families Project (TFKF) to ensure well-funded systems of early childhood family services and supports for all Nebraska families. Overlapping areas of interest with TFKF include the Community Based Child Abuse Prevention Grantees Training and Technical Assistance, Home Visitation and the Learning Collaborative Network focused on building leadership to create sustainable community systems of care, the public awareness campaigns developed with First Five Nebraska, the Sixpence Early Childhood Endowment, and the Call to Action Early Childhood Indicators. Nebraska Children staff members lead or participate on ECCS committees for Family Support and Early Care and Education.





*Statewide prevention planning efforts.*

Nebraska Children facilitates the meetings of the Nebraska Prevention Partnership to align with the Bring Up Nebraska efforts. This group comprises Department and Division leadership of DHHS Children and Family Services, Public Health, and Behavioral Health, the chair and vice chair of the NCAPF Board, leadership of Nebraska Children, the office of Probation, representatives from the Crime Commission, Department of Education, and from Sherwood Foundation.

The First Lady of Nebraska, Susanne Shore, is promoting Bring Up Nebraska, a statewide prevention initiative to promote local community partnerships that keep children safe, support strong parents, and help families address life's challenges before they become a crisis.

By bringing together state and local agencies, leaders and citizens, Bring Up Nebraska is helping to ensure that every community across Nebraska is working to increase the availability of critical supports and services, reduce unnecessary government system involvement, and improve the lives of Nebraska children and families, CIP and other state partners with community leaders have developed a plan for implementation (see attached workplan).

*Other related strategic planning efforts.*

Nebraska Children utilized Mark Friedman's Results Based Accountability Framework to identify population indicators and performance measures to be monitored via Continuous Quality Improvement for Community Based efforts. In 2018, NC worked with Voices for Children, University of Nebraska and Casey Family Programs to create a Community Opportunity Map so that common data can be accessed by community partners. Historically, we've relied on population indicators, as listed below. These population indicators directly align with statewide prevention efforts, but can be slow to show change and/or progress based on a number of contextual factors.

Priority Population Indicators:

- Rate of substantiated abuse and neglect per 1,000 children (DHHS)
  - Declining
- High school graduation rates (NDE)
  - remains unchanged
- Juvenile Arrest rate (NE Dept of Corrections)



- Declining
- Rate of Births to Teens (Vital Statistics)
  - Decreasing, except within foster and homeless youth populations
- % children proficient reading at 3rd grade (NDE)
- % youth homelessness (Nebraska Homeless Management Information System)
- % families protective factors (FRIENDS Protective Factors Survey) Priority Performance Measures:
- % dollars leveraged including cash match and in-kind (Leverage report)
- % increase in Collective Impact functions (Collective Impact self-reflection rating)
- % communities/partners ensure evidence-based practices (EBP) or beginning EBP (EBP checklist)
- % increase in skills/competencies among community leaders in Nebraska Children conferences (post training online survey)
- % administrative/legislative policymakers adopt policies (yes/no)
- % communities achieved intended client outcomes specific to each initiative (review Annual reports)

Through the Community Opportunity Map project, the cross-system team has developed a draft of demographic indicators that reflect more specific information based on the local area. These indicators paint a more detailed picture and allow for drafting of specific plans to impact an individual indicator.

Specific Demographic Indicators by Local Area (in draft form, identified to be developed in Phase 1 of this project)

- Vacant Housing
- Housing Cost Burden



- Resident Turnover
- Single Mother Families
- Child to Adult Ratio
- People 65 and Over
- Unemployment Rate
- Adults with HS Diploma / GED
- Poverty Rate
- Population
- Foreign Born
- Racial/Ethnic Heterogeneity
- Children in Single Parent Households
- Children in Poverty
- Children Under Age 5
- Speaking Languages Other Than English at Home

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## 4

Complete

**Status of the State's prevention service array. (Enter the number of the boxes for each below)**

Number of families with  
children with disabilities:

Number of parents with  
disabilities:

Total number of  
parents/caregivers who  
received preventative direct services:

Total number families



Total number children  
who received  
preventative direct services:

10915

who received  
preventative direct services:

### *Overall Summary of Children and Families Served*

During the 2017-2018 evaluation year, Nebraska Children provided funding and other support to eleven communities to promote children's safety and well-being through a range of prevention strategies. Communities served large numbers of families and their children across multiple strategies. Overall, more than 1,500 families and more than 10,000 children were served directly. More than three quarters of these families were at risk due to poverty and approximately 40 percent identified as Hispanic, Black, or Native American. Communities had even a broader reach by implementing community-wide strategies (e.g., community resource fairs). When families engage in these events, they are considered "served indirectly." These broad-based strategies reached over 3,200 families and 3,800 children.

<b>Overall Summary of Children and Families Served</b>	
Number of Families Served Directly	1509
Number of Children Served Directly	10,915
Number of Parents with Disabilities Served Directly	114
Number of Children with Disabilities Served Directly	1514
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	20



Number of Families Served Indirectly	3219
Number of Children Served Indirectly	38

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

Gender n=872		At Risk Due to Poverty n=727			
Male	Female	Yes	No		
13.5%	86.5%	79.1%	20.9%		
Race/Ethnicity n=885					
White	Hispanic	Black	Multi-Racial	Native American	Other
57.3%	26.2%	7.7%	1.4%	4.2%	2.9%

In 2009-10, the Prevention Partnership the Nebraska Children and Families Foundation, Department of Health and Human Services (DHHS) and Nebraska Child Abuse Prevention Fund Board (NCAPF) developed a grant funded initiative to promote Community Well Being through community-based



assessment, planning, and implementation in four inter-related areas: 1) Collaborative Capacity, 2) Prevention System Capacity, 3) Positive Parent Child Interaction, and 4) Community Context. The Prevention Partnership began this pilot in five Nebraska communities selected on the following basis:

- High needs according to selected indicators.
- The existence of a well-established, broad-based collaboration with experience in assessment, planning, implementation and evaluation of prevention systems and services.

Nebraska Children now provides funding and technical assistance to eleven communities to promote community well-being through a range of prevention strategies.

To be eligible for funding through Nebraska Children, communities must complete a needs assessment, commonly known as *Service Array*, and develop a community plan based on the strengths and needs identified through the Service Array process. The Service Array is shared and used by the entire collaborative in prioritizing the use of braided funds to address gaps in prevention services across the area. After looking at the service array available in the community and identified gaps, the community explores potential evidence informed and evidence-based programs and practices that may result in improved outcomes for children, young people, and families. Community Plans must describe both needs and strengths in the community and how funding will be used to address identified needs.

As a result of the Service Array process, a Collective Impact Community Well-Being Network has been established for participating communities to share and learn:

- A core data list of relevant information pertinent to prevention and early intervention to assist in prioritizing work as part of the community plan.
- Information about innovative programs, systems design, best practices, development and maintaining successful collaborations, sustainability and outcomes measures for inter-related prevention programs.

Service Array materials are available through the Nebraska Children website at <https://www.nebraskachildren.org/our-approach/community-toolkit/assessment/service-array-assessment.html> (<https://www.nebraskachildren.org/our-approach/community-toolkit/assessment/service-array-assessment.html>).

CBCAP funded collaboratives utilize an array of multiple services (chart below) to implement prevention continuums for ages 0-24 (see additional information in the Evaluation Data section). Not all services are delivered in all contracted communities, but services and strategies are selected based on the local needs and gaps identified (a sample contract is attached).



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

Program	Community(ies)	Rating/Level
Behavioral Health in the Schools	Lancaster County	Emerging I
Beyond the Bell	Dakota County Connections (DCC)	Emerging I
Biking for Back Packs	DCC	Emerging I
Camp Catch UP	Statewide	Emerging I
Circle of Security - Parenting	Panhandle Partnership (PP), Families 1st Partnership	Promising II
Community Cafés	Lancaster County, Norfolk Family Coalition	Emerging I
Community Learning Centers	Lancaster County	Emerging 1
Community Response	All CWB communities	Emerging I
Dusty Trails Mystery, Inc	Families 1st Partnership	Emerging I



Early Childhood Provider Incentive	DCC	Emerging I
Family Fun Night Out	DCC	Emerging I
Families And Schools Together (FAST)	Hall County Collaboration, PP	Supported III
Library Parent Corner	DCC	Emerging I
Parent-Child Interaction Therapy (PCIT)	DCC, Fremont Family Coalition, Families 1st Partnership, Norfolk Family Coalition, Zero2Eight	Supported III
Parents Interacting With Infants (PIWI)	DCC, Fremont Family Coalition, Norfolk Family Coalition, Zero2Eight	Emerging I
Preschool Scholarships	DCC	Emerging I
Project Connect	Families 1st Partnerships	Emerging I
School Family Activities	Families 1st Partnerships	Emerging I
School Registration Event	DCC	Emerging I
Social Books at Well Child Clinics	DCC	Emerging I





Social-Emotional Summer School	DCC	Emerging I
Together Everyone Achieves More Success (TEAMS)	Panhandle Partnership	Emerging I
Trauma Informed Care Training	DCC	Emerging I

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

The *core strategies* being implemented through the Community Well Being prevention continuums are:

- Community Response
- Circle of Security Parenting
- Community Cafés
- Community Learning Centers/Beyond the Bell
- Families and Schools Together FAST
- Parent Child Interaction Therapy (PCIT)
- Parents Interacting with Infants (PIWI)

Each community also has the ability to select and implement supporting prevention strategies focused on strengthening families based on their individual community assessments of need. The full array of



these supportive strategies are listed in the table above.

