

Community Well-Being

2020-2021 Evaluation Report | October 2021



Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation



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Introduction

Nebraska Children’s Approach to Community-Based Prevention

Nebraska Children (NC) envisions a Nebraska where all people live in safe, supportive environments providing opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children works in partnership with local communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children works with communities to build locally-based prevention systems. The underlying assumption is by building strong community collaborations, a local prevention system is strengthened, resulting in improved child and family protective factors. This collective approach is known statewide as "Community Well-Being." Community Well-Being partners in each community come together around local priorities, implementing specific targeted strategies to build the protective and promotive factors for all children, youth, and families.



To accomplish this mission, blended funds are made available to promote integrated community prevention systems. Major funding sources include Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPFB), Child Abuse Prevention and Treatment Act, John H. Chafee Funds, and private funding sources. Nebraska Children funds a range of strategies within each local prevention system, including those aimed at strengthening community systems themselves as well as those focused on individual and family level needs, with specific strategies implemented in each community according to community priorities and context. System-level strategies range from Collective Impact training to best practices to build inclusive communities, while individual and family-level programs and practices are adopted across the lifespan

Protective and Promotive Factors

Strengthening children, families, and young adults through strengthening Protective and Promotive Factors is 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 and Promotive Factors is associated with the probability of positive outcomes in individuals, families, and communities. Protective Factors are conditions or attributes of individuals, families, communities, or the larger society that mitigates or eliminates risks. Promotive Factors are conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being. Protective and Promotive Factors are assets in individuals, families, and communities. For young adults, the Protective and Promotive Factors are associated with positive development and help young adults to overcome adversity (Fergus & Zimmerman, 2005). For both families and young adults, these factors increase the probability of positive, adaptive, and healthy outcomes across the developmental continuum. The following is a description of the Protective and Promotive Factors that Nebraska Children uses to guide its prevention work. The Promotive and Protective Factors are 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.



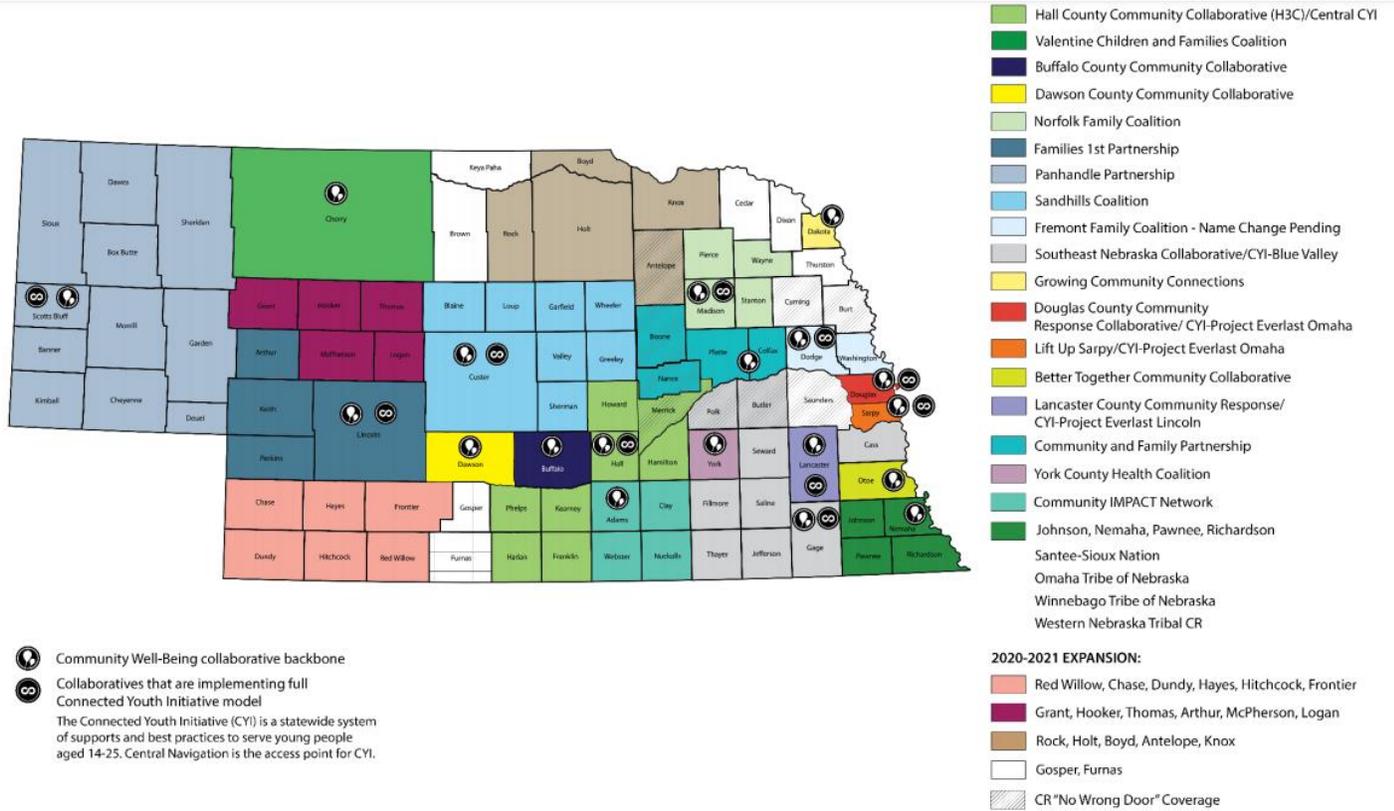
In addition, hope— a feeling of having goal-directed energy, combined with the feeling of being able to do the planning needed to meet these goals— was also identified as an important factor.

Protective Factors Nebraska	
The Strengthening Families™ Protective Factors <i>Parents are the focus</i>	The Youth Thrive™ Protective and Promotive Factors <i>Young adults are the focus</i>
<i>Knowledge of Parenting and Child Development</i>	<i>Knowledge of Adolescent Development</i>
<i>The ability to support nurturing attachments and have realistic expectations in order to effectively promote development in children and young adults</i>	
<i>Social-Emotional Competence in Children</i>	<i>Cognitive and Social-Emotional Competence in Young Adults</i>
<i>The ability to recognize and regulate emotions and behavior and communicate clearly in order to establish and maintain healthy relationships with family, peers, and others</i>	
<i>Parental Resilience</i>	<i>Young Adult Resilience</i>
<i>The ability to recover from difficult life experiences and often to be strengthened and even transformed by those experiences</i>	
<i>Social Connections</i>	
<i>The ability and opportunity to develop positive relationships that lessen stress and isolation and become a supportive network</i>	
<i>Concrete Supports</i>	
<i>The ability to access resources and services that help make children, young adults, and families stronger and more resourceful for themselves and others</i>	

Community Collaboratives

In the last year, Nebraska Children has provided funding and/or technical assistance to more than 22 developed or developing community collaboratives, including three Tribal nations as well as tribal affiliated families throughout Western NE. These community prevention collaboratives promote safety and well-being through various prevention programs and practices (see figure below). While each community is in its own stage of development, all have provided direct and/or indirect support (e.g. training, siblings of children receiving services) that benefit individuals in their community. The full reach of prevention collaboratives statewide is depicted in the map below. Not included in the map are Tribal prevention efforts within the Omaha Tribe of Nebraska, the Santee-Sioux Nation, the Winnebago Tribe of Nebraska, and tribal affiliated people residing in the western Nebraska Panhandle. Additional neighboring counties may have been served through Community Response prevention systems, as these collaboratives operate a “no wrong door” approach to primary prevention. Youth and families are served and community priorities are elevated through

an open way of partnering across community and county barriers. Several community collaboratives are also implementing the full Connected Youth Initiative model, which is described in greater detail in Appendix C.



Of the full list of community collaboratives, 14 fully participated in the statewide evaluation during the 2020-2021 evaluation year, as reflected throughout this report. The table below highlights these collaboratives and the counties they served during the 2020-2021 evaluation year.



COMMUNITY WELL-BEING PREVENTION SYSTEMS PARTICIPATING IN THE 2020-2021 EVALUATION

Name	Counties Served
Community & Family Partnership	Boone, Colfax, Nance, and Platte
Douglas County Community Response Collaborative and Project Everlast Omaha	Douglas
Families 1st Partnership	Lincoln, Keith, Perkins, and Arthur
Fremont Family Coalition	Dodge and Washington
Growing Community Connections	Dakota
Hall County Community Collaborative (including Community Impact)	Adams, Clay, Hall, Howard, Merrick, Nuckolls Hamilton, and Webster
Lancaster County Coalition and Project Everlast Lincoln	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Wayne, Pierce, and Stanton
Panhandle Partnership	Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner
Sandhills Community Collaborative	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler.
Santee-Sioux Nation Collaborative	Santee-Sioux Tribe of Nebraska
Southeast Nebraska	Butler, Cass, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer
York County Health Coalition	York



Evaluation Approach

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

Evaluation of locally-based prevention systems incorporates both implementation and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of service was provided?” “How well are strategies working for individuals?” and “To what extent are strategies adopted, and to what extent are strategies evidence-based?” Outcome data is used to answer questions such as, “To what extent did strategies improve participants’ well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children 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 people and their communities. Data is collected and reviewed as part of their decision-making and continuous improvement process. Additionally, Nebraska Children supports communities in developing their own community-specific learning agendas and builds their evaluation capacity through identifying a community-specific evaluation question to answer during the evaluation year (see appendix D).

Scope of Report

This report covers all the work that the 14 collaboratives participating in the evaluation undertook over the past year to build their community-based prevention systems. It consists of an executive summary and several appendices that highlight different aspects of the community-based prevention work. This executive summary will highlight key findings from each appendix, including Systems-Level Evaluation Findings, Community Response, Core Strategies for Young Adults (Connected Youth Initiative), and Local Evaluation Capacity Building. The purpose of this executive summary is to highlight key findings from the more detailed report and synthesize aspects of Community Well-Being work overall.

Beginning in the 2020-2021 evaluation year, longitudinal data are included to begin examining how Community Well Being work has grown and evolved over the past several years. Nevertheless, it is important to note that the number of collaboratives participating in evaluation and methods for collecting data have differed across time, thus year-to-year comparisons should be made with caution. These caveats are noted in their respective data tables.

Results-Based Accountability Answers Three Basic Questions...

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



Executive Summary

Systems-Level Evaluation Findings

Collaboratives reported on general and implementation updates in their 12-month reports on the work they've engaged in building their community-based prevention systems over the past year, through Collective Impact, Funding, Policy Support, Training Activities, and Community Events. A thematic analysis was conducted on the information contained in these 12-month community reports to arrive at themes related to the systems-level evaluation findings presented below.

Through Collective Impact, many successes and challenges were noted. The COVID-19 pandemic forced many collaboratives to either postpone or cancel many trainings and events, however the pandemic also improved participation and contributed to growth in many collaboratives. In some instances, new community partnerships were formed, in others increased demand led to increased need for new staffing. The influx of relief funds available through CARES Act funding meant that most collaboratives were able to serve many more people than they had before.

Collaboratives were able to obtain over \$7 million dollars in funding during the 2020-2021 evaluation year in addition to the funding provided by NC, representing 24% of their total budgets. This is an increase of over 15% of leveraged funds from the previous year. Successful leveraging of funds improves collaborative sustainability.

Collaboratives were also active in trying to shape policy at the local, state, and federal levels. Many collaboratives improved their internal processes and procedures to increase access to services, while others engaged with other statewide initiatives such as Bring Up Nebraska, Thriving Families Safer Children, and the Coalition for a Strong Nebraska. Some collaboratives engaged their local policymakers (such as mayors and county commissioners), while others engaged their state and federal representatives. This policy work at the, local, state, and federal levels is essential for bringing about infrastructure changes that promote primary prevention.

The trainings that collaboratives supported during the year increased staff and service provider knowledge so that they may more effectively serve individuals and families, and the events that collaboratives executed increased public awareness of collaboratives and their work in building community-based prevention systems. While some trainings and events were cancelled or postponed due to the pandemic, many collaboratives rose to the challenge and developed new and safe ways of engaging the community, including offering trainings virtually and shifting in person events to drive-through and socially distanced events. Despite these challenges, collaboratives were able to hold 337 trainings and 110 community events.

Other systems-level activities included concerted efforts to better engage youth and families in the planning, implementation, and evaluation of the collaboratives' work, Community Cafés, Citizen Review Panels, and the Bring Up Nebraska – Pinwheels for Prevention Campaign.

Collective Impact Successes

- Responding to COVID-19
- Collaborative Growth
- Increased Community Awareness and Reach
- Expanded Partnerships and Services
- Focus on Diversity, Equity, and Inclusion
- Engagement with Other Statewide Initiatives
- Strategic Planning and Structural Improvements

Community Response

The Community Response model is the backbone support element of a community-based prevention system, and encompasses all individual-level strategies implemented across the life span. Community Response coordinates existing resources within a community to help children, young adults, and families address immediate needs as well as increase Promotive and Protective Factors in the long-term.

In the 2020-2021 evaluation year, Community Response served 13,531 participants and 11,720 children. The table below summarizes the various avenues of Community Response through which people were served. “Participants” represent the number of households who access a given program or service. A participant may be a family with multiple adults, a young person with or without children, or another household type. Children who are served via various programming and services are counted separately from other participants. Central Navigation is the component of Community Response through which parents, community members, and young adults are matched to services. Core strategies for parents include Circle of Security Parenting (COSP), Parent-Child Interaction Therapy (PCIT), and Parents Interacting with Infants (PIWI). Core Strategies for young adults include all activities related to the Connected Youth Initiative. Local prevention strategies are those implemented by individual collaboratives that are responsive to community-specific needs. Statewide prevention strategies include Camp Catch Up and Legal Services and Supports provided through the Social Services Block Grant.

Overall Summary of Numbers Served

	Participants	Children
	2020-2021	2020-2021
Community Response (OVERALL)	13,531	11,720
Central Navigation	3,770	6,573
Core Strategies for Parents (COSP, PCIT, PIWI)	322	841
Core Strategies for Young Adults (Connected Youth Initiative)*	2,074	--
Local Prevention Strategies	6,503	2,441
Statewide Prevention Strategies	862	1,865

** Young adults age 14 to 25 accessing Central Navigation are included in the Central Navigation numbers and are thus not included in the Core Strategies for Young Adults line to avoid duplicated counts. See appendix C for numbers of young adults age 14 to 25 accessing Central Navigation.*

The ongoing COVID-19 pandemic brought about unprecedented need for Nebraska’s children and families. Over \$2.5 million dollars in Support Service Funds were distributed through 5,006 requests. The number of requests in 2020-2021 represented a 140% increase in the number of requests compared to 2019-2020. Overwhelmingly, participants sought assistance for housing and utilities, which together represented over 75% of the requests for support service funds. While CARES Act funding was instrumental in meeting this extraordinary demand, unmet needs persist for many.



One key component of Central Navigation is coaching. Coaching is voluntary and tailored to meet individual needs, whether it be help with creating a budget or improving relationships with children. For those participating in coaching, participants reported statistically significant improvements in Promotive and Protective Factors including Concrete Supports, Hope, and Resilience, and reported high levels of satisfaction with Community Response Coaching. However, there were not significant improvements in Social Connections, highlighting the need to enhance supports for social connections in coaching.

Three evidence-based core strategies that are focused on parents were implemented during the 2020-2021 evaluation year: Circle of Security Parenting™ (COSP), Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI), serving 322 parents and their children across the state. These core strategies for parents have demonstrated impact on improving parent-child relationships and interactions, reducing parent stress, and increasing parent efficacy - all of which are essential for preventing entry into higher systems of care for vulnerable children and families. While the COVID-19 pandemic negatively impacted the number of parents who could participate in these strategies, the statistically significant improvements in outcomes for parents who were able to participate over the past year showcase the need to continue to support collaboratives in implementing these core strategies for parents.

Eight collaboratives also implemented 18 local prevention strategies during the 2020-2021 evaluation year, serving over 6,500 participants across the state. These local prevention strategies represent the community-driven aspect of collaborative work and are selected and implemented to meet the needs of individual communities. These local prevention strategies include multiple additional partnerships, and often involve building systems-level infrastructure to support all youth and families within communities. Some local prevention strategies are well-established and long running, such as the Community Learning Centers in Lancaster County, while others are brand new, such as the Food Delivery Pilot Project developed in Douglas County in response to the COVID-19 pandemic.

Two other strategies: Camp Catch Up and Legal Services and Supports offered through the Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) were implemented at the statewide level. Camp Catch Up served 110 children age 5 to 19 who had been separated from siblings by foster care, while 752 participants received legal services and supports through Legal Aid. Both strategies aim to improve promotive and protective factors for participants, particularly social connections for those served by Camp Catch Up, and concrete supports for those served by Legal Aid.

Core Strategies for Young Adults (Connected Youth Initiative)

Nebraska Children and Families Foundation Connected Youth Initiative (CYI) is a statewide Community Well-Being initiative to create and strengthen equitable outcomes for youth and young adults with experience in public systems and without permanent family and/or community support. CYI supports youth and young adults through both systemic and individual strategies including Central Navigation and Support Services Funds, Coaching, Youth Leadership efforts, and Financial Education through Opportunity Passport™ offered through Jim Casey Youth Opportunities Initiative®. Overall, CYI served 3,348 youth and young adults in the 2020-2021 evaluation year. Approximately two-thirds were female, and just over half identified as people of color.

3,348 youth and young adults served

- 62% female
- 52% people of color

Mirroring trends seen for all CYI work, the majority of the 1,274 youth and young adults served through Central Navigation were female (71%) and people of color (54%). Over half a million dollars in Support Service Funds were distributed through 1,225 requests; 70% of requests were allocated to housing and utilities assistance. Additional data points available from CYI work revealed that nearly half (46%) of those

served through Central Navigation were between the ages of 22 to 25, and many self-report having some type of experience with either child welfare, juvenile justice or other experiences such as homelessness or human trafficking. These additional data highlight the absolute necessity to continue to support youth and young adults with systems involvement, particularly as youth transition into early adulthood.

