Nebraska Child Abuse Prevention Fund Board

Annual Evaluation Report
July 1, 2015 - June 30, 2016

Collaborate. Evaluate. Improve.
Interdisciplinary Center for Program Evaluation

University of Nebraska Medical Center
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Purpose of Nebraska Child Abuse Prevention Fund Board Grants

The Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support research-based prevention strategies through community collaborations. Funding also supports training and technical assistance to community grantees. In this past year, the NCAPF Board funded strategies that focused on children across the age ranges (infancy through youth). The funded strategies reflect a continuum of prevention strategies that range from universal preventionto high risk populations and high need individual strategies. Three primary strategies were implemented: Parents Interacting with Infants (PIWI) (Universal), Parent Child Interaction Therapy (PCIT) (High Need Individual Family Strategies), and The 3-5-7: Permanency Quest (High Risk Population Strategies). All of the strategies are being implemented by multiple partners working in coordination through community collaborations.

Initiative Description

Five communities are funded by the NCAPF Board to promote children's safety and well-being through three prevention strategies. Four of those communities (Dakota County, Dodge County, Platte-Colfax Counties, and Lincoln County) are part of the Child Well-Being Initiative (CWB). The fifth community is Adams, Clay, and Nuckolls-Webster Counties.

Overall Summary of Children and Families Served	
Number of Families Served Directly	238
Number of Children Served Directly	269
Number of Parents with Disabilities Served Directly	17
Number of Children with Disabilities Served Directly	12
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	10
Number of Families Served Indirectly	33
Number of Children Served Indirectly	160
* Does not include numbers served in supported communities carrying out Community Cafes.	

A total of 269 children and 238 families have been served in communities via three evidence based strategies (listed below). In addition, the communities have provided indirect support (e.g., training, siblings of children receiving services) that benefit the children and families in their community. Small percentages of children (5%) and families (7%) have a disability. A small percentage of children had a first-time experience with substantiated child abuse (4%). This report will provide a description of each of the funded strategies. The description for each strategy will provide evaluation findings on the progress of implementation and outcomes across communities.

Evidence-Based Practices

Program	Community(ies)	Rating / Level
3-5-7 Permanency Quest	Adams, Clay, Nuckolls, and Webster Counties	Emerging I
Parent-Child Interaction Therapy (PCIT)	Dakota, Dodge County, Lincoln County, Platte-Colfax	Supported III
Parents Interacting With Infants (PIWI)	Dakota, Dodge County, Lincoln, Platte-Colfax Counties	Emerging I

The Community-Based Child Abuse Prevention (CBCAP) efficiency measure is used to assess the percentage of funded programs that support evidence-based and evidence-informed child abuse prevention programs and practices. The Program Assessment Rating Tool (PART) was developed by the President's Office of Management and Budget (OMB) within the Federal Government for states to monitor progress in adopting evidence-based programs. The assumption is that adoption of evidence-informed or -based programs and practices will result in positive outcomes for children. During the 2015-2016 year, grantees adopted three strategies/initiatives that were evaluated using PART. The results showed that NC is supporting implementation of strategies that are well-established and were shown to demonstrate positive results for children and families within the prevention system. The overall summary that is reported included the data from these three strategies that were evaluated using PART.

Protective Factors

Enhancing child and family Protective Factors are key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience Protective Factors are assets in individuals, families, and communities. The following is a description of the Protective Factors as recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

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

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

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

conditions (e.g., persistent poverty, racism, or a natural disaster). Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. Numerous research studies also show that parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma and to protect and nurture their children.

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

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

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

Evaluation Approach

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

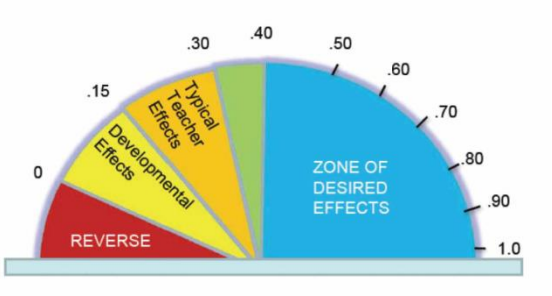
Results Based Accountability Answers Three Basic Questions……

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

Due to the importance of Protective Factors in the work of the NCAPF Board and Nebraska Children (NC) initiatives, evaluation of Protective Factors was a priority. The *FRIENDS Protective Factor Survey* (PFS) (FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2011) was adopted as a universal measure to be used across strategies. Its primary purpose is to evaluate five areas of Protective Factors to provide feedback to agencies for continuous improvement and evaluation purposes. The PFS tool is based on a 1-7 scale, with 7 indicating that positive family supports and interactive parenting were consistently evident.

Program Impacts

To quantify strategy impacts, we will report all pre and post measures relative to significance (were the results statistically significant) and if so, what was the magnitude of the change (effect size) meaningful. To understand effect size and to place it in context, Cohen (1988) suggests the values of d=0.20 to be small, *d*=0.50 to be medium, and *d*=.80 to be a large effect. More recently, Hattie (2009) uses a concept called "zone of desired effects" that starts at a medium effect size, 0.40. Effect sizes can be greater than 1.0; however, they are less common and are therefore not shown on the graphic.



Zone of Desired Effects (Hattie 2009)

STRATEGIES FOCUSED ON UNIVERSAL APPROACHES

Parents Interacting with Infants (PIWI)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service) based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often don't have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

The primary emphases of the PIWI model include :

Competence – Children should have opportunities to experience and demonstrate their competence and to expand their competence by exploring their environments and interacting with others.

Confidence – Both children and parents should experience confidence in themselves, their abilities, and their relationships.

Mutual Enjoyment – Parents and children should enjoy being together in the setting and feel secure in one another's presence and in the environment.

Networking – Parents will have opportunities to network with other parents and add to their informal support networks.

Four communities including Dodge County, Lincoln County, Dakota County, and Platte-Colfax Counties implemented PIWI. Each community was contracted this year to complete one or more PIWI series to

fidelity. Additionally, all of the communities are infusing PIWI principles and practices into existing services. Fidelity implementation observations were completed in two communities and results found that PIWI was implemented to fidelity.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between two and nine sessions. The average attendance was 4.7 sessions. High percentages of parents were served who were Hispanic. There were only slightly more females participating in the group than males.

Strategy: PIWI			
Number of Families Served Directly	125	Number of Families Served Indirectly	13
Number of Children Served Directly	131	Number of Children Served Indirectly	53
Number of Parents with Disabilities Served Directly	2	Number of Staff Participating	36
Number of Children with Disabilities Served Directly	2	Number of Organizations Participating	23
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
40%	60%	70%	30%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
44%	51%		5%		

EVALUATION FINDINGS

Were parents' Protective Factors improved?

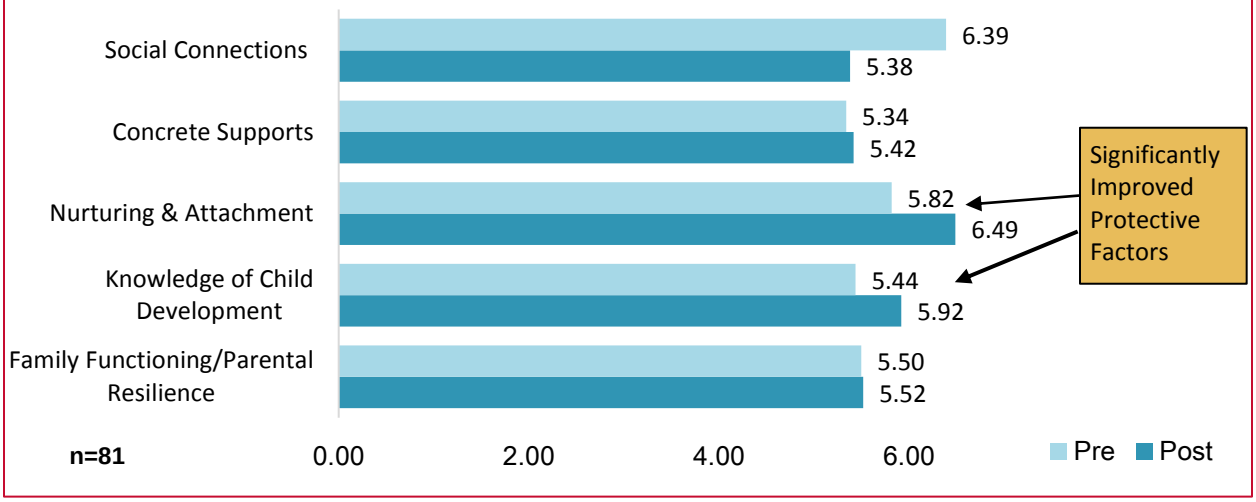
The purpose of the evaluation of PIWI was to determine the extent the program improved family Protective Factors. As described above the *FRIENDS Protective Factor Survey* (PFS) was used to assess families' Protective Factors. Families were asked to complete the survey upon entry into the PIWI sessions and at the completion of the group.

Parents Interacting with Infants					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	125	Average number of sessions completed (attendance record)	4.74 average	
			Completion of PIWI fidelity guide checklist (onsite visit)	2 completed	
	# of sessions (attendance record)	8.0 average	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	49/50	98%

Parents Interacting with Infants					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
	Average sessions completed		# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	38/50	76%
	# of children indirectly served (attendance record)	53	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	59/59	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	49/50	98%
Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved (increase of .5 or more): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)			25/75 10/79 32/75 40/72 29/81	33.3% 12.7% 42.7% 55.6% 35.8%
	1) # and % of parents reporting improved: (4+ change in score) 2) Parent-child interaction 3) Home Environment 4) Parent Efficacy			 14/43 17/43 13/43	 32.6% 39.5% 39.5%

Parents who participated in PIWI with their children demonstrated significant improvements in Nurturing and Attachment and Knowledge of Child Development.

Parents demonstrated significant decrease in access to social connections.



Pre-post analyses of the Protective Factors Surveys found that there were significant improvements in families' Protective Factors in the area of knowledge of child development (p =.01; d =0.31) and in nurturing and attachment (p =<.001; d = 0.72). These results suggest that PIWI was making a meaningful change in these two areas that were in the zone of desired results. Families' strengths on this scale were also in these two areas.

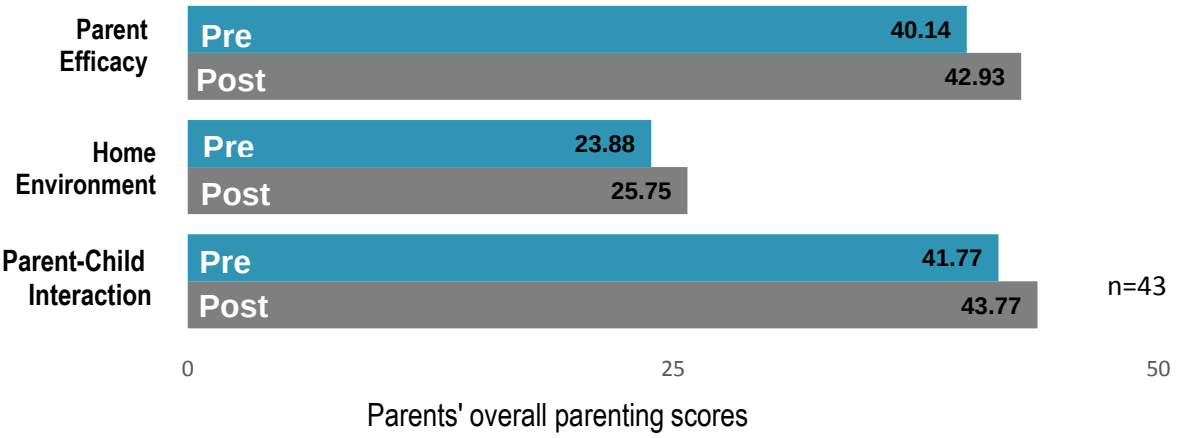
There was a significant decrease in the parents' access to social connections (p <.001; d =0.70). Although this was a decrease, the scores at the end of the session were in the moderate to high range.

Did parents' interactions with the children improve?

The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that there were significant increases with change within zone of desired results across all areas: Parent Efficacy [t(42)=-4.208, p<.001, d=0.54)]; Home Environment) = [t(42)=-3.555, p<.001, d=0.73)]; and Parent-Child Interaction [t(42)=-4.869, p<.001, d=0.64)]. These results suggest meaningful change within the zone of desired results. The majority of the families were in the no concern areas in parent-child interaction (75%), Parent Efficacy (86%) and the home environment (99%) by the end of the PIWI session. The parents' strengths were in the area of parents supporting their home environment. Improvements were found in their parent-child interactions.

"PIWI was great because it gave me an opportunity to spend 1:1 time with Abram…… I got some ideas for new activities, including things that I can make at home. He really enjoyed the books and PIWI reminded me how important it is to read with him every day….. It's fun and interactive and is a great way to spend time with your child…….It's so exciting to watch your child explore and learn!"

Parents made significant and meaningful changes across all areas of parenting skills.
Families strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.



How satisfied were the families?

A satisfaction survey was completed to get input from families regarding satisfaction of their participation in PIWI. Overall the parents rated the program implementation very positively. Highest ratings were in the areas of positive relationships with their child, valued by staff, and that they would recommend services to others. Fewer parents indicated that they had adopted new parenting techniques.

STRATEGIES FOCUSED ON HIGH RISK POPULATIONS

3-5-7 (Permanency Quest)

The 3-5-7 (The Permanency Quest) is a Time Limited Reunification Service strategy within *Adams, Clay, Nuckolls, and Webster Counties* targeting children and youth, varying in age from 5 to 17, that were involved in the court system. A core group of community partners (e.g., county attorney, local GALs, public defender, CASA staff, and DHHS supervisors) work together to help youth and families begin to address issues that may impede permanency as soon as a child is removed from the home. 3-5-7 includes a variety of resources such as support groups and therapeutic activities to help children and youth in healing and recovery. This includes addressing trauma, development of skills for healthy functioning, and creation of social supports**.**

Strategy: 3-5-7 Permanency Quest (PQ)			
Number of Families Served Directly	27*	Number of Families Served Indirectly	20*
Number of Children Served Directly	52*	Number of Children Served Indirectly	25*
Number of Parents with Disabilities Served Directly	15*	Number of Staff Participating	
Number of Children with Disabilities Served Directly	10*	Number of Organizations Participating	4
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	10*		

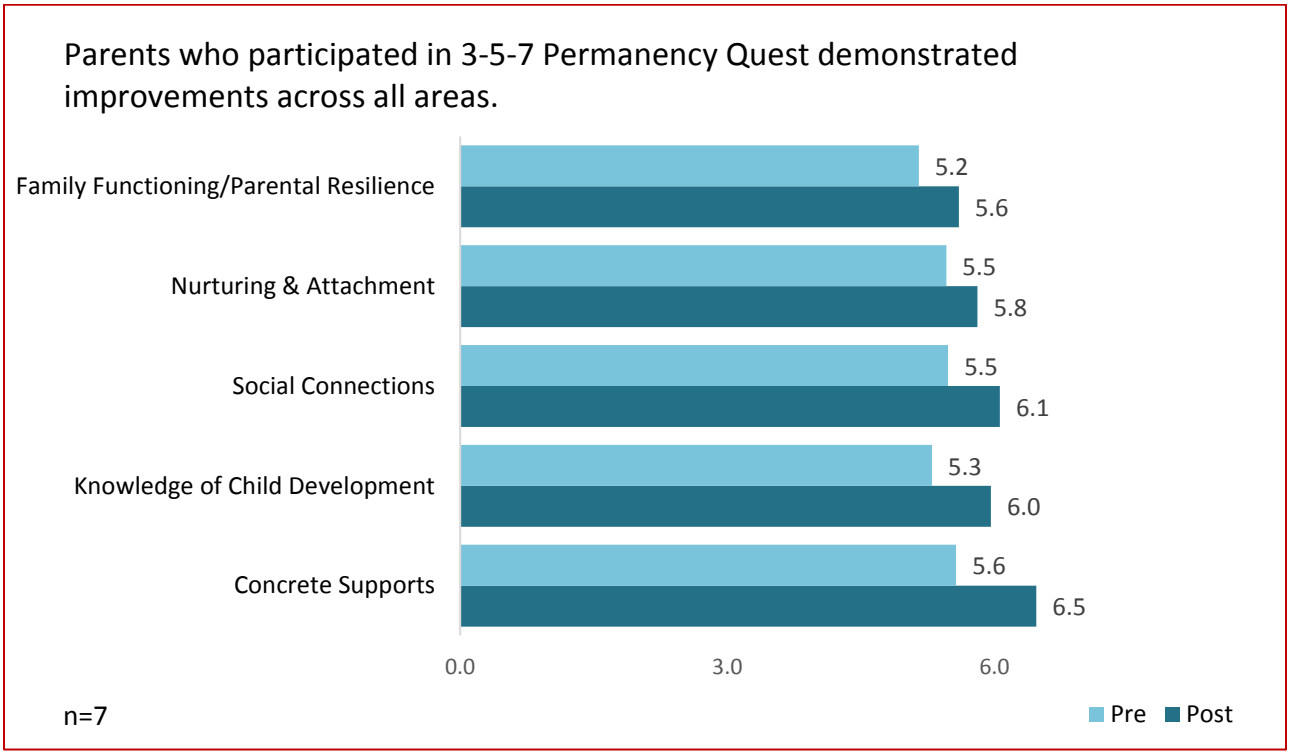
*Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2015) (January – June 2016)

PQ served a high at risk population of parents and youth. Approximately a third of the parents have been diagnosed with severe and persistent mental health and/or addiction issues.

The overall goals of 3-5-7 are to 1) decrease the amount of time in the system, 2) decrease the trauma for biological parents, foster parents, and children and 3) find permanency for the children (either through reunification, adoption, or independent living).

EVALUATION FINDINGS

Does participation in 3-5-7 Permanency Quest improve families' Protective Factors?

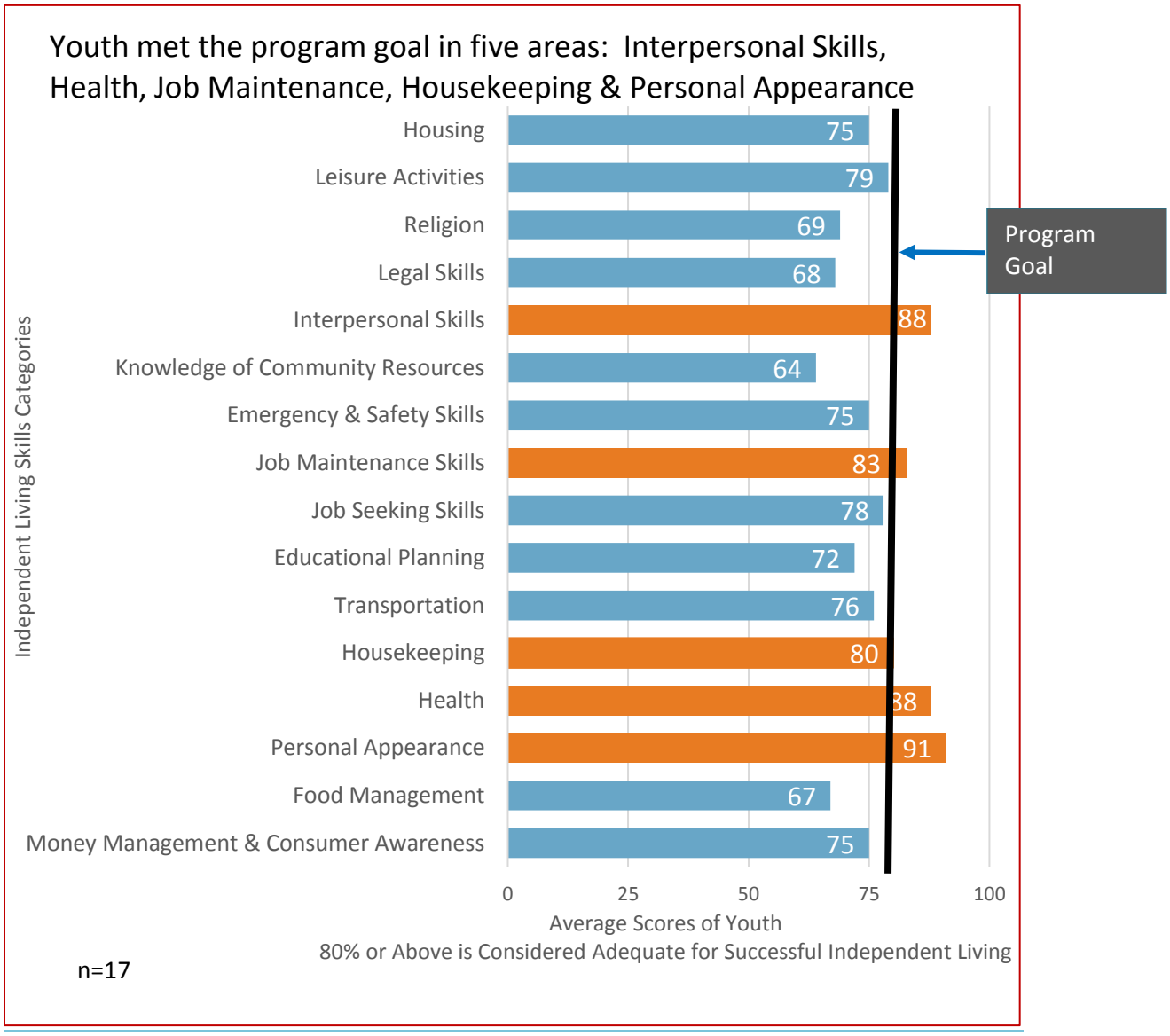


One of the program outcomes was improved Protective Factors. No statistical analyses was completed due to the small number of surveys. The results found that all areas of Protective Factors improved at the post assessment time. Parents' strengths were in were across multiple areas including Concrete Supports and Social Connections.

Does participation in 3-5-7 Permanency support youth's independent life skills?

PQ staff has continued to assess children and adolescents using the Daniel Memorial to share the information with DHHS staff, STARS (truancy program), Maryland Living Center, independent living service providers, and referring county attorneys within the 10th Judicial District. The aim is to assist in improving the quality and direction of skill building activities for youth who are moving toward independence. The struggle continues to be the lack of service providers, especially in the more rural areas.

A total of 41 youth completed the pre-assessment using the Danial Memorial Independent Living Skills Assessment (DMA). Only 17 youth completed the exit DMA. The results found that youth improved in all areas of the assessment. A score of 80 on the scale suggests that the youth has adequate skills for successful independent living. The results indicated that at exit youth met this program goal in Interpersonal, Housekeeping, Job Maintenance, Health, and Personal Appearance skills.



Parent-Child Interaction Therapy (PCIT)

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

preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting control.

PCIT was being implemented in four Nebraska Community Well-Being communities (Dakota County, Dodge County, Lincoln County, and Platte-Colfax Counties). A total of 10 therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 86 families and 86 children participated in PCIT sessions during the past 12 months. Approximately 14% of families participating in PCIT sessions were supported with local CWB funds.

Families participated in PCIT with varying numbers of sessions attended, ranging from one to 35 sessions. Overall average attendance across communities was 8 sessions. At time of post-survey, about 18% of the families had been discharged, 26% had dropped out, and 64% were ongoing. Approximately a third of the parents represented racial or minority populations and there were equal percentages of male and females.