While not all strategies are available in each area, all CBCAP funded collaboratives have implemented Community Response, through which all partners and services are coordinated in the local community. By utilizing a *Central Navigation* function, Community Response coordinates existing resources, aligns new strategies, and fills gaps with flexible funding. This coordinated effort enhances a collaborative's ability to connect services together toward a full prevention continuum. A full description of Community Response, as well as the core evidence based strategies is listed below. The full descriptions of all strategies offered across the CWB Collaboratives, as funded through CBCAP, is included in the attached CWB Annual Report.

#### *Program/Strategy Descriptions:*

##### *Community Response (CR)*

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

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. For the purpose of Nebraska Children Community Response, the public funding specifically targets supporting families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually are between 0-14 years of age, however, when a community braids resources and involves multi-sector partners in a Community Response system the focus can be on the lifespan (the full age spectrum of children, individuals and partners).

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

- Meeting basic needs like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics



- Building life skills such as job searching, budgeting, and money management
- Strengthening family support systems and building community connections so all families feel they have partners who provide a “safe zone” to ask for help

#### *Circle of Security Parenting (COS-P)*

Circle of Security is a relationship-based intervention designed to change young children’s (Birth to 5) behavior through changes in parents’ behavior and enhanced attachment between parents and children. Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery.

#### *Community Cafés*

The Community Café approach is designed to spark relationships and leadership to strengthen families. The Cafés are led by parents partnering with staff from their neighborhood schools or a local organization and a backbone entity. Each Café is a space where parents and community partners explore what is most important to them, express their concerns, and share heartfelt dreams. Overall, the result is new partnerships and other means for parents to strengthen themselves, their families, and their neighborhoods.

#### *Community Learning Centers/Beyond the Bell*

The CLC’s are designed to develop partnerships which bring concentrated resources to high-need schools in the community of Lincoln. The initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. The CLCs was a strategy that supported 26 schools in the Lincoln Public Schools district.

Dakota County Connections (DCC) supported Beyond the Bell, an organization providing before and after school services for children in the community. Beyond the Bell is located in five South Sioux City elementary schools including Dakota City. At Beyond the Bell, they believe in helping children and families reach their full potential by providing a safe place to play while creating a quality learning environment and promoting growth. Beyond the Bell found the opportunity to serve a large population of at-risk students. This is the second year of implementation. The program was awarded a 21st Century Community Learning Center grant from Nebraska Department of Education (NDE) that helped sustain the program.

#### *Families and Schools Together (KIDS FAST)*



FAST is a Family Support service. It is a set of multifamily group interventions designed to build relationships between families, schools, and communities to increase community well-being. Family activities are led by the parents, with support to be authoritative and warm.

Participants work together to enhance Protective Factors for children, including parent-child bonds, parent involvement in schools, parent networks, family functioning, parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans. KIDS FAST is for all families of children 4-5 years old in communities with high risk factors. FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school.

Core Elements of FAST:

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

FAST core components aim to strengthen the bonds within and between families. Each weekly session includes all six key elements.

#### *Parent Child Interaction Therapy (PCIT)*

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

#### *Parents Interacting with Infants (PIWI)*



Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often don't have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services.

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

The primary emphases of the PIWI model include:

- Competence – Children should have opportunities to experience and demonstrate their competence and to expand their competence by exploring their environments and interacting with others.
- Confidence – Both children and parents should experience confidence in themselves, their abilities, and their relationships.
- Mutual Enjoyment – Parents and children should enjoy being together in the setting and feel secure in one another's presence and in the environment.
- Networking – Parents will have opportunities to network with other parents and add to their informal support networks.

## 5

Complete

**Outreach activities for special populations and cultural competence efforts. (Check all that apply).**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> parents  | <input checked="" type="checkbox"/> adult former victims of child abuse and neglect or domestic violence   |
| <input checked="" type="checkbox"/> racial and ethnic minorities                     | <input checked="" type="checkbox"/> members of other underserved or underrepresented groups (i.e. Fathers) |
| <input type="checkbox"/> children and adults with disabilities                       | <input type="checkbox"/> other option  |
| <input checked="" type="checkbox"/> homeless families and those at risk homelessness |  |
| <input checked="" type="checkbox"/> unaccompanied homeless youth                     |  |



Nebraska Children supports and engages in many efforts to involve parents and voices of underserved or underrepresented groups. Nebraska Children staff are involved with Annie E. Casey and state partner efforts, Race Matters to examine and set actions on the disproportionality in the child welfare system and juvenile justice systems. Race equity and inclusion is a priority across all initiatives within the scope of Nebraska Children's work.

### *Parent Engagement*

We partnered with Federation for Families to develop actions on Family Centered practices and true parent engagement. Family organizations have representation on community teams focused on community well-being and community response planning. We supported many of the CWB communities to train partners in Bridges out of Poverty. Additionally, two Citizen Review Panels are facilitated by Nebraska Children. Both include participant voice, one focused on older youth and one of parent engagement practices and partnerships with state level systems.

Nebraska Children participated on the statewide SAMHSA System of Care Planning Teams. We were involved with every team and at every level of the planning effort (12 teams). Cultural Competency was one of the core strategy teams. Our Youth Leadership Manager facilitated a process that significantly enhanced youth voice and involvement at three different phases in the planning process. We have begun a working relationship with the Mental Health Association a peer run organization doing amazing work in the Lincoln area.

Through prevention case management (commonly known as coaching), Community Response partners have been able to take the time for rapport building and uncover behavioral health needs of parents in a way that may not have been possible in the past. Without the child welfare dynamic, Community Response coaches can align with parents by first addressing basic needs, such as housing, parenting, employment, transportation, or flexible supportive funding. At such time families are able to trust, coaches report an increase in requests for behavioral health supports from these families and have referred to local partners to access behavioral health supports and prevent incidents of abuse or neglect that may have occurred. This is in an increasing need within immigrant families, who are raising first generation American citizens, but who have past trauma they continue to relive. Community Response can coach these families to access the professional supports needed, while stabilizing the families' basic needs thus preventing removal of children from their homes, for reasons other than safety.

We continued work with the National Alliance of Children's Trust and Prevention Funds to further develop Community Cafés in communities. Community Cafes have also had the opportunity to offer bi-lingual facilitators to include Spanish speaking parents.

### *Underrepresented Populations (racial and/or ethnic minorities)*

As mentioned previously in this report, many of the communities in which we work are comprised of increasingly diverse racial and ethnic populations, having seen dramatic demographic shifts within the past 10 years. For example, Schuyler is part of the Platte/Colfax (2 county) planning collaboration.





Schuyler has a population of 6,283. According to the 2010 census, 65% of the population is identified as Hispanic/Latino. Local school officials have insisted that percentage is closer to 80% as their actual population is much higher with the undocumented persons living in the area. The community has continued a focused effort on serving their bi-lingual and Spanish speaking population, both documented and undocumented citizens. Bi-lingual staff have been hired in this area to further support this population.

Lincoln Public Schools, another community where we are involved in Community Response, Alternative Response, and Project Everlast planning must factor in diversity in language and culture. Lincoln Public Schools English Language Learner data indicates that students and their families represent 64 different countries and 56 different languages. Outreach and engagement in all levels of planning and service continue to be an area where improvements can be made.

In 2018, rural Nebraska was dramatically impacted by law enforcement action taken against a group of immigrants exploiting undocumented citizens. This involved a significant raid in the central part of our state, leaving documented children without undocumented parents who had been placed in holding facilities. Through the statewide connections of the Community Well-Being communities, and partnerships in each local area, 0 children required formal child welfare system involvement 24 hours after the raids. Schools were opened as temporary shelter for children and families or kin were located to safely care for children, as supported by their local communities.

Also in 2018, partnerships developed with the tribal populations in Nebraska. Nebraska Children and Families Foundation partnered with the Santee Sioux Nation Society of Care to develop Community Collaboratives in the Santee Sioux Nation Reservation, Winnebago Tribe Reservation and Omaha Tribe of Nebraska Reservation. A Community Coordinator position was filled, along with Community Navigators for each reservation. Thanks to the generosity of a private donor, each reservation community was allotted \$75,000 for community services and supports.

Throughout 2018, Nebraska Children facilitated the development of a Family Resource Center for the Santee Sioux Nation. Located on the Santee Sioux Reservation in northeast Nebraska, the Family Resource Center will be a combination of a child advocacy center and services/support center to be a safe, private, and positive space for the community.

This project is part of a collaboration between the Santee Sioux Nation and Nebraska Children and Families Foundation. This resource center was designed by University of Nebraska students in PLAIN (a design-build initiative) with Actual Architecture Co. as the architect of record.

Work on the Family Resource Center began late in 2015 as collaboration between The Santee Sioux Tribal Council, Nebraska Children and Families Foundation, and the 2015-16 design Research Studio (now collectively known as *PLAIN*). Over the spring semester of 2016 the design was finalized. Finalized plans allowed the partners to raise funds and begin negotiations with construction professionals. These efforts paid off through material donations of Brick (Glen-Gery Brick/ IMI) windows (Acadia) and deductions of the CLT walls (Structurlam) and “in kind” donations of services from engineers Shaffer and Stevens.