CYI work around coaching, leadership, and financial education have been fundamental in supporting youth and young adults to increase personal agency and establish goals. Half of youth and young adults in CYI participated in goal-oriented and youth-driven coaching during the 2020-2021 evaluation year. The majority of CYI coaching participants were over the age of 19, speaking to these young adults' desire and drive to successfully transition to interdependent adulthood. 211 youth and young adults participated in youth leadership activities and opportunities across the state, and 175 engaged in financial education through the Opportunity Passport™.

Overall, youth and young adults were satisfied with CYI, yet there were some racial/ethnic differences that suggests that CYI has room for improvement when it comes to serving youth and young adults of color in the state. Black and Hispanic/Latino youth and young adults reported lower levels of satisfaction with their involvement in CYI than White and multiracial participants, and a higher proportion of Black and Hispanic/Latino participants reported currently needing help. These racial/ethnic differences highlight the need to continue efforts to engage youth and young adults of color in the planning, implementation, and evaluation of CYI work.

Local Evaluation Capacity Building

Beginning with the 2020-2021 evaluation year, emergent efforts to build evaluation capacity at the local collaborative level were undertaken by NC and external evaluators with UNMC-MMI. The purpose of these efforts is to encourage collaboratives to take ownership and approach evaluation as a partnership between collaborative and evaluator. These efforts allowed collaboratives to identify and define their own evaluation question specific to their collaborative, exploring issues that were not captured in the statewide evaluation. Thirteen of the 14 collaboratives identified at least one local evaluation question and worked with their local evaluation point of contact at UNMC-MMI to develop the data collection method, identify key respondents, and collect data. A variety of data and methods were employed, including qualitative data through focus groups and interviews, and quantitative data through surveys. Seventy-two percent of local evaluation questions were focused on implementation, such as the effectiveness of coaching practices, and 28% were focused on outcomes, such as the satisfaction of participants receiving certain types of services. Notably, 61% of local evaluation questions were focused at the systems-level, such as evaluating the effectiveness of newly implemented workgroups, or assessing the level of collaborative reach across counties. The interest and willingness of collaboratives to explore their own processes and procedures at the systems-level speaks to collaboratives' investment in continuous improvement, which ultimately will improve service delivery and community context and infrastructure that supports all youth and families.

Conclusion

In sum, the work undertaken by collaboratives during the 2020-2021 evaluation year to build community-based prevention systems has resulted in improvement in both individual and systems level outcomes for Nebraska's children and families. While the ongoing COVID-19 pandemic negatively impacted some areas of service delivery, such as coaching, training, and events across the state-- it also brought about rapid change in how collaboratives do business. For some, it gave collaboratives an opportunity to examine and improve their own internal processes and procedures to improve service delivery for clients. For others, it forced the establishment of new partnerships and coordination across agencies to rapidly respond to increased need caused by the pandemic. CARES Act funding resulted in a record amount of funds going out the door and directly impacting the lives of Nebraskans most in need, yet many needs remain. It is imperative to continue



supporting the work of the Community Well Being collaboratives as they support children and families in their communities and respond to needs at the local level.

As Community Response and Connected Youth Initiative continue to grow and evolve, it will be imperative to continue to track key data outlined in this report, as well as broader indicators of well-being, in order to measure the growth and contributions of the Community Well-Being work.

Appendix A: Systems-Level Evaluation Findings

Community Well Being collaboratives are working to build their capacity to meet the needs of the children and families in their communities through a Collective Impact approach, Funding, Policy Support, Training Activities, and Community Events. The following is a summary of the community-based prevention system work that was undertaken over the past year by the fourteen collaboratives participating in the statewide evaluation. Information on the collaboratives' successes and challenges was identified through thematic analysis in each community's 12-month report covering July 2020 through June 2021. Key themes from those narratives are summarized in the following section.

Collective Impact

Collaborative Successes

Responding to COVID-19. Despite the great challenges that the ongoing pandemic has presented, many Collaboratives noted successes in responding to those challenges in ways that required a new emphasis on coordination. Existing relationships and procedures allowed collaboratives to act quickly and efficiently in response to the dramatic increase in the needs of people, as well as the increased resources available through the CARES Act funds.

Collaborative Growth. Many collaboratives experienced growth during the evaluation year. Some added community partners to the collaborative and widened board membership, while others expanded their services and reach to neighboring counties. Collaborative partnerships expanded to include representation from public schools and districts, afterschool programs, early childhood, economic development representatives, and the faith-based community. Collaboratives reported that communication and resource sharing increased. In one instance, a collaborative partnered with another agency to write a CARES Act grant that neither entity had the capacity to write on their own. In another instance, new members joining the collaborative received one-on-one orientation that explained the work of the collaborative. Internal growth was also experienced, with collaboratives hiring and onboarding new staff, including a director of community impact, an early childhood coordinator, and new central navigators. Collaboratives also worked together, providing advice and mentorship to new coordinators and collaboratives. A few collaboratives experienced some structural shifts over the past year. One collaborative completed strategic planning. Another collaborative dissolved its nonprofit status in order to merge with the local United Way. This allowed for an immense amount of collaboration and alignment between the two organizations. One collaborative expanded their board to better reflect their community, in another example of addressing diversity, equity and inclusion.

Increased Community Awareness led to Increased Reach. Many collaboratives noted that they had successfully increased community level awareness of the collaboratives' work and the supports they provide, which helped to strengthen the collaborative. Some collaboratives increased their online and social media presence, while others engaged the community to identify local priorities. This increased community awareness, and additional federal funding via CARES Act allowed collaboratives to serve record numbers of participants through Central Navigation. One unintended consequence of having to move to virtual formats due to COVID-19 meant that more people could participate in collaborative meetings, broadening reach and removing transportation barriers for rural area participants. In addition, trainings that were made available to childcare providers online made it easier for providers to get their needed in-service hours. The pandemic also forced some collaboratives to make website improvements, which resulted in a more user-friendly and



engaging intake process. Improving collaborative websites and employing the MyLink resource app allowed many collaboratives to reach previously unserved populations. Awareness of collaboratives' work was strengthened through increased online traffic during the pandemic

Expanded Partnerships and Services. Adding additional partners allowed collaboratives to expand the services they were able to provide. In one instance, a new partnership with local churches for facility use allowed the collaborative to start a middle-school youth leadership group. Increased need due to the pandemic, and availability of resources through CARES Act funding allowed many collaboratives to start new programs or expand existing ones, including food delivery, mental health resources (e.g. free therapy sessions), and PPE and sanitation kits distributed to childcare providers. One community even distributed payments to all licensed childcare providers as a stipend to encourage them to stay open during COVID-19. A handful of collaboratives reported engaging with other statewide initiatives such as the Communities for Kids Plus (C4K+)/PDG work and Thriving Families Safer Children, which has led to increased coordination of different community-level efforts.

Other partnerships improved access, coordination, and support of services and resources, including mental health outreach, youth activities scholarships, and housing and basic needs resources. One partnership with a local church resulted in implementing a new employment support strategy within the community. Another partnership saw an uptick in the number of shared clients and assistance with the local behavioral health service. One collaborative adopted a multimedia toolkit aimed at facilitating positive youth development. Expanded partnerships also contributed to new services being provided, such as a program connecting older youth with isolated seniors, and the hiring of a new Community School Coordinator and an Early Childhood Coordinator to grow and support initiatives in those communities. Finally, one collaborative was able to save significant dollars by partnering with a local social services agency and the UNL Public Policy Center.

Focus on Diversity, Equity, and Inclusion, and Incorporating Lived Experience. Many collaboratives noted that they were focusing on diversity, equity, and inclusion efforts through many avenues. A few collaboratives hired bilingual Central Navigators to increase access to Spanish-speaking populations in their communities, while others formed or engaged in immigrant task forces. One collaborative held a Hispanic Festival in their community. Collaboratives noted that these steps had broadened their relationship with and expanded access to services for Hispanic and other immigrant communities. Other collaboratives made intentional efforts to engage and develop relationships with people with lived experience in the collaboratives' work.

Community Specific Successes. Collaboratives noted many other community-specific successes, including focus groups and discussions to determine strengths and weaknesses of the current coaching approach, and discovery of a coaching support video education curriculum. One collaborative noted that they are coming together to support each other in their own self-care, incorporating wellness moments into membership meetings.

Collaborative Challenges

Keeping Pace with Increased Needs due to COVID-19. While the pandemic did create some opportunities for Collaboratives (e.g., increased funds from CARES Act), it was not without challenges. Many collaboratives saw overwhelming needs and requests for services that really stretched the existing Central Navigation capacity to meet those needs. Some collaboratives experienced a significant backlog, which resulted in many families having to wait months for assistance. Since the initial onslaught, the number of requests for emergency assistance have slowed, and families who received a significant amount of funding from CARES Act money in the fall are now returning for assistance when the funding is much more limited. One collaborative found it challenging to support early childhood providers when numbers dropped and space was limited due to the pandemic. One collaborative noted there was an ongoing need for funding for single, individual, and elderly households.

Other challenges of COVID-19 were partner engagement and cancelled events and trainings. While many collaboratives noted increased partnerships due to COVID-19, many also noted that partner engagement waned due to the stresses of the pandemic. Although virtual meetings allowed people to continue to meet and continue the work, meetings became more frequent, and many experienced “Zoom fatigue”, or a general lack of enthusiasm for the multitude of virtual meetings. Additionally, some trainings were impossible to conduct effectively over a virtual format.

Staffing and personnel. Many coaches that were hired at the height of the pandemic largely saw their role as getting financial supports to families, resulting in a lost focus and skills specific to the family engagement and coaching aspects of Community Response.

For some, the lack of translation services and Spanish-speaking trainers in rural areas has been a significant issue. Another noted that it has been challenging to grow staff and volunteers to help execute opportunities in the community.

Building Trust and Connections. While many collaboratives noted increased partnerships due to COVID-19, many also noted that partner engagement waned due to the stresses of the pandemic. Although virtual meetings allowed people to continue to meet and continue the work, meetings became more frequent, and many experienced “Zoom fatigue”, or a general lack of enthusiasm for the multitude of virtual meetings. Additionally, some trainings were impossible to conduct effectively over a virtual format.

For others, connecting with families that have never needed to ask for help or may not trust the system has been a challenge. With youth in particular, collaboratives noted that getting youth buy-in and building trust between youth and new leadership was a struggle. Engaging families in service delivery such as coaching with limited in-person interaction was a challenge for most collaboratives, and many noted that increased isolation due to the pandemic created voids between service providers and families.

Collaborative Processes and Infrastructure. Some collaboratives noted community-specific challenges. For example, in one community, transitioning focus from Connected Youth Initiative to the broader Community Well Being umbrella during the pandemic was challenging. Another collaborative identified a misunderstanding of the purpose of the collaborative, and the siloed nature of the work in their community as a challenge to collaboration across agencies and initiatives. For some, there is inconsistency in how services are delivered across agencies, which is another challenge to moving towards a broader community



collaborative model. Some Collaboratives experienced growing pains that were amplified due to the pandemic. Expansion plans were difficult to implement, and progress towards building formal infrastructures was hindered by the need to set up immediate systems for CARES Act grant coordination, implementation, and reporting.

Funding

One of the intermediate CWB outcomes is that the work of community collaboratives results in communities' increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the collaboratives. Overall, collaboratives have been successful in leveraging additional funds. **Additional Funding obtained by partnering agencies and the Collaborative represent 24% of their total budgets.** It should be noted that the figure below captures all funding from Nebraska Children provided to counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Collaborative.

CWB Collaboratives obtained over \$7 million in additional funds this past year.

COLLABORATIVES HAVE BEEN SUCCESSFUL IN LEVERAGING FUNDS FROM MULTIPLE FUNDING SOURCES

	Funding from Nebraska Children	New Grants/Funding Awarded Directly to Collaborative	New Grants/Funding Obtained by Partners as Result of Collective Impact	TOTALS
2020-2021	\$22,841,361	\$4,033,621	\$3,188,031	\$30,063,013
2019-2020	\$11,837,781	\$695,365	\$452,500	\$12,985,646
2018-2019	\$5,319,340	\$329,947	\$2,728,504	\$8,377,791
2017-2018	\$3,785,315	\$649,412	\$637,139	\$5,071,866

Data obtained from NC and CWB Collaboratives. Funding from the 2020-2021 year includes CARES Act funding that was distributed during the evaluation year. Expectations and requirements for reporting funding sources have varied over time, so longitudinal comparisons should be made with caution.

Policy Support

CWB communities were active in trying to shape policy at the local, state, and federal level. This was a key outcome of their Collaboratives' Collective Impact work. Collaboratives reported on the policy-related activities they engaged in during the 12-month reporting period in their community reports. Those activities are summarized below.

Local Policies

Several collaboratives **improved their internal processes and procedures** to improve access to services, including:

- Conducting a community needs assessment for the Santee Sioux Nation.
- Updating coach resources and improving communications and client activity logs for Families 1st Partnership.
- Revising flex fund policies for Lancaster County Coalition.

- Creating collaborative bylaws for Sandhills Community Collaborative.
- Contracting with MyLink app to improve access to services for Lift Up Sarpy.

Other collaboratives participated in **task forces addressing food insecurity, housing, COVID-19, and substance abuse and mental health**, among others.

- Fremont Family Coalition held a Landlord Lunch & Learn to inform area landlords of the eviction moratorium. In addition, FFC formed a housing committee to assess local housing needs and participated in the Blair Housing Project meetings.
- Lift Up Sarpy has been actively engaged in Housing/Homelessness needs by meeting with local mayors and county commissioners to bring awareness. These efforts help create funding through Metro Area Continuum of Care for the Homeless (MACCH) for Sarpy County housing needs.
- Growing Community Connections serves on the Nebraska Children and Families Housing Task Force.
- The York County Health Coalition provided education and guidance to landlords about the Cares Act Eviction Moratorium.
- Families 1st Partnership worked with a local gas station chain to set up an account on their cashier dashboard for those in need of gas vouchers, since handing out paper gas vouchers were not possible due to the pandemic.
- Families 1st Partnership also increased communication and coordination with other local agencies to ensure administration of CARES Act funding was compliant with federal guidelines.
- Fremont Family Coalition leadership participated in weekly COVID-19 Task Force meetings to address the changing needs brought on by COVID-19, including food insecurity, housing and eviction, and PPE for essential workers.
- Lancaster County Coalition identified transportation and lack of a medical home (e.g., primary care physician) as a barrier to accessing COVID-19 testing, which prompted LCC to reach out to DHHS to speak on the issue.

Some collaboratives concentrated their efforts on **community level policy work**:

- Douglas County Community Response engaged with the Housing Advocacy Coalition and the South Omaha Juvenile Justice Forum to explore ways to collaborate.
- Fremont Family Coalition has engaged with several community initiatives, including behavioral health initiatives, the City Planning Commission, local law enforcement, and Care Corps Life House.
- The Santee-Sioux Nation Collaborative developed a suicide prevention policy at the request of tribal leadership, which was adopted by their Tribal Council. Resources were delivered door-to-door to 203 community households.
- Community and Family Partnership engaged with local juvenile services stakeholder meetings.
- Growing Community Connections worked with partners to identify ways to prevent drug abuse and bullying and support the legal needs of at-risk community members.



Lift Up Sarpy participated in weekly meetings with other collaborative teams across Nebraska that included funders, state officials and representatives from local agencies.

Collaboratives also **engaged their local policymakers:**

- Douglas County Community Response sent out congratulatory letters to newly elected Douglas County Commissioners and State Senators with reminders of our resources to families for those continuing to serve in these roles. DCCR also gave a presentation on their work to the Douglas County Commissioner's Services Committee.
- Community and Family Partnership attended local juvenile services stakeholder meetings and discussed community issues with a state legislator.
- York County Health Coalition's Child Care Alliance worked with First Five Nebraska, an early childhood policy entity, to engage local businesses with the goal of educating local business owners on ways to invest in local early childhood programs.
- Community and Family Partnership presented their collective impact work to their state Senator and business leaders at a leadership seminar in Schuyler.



- Growing Community Connections has city officials from both Iowa and Nebraska attend their collaborative meetings. In addition, the GCC director attends city council meetings and updates the city council on GCC's various projects.

State Policies

Several collaboratives continued to **engage in statewide initiatives**, including Bring Up Nebraska, Thriving Families Safer Children, and the Coalition for a Strong Nebraska.

Collaboratives recognized the importance of **staying up to date** on the state legislative process.

- Community and Family Partnership received email updates from NE legislature and DHHS.
- The Fremont Family Coalition Central Navigator kept current on changes in current legislation and participate in statewide meetings.
- Southeast Nebraska Collaborative emailed quarterly reports to county commissioners, mayors, and state senators.
- Panhandle Partnership partnered with the Coalition for a Strong Nebraska to keep current on legislative work.

Several collaboratives **met with the state legislators** to have a voice in state policy.

- Several Collaboratives met with their state senators and invited them to attend collaborative meetings.
- Growing Community Connections served on the Communication and Translation Task Force led by the First Lady of the state of Nebraska.
- Hall County Community Collaborative engaged with their state senator who provided insight and resources on how to educate the community on health department and state recommendations and guidance.
- Youth Voice members of the Fremont Family Coalition participated in Legislative Days, and youth presented current bills in legislature to Governor Ricketts and local senators.
- A state senator visited a local daycare in Hall County Community Collaborative and learned about importance of and need to increase childcare subsidy reimbursement rate
- Southeast Nebraska Collaborative assisted in outreach to state senators on behalf of Coalition for a Strong Nebraska
- Lift Up Sarpy County participated in legislative hearings regarding homeless/housing, food insecurity, and domestic violence.

Federal Policies

Collaboratives recognize the importance of **connecting with the federal legislative process** and engaging federal legislators.

- Douglas County Community Response created a Legislative Group to connect with advocacy and relevant legislative bills at a higher level.
- Hall County Community Collaborative provided an annual evaluation fact sheet to Senators Deb Fischer and Benjamin Sasse and Congressman Adrian Smith.
- Hall County Community Collaborative held a virtual meeting with Congressman Adrian Smith and two staffers highlighting the early childhood work being done through the Birth – 11 committee.