Strategy: PCIT			
Number of Families Served Directly	86	Number of Families Served Indirectly	0
Number of Children Served Directly	86	Number of Children Served Indirectly	82
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	21
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	14
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
49%	51%	84%	16%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
65%	27%		5%		3%

EVALUATION FINDINGS

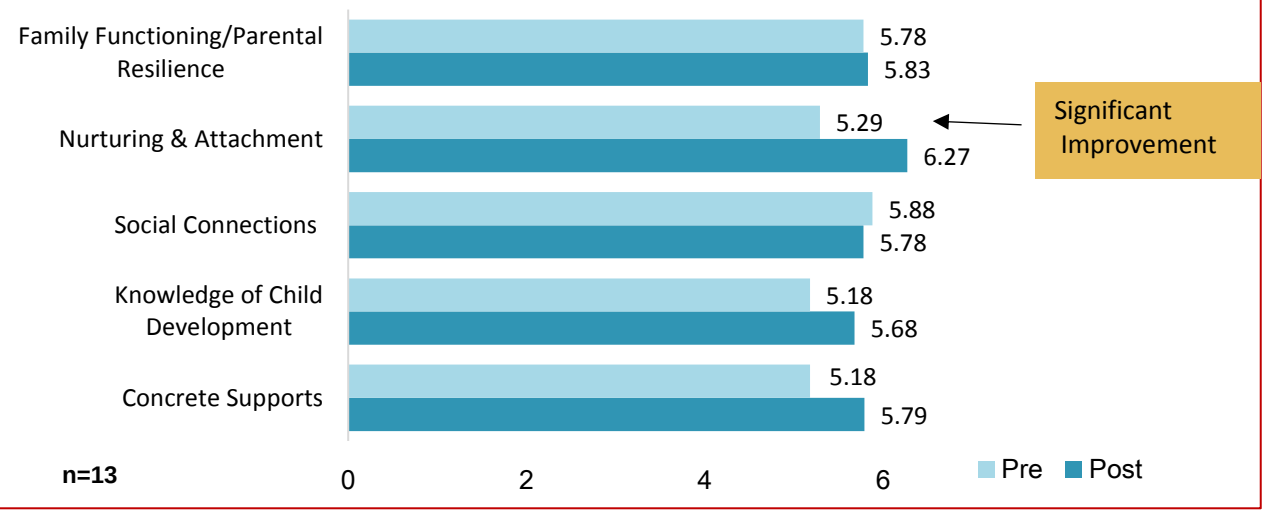
Parent Child Interaction Therapy (PCIT)					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	86 Parents 86 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	22/23	95.7%
	Average # of sessions completed (attendance record)	8 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	22/23	95.7%
	# of children indirectly served (attendance record)	82	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	21/23	91.3%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	22/23	95.7%
Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved (.5 increase): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)			6/13 4/12 5/13 10/13 2/12	46.2% 33.3% 38.5% 76.9% 16.7%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Eyberg) (*The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)*			41/45 33/43	91.1% 76.7%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) ***(****The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)*			See Below	

Were parents' Protective Factors improved?

Post Protective Factors surveys were completed when the parent completed at least six sessions of therapy. A total 12 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Nurturing and Attachment (p =.005; d =0.94), signaling that the therapy sessions were helping to improve the parent-child relationships.

Parents who participated in PCIT demonstrated significant improvements in Nurturing and Attachment.

Parents' strengths were in Nurturing and Attachment.



Did children's behavior improve?

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

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. A total of 43 children had pre-post ECBI data. There was a significant decrease in intensity of the problem (t(44)=8.111; p< .001; d=1.44). There was also a significant decrease in parents' perception of the behavior as being problematic (t(42)=7.065; p<.001; d=1.05). These data reflect a meaningful change within the zone of desired results. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior.

Children's behavior changed positively over time.					
Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2015-June 2016	45	144.16	100.47	p<.001	d=1.44

A score of 131 or higher reflects problem behavior

Summary of Parent's Who View Their Child as Having Conduct Disorder (Problem Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2015-June 2016	43	16.30	7.95	$p<.001$	$d=1.05$

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

Did the parents improve their parent-child interactions?

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

	Number of Assessments	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
# Improved	58	39/58	34/58	42/58	48/58
% Improved	58	67.2%	58.6%%	72.4%	82.8%

The results of the DPICS found that the majority of families had improved the positive strategies they used in their behavioral descriptions with their children and demonstrated a decrease in negative strategies that would impede their interactions. In the area of positive parenting strategies used, more families improved in the area of labeling praise.

Are parents satisfied with the services provided?

A satisfaction survey was completed to receive input from the families regarding satisfaction related to the PCIT strategy. Overall the parents rated the program implementation very positively. Families rated all areas in the high range. Most families (91%) agreed that the program did improve their relationship with their child.

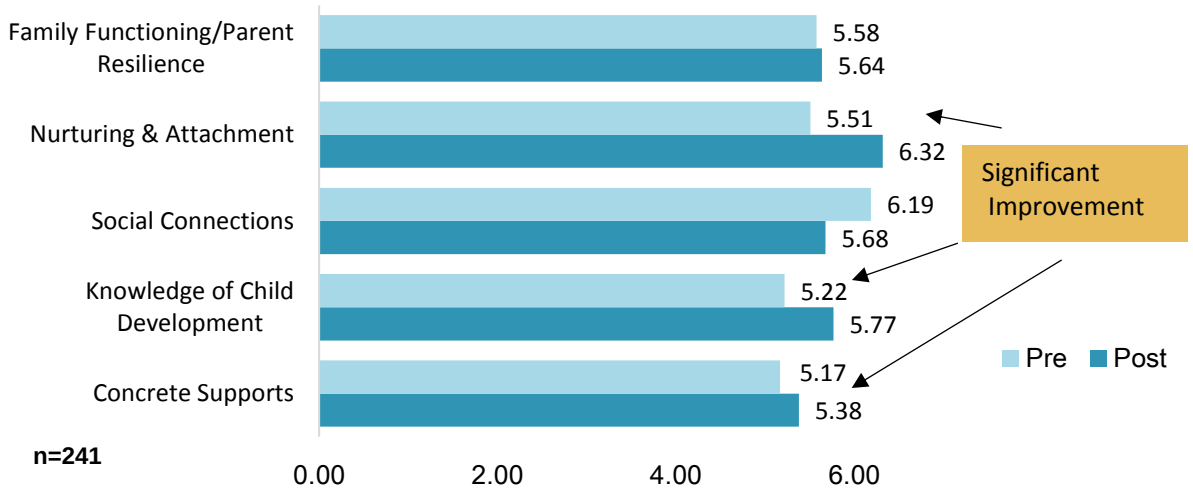
PFS Across All Nebraska Children Strategies

Were parents' Protective Factors improved?

Of interest was the Protective Factors of families that participated in any of the NCAPF and NC funded strategies. A total 241 post surveys were obtained. The results found that parents demonstrated significant improvements in Nurturing and Attachment (p <.001; d=0.79), Concrete Supports (p<.04; d =0.13) and Knowledge of Child Development (p <.001; d =0.35). These results suggest meaningful change within the zone of desired effects in the area of Nurturing and Attachment.

Parents who participated in NCAPF Board and NC strategies demonstrated significant improvements across the majority of the Protective Factors.

Parents' strengths were in Nurturing and Attachment and Knowledge of Child Development.



Community Well-Being (CWB) Initiative

Shared Focus for Eight Community Well-Being Communities

The CWB communities (Dodge County, Dakota County, Hall County, Norfolk, Panhandle Partnership, Platte-Colfax Counties, Sarpy County, and Lincoln County) have worked to build their capacity to meet the needs of the children and families. The following describes the shared focus that exists across the CWB communities.

- **Reducing Child Abuse and Neglect and Keeping Children Out of the Child Welfare System.** All communities have goals to increase Protective Factors and improve family resources to prevent child abuse and neglect.
- **Local Strengths and Documented Gaps in Services.** All communities have completed assessments and plan to develop prevention plans.
- **Implementation of Evidence-Based Practices with Measures**. All communities have begun implementing their prevention plans and are working with local and state evaluators to measure outcomes.
- **Implementation of Collective Impact.** All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

Training Activities

Over the past 12 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 121 events were reported with over 1800 participants representing over 700 organizations.

The highest number of trainings focused on training to support specific Community Well-Being Strategies.
Trainings held for community members (including parent or professional events) reached the most participants from July 2015-June 2016.

Topic Area	Topics Included:	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Professional Training for Specific Community Well-Being Strategies	PCIT Training Community Response Overview PIWI Training/Pyramid Model	39	299	627
Training for Communities (Either Parent or Professional)	Autism Awareness Bullying and Suicide Prevention Community Cafés	56	256	885
Training that Enhances Collaborative System	Collective Impact Training Service Point Training	26	216	354
Total		**121**	**771**	**1865**

Community Cafés

According to several prominent national sources, one critical element to improve outcomes for children and families is parent partnerships. Community Cafés are an evidence-informed approach to parent partnerships that has been successfully implemented in seventeen states over the past ten years. Communities in this report have based their Cafés on one of the models developed in Washington State. The model fosters the development of parents' ability to strengthen their own families and to improve their community's practices and policies. Community Cafés comprise a series of conversations among parents and other community members that lead to stronger families, developing parent leaders, and making positive changes in the practice and policies of organizations and communities.

In Nebraska, four communities supported Community Café teams in 2015-2016: Lincoln, Fremont, Grand Island, and Omaha. A total of 47 Cafés were held in these communities with 640 participants (adults and children). Café themes included: safe neighborhoods, neighborhood cleanup, and knowledge of child development, concrete supports, social connections, improving quality family time, summer activities, bullying, and school.

What training activities supported implementation of the Cafés?

Training opportunities were provided to communities to support the implementation of the Community Cafés. The following is a description of the opportunities for this past year.

Orientation. New parents and staff team members from four communities participated in a one-day orientation in October 2015. The orientation was facilitated by two consultants from the National Alliance of Children's Trust and Prevention Funds and Nebraska Children. More experienced members of each community team also attended to support the new members.

Learning Session. The national consultants and Nebraska Children conducted two on-site skills development and peer learning sessions with parents and staff team members from each community that had been involved in the previous year.

Collaboration Calls. In February through June 2016, six conference calls were conducted with parent and staff team members in each community to share successes and problem-solve challenges, and two calls were conducted to develop a parent leadership team.

Web Based Trainings. A consultant from the National Alliance of Children's Trust and Prevention Funds and Nebraska Children co-facilitated a webinar for the community coalition leaders and administrators that support the local café teams.

How were the critical elements of Cafés incorporated?

Community Cafés include three critical elements: Through the first element, Appreciative Inquiry, Cafes involve a cyclical process to identify possibilities and build on strengths. Through the second element, principles of hosting from the World Café, parents and staff participate as equals. Through the third element, parent engagement and leadership through the Protective Factors, parents are involved at every phase, from design through assessment. The results in the following table reflect the incorporation of these three elements in the past year.

	Quantity	Quality
Effort	How much did we do? • 47 Community Cafés and 6 connected series in each community (compared to 24 Cafes in the previous year) • 640 parents, staff and other participants in the Cafés (compared to 308 in the previous year) • 44 parent and staff participants in Community Café orientations and other skills development (skills development sessions, support calls, etc.)	How well did we do it? **Participant Satisfaction-** 88.8% of participants had a positive experience **World Café principles** (hospitable space, exploration of questions that matter, everyone's contribution encouraged, diverse perspectives connected, listening together for group patterns & insights) One site struggled to find a space large enough to accommodate participants. One site is conducting cafes in Spanish. **Incorporation of Protective Factors-** Parent hosts are aware of the value of aligning Café conversations with the Protective Factors. **Partnership with parents** Parent hosts are co-leading Cafes.
	Effect: Is anyone better off?	
Effect	Appreciative Inquiry • Café teams are utilizing the dream, design, discover, deliver process: identifying shared values and dreams, building relationships, learning and identifying steps to take (see community examples below) ○ Lincoln – identified need for improvements in school and met with the principal to make changes; parent leaders (Community Café Leadership Team) emerged from parent hosts. ○ Fremont—One group completed a volunteer activity following conversations on resilience and social connections. ○ Omaha—conducted Cafés in Spanish. Participants identified shared values and dreams, took steps to learn about and access resources for their own families. ○ Grand Island—included Spanish speaking parents. Participants identified a shared desire for safer neighborhoods, completed neighborhood cleanups with city partners and were featured in the local newspaper. • Parent leadership developing A three-member parent leadership team emerged.	

How did the Cafés benefit the participants?

At each of the Community Cafés, participants rated items on a survey that reflected their satisfaction with the Cafés (e.g., felt welcomed or participation was helpful) or outcomes (e.g. understood child's development, more confident as a parent, etc.) For the 2015-2016 Cafes, an additional set of questions were added to allow participants to reflect on their personal experiences during the cafes. Survey questions were centered on level of comfort, level of involvement, personal leadership goals and parent engagement. The scores are based on a 5 point score with 1= strongly disagree and 5= strongly agree. A total of 137 surveys, Spanish and English, were collected throughout the 4 communities.

The results from four communities' responses found that the Cafés were a welcoming format for participants. They were found to be helpful to individual families. It provided them with a venue to meet other parents and youth. In addition, they believed that their participation will support improvements in their community. Host parents and support staff appreciated the opportunity to learn with and from parents.

Cafés were found to be helpful to families and were viewed as a means to improve the community				
# Surveys	Increased involvement in community	More confident as a parent	Found the Cafés helpful	My own family has seen improvement
137	4.5/5	4.8/5	4.6/5	4.8/5

"We quickly found additional value in the Connected series. Our group went from having conversations, to building relationships and completing community outreach projects." -Community Café Host

"Times are different now. These groups help me increase my parent-child connection. I don't feel as lonely and I am spending quality time with my kids." –Parent Participant

"My involvement with the Community Café has been such a wonderful, life-changing experience. I feel the group has really empowered me to stand up and be heard, and use the power I never knew I had, to enable others to do the same."- Café Parent Leader

Leveraging Funds

Did the Collaborative leverage additional funding for their community?

One of the intermediate CWB outcomes was that their work would result in the communities increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the communities. Overall, the Collaboratives have been successful in leveraging funds. The most funds were leveraged by partners as a results of the joint efforts of the Collaboratives.

The Collaboratives have been successful in leveraging funds from multiple funding sources.				
July 2015 – December 2015			**January 2016 – June 2016**	
Funding from Nebraska Children	$1,814,472		Funding from Nebraska Children	$2,484,215
New Grants and Funding Awarded Directly to Collaborative	$662,981		New Grants and Funding Awarded Directly to Collaborative	$2,136,705
New Grants and Funding Obtained by Partner as Result of Collective Impact	$1,585.654		New Grants and Funding Obtained by Partner as Result of Collective Impact	$4,271,812
TOTAL	**$4,063,107**		**TOTAL**	**$8,892,732**

With the demonstrated depth of collaboration, the Panhandle Partnership and Panhandle Area Development District were awarded funds by both the Sherwood Foundation and Peter Kiewit Foundation to implement Social Enterprise in the Panhandle. These resources will bolster the growing collaboration between economic development agencies and health and human service providers through the Innovation and Investment funds. As important, the collaboration for sub-granting Sherwood Foundation funds for the Greater Good grants tests a model of new collaboration between funding entities and local partners to assure alignment of resources with regional goals. ……A Collaborative

BRAIDED FUNDING

Policy Support

How did CWB communities support policies?

CWB communities were active in trying to shape policy both at the local and state level. This was a key outcome of their Collaboratives' collective impact work. At the local level policies were impacted at three different levels: 1) policies to further the internal workings of the Collaborative (e.g., development of financial policies, changes in bylaws); 2) policies to support the implementation of collaborative strategy (e.g., agency MOUs for implementation of Community Response; and 3) policies that support local

community efforts (e.g., Safety Policies changed in local trailer park due to Community Café efforts including speed bumps and stop signs installed and city code violations corrected).

Community members informed legislation by providing input during listening sessions for the one-time Expanded Learning Opportunities grants competition that was facilitated by Nebraska Department of Education. One community also met with local legislators to provide Information relating to several bills that impact vulnerable populations of Nebraska children, including LB 746: Strengthening Families Act, LB 773: Early Childhood Workforce Development Task Force, and LB 866 Transition to Adults Living Success.

CWB Collaborative members worked with state and local Department of Health and Human Services (DHHS) to help inform the linkages between Community Response and Alternative Response as local communities developed policies and procedures during this initial implementation phase. As communities began to implement the Nebraska Children Connected Youth Initiative Flex Funds, documents were shared with Social Innovation Fund (SIF) partners.

Collective Impact

The Community Well-Being communities continued to focus on building their capacity to adopt the components of a collective impact approach. Throughout the year, there was individualized consultation from Nebraska Children at the community level, and learning opportunities for the leadership and members of the CWB Collaboratives through a learning community format. The learning activities and consultation supported the adoption of key elements of a collective impact approach (Kania & Kramer, 2011). During the spring of 2016 communities were asked to complete a self-assessment of their collective impact skills. Local evaluators facilitated discussions with each Collaborative to identify strengths and priorities that they could address to improve their collective impact work. The majority of the CWB communities completed this process this spring and will use priorities to develop their 2017 work plans. The following presents brief descriptions of the Collective Impact components and a discussion of the communities' successes and priorities they have targeted to improve the mechanisms of their Collaborative and continue to build a strong foundation.

Common Agenda: All participants have a **shared vision for change,** including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

> **Successes:** Several CWB Collaboratives reported that one of their strengths was the established shared vision with aligned goals and outcomes. As one community noted, "Community Well Being Coalition has a strong team of collaborators from many different agencies working together toward the common goal of enhancing the Protective Factors of families in our communities."
>
> **Priorities for Improvement:** As Collaboratives experienced rapid growth in membership, the importance of ensuring that new members were familiar with the vision and mission of the Collaborative and the components of Collective Impact was important. There were other communities that saw as a priority from their collective impact self-assessment the need for their members to re-visit their vision and supporting work plan.

Success is not defined as an end point when talking about building a prevention system. It is an ongoing initiative that has continuous and infinite potential. It is up to each individual community on how far that goes.

……. A Collaborative Coordinator

Shared Measurement: **Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable.

Successes: The CWB Collaboratives have continued to use data as part of an improvement process. As one collaborative noted, "Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable."

Data from the various initiatives is woven together to create an overall picture of the success of the coalition in enhancing the well-being of families in our communities. We utilize information from the data to develop work plans, find out what is working to build upon those successes, and make decisions about what to change about less successful outcomes to make them work better. ……a Collaborative Coordinator

Priorities for Improvement: Local members in one community recognized that improved communication was necessary, particularly in the area of monitoring progress. While there was interest in monitored progress, the gap partially exists in the Collaboratives use of a shared measurement system. To monitor progress also requires reporting. Yet if the type of reporting systems between agencies is different, then the results may not be expressed in the same manner.

Mutually Reinforcing Activities: Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action.

Successes. Expanding partners and membership in their Collaborative was described as a success by many communities. Coalition partners work together to develop plans, which are then brought to life through the various agencies and organizations. For instance in one community, one strategy was implemented by four different partners. Partners shared valuable data outcomes with each other, helped each other to succeed through sharing information and expertise about the implementation of the strategy, as well as knowledge and sharing of funding sources.

Continuous Communication: **Consistent and open communication** is needed across the multiple players to build trust, assure mutual objectives, and appreciate common motivation.

Successes. Demonstrating strategies to increase their membership were described, including adding new partners that had not been represented (e.g., mental health community) were

described by several communities. Other communities described restructuring their Collaborative to include work groups to improve communication and increase member engagement. In another, Collaborative members partnered with another community agency to address a common goal that resulted in a continuum of care between home and schools.

Priorities: Through the Collective impact survey, it also became apparent that some members were not as clear as others when it comes to the agreed upon goals of the organizations. The establishment of workgroups for the various grant programs is one way that is being used to address this, especially as a way to clarify their goals and maintain effective work plans. One collaborative has tasked the workgroups to set goals for the coming year and plan strategies to achieve those goals. For another group, the need to develop a way to encourage and secure different voices on the coalition was identified, including business representation and voices of the parents and youth who participate in the community services.

Backbone Organization: Creating and managing Collective Impact requires a neutral organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies.**

Successes. Each of the Collaboratives have an identified backbone organization for their community. For some, this year was an opportunity to restructure to better to improve the workings of their Collaborative. Most have structured the Collaborative to consist of sub-committees. This helped to focus the work within those groups. For another community, they have hired their first internal coordinator, having relied on an outside consultant in the past to carry out those functions. Others have reviewed bylaws our added policies, e.g. fiscal policies to establish the essential backbone functions needed for the collaborative to work.

Challenges. Two CWB communities had a turnover in the coordinator role. While the coordinator's role is key, there were structures in place (e.g., policies and work groups) that helped to mitigate coordinator turnover when it occurred.

Conclusion

Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support communities to build prevention systems through a continuum of strategies that will successfully improve the health and well-being of children and families in Nebraska. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as, child, family, and community outcomes.

Prevention Strategies

How much did they do? Five communities funded throughout Nebraska directly served 238 families and 269 children using three evidence-informed or evidence-based practices. A total of 7% of the parents and 5% of the children served had a disability. Only 4% of the children were substantiated for child abuse for the first time.

How well did they do it? NC found that the majority (97%) of the families rated the quality of services (e.g., PCIT, PIWI, Community Response, and Circle of Security) they received positively. Families reported that they were respected by program staff and therapists. High percentages (97%) of families would recommend the program to others. Most felt that they learned new techniques (85%) to use with their child and had a better relationship (97%) with their child as a result of their participation.

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

Is anyone better off? A shared measurement (e.g., Protective Factor Survey) was used to evaluate the parents' Protective Factors across the majority of PSSF strategies. Cross-strategy analyses found that the parents they served reported a significant improvement across multiple areas of the Protective Factor areas, including Nurturing and Attachment, Concrete Supports, and Knowledge of Child Development.

Highlights of Additional Findings of Funded Strategies

- Children in **PCIT** significantly **improved their behavior** and **parents improved** the **positive strategies** and **decreased the negative strategies** they used in their interactions with their children.

- Parents in **PIWI** demonstrated significant **improvements** across **all areas of parenting skills.**

- Youth in **3-5-7 Permanency** met the program **goal for competent life skills** in **interpersonal skills, health, housekeeping, job maintenance, and personal appearance.**

- **Community Cafés** resulted in **growing number of parent leaders** and the identification of **action steps to improve their communities.**

Community Well-Being Collaboratives

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities.

How much did they do? Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Training was provided to 1865 participants over 100 events with 771 collaborating agencies. A total of 47 Community Cafés were implemented in four communities to build parent engagement in their communities. There were over 600 participants. Over $8 million were leveraged for services and supports for their communities. CWB communities were active in trying to shape policy both at the local and state level including: took an active role in providing testimony for legislation, helped to inform state policy as they were piloting new initiatives, and participated as members on state-level advisory boards that influence policy.

How well did they do it? The Community Well-Being communities continued to focus on building their capacity to adopt the components of a collective impact approach. Throughout the year, there was individualized consultation from Nebraska Children at the community level, and learning opportunities for the leadership and members of the CWB Collaboratives. A number of successes were noted.

- The CWB Collaboratives **established a shared vision** with aligned goals and outcomes. "Community Well Being Coalition has a strong team of collaborators from many different agencies working together toward the common goal of enhancing the Protective Factors of families in our communities."
- The CWB Collaboratives continued to **use data** as part of an **improvement process**. "Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable."
- **Expanding partners and membership** in their Collaborative was described as a success by many communities. Others are continuing to try to recruit members from a broader constituency, including family members.
- A **strong backbone organization**, was viewed as an important aspect of collective impact and **contributed to the success of the Collaborative**. For some, this year was an opportunity to restructure to include updated work groups to better to improve the workings of their Collaborative.