Nebraska Children also contracts with Joyce James Consulting, LLC to provide racial equity training to NC Staff, Board Members, and state partners. The design of the two-day workshop focused on building participants' conceptual understanding of institutional racism and its impact on poor communities and communities of color. Ms. James has provided two rounds of this workshop, and NC has committed to additional time with Ms. James to formalize actionable steps toward advocacy and awareness of racial equity and inclusion. As a trusted state partner, NC has invited those outside the organization to the discussion at the state level, and steps will be planned to provide more support at the community level as well toward this discussion. Race equity and inclusion is also a theme threaded throughout Bring Up Nebraska, the statewide prevention initiative supported by Nebraska's First Lady.

### *Youth Homelessness Outreach*

On January 17, 2018, HUD announced that it would competitively award \$43 million to 11 local communities, including 5 rural areas, for the Youth Homelessness Demonstration Program (YHDP) through a notice of available funding. The Nebraska Balance of State Continuum of Care was selected as a round 2 community and awarded \$3.28 million on July 13, 2018.

Nebraska will develop an integrated and cohesive continuum of care to prevent and end youth homelessness and assist youth to thrive by building upon the strengths of our community, applying effective and innovative new approaches that are informed by and with youth, and continuously evaluating to build a more effective system for those 24 and under in our communities. The core outcomes of the proposed plan include: Stable Housing, Permanent Connections, Education and Employment, and Social Emotional Well-Being. As the funding was awarded at the end of this report period, progress reports are not yet available.

## 6

Complete

**Activities and implementation plan to ensure the continued leadership and involvement of parents in the ongoing planning, implementation and evaluation of CBCAP programs. (Check all that apply)**

☒ Planning      ☒ Implementation      ☒ Evaluation

The meaningful involvement of parents in planning, implementation, and evaluation of Nebraska's Community-Based Child Abuse Prevention efforts continues to be a Nebraska Children priority through provision of training and technical assistance to programs and communities. Communities are asked to describe how parents are involved in the programs for which they request funding and provide explanations of parent involvement in strategy building. Funding is dependent on the foundational principle of youth and parent engagement and leadership. Nebraska Children's internal staff teams have developed a sub-committee focused on the alignment and focus on youth and parent engagement and leadership in 2019. This sub-committee of internal staff will be actively working to further embed





principles of engagement into the daily activities of the cross-cutting initiatives. As an example, the 2019 Community Well-Being contracts will include additional language regarding the expectations of family and youth engagement.

We also follow-up with community partners to provide technical assistance for family involvement as needed. As a member of Prevent Child Abuse America, the National Alliance of Children's Trust Funds, and other national organizations, we receive information on successful parent involvement initiatives in states across the nation and adapt these initiatives to fit the communities we serve. Beginning in 2018, Nebraska Children has requested further TA from FRIENDS on youth and family engagement guidelines to connect the various strategies and activities associated with youth and family engagement in Nebraska.

We have developed Parent Engagement Guidelines for Community Well Being, which were adapted from FRIENDS and other Evidence Based resources. These guidelines recognize the parent engagement is a process that values the unique and critical role that authentic and diverse parent representatives bring to each community collaboration.

Further, the guidelines promote parent engagement as part of Family Centered Practice that we believe is essential to improving services and systems. The guidelines include different methodologies for parent engagement to build on existing community resources and capacity. For example, where parents have already been involved in focus groups, Service Array, or collaboration work groups, we met with communities to discuss and plan development of continued and additional opportunities.

Nebraska Children has emphasized bringing parent voice into the statewide campaign, Bring Up Nebraska. Both parents and young people were engaged to not only inform Bring Up Nebraska work, but to participate in the formal launch alongside community leaders and policy makers at the Governor's Mansion in Lincoln, NE and in local community celebrations across the state. With parent participation, and parents speaking about their experiences in the community prevention system and/or child welfare system, the policy makers and state partners were moved into conversations about action strategies based on parent experience.

Engagement of parent leaders then developed into the creation of a parent-voice Citizen Review Panel, administered by Nebraska Children. This CRP has made recommendations to DHHS regarding the treatment of families through local non-profits, the use of effective language to engage parents, and more recently, an enhancement to the rights of young people in foster care who are parenting. This last group is a specific strategy toward dual generation prevention, in which young parents with former foster care experience, foster parents, and parents engaged in community work have come together to draft an enhancement to the Foster Youth Bill of Rights to address parenting needs of young people in foster care, as it relates to their ability to parent and prevent their children from entering foster care as well. Reports and draft recommendations from this CRP are attached to this document.

We have continued to support Community Cafés as one evidence informed approach to parent engagement and leadership development. This model fosters the development of parents' ability to strengthen their own families and to improve their community's practices and policies. Community



Cafés comprise a series of conversations among parents and other community members that lead to stronger families, increased parent leadership, and positive changes in the practice and policies of organizations and communities.

A total of 29 Cafés were hosted in Lincoln and Norfolk. In Lincoln, parent hosts partnered with Lincoln Community Learning Centers staff to host Cafés at five locations: Belmont Elementary/Goodrich Middle, Calvert Elementary, Everett Elementary, Huntington Elementary/Dawes Middle and Prescott Elementary schools. In Norfolk, Cafés were hosted at The Zone, an after-school program location. These 29 Cafés were led by 17 volunteer parent hosts, and attended by 231 parents and their children, and 104 community members. Four sites planned for six Cafés, (one Café was cancelled due to weather), and another site hosted four Cafés and a community event. One neighborhood began later in the year and hosted two well-attended Cafés and will continue hosting in the next school year. In addition to schools, community partners who contributed their time or resources included small businesses, churches, agencies, parks and recreation, law enforcement and a neighborhood association. The full report of Community Café activities in NE is attached to this document. An additional three sites have expressed in implementing Community Cafés in 2019.

*One direct quote from a Parent Host noted:*

*"I love hearing from all the parents regardless of language. The bigger goal is that all parents are heard. I had a perception that as a parent I didn't really know where I fit in this system. I found a spot where my voice is valued and important and by doing this, I'm giving other parents that opportunity and just seeing where that leads." – Parent Host*

## 7

Complete

**Training, technical assistance and evaluation assistance activities conducted or sponsored by the lead agency during the reporting period.**

Number of Individuals   
who received training and  
technical assistance from Lead Agency as a separate total:

### *Community Trainings*

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 135 events were reported with over 3200 participants representing over 900 organizations engaged in training. There was an increase in training activities compared to the previous year.



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

#### *Lead Agency Technical Assistance*

Nebraska Children leads monthly peer learning calls to support all community leaders engaged in Community Coordination and Central Navigation. These monthly calls have grown over time to involve cross-sector partners learning together, including DHHS Child and Family Services, Economic Assistance, Public Health, Behavioral Health, HUD, LIHEAP program managers, Continuums of Care staff members, and more. These calls are a time for networking, connecting across the state, and sharing information to break down barriers and improve prevention service delivery to families.



Additionally, ongoing TA is offered specific to individual site needs. Nebraska Children program leads meet with community leaders a minimum of once per year (often much more), and evaluation staff provided one on one site training with each community in 2018. Community Consultants and Evaluators assigned to each Community Well-Being collaborative provide regular check-ins, training, guidance, and on-site support throughout the year, including attending and facilitating meetings, facilitating strategic planning processes, and incorporating evaluation reviews with collaborative leadership.

Unique in 2018, Nebraska Children also entered into a contract with FSG to provide additional TA around Collective Impact to collaborative leaders. This involved monthly calls with Community Coordinators, as well as a cross-initiative, cross-sector, state-wide Collective Impact Workshop in September 2018. Community leaders across the state came in cross-sector groups to further immerse into the components of Collective Impact, as trained by FSG, and assess and develop community plans for the future. As a next step, communities that have well-developed collaboratives are planning their next phase of training in the Spring of 2019, while other communities are keeping their efforts focused locally, with direct technical assistance provided by Nebraska Children staff, Consultants, and Evaluators.

## 8

Complete

**Provide evaluation data on the outcomes of programs and activities funded under this program.**

Percentage of total funding (or total funding amounts for each level) that supports evidence-based (EBP) and evidence-informed programs (EIP) and practices.

### Well-Supported

\$ 40,000.00

program name	supporting reference	total cbcap funding, \$	total infrastructure costs, \$	total match funding, \$
HFA		\$ 0	\$ 5,000.00	\$ 35,000.00
		\$ 0	\$ 5,000.00	\$ 35,000.00

### Supported

\$ 270,000.00

program name	supporting reference	total cbcap funding, \$	total infrastructure costs, \$	total match funding, \$
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PCIT	\$ 75,000.00	\$ 35,000.00	\$ 100,000.00
FAST	\$ 30,000.00	\$ 10,000.00	\$ 20,000.00

\$ 105,000.00      \$ 45,000.00      \$ 120,000.00

**Promising Programs and Practices** \$ 140,100.00

program name	supporting reference	total cbcap funding, \$	total infrastructure costs, \$	total match funding, \$
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Circle of Security Parenting		\$ 25,000.00	\$ 15,100.00	\$ 100,000.00
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\$ 25,000.00      \$ 15,100.00      \$ 100,000.00

**Emerging and Evidence Informed Programs and Practices** \$ 1,246,013.00

program name	supporting reference	total cbcap funding, \$	total infrastructure costs, \$	total match funding, \$
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Beyond the Bell/Community Learning Centers		\$ 10,000.00	\$ 19,013.00	\$ 500,000.00
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Community Response		\$ 70,000.00	\$ 62,000.00	\$ 500,000.00
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Parents Interacting With Infants		\$ 10,000.00	\$ 25,000.00	\$ 50,000.00
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\$ 90,000.00      \$ 106,013.00      \$ 1,050,000.00

**Program Lacking Support/Positive Evidence/Harmful/Undetermined** \$ 0



program name	supporting reference	total cbcap funding, \$	total infrastructure costs, \$	total match funding, \$
		\$ 0	\$ 0	\$ 0
<b>Final Total of CBCAP funds, infrastructure costs and match</b>				\$ 1,696,113.00

### *Evaluation Approach*

This report focuses on both the work with communities to build locally-based prevention systems—sometimes referred to as Community Well-Being sites— and the strategies associated with these systems. Multiple partners working in coordination through community collaborations are implementing the strategies. Evaluation of locally-based prevention systems looks at the collaborative functions of these systems. It incorporates both implementation data and outcome data to answer questions such as “What is the degree to which collaboratives have embraced a collective impact approach?” and “To what extent does a collective impact approach influence outcomes?”