Citizen Review Panels

In addition to policy efforts reported by collaboratives, a community-based Citizen Review Panel was held in Schuyler, Nebraska. The Caregiver Citizen Review Panel (CRP) model is a localized approach to engage broad-based community stakeholders, youth and families. Each community identifies their local priority and develops recommendations to DHHS on best practices, policy changes, and gaps in these priority areas. The



CRP model is a short-term, approximately four-month activity that sets the foundation for long-term community, caregiver, and youth engagement in the collaborative infrastructure and process. The CRP surfaced recommendations around how to approach broader prevention work regarding financial well-being and stable housing as well as additional economic assistance best practices. Additional information on CRP work will be included in future reporting as this work grows and more communities implement the local CRP model.

Training Activities

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. A total of 337 trainings were reported with 6,018 participants representing over 2,214 organizations engaged in training. Examples of the trainings offered were: QPR Suicide Prevention, Youth/Adult Mental Health First Aid, Motivational Interviewing, Bridges Out of Poverty, Racial Justice 101, Early Learning Guidelines, Safe with You, Youth and Families Thrive, Your Money Your Goals, and Trauma 101 and Recovery. A total of 240 trainings (71%) were held virtually or as a virtual/in-person hybrid model due to the COVID-19 pandemic. The increase in trainings compared to previous years could be due to offering trainings virtually.

COLLABORATIVES HOSTED TRAINING EVENTS TO ENHANCE SUPPORTED STRATEGIES

	2020-2021	2019-2020	2018-2019	2017-2018
Number of Trainings Held	337	196	154	135
Number of Organizations	2214	1191	2230	913
Number of Individuals Trained	6018	5151	4494	3281

Note. The numbers above do not represent an unduplicated count. All 14 collaboratives reported trainings in 2020-2021.

Community Events

All fourteen Community Well Being collaboratives sponsored community and family events. The purpose of the events varied, including distribution of masks and other PPE, food deliveries (e.g., food boxes, pantries, backpacks, vouchers), distribution of diapers and school supplies, and other community engagement efforts such as: Bingo for Seniors, Shop with a Cop, volunteer fairs, Community Cafés, Landlord Lunch N Learns, Citizen Review Panels, and collaborative meetings. Events were available to all community members, and served the general public, parents, children, young adults, law enforcement, older adults, and agency and community members (e.g., childcare providers, coaches, landlords, other service providers). These 110 events served approximately 17,100 individuals, although it is important to note that this is an estimate since some events were large and difficult to track definitive number of attendees. Some communities adjusted previous events due to COVID-19 guidelines/safety. For example, Growing Community Connections mailed out HyVee gift cards rather than assembling food baskets and making deliveries to participants' homes.

COLLABORATIVES HOSTED EVENTS THAT EXTENDED OUTREACH EFFORTS TO CONNECT WITH FAMILIES

	2020-2021	2019-2020
Number of Events Held	110	59
Number of Individuals Engaged	17,100	92,000
Number of Communities hosting events	14	9

Note. Numbers reported for the current evaluation year are estimates and not unduplicated counts. Data are not available prior to the 2019-2020 evaluation year.

Community Cafés

Community Cafés are community conversations hosted by parent volunteers who live in the community and in partnership with at least one other community entity or organization. *The Community Café approach strengthens families and communities by sparking relationships and leadership needed to create more inclusive and equitable systems.* Sustaining and rebuilding was a major focus of Community Café teams in the past year due to the pandemic. Parent hosts weathered challenges that included changes in employment, income, housing, care and schooling of children, and other significant areas—while the in-person relationship development at the heart of Community Cafés and was not available. At the same time, it became increasingly evident that maintaining social connections was more important than ever for family and neighborhood safety and support. Many host teams made adaptations to continue connection such as hosting individual, virtual Café sessions (instead of series) and hosting other virtual conversations using the World Café approach. Themes included: planning to make new neighborhood connections and physical improvements; supporting asking for help when needed; and celebrating family and neighborhood resilience.

Another way the host teams kept connected and working toward the future is through engagement in a series of virtual Cafés lead by Nebraska Children (NC).

- NC facilitated several virtual meetings for Host Team Members (parents and staff) from Lincoln, Auburn, and Omaha in September through December 2020 for peer learning and support. Conversation focused on meeting parent needs due to the pandemic, addressing racism in Café conversations, and supporting parent leadership.
- In lieu of an onsite orientation for new hosts or skills development for current hosts, NC worked with a national consultant to co-host a series of four 90-minute learning sessions through Zoom in February through May 2021.
- NC invited parent hosts to participate in a workgroup in May and supported them in planning the agenda. Over one dozen participants identified shared interests and recommendations to support fidelity, sustainability, and local and state growth of Cafés that will continue to be developed at future meetings.

Community Cafe Highlights¹

A Lincoln parent host was recognized as a local hero by a local business in October. She was honored for her leadership in making her diverse neighborhood a stronger, better place through bringing residents together in Cafés and the resulting activities.

In Auburn, Café conversations led to the creation of a spin-off group led by parents that wanted to focus on parenting LGBT children in a small town. The group is called CORN (coming out in rural Nebraska).

In May and June, several parent leaders identified shared interests and recommendations to support fidelity, sustainability, and growth of Community Cafés at the local and state level. A workgroup of 8 experienced parent hosts came together to inform and lead in activities beyond their own Café teams for the coming year.

In June, three parent hosts facilitated two sessions to provide an overview of Community Cafés to 20 staff in multiple program areas at Nebraska Children.

¹ Douglas County also implemented Community Cafés involving eight parent hosts and a total of 14 participants.



Parent hosts from several Lincoln teams completed planning for two events scheduled for July: a condensed orientation for new team members, and a Café for multiple teams in a Lincoln quadrant with interpretation for five languages (Spanish, Karen, Arabic, Vietnamese, and English).

Bring Up Nebraska – Pinwheels For Prevention Campaign Summary

April 1 – June 30, 2021

Eighteen community collaboratives and other partners participated in the Bring Up Nebraska-Pinwheels for Prevention Campaign. This annual campaign focuses on April Child Abuse Prevention Month and other opportunities to promote strong families.



Website

A new BringUpNebraska.org website launched on March 30, 2021. There were 12,409 visitors to the site during the main campaign timeframe. There were 15,511 page views (up over 6,500 from same period in 2020).

Radio

A total of 302 radio spots ran from April through June and included a Spanish version in eastern Nebraska. The spots reached 447,000 people an average of 4.9 times for 2,211,000 gross impressions.

Paid Social Media

Four ads targeted to Friends/Neighbors, Business Leaders/Employers, Educators, and Parents ran in English and Spanish.

Facebook/Instagram ads: Reach=170,140; Impressions=1,026,318; Link Clicks=5,318

Google display ads: Impressions = 1,855,451; Link Clicks: 15,101

Resources for Collaboratives and Councils

Eighteen Bring Up Nebraska Collaboratives and affiliated prevention councils and partners across the state ordered 21,120 pinwheels and 230 pinwheel lapel pins. Another 5,413 campaign items were ordered from the Prevention Store to help engage and inform the public. The collaboratives also used the updated toolkit to download and use the press release template, social posts, social media playbook, and share graphics/logos/photos.

Events

Events included a Pinwheel Garden planting at Governor's Residence on April 2 with First Lady Susanne Shore, DHHS CEO Dannette Smith, CFS Director Stephanie Beasley and many DHHS and Nebraska Children staff; a Governor's proclamation of Child Abuse Prevention Month; a DHHS did media advisory/release about Prevention Month; a DHHS pinwheel garden in front of the state office building; a Facebook Live conversation with CFS Director Stephanie Beasley and Nebraska Children CEO Mary Jo Pankoke; and many local events sponsored by Bring Up Nebraska Collaboratives.

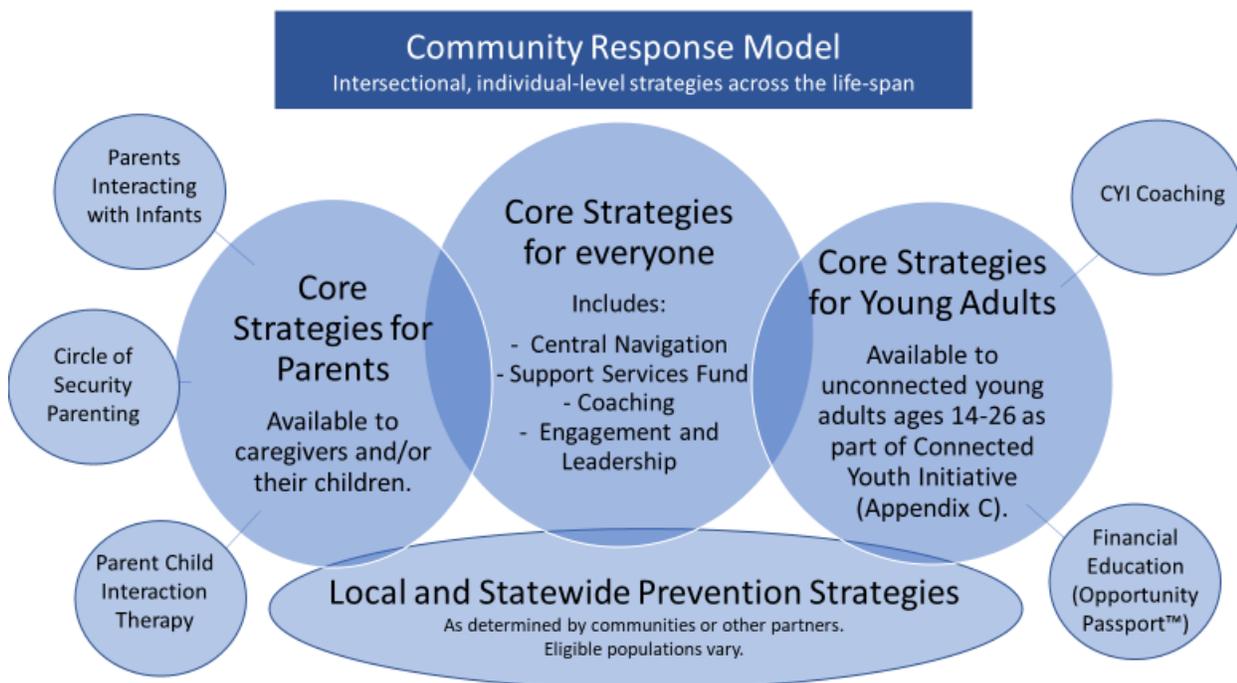


Appendix B: Community Response Model: Programs and Practices

Community Response is the backbone support element of a community-based prevention system. It is designed to be the coordination and intersection point where children, young adults, families, and service providers work together—not only to serve participants directly, but also to identify and address larger, systemic issues that pose barriers to thriving people and thriving communities.

A fully developed Community Response system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target support to 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 families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan (the full age spectrum of children, individuals, and partners).

A key goal of Community Response is to coordinate existing resources within the community to help children, young adults, 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 Protective Factors—particularly around concrete supports, social connections, and resilience—as well as to increase hope.



Historically, Community Response has consisted primarily of Central Navigation, Support Services Funding, and Coaching. Central Navigation is the component of Community Response through which parents, community members, and young adults are matched to services. Flexible and supportive funding called Support Service Funds is available through Central Navigation when needed that is intended to fill gaps for participants. Community Response Coaching is voluntary and tailored to individual needs, and involves participants working with a coach on goals. However, as community-based prevention systems grow and evolve, so has the definition of Community Response. Starting with the 2020-2021 evaluation year, Community Response has been redefined to more broadly capture the entire array of individual-level strategies that exist in a community-based prevention system. This array of strategies can be organized into four categories: Core Strategies for Everyone, Core Strategies for Parents, Core Strategies for Young Adults, and Local and Statewide Prevention Strategies. This appendix includes all categories except for Core Strategies for Young Adults (Connected Youth Initiative), which is a separate appendix (Appendix C). While Connected Youth Initiative (CYI) is part of Community Response, it focuses specifically on unconnected young adults and has several strategies that are implemented statewide.

During the July 2020 through June 2021 evaluation year, a total of 13,531 participants and 11,720 children were served directly through Community Response, including through the Core Strategies for Everyone, Core Strategies for Parents, Core Strategies for Young People (Connected Youth Initiative), Local Prevention Strategies, and Statewide Prevention Strategies, which include Camp Catch Up and Legal Services and Supports provided through the Social Services Block Grant. “Participants” represent the number of households who access a given program or service. A participant may be a family with multiple adults, a young person with or without children, or another household type. Children who are served via various programming and services are counted separately from other participants. The “Served Directly” numbers denote a count of participants who were directly served through all prevention strategies, while the “Served Indirectly” numbers denote anyone (child, other household member) who were associated with and may have benefited from association with the directly served participant. Additionally, “Participating Staff” represent the number of staff actively participating in the design and delivery of a strategy, and “Participating Organizations” are the number of organizations with which these staff are affiliated.

Beginning with 2020-2021 evaluation year, longitudinal data are provided from previous years, when available. For all longitudinal data presented in this report, direct comparisons of numbers served across years should be made with caution given differences in how data have been reported in previous years, as well as different numbers of collaboratives participating in the statewide evaluation each year. Every attempt has been made to report unduplicated counts in the 2020-2021 evaluation year, but there may be instances in which some individuals were served by more than one strategy and may have been counted more than once.

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES (COMMUNITY RESPONSE)

	2020-2021
Number of Participants Served Directly	13,531
Number of Children Served Directly	11,720
Number of Participants Served Indirectly	2,075
Number of Children Served Indirectly	953
Number of Participating Staff	857
Number of Participating Organizations	592
Number of Communities in Statewide Evaluation	14

¹CYI numbers have been included in the overall summary of participants served starting in the 2019-2020 evaluation year.

²10,915 children in 2017-2018 included those served through Community Learning Centers.



RACE/ETHNICITY OF INDIVIDUALS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES (COMMUNITY RESPONSE)

	2020-2021
American Indian or Alaska Native	224 (3.3%)
Asian	23 (< 1%)
Black or African American	1,123 (16.5%)
Hispanic or Latino	1,254 (18.5%)
Multiracial	110 (1.6%)
Native Hawaiian/Pacific Islander	14 (< 1.0%)
White	3,789 (55.8%)
Another Race/Ethnicity	270 (4.0%)
Prefer Not to Say	22 (<1%)
Total	6,793

Note. For the 2020-2021 evaluation year, race/ethnicity data was not available for 6,639 participants, or 49.8% of those served through all Community Response. Due to the way some race/ethnicity data were collected for CYI strategies, some participants who identify as American Indian or Alaska Native, Asian, Multiracial, or Native Hawaiian/Pacific Islander may be included in the "Another Race/Ethnicity" category.

Core Strategies for Everyone

Core Strategies for Everyone includes Central Navigation, Support Services Fund, Coaching, and Engagement and Leadership. The following section describes who participated in Central Navigation, Support Service Funds distributed, and outcomes of participants who engaged in Coaching. Engagement and Leadership information can be found in Appendices A and C.

CENTRAL NAVIGATION

Ever evolving, Central Navigation is the component of Community Response through which parents, community members, and young adults are matched to services. Flexible and supportive funding (called Support Service Funds) is also available, when needed, through Central Navigation. People who engage with Central Navigation are referred to as 'participants' in the table below. Participants include families with children, as well as young adults and others who may not be a primary caregiver for a child or children.

During the 2020-2021 evaluation year, CWB communities served 3,770 participants and 6,573 children through Central Navigation. Over half of the participants were White (54.8%). Most participants served were women (77%). High percentages of participants (71%) reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or Child Care Subsidy (Title XX), which is a proxy measure Nebraska Children uses to understand the percent of participants whose income level means they are likely to face a higher level of daily stress and experience additional challenges related to the social determinants of health.

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH CENTRAL NAVIGATION

	2020-2021	2019-2020	2018-2019	2017-2018
Number of Participants Served Directly	3,770	2,632	1,782	839
Number of Children Served Directly	6,573	4,817	3,627	1,787
Number of Participants with Disabilities Served Directly	540 (14%)	318 (12.1%)	228 (12.8%)	110 (13.1%)
Number of Children with Disabilities Served Directly	462 (7%)	305 (6.3%)	290 (8%)	148 (8.3%)
Number of Participants that Qualify for Public Assistance	2,678 (71%)	73%	91%	64.8%
Number of Women Served	2,899 (77%)	81%	87%	86.1%
Number of Men Served	805 (21%)	19%	13%	13.9%
Number of Participants Served Indirectly	--	--	--	130
Number of Children Served Indirectly	--	--	--	166
Number of Participating Staff	588	277	131	58
Number of Participating Organizations	361	192	115	74

RACE/ETHNICITY OF INDIVIDUALS SERVED THROUGH CENTRAL NAVIGATION

	2020-2021	2019-2020	2018-2019	2017-2018
American Indian or Alaska Native	156 (4.1%)	10.3%	3.1%	3.9%
Asian	21 (<1%)	**	**	**
Black or African American	545 (14.5%)	8.6%	13.3%	9%
Hispanic or Latino	801 (21.2%)	19.4%	25.2%	24.4%
Multiracial*	110 (2.9%)	*	*	1.5%
Native Hawaiian/Pacific Islander	14 (< 1%)	**	**	**
White	2,067 (54.8%)	56.7%	54.3%	60.2%
Another Race/Ethnicity	57 (1.5%)	5.0%	4.1%	1%
Prefer Not to Say	22 (<1%)	--	--	--
Total	3,768	2,632	1,782	839

Note. In the 2020 -2021 evaluation year, race/ethnicity data were not available for 2 participants.

* In the 2018-2019 and 2019-2020 evaluation years, Multiracial was included in the Another Race/Ethnicity category.

**Prior to the 2020-2021 evaluation year, Asian and Native Hawaiian/Pacific Islander was included in the Another Race/Ethnicity category.