Is anyone better off? In addition to the positive outcomes that were summarized in this report, multiple system-level benefits were an outgrowth of the Collaborative work.

- **Cross-agency work** resulted in an integrated community system with community partners **blending funds** and efforts to provide an **integrated service system to support families**.

- **Cross-agency collaborative training** (e.g., improving the collective impact efforts, establishment of community response systems) allowed Collaborative to learn from each other as they established new initiatives.

- The **Collaborative structure** helped position communities **to successfully apply for grants** and **respond to other requests community initiatives from NC as well as other local, state and national resources.** (e.g., Head Start grant).

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CHILD WELL-BEING INITIATIVES
SIX-MONTH EVALUATION REPORT
JANUARY – JUNE 2016

I. ABOUT COLLABORATIVE

Dakota County Connections is a community collaborative in Dakota County, Nebraska that unites partners from many different community agencies for the purpose of improving the quality of life and the social-emotional well-being of children birth to 21 and families in the community. The agency is a 501C3 with a Board of Directors and the Siouxland Human Investment Partnership as its back bone agency. Dakota County Connections does not provide programs, it serves to provide a common table for community partners to gather around and collectively address community needs. Dakota County Connections believes that strengthening our community requires all of us working together, which includes:

- Identifying community strengths and needs
- Actively coordinating and sharing lessons learned
- Defining common outcomes
- Aligning individual community needs and resources to meet those outcomes
- Seeking additional resources to help reach our goals
- Using evaluation and community data to strengthen our programs
- Maintaining open communication with our partners

Dakota County Connections knows that when we collaborate together we expand the existing efforts of our community to enhance the well-being of our families and children.

II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	66	Number of Families Served Indirectly	
Number of Children Served Directly	35	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly			
Number of Children directly served with Disabilities			
Number of First Time Children with Substantiated Child Abuse who were directly served			

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. This information is based on 24 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
33%	67%	87%	13%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
38%	54%		4%		4%

III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF, NCAPF, DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds & Other Priorities (Completed by Nebraska Children –do not edit)			
Source	Strategies Supported	Funding Period	Annual Amount
PSSF	PIWI, PCIT, Pyramid, Preschool scholarship Program, In Home Services and Common Sense Parenting	1/1/16 – 12/31/16	$53,000
CBCAP	CWB infrastructure, training and coordination School/Community, PIWI, PCIT, Pyramid, Social Emotional training and Depression Screening	1/1/16 – 12/31/16	$40,000
IV-E	AR/CR implementation & expansion	1/1/16 – 12/31/16	$25,000
BECF	Implementation of strategies that support and enhance the social-emotional development of children, birth through age 8, including Pyramid Model implementation and other social-emotional systems strategies outlined in the community work plan.	7/1/15 – 6/30/16	$24,414.69
NHB	Pyramid Model Implementation	7/1/15 – 6/30/16	$33,000
NCAPF	PIWI, PCIT	7/1/15 – 6/30/16	$15,000

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
				n/a		

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
				n/a		

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Total Across All Charts	$190,414.69

IV. TRAINING ACTIVITIES

Professional Trainings:

National Training Institute (NTI):
The National Training Institute on Effective Practices provided our professional with an in depth, intensive learning experience around the Pyramid Model framework for addressing the social emotional development and challenging behavior of young children.

Pyramid module trainings:
The Pyramid Model builds upon a tiered approach to provide universal supports to all children to promote wellness, targeted services to those who need more support, and intensive services to those who need them. The tiered approach as a pyramid is as follows:

- Yellow Foundation: The foundation for all of the practices in the pyramid are the **systems and policies** necessary to ensure a workforce able to adopt and sustain these evidence-based practices.
- Blue Tier: **Universal supports** for all children through nurturing and responsive relationships and high quality environments.
- Green Tier: **Prevention** which represents practices that are targeted social emotional strategies to prevent problems.
- Red Tier: **Intervention** which is comprised of practices related to individualized intensive interventions.

Training for Communities

AL's Caring Pals- provides training and materials for home-based child care providers that develop social skills and healthy decision-making in children 3 – 8 years old. We offered this class for Spanish speaking families. Three families signed up but only one completed the course.

Nebr. Early Guidelines Social Emotional – is a training that teaches early childhood providers and educators about schedules, routines, physical environments, and emotional literacy strategies for promoting social and emotional skills in young children, as well as ideas on how to work in partnership with the children's families on these concepts.

We also facilitated the distribution of training information from our community members, such as:

Kids Health & Safety Fair on May 7th which was put on by the Mercy Medical Center, it was free to all children and offered kids activities, fun booth, safety vehicles, Mercy Air Care as well as car seat safety checks.

Getting Down to Business which taught resources and skills to succeed as a family Child Care Provider. It offered four modules starting in February and was organized by Early Learning connections and taught by Dawn Bassett in South Sioux City.

Outdoor Skills Program on March 16th was a hands-on training for elementary teachers, afterschool coordinators, and extension staff on how to incorporate out door skills into a program, camp, or classroom. It was geared toward 3rd-6th grade youth and presented by Neb. Game and Parks and Neb. Extension.

Training that Enhances Collaboration

Community Response (CR) training- presented by Donna Meismer with the Fremont Family Coalition and Fremont Area United Way who have a successful CR system going. Donna shared how they got started and what CR looks like in their community. **Collective Impact Survey review.** See below, under Collaborative Update, for a brief description of this event.

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
4/17-4/22	National Training Institute	5	5
1/16/16	Pyramid Model 3a Training	16	3
3/12/16	Pyramid Model 3b Training	16*	3

*Note that the same 16 providers attended both Pyramid Model trainings; the trainings cover different material although they do build on each other.

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
2 /13/ 16	Ne Early Learning Guidelines Social Emotional	25	8
1/12/16	Al's Caring Pals	8	8 different in-home providers

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
2/24/16	Community Response meeting	35	30
4/14/16	Collective Impact Survey review	25	23

V. POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
n/a	

Legislative Policy	
Short Description of Policy	Role of Collaborative
Information relating to several bills that impact vulnerable populations of Nebraska children, including LB 746: Strengthening Families Act, LB 773: Early Childhood Workforce Development Task Force, and LB 866 Transition to Adults Living Success Program Act.	DCC's backbone agency presented to the local Legislative committee on 2/8/16 to share information about DCC and direct the legislators' attention to several related bills under their consideration.

State Policy	
Short Description of Policy	Role of Collaborative
n/a	

VI. SUMMARY OF EACH PREVENTIVE STRATEGY

Strategy: Child Directed Interactions (CDI)

This strategy was implemented in previous reporting periods. During this reporting period, CDI classes were presented at the Cubby Care Preschool Campus where pre and post assessments were collected. The CDI information was also presented at the EHS program for eight families but no assessments were collected.

Strategy: Child Directed Interactions (CDI)			
Number of Families Served Directly	19	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	4
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

There is no formal RBA for this program. However, analysis of pre and post data of the Cubby Care participants indicated positive results. Participants took a 10-point knowledge quiz on parenting skills as taught by the CDI program; the average score for the 13 participants assessed before the course was 42% correct. By the posttest, the average score for the 11 assessed participants had risen to 85% correct. Moreover, for those participants where pre and post assessments could be matched, knowledge increased to getting 36% more correct on average. Satisfaction surveys from 11 participants indicated parents were highly satisfied with the course, with 100% rating the course and educator as a 7 or higher on a 10-point satisfaction scale.

Conclusion for Child Direct Interactions:

This was an effective strategy for giving parents positive ways to interact with their children. The coaches shared with parents how setting aside even 5 special minutes a day just to focus on your child can make a profound difference in their lives. Parents were given tips and ides how to make time with their children positive and reinforcing. These classes filled a much need gap for parents whose children do not exhibit extreme behaviors but who want to be better parents as well as for parents who need a little help with behaviors. These classes help meet the strategy on our DCC work plan that states "explore strategies that fill in the continuum between PIWI and PCIT.

Strategy: Preschool Scholarship Program

This strategy was implemented in previous reporting periods. There is no formal RBA or evaluation data for this strategy, as families participating in the scholarship program are also participating in concurrent parenting strategies and are assessed for those strategies more directly. Qualitative data, however, indicated parents continue to be very appreciative of this program; see the letters in the Success Story section below.

Strategy: Preschool Scholarship Program			
Number of Families Served Directly	8	Number of Families Served Indirectly	
Number of Children Served Directly	8	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

Conclusion on Pre School Scholarships:

In the last 6 months' parents have expressed how these scholarships have helped them to have consistent attendance with their preschool program and access to staff who better support the child's behavior and helps the parents by allowing them to connect every day with the providers as a support system. They have also shared that they feel valued when there is this level of caring and support as many of them are just making or not able to quite make it financially. This also encourages them to get involved in parent trainings where they find the support and encouragement of other parents as well.

Strategy: Common Sense Parenting

This strategy was implemented in previous reporting periods. Parent were very appreciative of this program as noted in letters in the Success Story section below.

Strategy: Common Sense Parenting			
Number of Families Served Directly	11	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

There is no formal RBA for this strategy as it is implemented in this community. However, Boys Town, the organization which conducts the course, has participants complete both satisfaction surveys as well as pre and post assessments of the Parenting Children and Adolescents Scale. See Appendix A for an evaluation of the course as completed by evaluators with the agency who conducted the class. DCC's local evaluator did not receive this data in time to analyze it independently, but a review of the outside report indicates positive outcomes for those taking the class. Moreover, satisfaction surveys from the six participants who completed them indicated participants enjoyed and benefitted from participating. 100% of the responses were "*agree"* or "*strongly agree"* to the nine satisfaction questions and qualitative response supported these ratings. DCC will work with both the local evaluator and the agency conducting the classes to implement an RBA for future reports.

Conclusion

The initial date of starting the Common Sense program with the parents had to be pushed back do to scheduling with Boys Town. We initially had 16 parents signed up, and reached out to other families in the community that needed parent training. Unfortunately, since we pushed back the time of starting the class we lost some parents do to scheduling.

We started with 11 parents and 2 of the parents moved away due to a better job opportunity. And 1 of the parents from another center was not able to make the class.

The instructor from Boys Town did a nice job with the class. At first, it seemed a little uncomfortable to a few of the parents, since they have been out of school and working so they were little uneasy talking in front of other people. Sometimes the terminology got a little confusing for a couple people. After about 3 weeks the parents starting bonding. And the information really started making sense. If you look at the parent letters later in this report you will see the class did make a wonderful difference.

Strategy: PCIT

Participant numbers are growing in the use of our Parent-Child Interaction Therapy. More parents are discovering this is an exceptionally effective, short-term therapy that improves family relationships and increases positive supportive communication and families are sharing their success with each other. Therapists are also reporting to DCC staff that more centers are encouraging parents to try PCIT that not only is it beneficial to families but the children involved in PCIT often have declines in disruptive behaviors in centers as well. It also gives parent, centers/teachers, and the therapist a great communication point that they can all see working.

A total of 15 families were enrolled in PCIT in Dakota County. Of the 10 parents that had attendance data reported, parents participated on average of 12 sessions with a range from new enrollees to those that had been in 26 sessions. A total of 20% of the families' therapy sessions were funded by Child Well-Being. Of the 10 families, 20% were discharged, 70% had dropped and 30% were still receiving services. A total of two therapists reported on the services provided.

Strategy: PCIT			
Number of Families Served Directly	15	Number of Families Served Indirectly	
Number of Children Served Directly	15	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

Parent Child Interaction Therapy[1] PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.
Data collected at the end of the parenting sessions. Reported by county annually.
Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade.

	Quantity *How much? (Inputs, Outputs)*		Quality *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	15	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	3/3	100%
	Average number of sessions completed (attendance record)	12	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	3/3	100%
	# of children indirectly served (attendance record)	12	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	3/3	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	3/3	100%

Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved (.5) : (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)	 1/3 1/3 2/3 1/3 1/3	 33% 33% 67% 33% 33%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (Total number improved to below problem range/total at pre in problem range) (*The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.* *The Problem Scale measures the degree that the parent is bothered by the conduct problem.)*	3/5 5/6	60% 83%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) *(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)*		See below

Summary of PFS Findings

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	3	5.40	5.22	6.25	5.40	5.78
Post		5.87	5.56	6.67	5.67	5.89
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Families' strengths on this scale were in the areas of Nurturing and Attachment and Concrete Supports. The parents made the most improvements in the Family Functioning and Nurturing and Attachment.

Summary of Parent's progress on the DPICS

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

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	15	60.0%	73.3%	80.0%	93.3%

*Increase of 5 or more

Overall, the high percentages of parents demonstrated improved positive strategies in their interactions with their children. The most improved areas were labeling praise and decreasing their commands and negative talk.

Summary of Eyberg Findings

The Eyberg evaluates the extent that the parent views the intensity of their child's behavior or the level it is a problem. This is an ongoing assessment across the time that the parent and child are in therapy.

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range Pre	% rated in high range Post
January 1-June	10	140.8	88.6	*p*=.008	*d*=1.06	50%	20%

*A score of 131 or higher is in a problem range

Summary of Parent's who View their Child as having Conduct Disorder (Problem Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range * Pre	% rated in high range Post
January 1-June 30	10	17.6	6.78	*p=.006*	*d*=1.25	60%	10%

*A score of 15 or higher is in a problem range

The results of the Eyberg found a significant decrease in the number of problem behaviors demonstrated as well a significant decrease in the parent's view of the child's behavior as problematic. These results suggest a meaningful change. The results should be interpreted with caution given the small amount of data analyzed. The percentage of children demonstrating scores in the high range decreased at the time of the post score rating.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation very positively. Overall the parents were very satisfied with the program, rating it as a mostly or strongly agreed rating.

Conclusion

There has been a positive response to PCIT in Dakota County and more families are taking an interest because they see and hear from others that it really works.

Strategy: PIWI

This strategy was implemented in previous reporting periods. This was a small group but really connected. The DCC coordinator had the opportunity to visit the group twice and reported

> You could see the children really had the opportunity to interact closely. One night the children played a game of red light green light and the children were so excited this was a special part of their evening and they all took a turn, parent and children. They would watch each other so closely and

listen so intently but when they got close to the end they would all come across the line laughing. The small group size gave the children many opportunities to practice turn taking and sharing without being rushed. One evening while I was there they were doing playdough and practicing please and thank you as they exchanged tools. Abbie, the instructor, also shared that as the weeks went on parents began to share at dinner each week how their week had gone and really bonded. One mother in this class had attended the class in June as well and shared that she noticed her son was continuing to develop new skills that she had learned to support through PIWI.

DCC tried to start another class in the spring but attendance dropped off and eventually the group agreed that it was a long trip for the trainer for only one or two children. However, the group reported really enjoyed their interactions and talked about forming a playgroup. One of the mothers spoke to the DCC coordinator the other day and indicated they had only done the playgroup once, but "it was fun."

Strategy: PIWI			
Number of Families Served Directly	4	Number of Families Served Indirectly	
Number of Children Served Directly	4	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

Parents Interacting with Infants[2] PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.

Population indicators:

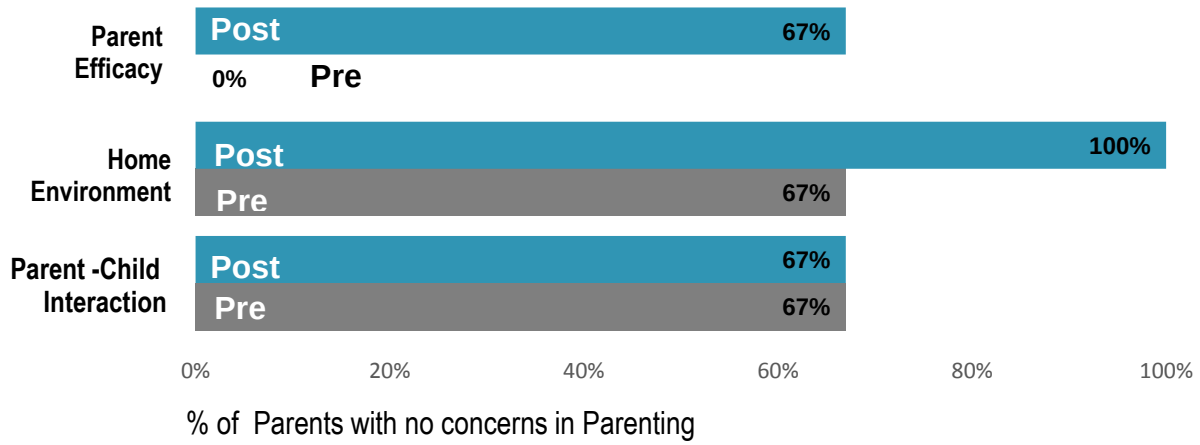
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	4	# average number of sessions completed (attendance record)	8	
			Completion of PIWI fidelity guide checklist (onsite visit)	**NA**	
	# number of sessions (attendance record)	**8**	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	**2/2**	**100%**
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	**1/2**	**50%**
	# of children indirectly served (attendance record)		# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	**1/3**	**50%2**

			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	**2/2**	**100%**
Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			 1/3 0/3 2/3 0/3 0/3	 33% 0% 67% 0% 0%
	# and % of parents reporting improved: (4+ change in score) (1) Parent-child interaction (2) Home Environment (3) Parent Efficacy			 2/3 3/3 2/2	 **67%** **100%** **67%**

Healthy Families Parenting Inventory

The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that the majority of parents demonstrated improvement in two areas including parent efficacy and home environment.

Higher % of families scored in the no concern area in Parent Efficacy ane Home Environment.



Summary of PFS Findings:

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	3	5.53	5.00	6.33	5.40	4.89
Post		5.67	4.22	6.42	5.80	5.22
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Families' strengths on this scale was in the area of Nurturing and Attachment and Child Development Knowledge. The greatest increases were in the areas of Child Development Knowledge and Concrete Supports. There was a decrease in families' ratings of their access to concrete supports.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The small numbers need to be interpreted with caution.

Conclusion

Although the PIWI groups have been small parents report learning a lot and often ask to do the next class again. Trying to find a time that works for families with young children is always a challenge, we did try an earlier time for our last class but attendance did drop off, part of that may have been it was in the spring and family schedules started to change. We will continue to find what works best for our children and families.

Strategy: Social Emotional Class during Summer School

This strategy was implemented in previous reporting periods. The South Sioux City Schools and local PCIT therapist worked together to offer the Second Step Curriculum to elementary students whom the school had recommended for some social emotional supports and growth. The parents were then contacted and offered the opportunity for their child to attend this class during the summer school session. The Therapist split the classes each taking 4 weeks of an 8-week session. They covered six lessons and averaged six students per session. Pre and post questions were completed with the results suggesting improvement. The lessons covered topics such as identifying other's feelings, communicating feelings, and anger buttons. Letters were sent out to families thanking them for letting us be a part of their children's summer school and sharing some things they had learned.

Strategy: Social Emotional Class during Summer School			
Number of Families Served Directly		Number of Families Served Indirectly	
Number of Children Served Directly	8	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

There is no formal RBA for this strategy. The course was taught over eight sessions; 100% of the students attended at least five of the eight sessions and two had 100% attendance. Six of the eight children enrolled in this program completed a five question knowledge test before and after the course. Four of those children did better at post than at pre and one made no gains or losses.

Conclusion

These classes are a great opportunity to work with the schools and reach young children that are identified as needing support. One of the things we noted was the schools had more children they wanted in the classes but the parents did not return permission slips. In the future we may look for way to contact the parents and help them better understand the value of the classes.

Strategy: Al's Caring Pals

Al's Pals is a comprehensive curriculum that we use for Dakota County in-home providers. It follows very closely with the Teaching Pyramid model thus growing all of DCC's ECH providers to better support young children socially and emotionally. The program develops social-emotional skills, self-control, problem-solving abilities, and healthy decision-making in children ages 3-8 years old. The program is nationally recognized as an evidence-based model prevention program. Through fun lessons, engaging puppets, original music, and effective teaching approaches, in-home provides get new ideas for their programs as well as get an opportunity to connect with each other. One unique result of this class was that three of the in-home providers elected to be part of the new Pyramid expansion and reported looking forward to learning more and receiving coaching. They were encouraged by one of the other in-home providers who had tried it two years ago and loves it.

One of the goals of AL's Pals was to provide professional development to child care staff in order to support children's development. In order to evaluate the success of the program, children's social-emotional skills were evaluated using the DAY-C. Children were rated two times across the year, prior to the providers' participation in training and at follow-up. The results of the assessment found there was improvement on average with slightly higher scores at follow-up. There were not significant changes across time. A total of 28.6% of the children demonstrated a 3 or greater improvement in standard score.

Strategy: Al's Caring Pals			
Number of Families Served Directly	8	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

	Number of Surveys	Results
Pre	7	106.6
Post		109.7
% Improved		28.6%

Conclusion

Our in-home providers shared that they appreciated connecting and learning together. The also appreciated being able to have a meal together and get the needed credits for licensing. They loved the fact that they received a kit that supported their training.

Strategy: Circle of Security

The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children. We had 3 families sign up but only one completed. To protect family privacy, data from the completing family is not reported.

Strategy: Circle of Security			
Number of Families Served Directly	1	Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	1
Number of Children directly served with Disabilities		Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served			

VII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

Protective Factor Survey- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from July 1 – December 31, 2015.

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/ Knowledge	Concrete Resources
Pre	6	5.47	5.11	6.29	5.40	5.33
Post		5.77	4.88	6.54	5.73	5.56
		p =.030 *d* = 1.22 (strong effect)	*No Significance*	*No Significance*	*No Significance*	*No Significance*

VIII. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Please complete the chart documenting expanded community initiatives and sustained work, resulting from community Backbone support.

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	**Strategies that are now sustained and no longer supported through NC funds**
Example: Sixpence implemented starting in July 2015.	Example: SANKOFA sustained in community and supported through private funds.
n/a	

IX. UPDATE ON YOUR COLLABORATIVE

Successes and Challenges in the Collective Impact work

Dakota County Connections has had great success in growth this year. We have reached a point where we had to rent a space big enough to hold all of the collaborative members and at our last meeting we had used every chair so we will need to continue to add tables and chairs. One of the exciting things is our growth is

across the community; we have city officials, business members, early childhood professionals, school members, and many different agencies involved with families. We are excited to have a central location for meetings, as previously we were moving around trying to find room for a group our size and that got confusing for members. This alone is a great success and challenge as we continue to grow and want new people to always feel like there is room at the table for them. All members of the group continue to reach out to others as well as having our backbone person highly involved in the community. We also reach out through our Facebook and Webpage.

We have had the excitement of getting trainers and toys ready to expand our PIWI program into Thurston County at Pender and currently talking with Winnebago about starting one there as well.

We are looking forward to starting our new Pyramid Expansion group of 15 providers with a kick off provider collaboration in July in conjunction with our current providers of 11 who continue to grow and meet with a great deal of success.

Through the wonderful collaboration of many community members, Leadership Dakota County, our DCC Safe and Healthy Youth Focus group, and the South Sioux City Schools we sent out a survey asking the community if they needed after school programing and possibly a youth center and it came back a strong yes. We now have the joy of supporting Beyond the Bell and Siouxland Human Investment Partnership as we all have come together to address a long time community issue of children's safety when they are not in school by providing afterschool programing for the community of South Sioux City. It is now growing from there as many partners from across the Siouxland area are meeting to discuss what it would take to have a Community Resource Center in South Sioux City that would serve Children and families. After our meeting on June 23rd we all concurred that our first task will be developing focus groups with different families, cultures, businesses and youth to get their perspective on the gaps and success of our community. Before we try to develop a Center we need to find out what the community really needs not what we think they need.