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

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

### *Overall Summary of Children and Families Served*

During the 2017-2018 evaluation year, Nebraska Children provided funding and other support to eleven communities to promote children’s safety and well-being through a range of prevention strategies. Communities served large numbers of families and their children across multiple strategies. Overall, more than 1,500 families and more than 10,000 children were served directly in the past 12 months. More than three quarters of these families were at risk due to poverty and approximately 40 percent identified as Hispanic, Black, or Native American. Communities had even a broader reach by



implementing community-wide strategies (e.g., community resource fairs). When families engage in these events, they are considered “served indirectly.” These broad-based strategies reached over 3,200 families and 3,800 children.

<b>Overall Summary of Children and Families Served</b>	
Number of Families Served Directly	1509
Number of Children Served Directly	10,915
Number of Parents with Disabilities Served Directly	114
Number of Children with Disabilities Served Directly	1514
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	20
Number of Families Served Indirectly	3219
Number of Children Served Indirectly	3848

<sup>1</sup> Number of children directly served, who were later part of a

substantiated case of child abuse or neglect. Based on provider and/or family self-report; at times reports are made by providers in partnership with parents when all prevention efforts fail to meet the full need





Gender n=872		At Risk Due to Poverty n=727			
Male	Female	Yes	No		
13.5%	86.5%	79.1%	20.9%		
Race/Ethnicity n=885					
White	Hispanic	Black	Multi-Racial	Native American	Other
57.3%	26.2%	7.7%	1.4%	4.2%	2.9%

### *Prevention Systems are Locally-Based*

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

- Reducing Child Abuse and Neglect and Keeping Children Out of the Child Welfare System. All communities have goals to increase Protective Factors and improve family resources to prevent child abuse and neglect.
- Local Strengths and Documented Gaps in Services. All communities have completed assessments and developed prevention plans.
- Implementation of Evidence-Based Practices with Measures. All communities have begun implementing their prevention plans and are working with local and state evaluators to



measure outcomes.

- Implementation of Collective Impact. All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

### *Protective Factors*

Enhancing child and family Protective Factors are key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience. Protective Factors

are assets in individuals, families, and communities. The following is a description of the Protective Factors as recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

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

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

*Parental Resilience* is the ability to manage stress and function well even when faced with challenges, adversity, and trauma. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child: *typical events and life changes* (e.g., moving to a new city or not being able to soothe a crying baby); *unexpected events* (e.g., losing a job or discovering your child has a medical problem); *individual factors* (e.g., substance abuse or traumatic experiences); *social factors* (e.g., relationship problems or feelings of loneliness and isolation); *community, societal or environmental conditions* (e.g., persistent poverty, racism, or a natural disaster). Studies have shown that parents can be helped to manage stress and reactions to their own histories of poor attachments and trauma and to protect and nurture their children.



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

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

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

### *Collective Impact*

In order to evaluate the collective impact efforts of the Collaboratives, focus groups were conducted at six longer-standing Community Well-Being (CWB) sites during Spring/Summer 2018. The sites where focus groups were conducted were Dakota County Connections, Families 1st Partnership – North Platte, Fremont Family Coalition, Norfolk Family Coalition, Panhandle Partnership, and Zero2Eight Child Well-Being Initiative – Platte and Colfax Counties. These focus groups were conducted in person. A standard set of questions related to the process and impact of collective impact was used. CWB coordinators determined the composition of the focus groups. Focus groups were recorded, and UNMC's Munroe Meyer Institute staff analyzed these recordings and the notes from facilitators. Analysis focused on identifying the most prevalent strengths and challenges associated with collective impact work to date. The results are summarized as follows.

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

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



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

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

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

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

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

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

They report it is difficult to get varying organizations on board with one form, one data entry system, or one method of data collection. Standardized forms “don’t make sense” for some organizations but culling information from non-standardized forms to report to the funders is a burden on the



Collaborative's staff members. Identifying ways of gathering data, figuring out who is responsible for what data and the burden data collection places on organizations all remain barriers. Some report families resist filling out the information.

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

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

*Maintaining interest and engagement in the Collaborative is a related concern.* Collaboratives reported that members dropped out over time, both as they "got stuff done" and when "stuff didn't get off the ground." As the Collaborative grows, so does the workload, which can result in members feel like all they do is attend meetings. The time and energy commitment needed for individuals/organizations to participate in the Collaborative is a barrier, as members' schedules are already full. However, if organizations miss meetings, the Collaborative has difficulty disseminating information to them and this can cause problems keeping everyone on the same page regarding processes and expectations. Some Collaboratives reported that it is frustrating when members take on a task/roll within the Collaborative and then leave, wasting the effort and funding spent training them.

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

*Collaboratives have funding concerns and request more guidance and training/education.* Collaboratives report it is difficult to get funding for non-tangible items and services. They sometimes feel they have to follow the funder's agenda rather than their own in order to receive funding. Sustainability is a concern, and some are unsure of Nebraska Children's commitment and worry about how long this opportunity will last. A subset of Collaboratives expressed frustration with a lack of rules from Nebraska Children. They felt that because each community had the flexibility to do what worked for



them, they did not get any “set guidelines.” Some Collaboratives requested mini workshops to understand expectations better. They also would like to work with other communities to learn from the more established Collaboratives.

#### *A Success Story...*

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

#### *Evidence-Based Practices*

How do you know if a strategy is working? The answer to this question can be found by reviewing both the quantitative and qualitative data that are summarized in this report. Typically, in this report the quantitative data will include scores between two groups (e.g., students who are English Language Learners compared to students whose native language is English) or scores of a group over time (e.g., students’ fall language compared to their spring language). Statistical analyses will provide information to determine if there were significant changes in the outcomes ( $p$  value) and if those significant values were meaningful ( $d$  value or effect size). The effect size is the most helpful in determining “how well did the intervention work” (Coe, 2002). Qualitative data will provide more detailed insight to how the program is working and outcomes from key informants’ perspectives. This report will provide a description of each of the funded strategies. The evaluation findings for each strategy will provide data on the progress of implementation and outcomes across communities.

The core strategies being implemented through the Community Well Being prevention continuums are:

- Community Response





- Circle of Security Parenting
- Community Cafés
- Community Learning Centers/Beyond the Bell
- Families and Schools Together FAST
- Parent Child Interaction Therapy (PCIT)
- Parents Interacting with Infants (PIWI)

Each community also can select and implement supporting prevention strategies focused on strengthening families based on their individual community assessments of need. The full array of these supportive strategies is listed in the attached Community Well-Being Annual Report.

#### *Evaluation Findings: Core Strategies*

### **Community Response**

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

There are eleven communities implementing Community Response including:

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

**Strategy: Community Response**





Number of Families Served Directly	709	Number of Families Served Indirectly	130
Number of Children Served Directly	1621	Number of Children Served Indirectly	166
Number of Parents with Disabilities Served Directly	110	Number of Staff Participating	58.5
Number of Children with Disabilities Served Directly	148	Number of Organizations Participating	74
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	19		

Gender n=761		At Risk Due to Poverty n=773			
Male	Female	Yes	No		
13.9%	86.1%	64.8%	35.2%		
Race/Ethnicity n=866					
White	Hispanic	Black	Multi-Racial	Native American	Other

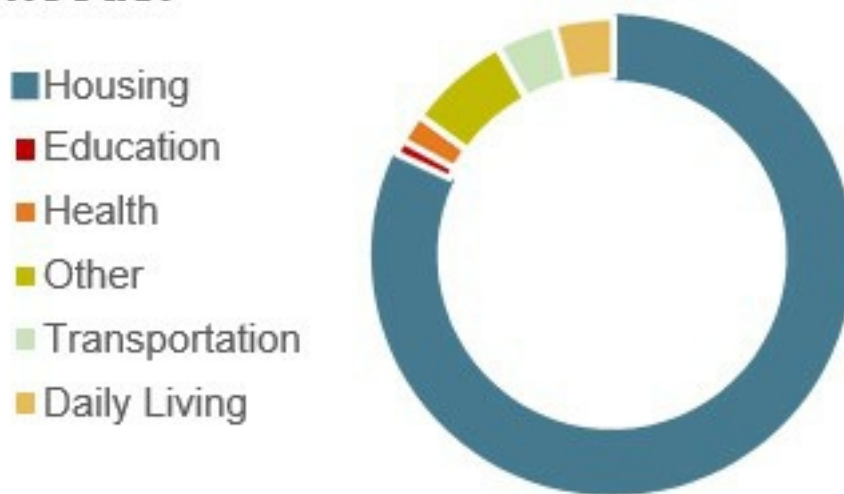


60.2%	24.4%	9%	1.5%	3.9%	1%
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*What Flex Funds were distributed?*

Flex funds were available to each community to distribute to families based on their needs. This year there were 171 requests. Twenty-eight percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority (82%) of the funds were allocated for housing related needs (e.g., rent, utilities). The remaining funds were spent on resources for families related to Education (1%), Health (2%), Transportation (4%) and Other (7%).