SUPPORT SERVICE FUNDS

Flexible and supportive funding (called Support Service Funds) is available through Central Navigation when needed. These funds are intended to “fill gaps” when other funding sources are not available or the participant doesn’t meet the criteria for other publicly available programs or resources.

In the 2020-2021 evaluation year, a total of \$2,585,460.72 was distributed to 3,126 participants (unduplicated count) through 5,006 requests. The average amount of funds per request was \$413.44. The majority of the funds were allocated for housing-related needs, such as rent and deposits (55%). Most of the remaining funds were spent on resources for families related to utility assistance (22%), transportation (11%), other supports (5%), and mental health services (3%).



SUPPORT SERVICE FUNDS DISTRIBUTED IN 2020-2021

Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Housing	1,871	\$1,421,250.85	54.9%	\$759.62
Utilities	1,589	\$560,720.37	21.7%	\$352.88
Mental Health	287	\$68,791.79	2.67%	\$239.69
Transportation	469	\$282,336.31	10.9%	\$601.99
Parenting	69	\$25,826.84	1%	\$374.30
Other	413	\$136,130.48	5.3%	\$329.61
Daily Living	209	\$39,598.37	1.5%	\$189.47
Physical/Dental Health	61	\$26,139.85	1%	\$428.52
Education	31	\$24,099.68	<1%	\$777.41
Employment	7	\$566.18	<1%	\$80.88
2020-2021 Total	5,006	\$2,585,460.72 **	--	\$413.44
2019-2020 Total	2,079	\$702,333	--	\$338
2018-2019 Total	1,280	\$913,338	--	\$715
2017-2018 Total*	171		--	

*Total amount distributed for the 2017-2018 evaluation year was not available.

** This amount includes federal CARES Act funding that was distributed to communities in 2020-2021. Caution is required when comparing these funds to prior years.

COMMUNITY RESPONSE COACHING

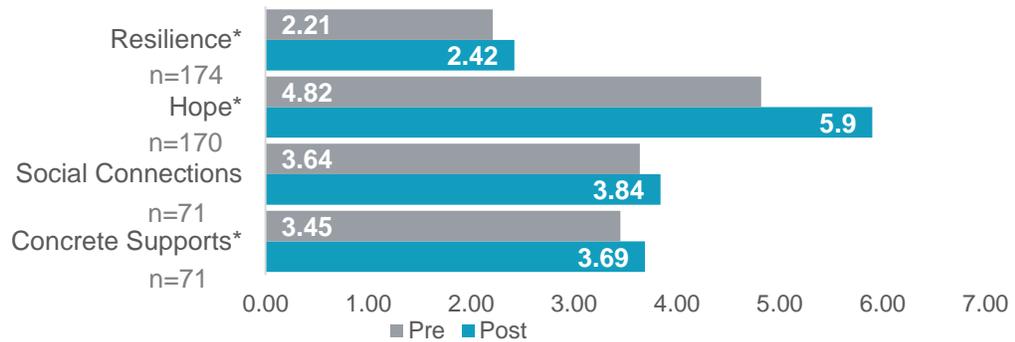
A subset of the people who engage with the Central Navigation component of Community Response may also participate in coaching. This coaching is voluntary and tailored to individual needs.

Several strategies were used to evaluate the efficacy of Community Response Coaching. At the time of the enrollment into Community Response, participants completed two subscales (i.e., Social Connections and Concrete Supports) of the FRIENDS Protective Factor Survey (PFS). For those families that were engaged in coaching, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post-test of the PFS and a retrospective pre/post assessment measure Hope and Resilience. A total of 174 participants completed both the pre and post surveys.

Improvements in Promotive and Protective Factors

A paired-samples t-test analysis compared pre-post scores. The results found that participants made statistically significant improvements in the areas of Concrete Supports [$t_{(70)} = -2.652, p = .01$], Hope [$t_{(169)} = -8.577, p < .001$], and Resilience [$t_{(173)} = -5.127, p < .001$]. These results suggest participants in Community Response Coaching improved both their Promotive and Protective Factors at the completion of services in all areas except for Social Connections. Participants demonstrated slight increases in this area, but the differences were not statistically significant.

Participants in Community Response coaching demonstrated significant improvements in Concrete Supports, Hope, and Resilience.



*Indicates statistically significant improvements over time. Social Connections and Concrete Supports are based on a 5-point Likert scale; Hope is based on an 8-point Likert scale and Resilience is based on a 4-point Likert Scale.

Participants were also asked at intake and then at follow-up if they knew where to go for help. Prior to accessing Central Navigation and Coaching, only 43% responded positively that they knew where to go for help. After coaching, that percentage increased to 81%.

Statistically Significant Improvements in Protective Factors Across Time

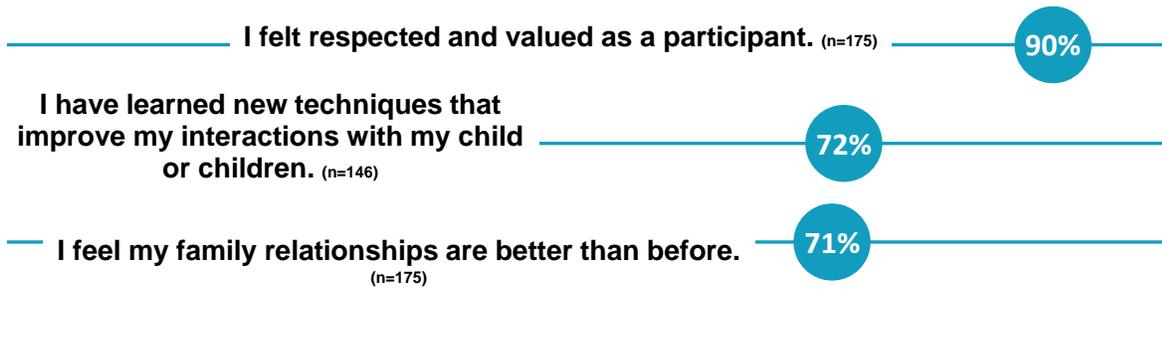
	2020-2021	2019-2020	2018-2019
Concrete Supports	✓	✓	✓
Social Connections			
Hope	✓	✓	NA
Resilience	✓	✓	NA

Satisfaction with Community Response Coaching

People who participated in Community Response Coaching also completed a satisfaction survey follow-up. Overall, those who participated in Community Response Coaching felt respected and valued as a participant and reported improved interactions and relationships with their children and families.



Were participants satisfied with Community Response Coaching?



% of participants that rated the item as strongly or very strongly agreed

Core Strategies for Parents

CIRCLE OF SECURITY PARENTING (COSPTM)

COSP is a core strategy being implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children. Circle of Security Parenting is an 8-week parenting program based on research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child.

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. In the 2020-2021 evaluation year, ten CWB funded collaboratives provided COSPTM in their communities: Families 1st Partnership, Growing Community Connections, Hall County Community Collaborative, Lancaster County Coalition, Lift Up Sarpy, Norfolk Family Coalition, Douglas County Community Response, Panhandle Partnership, Sandhills Community Collaborative, and Southeast Nebraska Collaborative.

Most caregivers identified as female (72%). Almost half of the families served qualified for assistance (46%).

The following is a summary of the demographics of the children and families served by all CWB communities currently implementing COSPTM. Due to the success that communities have had braiding funding to support COSPTM, collaboratives utilize funding and support from multiple sources, which can include but is not limited to CWB efforts.

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH COSP™

	2020-2021	2019-2020	2018-2019	2017-2018
Number of Participants Served Directly	292	96	165	85
Number of Children Served Directly	811	235	288	0
Number of Participants that Qualify for Public Assistance	135 (46.2%)	52%	50%	51%
Number of Women Served	210* (71.9%)	57%	68%	70%
Number of Men Served	70* (24%)	43%	32%	30%
Number of Children Served Indirectly	--	--	--	196
Number of Participating Staff	43	34	23	14
Number of Participating Organizations	50	27	20	14
Number of CWB Communities Offering COSP™	10	3	4	3

* Totals may not add up to 100% due to missing data

RACE/ETHNICITY OF PARTICIPANTS SERVED THROUGH COSP™

	2020-2021	2019-2020	2018-2019	2017-2018
American Indian or Alaska Native	9 (3%)	3.3%	6.3%	4%
Asian	2 (< 1.0%)	2.2%	5.6%	8%
Black or African American	11 (3.8%)	--	1.3%	2%
Hispanic or Latino*	13 (4.5%)	16.8%	16%	13%
Multiracial	--	--	--	--
Native Hawaiian/Pacific Islander	--	--	--	--
White	229 (78.4%)	77.7%	86.9%	73%
Another Race/Ethnicity	16 (5.5%)	--	--	--
Prefer Not to Say	--	--	--	--
Total	292	96	165	85

Note. Race/ethnicity data were not available for 12 participants, or 4.1% of participants served through COSP™. Prior to the 2020-2021 evaluation year, Asian and Native Hawaiian/Pacific Islander was included in the Another Race/Ethnicity category.

* Prior to the 2020-2021 evaluation year, Hispanic/Latino ethnicity was reported separately from Race.





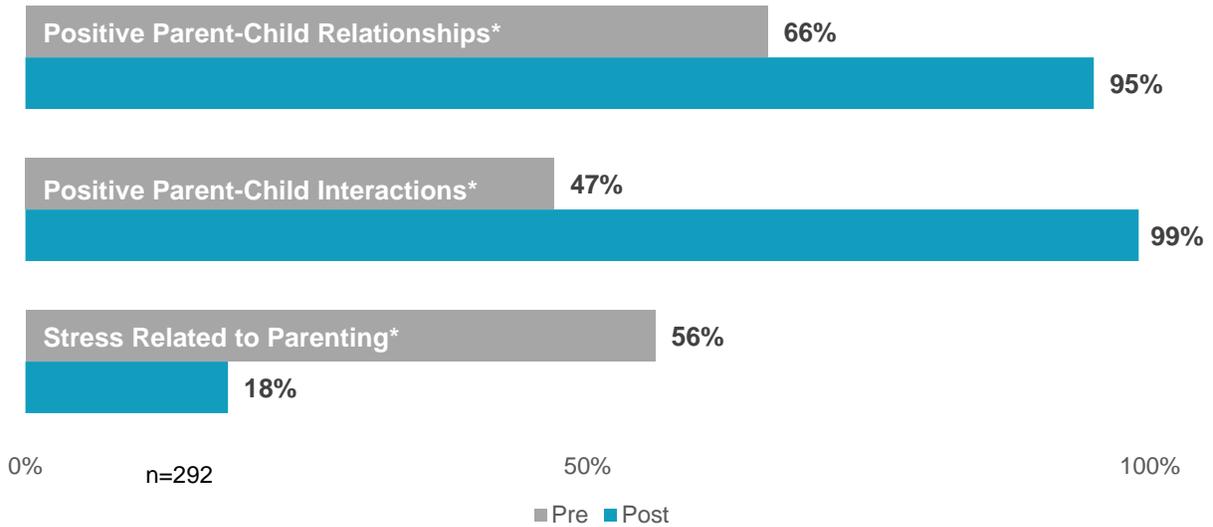
Impact of COSP™ on Parents and Families

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. Two hundred ninety-two individuals completed the survey.

Improvements in Parenting and Parent Stress

Paired samples t-tests were conducted to determine if there was a significant change in participants' perception by the end of the COSP™ series across the program identified outcomes. Participants reported significantly improved parent-child relationships [$t_{(278)} = -15.995, p < .001$] and parent-child interactions [$t_{(280)} = -28.894, p < .001$], and significant reductions in parenting stress [$t_{(277)} = 14.961, p < .001$] after participating in the COSP™ program.

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



**Indicates significant statistical change at post- test.*

Statistically Significant Changes in Parent Outcomes Across Time

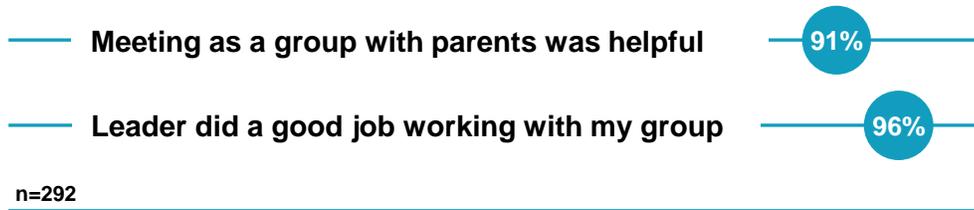
	2020-2021	2019-2020	2018-2019
Positive Parent-Child Relationships	✓	✓	✓
Positive Parent-Child Interactions	✓	✓	✓
Low Stress Related to Parenting	✓	✓	✓

Satisfaction with Circle of Security Parenting (COSPTM)

Overall, the majority of parents that were served by COSPTM reported that meeting with a group of parents was helpful (a rating of agree or strongly agree), and the leader did a good job working with the group of parents.



Were parents satisfied with COSP™ ?



PARENT-CHILD INTERACTION THERAPY (PCIT)

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

PCIT was implemented in two Nebraska Community Well-Being communities (Growing Community Connections and York Health Coalition) and two communities supported by the Fund board (Adams and Saline /Jefferson Counties). Therapists, trained and certified to carry out PCIT in these communities, submitted data for this report. A total of 21 families and 21 children participated in PCIT sessions during the past 12 months. The ongoing COVID-19 pandemic likely impacted the numbers served during the 2020-2021 evaluation year compared to prior years.

57% of families served qualified for public assistance.

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH PCIT

	2020-2021	2019-2020	2018-2019	2017-2018
Number of Participants Served Directly	21	47	40	69
Number of Children Served Directly	21	47	40	69
Number of Participants with Disabilities Served Directly	2 (10%)	3 (6.4%)	2 (5%)	2 (2.9%)
Number of Participants that Qualify for Public Assistance	12 (57%)	90%	94%	46.7%
Number of Children with Disabilities Served Directly	1 (5%)	2 (4.3%)	4 (10%)	2 (2.9%)
Number of Participants Served Indirectly	--	--	--	--
Number of Participating Staff	45	21	5	9
Number of Participating Organizations	30	19	5	11
Number of Communities Offering PCIT	4	7	7	5

RACE/ETHNICITY OF PARTICIPANTS SERVED THROUGH PCIT

	2020-2021	2019-2020	2018-2019	2017-2018
American Indian or Alaska Native	--	--	--	--
Asian	--	--	--	--
Black or African American	--	--	--	--
Hispanic or Latino	--	12.8%	20.5%	6.7%
White	20 (100%)	85.1%	79.5%	93.3%
Multiracial	--	--	--	--
Native Hawaiian/Pacific Islander	--	--	--	--
Another Race/Ethnicity	--	2.1%	--	--
Prefer Not to Say	--	--	--	--
Total	20*	47	40	11

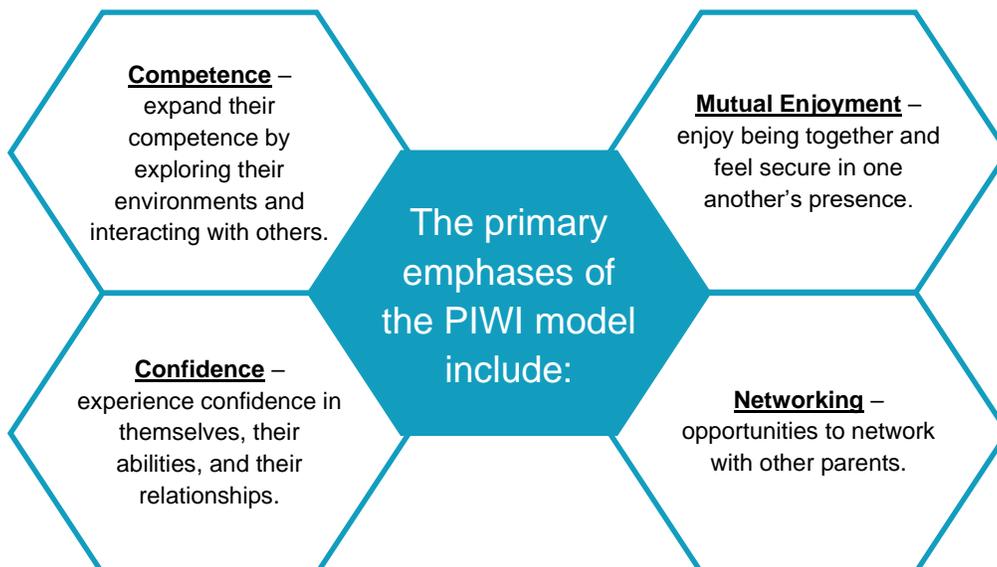
Note. Prior to the 2020-2021 evaluation year, Asian and Native Hawaiian/Pacific Islander was included in the Another Race/Ethnicity category.

* Race/ethnicity was not reported for 1 participant.

Outcome data was not available for PCIT in the 2020-2021 evaluation year.

PARENTS INTERACTING WITH INFANTS (PIWI)

PIWI is a core strategy being implemented in multiple communities that focuses on parents and caregivers' interaction with their child or children. The Parents Interacting with Infants (PIWI) model (McCollum, Gooler, Appl, & Yates, 2001) is based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interactions with their young children. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.



Similar to trends seen with other strategies, the ongoing COVID-19 pandemic likely impacting the numbers of participants served through PIWI during the 2020-2021 evaluation year.

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH PIWI

	2020-2021	2019-2020	2018-2019	2017-2018
Number of Participants Served Directly	9	51	124	99
Number of Children Served Directly	9	51	124	192
Number of Participants with Disabilities Served Directly	0	1	5	3
Number of Participants that Qualify for Public Assistance	7	83%	92%	70.8%
Number of Women Served	9	82%	89%	100%
Number of Men Served	0	18%	11%	0%
Number of Children with Disabilities Served Directly	0	2	20	6
Number of Participating Staff	45	31	8	17
Number of Participating Organizations	24	12	6	11
Number of CWB Communities Offering PIWI*	2	5*	5*	4

*Includes one Fund Board community (Saline/Jefferson).