DCC has had the opportunity to receive training on Community Response through our own collaboration members, members from other collaborations, and individuals form DHHS, all sharing about how it looks from their perspective. The group has now formed a focus group that is working out the system and how it will look in Dakota County.

One of our bigger challenges this year has been gaining and retaining parent interest in parenting classes. For example, our Spring PIWI class started out with 10 parents enrolled and dwindled down to two, forcing it to close, and our Circle of Security class started out with three families enrolled and ended with just one. Our DCC focus group on Parent Engagement and Education is now looking at different ideas for incentives to encourage parents to get out after a long day of work and come to classes. The group has selected three trainings for the upcoming year and want parents to find successes and growth in them because we know a big part of the success for anyone is completing all the classes so you have the whole picture. Already one of our community members has obtained 20 passes for families to go to our children museum in Sioux City called the Launch Pad Museum and families will get a pass for their family when they complete all the sessions in their class.

Update on the Collaborative Impact Survey and Work

A collective impact survey was distributed to the DCC members in February 2016. On April 14th DCC's local evaluator joined a monthly DCC collaborative meeting to discuss the results. Approximately 25 Collaborative members were present several of whom identified this as their first collaborative meeting.

The group discussed the top two priorities the Collaborative had, as identified by the survey. Although only a few of the participants recalled taking the Collective Impact Survey, the assembled group did agree that the two highest priority items identified by the survey matched their own perceptions of the priorities: 1) Partners

communicate and coordinate regularly, and 2) Includes a diverse set of voices and perspectives from multiple relevant sectors and constituencies.

Through the discussion of these two priorities, participants were asked, "Why do you believe this function/behavior received the priority rating it did by your collaborative members?" "What is working to increase this behavior/function?" "What are the barriers to increasing this behavior/function?" and "What would you suggest the collaborative members do/focus on to increase this collaborative function/behavior?" The group was able to express each priority in their own words and they were able to make connections between their own and their collective's values and the goals of the collective and were able to make connections between the values they just identified as important and the concrete behaviors they were doing in support of those values. As a natural result of talking about the barriers they faced in achieving their priorities, participants also generated several ideas for how the Collaborative could to overcome those barriers. Suggestions ranged from better ways to organize and distribute the resource list the Collaborative had collected to expanding the scope of the Collaborative in order to reach community members outside of the birth to five child wellbeing services.

Due to time constraints, the group was unable to spend much time discussing the future directions of the Collaborative given the issues addressed in the discussion. The group was encouraged, however, to develop taskforces as necessary to follow up on the suggestions of the group and/or to make advancements with regard to the communication and diversity of voices goals identified by the Collaborative.

Based on the discussion, the DCC Collaborative found the results indicated that we are a very ambitious group and want to do everything well. As we examined two of items that the Collaborative ranked as needing the highest priority we noted they really fit together well. One was in the Backbone Infrastructure: which Includes a diverse set of voices and perspectives from multiple relevant sectors and constituencies. This is and continues to be very important to our group. All members report making a very conscious effort to invite others. This is one of the top strategies in our Work Plan, that we will expand partnerships that are represented in the DCC composition. We have continued to grow in the past year with members reaching out, presentations given about DCC to various organization in the community, a website, and face book page. The second item was under continuous communication and making sure partners communicate and coordinate efforts regularly. This really falls under the Strategy in our Work Plan that states that DCC members have an understanding of community resources. Under our activities in this area continue to invite community members to present at monthly meetings and develop a speaking schedule for DCC members which we have been doing. Another thing we have incorporated in our meetings are our opening introductions where people can share a short bit about what they have going on in the community that will benefit children and families and support our work.

X. SUCCESS STORIES

Collaborative-

Dakota County Connections has had many success as we look back over the past 6 months. One of the success is our continued growth; not only are members reaching out and encouraging others to take part, but as the coordinator for DCC I have had the wonderful opportunity to get more involved in the community through Chamber coffees, membership in organizations, sitting on boards, and presenting at various meetings, all of which allows us to share about DCC. We also have a Facebook page and website that

reaches out to the community. This all falls under our work plan which states we will have a sustainable infrastructure to align community work for program improvement and system change, our strategy is to expand partnerships that are represented in the DCC composition. We have grown so large it has been hard to find a place big enough for our meetings and we have had to move around. Unfortunately, that resulted in several members being confused about location and impacted their ability to attend. DCC is always looking for ways to improve, however, and this challenge was no exception; at the end of June, I was able to secure a large, permanent location for the next year which we all celebrated at our last meeting. Our growth coincides with the great connections we are seeing. Members are really reaching out to support each other and connect. After meetings, different individuals will tell me they did not even realize that another agency existed and how good it was to connect. At our last meeting I overheard individuals with Big Brothers Big Sister talking with members of STARS-Special Troopers Adaptive Riding School about ways they can work together, I saw school administrators talking with our PCIT therapists that work with children 3-8 years about ideas, and I had a business man tell me he was excited to get involved in the group and find ways to support the community. Each month members share with each other and one person/agency presents more fully on what they do so all know more about them. Our successes are even being noted by the community, with things such as coverage in our local newspaper. All of this, along with our resource manual and website, really helps to connect our community and help it grow.
-JoAnn Gieselman, DCC Coordinator

Strategy-
The next three letters are from parents who attended a Common Sense Parenting Class that was offered through the DCC collaboration with the support of NCFF. The Center they refer to in their letters also receives funding through NCFF for Teaching Pyramid training and coaching and most of their staff are starting year three with two new staff in the new expansion group of the pyramid. Many of the parents who participated in the training also received scholarships to help with their childcare costs. One of the letters below also includes a family that is involved with Parent Child Interaction Therapy (PCIT) which is another support DCC can provide through the wonderful work of NCFF. All of these supports together help provide positive outcomes for families they touched.

Dear to Whom It May Concern,

I participated in a class called “Common Sense Parenting” and was able to learn new parenting techniques for my toddler. The 7-week course focused on understanding my child’s development, teaching my child right from wrong, observing and encouraging good behaviors, as well as praising and correcting my child. After taking these courses, I have a better understanding on how to communicate with my 4-year-old more effectively, balancing the discipline and avoiding power struggles.
One thing I enjoyed during the class is that we role played and had open dialog amongst other parents. That was helpful and I was able to take those lessons home and practice. Another activity I enjoyed was watching the different scenarios after our reading. It gave me a better sense of what the reading was actually saying. I learned that Common Sense Parenting is really about common sense it is not rocket science and to focus on the situation in front of me.
I am so grateful for this opportunity to be part of this class and have the teachers a Cubby Care on board with me in helping my daughter. In addition, another good part being part of this class is just knowing that there are other parents struggling with their children too, not just me. The other nice thing about this class is getting to know other parents. As I got to know parents they would encourage me and I in turn would encourage them. Then there are the teachers at Cubby Care that also give me the thumbs up and

encouragement and tips we share, making the parenting of my daughter so much more enjoyable instead of an uphill struggle. I do not feel like I am the only one on an "island" not always knowing what to do with their child.
Thank you for this opportunity to help my family, I cannot thank you enough it has really helped us.

-Carrie, parent

I am writing about Common Sense Parenting class. I enjoyed the class. It has been a difficult time because it has been difficult financially trying to pay everything with what I make as a single parent without any other help. Once in a while I may get a child support check and then bang it is over, he has lost his job or does not try to find work. It is a roller coaster. So I am so grateful for the scholarship to help with childcare costs, I can't express my gratitude.
My daughter cries a lot and wants her way. I have been working with Cubby Care to help her emotionally stop the crying. My daughter is 4 years old. She has been with different people just because I have to work late and it is hard to adjust my schedule. She gets everything she wants from all these people, and I feel bad having to work, so I have given her many things also. I couldn't stand it when she cries so I would buy her a doll every time so she would not cry, but it was getting exhausting and financially impossible.
Her father is in and out of her life so sometimes I get child support and then I do not, nothing is consistent. When her dad sees her, she usually gets treats also.
In the Common Sense Parenting class, I learned to do more preventative teaching. At first the class was more reading, but then I began to like it because we did roll playing. We as parents could encourage each other and when confused we talked about it.
Thank you for the opportunity to be part of this class and scholarship program. I would have had to quit the childcare if not for this program. The class has helped me with my daughter and learning about myself and my actions. It makes you realize sometimes our actions are what really matter with our children and their behaviors. One really important message I will always remember from this class is, we are our children TEACHERS to our children. We become teachers to our children.
Thank you for this program. Thank you for the insights to help parents with our children in such a fast paced overwhelming world.

-Karen, parent

My husband and I have a little 2 1/2-year-old daughter. We may at times over protect her because we tried so many times to have a child and I have had several miscarriages before my daughter was born. It was a true miracle and one of the most important events in both our lives. She means everything to us.
So, we are trying to do whatever it takes to do a good job with her. In doing whatever it takes we find she cries all the time until she gets her way. It is so difficult because we try to do the right thing and in doing so she cries even more about everything. She won't go to bed at night and cries until we end up having to call grandma to come and calm her down. Grandma has had to come over to help her get dressed because my husband can't get her dressed in the morning for childcare. I am embarrassed to admit that she is doing these things. We have felt helpless at times, because we want to do the right thing. She even wakes herself up with crying because she is so overly tired from crying before bed time and it get so late when she refuses to go to bed.
We have been going to Cubby Care Campus Childcare and they have been helping us with her. She was just having some small troubles at Cubby Care. My husband told the teachers the story of her turning the

air-conditioning and heat on at our house and about her crying spells. That is when the directors of the Center Lisa and Traci approached me about parenting classes, and not only helped us get enrolled in Common Sense Parenting but because I was so distraught and desperate because my daughter was up all night and we were getting no sleep at night and not functioning well the next day, the directors got us signed up for PCIT so we had 2 supports going. We were so worried about our daughter, we had taken her to doctors and had no real answers, we just did not realize what we were doing by not following through and giving into our daughter.

This support could not have come at a better time. My husband had lost his job and he had been trying so very hard. He is a successful recovering person who has had an addiction. We have much faith and when these supports were offered to us I cannot tell you in words and emotions how much it has helped us. We were not even sure we could afford to keep our child in childcare at this time. These supports are amazing, we cannot thank you enough and are so grateful.

The common Sense Parenting really helped me learn new skills for dealing with my 2.5-year-old. At first I was uncomfortable but Lisa reassured me everyone feels that way and we are in this together. The first thing I learned was to have "age appropriate expectations" for my child's age and developmental level. The next thing that really stayed with me was to "show and tell" what I want her to do by giving a reason and demonstration. Just because I know and understand what I mean and want doesn't mean that she does. It sounds like common sense but in the day to day struggle of life it is easy to forget that they are still learning the things we already know and may take for granted. I've learned we need to slow down, have patience, stay calm, and teach them the things they need to be well mannered, successful, and social little people. Please keep these unbelievably wonderful programs, they provide so much help to families.

Thank you from a grateful parent.-Tiffeny, parent

XI. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

It would be hard to even begin to estimate how many children and families are truly supported through the many members of Dakota County Connections, as there are over 200 members that are part of DCC. It is important to mention this because it is through these members that we serve this community. It is our connection to each other and supporting the children and families together each using our special gifts but always knowing that we are there for each other so if a family has needs that one agency cannot meet there are other agencies ready to support them. This collaboration reaches even beyond just the strategies that NCFF funds directly using our people and our resources to braid together services to support our families and children. The community level sustainability is truly a key goal of the collaborative. There are so many key members that support this agency and all together reach hundreds of families and their children. Although it is not practical to mention them all, DCC would like to mention few that have been long time supporters and have really strengthened our collaboration by their membership. Business and agencies like: A Better Way Therapy, Boys Town, Cubby Care, United Way of Siouxland, Siouxland Cares, South Sioux City Library, Nebraska Extension office, Dept. of Health and Human Services, College Center, Crittenton Center, Educational Service Unit, Early Head Start, Robyn Watchorn Newbrey therapist, South Sioux City Schools, Heartland Counseling services, Juvenile Diversion Services, the City of South Sioux, Counsel on Sexual assault and domestic violence, Building Blocks, and Early Learning Connections just to name a few.

As one of our members shared, "Being a part of DCC makes you realize that we're all in this together and we're better together."

APPENDIX A

The following is a report of the results of the Common Sense Parenting class, an independent analysis from evaluators at Boys Town. Neither DCC nor the local evaluator had timely access to the data to format analyses into an RBA or NCFF's reporting templates.

Common Sense Parenting Pre-Post Outcomes Report

Sioux City, IA | Class ID: NIA016.3-16G

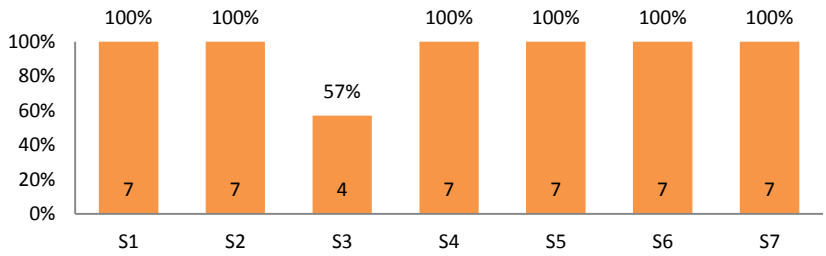
Description of Workshop

Common Sense Parenting is a parent-training workshop developed by Boys Town for parents of toddler/preschool-aged children. Parents attend seven weekly two-hour sessions. Content is delivered via structured learning activities including direct skill instruction, live modeled examples of skills, discussion of videotaped scenes depicting correct and incorrect application of skills, and guided skills practice/role play. Each session also includes a review of the previous session, a summary of the current session, and assignment of homework activities to practice the skills at home.

Workshop Enrollment, Completion, and Attendance

A total of 8 individuals enrolled in the workshop, and 7 of these individuals completed a workshop, which is an 88% completion rate. Workshop completion is defined as attending at least 5 of 7 sessions. Including makeup sessions, the 7 workshop completers had a 94% average session attendance; individual session attendance (excludes makeup sessions) is presented in Figure 1.

Fig 1. Workshop Completer Session Attendance



Participant Demographics

Table 1. Demographic information for participants who completed a workshop

Category	N	Percent	Category	N	Percent	Category	N	Percent
Sex			**Primary Language**			**Referral Source**		
Female	6	86%	English	7	100%	Church	--	--
Male	1	14%	Spanish	--	--	Court/Probation	--	--
			Other	--	--	Child Protect Svc	--	--
Age (years)			"Blank"	--	--	Self	--	--
Average	29	--				Mental Health	--	--
			Education			Social Services	--	--
Marital Status			K-12	--	--	School	--	--
Married	--	--	HS Diploma/GED	--	--	"Blank"	7	100%
Sep/Divorced	--	--	Some coll/Assoc	--	--			
Single/Widow	--	--	Bachelor degree	--	--	**Primary Child Sex**		
"Blank"	7	100%	Mast/Doc degree	--	--	Female	3	75%
			"Blank"	7	100%	Male	1	25%
Race								
African American	--	--	**Employment**			**Primary Child Age**		
Asian	--	--	Employed	--	--	0 – 4	4	100%
Caucasian	--	--	Not Employed	--	--	5 – 9	--	--
Hispanic	--	--	"Blank"	7	100%	10-14	--	--
Middle Eastern	--	--				15 +	--	--
Multiple races	--	--	**Income**			"Blank"	--	--
Native American	--	--	$0 - $14,000	--	--	Average age	3	--
Other	--	--	$15 - $40,000	--	--			
Pacific Islander	--	--	$41,000 +	--	--			
Blank	7	100%	"Blank"	7	100%			

Description of Measure

The Parenting Children and Adolescents Scale (PARCA) is completed by parents at pretest and posttest and asks about the occurrence of various parenting practices within the past month. There are 19 items divided among three scales: *Supporting Good Behavior* (SGB; 7 items; e.g., "Notice and praise your child's good behavior"), *Setting Limit*s (SL; 5 items; e.g., "Stick to your rules and not change your mind"), *Proactive Parenting* (PP; 7 items; e.g., "Warn/prompt your child before a change of activity was required").

A *Total Score* representing the average of all items also is included (TS; 19 items). Respondents are asked to rate the frequency of each item on seven-point scale: not at all (1), sometimes (4), most of the time (7). Higher scores indicate more positive parenting practices. The PARCA is based upon the Parenting Young Children Scale (PARYC; McEachern et al., 2012) and was modified so items would apply to older children in addition to younger children.

Analyses

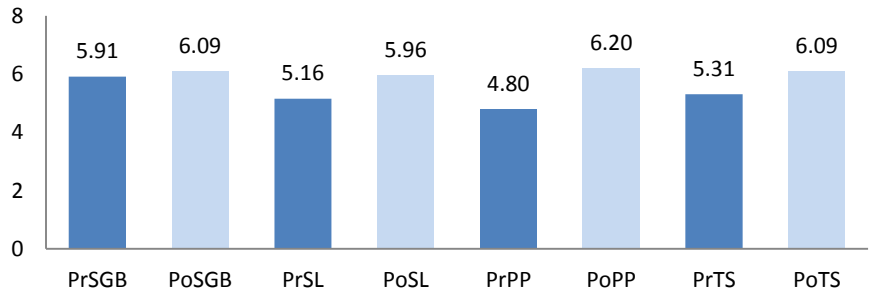
There were 5 of 7 (71 %) participants who had pre-post assessment matches for analyses. A paired t-test and effect sizes were used to determine the significance of the results. Statistical significance (e.g., t-test result of $p < .05$) indicates there was a difference between two groups based on some treatment or intervention; however, it does not indicate the size of the difference (i.e., how much better did a group score at posttest?).

An effect size is a standard measure that can be calculated from any number of statistical outputs. In contrast to statistical significance, effect size is often thought of as "practical or clinical significance". For parenting interventions like Common Sense Parenting, a small or greater effect size ($d > .2$) could be considered a clinically significant change. One way to view effect size is as follows: a small effect size indicates the point at which a trained observer would notice improvement/decline in specific target behaviors, such as parenting practices, from pretest to posttest.

Results

Mean PARCA scores were higher at posttest than at pretest for all of the 3 subscales (see Figure 3), indicating that participants rated their parenting skills as improved in those areas; the PARCA Total Score was higher at posttest than pretest. Paired t-test results indicate means were significantly different at pretest and posttest for 1 of 3 subscales and were significantly different for the Total Score (see Table 2). Effect size results were as follows: the SGB subscale had a small improvement, the SL subscale had a large improvement, the PP subscale had a large improvement, and the Total Score had a large improvement.

Fig 2. PARCA Mean Scores



Pretest (Pr)
Posttest (Po)

Table 2. PARCA t-test and effect size results

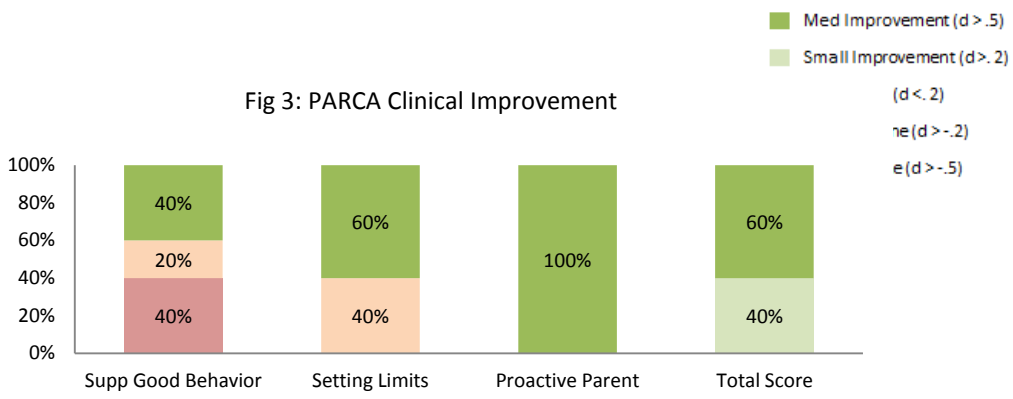
		Pre		Post			Effect Size	
PARCA Subscale	**n**	**Mean**	**SD**	**Mean**	**SD**	***p***	***d***	**Magnitude**
Supporting Good Behavior	5	5.91	0.69	6.09	0.31	0.567	0.25	Small
Setting Limits	5	5.16	0.80	5.96	0.48	0.077	0.99	Large
Proactive Parenting	5	4.80	0.77	6.20	0.33	0.013*	1.83	Large
Total Score	5	5.31	0.64	6.09	0.34	0.028*	1.24	Large

Note: *Statistically significant at p < .05; d > 0.2 = small, d > 0.5 = medium, d > 0.8 = large; green font indicates effect size is in the desired direction; red font indicates effect size is not in desired direction

Clinical Improvement

Using effect size as a measure of clinical improvement, the following percentages of participants had a small or greater pre-post improvement (d > 0.2): Supporting Good Behavior = 40%, Setting Limits = 60%, and Proactive Parenting = 100%. Overall results indicate that 100% of participants experienced clinically significant improvements in parenting as measured by the PARCA Total Score (see Figure 4). Note: All percentages are rounded for reporting purposes.

Fig 3: PARCA Clinical Improvement



Workshop Evaluation

There were 6 participants who completed a workshop evaluation. The evaluation contains 9 items that ask about participant perception of improvement in parenting skills, stress, and child behavior in addition to their satisfaction with aspects of the workshop, etc. Participants rate their agreement with each item on four-point scale: Strongly Disagree (1), Disagree (2), Agree (3), and Strongly Agree (4). Results are presented in Table 3.

Results suggest that participants felt the workshop improved their parenting skills, stress, and child's behaviors; they were satisfied with various aspects of the workshop; their ideas/opinions were welcomed, their cultural background was respected, and they would recommend the workshop to a friend.

DODGE COUNTY
Fremont Family Coalition
CHILD WELL-BEING INITIATIVES
SIX-MONTH EVALUATION REPORT
JANUARY – JUNE 2016

I. ABOUT COLLABORATIVE

THE FREMONT FAMILY COALITION (FFC) IS A GROUP OF PROVIDERS AND FAMILIES IN OUR COMMUNITY THAT WORK TOGETHER TO REACH A COMMON GOAL; TO CREATE COMMUNITY PARTNERSHIPS THAT EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE THROUGH PREVENTION STRATEGIES. THE FFC CONSISTS OF LOCAL NON-PROFITS, CHURCHES, BUSINESSES, AND FREMONT PUBLIC SCHOOLS THAT MEET ON THE 2ND FRIDAY EACH MONTH. AN AVERAGE OF 55 INDIVIDUALS ATTEND THE COALITION MEETING EACH MONTH. STARTING IN JUNE 2016, THE COALITION STRUCTURED ITSELF TO FORM AN EXECUTIVE TEAM THAT CONSISTS OF SEVEN INDIVIDUALS THAT WILL BE FORMING POLICIES, PROCEDURES, TERM LIMITS, ETC. THIS GROUP DRIVES THE VISIONARY TEAM THAT IS MADE UP OF ABOUT 20 INDIVIDUALS. IN ADDITION, IN MARCH DONNA LEFT THE FREMONT AREA UNITED WAY, WHO PROVIDES BACKBONE SUPPORT TO THE FFC AND IN MAY, SHAYLA LINN JOINED AS THE NEW COMMUNITY IMPACT COORDINATOR WHO WILL CONTINUE TO PROVIDE BACKBONE SUPPORT TO THE COALITION. THIS PAST FEW MONTHS HAS BROUGHT AN ABUNDANCE OF POSITIVE CHANGE TO THE COALITION AND WE LOOK FORWARD TO THE NEXT SIX MONTHS!