## Majority of Flex Funds were used to support families' housing needs.



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

Several strategies were used to evaluate the efficacy of Community Response. At completion of services, families are asked to complete the FRIENDS Protective Factor Survey. A total of 191 parents completed the survey. A pair-samples t-test analysis was completed to compare pre- post Protective

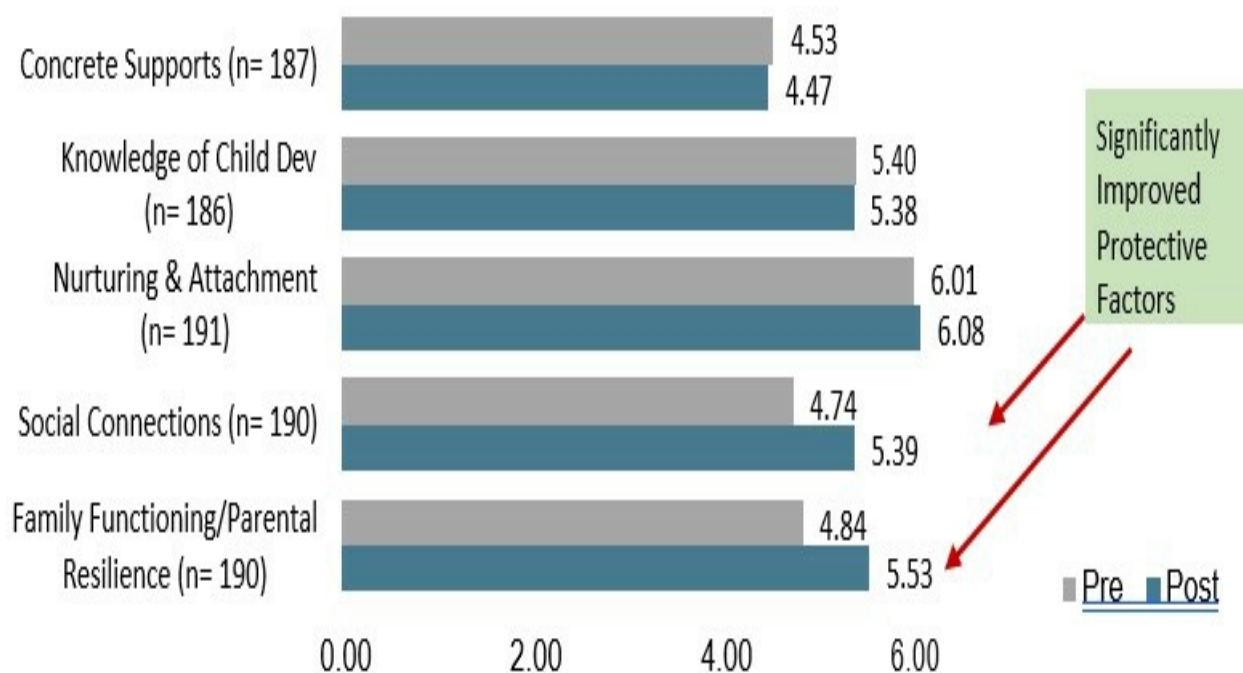


Factors Surveys (PFS) scores. The PFS was completed when families were discharged from services. The results found that families made significant improvements on Protective Factors in the areas of Social Connections ( $p<.001$ ;  $d=0.539$ ) and Family Functioning/Parent Resilience ( $p<.001$ ;  $d=0.500$ ). These results suggest parents participating in Community Response improved their Protective Factors at the completion of services.

*Did Community Response help to support families reaching their goals?*

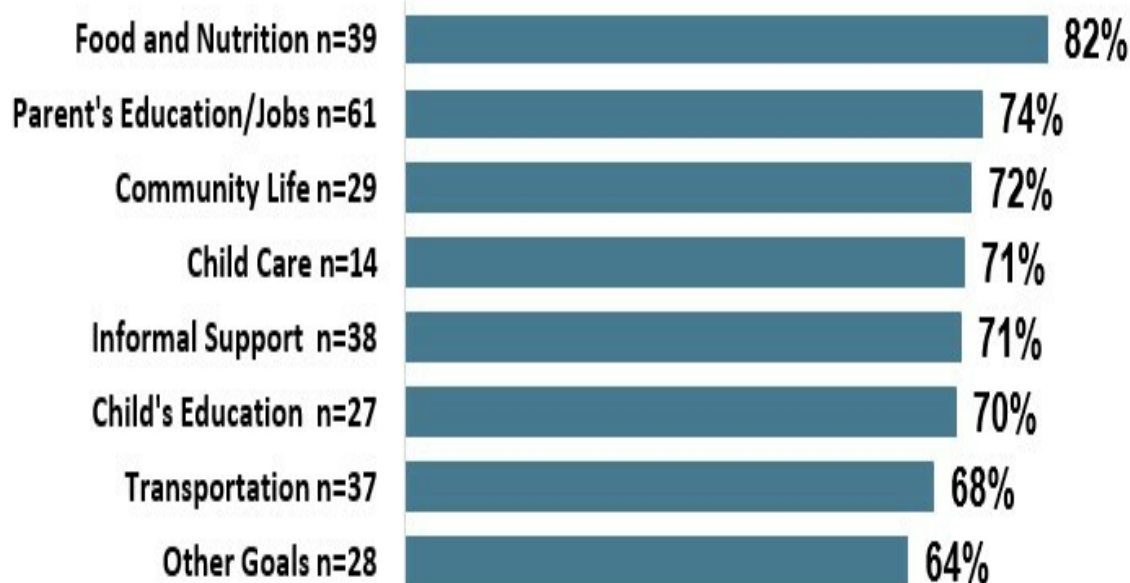
Eight communities reported case closure data. One hundred-forty-seven (147) parents were discharged from Community Response and had completed data. The results of the case closure data found that these families had 513 identified goals. The areas that had the highest number of goals identified were housing (68) and financial (66). Parents were able to complete two-thirds of their goals (67%). The goal areas that had the highest completion rate were food and nutrition (82%) and parent's education/jobs (74%). The goal area that had the lowest completion rate was health (58%).

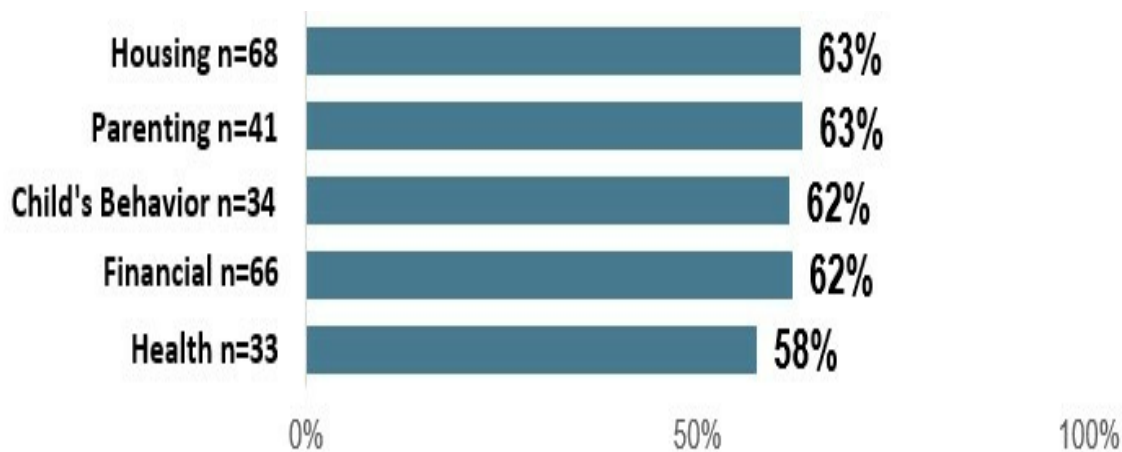
▲ **Parents participating in Community Response demonstrated significant improvement in Parental Resilience and Social Connections.**



**Parents' greatest needs were in accessing Housing and Financial.**

*Success in meeting the goals was varied ranging from 58% to 82%.*





*Did families' informal supports improve?*

In addition to completing the FRIENDS Protective Factor Survey (PFS), families were asked at intake and discharge to identify the number of informal supports that were available. Results were based on the 82 families that had data in this area. At case closure, 44% of the parents indicated they had three or more informal supports. These results suggest that the majority of the families have few (<3) informal supports

*Were parents satisfied with Community Response services?*

Overall, the parents (99%) that were served by Community Response felt respected and valued by staff. Most (71%) also reported that their relationship with their child had improved. The majority (83%) reported having learned at least one technique to help their child learn.

*A Success Story...*

*A young mom with a five-month-old baby joined Community Response (CR) after being in an abusive relationship. She had reached out for assistance to get out of the relationship with her baby's father. She was working part time, barely getting 20 hours a week at her job, and had a hard time making ends meet. She did not have much of a support system beyond her mom, who was diagnosed with cancer during her time in CR. With the guidance of her in-home worker, mom learned the importance of reading every night utilizing the books that are provided in the backpack program through Sixpence. With the help of her therapist, she learned how to appropriately express her feelings, and how to work through her relationship with her daughter's dad. She was able to develop a budget, start a savings account for her daughter, attain section 8 housing, and gain full time employment. She stated that she very much appreciates the help she received and the fact that she was connected to many different service providers. This young mom now knows who to reach out to and where to find resources if needed in the future.*



### Circle of Security Parenting (COS-P)

Circle of Security was implemented over the past 12 months in communities including the Panhandle Partnership, Hall County, and Families 1st Partnership (Lincoln County).