RACE/ETHNICITY OF PARTICIPANTS SERVED THROUGH PIWI

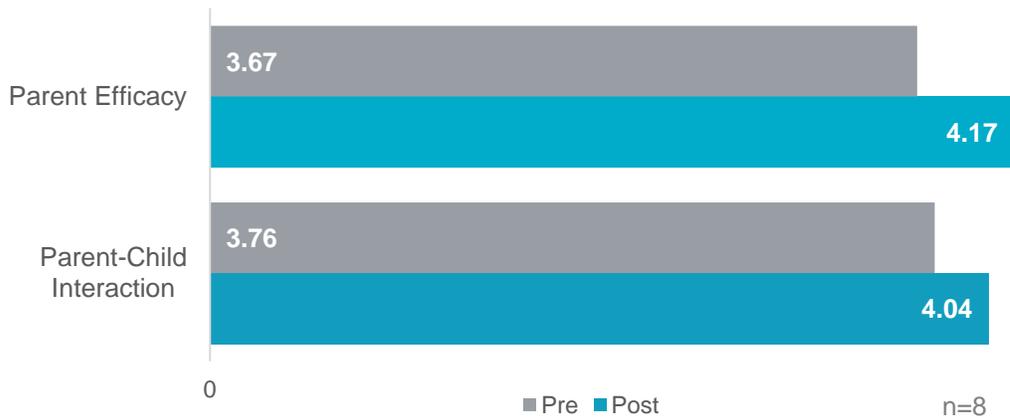
	2020-2021	2019-2020	2018-2019	2017-2018
American Indian or Alaska Native	--	3.9%	0.8%	7.9%
Black or African American	--	--	--	--
Hispanic or Latino	3 (33.3%)	66.7%	50.8%	49.4%
White	6 (66.7%)	29.4%	46.8%	42.7%
Multiracial	--	--	1.6%	--
Another Race/Ethnicity	--	--	--	--
Prefer Not to Say	--	--	--	--
Total	9	--	--	89



Improvement in Parent-Child Interactions

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 Parent Efficacy and the Parent-Child Interaction Scale were collected to measure impacts on parent-child interactions and parent sense of efficacy. Parents reported improvements in parent efficacy and parent-child interactions, however statistical analyses could not be conducted due to low numbers.

Parents reported improvements in Parent Efficacy and Parent-Child Interactions after participating in PIWI sessions.



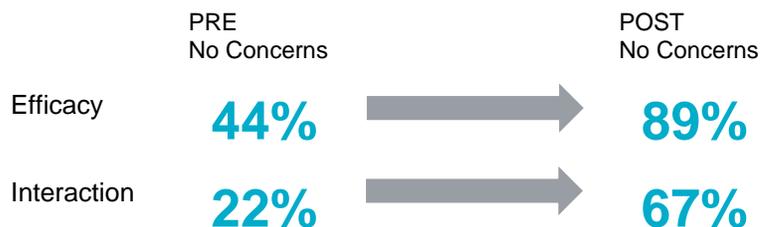
Statistically Significant Improvements in Parent Outcomes Across Time

	2020-2021*	2019-2020	2018-2019
Parent Efficacy	NA	✓	✓
Home Environment	NA		✓
Parent-Child Interaction	NA		✓

*Statistical analyses were not performed due to low numbers.

Parents’ responses were categorized into “no concerns” and “area of concern”, and the percent of concerns pre and post were compared descriptively. Responses indicate that by the end of the PIWI sessions, the majority of the parents rated parent efficacy and parent-child interaction in the no concerns category.

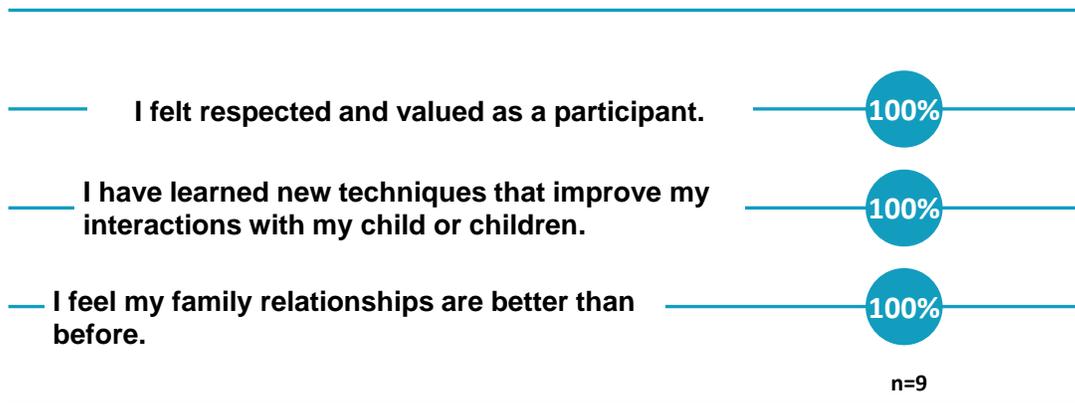
More parents had “No Concerns” about their parenting by the end of the PIWI sessions.



Satisfaction with PIWI

A satisfaction survey was completed to obtain input from families of their participation in PIWI. Overall, the parents rated the program implementation very positively. All areas were rated highly with parents agreeing or strongly agreeing to each area rated.

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



Local Prevention Strategies

In addition to the evidence-based individual-level strategies described above, communities also implemented a variety of locally-developed or locally-identified strategies. These local prevention strategies represent collaboratives' community-driven part of their prevention work and are selected and implemented to meet the

individual needs of communities. The list below includes the local strategies that were implemented in each community during the evaluation year, followed by descriptions of each strategy and numbers served.

Local Prevention Strategies

Collaborative	Strategy
Community and Family Partnership	Food Sustainability
	Housing Grant
	Mental Health Outreach
	Mental Health Vouchers
	Sizzling Summer Enrichment Program
Douglas County Community Response	Food Delivery Pilot Project
	Maternity Match
Families 1 st Partnership	Ready Rosie
Growing Community Connections	0-3 Prime Age to Engage
	Aware Grant
	Peer Support
	Voices for Food
Hall County Community Collaborative	Discovery Kids
	Parent Connectors
Lancaster County Coalition	Behavioral Health Services
	Community Learning Centers
Lift Up Sarpy	Holiday Assistance
Sandhills Community Collaborative	Summer Resilience

Food Sustainability (Community and Family Partnership)

The Fresh Bucks program is intended to support the Platte County workforce who have recently lost their jobs or face a significant reduction in hours due to COVID-19. Eligible households include those with at least one person who has recently lost their job or experienced a significant reduction in hours due to COVID-19 resulting in a financial strain. One can apply for Fresh Bucks if they live or work in Platte County. Customers can use Fresh Bucks just as they would cash at Columbus HyVee or Columbus Super Saver store. These vouchers can be used to purchase any fresh meat (i.e. beef, pork, chicken, or turkey) or fresh produce (i.e. vegetables and fruit).

STRATEGY: FOOD SUSTAINABILITY	2020-2021
Number of Participants Served Directly	3717
Number of Staff Participating	1



Housing Grant (Community and Family Partnership)

Additional Housing Grant monies provided through NC allowed Community and Family Partnership to better address the housing needs of local individuals and families during the height of the pandemic (October 2020 – April, 2021). Through Community Response and two partner agencies, the allocated funds were expended for hotel stays for those experiencing homelessness as well as rent, utility and mortgage payments. The goal of the project was to keep area households in their homes during the stressful time of economic disruption and prevent further instability that could have long-term consequences, which could take years for families to recover from. The amount of assistance provided was determined by the need of each individual household.

STRATEGY: HOUSING GRANT	2020-2021
Number of Participants Served Directly	115

Mental Health Outreach (Community and Family Partnership)

Community and Family Partnership and Columbus Area United Way are offering three therapy sessions with local mental health providers in the Columbus area. This service is available for anyone in Platte, Colfax, Boone, Butler, Polk, or Nance County regardless of their insurance or age. Strategies include lessening barriers for access to therapy services in rural areas and improving the well-being of our local communities. This short-term COVID-19 relief service began in June 2020 and will end March 31, 2021.

STRATEGY: MENTAL HEALTH OUTREACH	2020-2021
Number of Participants Served Directly	97
Number of Staff Participating	1
Number of Organizations Participating	6

Mental Health Vouchers (Community and Family Partnership)

Voucher referrals for mental health services are made through school staff at districts within Platte, Colfax, Boone, and Nance Counties. Students and their families can receive up to 10 therapy sessions with local contracted mental health providers if they are experiencing a financial barrier to accessing mental health services. Strategies include lessening barriers for access to therapy services in rural areas and improving the well-being of our local youth and families.

STRATEGY: MENTAL HEALTH VOUCHERS	2020-2021
Number of Children Served Directly	130
Number of Staff Participating	1
Number of Organizations Participating	9

Sizzling Summer Enrichment Program (Community and Family Partnership)

The Sizzling Summer Enrichment Program is a collaboration between the Community and Family Partnership, United Way and Columbus Public Schools. An average of 49 children, almost all of which meet at least one at-risk criteria, attend this four-week morning program daily. Classrooms for children in grades K-2nd (as of just completed school year) are operated by certified teachers who focus on maintaining reading skills over the summer. Staff and community partners also provide an enrichment time with fun activities that often have a STEM focus.



STRATEGY: SIZZLING SUMMER ENRICHMENT PROGRAM	2020-2021
Number of Participants Served Directly	60
Number of Children Served Directly	60
Number of Participants with Disability	13
Number of Children with Disability	13
Number of Participants Identifying as Female	31
Number of Participants Identifying as Male	29
Number of Participants Served Indirectly	40
Number of Children Served Indirectly	15
Number of Participants that Qualify for Resources	48
Number of Staff Participating	4
Number of Organizations Participating	1

Food Delivery Pilot Project (Douglas County Community Response)

DCCR and ENCAP coordinated efforts to provide food delivery to families who did not have access to food banks. Most families served were immigrant families who do not qualify for unemployment, stimulus relief, or cannot not file taxes (Karenni families). Although there are some food pantries available in the community, these families are without transportation.

Homeless young people age 18-26 were temporarily placed in hotels while permanent housing could be found. Many of these young people had no means to purchase food for themselves or their children, nor did they have transportation to access food pantries. DCCR and ENCAP also provided food delivery to these young people and their children during their stay in hotels.

STRATEGY: FOOD DELIVERY	2020-2021
Number of Participants Served Directly	109
Number of Children Served Directly	262
Number of Children with Disability	19
Number of Participants Identifying as Female	106
Number of Participants Identifying as Male	3
Number of Participants Served Indirectly	204

Maternity Match (Douglas County Community Response)

Project Everlast in Douglas County identified an emerging trend of young mothers needing assistance during pregnancy and subsequent maternity leave. This program is preventative in terms of homelessness as well as providing the very important chance for mother-baby bonding. It matches a young expecting mother's money to help them stay financially stable through their maternity leave. The financial support, as well as coaching support, is to help maintain stable housing, build attachment with child, reliable transportation, and overall sense of feeling supported during the 6 to 8 weeks of maternity leave before returning to full employment.

DCCR has awarded nine young adults through the maternity program. Four young women have gotten their savings of \$1,000 each matched with \$2,000 since October 2020. Of these four young women, one had no other children, two young women each had one other child, and one young woman already had two children.

STRATEGY: MATERNITY MATCH	2020-2021
Number of Participants Served Directly	9



Number of Participants Identifying as Female	9
Number of Children Served Indirectly	11

Ready Rosie (Families 1st Partnership)

Through the Communities for Kids-North Platte Initiative, Families 1st Partnership can offer Ready Rosie to local childcare providers. Seven local providers have signed up for this educational video outreach that provides information on child development, family activities, age appropriate academic skills, and social-emotional growth. Through those seven providers, the number of active users has grown from 170 in August to 240 current active users. The 358 video views have prompted 784 learning outcome opportunities and 1386 family outcome opportunities.

STRATEGY: READY ROSIE	2020-2021
Number of Participants Served Directly	102
Number of Children Served Directly	230

0-3 Prime Age to Engage (Growing Community Connections)

0-3: Prime Age to Engage is a joint effort between 70 planning partners in the Siouxland Area that encourages daily engagement between parents and or caregivers because we understand that daily engagement is essential to child development! Developing and nurturing your children’s learning experiences supports healthy brain function that sets them up for later success in school and life. We have little free libraries located all around town with free books, our physicians encourage reading, and one on one engagement time with children, and include a free book at every well child check. We are currently putting up a Story Walk for families to walk and read together, and we have a wonderful website with lots of good ideas. <https://primeagetoengage.com/> [primeagetoengage.com]

STRATEGY: 0-3 PRIME AGE TO ENGAGE	2020-2021
Number of Participants Served Indirectly	500
Number of Staff Participating	6
Number of Organizations Participating	6

Aware Grant (Growing Community Connections)

The purpose of the Aware Grant is to build or expand the capacity of our Schools in partnership with State Mental Health Agencies such as (SMHAs) and NDE and Heartland Counseling to support school-aged youth and to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues. This grant is implemented through the Growing Community Connections collaborative.

STRATEGY: AWARE GRANT	2020-2021
Number of Participants Served Directly	254
Number of Staff Participating	6
Number of Organizations Participating	3

Peer Support (Growing Community Connections)

Peer Support groups are run by trained Heartland Certified Peer Support Specialists and focus on emotional support, sharing experiences, education, and practical activities. Everyone is treated as equally important and has a voice in the group. The groups currently consist of middle school and high school students who truly

enjoy this type of support. These groups are implemented through the Growing Community Connections collaborative.

STRATEGY: PEER SUPPORT	2020-2021
Number of Participants Served Directly	48
Number of Staff Participating	5
Number of Organizations Participating	3

Voices for Food (Growing Community Connections)

Dakota County Voices for Food is a Community team of local stakeholders and service agencies that work together to address and reduce food insecurity.

The Voices for Food team partners with home gardeners to “Grow and Extra Row” of produce to share their abundance with families in our community who may not have access to fresh foods. They also have a large community garden that supplies

There are several produce drop locations in our community. They also offer pantry locations in the community as well education on food prep, storage and preservation information, visit www.dakota.unl.edu

[akota.unl.edu]

STRATEGY: VOICES FOR FOOD	2020-2021
Number of Participants Served Directly	207
Number of Children Served Directly	170
Number of Staff Participating	8
Number of Organizations Participating	8

Discovery Kids (Hall County Community Collaborative)

H3C offers a free seven-week prevention education program for youth in grades 2-5 who want to have fun as they learn more about themselves in a safe and supportive environment. Counties Served: Hall & Merrick

STRATEGY: DISCOVERY KIDS	2020-2021
Number of Participants Served Directly	38
Number of Children Served Directly	38
Number of Staff Participating	3
Number of Organizations Participating	1

Parent Connectors (Hall County Community Collaborative)

Parent Connectors is a mentoring program offered through H3C that supports parents of current middle school students with emotional or behavioral issues. Parent Connectors provide brief (less than one hour) weekly phone calls with families which focus on:

- Emotional support to reduce feelings of blame and stigma
- Instrumental support to meet basic needs such as food, clothing and housing
- Informational supports in areas such as special education regulations and procedures, strategies to support academic and behavioral success in the home, school and community

Counties Served: Franklin, Hall, Hamilton, Harlan, Howard, Kearney, Merrick, Phelps

STRATEGY: PARENT CONNECTORS	2020-2021
Number of Participants Served Directly	15
Number of Children Served Directly	15
Number of Children with Disability	13
Number of Participants Identifying as Female	15



Number of Staff Participating	2
Number of Organizations Participating	1

Behavioral Health Services (Lancaster County Coalition)

Behavioral Health Services were provided for specific children and families referred through the Community Learning Centers (CLCs) at select school sites in the Lincoln community (Lancaster County). All therapy is family-based and includes the system theory of change. Many of the families served through the CLC schools grapple with multiple challenges that may have a direct impact on students’ abilities to be in class on time and ready to learn. Many real-life circumstances contribute to trauma and a deep sense of loss and insecurity. Immigration status and cultural issues, economic insecurity due to low wages, frequent moves, and homelessness all impact students’ overall emotional well-being. The CLC strategy has partnered with Family Service to provide school-based mental health services at the CLC schools. This has served to address an identified need by the principals for increased support to students and families in this area. The project staff continue to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high quality mental health services in our community.

Satisfaction surveys that were completed found that both the majority of parents and the students were highly satisfied with the services that were provided, could better handle daily life, and had someone to talk to when troubled. To date, 18 students were discharged during this reporting period and all maintained or improved their school behaviors at discharge and 83% partially or met their Service Plan goals.

STRATEGY: BEHAVIORAL HEALTH SERVICES	2020-2021
Number of Participants Served Directly	119
Number of Children Served Directly	119
Number of Participants with Disability	6
Number of Children with Disability	6
Number of Participants Identifying as Female	63
Number of Participants Identifying as Male	55
Number of Participants Served Indirectly	119
Number of Children Served Indirectly	119
Number of Participants that have incomes that fall below the poverty line	83

Community Learning Centers (Lancaster County Coalition)

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

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

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



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

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

STRATEGY: COMMUNITY LEARNING CENTERS	2020-2021
Number of Participants Served Directly	1,313
Number of Children Served Directly	1,246
Number of Participants Identifying as Female	663
Number of Participants Identifying as Male	650
Number of Participants that have incomes that fall below the poverty line	627

Holiday Assistance (Lift Up Sarpy)

With the help of Sarpy County Human Services and ENCAP, Lift Up Sarpy provides holiday assistance to those families in need across Sarpy County. Families are able to apply online, at their churches, or over the phone. Collaboration happens at the Bellevue Christian Center each year when the families show up to receive their holiday presents and gift cards. LUSC has also partnered with the Sarpy County Sheriff's department for their Shop With A Cop program. Each school district nominates children, and with funding from Walmart and LUSC each child is able to purchase holiday gifts for themselves and their families. Each child leaves with presents, cookies, punch and oftentimes a blanket or gift from other local charities within the collaborative.