We believe that:

- Families need supportive communities to help them be strong
- Empowerment is the key to growth and sustainability
- There is no substitute for strong families to ensure that children and youth grow up to be capable adults
- Children can be best kept safe and acquire skills when families, friends, residents, and organizations work together as partners
- Maximizing existing resources through increased collaboration decreases duplication of services
- Every family deserves access to resources that will enable them to build a better future
- Investment in prevention far outweighs the cost of intervention
- Children and families who experience socio-economic challenges are more likely to experience difficulties due to limited language skills, health concerns, social and emotional problems that impede development and success

II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	60	Number of Families Served Indirectly	0
Number of Children Served Directly	89	Number of Children Served Indirectly	15
Number of Parents with Disabilities Served Directly	0		
Number of Children directly served with Disabilities	0		
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

The following is a summary of the demographics of a sample of the total number of children and or families served by Child Well-Being communities. This information is based on 55 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
43%	57%	84%	16%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
78%	13%		7%		2%

III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF, NCAPF, DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds & Other Priorities (Completed by Nebraska Children –do not edit)			
Source	Strategies Supported	Funding Period	Annual Amount

PSSF	CR, PIWI, PCIT, Social Emotional workgroup strategies, Child Care training, Family Engagement	1/1/16 – 12/31/16	$73,000
CBCAP	CWB Infrastructure, functions and workgroups, visionary team and decision making processes, administration and coordination time and workgroup communications and accountability	1/1/16 – 12/31/16	$45,000
IV-E	AR/CR implementation & expansion	1/1/16 – 12/31/16	$50,000
Scott	CR for Families and Older Youth	1/1/16 – 12/31/16	$18,000
BECF	Implementation of strategies that support and enhance the social-emotional development of children, birth through age 8, including Pyramid Model implementation and other social-emotional systems strategies outlined in the community work plan.	3/1/15 – 6/30/16	$53,400
NHB	Pyramid Model Implementation	3/1/15 – 6/30/16	$26,000
NCAPF	PIWI, PCIT	7/1/15 – 6/30/16	$15,000
NCAPF	Community Café's	10/1/15 – 6/30/16	$8,000
CYI	Services for unconnected young people (ages 14-24) to successfully transition into adulthood	4/1/16 – 3/31/17	$150,000

New Grants and Funding Awarded Directly to Collaborative- January thru June 2016						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Fremont Family Coalition	Basic Needs	Fremont Area United Way	Jan 1-Dec 31	$80,000	X	No

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

Total Across All Charts	**$518,400.00**

IV. TRAINING ACTIVITIES

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
6-7-16	HMIS Training	20	9
3-18-16	CR Training	20	9
4-2-16	CR System Training	20	9
4-19-16	CR Training regarding the invoicing system	20	9

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
2/17 & 2/24-16	Bridges Out of Poverty for FPS teachers	30	2
4-6-16	Community Foundation Training regarding funds and sustainability	25	25

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
5-17-16	Northern Service Area Training	2	1
3-11-16	Sixpence Training	10	6
4-6 &7-16	TOPS Training	3	3

V. POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
Executive Team was formed to enhance the collaborative structure. They will form policies, procedures and term limits for the team as well as the Visionary team.	The Visionary Team nominated and elected the 7 members of the Executive Team. This was created to help structure by-laws as well as a financial committee.

Legislative Policy	
Short Description of Policy	Role of Collaborative
N/A	

State Policy	
Short Description of Policy	Role of Collaborative
Alternative Response Expansion	Help build relationships with local DHHS workers to help provide informal supports and collaborate on CPS cases

VI. SUMMARY OF EACH PREVENTIVE STRATEGY

PARENT CHILD INTERACTION THERAPY (PCIT)

Parent Child Interaction Therapy PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade.

A total of 25 families were enrolled in PCIT in Fremont but data was provided for only seven families. Parents participated on average of 15 sessions with a range from five to 19 sessions. Of the four families with attendance data, none of the families' therapy sessions were funded by Child Well-Being. All of the families were still participating in PCIT at the time of this report. A total of two therapists reported on the services provided.

Strategy: PCIT			
Number of Families Served Directly	7	Number of Families Served Indirectly	0
Number of Children Served Directly	7	Number of Children Served Indirectly	1
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	4
Number of Children directly served with Disabilities	0	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Strategy: PCIT

	Quantity *How much? (Inputs, Outputs)*		Quality *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	7	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	3/3	100%
	# Average number of sessions completed (attendance record)	15	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	3/3	100%
	# children indirectly served (attendance record)	10	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	2/3	67%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	3/3	100%
Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved (.5) : (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			1/2 1/2 1/2 1/2 1/2	50% 50% 50% 50% 50%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (*The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.* *The Problem Scale measures the degree that the parent is bothered by the conduct problem.)*			N/A	
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) *(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)*				

* Has only Pre data on 7 clients

Summary of PFS Findings:

Families' strengths on this scale was in the area of Nurturing and Attachment and Social Connections. The parents made improvements in the Family Functioning and Nurturing and Attachment. There were slight delays in the other areas. These findings need to be interpreted with caution given the small numbers.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	2	4.90	6.00	5.37	4.80	6.17
Post		5.10	5.33	5.75	4.30	5.17
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Summary of Parent's progress on the DPICS:

The DPICS is a behavioral coding system that measures the quality of parent-child social interactions. It is used to monitor progress in parenting skills during treatment and provides an objective measure of changes in parents' behavior in interacting with their child. The following summarizes the percent of increase from baseline to the most current assessment. Time between assessments varies by client. Overall, the high percentages of parents demonstrated improved labeling praise and behavioral descriptions and decreasing their commands and negative talk.

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	5	60%	40%	80%	60%

*Increase of 5 or more

Summary of Satisfaction:
A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation very positively. The overall averages are summarized in the table below.

Conclusions: Accomplishments and Barriers

One great accomplishment for the PCIT therapists was to gain audio equipment that will enhance the way they work with families. These therapists now feel fully set up for effective PCIT. We were also able to fund 30 to-go totes (10 for each therapist) filled with Legos, stamp art, Mr. Potato Head, and development wheels for families to take home that are engaged and participated in a set number of sessions. These are toys that families learned to use with their children in the session and are able to incorporate at home to extend the learning outside of the PCIT session. Our therapists continue to communicate how busy they are staying, especially in the summer months. A challenge one of our therapists faced was troubles with the Oklahoma training. She was not getting any of her phone calls returned from Oklahoma PCIT Training

team. That therapist was then connected to Kathy Stokes at Nebraska Children and Family. Kathy helped mend the issue and communication has since taken place between the therapist and the Oklahoma support team. Looking forward coaches would prefer the Iowa training, due to the location and the support they received.

PARENTS INTERACTING WITH INFANTS (PIWI)

Parents Interacting with Infants (PIWI) is a family support service based on a facilitated group structure that supports parents with young children from birth through age 3. An observation of one of the sessions was completed to monitor for the fidelity of the implementation of the program. The results found that the program was implementing PIWI to fidelity. A total of 95% of the 44 items observed were implemented with fidelity.

Strategy: PIWI			
Number of Families Served Directly	14	Number of Families Served Indirectly	0
Number of Children Served Directly	14	Number of Children Served Indirectly	14
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	4
Number of Children Directly Served with Disabilities	0	Number of Organizations Participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Strategy: PIWI					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	parents/children directly served (attendance record)	28	# /average number of sessions completed (attendance record)	3.6	
			Completion of PIWI fidelity guide checklist (onsite visit)	Completed. 95% items to fidelity.	
	# number of sessions (attendance record)	65	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	**7/7**	**100%**
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	**7/7**	**100%**
	children indirectly served (attendance record)	14	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	**5/7**	**71%**
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	**7/7**	**100%**

Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)	4/8 2/8 0/4 1/4 2/8	**50%** **25%** **0%** **25%** **25%**

Summary of PFS Findings:

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	8	6.13	5.83	6.13	6.15	4.42
Post		6.13	5.63	6.25	6.10	5.42
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Summary of Satisfaction A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively.

Conclusions: Accomplishments and Challenges

The biggest outcome that we learned is the sustainability of PIWI in Dodge County! Through Fremont Are United Way, we are able to keep PIWI up and running without relying on another funding source. Lutheran Family Services and Dodge County Head Start both understand the importance of infant's social and emotional well- being and have incorporated PIWI into their organizations. One challenge we ran into was the transferring of data from the agencies to the backbone (Fremont Area United Way). Increased communication will help bridge this gap.

COMMUNITY RESPONSE (CR)

The Community Response strategy (CR) is designed to provide at risk families with services and case management to promote safety and overall family wellbeing to enhance a supportive family environment. Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care.

Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade**.**

Strategy: Community Response			
Number of Families Served Directly	39	Number of Families Served Indirectly	0
Number of Children Served Directly	68	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	22
Number of Children Directly Served with Disabilities	0	Number of Organizations Participating	9

*Number of Reports to CPS of Substantiated Child Abuse Who Were Directly Served	0	• 7 Cases are open • 13 disengaged before case closure • 19 Case Closure Forms	

This is the number of substantiated findings. These do not include pending investigations

Strategy: Community Response					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of families that participated in strategy	39	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	8/8	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	6/8	75%
	# of families re-referred to strategy (case closure form)	2	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	4/8	50%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	8/8	100%
Effect *Is anyone better off? (Outcomes)*	# of families that did not enter the child welfare system (case closure form)			18/19	95%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			13/19	68%
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)			29/62	46%
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			 3/9 2/9 0/9 0/9 3/9	 33% 22% 0% 0% 33%

Summary of PFS Findings

Families' strengths on this scale was in the area of Nurturing and Attachment and Social Connections. The parents made the most improvements in the Concrete Supports and Social Connections. There were slight decreases in Nurturing and Attachment and Child Development Knowledge.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	9	5.78	5.70	6.53	6.15	5.13
Post		5.89	6.22	6.44	5.88	5.67
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Summary of Goals Addressed by Community Response

Goal Area	Number Completed	Percentage Completed
Housing	5/12	42%
Money	4/8	50%
Child Care	1/2	50%
Food and Nutrition	2/3	67%
Transportation	1/3	33%
Social Support	2/3	67%
Community Life	1/4	25%
Child Behavior Support	1/4	25%
Child's Education	1/2	50%
Parenting	3/7	43%
Health	5/7	71%
Education	4/7	57%

A total of 19 families had been served and discharged from Community Response. As part of the process, families identified goals they wanted to address. A total of 62 goals were identified with 47% being accomplished by discharge. The most frequently identified area of need was housing (12). Addressing money needs was the next highest identified need (18).

Conclusions: Accomplishments and Barriers

Overall, one of the biggest accomplishments of community response is the relationship and trust building between the partnering agencies. This helps drive communication not only within the CR team but also the coalition as a whole. Strong communication and relationships with the agencies then drives positive outcomes for not just our CR families but also other families involved with agencies. The past six months the CR partners have really discovered each agencies strengths and how they can best help a family. There has also been an increase in the number of state cases that can be closed due to the CR approach in helping the family drive their own wants/needs and connecting to informal supports. Through all of this hard work, we learned that there were many "forms" that agencies were filling out that we didn't really need and could combine into one. Changing some of these processes along with hiring of a new community impact coordinator, times were hectic! However, we feel that we are in a good place now and are more organized than ever!

VII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from July 1 – December 31, 2015. The results of the PFS across strategies found that the parents' strengths were in the area of Nurturing and Attachment. The most gains were in the area of Concrete Supports.

Community Population Summary	# Surveys*	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/ Knowledge	Concrete Supports
Pre	19	5.83	5.79	6.25	5.96	4.93
Post		5.91	5.88	6.29	5.71	5.50
		No Significance	*No Significance*	*No Significance*	*No Significance*	*No Significance*

VIII. SCOTT FUNDING - PROGRESS REPORTS

Community	**Scott Funded Strategies**	**Reporting Instructions**
Fremont Family Coalition	Community Response/ Basic Needs	See Community Response Data in Section VI above

IX. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	**Strategies that are now sustained and no longer supported through NC funds**
Connected Youth Initiative started through Social Innovation Fund community match grant in February 2016	Basic needs/brief contact was sustained and supported by Fremont Area United Way money
	PIWI funding was expanded will be 100% sustained and supported with Fremont Area United Way money
	PCIT will be 100% sustained through Medicaid starting July 1

X. UPDATE ON YOUR COLLABORATIVE

At our June FFC meeting we used the ToPs training to help the collaborative see what we have accomplished and where we are going. During this time, many voiced that they were unsure what our

priorities were as the coalition has accomplished a good amount of the priorities that were set at the 2012 service array. We also noticed at this coalition meeting there were many new individuals that we had not seen before and were new to the coalition. Therefore, the coalition will be participating in a service array at our September FFC meeting.

During the allotted time for our August FFC meeting, we will have three different groups made up of collation members that will help in the planning, data gathering, and presenting of the service array. As stated above, we will then have a 4 hour service array at our September FFC meeting with the help of Jennifer Skala and the coalition members that took part in the planning. The service array will lead us to gaps that we need to make a priority in our community and what work groups/ committees can be formed to help address these needs. This will also help reinforce the individuals and agencies goals align with the work they are doing in the coalition. We have learned over time that our visionary team is full of fast-forward thinkers- which can be a good thing! However, they have challenged themselves to slow down their thinking and remind themselves that what they have in mind for the future plan, is not always the best plan. We believe this service array will be a turning point in our coalition and get us back to making progress on gaps in our community!

The Executive Committee was also formed in June. This team was needed in order to form by-laws, policies/procedures, and term limits. To help get us started, we utilized Hall County's Community Collaboration by-laws. We were grateful to Hall County in helping us start our process!

We received 39 Collective Impact Surveys back from the Fremont Family Coalition, this was 79% of the coalition that completed and turned it in! We believe there may have been some confusion regarding the instructions of the survey and therefore may not have gotten back true results from each survey. In our discussion with Joyce Schmeeckle, we discovered our top three priorities were common agenda, shared measurement, and backbone infrastructure. The visionary team believed we had three specific actions that we will need to take. These were, creating policies and procedures, creating a community outreach plan, and a communication plan. The Executive team of the Fremont Family Coalition was formed to help create by-laws, policies and procedures, and term limits.

XI. SUCCESS STORIES

CR Family:
Family consisted of older mom and her 2 young children and oldest daughter (young mom) and her young son. Older mom does not have US Citizen ship however all children do. The daughter came to LIM to receive a food pantry assistance and during that time her mom and all children sat nervously in the parking lot fearful of what questions would be asked due to mom citizenship. During mom time receiving food pantry assistance she mentioned needing help with rent. Young mom completed an intake with LIM case manager regarding Basic Needs however did not have a sustainable plan. Family then entered CR with goals of income, employment, DHHS Benefits and education. Case manager assisted the young mom in receiving ADC for her and her son of $364 a month. Through an interpreter, case manager also assisted older mom with applying for state benefits through DHHS Economic Assistance program to receive ADC for her 2 children a total of $364 and SNAP. This was building trust and a relationship with the family since mom was fearful of applying for any help due to her citizenship. When the family received their ADC this now allowed the family to utilize their SNAP benefits to eliminate their grocery bill and with their ADC now has a sustainable plan to meet their monthly expenses. Within the first week of young mom participating

with ResCare she obtained employment. Finding employment was one of mom's major goals and due to accomplishing this in such a timely manner CR Flex Funding was requested for household to receive their rent assistance. Throughout the next month young mom worked with case manager on budgeting so that household could maintain their financial sustainability. Also throughout CR both moms were connected to Head Start to enroll the children in preschool. Young mom also was connected to Metro to begin the process of receiving her GED. Through the connection of DHHS Services, ResCare, and Metro household received resources to be successful and increased their informal supports.

Collaboration:
Family 83 entered community response in January 2015. Mom had been promoted at work and with her pay increase, she had lost all her benefits. Mom had also left her husband who then destroyed the family home by throwing bricks through the majority of the windows. After replacing the windows and making up for what her benefits originally had covered; mom found herself behind on her mortgage. The family lived in a Habitat home and Habitat referred the family to United Way. The CR team consisted of the advocate out of Pathfinder who worked with mom on locating resources and speaking to the bank to inform them of what mom was working on. Advocate also assisted mom in locating a more affordable day care and was able to have the family approved at the YMCA for a scholarship. Also on the team was Uniquely Yours Stability Support (UYSS). UYSS assisted mom with her budget to get back on track and start a savings account. UYSS also encouraged mom to enroll in a Self-Love class and mom reported utilizing skills learned from that class. Mom was very proactive and made all of her appointments with each agency she worked with. Mom was able to access Flex Funds to assist with her mortgage, after establishing over $2,000 to put in herself with the mortgage, some of this tax refund; some of it what mom had been able to start saving. Mom said working with the team gave her the confidence that she needed to get through her crisis. Mom stated that she sometimes knew the answers to what she needed to do next, but would still call Advocate to get a second opinion. Case closed successfully after three months with all goals met. The collaboration from the point of the referral really had a positive impact on this family and helped them to be successful.

XII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

Rooted in Relationships
Rooted in Relationships is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the *Pyramid Model*, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family childcare homes and childcare centers. Rooted in Relationships is coordinated locally by Fremont Area United Way and Fremont Family Coalition community partners.

Number of Coaches:	4 and 1 lead coach
Number of Child Care Centers:	5
Number if in home care providers:	3
Number of Providers:	12

This grant directly served 134 children and 123 families. Indirectly the grant served 231 children and 175 families.

This initiative is funded by Buffett Early Childhood Funds and Nurturing Healthy Behavior funds (NDE) through Nebraska Children.

Social Innovation Fund (SIF)

The Fremont Family Coalition, led by the Fremont Area United Way, was awarded a community match grant of $150,000 of Social Innovation Funding through Nebraska Children and Families Foundation. This funding will support approximately 100 youth per year in the Dodge County and immediate surrounding areas. Youth eligible for supports and services are ages 14-24 that are lacking connections to what they need in the community and have experience in the child welfare, Juvenile Justice system (including transitioning from diversion and probation) and/or homelessness. Through collaborative community efforts, we will address areas of need such as daily living, housing, permanency, employment, education, health and stability.
We have 10 agencies that will be providing direct services and supports for this initiative.

Basic Needs

This initiative is a partnership between the Fremont Area United Way, community partners, City of Fremont, private funders and faith based organizations in Dodge and Washington Counties. The goal is to support individuals in both counties with basic needs assistance. Agencies have partnered to provide financial assistance for the immediate need one time annually. Along with the financial support comes a case management component that includes budgeting, intake assessment, data collection, and opportunity to be connected to other local resources. The individual and or family has to also be able to meet the basic needs moving forward with a steady income or plan to meet their family's needs. If they need assistance building their plan, a case manager can assist them in the tools they need to accomplish this. This provides families the opportunity to gain the tools they need to move past the barriers they are experiencing. All participating/willing individuals will be entered into a community database called Service Point to best track referrals, need and how community funds are being utilized. This initiative will allow our partners to better serve families in need, while we begin to identify any additional gaps and barriers in our community.

Number served with case management and financial assistance: 63

This initiative is funded by community partners such as the City of Fremont, Fremont Area United Way, area churches and Walter Scott funding through Nebraska Children.

CHILD WELL-BEING INITIATIVES: Hastings

SIX-MONTH EVALUATION REPORT
JANUARY – JUNE 2016

I. ABOUT COLLABORATIVE

The Collaborative is 3-5-7 Permanency Quest. Our vision/purpose is to provide trauma informed intervention services for children who have been removed from their homes due to abuse and/or neglect. The Collaborative is based on the resources within the community which are educated and supported with current evidence based research and practices. The local resources are aware of the needs in this community and have come together to be educated on using evidence based practices to improve the lives of children and youth who have experienced some degree of trauma due to abuse/neglect.

II. DEMOGRAPHIC INFORMATION

In the six months from January 1, 2016 to June 31, 2016 a total of 12 families were directly involved in Permanency Quest services with a total of 24 children, ages 0 to 19. In addition, Permanency Quest provided indirect services to 9 families with a total of 11 children. 7 of the parents have been diagnosed with severe and persistent mental illness and/or addition issues. 5 of the children who participate in Permanency Quest have also been diagnosed with disabilities. 3 of the children directly served have had substantiated child abuse.

Based on the Circle of Security Training, provided in September 2014, we continue to partner with Mary Lanning Hospital, the Healthy Beginnings program, The Maryland Living Center, Region 3 Behavioral Health and the Nebraska Supreme Court through the Helping Babies from the Bench initiative to create a trauma informed "one stop shop" for infants and toddlers in Adams County. We will begin talking with the local YWCA to create a space for this program so discussions and planning can begin. Our Collaborative continues to discuss the possible creation of the Maternity Group Home for youth ages 16-21.

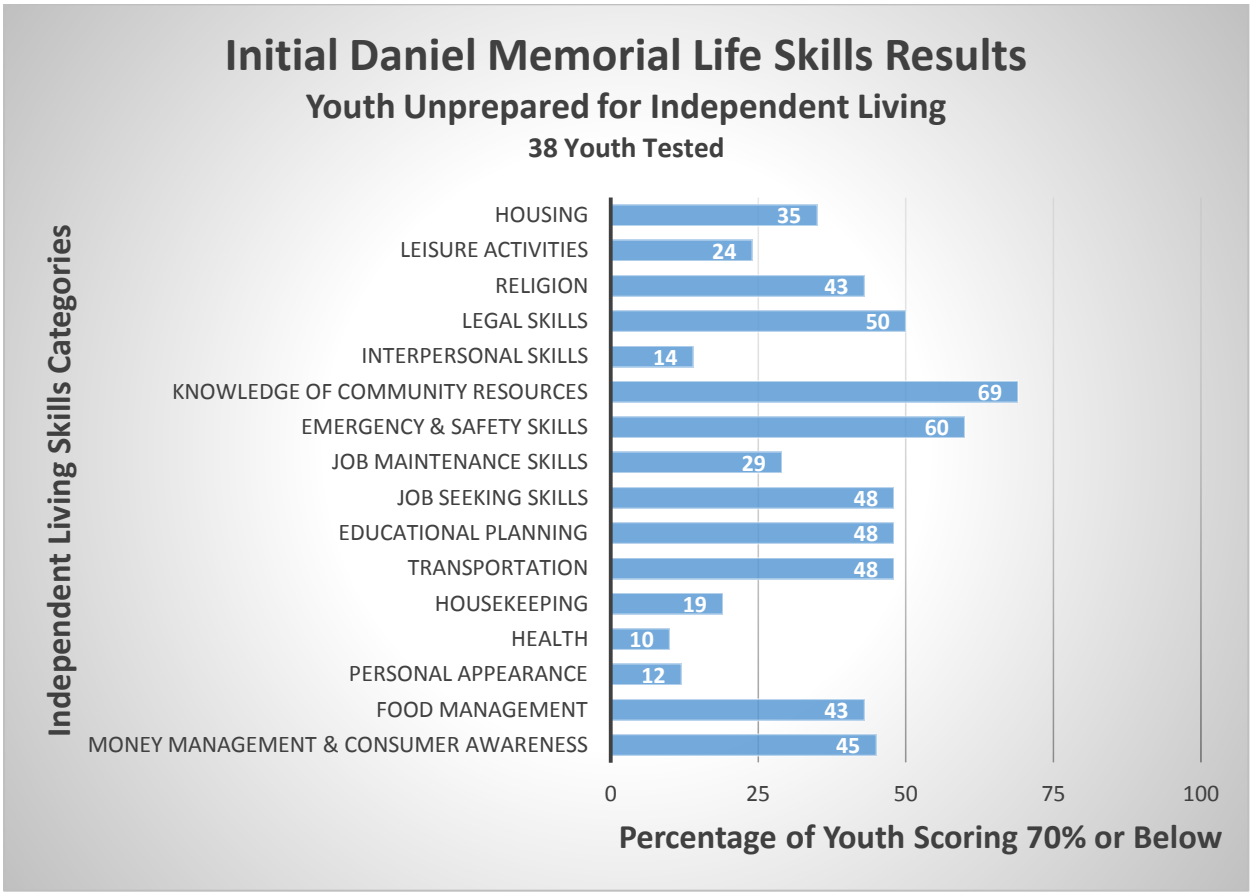
Four area therapists have completed initial training and will be working toward certification in Child Parent Psychotherapy. Jenni Cole-Mossman has agreed to complete initial trauma assessments for our area and the Collaborative is working on a process to ensure that referrals are appropriate and evenly distributed between the therapists.