<b>Strategy: Circle of Security</b>			
Number of Families Served Directly	85	Number of Families Served Indirectly	0
Number of Children Served Directly	0	Number of Children Served Indirectly	196
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	14
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	14
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>	0		

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

Gender n=76		At Risk Due to Poverty n=76		Parent n=76	



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

*Were parents' parenting strategies improved?*

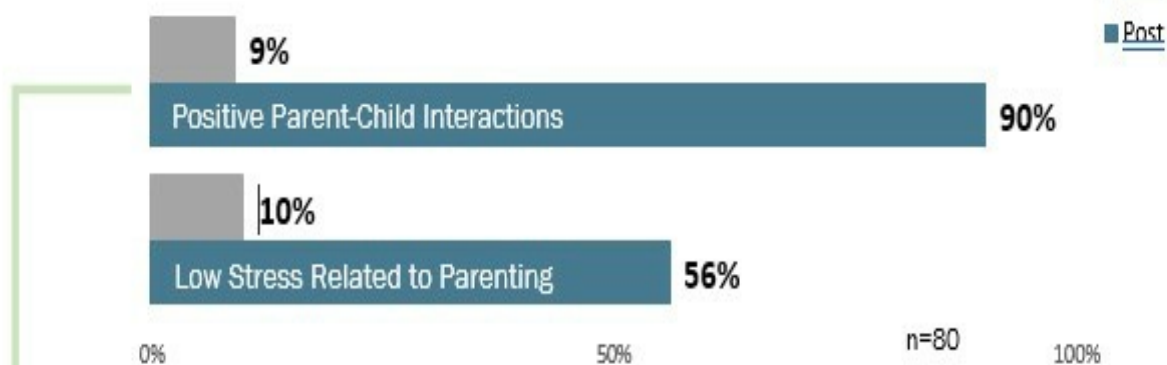
Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5 point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered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

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

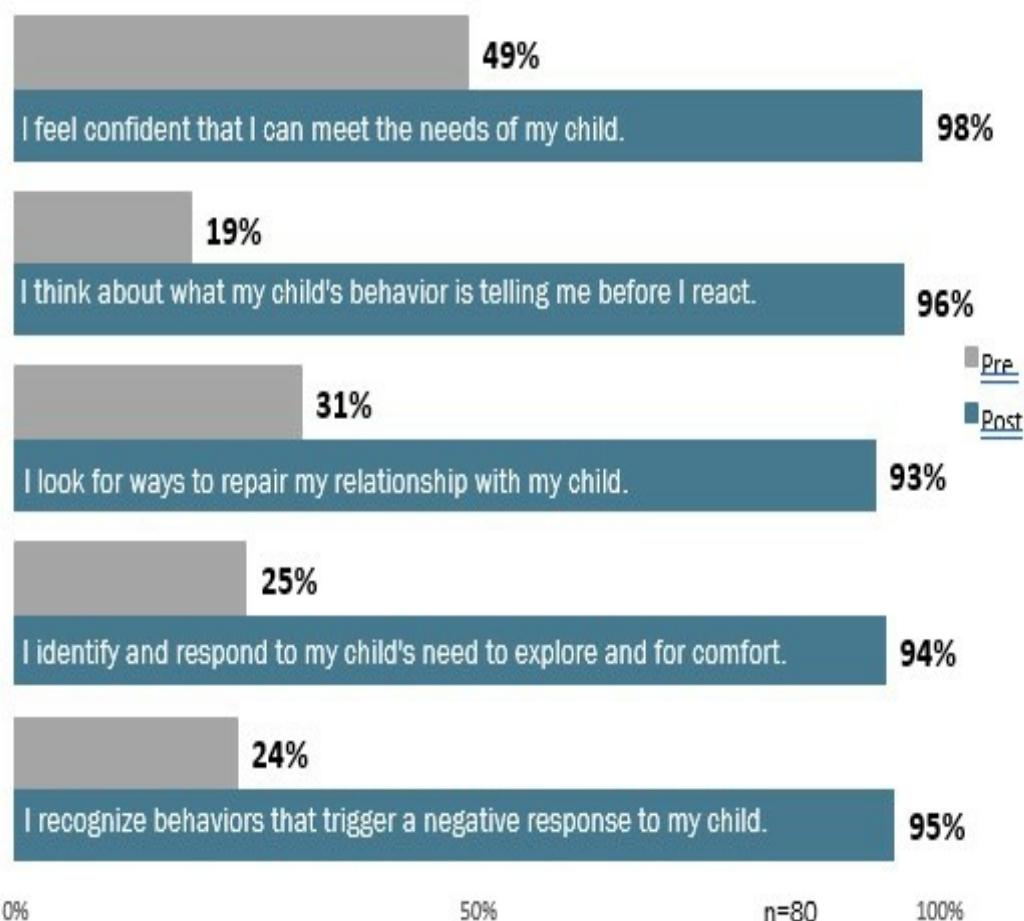
*Parenting stress was lowered by the end of the COS-P session.*







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



## Community Cafés



In 2017-2018 six Community Café teams were active in Lincoln and Norfolk. 350 participants comprising 231 parents and their children, and 104 community members attended a total of 23 Cafés. Results were gleaned from written surveys from participants, project reports from lead agencies and phone interviews with members of each of the teams.

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

<b>Community Café Participant Survey (n=153*)</b>	<b>% Indicated Agree/Strongly Agree</b>
1. I felt welcome in the Cafés.	99% (out of 153 responses)
2. Participation in the Cafés was helpful to me.	98% (out of 153 responses)
3. These Cafés will lead to improvements in my family and in my community.	92% (out of 153 responses)
4. I am more confident as a parent, caregiver, youth or community member than before these Cafés.	71% (out of 153 responses)
5. I have met other parents/youth and/or community members who are positive supports.	



	88% (out of 150 responses)
6. I have increased my involvement in my community.	84% (out of 142 responses)
7. I am more comfortable asking for help.	77% (out of 151 responses)
8. I have more information or resources to help meet my family or other family's needs.	77% (out of 151 responses)
9. I have increased my capacity to be a leader.	78% (out of 149 responses)
10. The work that we did in the Cafés will make a difference in our community.	89% (out of 151 responses)

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

### *Significant Community Changes*

In addition to participant outcomes and new leadership skills reported by parent hosts, each Café site reported on *multiple* community changes. Changes most frequently mentioned by host teams and participants included the following: increased social capital—participants reported knowing and being



friendly to more people in their community; and increased bridging of social capital— families developed relationships with and influenced local organizations and services.

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

### **Community Learning Centers/Beyond the Bell**

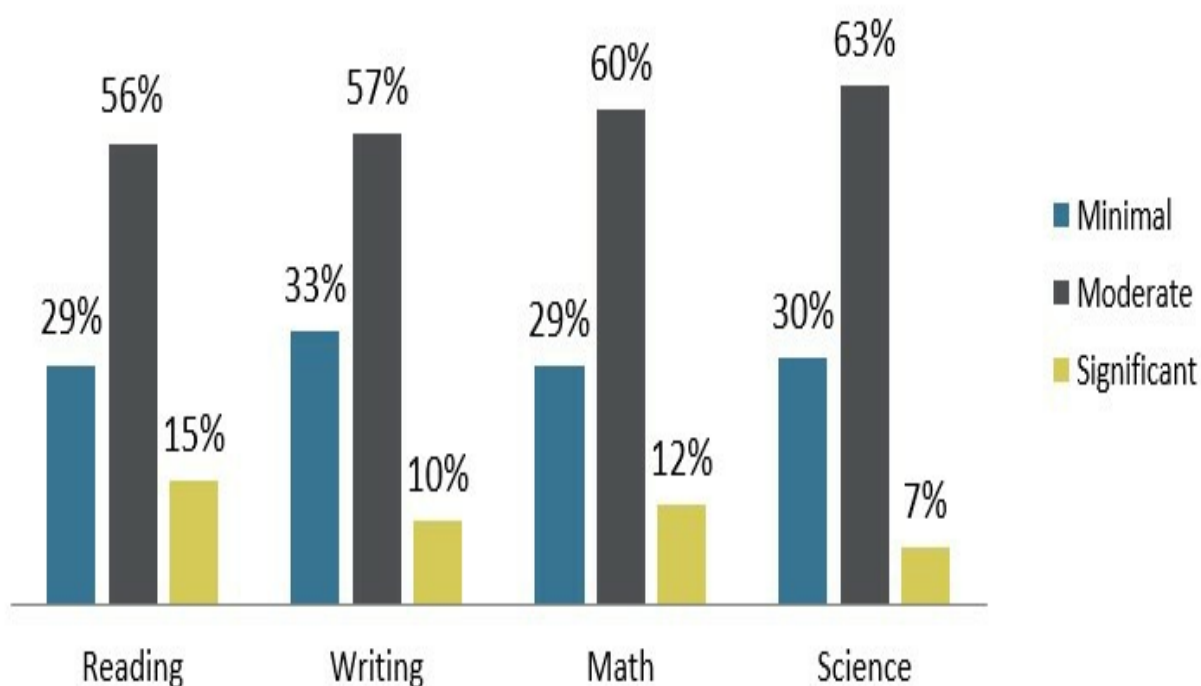
CLC was implemented in Lincoln Schools through community partnering organizations. The network in Lincoln helped connect schools to communities who, in turn, provided enriching out- of-school time activities for children and families. The CLC supports increased school attendance, positive behavior and academic performance, increased access to learning opportunities and behavioral supports, stronger community prevention infrastructures, and parent engagement.