STRATEGY: HOLIDAY ASSISTANCE	2020-2021
Number of Participants Served Indirectly	1173
Number of Children Served Indirectly	808

Summer Resilience (Sandhills Community Collaborative)

The Sandhills Community Collaborative recognized that the past year was difficult for everyone. In an effort to help individuals and families cope with the stresses of everyday life and relieve some of the anxiety caused by a year of unknowns, quarantines, and cancellations, we introduced the Summer Resiliency Project. This project was intended to assist individuals and families enjoy healthy, relaxing and enjoyable activities. Requests were made by members of the Sandhills Community Collaborative to assist those they work with fees associated with summer activities/experiences/events including, but not limited to the following: Pool passes, camp fees, park passes, swimming lessons, team fees, movie theater gift certificates, wellness center memberships, bowling alley gift certificates, gas cards to a specific site for a recreational activity. There were 286 individuals served in this project.

STRATEGY: SUMMER RESILIENCE	2020-2021
Number of Participants Served Directly	286
Number of Children Served Directly	171

Statewide Prevention Strategies

Nebraska Children also supports additional prevention strategies at the statewide level that are also part of Community Response and are intended to engage individuals within various communities. In other words, while these strategies are available across the state, local Community Response systems can provide these opportunities through referral into these specific strategies. The two strategies summarized in this section are Camp Catch Up and Legal Services and Supports.



CAMP CATCH UP

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

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



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

Camp Catch-Up would not be successful without the many dedicated and trained staff at each event, and camp staff are required to attend training prior to camp. Most staff are volunteers that are compensated with a small stipend. Staff are supported to connect with each other and with campers in ways that make each camp event special. Additionally, for the first time this year, two former campers returned to multi-day camps as Leaders-in-Training to support staff and other campers in a leadership role.

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

- Sibling virtual event July 6-10, 2020
- Camp Solaris, Firth NE: Sept 25-27, 2020
- Camp Moses Merrill, Linwood, NE: June 10-13, 2021

In the past evaluation year, 110 children from 39 different families participated in camp events, and some campers may have participated in multiple events. Campers were evenly split between in terms of gender, and youth from a variety of racial/ethnic groups participated with about 50% of campers identifying as white. About half of campers are adolescents (ages 13-19), and most campers (85%) reside in the eastern part of the state. CCU uses many tools to gather information from campers, staff, and the teams responsible for the well-being of the campers. Evaluations are collected at the end of every camp event and the information gathered is used to inform CCU improvements.

SUMMARY OF CHILDREN AND FAMILIES SERVED THROUGH CAMP CATCH UP

	2020-2021
Number of Participants/Youth Served Directly	110
Number of Families Served Indirectly	39
Race	
American Indian or Alaska Native	12 (10.9%)
Black or African American	21 (19.1%)
Hispanic or Latino	21 (19.1%)
White	56 (50.9%)
Gender	
Male	55 (50%)
Female	55 (50%)
Age	
Participants ages 5-6	8 (7.3%)
Participants ages 7-12	50 (45.5%)
Participants ages 13-19	52 (47.3%)
Geographic Area	
Number of Youth from Western NE	4 (3.6%)
Number of Youth from Central NE	12 (10.9%)
Number of Youth from Eastern NE	94 (85.5%)

LEGAL SERVICES AND SUPPORTS

Access to quality legal services has been a reported gap and priority in local communities for some time. Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) is public funding that has provided the opportunity to enter into a relationship with Legal Aid of Nebraska to improve access to legal supports. At a local level, Community Response prevention systems can access these services from the statewide organization. The specific referral pathways and implementation are evolving in each area, and this work began in March 2021.

Between March 1 –June 30, 2021, Legal Aid received requests for assistance from 1,245 clients for 1,451 legal issues across the state. About 60% of all requests for assistance across the state were for legal issues under the children and families priority area, followed by housing, income, and benefit related issues.

During this timeframe approximately 752 individual client households were provided some level of assistance. Legal Aid staff provided services on 862 legal cases including 565 children and family issues, 58 debt and finance issues, 107 housing issues, and 131 income and benefit issues.



SUMMARY OF PARTICIPANTS SERVED THROUGH LEGAL AID

	2020-2021
Number of Participants Served Directly	752
Race/Ethnicity	
American Indian or Alaska Native	34 (4.5%)
Black or African American	159 (21.1%)
Hispanic or Latino	99 (13.2%)
White	388 (51.6%)
Other	72 (9.6%)
Gender	
Male	139 (18.5%)
Female	613 (81.5%)
Age	
Participants ages 0-29	221 (29.4%)
Participants ages 30-49	468 (62.2%)
Participants ages 50+	62 (8.2%)
Participant age unknown/not reported	1 (<1%)
Number of Children served Indirectly	1,865



Appendix C: Core Strategies for Young Adults (Connected Youth Initiative)

Nebraska Children and Families Foundation Connected Youth Initiative (CYI) is a statewide Community Well-Being initiative to create and strengthen equitable outcomes for youth and young adults with experience in public systems and without permanent family and/or community support. At the population level, this is achieved through a collective impact approach that brings together policymakers, community leaders, providers, and young people that co-create an environment that values, prioritizes, and actively supports intervention and prevention. At the individual level, Connected Youth Initiative includes evidence-supported services and best practices aimed to increase youth and young adult's protective and promotive factors so that they have the relationships, resources, and equitable opportunities for themselves and their child(ren) to thrive.

While CYI is part of Nebraska Children's broader Community Well-Being work, several of its strategies occur at a statewide level, and it is focused specifically on youth and young adults. This section of the report provides a bounded description of individual-level strategies implemented through CYI. There are some individual-level strategies implemented as part of CYI that are reflected elsewhere in this report (i.e., central navigation, support services funding), where data on young adults are included as part of a subset of the broader population. This section of the report only summarizes young adults accessing these strategies. Additionally, there are several strategies for which only young adults are eligible and are included exclusively within this section of the report. Systems-level strategies implemented via CYI are integrated, aligned, or in coordination with Community Well-Being work though there are additional systems-level strategies that occur at the statewide level that are not currently covered within the scope of this report.

Similar to the evaluation approach of the broader Community Well-Being work, CYI uses Results Based Accountability approaches to understand and improve work, finding reasonable and meaningful ways to answer the following three main questions: 1) How much did we do? 2) How well did we do it? 3) Is anyone better off? Particularly within the past evaluation year, CYI developed mechanisms to collect and aggregate additional quantitative data statewide, when select data have historically been collected by geographic area or by provider, hence, the more detailed nature of this section of the report relative to reporting in previous years, and why longitudinal data for CYI is not yet widely available

Also similar to Nebraska Children's broader Community Well-Being Work, implementation and outcome data are assessed to answer the aforementioned questions. However, one difference is that some implementation and outcome data are currently collected for young adults who may be involved in multiple strategies across CYI rather than only gathering outcome data by each individual-level strategy. With this in mind, the subsequent sections of this report first provide output data gathered by individual-level strategy, followed by satisfaction and outcome data gathered *across* strategies.

Who are the young people that participated in Connected Youth Initiative?

Overall, 3,348 youth and young adults accessed programming and services across all CYI strategies, including those that are available to all individuals as part of the broader Community Well-Being work. It is important to note that young adults are encouraged to access multiple programming and services according



to their own needs, so these data are duplicated. The majority of youth and young adults served were female (62%), and over half were people of color.

OVERALL SUMMARY OF YOUNG ADULTS SERVED THROUGH ALL CYI WORK

2020-2021	
Number of Participants Served Directly	3,348
Number of Children Served Directly	1,285*
Gender	
Male	1,028 (33.1%)
Female	2,078 (66.9%)
Race/Ethnicity**	
American Indian or Alaska Native	60 (1.9%)
Asian	2 (< 1%)
Black or African American	674 (21.5%)
Hispanic or Latino	557 (17.8%)
Multiracial	87 (2.8%)
Native Hawaiian/Pacific Islander	4 (< 1%)
White	1,607 (51.3%)
Another Race/Ethnicity	131 (4.2%)
Prefer Not to Say	12 (< 1%)
Age	
14-18	734 (24.5%)
19-21	1,151 (38.4%)
22+	1,114 (37.1%)

Note. For the 2020-2021 evaluation year, gender was not reported for 242 participants (7.2%), race/ethnicity was not reported for 207 participants (6.3%), and Age was not reported for 349 (10.4%) of participants served through all CYI work.

**The number of children served directly in this table is only based on those served through Central Navigation. Thus, the number of children served is likely a low estimate and may not reflect all children served through other CYI strategies.*

****Due to the way some race/ethnicity data were collected for CYI strategies, some participants who identify as American Indian or Alaska Native, Asian, Multiracial, or Native Hawaiian/Pacific Islander may be included in the "Another Race/Ethnicity" category.**

Central Navigation

Ever evolving, Central Navigation is the component of Community Response through which youth and young adults are matched to services. Flexible and supportive funding (called Support Service Funds) are also available when needed, through Central Navigation. Youth and young adults who engage with Central Navigation are referred to as 'participants' in the table below. Participants include youth and young adults with children, as well as young adults and others who may not be a primary caregiver for a child or children.

During the 2020-2021 evaluation year, CWB communities served 1,274 youth and young adults and 1,285 children through Central Navigation. Almost half of the participants were White (46%). Most participants served were women (71%), and 44% self-reported having experience with the child welfare system.

SUMMARY OF YOUNG ADULTS (AGE 25 AND YOUNGER) SERVED THROUGH CENTRAL NAVIGATION

	2020-2021
Number of Participants Served Directly	1,274
Number of Children Served Directly	1,285

DEMOGRAPHICS OF YOUNG ADULTS (AGE 25 AND YOUNGER) SERVED THROUGH CENTRAL NAVIGATION

	2020-2021
Race/Ethnicity	
American Indian or Alaska Native	47 (3.7%)
Asian	2 (<1%)
Black or African American	287 (22.6%)
Hispanic or Latino	240 (18.8%)
White	584 (45.8%)
Multiracial	87 (6.8%)
Native Hawaiian/Pacific Islander	4 (<1%)
Another Race/Ethnicity	8 (<1%)
Prefer Not to Say	12 (<1%)
Gender	
Male	344 (27.6%)
Female	903 (72.4%)
Age	
14-18	238 (20.9%)
19-21	376 (33.0%)
22+	524 (46.0%)
Systems Experience*	
Child Welfare	570 (44.7%)
Justice system	143 (11.2%)
Other (homelessness and/or human trafficking)	364 (28.6%)
Prefer not to say	31 (2.4%)

Note. For the 2020-2021 evaluation year, gender was not reported for 27 participants (2.1%), race/ethnicity was not reported for 3 participants (<1%), age was not reported for 136 participants (10.7%), and systems experience was not reported for 166 (13%) participants age 14 to 25 served through Central Navigation.

*Systems experience is based on self-report data from young people. Some young adults may have systems experience and not be aware of it or not know it by its formal name. Young adults may also be involved in multiple systems. Many young adults access other CYI programs and services listed in this report directly, and all young adults (100%) who access these programs and services have systems experience.



Support Services Funding

Flexible and supportive funding (called Support Service Funds) are available through Central Navigation when needed. These funds are intended to “fill gaps” when other funding sources are not available, or the participant doesn’t meet the criteria for other publicly available programs or resources.

In the 2020-2021 evaluation year, a total of \$528,946.69 was distributed to 755 young adults (unduplicated count) through 1,225 requests. The average amount of funds per request was \$269.43. The majority of the funds were allocated for housing-related needs, such as rent and deposits (68%). Most of the remaining funds were spent on resources for families related to utility assistance (13%), other supports (9%), and transportation (6%).

SUPPORT SERVICE FUNDS DISTRIBUTED TO YOUNG ADULTS: AGE 25 AND YOUNGER

Priority Area	Number of Requests	ALL DOLLARS	PERCENT OF TOTAL	AVERAGE DOLLARS PER REQUEST
Housing	535	\$361,063.04	68.26%	\$674.88
Utilities	272	\$67,126.65	12.69%	\$246.79
Mental Health	23	\$6,161.91	1.16%	\$267.91
Transportation	128	\$30,718.17	5.81%	\$239.99
Parenting	31	\$6,750.07	1.28%	\$217.74
Other	162	\$45,214.98	8.55%	\$279.10
Daily Living	54	\$6,123.21	1.16%	\$113.39
Physical/Dental Health	11	\$3,595.21	<1%	\$326.84
Education	7	\$2,153.44	<1%	\$307.63
Employment	2	\$40.00	<1%	\$20.00
2020-2021 Total	1225	\$528,946.68	--	\$269.43

CYI Coaching

CYI Coaching, different from coaching through Community Response, is a goal-oriented, strengths-based and youth-driven case management approach offered in partnership with young people so that they can develop skills and competencies in key domain areas, get connected to supportive services, build socio-emotional competencies, build social connections, and enhance overall protective and promotive factors. Young people are truly in the driver’s seat. They determine how often and how much to engage with their coach and coaching is not tied to any specific program. Coaching is available to young people up to age 26 and they can enter/exit as needed throughout their transition to interdependent adulthood.

The Connected Youth Initiative coaching component was developed by stacking multiple best practices and services as the foundational framework of the CYI model. Nebraska Children invests in CYI coaches, available across the state, that are cross trained in these best practices that can be tools for coaches to assist young people in whatever goals they develop. Coaches also participate in ongoing technical assistance to maintain fidelity to the CYI coaching model. The CYI coaching model and other CYI components and best practices are used in partnership and in concert with many programmatic strands and strategies within Nebraska’s older youth system. For example, coaches are trained to utilize Jobs for the Future’s Back on Track to College framework to support young people working towards postsecondary and career outcomes.

These coaching data will reflect young people’s involvement in coaching in these older youth partnership strategies.

In the past evaluation year, 1,688 unique individuals accessed CYI Coaching across the state through three contracted coaching providers: Central Plains Center for Services, Child Saving Institute, and Omaha Home for Boys. Approximately 15% of these young adults are parents, about one fifth of young adults identify as black or African American, and approximately 17% identify as Hispanic or Latino. Similar to other CYI strategies, most young adults accessing coaching identify as female (63%). Young adults accessing coaching also span a wide age range, with slightly more young adults ages 19-21 accessing coaching as compared to those 14-18 or 22 and older.

SUMMARY OF YOUNG ADULTS SERVED THROUGH CYI COACHING

	2020-2021
Number of Participants Served Directly	1,688
Number of Participants who are Parents	258 (15.3%)
Race/Ethnicity	
Black or African American	345 (20.4%)
Hispanic or Latino	294 (17.4%)
White	940 (55.9%)
Another Race/Ethnicity, including Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, another race/ethnicity, and prefer not to say	109 (6.5%)
Gender	
Male	617 (36.6%)
Female	1,067 (63.2%)
Other*	+
Age	
Age 14-18	403 (23.9%)
Age 19-21	720 (42.7%)
Age 22+	565 (33.5%)

* Includes trans woman or man, non-binary, and prefer not to say
 +Number masked to protect confidentiality due to low numbers.

Youth Leadership

Aligned with Community Well-Being efforts around Family and Young Adult Engagement, the CYI component of Youth Leadership includes opportunities for young people to engage in leadership and advocacy which is community-led and youth-driven via local youth chapters (e.g., Project Everlast). There are also opportunities for statewide and national leadership such as Legislative Days, State and National Youth Advisory Boards, and policy advocacy. The goal of young adult leadership and engagement is to provide youth and young adults with opportunities to build social connections, develop leadership skills and competencies, and advocate for systems change. This is achieved through local Connected Youth Initiative (CYI) youth chapters that serve as a resource for systems-involved youth and young adults to build community. CYI chapters - in partnership with the local CWB Collaborative - help young people find their place in their own community through networking and connections. There are currently eight (8) local youth chapters operating across the state. Youth Advisors within the CWB Collaboratives help young people develop skills to become thriving



members of their own community. In return, the community benefits from having a safe place where young people gather and find acceptance. Young people receive support and training to find and use their voice. Young people also build their own leadership and advocacy skills to make an impact not only in their community and neighborhood, but also at a state and national level through various opportunities for advocacy.

In the past evaluation year, 211 youth and young adults accessed youth leadership opportunities, with nearly two-thirds of young adults accessing opportunities through their local chapter. It is important to note that the total number of young adults involved in all activities may contain duplicates as young adults who accessed opportunities at the state level may have accessed opportunities at the local level and vice versa. Additionally,

224 different youth leadership activities were offered in the past year, with the vast majority occurring at the local chapter level. Examples of activities include, but are not limited to, the CommUNITY Connection program in Southeast Nebraska, a youth-led and initiated project that connects youth to seniors to help with technology, connectivity, and isolation during the pandemic; young people from North Platte writing letters to lawmakers about why children’s mental health is an important investment for government agencies; or young people developing and co-leading their own Youth Leadership Camp in the Nebraska Panhandle.



SUMMARY OF YOUNG ADULTS SERVED THROUGH YOUTH LEADERSHIP

	2020-2021
Total Number of Young Adults Involved in All Activities (Duplicated)	211
Number of Young Adults Involved in Statewide Activities	72
Number of Young Adults Involved in Community-Based Leadership Activities	139
Total Number of Youth Leadership Activities Offered	224
Number of Statewide Youth Leadership Activities Offered	4
Number of Community-Based Youth Leadership Activities Offered	220

Financial Education

Opportunity Passport™ (OP), a program developed by the [Jim Casey Youth Opportunities Initiative](https://www.aecf.org/work/child-welfare/jim-casey-youth-opportunities-initiative)², is currently the primary strategy implemented around Financial Education. OP connects young people in Connected Youth Initiative with essential financial opportunities as they transition into adults, equipping young

² <https://www.aecf.org/work/child-welfare/jim-casey-youth-opportunities-initiative>

people with tools for planning for the future and saving money for important expenses; while learning critical financial skills. OP offers a matched savings (up to 3:1) account to use toward purchasing an asset that gives young people a critical chance to manage finances, interact with mainstream banking systems, and set aside money for purchase assets. Opportunity Passport™ participants in Nebraska have met their savings goals and made asset purchases such as vehicles, mortgage/housing, college tuition, credit repair and reduction, investment, business start-up, and entrepreneurship.