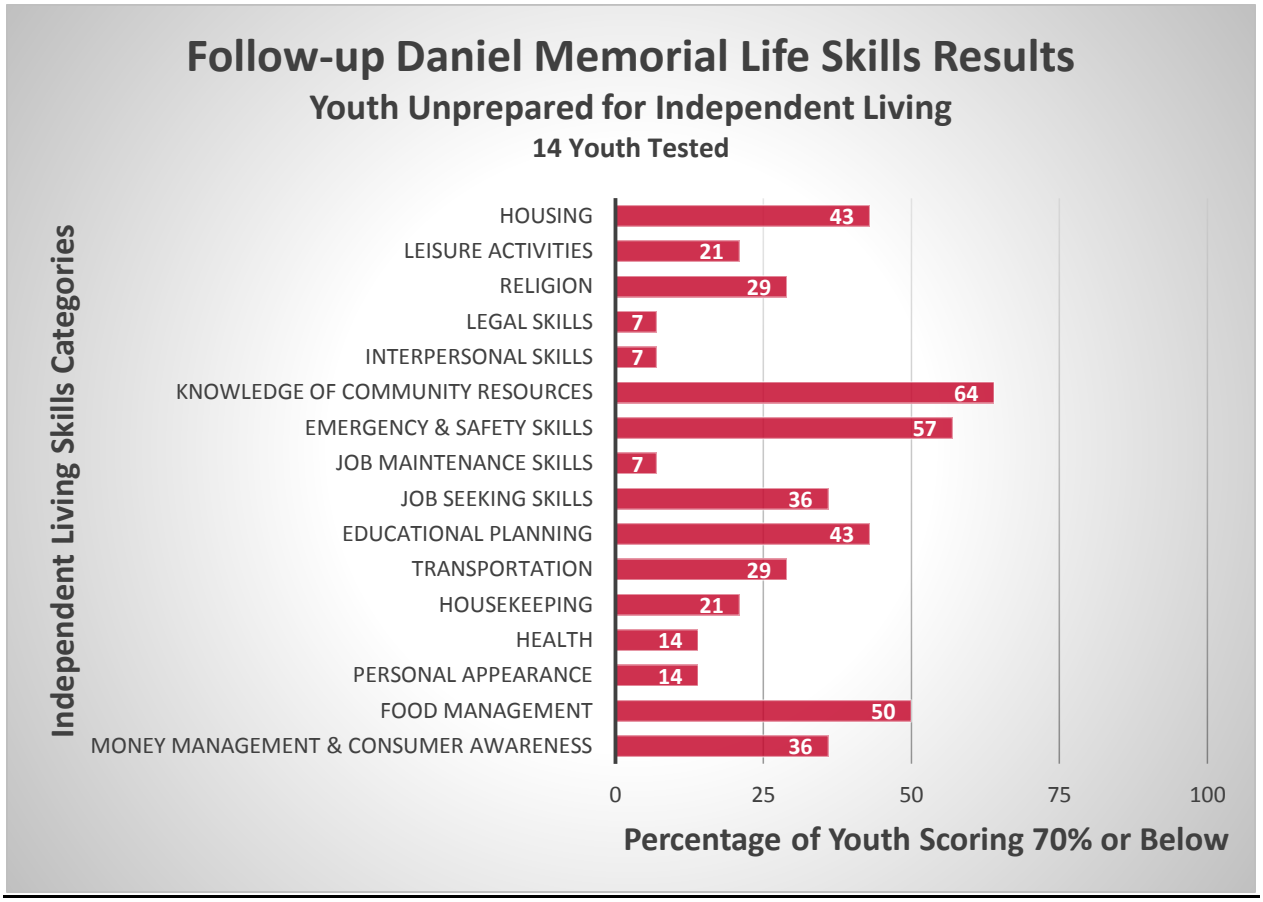
PQ staff has continued to assess children and adolescents using the Daniel Memorial and to share the information with DHHS staff, STARS (truancy program), Maryland Living Center, independent living service providers, and referring county attorneys within the 10th Judicial District. The aim is to assist in improving the quality and direction of skill building activities for youth who are moving toward independence. The struggle continues to be the lack of service providers, especially in the more rural areas.

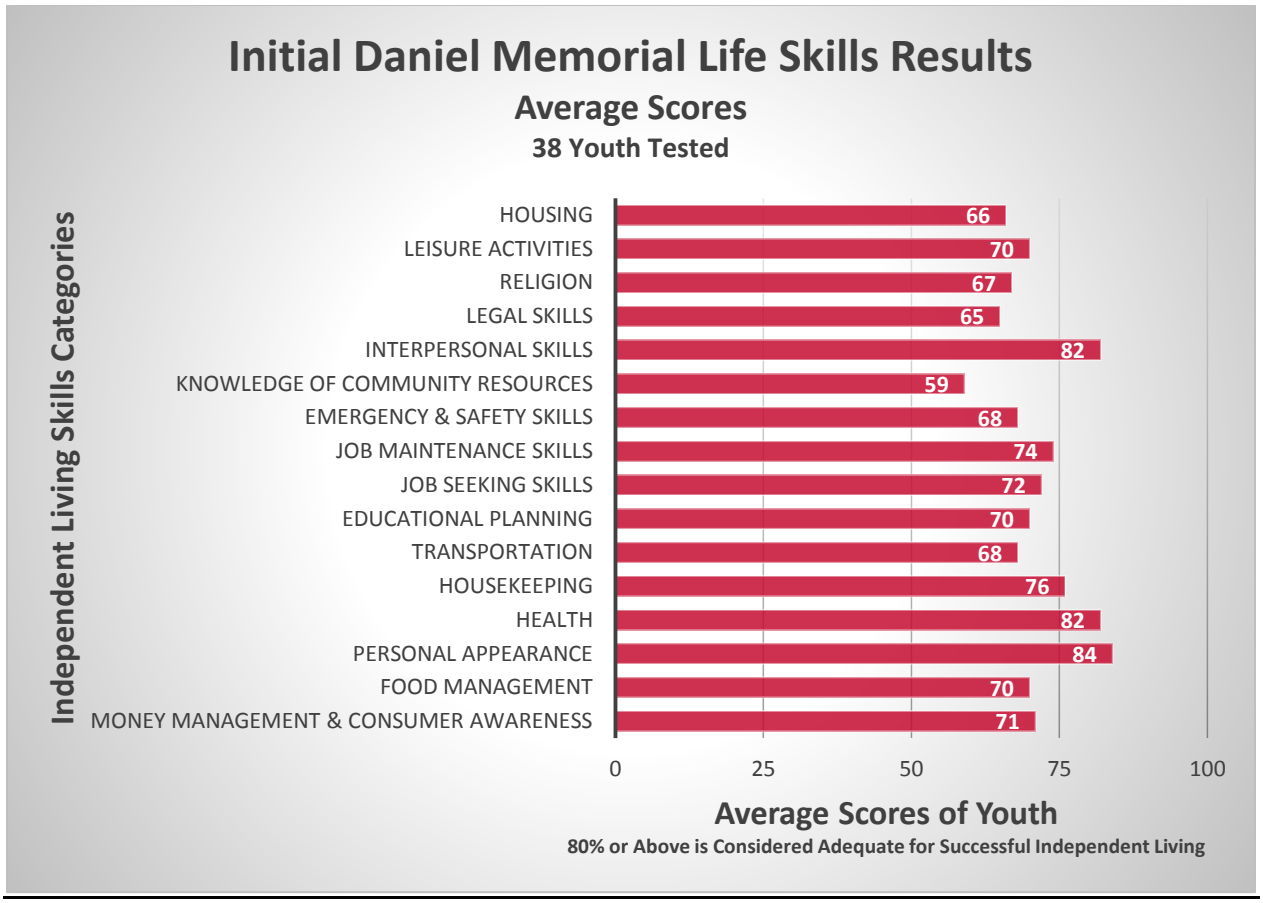
Overall Summary of Children and Families Served			
Number of Families Served Directly	12	Number of Families Served Indirectly	9
Number of Children Served Directly	24	Number of Children Served Indirectly	11
Number of Parents with Disabilities Served Directly	7	Number of Children Disrupted in PQ	3
Number of Children directly served with Disabilities	5	Number of Children working on Life Books	45
Number of First Time Children with Substantiated Child Abuse who were directly served	3	Number of Children assessed with DM	63

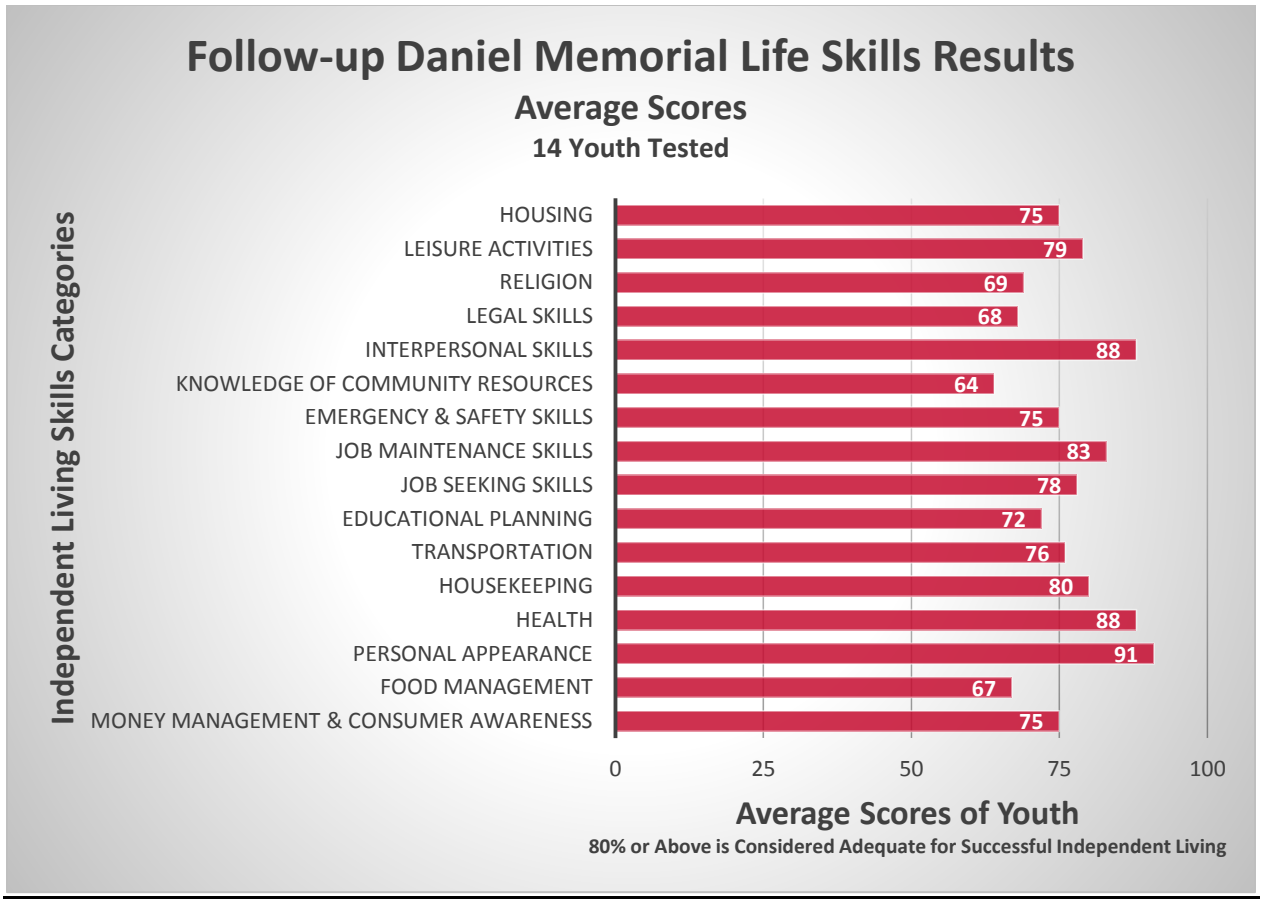
There were 63 Youth that were actively served by the Daniel Memorial Independent Living Skills Assessment (DMA) during the reporting period. The Youth served were from the following counties respectively: Adams 52, Clay 4, Nuckolls 4, Fillmore 2, and Franklin 1. Of the 63 Youth there were 5 Youth who were referred to our program, but did not respond or return contact and therefore were not assessed. Youth were referred to our office by the following programs respectively: Teen Court 23, Diversion 12, Maryland Living Center 14, STARS Truancy 6, DHHS 5, Other 2, and Probation 1.

There were 38 Youth who completed the Initial DMA, and 14 Youth that completed the Exit DMA; there are 6 Youth who we are currently attempting contact with. Of the 16 Youth that were due for reassessment 56% (9 Youth) were tested within their target reassessment date of either 3 or 6 months depending on their program; 25% (4 Youth) were tested within an extended one month period, 13% (2 Youth) had moved and were unavailable to retest, and 6% (1 Youth) was tested outside the recommended retest schedule. The extended testing period for the Youth was due to various circumstances including Youth/Parent availability, Youth/Parent willingness to complete program requirements, and Assessment Coordinator availability. Skill Building Packets with individualized programs based on the Youth's results were provided to 100% of the Youth and their families (Youth at MLC are provided packets via MLC staff). All Skill Building Packets were reviewed with the Youth and the parent/caregiver with instruction on how to understand and utilize the packet to improve DMA scores.




Follow-up Daniel Memorial Life Skills Results
Youth Unprepared for Independent Living
14 Youth Tested
Independent Living Skills Categories
HOUSING 43
LEISURE ACTIVITIES 21
RELIGION 29
LEGAL SKILLS 7
INTERPERSONAL SKILLS 7
KNOWLEDGE OF COMMUNITY RESOURCES 64
EMERGENCY & SAFETY SKILLS 57
JOB MAINTENANCE SKILLS 7
JOB SEEKING SKILLS 36
EDUCATIONAL PLANNING 43
TRANSPORTATION 29
HOUSEKEEPING 21
HEALTH 14
PERSONAL APPEARANCE 14
FOOD MANAGEMENT 50
MONEY MANAGEMENT & CONSUMER AWARENESS 36
0
25
50
75
100
Percentage of Youth Scoring 70% or Below


Initial Daniel Memorial Life Skills Results
Average Scores
38 Youth Tested
Independent Living Skills Categories
HOUSING 66
LEISURE ACTIVITIES 70
RELIGION 67
LEGAL SKILLS 65
INTERPERSONAL SKILLS 82
KNOWLEDGE OF COMMUNITY RESOURCES 59
EMERGENCY & SAFETY SKILLS 68
JOB MAINTENANCE SKILLS 74
JOB SEEKING SKILLS 72
EDUCATIONAL PLANNING 70
TRANSPORTATION 68
HOUSEKEEPING 76
HEALTH 82
PERSONAL APPEARANCE 84
FOOD MANAGEMENT 70
MONEY MANAGEMENT & CONSUMER AWARENESS 71
0
25
50
75
100
Average Scores of Youth
80% or Above is Considered Adequate for Successful Independent Living


Follow-up Daniel Memorial Life Skills Results
Average Scores
14 Youth Tested
Independent Living Skills Categories
HOUSING 75
LEISURE ACTIVITIES 79
RELIGION 69
LEGAL SKILLS 68
INTERPERSONAL SKILLS 88
KNOWLEDGE OF COMMUNITY RESOURCES 64
EMERGENCY & SAFETY SKILLS 75
JOB MAINTENANCE SKILLS 83
JOB SEEKING SKILLS 78
EDUCATIONAL PLANNING 72
TRANSPORTATION 76
HOUSEKEEPING 80
HEALTH 88
PERSONAL APPEARANCE 91
FOOD MANAGEMENT 67
MONEY MANAGEMENT & CONSUMER AWARENESS 75
0
25
50
75
100
Average Scores of Youth
80% or Above is Considered Adequate for Successful Independent Living

III. FUNDING OBTAINED

Most of the therapy services being provided, individual and group, are covered through Medicaid. Medicaid is only billed for services to the children.

Funding from NC: CBCAP, PSSF, NCAPF, DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds & Other Priorities (Completed by Nebraska Children –do not edit)			
Source	Strategies Supported	Funding Period	Annual Amount
NCAPF	Permanency Quest	7/1/15 – 12/31/16	$15,000
PSSF	Permanency Quest	1/1/16 – 12/31/16	$15,000

New Grants and Funding Awarded Directly to Collaborative						
NA	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

See example below:

Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for Collaborative (Please explain)
CASA	3-5-7 Permanency Quest	NCAPF NCFF	7/1/2015–12/31/2016 7/1/2015-12/31/2916	$15,000. $15,000.	X X	No No

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
NA						

See example below:

Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
After school and summer programming	Assessment, Planning and Oversight of Projects	Example: 21 Century	7/1/2015–12/31/2015	$$		

IV. TRAINING ACTIVITIES

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
5/2016	Child Parent Psychotherapy	4	6

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
On-going	Ongoing CASA volunteer training	8 – 3 staff and 5 volunteers	5
5/2016	Initial CASA volunteer training	6	4
6/2016	National CASA training	4- 1 staff and 3 volunteers	1

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
On-going	There continues to be networking with the Courts through the Eyes of a Child initiative, the GAL, Hastings Public Schools, DHHS, Region 3 and members of the health care community to plan and promote a one stop shop for infants and toddlers. We will be meeting with the local YMCA to create a space for this program. Planning continues for a Maternity Group home. The Daniel Memorial assessments and skill packets continue to be used for at-risk youth and those aging out of the system. Our Americorps member has created packets that provide the youth with specific tasks to complete in order to address the needs noted on the assessment. These can be done independently or with a parent/caregiver/service provider.	14	7
On-going	Training and information received at the NACAC conference resulted in the creation of a community committee to examine post-adoption services. Members include: Right	8	5

	Turn, South Central Specialized Children's Services, Hastings Public Schools, CASA, a former DHHS case worker and 2 adoptive parents, Jan Offner and David Buss. This group meets on a regular basis and is putting together a curriculum that will be used for a pre-adoption service for families.		

V. POLICIES INITIATED OR INFLUENCED

In order to address the unmet needs of children in our area who meet the criteria for inclusion in a trauma informed program, CASA partnered with local faith communities and the local DHHS office in beginning the "Adopt a Case Worker" (and their kids) program. Discussions have been fruitful and this partnership is pending approval by the DHHS legal department in order to assure that confidentiality is addressed and understood. The program would meet the physical and emotional needs for children, ages 6-18, placed in group homes or institutions. The children's families would receive letters of encouragement and possible financial support. Church members also offer to meet spiritual needs, but that is not a qualifier for the child to be involved. During this past six months, DHHS staff has stabilized and progress on this project continues with DHHS currently working with their legal staff to ensure the program is legally feasible. The faith community has also expressed an interest in providing emergency shelter for children at the time of their removal. Instead of children sitting in the DHHS office while placement arrangements are made, the churches would open their doors and the children would be supervised and nurtured pending formal placement. The service would be provided by 2 adults who have passed the necessary background checks and are trained to respond appropriately to these children. CASA would provide the food and drinks, and through the Suitcase Project, the children would receive a suitcase with pajamas, personal hygiene articles and a toy or stuffed animal. This is also pending approval the by DHHS legal department.

Due to Nebraska legislation mandating that county attorneys make service recommendations for children and families who come to the attention of the juvenile system, PQ staff has been assessing referred youth using the Daniel Memorial and has assisted in guiding recommendations. This service is offered to each of the county attorneys in the 10th judicial district as well as the county attorneys in Clay, Fillmore and Nuckolls counties. The Adams County attorney has asked us to consider assisting with the creation of a Family Diversion Court. This request was born out of recent legislation requiring an abuse/neglect filing on the parent if a child under the age of 11 commits a criminal act.

In addition to the above county attorneys, Hastings Public Schools, Adams County Schools, Hastings College, local law enforcement agencies, CASA and DHHS are partnering with Diversion and Teen Court to use the Daniel Memorial as a tool to guide the imposition of consequences for juveniles who are first time offenders.

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
All of the judges serving the 10th judicial district and portions of the 1st judicial district are ordering trauma assessments on children who have been removed from the parental home. These assessments are to be done by Jenni Cole-Mossman within the first 30-45 days after removal. There are 4 local therapists who have completed the initial training in	The Collaborative is working on a process that will ensure referrals are appropriate, and evenly distributed between the therapists.

CPP and who are working toward certification. They will begin providing therapy for referred families.	

Legislative Policy	
Short Description of Policy	Role of Collaborative
PQ staff continues to work with the county attorneys in the 10th judicial district and with certain county attorneys in the 1st judicial district in meeting the Legislative mandate requiring their offices to make service referrals for children and families who come to the attention of the juvenile system	We are using the Daniel Memorial to assess the youth and to guide referrals. PQ staff has traveled to make this service available and we have the availability of teleconferencing.
State Policy	
Short Description of Policy	Role of Collaborative
NA	

VI. SUMMARY OF EACH PREVENTIVE STRATEGY

The Permanency Quest (PQ) Pilot Project was formally presented to the legal, educational, social services and CASA communities in mid-January 2012. Since then we have been working on building connections with the various communities to support PQ and its mission. In the 1st half of 2016 there were more indicators that this objective is being met. The case worker turnover within DHHS has slowed, with newly hired case managers now being trained and mentored. Hopefully the local staff will stabilize and the need to transfer cases to outside counties for supervision will abate. This stability will allow for more knowledgeable and trained case workers who will see the value of PQ for traumatized children and their families, and make the necessary referrals.

We will continue to actively pursue the Department of Health and Human Services (DHHS) to place families in PQ and to take advantage of the Daniel Memorial Assessment. Overall, the youth referred for the Daniel Memorial has increased. Daniel Memorial staff is assessing, reassessing and providing the youth (and other interested and designated parties) with skills packets and making service referrals as necessary.

Strategy: 3-5-7 Permanency Quest			
Number of Families Served Directly	12	Number of Families Served Indirectly	9
Number of Children Served Directly	24	Number of Children Served Indirectly	11
Number of Parents with Disabilities Served Directly	7	Number of Staff participating	5
Number of Children directly served with Disabilities	5	Number of Organizations participating	3
Number of First Time Children with substantiated child Abuse who were directly served	3		

Child Parent Psychotherapy (CPP) "integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values"(cited from The National Child Traumatic Stress Network).		
	QUANTITY	QUALITY
EFFORT	This effort is just beginning. We currently have 4 therapist who been initially trained and who can begin working with 2 families each. We have 2 families referred.	2 families have been referred
EFFECT	There are no numbers to report; however, it is promising that we have 4 therapists who have completed the initial training and are working on certification. Area families will have access to this service based on the agreed-upon assessment and referral process.	