<b>Strategy: Community Learning Centers</b>			
Number of Families Served Directly		Number of Families Served Indirectly	40
Number of Children Served Directly	8029	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities	1365	Number of Organizations participating	
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			



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

**Lincoln CLC students demonstrated moderate to significant improvement.**



*Beyond the Bell* is located in five South Sioux City elementary schools including Dakota City. This is the second year of implementation.



<b>Strategy: Beyond the Bell</b>			
Number of Families Served Directly		Number of Families Served Indirectly	
Number of Children Served Directly	226	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff Participating	17
Number of Children directly served with Disabilities		Number of Organizations Participating	4
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served <sup>1</sup>			

Students enrolled in Beyond the Bell had high attendance. All of their regular attendees (which means they attended 30 or more days) attended over 90% of the school year (with the exception of one school, who were still at 80%). These results show that once students are enrolled, they maintain attendance in the program.

### **Families and Schools Together (KIDS FAST)**

FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school. Hall County Community Collaborative and Panhandle Partnership both implemented FAST.



**Strategy: FAST**

Number of Families Served Directly	40	Number of Families Served Indirectly	62
Number of Children Served Directly	41	Number of Children Served Indirectly	119
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	25
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	17
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served1	1		

Parents completed the FAST evaluation assessment at the end of each semester with results tabulated by the national FAST program, which were available 3-6 months after the end of the semester. These results will be submitted to NC in a separate report.

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

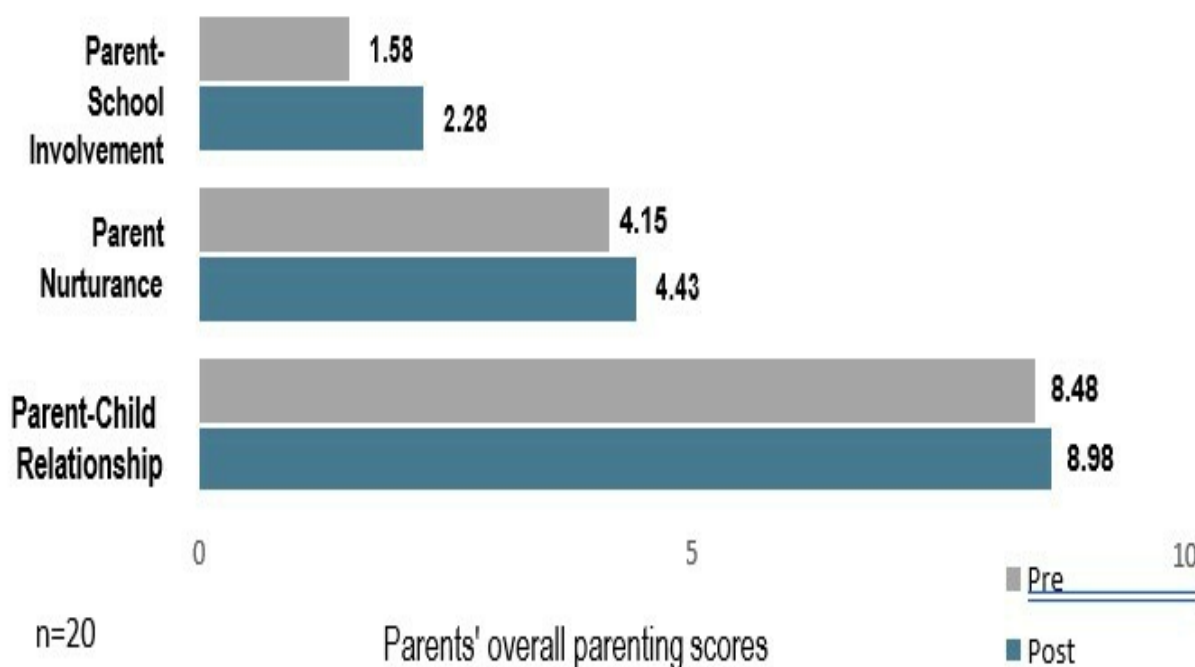
The national evaluation for FAST examines a number of different outcomes including parents' improvement in relationships among family, child, and school. Highlighted results from the Panhandle Partnership and Hall Parent survey results indicated that high percentages note improvement in parent-child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





## Parents made significant and meaningful changes across all areas of parenting skills.

*Parent-Child Relationship was an area of strength.*



FAST had 19 parents participate in the program this year. According to the team response in one community, this was the most successful cycle of FAST in the last five years. The graduation rate was high and parent satisfaction was high. Several parents from this cycle offer to volunteer for spring 2018, even though they will not have any children entering into kindergarten. Community involvement is also increasing in the program.

### *A Success Story...*

*A grandma had just taken custody of her four grandchildren, ages 2, 4, 6, and 8. The grandma plead for help as she was signed up for FAST. Grandma found refuge in the parent time and cherished being able to voice her concerns. By the end of the 8 weeks, she had learned some techniques to use with the older children and got them into counseling. Her words were, "FAST saved me!"*

### **Parent-Child Interaction Therapy (PCIT)**



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

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

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

Gender n=15	At Risk Due to Poverty n=11	
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Male	Female	Yes	No		
0%	100%	46.7%	53.3%		
Race/Ethnicity n=11					
White	Hispanic	Black	Multi-Racial	Native American	Other
9346..3%	6.7%				

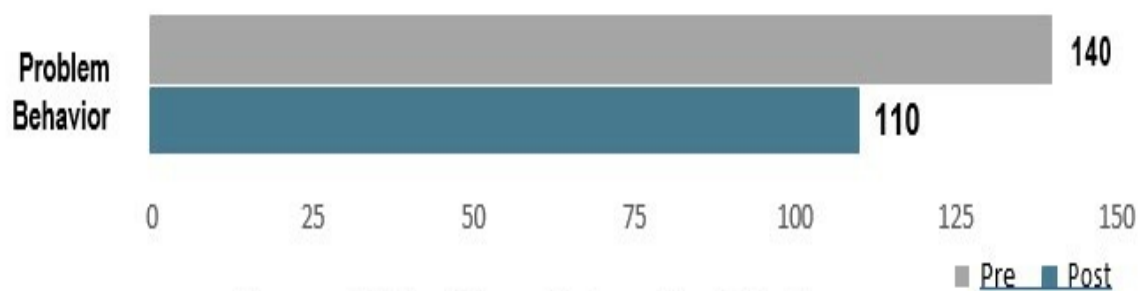
### *Did children's behavior improve?*

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

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

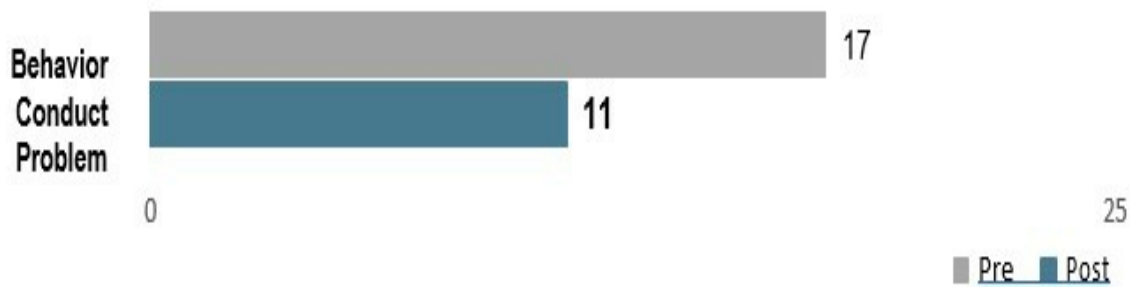


### The intensity of the children's behavior was significantly reduced.



A score of 131 or higher reflects problem behavior

### Children significantly reduced problem scores related to child conduct.



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

*Did the parents improve their parent-child interactions?*

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

	Number of Parents	Behavior Descriptions	Reflections	Labeled Praises	Teaching/Talk	Commands & Negative Talk
	Statistical Analyses Results					



<b>Pre-Mean</b>	59	2.20	4.56	2.20	11.15 (N=48)	13.27
<b>Post-Mean</b>	59	7.15	7.47	5.51	7.08 (N=48)	3.76
<b>Significance Values</b>		$p<.001$ $t=-5.862$ $d=-.763$	$p<.001$ $t=-3.846$ $d=-.501$	$p<.001$ $t=-4.812$ $d=-.626$	$p=.002$ $t=3.309$ $d=.478$	$p<.001$ $t=7.598$ $d=.989$

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

#### *Are parents satisfied with the services provided?*

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

#### **Parents Interacting with Infants (PIWI)**

Four communities including the Fremont Family Coalition, Dakota County Connections, Norfolk Family Coalition, and Zero2Eight implemented PIWI. Each of these communities was contracted to complete one or more PIWI series to fidelity.