Since CYI began implementing Opportunity Passport™ in 2007, 2,198 young adults have accessed the program. In the past evaluation year, 175 young adults enrolled in OP, with over half (52%) identifying as American Indian or Alaska Native, Black or African American, Hispanic or Latino, Asian, Native Hawaiian, or multi-racial. Similar to other CYI strategies, most young adults participating in OP are female (62%). A little over half of young adults participating in OP are in the younger, 14-18 age range for CYI (53%). As mentioned previously, many young adults access multiple programs and services through CYI. While there often isn't sufficient mechanisms to understand which young adults access multiple programming and services, it is possible to approximate how many young adults co-enroll in Opportunity Passport and are specifically pursuing postsecondary goals through CYI Coaching. Historically, approximately 28% of young adults accessing this specific type of CYI Coaching are also enrolled in Opportunity Passport.

Of the 2,198 young adults who have been involved in Opportunity Passport, 46% have successfully made an asset purchase, with many young adults purchasing multiple assets. Vehicles continue to be the most popular asset purchase, making up 43% of all asset purchases. Participant specific asset purchases are also common, with young adults leveraging matched savings for things like credit repair and medical debt. The monetary investment by both young adults and funding partners is substantial, with young adults collectively contributing over \$2 million towards asset purchases in the past 14 years. It is important to note that these dollars do not include what young adults who have not yet purchased an asset have saved. Combined with match dollars from funding partners, the total cumulative investment towards asset purchases since the inception of OP in Nebraska is over \$7.2 million.

SUMMARY OF YOUNG ADULTS SERVED THROUGH FINANCIAL EDUCATION

	2020-2021
Number of Participants Served Directly	175
Race/Ethnicity	
American Indian or Alaskan Native	10 (5.7%)
Black or African American	42 (24%)
Hispanic or Latino	23 (13.1%)
White	83 (47.4%)
Another Race/Ethnicity, including Asian, Native Hawaiian or Other Pacific Islander, another race/ethnicity, and prefer not to say	17 (9.7%)
Gender	
Male	67 (38.3%)
Female	108 (61.7%)
Age	
Age 14-18	93 (53.7%)
Age 19-21	55 (31.7%)
Age 22+	25 (14.5%)

Note. In the 2020-2021 evaluation year, age was not reported for 2 (1.1% of participants served through financial education).



SUMMARY OF ASSET PURCHASES MADE THROUGH OPPORTUNITY PASSPORT™ SINCE 2007

Priority Area	*Number of Participants	Number of assets purchased	Young adult contributions	Funding Partner contributions	Total All Matches
Credit Building	189	335	\$188,753.96	\$372,782.16	\$561,536.12
Education and Training	51	69	\$44,295.12	\$89,160.20	\$133,455.32
Health	14	20	\$8,657.43	\$16,949.36	\$25,606.79
Housing	189	264	\$145,234.30	\$284,629.64	\$429,863.94
Investments	39	49	\$56,621.73	\$125,243.46	\$181,865.19
Microenterprise	2	3	\$2,900.00	\$5,800.00	\$8,700.00
Participant Specific	373	993	\$372,006.23	\$382,814.51	\$754,820.74
Vehicle	656	689	\$1,259,387.82	\$3,941,345.37	\$5,200,733.19
2007-2021 Total	1,513*	2,422	\$2,077,85.59	\$5,218,724.70	\$7,296,581.29

Unduplicated Number of Participants who made asset purchase: 1010

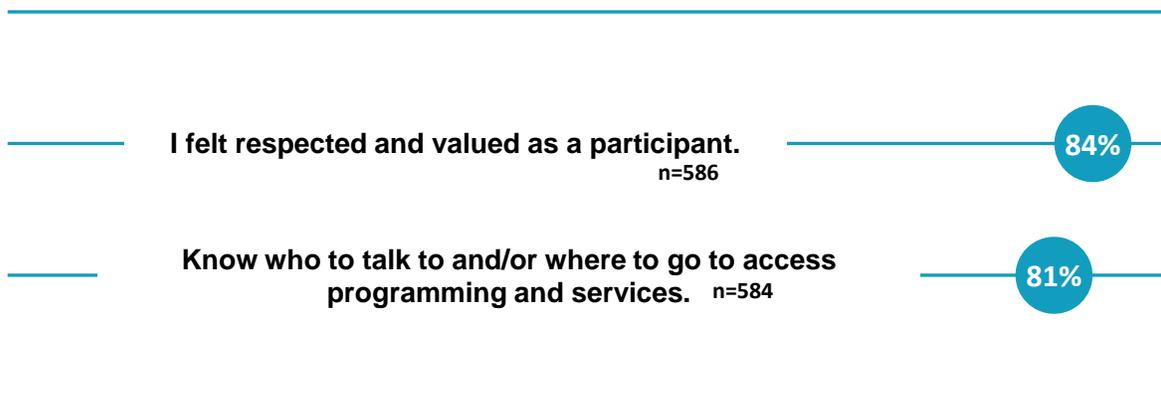
% of Participants with Asset Purchased: 45.95%

* This total includes the unduplicated Number of Participants for Each Asset Purchase Category. Participants can have multiple Asset Purchase Categories.

Were young adults satisfied with Connected Youth Initiative?

Survey data suggests that young adults are generally satisfied with the programs and services they access through the Connected Youth Initiative. According to the October 2020 Transitional Services Survey, which all young adults participating in CYI are eligible to take, 84% of survey respondents agreed or strongly agreed they felt valued and respected as a participant in CYI. Additionally, 81% of survey respondents agreed or strongly agreed they know who to talk to and/or where to go to access programming and services. This result is positive considering one of CYI's goals is to provide young adults the tools to access help in their local community according to their own needs.

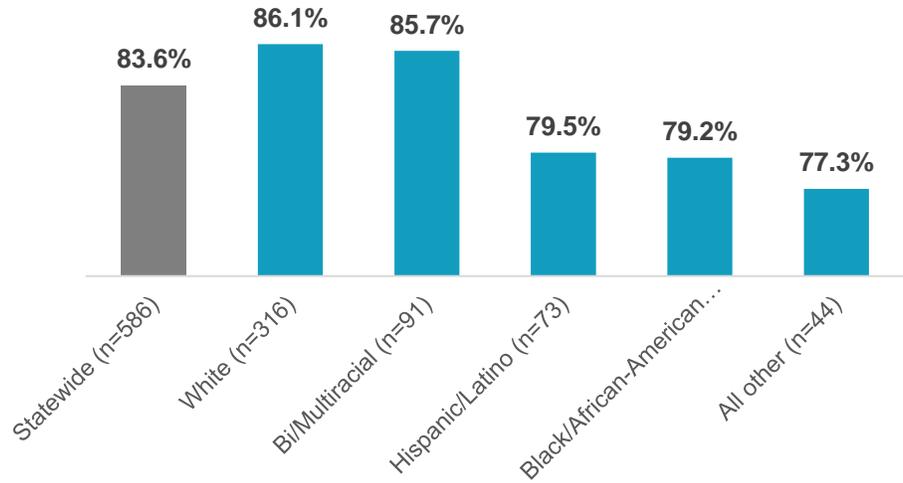
Were young adults satisfied with Connected Youth Initiative?



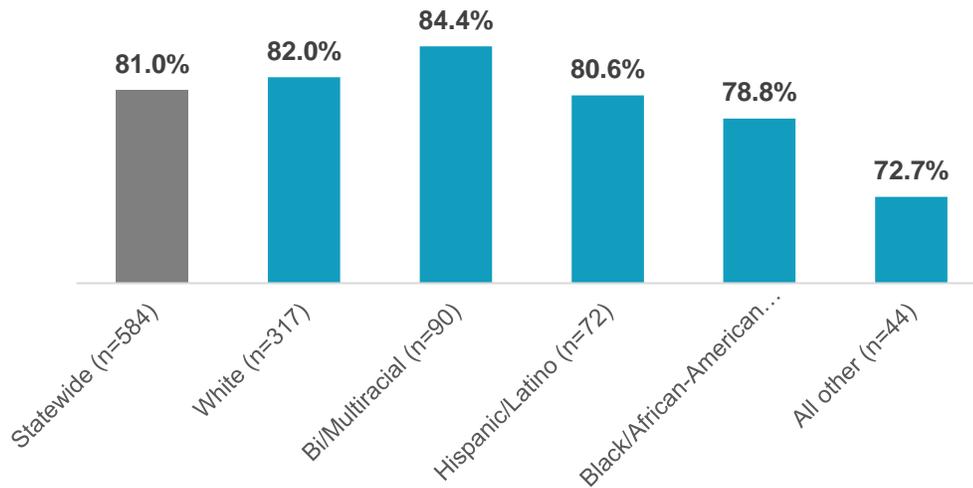
Is satisfaction with Connected Youth Initiative consistent across racial/ethnic categories?

When disaggregating satisfaction-related survey data by race/ethnicity, differences between racial/ethnic groups suggest CYI has room for improvement. Those identifying as White and Bi/multiracial reported feeling valued and respected as a participant in CYI at higher rates compared to other respondents of racial/ethnic groups.

Felt valued and respected as participant in CYI



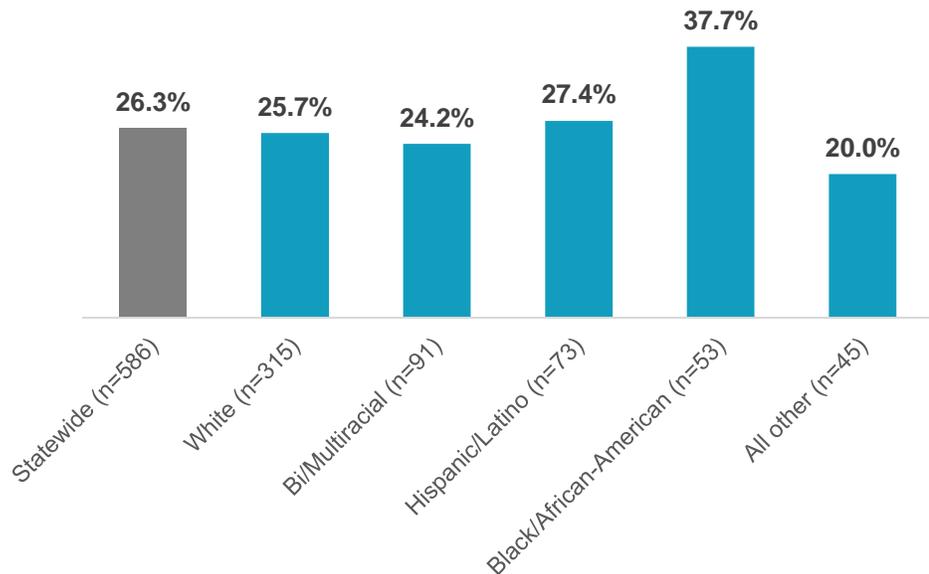
Know who to talk to and/or where to go to access programming and services*



Likewise, those identifying as White and Bi/multiracial reported knowing who to talk to and where to go to access programming and services at slightly higher rates compared to respondents of other racial/ethnic groups.

Finally, those identifying as Black/African American reported that they would like help with something right now at higher rates compared to respondents of other racial/ethnic groups.

Would like help with something right now

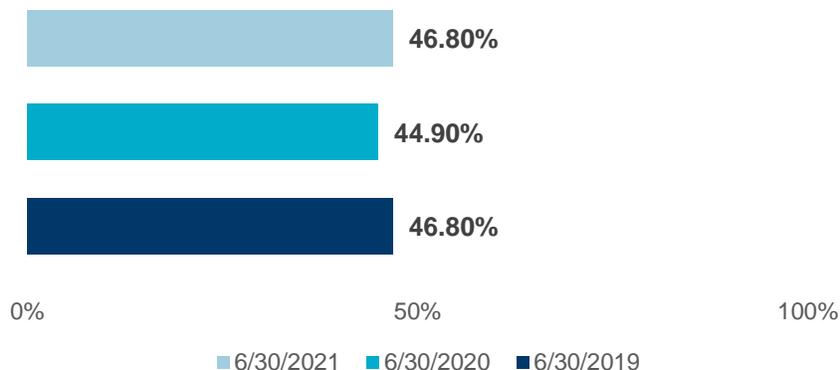


To what extent are there reductions in generational involvement in the child welfare system?

At the population level, CYI aims to assess the extent to which there are reductions in generational involvement in the child welfare system, with the theory being if young adults with systems experience are better supported as they transition to adulthood it is less likely their children will be involved in higher end systems of care.

To this end, administrative data show the number and percentage of state wards 0-5 who have a parent who was also a state ward has had slight fluctuations over the past three years but has remained generally the same. It is important to note data reflect the same, single point-in-time for each year rather than a cumulative total for a given year.

Percentage of state wards 0-5 who have had a parent that was a state ward



What were the outcomes for young adults who participated in Connected Youth Initiative?

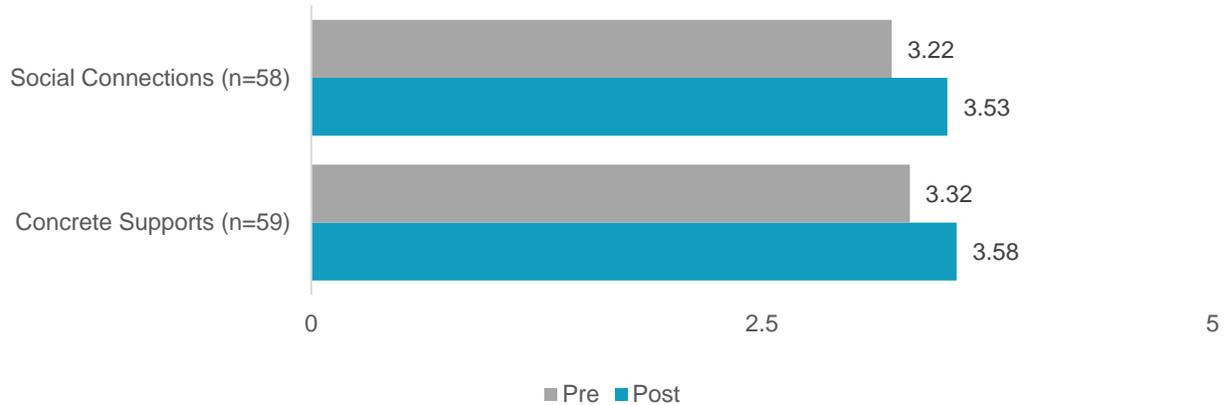
At the individual-level, CYI currently uses several measures to understand the extent to which young adults' protective factors are increased so they have the relationships, resources, and equitable opportunities for themselves and their child(ren) to thrive. This past evaluation year, pre and post-data on the Social Connections and Concrete Supports protective factors were available for a limited number of CYI participants (59 total), and were leveraged for the exploratory analysis that comprises this section. Limitations in number of responses are due to not all respondents having pre-data available. Pre-data for these two protective factors were collected via the Participant Information Survey, while the post-data was collected via the October 2020 Transitional Services Survey. Pre and post data collection occurred anywhere from 3 to 14 months apart, depending on when a respondent first accessed CYI services and programming³, representing a notable variation in length of involvement with CYI.

Social Connections and Concrete Supports Subscales are comprised of four and seven survey items, respectively. These subscales come from a combination of the FRIENDS Protective Factor Survey-2 and Transitional Services Survey items. Subscale scores are a tabulation of all relevant survey sub-items within the subscale yielding a score from 1 (low) to 5 (high) for each respondent, with average scores for each subscale summarized below. Overall, results show increases from pre to post on both protective factors, with a ***significant** increase on the Social Connections subscale.

³ A respondent could have taken a Participant Information Survey (or “pre-survey”) anytime between July 2019 and June 2020, and all respondents took the Transitional Services Survey (the “post-survey”) during the October 2020 administration.



Pre-Post Social Connections and Concrete Supports Subscale Scores (1-5)



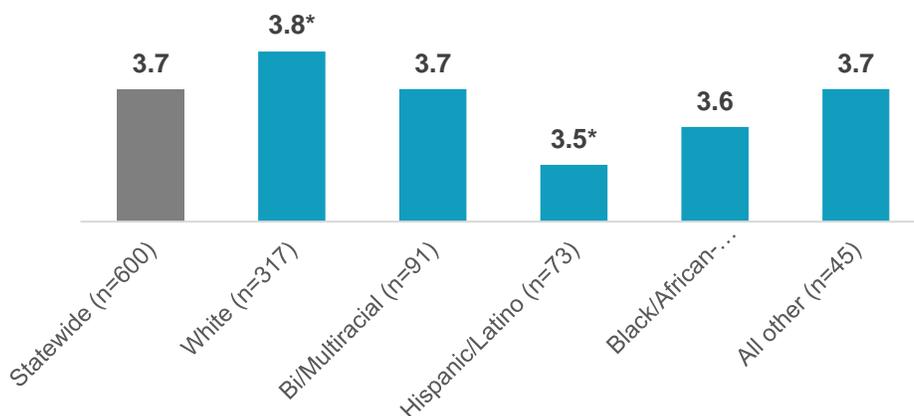
*Statistically significant improvement from pre to post on paired-samples t test ($p < .05$).

^The pre-Concrete Supports subscale included a single item regarding the safety, stability, and affordability of housing. The post-subscale separated each of these three aspects of housing into three separate survey items. When calculating the post-Concrete Supports subscale score, a "combined housing" variable was created averaging these three survey items (housing safety, stability, affordability). This "combined housing" variable was used to replicate the housing survey item on the pre-survey. Therefore, the pre- and post-subscale scores contained an average of the same number of items.