VII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

	# Surveys	Family Functioning/ Resiliency	Social Support	Nurturing and Attachment	Concrete Supports	Child Development/ Knowledge of Parenting
Community Population Summary						

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	3	4.6	4.7	5.1	5.0	5.3
Post		5.4	5.7	6.1	6.1	6.6
% Improved (Improved >.5 on a seven point scale)		100%	100%	100%	100%	100%

Family strengths on this scale were in the areas of Child Development, Nurturing and Attachment, and Concrete Supports. Over half of the parents improved at least .5 across all of the areas.

VIII. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	Strategies that are now sustained and no longer supported through NC funds
CPP Training for 4 therapists	Trauma assessments
Suitcase Project Adopt a Case Worker	Suitcase Project Adopt a Case Worker

IX. UPDATE ON YOUR COLLABORATIVE

Collaborative meetings identified concerns regarding use of different terminology in the local process of assessing and evaluating children and families who are impacted by trauma. As a result of the meetings, consensus was reached and an identification and referral process was agreed upon.
One of the problems being faced is the lack CPP certified therapists who are able to work with the identified families. Several therapists have completed initial training, and certification will be achieved. However, each therapist can only work with two families at a time and this lack of adequately trained resources will create a wait list. Another problem is the lack of trauma trained DHHS staff. Due to staff turnover in the past year and due to the new approach being developed for trauma assessments and referral, it will take time to build a solid process for assessment-referral-treatment.

We did not complete an Impact survey, but we continue to have open discussions with our community team. This is not applicable to our current grant.

X. SUCCESS STORIES

New Dimensions Counseling, L.L.C.

223 East 14th, Suite 220

Hastings NE 68901

FAX ONLY (402) 463-9169

July 10, 2015

I would like to share with you a story of success that has been completed in the Adams County Permanency Quest program. I have written about this child before, but it seems more than appropriate to include her in this report. This child will be turning 19 in September and will be going on the Bridges to Independence program.

When this child came to us at the age of 16, she would not speak to anyone. We started therapy by just talking to her. She would then write her answers on paper. She never missed a session and she was not forced to come to see us. She continued writing more than talking at each session for the first 3-4 months. She then began to speak with us about topics like her friends, her animals, and school. She would listen to us intently, and we felt like we were helping. She has changed immensely.

In the last few team meetings, this child can now run her meetings, and she sets the agenda. She leads the meeting and is well prepared to "prove her case" when needed. The team tried to change therapists about 9 months ago, she did not do well. She began cutting again, she quit taking her medication and she went to the other therapist but would not talk. She went to each team meeting and stated that she was not going to participate with the new counselor, she wanted "her" counselor. Even with encouragement from this office, she refused to comply.

This client can still be adamant about what she wants, but not harmful to herself. She is engaging and she gets really hurt when people leave her or if her family takes them away. Recently her CASA moved out of the state and she was having a hard time with that. She gave her CASA a painting that she had made so that the CASA would not forget her. She is very attached to those who treat her with kindness, and she is very appreciative of anyone who provides basic human rights. She is not overly talkative when the subject is hard. When it is hard she will talk when she can. She listens, tries new things and she works hard at it. She is very kind, even to those who hurt her.

She is now 18, she has a full time job at Walmart, she is in beauty school to become a cosmetologist and she has graduated from high school. All three were impossible prior to receiving counseling and all of the extra support from Permanency Quest. What an honor it has been to watch her grow.

Respectfully Submitted

Beverly J Patitz, PhD

Beverly J Patitz, PhD, LIMHP, LADC, CPC (electronic Signature)

XI. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

We are sponsoring a Suitcase Project which provides a suitcase to each child at the time of removal. This project has served approximately 50 children, ages birth to 18, who have been removed from the parental home in our service area. The (new) suitcases are filled with age and gender specific pajamas, athletic shorts and a T-shirt, a toy or stuffed animal, snack items, a journal, and hygiene products. These provisions are meant to be emergency supplies for the child and placement family for the first 72 hours. The suitcases are pre-packed and available for caseworkers whenever they call.

Lincoln County
CHILD WELL-BEING INITIATIVES
SIX-MONTH EVALUATION REPORT
JANUARY – JUNE 2016

I. ABOUT COLLABORATIVE

A dedication to progress is evident as Lincoln County collaborative partners make decisions that change the approach to addressing the needs of local families. The first step towards change came as the West Central Partnership-Children & Families Alliance Advisory Board adopted a plan to restructure their members into workgroups that focused on specific grant related needs. Those workgroups included: Collaborative Partners, Child Well-Being w/subgroups for Circle of Care (CR) and ECSE (PCIT & PIWI), Prenatal/Infant programs, and Infrastructure/Future Planning. A chairperson for each workgroup would be keeping their group updated and tasking the workgroup to make decisions for future programs. Each workgroup had a job description in order to provide a basis for their goals and future planning.

By November 2015, more discussion came about to change the name of the collaborative. A name change would open doors to "branding" the collaborative group as different from the fiscal agent, West Central District Health Department. The group voted to change the name from West Central Partnership-Children & Families Alliance to Families 1st Partnership.

The Infrastructure workgroup became active in taking a hard look at the data from the annual report, and then making recommendations on the direction of future programs. During quarterly meetings, the board makes decisions for future activities based on recommendations from the Infrastructure/Future Planning workgroup.

The Collaborative Partners workgroup has established and maintained a schedule of monthly meetings. This group truly took the lead when planning for the Connected Youth Initiative was started. Valuable information gathering and discussions have come out of every meeting, so that progressive decisions could collectively be made. The first of those decisions was to create vision and mission statements. In January the vision and mission for Families 1st Partnership were drawn up.

Families 1st Partnership Vision: A Connected Hope-filled Healthy Community.
Mission: Working together to empower every person to reach a positive future.

The group has also been involved in considering how the system will integrate central navigation, improving communication for referrals, establishing goals and designing strategies to achieve those goals, and working on an MOU for the collaborative.

In receiving the Connected Youth Initiative Award, a new workgroup will now come into place. That workgroup has held regular meetings since November 2015. The start-up for that initiative is coming along in careful steps that include training of community partners through on-site visits with Troy Gagner and Joan Francis. Recent goal setting has given this group some direction for the future.

With the loss of funding from the Healthy Families America-MIECHV grant, the workgroup for Prenatal/Infant programs has been tasked to seek new grant funding to address the needs of this population. Due to a change of leadership for this workgroup, there has been a delay to moving forward with researching grant opportunities.

In the past week, the chairman of the Child Well-Being group has requested that a replacement be found. While it can feel like a set-back at the moment, it can also be looked at as an opportunity for progress.

II. DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	126	Number of Families Served Indirectly	
Number of Children Served Directly	106+	Number of Children Served Indirectly	572+
Number of Parents with Disabilities Served Directly			
Number of Children directly served with Disabilities			
Number of First Time Children with Substantiated Child Abuse who were directly served			

The following is a summary of the demographics of a sample of the total number of children and/or families served by the Child Well-Being community. This information is based on 67 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
43%	57%	63%	37%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
73%	18%		9%		

III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF, NCAPF, DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds & Other Priorities (Completed by Nebraska Children –do not edit)			
Source	Strategies Supported	Funding Period	Annual Amount
PSSF	CR- Circles of care, PIWI, PCIT	1/1/16 – 12/31/16	$53,000
CBCAP	CWB infrastructure, Training and coordination of PSSF and NCAPF strategies plus COSP, School Parent Activities; Outdoor Family nights, and painting, pottery and parenting; healthy families read, secret Santa, autism everyday, Minority Health initiatives, etc.	1/1/16 – 12/31/16	$25,000
IV-E	AR/CR implementation & expansion	1/1/16 – 12/31/16	$50,000
NCAPF	PIWI, PCIT	7/1/15 – 6/30/16	$15,000
CYI	Services for unconnected young people (ages 14-24) to successfully transition into adulthood	4/1/16 – 3/31/17	$100,000

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
None						

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
None						

Total Across All Charts	**$243,000**

IV. TRAINING ACTIVITIES

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
	None during specified time period		

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
06-28-16	"Getting Ahead in a Just Gettin' By World"	12	8

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated

V. POLICIES INITIATED OR INFLUENCED

Describe any Administrative (local), Legislative or State Policies that have been either initiated or influenced based on the work of the Collaborative.

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative

Examples of local policy influenced would include: 1) Based on discussion at Collaborative two agencies added evening hours to improve access to services; 2) Collaborative partners signed MOUs to established shared data system; 3) Collaborative facilitated development of shared policies around COS implementation that resulted in written MOUs; or Board established new policy that is documented on in minutes.

Legislative Policy	
Short Description of Policy	Role of Collaborative
None	

State Policy	
Short Description of Policy	Role of Collaborative
None	

VI. SUMMARY OF EACH PREVENTIVE STRATEGY

Strategy: Circle of Security

Strategy: Circle of Security			
Number of Families Served Directly	**32**	**Number of Families Served Indirectly**	
Number of Children Served Directly		**Number of Children Served Indirectly**	**49**
Number of Parents with Disabilities Served Directly		**Number of Staff participating**	
Number of Children directly served with Disabilities		**Number of Organizations participating**	
Number of First Time Children with Substantiated Child Abuse who were directly served			

Circle of Security has become one of the most popular strategies used for parent skill building in Lincoln County. Carrying out this strategy has marked several boxes when it comes to making progress on goals of collaboration, service to families, and positive exposure for the grant trained therapists. Region II has been a very supportive partner in implementing and promoting the classes. They have also made connections with Region 27 Early Childhood Development Network in co-sponsoring classes for the local residents. In response to interest from DHHS staff in knowing more about the class, a professional's class was organized. The intent was to first of all understand that parenting skills can be applied at any age when it comes to parent-child attachment, yet building or repairing those relationships at an early stage can direct families in a positive direction before unhealthy relationships are too deeply embedded. With this knowledge at hand, the DHHS staff will be more prepared to work with families or serve as a referral source for recommending the class to families.

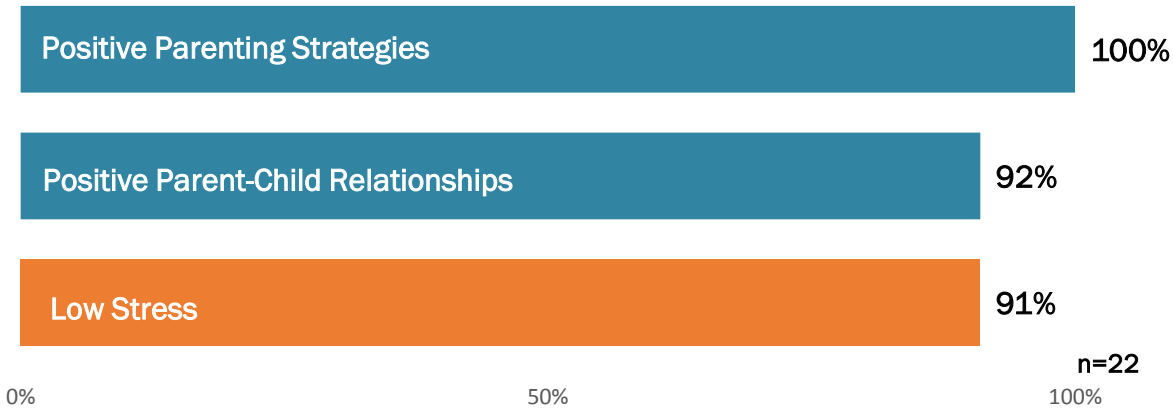
Circle of Security Parenting The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children

Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade

	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of Circle of Security Parenting classes provided	3	# and % of parent educators that rated the reflective consultation I received was helpful.	NA	
	# of parent educators who participated in reflective consultation at least annually	NA	# and % of parent educators that rated frequency of the reflective consultation was adequate.	NA	
	# of participants by gender	M=36% F=64%	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	20/22	91%
		IT=41%			

	# of participants by child's/children's age	PreK=41% K=41% School=50%	# and % who agree or strongly agree that the leader did a good job working with their group	20/22	91%
	# of participants by relationship to child/children	Parent=91% Other=9%	# and % of participants completing six of the eight classes (attendance sheet)	28/32	83%
	# of children indirectly served	84			
Effect *Is anyone better off? (Outcomes)*	# and % of parent educators who felt the COS-P class had an impact on participants (Parent Educator Survey – qualitative questions)				
	# and % who reported a decreased level of stress about parenting			22/22	100%
	# and % who reported improved relationship with their child.			4/22	18%
	3 & % who reported improved parenting skills.			22/22	100%
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			 9/35 3/36 7/33 6/31 13/37	 26% 8% 21% 19% 35%

Most of the participants met the program goal (rating of agreed or strongly agreed) in adopting positive parenting strategies, decreasing stress and positive relationships with their children.



Summary of PFS Findings:

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	37	5.13	6.58	6.36	5.46	5.70
Post		5.92	6.38	6.26	5.96	5.86
Results of Statistical Analyses		*p = .000 d = .767 (Moderate effect)*	*No Significance*	*No Significance*	*p = .032 d = .391 (Small effect)*	*No Significance*

Families' strengths on this scale were in the areas of Social Connections and Nurturing and Attachment. Parents demonstrated significant improvements that represent meaningful change in the areas of Family Functioning and Child Development Knowledge.

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	37	5.13	6.58	6.36	5.46	5.69
Post		5.19	6.38	6.26	5.96	5.86

Strategy: Circle of Care (Community Response)

Strategy: Circle of Care (Community Response)			
Number of Families Served Directly	14	Number of Families Served Indirectly	
Number of Children Served Directly	22+	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	5
Number of First Time Children with Substantiated Child Abuse who were directly served			

Circle of Care (CoC-the Lincoln County CR) agencies continue to make progress in designing a wraparound system in serving clients. With the addition of a Central Navigator with Families 1st Partnership, there have been more ideas around collaborative work, efficient referrals, improved recording systems, etc. The strength of the Circle of Care agencies is that there is a broad range of services available, and those agencies are very capable in the areas of their expertise.

Four agencies have signed agreements to be involved with Circle of Care (CoC). In meetings with DHHS, there has been discussion on how AR (Alternative Response) and CoC. CoC agencies meet regularly either for CoC discussions or with the group of Collaborative Partners.

Community Response[3] Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care. **Data to be collected at the county level annually* **Population indicators:** Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of families that participated in strategy		# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	9/9	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	4/5	44%
	# of families re-referred to strategy (case closure form)	NA	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	6/9	67%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	9/9	100%
Effect *Is anyone better off? (Outcomes)*	# of families that did not enter the child welfare system (case closure form)			NA	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			NA	
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)			NA	
	# and % of parents reporting improved: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			 3/5 2/5 1/5 1/5 3/5	 60% 40% 20% 20% 60%

Summary of PFS Findings

	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	5	5.24	6.40	6.30	5.16	5.00
Post		5.88	6.73	6.35	5.56	5.27
Results of Statistical Analyses		*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Families' strengths on this scale were in the areas of Social Connections and Nurturing and Attachment. Parents demonstrated the most improvement in the areas of Family Functioning and Child Development Knowledge. There were overall average gains across all of the areas.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. All of the families reported an improved relationship with their child and felt respected by their facilitator.

Strategy: PCIT

Strategy: PCIT			
Number of Families Served Directly	5	Number of Families Served Indirectly	
Number of Children Served Directly	5	Number of Children Served Indirectly	10
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

PCIT is literally "in the house" since the PCIT facility was relocated to West Central District Health Department. The relocation of the therapy room has provided more parking space, options for a waiting room, and convenient location. The facility is equipped with age appropriate toys and therapeutic materials.

A total of five families were enrolled in PCIT in North Platte during this time period. Parents participated on average of 15 sessions with a range from five to 19 sessions. Of the four families with attendance data, a total of 50% of the families' therapy sessions were funded by Child Well-Being. Of the four families, 50% had dropped and 50% were still receiving services. A total of two therapists reported on the services provided.

Parent Child Interaction Therapy[4] PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.
Data collected at the end of the parenting sessions. Reported by county annually.
Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3rd grade.

	Quantity *How much? (Inputs, Outputs)*		Quality *How well? (Process)*		
Effort	# of parents/children directly served (attendance record)	5	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	*	
	Average number of sessions completed (attendance record)	15	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.		
	# of children indirectly served (attendance record)	10	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.		
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.		
Effect *Is anyone better off? (Outcomes)*	# and % of parents reporting improved (.5) : (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			*	
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (Total number improved to below problem range/total at pre in problem range) (*The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.* *The Problem Scale measures the degree that the parent is bothered by the conduct problem.)*			3/4 3/4	75% 75%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) *(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)*				See below

*Only one paired pre-post, so data is not reported.

Summary of Parent's progress on the DPICS

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

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved	6	50.0%	33.0%	33.0%	83.3%

*Increase of 5 or more

Overall, the high percentages of parents demonstrated improved behavioral descriptions and decreasing their commands and negative talk.

Summary of Eyberg Findings

The Eyberg evaluates the extent that the parent views the intensity of their child's behavior or the level it is a problem. This is an ongoing assessment across the time that the parent and child are in therapy.

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range Pre	% rated in high range Post
January 1-June	5	146.0	103.6	NA	NA	80%	20%

*A score of 131 or higher is in a problem range

Summary of Parent's who View their Child as having Conduct Disorder (Problem Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range * Pre	% rated in high range Post
January 1-June 30	5	21.0	10.8	NA	NA	80%	20%

*A score of 15 or higher is in a problem range

The results of the Eyberg found a decrease in the number of problem behaviors demonstrated. Fewer parents' decreased their view of the child's behavior as problematic. The results should be interpreted with caution given the small amount of data analyzed. The percentage of children demonstrating scores in the high range decreased at the time of the post score rating.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation very positively.

Strategy: School and Family Activities

Strategy: School Family Activities			
Number of Families Served Directly	60	Number of Families Served Indirectly	
Number of Children Served Directly	60+	Number of Children Served Indirectly	>500
Number of Parents with Disabilities Served Directly		Number of Staff participating	20+
Number of Children directly served with Disabilities		Number of Organizations participating	10
Number of First Time Children with Substantiated Child Abuse who were directly served			

The School Family Activities strategy was one that involved the most families and children, yet it was also the most challenging to survey for results. In an effort to increase a sense of confidentiality, the Protective Factors survey was programmed into a Survey Monkey form. The survey could be taken per link to a personal computer or as a multiple use approach on laptops or iPads located at school events. Most schools offered it both ways in order to improve the family's opportunity to access the survey. Only 1 school requested the paper surveys. The hope had been to get more specific data than had previously been gathered. In the past, the data for this strategy was used to determine general trends in change for the Protective Factors.

The first step in gaining more specific feedback was to design an ID that would ease family concern for tracing identity. The ID was designed to include: 1st 3 letters of school name, the last 4 digits of either SS # or Phone #, and lower case 1st initial. The drawback with this is that some people do not follow direction and others do not remember what they used on the pre-survey, so the post survey may not be identified to match up. This system is a work in progress and feedback from the schools that participated will be sought in order to improve the survey system.

There were 9 schools involved in sponsoring School Family Nights. It was up to the school staff to facilitate the activity since they knew the school population well enough to know what might work best. There were varying degrees of lesson or concept presentation time. The activities that seemed most successful and popular were those that truly emphasized family engagement and active participation. An event was also most productive if there were several activities to rotate through versus a single presentation.

The Child Well-Being workgroups will review the data to make decisions for guidelines for future school family activities. One suggestion that will be made for including in guidelines is to require signed MOUs with the schools involved in sponsoring the events.

Summary of PFS Findings

	Number of Surveys	Family Functioning/Parent Resilience	Support Connections	Nurturing and Attachment
Post Only	60	5.89	6.33	6.24

Although pre/post assessments were completed, families did not use a consistent ID so only post survey were analyzed. Families' strengths on this scale were in the areas of Nurturing and Attachment and Social Connections. Somewhat lower but still in the high range was Family Functioning. Overall these families were demonstrating strong protective factors.

Strategy: PIWI

Strategy: PIWI			
Number of Families Served Directly	9	Number of Families Served Indirectly	13
Number of Children Served Directly	9	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

There has been one PIWI class carried out since January. The May class was for Parent-Child Aquatics. There was a rebound in the attendance for the program with the return of the first swim instructor. It seems to work most successfully when the classes are held twice per week for one month versus once per week for 2 months. F1P did go back to offering it for free since that seemed to also contribute to low numbers in the past. The upcoming sessions have had the most agency referrals compared to the sessions offered in the past 2 years. Various approaches have been taken to work towards sustainability, yet the correct combination of time schedule, fees, activity planned, and lesson integration has yet to be discovered. Following the Parent-Child Aquatics in July, there will be a promotion through family testimonials to fill a later class or boost the numbers in the Rec Center provided Parent-Child Aquatics.

Future trainings for PIWI facilitators will be to encourage PIWI classes outside of the pool setting.

Four local human service workers are planning to attend the upcoming training.

Spanish Surveys6.15	Number of Surveys	Family Functioning/Parent Resilience	Social Connections	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	4	6.15	5.33	6.56	5.95	4.67
Post		5.33	5.67	6.19	6.00	4.42

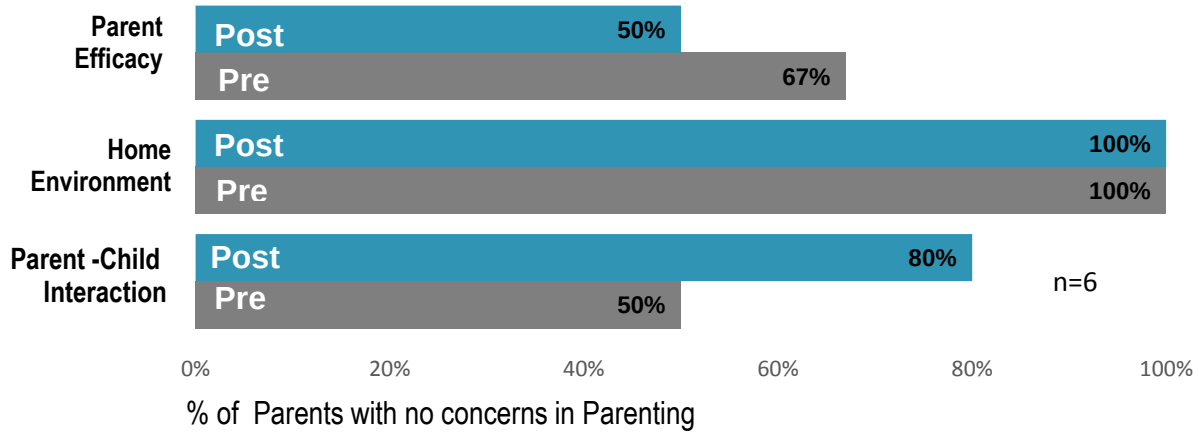
The strengths on this assessment were in the areas of Nurturing and Attachment and Child Development Knowledge. The most gains were in the area of Social Connections. Several areas demonstrated decreases (Family Functioning, Nurturing and Attachments and Concrete Supports.