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



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

Gender n=89		At Risk Due to Poverty n= 89		
Male	Female	Yes	No	
	100%	70.8%	29.2%	



Race/Ethnicity n=89					
White	Hispanic	Black	Multi-Racial	Native American	Other
42.7%	49.4%			7.9%	

*Did parents' interactions with the children improve?*

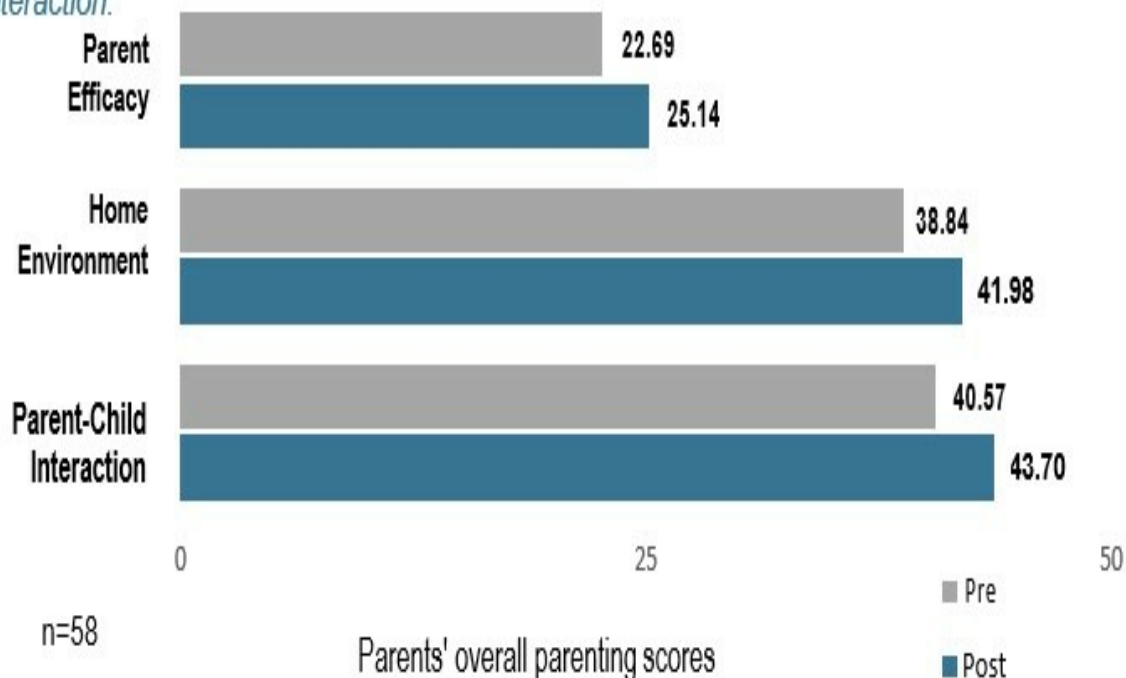
The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The HFPI subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that there were significant increases with large meaningful change across all areas: Parent Efficacy [ $t(67)=-6.617$ ,  $p<.001$ ,  $d=-0.647$ ]; Home Environment = [ $t(65)=-6.011$ ,  $p<.001$ ,  $d=-0.505$ ]; and Parent-Child Interaction [ $t(65)=-7.116$ ,  $p<.001$ ,  $d=-0.628$ ]. The parents' strengths were in the area of parents supporting their Home Environment and Parent-Child Interaction.





## Parents made significant and meaningful changes across all areas of parenting skills.

*Families' strengths were in supporting the areas of Home Environment and Parent-Child Interaction.*



### *How satisfied were the families?*

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

As mentioned previously, this summarizes the core strategies implemented across Community Well-Being sites. A full report of all strategies offered in the statewide prevention continuum is attached to this document.

Complete



## 9

### **Child Abuse Prevention Month and public awareness activities.**

Number of Individuals

1633000

who received public

awareness or public education activities should be counted separately:

*Indicator 3.2* Increase the number and quality of activities focused on public understanding and engagement for the prevention of child abuse and neglect.

*Process Measure 3.21* Number of prevention councils and other partners using state toolkit and website for public awareness.

**Results:** Seventeen local child abuse prevention councils and four other partners used the Bring Up Nebraska/Pinwheels for Prevention tools and website. These resources supported activities to inform and engage parents and other community members to strengthen families. Materials displayed or distributed included over 28,000 pinwheels and over 12,000 other items (signs, banners, tote bags, t-shirts, pinwheel lapel pins, first aid kits, pens, plates. Nebraska Children worked with Learfield to update prevention messaging. This messaging was included in 374 radio spots that included recorded and live spots on NPR, NET, and KIOS, as well as spots on two Spanish stations. Learfield provided 32 bonus spots worth \$7,200. These spots reached 274,700 people 5.9 times (1,633,000 gross impressions). The campaign website included several resources for prevention councils/coalitions including a new press release, social posts, and share graphics along with information on the Protective Factors, Nebraska Pinwheels for Prevention logos, etc.

## 10

Complete

### **Important contextual factors (challenges or barriers) that impacted the ability of the CBCAP Lead Agency to implement their proposed plans in the last reporting period.**

This reporting period, Nebraska Children recognized new partnerships and prioritized supporting barriers in Community Well-Being communities' prevention practices that improve community Protective Factors and strengthen all families in Nebraska. The need to focus on system change versus



only individual strategies to increase access to support and services was heightened by looking at the data, stress, and political environment.

Moving from a system of individual silo programs to a prevention system can be a daunting task, often without a clear roadmap. The key is understanding the culture, context, and practices of each community, to facilitate community ownership over the system of prevention. Informed by Chapin Hall research<sup>1</sup>, as well as Community Well-Being input<sup>2</sup>, Nebraska acknowledges the following challenges when moving toward a system focus of prevention:

*Challenges and Solutions in Prevention Planning and Community Ownership for Community Well-Being*

Challenges	Solutions
The tendency and preference to support a broad array of interventions (not integrated or streamlined), each addressing a unique causal contributor instead of root causes to maltreatment.	NC supports and provides TA and funding for Community Response
Funding tends to follow an event or occurrence, which puts the family in a “need” or “high risk” situation. Funding should be directed to prevent such events before they occur. Additionally, eligibility should not be limited to “high risk” situations.	Bring Up NE is focused on addressing Primary Prevention gaps and services needed (limited resources for early childhood, home visitation, asset development, financial well-being, informal supports, etc.)
The absence of focusing on a common assessment and implementation strategies for collective impact	Community Collaborative with community assessment and plan
An inability to manage implementation challenges in ways that insure quality, maximize efficiency, and build on community strengths and needs.	Community Collaborative Steering Committee and Roles of Coordinator and work groups



Need flexible funds to afford communities the opportunity to fill gaps and to braid funds as needed.	Private and public funding to fill gaps and needs
Especially in greater Nebraska, consult communities before establishing policies and practices. Policies and practices which are inflexible and not relevant to communities result in higher cost systems of care or services.	NC Policy Staff and Webinars/communication to discuss priorities and policies
Inability to sustain neutral facilitation and coordination within communities	Community Collaborative coordinator
Work through legal barriers to serving families that are subjects of screened out child abuse and neglect intake reports. Reaching these families is an essential component of communities' prevention strategies.	Working with the child abuse and neglect hotline to provide community response information to families and partners. Close partnership with DHHS Economic Assistance and Children and Family Services.
Let local areas define themselves. Do not force partnerships.	Community Collaboratives have self-identified geographic boundaries
State service regions for higher systems of care are not all structured the same, thus limiting systemic linkages and collaboration at that level.	Service Region staff attend/participate in local collaboratives



Need organization such as NCFF to continue to provide technical assistance to communities and to support development of collaborations.	Funding has helped but also staff and consultants-on-the-ground technical assistance and support has been valuable.
The State should think about funding infrastructure costs to support backbone organizations.	Federal and State funding supports a portion of funding the collaborative infrastructure
There is a Summit/conference for every issue and age group—have one summit to work across systems for prevention.	Annual Bring Up NE meetings with partners
Provide networking and peer mentoring opportunities for communities.	Bring Up Nebraska conference calls, meetings, events and conferences and work groups have been established.
Funding for prevention efforts is key. Funding should encourage collaboration in communities rather than competition among silo programming. Having funding flow through the community collaborations promotes collaboration and community buy-in which helps with sustainability. Allow for local decision making as much as possible.	NC supports this funding approach and has influenced private and public and federal sources to fund in this way.



We need to continue to assist stakeholders to understand how strengthening families and focusing on the protective factors can reduce risk of abuse and neglect. This requires a paradigm shift across multiple systems at all levels local, regional, and state. As the information about the prevalence of adverse childhood experiences, toxic stress on developing brains, impact of trauma including practices that are “trauma informed” continue to ripple through communities, we find we need to adjust long-standing beliefs and well-meaning responses that were not always helpful and sometimes added to the negative outcomes for children. This takes time, tenacity, long-term commitment, and repetition.

Nebraska Children will continue to work within communities to facilitate positive change for children and families. As such, we continue to look for information about becoming more effective and efficient in using the strategies to achieve the greatest *collective impact* for each community. We are focused on family engagement and leadership and appreciate information related to effective community work. We are interested in exploration of other models that have proven successful in *engaging and strengthening families*. Nebraska communities are *experiencing increasing cultural and linguistic diversity*. We need to focus on *increasing understanding* of the strengths, needs, best approaches in outreach, and competencies in practice to address race, ethnicity, equality and inclusion.

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[1] Daro, D., Bellamy, J., Dunn, K., & Williams, S. (n.d.). *An Integrated Prevention Approach Final from An Integrated Prevention Approach: Creating a Context for Collaboration and Collective Impact*. Chapin Hall, University of Chicago.

[2] COCWB. (May 2015). *Community Ownership of Child Well-Being Workgroup Report to the Nebraska Children's Commission*

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## 11

Complete

### Supporting Documentation (optional)

- Document 1 TBD

Complete