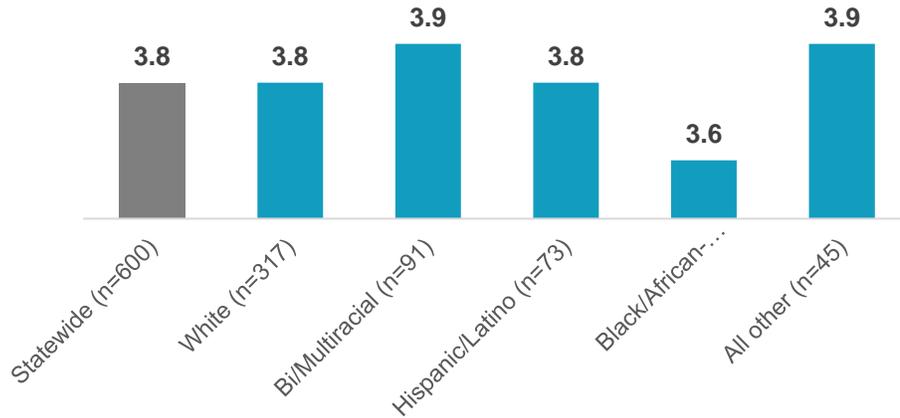
Note: The Social Connections and Concrete Supports Subscales are calculated as a simple average of all items receiving a response. Respondents who respond to at least one subscale item receive a score.

While longitudinal analyses suggest protective factor improvements for CYI-involved young adults, point-in-time analyses of all young adults who took the October 2020 Transitional Services Survey suggest young adults with varying racial and ethnic backgrounds may not have a consistent experience. For Social Connections, those identifying as Hispanic/Latino scored ***significantly** lower than those identifying as White. In terms of Concrete Supports, those identifying as Black/African-American tended to score lower than respondents of other racial/ethnic groups, though this difference was not statistically significant.

Social Connections Subscale Scores (1-5)



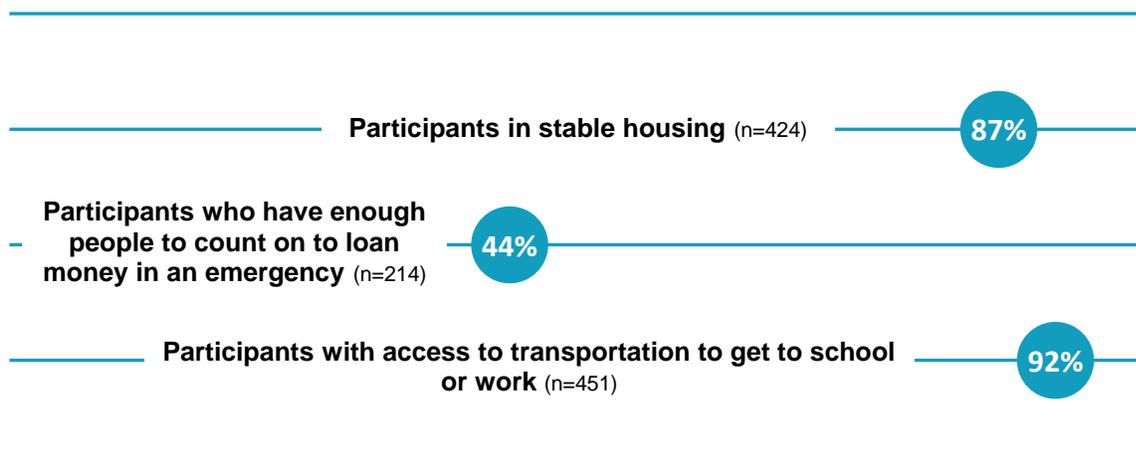
Concrete Supports Subscale Scores



**The Social Connections and Concrete Supports Subscales are calculated as a simple average of all items receiving a response. Respondents who respond to at least one subscale item receive a score.*

In addition to measuring protective factors directly, CYI collects data to determine how young adults are faring across a variety of domains including education, employment, housing, transportation, physical and mental health, economic stability, and social support (permanence). Key data points from 488 Opportunity Passport™ participants who completed an April 2021 survey show most respondents have stable housing and access to transportation to get to school and work, but many do not have enough people to count on to loan them money in an emergency.

Select Data from April 2021 Opportunity Passport Survey



Conclusion

Over the past year, CYI further developed its evaluative framework by finding ways to more comprehensively collect and understand data across the various aspects of the work. In particular, CYI developed mechanisms to collect and aggregate additional output data statewide, when select data have historically been collected by geographic area or by provider partner. From these data, CYI is better able to understand its statewide reach, and data suggest CYI reach is considerable, with 3,348 young adults accessing programming and services through the CYI model in a single year, with some young adults accessing multiple services and programs. As CYI continues to gather these data year-over-year, it will be able to make longitudinal comparisons.

Additionally, CYI began collecting outcome data that more directly measure protective factors and conducted its first exploratory longitudinal analyses of select protective factor data with positive results overall. A statistically significant increase in young adults' Social Connections from pre to post is particularly worth noting. Limits in methodology do not allow increases in the protective factors that were measured to be directly attributed to involvement in CYI. However, especially when considered alongside satisfaction-related data, CYI likely contributes to the positive outcomes young adults are experiencing, and results align with previous evidence gathered through more rigorous evaluation methods that demonstrate the effectiveness of CYI.

CYI can continue to consider how it equitably engages all young adults, and it can consider what system-level factors may be contributing to differences in outcomes across racial/ethnic backgrounds.

Data suggest CYI reach is considerable, with **3,348** young adults accessing programming and services through the CYI model in a single year.

While there are positive results for CYI overall, there is room for improvement especially when disaggregating findings. Results suggest that all young adults may not experience CYI and its benefits in an equitable way, especially across racial/ethnic backgrounds. Disaggregated data collected by each individual-level strategy, especially for CYI Coaching and Opportunity Passport™ suggest that CYI engages young adults who identify as black or African American and Hispanic or Latino relatively well. However, outcome data suggest room for improvement, when point-in-time results show that those identifying as Hispanic or Latino scored significantly lower than those identifying as White for Social Connections. Additionally, in terms of Concrete Supports, those identifying as Black or African American tended to score lower than respondents of other racial/ethnic groups, though this difference was not statistically significant. Furthermore, CYI can improve its data collection and understanding of how it engages young adults who identify as Native American in order to ensure CYI continues to meaningfully and equitably engage all young adults. Lastly, when disaggregating by gender, CYI continues to engage considerably more females than males in programming and services.

Results from this report, both those that show strengths and opportunities for growth, can help inform both individual-level and system-level CYI improvements. In particular, CYI can continue to consider how it equitably engages all young adults, and it can consider what system-level factors may be contributing to differences in outcomes across racial/ethnic backgrounds. However, despite additional developments in the past year to gather more comprehensive data, limitations

still remain and CYI is still transitioning towards gathering meaningful and useful information especially now that the rigorous study to build evidence of the CYI model has concluded⁴. CYI is committed to gathering longitudinal protective factor data more comprehensively as well as additional outcome data that centers the experiences and perspectives of young adults and other partners in the CYI network. Reports in future years will demonstrate this growth, and it is expected that results will continue to better inform and improve the work.



⁴ See “Highlights from Connected Youth Initiative Report for Social Innovation Fund” here: <https://www.nebraskachildren.org/our-approach/community-toolkit/evaluation/>



Appendix D: Local Evaluation Capacity Building

Beginning with the 2020-2021 evaluation year, collaboratives worked with their local evaluation point of contact at UNMC MMI to build local evaluation capacity by identifying a unique local evaluation question related to their individual collaborative. These local questions ranged from evaluating the effectiveness of a local strategy (such as the Community Connections program in the Southeast Nebraska Collaborative) to assessing readiness of the collaborative to address diversity, equity, and inclusion (as in the Panhandle Partnership). 13 of 14 collaboratives identified a local question and executed the evaluation in partnership with UNMC MMI.

The table below summarizes these community-identified questions, and provides details on the evaluation approach (quantitative, qualitative, or mixed), whether the question(s) were implementation or outcome related, which implementation strategy the question(s) were related to, and the level at which the majority of outcomes are focused (individual or systems).

Community-Identified Evaluation Questions Summary Table

Community Collaborative	Evaluation Question	Evaluation Approach/Design and Methods	Type of Evaluation Question	Implementation Strategy	Level at Which Majority of Outcomes are Focused
Community and Family Partnership	What is the community impact of the Mental Health Outreach strategy (specifically related to how many participants were served and overall satisfaction of those enrolled)?	Quantitative: Survey	Outcome	Local Prevention Strategies	Individual
Community and Family Partnership	What is the overall satisfaction of students receiving Mental Health Voucher services?	Quantitative: Survey	Outcome	Local Prevention Strategies	Individual
DCCR	What is the feasibility of partnering with HHS to determine the impact of CR by examining individual level data?	Qualitative: ongoing group discussions	Outcome	Central Navigation	Systems
Families 1st Partnership	To what extent are coaching practices effective?	Qualitative: Focus groups	Implementation	Community Response Coaching	Individual

Fremont Family Coalition (Dodge County)	How are the newly implemented Life-span workgroups working for the Fremont Family Coalition?	Quantitative: Survey distributed monthly	Implementation	Local Prevention Strategies	Systems
Growing Community Connections (Dakota County)	How do participants in the monthly collaborative meetings rate the experience?	Quantitative: Survey	Implementation	Systems Building	Systems
Hall County Community Collaborative	How did clients hear about CN?	Qualitative: Interview	Implementation	Central Navigation	Individual
Hall County Community Collaborative	Did receiving funds meet client need?	Quantitative: Interview	Outcome	Support Services Funds	Individual
Hall County Community Collaborative	How was the application process?	Qualitative: Interview	Implementation	Central Navigation	Individual
Lancaster County	What is the perceived effectiveness of the collaborative (regarding capacity, training, and interagency communication)?	Qualitative and Quantitative: Survey and Focus Groups	Implementation	Systems Building	Systems
Lift Up Sarpy	What are the functions of the steering committee, how is it functioning, and are there additional community members who should join?	Qualitative: Focus Group	Implementation	Systems Building	Systems
Norfolk Family Coalition	What is the understanding and efficacy of Coaching services provided through CR?	Qualitative and Quantitative: Survey and Focus Groups	Implementation	Community Response Coaching	Systems
Panhandle Partnership	How do Panhandle Partnership collab members value the quarterly meeting?	Quantitative: Survey	Implementation	Systems Building	Systems
Panhandle Partnership	What could Panhandle	Qualitative: Survey	Implementation	Systems Building	Systems



	Partnership do to improve the meeting?				
Panhandle Partnership	What is the Panhandle Partnership's readiness to work on diversity, equity and inclusion?	Quantitative: Survey	Implementation	Systems Building	Systems
Sandhills Community Collaborative	To what extent are community agencies across all 8 counties aware (level of penetration) of Sandhills Collaborative and their work?	Quantitative: Survey	Implementation	Systems Building	Systems
Southeast Nebraska Collaborative	What has been the impact for youth and seniors participating in the Community Connections program?	Quantitative: Survey	Outcome	Local Prevention Strategies	Individual
York County Health Coalition	How effective is the current new staff onboarding process for the York County Health Coalition?	Qualitative: Focus Groups	Implementation	Systems Building	Systems

Summary

These locally identified evaluation questions helped collaboratives to think beyond the required evaluation elements of their work and identify issues that were of interest to their individual collaborative to grow, identify gaps, and address issues and new ways. All collaboratives found the experience and the data collected to be extremely valuable. The data for these locally identified questions can be found in each collaboratives' 12-month community snapshot, available from Nebraska Children.

Appendix E: Evidence-Based Ratings for Select Programs and Practices

Purpose

The following appendix outlines the evidence criteria and methodology used to assign evidence ratings to programs and practices typically included within the 12-month Annual Community Well-Being Report. The purpose in providing evidence ratings is to recognize the research and evaluation efforts employed by programs to improve practice and outcomes. Nebraska Children’s Research and Evaluation Team engaged Joyce Schmeekle, PhD, with Schmeekle Research to collaborative on the identification of evidence-based ratings for select programs and practices.

It is important to keep in mind that the goal is not for programs and practices to ‘advance’ in their evidence rating as this is neither appropriate nor possible for less traditional program models. Receiving a lower evidence rating is not a reflection of the value that a program or practice provides to a community.

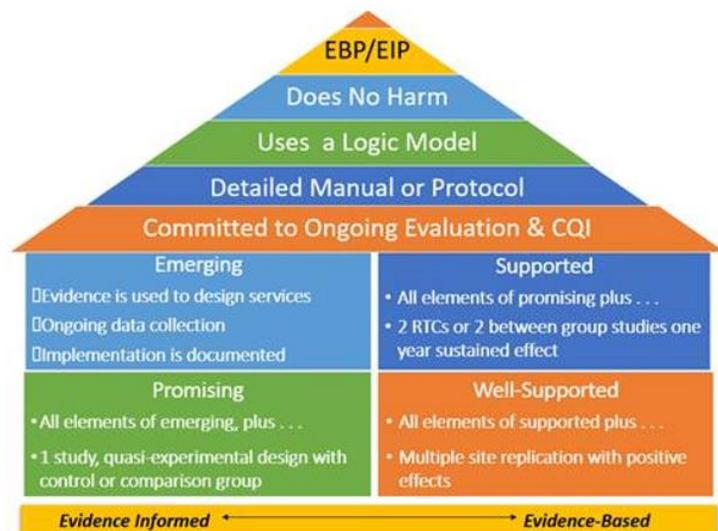
Evidence Rating Criteria

The criteria used to determine the evidence ratings was developed by the Family Resource Information, Education, and Network Development Service (FRIENDS) on behalf of the National Center for Community-Based Child Abuse Prevention (CBCAP), a federally mandated Training and Technical Assistance Provider for CBCAP lead agencies. ¹ Nebraska Children chose FRIENDS’ CBCAP “House of Evidence” criteria (see Figure 1, right) to guide the evidence rating process due to receiving CBCAP funding and FRIENDS’ technical assistance, along with the mission alignment between CBCAP and Nebraska Children.

Key Terms

Throughout this appendix, ‘programs’ and ‘practices’ are used interchangeably. As defined by FRIENDS, practices are individualized interventions, assessments, services, or resources that can be implemented on their own. A program is defined as a set of practices or a curriculum that is grouped as a whole. The term ‘initiative’, commonly used across Nebraska Children, most closely resembles the broader definition of ‘program’ used by FRIENDS.

Figure 1. FRIENDS’ CBCAP House of Evidence Rating Levels ¹



Evidence-Based Ratings

Using the evidence criteria outlined in Figure 1, the evaluation efforts of programs and practices were identified and used to determine the evidence ratings in Table 1 below. Each evidence rating level builds upon the previous level or levels. In addition, all programs and practices have the following four prerequisite standards: 1) does no harm, 2) uses a logic model, 3) has a detailed manual or protocol, and 4) is committed to ongoing evaluation and CQI.

The programs and practices included in Table 1 are those that are implemented by multiple community collaboratives or at the statewide level. This list does not include those programs and practices implemented by a single community collaborative to meet community-specific needs.

Community Response, which has been included in the evidence-based ratings tables of previous reports, has evolved to be understood as all the programs and practices making up the prevention system in a community. The core programs and practices of Community Response, including Central Navigation, Support Services Funds, and Coaching, have been identified individually below to ensure all components of Community Response are captured. These components are available to the general population through Nebraska Children’s Community Well-Being work and have also been tailored to focus on youth and young adults through the Connected Youth Initiative (CYI).

The components that make up CYI, Nebraska Children’s older youth portfolio of work, have been grouped in Table 1 rather than separated out into the initiative’s core programs and practices. CYI has remained grouped to be able to recognize the quasi-experimental study that evaluated CYI as a whole and assign an evidence rating based on all the evaluation efforts employed by CYI. Additionally, the evaluation of CYI was specific to the youth and young adult population and findings cannot be generalized to similar programs and practices that target a broader population.

Some components of Nebraska Children programs and practices, such as case management or collaborative goal setting, may be supported by national studies. While Nebraska Children may have used such studies to inform the development of programs and practices, only the evaluation activities that assess programs or practices in their *entirety* are considered when determining evidence ratings. National evidence is considered for those programs or practices implemented with fidelity to a standardized program model.

Community Well-Being Evidence-Based Ratings for Select Programs and Practices

Programs and Practices	Evidence Rating Level	Community(ies) Implementing the Program or Practice	Additional Source(s) of Supporting Evidence
Central Navigation	Level I: Emerging	All CWB Communities	
Support Services Funds	Level I: Emerging	All CWB Communities	
Coaching	Level I: Emerging	All CWB Communities	
Parents Interacting with Infants (PIWI)	Level I: Emerging	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	Illinois Early Intervention Clearinghouse. (2021). Parents Interacting with Infants (PIWI) Model. https://eiclearinghouse.org/piwi/model/

<p>*Connected Youth Initiative (CYI), which includes:</p> <ul style="list-style-type: none"> • Central Navigation • Coaching • Support Services Funds • Opportunity Passport • Youth Leadership and Engagement 	<p>Level II: Promising</p>	<p>All CWB Communities</p>	<p>WestEd. (2020). Evaluation of the Connected Youth Initiative: Final Report. https://www.wested.org/wp-content/uploads/2020/10/CYI_Final_Report_FINAL-1.pdf</p> <p>The California Evidence-Based Clearinghouse. (2018). Opportunity Passport. https://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/</p>
<p>Circle of Security Parenting (COSP)</p>	<p>Level II: Promising</p>	<p>Families 1st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership</p>	<p>The California Evidence-Based Clearinghouse. (2018). Circle of Security Parenting (COS-P). https://www.cebc4cw.org/program/circle-of-security-parenting/</p> <p>Circle of Security International. (2021). Research. https://www.circleofsecurityinternational.com/circle-of-security-model/research/</p>
<p>Parent-Child Interaction Therapy (PCIT)</p>	<p>Level IV: Well-Supported</p>	<p>Community & Family Partnership, Families 1st Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition</p>	<p>The California Evidence-Based Clearinghouse. (2021). Parent-Child Interaction Therapy (PCIT). https://www.cebc4cw.org/program/parent-child-interaction-therapy/</p>

**The components of CYI have remained grouped to be able to recognize all the evaluation efforts employed by CYI in the determination of an evidence rating. This includes the [evaluation by WestEd](#), which evaluated CYI as a whole using a quasi-experimental design with comparison group. Additionally, CYI received a moderate evidence rating from the Corporation for National and Community Service based on a different set of evidence criteria than those found in FRIENDS' CBCAP "House of Evidence".*



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