<table>
<tr><td colspan="6">Parents Interacting with Infants[5] PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.
Population indicators:</td></tr>
<tr><td></td><td colspan="2">Quantity
How much? (Inputs, Outputs)</td><td colspan="3">Quality
How well? (Process)</td></tr>
<tr><td rowspan="6">Effort</td><td rowspan="2"># of parents/children directly served (attendance record)</td><td rowspan="2">??</td><td># average number of sessions completed (attendance record)</td><td>NA</td><td></td></tr>
<tr><td>Completion of PIWI fidelity guide checklist (onsite visit)</td><td colspan="2">NA</td></tr>
<tr><td rowspan="2"># number of sessions (attendance record)</td><td rowspan="2">NA</td><td># and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.</td><td></td><td></td></tr>
<tr><td># and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.</td><td></td><td></td></tr>
<tr><td rowspan="2"># of children indirectly served (attendance record)</td><td rowspan="2">NA</td><td># and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.</td><td></td><td></td></tr>
<tr><td># and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.</td><td></td><td></td></tr>
<tr><td rowspan="2">Effect
Is anyone better off? (Outcomes)</td><td colspan="3"># and % of parents reporting improved:
(1) access to concrete supports
(2) social connections
(3) knowledge of child development
(4) nurturing and attachment
(5) family functions (FRIENDS PFS)</td><td>NA</td><td></td></tr>
<tr><td colspan="3"># and % of parents reporting improved: (4+ change in score)
(4) Parent-child interaction
(5) Home Environment
(6) Parent Efficacy</td><td>1/6
0/6
0/6</td><td>17%
0%
0%</td></tr>
</table>

Healthy Families Parenting Inventory (HFPI)

The HFPI was completed by parents at the beginning and end of the PIWI sessions. This assessment evaluates parents across a variety of parenting areas. The parents' strengths were in the area of parents supporting their home environment. Improvements were found in their parent-child interaction.

Higher % of families scored in the no concern area in Parent-Child Interaction.
Families strengths were in suppoting their children in their Home Environment.



Summary of Healthy Family Parent Inventory

The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that almost all parents demonstrated improvement in parent-child interactions. The families' strengths were in how their home environment supported their child's development. There was a small decrease the families that scored within the concern area in parent efficacy. The majority of the families were in the no concern areas in both parent-child interaction and the home environment by the end of the PIWI section.

Strategy: Positive Pulse wellness for Families

Strategy: Positive Pulse Wellness for Families			
Number of Families Served Directly	6	Number of Families Served Indirectly	
Number of Children Served Directly	10	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served			

The Positive Pulse Wellness for Families strategy has lost a little on its initial momentum. This has been a challenging strategy to carry out since the goal was to bring in families who wanted to improve their overall approach to healthy lifestyles by including more family centered activities. Each family completed a survey at the beginning to select activities that they would be willing to try. Yet breaking out of that inactivity mode

may take more than good intentions. Each session has had a parenting/family relationships lesson in addition to the heath oriented activity. Some of the lessons have included: Meaningful relationships, Character qualities, Understanding how children learn, Playtime with your kids, Parents as an example, Self-management skills, Cueing for following directions, Reasonable consequences. The health topics/activity have included: Dental health, Zumba exercise, Family Yoga, and Container Gardening. An upcoming event will be Family aquacize.

When the participation by the original class began to dwindle, an invitation was extended to Hispanic families who may have more limited access to healthy activities. This brought 3 new families to the group. The general attendance is usually around 16, which includes 4-5 families.

Strategy: Hope Happens Here

Strategy: HOPE HAPPENS HERE			
Number of Families Served Directly		Number of Families Served Indirectly	
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	2
Number of Children directly served with Disabilities		Number of Organizations participating	19
Number of First Time Children with Substantiated Child Abuse who were directly served		Total estimated number of people……2,000	

In its second year, HOPE HAPPENS HERE drew in more non-profit agencies and became a new link to faith-based organizations. In the first year, there had been 25 groups participating, but this also included local mental health therapists. A guideline from the Nebraskaland Days committee required that all participating agencies be non-profit groups. While this removed the mental health therapy involvement, the focus then turned to including more faith-based organizations. Three additional faith based groups participated compared to last year with two faith-based non-profits. Each group was asked to plan a children's activity and that proved to be a true benefit to the groups that did.

The original plan through the Nebraskaland Days Family Night committee was to include a servant event and choirs in addition to HOPE HAPPENS HERE and the Family Night entertainment. A servant event is bringing together a large number of volunteers to produce a tangle item that might meet a basic need for individuals with few resources. A very common servant event is the packing of soup packets or food baskets to be given to families in need. Due to lack of choir directors and the inability to link with an organization for the servant event, neither of those came to be. With new members on the Nebraskaland Days Family Night committee, there may be new energy and ideas that can be initiated early enough to results in positive implementation.

VII. PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community.
Parents' strengths on this scale were in the areas of Nurturing and Attachment. Parents demonstrated significant improvements that represent meaningful change in the areas of family functioning and social connections.

Protective Factor Survey- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community.

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Social Connections	Nurturing and Attachment	Child Development/ Knowledge	Concrete Resources
Pre	50	5.13	6.46	6.19	5.39	5.59
Post		5.82	6.36	6.23	5.91	5.88
		p = .000 d = .655 (Moderate effect)	*No Significance*	*No Significance*	*p = .004 d = .448 (Moderate effect)*	*p = .031 d = 0.320 (Small effect)*

Community	**Scott Funded Strategies**	**Reporting Instructions**
City of Lincoln Collaborative	Community Learning Center	Provide information in same format as last year ("January thru August 2015 CLC Summer Opportunities Report: Use of NCFF/John Scott Funds." and "Lincoln District"), but with data updated to reflect January-Aug 2016 and 2015-16 academic year, respectively.
Fremont Family Coalition	Community Response	Report Community Response Data in Section VI above

Norfolk Family Collaborative	Expanded Learning Opportunities	In this section, report information on ELO work. Specifically, a. A description of the work of the ELO specialist over the course of the reporting period and the outcomes of this work b. A count of the number of high poverty children participating in ELOs over the course of the reporting period (the goal is to increase the number of children involved in ELOs over the course of three years). c. A count and description of MOUs and partnership agreements between and among agencies for ELOs during the course of the reporting period
	Community Response	Report Community Response data in Section VI above If data is available, report in this section responses on intake form related to the need, if any, for expanded learning opportunities. If data not available, please indicate that in this section as well.
	Parents Interacting with Infants (PIWI)	Report PIWI data in Section VI above
	Support to the collaborative	Report information about the collaborative, demographics, funding, policies, training, sustained work, and other information in all other sections of this report
Platte-Colfax Zero to Eight Collaborative	Expanded Learning Opportunities	In this section, provide a narrative on the work done to support expanded learning opportunities, and future work planned (including future work related to Community Response). Please quantify the amount of work done as much as possible, and include any information about outcomes that is available.

VIII. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Please complete the chart documenting expanded community initiatives and sustained work, resulting from community Backbone support.

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	**Strategies that are now sustained and no longer supported through NC funds**
Connected Youth Initiative-collective work on application and commitment by 12 agencies to participate and/or contribute.	

IX. UPDATE ON YOUR COLLABORATIVE

Families 1st Partnership continues to reach out to Lincoln County organizations to encourage efforts toward a standard of collective impact. Areas of strength would be the guidance of the backbone organization (WCDHD) and collaborative partner's efforts in carrying out mutually reinforcing activities. Through the continued support and encouragement of West Central District Health Department, workgroup members

continue to meet together in order to gather information and plan for ways to improve the ways that families are served in Lincoln County. The array of services offered in the community is extensive and that in turn provides residents many options. The human service workers are dedicated to serving their clients in the most positive way possible, and when possible, the agencies strive to co-enroll clients in order to bring in a variety of partners to provide assistance.

Areas of opportunity would be continuous communication, use of a shared measurement system, and establishing a common agenda. In a Community Collective Impact survey, local members did recognize that improved communication was necessary and particularly in the area of monitoring progress. While there is interest in better monitoring of progress, the gap partially exists in the use of a shared measurement system. To monitor progress also requires reporting yet if the type of reporting systems between agencies is different, then the results may not be expressed in the same manner. Through the Collective impact survey, it also became apparent that some members are not as clear as others when it comes to the agreed upon goals of the organizations. The establishment of workgroups for the various grant programs will address this, especially as the Collective Impact committee has tasked the workgroups to set goals for the coming year and plan strategies to achieve those goals

X. SUCCESS STORIES

See Attached.

XI. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

None

Colfax-Platte
CHILD WELL-BEING INITIATIVES
SIX-MONTH EVALUATION REPORT
JANUARY – JUNE 2016

The Child Well-Being Evaluation Report should cover a review of progress and a description of project activities twice each year, covering the periods of January 1-June 30 and July 1-December 31. This will include activities across funding sources including: CBCAP, PSSF, Nebraska Child Abuse Prevention Fund Board (NCAPF), DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds, and any additional private funds. Note: Community Café efforts are to be reported separately at this time (See Appendix B).

Please work with your community Collaborative, local evaluator, and consultant as needed to complete this report. The 6-month evaluation report and expenditure report for January 1- June 30, 2016 is due to Jamie Anthony, (janthony@nebraskachildren.org) no later than July 31, 2016.

The report narrative should include the following components. Please delete any instructions from document when submitting final report.

I. ABOUT COLLABORATIVE

The Platte and Colfax County Zero2Eight Child Well Being Initiative is an approach that incorporates community resources to raise healthy and productive children and families. The Coalition was formed in 2012, and consists of multiple community agencies and entities working together to enhance the protective factors of families in our communities through programs, strategies, and resources.

East Central District Health Department plays the role of fiscal agent and employs and houses the Coalition Coordinator. The Coordinator is responsible for leading meetings of the entire coalition as well as the Leadership Team, overseeing grant funding and reporting, and connecting partners in the coalition. A Leadership Team made up of representatives from key stakeholders steers the collaborative and has voting powers. The general coalition membership is divided into four workgroups, each with a lead person, to focus on the specific areas of impact for the communities.

II. DEMOGRAPHIC INFORMATION

Provide a summary of the children and families served during the 6 month time period. This includes any family or child that was active at any point during this time period. **Note:** These totals should reflect the numbers you provide later in the narrative report starting on page 4.

Instructions (based on Federal Reporting Requirements): This is the number of children and families who received services aimed at preventing child abuse and neglect during the past six months. These services may be directed at specific populations identified as being at increased risk of becoming abusive and may

be designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment.

Overall Summary of Children and Families Served			
Number of Families Served Directly	178	Number of Families Served Indirectly	
Number of Children Served Directly	192	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly	n/a		
Number of Children directly served with Disabilities	n/a		
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

III. FUNDING OBTAINED

Funding from NC: CBCAP, PSSF, NCAPF, DHHS Alternative Response and Community Response (AR and CR) Funds, John Scott CWB Funds & Other Priorities (Completed by Nebraska Children –do not edit)			
Source	Strategies Supported	Funding Period	Annual Amount
PSSF	Summer Enrichment Program, CR implementation, Elementary Attendance Monitor	1/1/16 – 12/31/16	$58,000
CBCAP	CWB infrastructure, coordination and training., Play their Way, Community Response, Child Care training,	1/1/16 – 12/31/16	$40,000
IV-E	AR/CR implementation & expansion	1/1/16 – 12/31/16	$40,000
Scott	Parent Engagement and Social Emotional Development, CR implementation, Elementary Attendance Monitor	1/1/16 – 12/31/16	$30,000
NCAPF	PIWI, PCIT	7/1/15 – 6/30/16	$15,000

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Collaborative Priority Area	Collaborative Role	Specific Funding Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)

Please compute all funding support received through Collaborative efforts.

Total Across All Charts	$183000.00

IV. TRAINING ACTIVITIES

Please document any training conducted or completed during the past 6 months that was coordinated through the Collaborative to enhance skills and behaviors. This should be separated into three subgroups, including: 1) Professional Training for Specific Child Well-Being Strategies; 2) Training for Communities and 3) Training that Enhances Collaborative System.

Provide reflection on your training efforts, including evaluation data if gathered.

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
3/15/2016	Community Response Development	28	20
1/21,3/17,4/21	Community Response Development Phone conference calls	7 total, each call had 1-5 CWB participants	5
5/17	Community Response Development NCFF group meeting	3 from CWB	3

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
4/15-16	ESU 7 Early Childhood Conference	5 from CWB	3
4/20	Nebraska VA No Wrong Door training	1 from CWB	1
6/27-28	Nebraska Young Child Institute	1 from CWB	1

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
1/27	Connect Columbus Community Collaboration	6 from CWB	4

V. POLICIES INITIATED OR INFLUENCED

Describe any Administrative (local), Legislative or State Policies that have been either initiated or influenced based on the work of the Collaborative.

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
n/a	

Examples of local policy influenced would include: 1) Based on discussion at Collaborative two agencies added evening hours to improve access to services; 2) Collaborative partners signed MOUs to established shared data system; 3) Collaborative facilitated development of shared policies around COS implementation that resulted in written MOUs; or Board established new policy that is documented on in minutes.

Legislative Policy	
Short Description of Policy	Role of Collaborative
n/a	

Example: Members of Collaborative met with state senator about new legislation or provided testimony for new legislation.

State Policy	
Short Description of Policy	Role of Collaborative
n/a	

Examples of state policy influenced would include: presenting to State children's commission; participation in state focus group to inform development of new program.

VI. SUMMARY OF EACH PREVENTIVE STRATEGY

This section will include a narrative and the following charts that document and describe each of the prevention strategies implemented as part of the Child Well Being Initiative. The following outlines the information that needs to be described for each strategy.

- **New Strategy Description:** Include a brief description and purpose any new Collaborative strategy: Who was trained and who will implement; where will the strategy be implemented; what consumers will participate (target population), etc. **NOTE:** a description is not needed for strategies that have been implemented in previous reporting periods (e.g., PIWI, CR, and PCIT).

- **Demographics:** # of children and families served using the following chart. Please confirm that all data reported individually by program (this section) correctly adds up to the total listed in demographic section (page one); # of staff and organizations participating in implementation using the following chart.
- **Evaluation Findings**: Report the evaluation findings based on the Collaborative's work plan and/or Results Based Accountability Measures.
    - NOTE: For PCIT, PIWI, and Community Response, the evaluation data that was submitted to MMI will be summarized and sent to the Collaborative Coordinator. This should be included in the 6-month report.
    - The local evaluator should support the Collaborative in reporting on other strategies evaluation data as outlined in your Collaborative's work plan.

- **Conclusions:** Include accomplishments and barriers during the past 6 months and a reflection on the evaluation data provided. Please share any success stories as well. **NOTE:** Provide a statement if implementation of the strategy deviated significantly from the initial plan submitted by the Collaborative e.g., the strategy was expanded to include significantly more people, the strategy was dropped due to interest, etc.

The following two charts also need to be included for each strategy. The appropriate RBA chart (listed by strategy) can be found in the document Appendix. Local evaluators should work with coordinators to compute data as needed for RBA charts.

PIWI (PARENTS INTERACTING WITH INFANTS)

PIWI was carried out by four agencies during the reporting period, including: Central Nebraska Community Action Partnerships (CNCAP) (formerly Central Nebraska Community Services) Early Head Start, Healthy Families Nebraska, Schuyler Sixpence and Youth for Christ. Three agencies began carrying out PIWI sessions during October to December 2015, but they did not complete their commitments until January or February 2016, while Schuyler Sixpence carried out their sessions during May to June 2016.

Strategy: PIWI (Parents Interacting With Infants)			
Number of Families Served Directly	53	Number of Families Served Indirectly	n/a
Number of Children Served Directly	60	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	12
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

Results Based Accountability (RBA)- See Appendix for RBA for Specific Strategy

PCIT (PARENT CHILD INTERACTION THERAPY)

During this reporting period, three families were served through PCIT. Pre-surveys were collected for these families, but they have not had enough sessions to capture post-survey results yet.

Strategy: PCIT (Parent Child Interaction Therapy)			
Number of Families Served Directly	3	Number of Families Served Indirectly	n/a
Number of Children Served Directly	3	Number of Children Served Indirectly	n/a
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	4
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

CHILD CARE STRATEGIES: SECOND STEPS AND AL'S CARING PALS

For center based childcare facilities, the Second Steps early learning program has been implemented. Second Steps is currently being used in Sixpence classrooms in Columbus and Schuyler and four Head Start classrooms in Columbus. This social emotional center based program is a 28-week curriculum divided into five units: 1. Skills for Learning; 2. Empathy; 3. Emotion Management; 4. Friendship Skills and Problem Solving; and 5.Transitioning to Kindergarten. It is most appropriate for use in center-based sites where preschool-aged children are separated from infants and toddlers. Each pilot project partner utilizing Second Step was provided with an early learning kit.

The second program, Al's Caring Pals: A Social Skills Toolkit for Home Childcare Providers, also utilizes a kit for each provider that includes a flip-card activity book, music CD and songbook, and calm down and problem-solving posters. The activity cards in the flip-book offer straight-forward strategies that teach children how to use words to express feelings, control their impulses, calm down, solve problems peacefully, share, accept differences and make safe and healthy choices. The CD/songbook and posters are used throughout the day and provide ongoing opportunities for the children to practice and generalize the pro-social behaviors they learn.

Six home-based child care providers completed training in the Al's Caring Pals curriculum in December 2015. Following completion of the training, the providers implemented the program in their childcare programs. While the program is still in the middle of the pilot, the first round of data shows improvement in the social emotional skills of the children. Data will be collected and analyzed again in late autumn 2016.

Strategy: Second Steps			
Number of Families Served Directly	44	Number of Families Served Indirectly	n/a
Number of Children Served Directly	48	Number of Children Served Indirectly	n/a
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	8
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

Strategy: Al's Caring Pals			
Number of Families Served Directly	28	Number of Families Served Indirectly	n/a
Number of Children Served Directly	28	Number of Children Served Indirectly	n/a
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	6
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	6
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

COMMUNITY RESPONSE INITIATIVE

The Parent and Family Support Workgroup has focused on developing a Community Response network to help families connect with the resources they need to prevent entry into higher level programs such as child welfare or juvenile justice systems. This can be done through helping families navigate to find services they may need such as mental or physical health services, providing emergency funding for basic needs such as housing or utilities, or other basic needs that will enhance the well-being and safety of the family. Efforts started in 2015 to develop a network of service providers with a central navigation point and a pilot Community Response plan developed in early 2016. In March 2016, twenty-eight (28) participants from twenty (20) community organizations came together and identified the key players for both the Platte and Colfax communities and decided on parameters for a pilot program to begin in August 2016. The pilot will be offered in Columbus at one elementary school and the Head Start classrooms and in Schuyler at the elementary school and Head Start classrooms and will run for the duration of the 2016-17 school year. A Central Navigator, an Assistant Central Navigator, and five Family Coach agencies have been identified and are in agreement to carry out the pilot program. No data is available at this time as the pilot has not begun.

SIZZLING SUMMER ENRICHMENT PROGRAM

The Sizzling Summer Enrichment Program (SSEP) was a strategy carried out during the month of June 2016 to reduce the "summer slide" by engaging students' academic skills during the summer break. The strategy objectives were to maintain or improve K-2 student academic performance in reading and math; improve student's social behaviors and attitudes; and increase family and community engagement. There were 53 students from 2 different school districts who participated in the strategy. No outcomes are available for this program yet, it will be reported on the July-December 2016 evaluation report.

Strategy: Sizzling Summer Enrichment Program			
Number of Families Served Directly	50	Number of Families Served Indirectly	n/a
Number of Children Served Directly	53	Number of Children Served Indirectly	n/a
Number of Parents with Disabilities Served Directly	n/a	Number of Staff participating	
Number of Children directly served with Disabilities	n/a	Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

VIII. SCOTT FUNDING - PROGRESS REPORTS

Community	Scott Funded Strategies	Reporting Instructions
Platte-Colfax Zero to Eight Collaborative	Expanded Learning Opportunities	In this section, provide a narrative on the work done to support expanded learning opportunities, and future work planned (including future work related to Community Response). Please quantify the amount of work done as much as possible, and include any information about outcomes that is available.

Scott Foundation Funding was awarded to Platte/Colfax Zero2Eight Child Well Being in January 2015. Focus groups held in May 2015 led to hiring a part time Parent Engagement Coordinator to bridge the gap between school and parents, particularly monolingual Spanish speaking parents. A Parent Teacher Organization (PTO) was created at Schuyler Elementary School as a result of the focus groups as well. Schuyler Elementary has also teamed with the UNL Extension Afterschool Program to provide incentives to parents to attend parent teacher conferences and other school functions, which has increased parent participation in both the English and Spanish speaking populations at the school.

After carefully evaluating the small successes and many challenges we have had with developing and initiating programs and work in Schuyler and the rest of Colfax County, we reassessed our strategies and plans for the use of the Scott Foundation funds. Conversations with Schuyler Community Schools' superintendent, elementary school principal, and school counselors, along with community leaders and faith leaders, lead us to the understanding that many local youth are struggling to have their basic needs met, and families are facing challenges such as safe and stable housing, obtaining enough food, keeping utilities on, and having transportation to school and jobs. From this it was decided that we must focus our efforts on building a strong Community Response system for Schuyler, and we must engage parents with programming lead by them rather than offered to them.

During the remainder of 2016 we will be working toward those goals. We will be initiating a pilot program for Community Response with Schuyler Elementary School and the Head Start classrooms, and will utilize the skills of a bilingual elementary school counselor as an Assistant Central Navigator to work with Schuyler families. Funding for flexible funding expenses to address the needs such as those listed above, and coordinated services to connect families with a Community Response Family Coach will also be utilized from the Scott funds. Along with this we are working with the elementary school to provide an elementary school level Attendance Monitor, with the understanding that at the elementary school level students are typically not the ones responsible for their own tardiness or absences, but rather those things may indicate a family concern that needs to be addressed. For the third piece of this puzzle, the superintendent has identified a bilingual staff person who will work as a Parent Liaison, helping to connect parents and families with the school and helping to facilitate parent lead programming such as Community Cafés and other similar activities for parents to connect with each other and build partnerships with the school staff to help their children succeed in school and community life. The Parent Liaison will also continue to work with the Afterschool Program to enhance the work begun in 2015 to build a PTO and parent involvement.

At this time we do not have outcomes to report for this funding and the new initiatives and plans to utilize it. Initial outcomes for the CR pilot program, Attendance Monitor, and Parent Liaison work will be reported on the July-December 2016 evaluation report.

IX. EXPANDED COMMUNITY INITIATIVES / SUSTAINED WORK

Please complete the chart documenting expanded community initiatives and sustained work, resulting from community Backbone support.

New Strategies or Initiatives that were started due to Collaborative work during this reporting period	**Strategies that are now sustained and no longer supported through NC funds**
Example: Sixpence implemented starting in July 2015.	Example: SANKOFA sustained in community and supported through private funds.
Community Response Initiative implemented starting March 2016 (pilot program will start August 2016)	

X. UPDATE ON YOUR COLLABORATIVE

Include a statement describing successes and challenges in your Collective Impact work. Also describe any collaboration with other CWB Communities or surrounding communities. Give a couple examples about problem-solving around family issues that Collaborative has faced in last 6 months.

Also, based on discussions from Collective Impact survey results, indicate the two or three items that the Collaborative ranked as needing the highest priority. Please describe any short-term changes implemented or future work plans around these items.

Common Agenda: All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Zero2Eight Child Well Being Coalition has a strong team of collaborators from many different agencies working together toward the common goal of enhancing the protective factors of families in our communities. We have four workgroups, each focusing on a different aspect of child well-being, including Childcare, School Community interactions, Parent and Family Support, and Social Emotional Support. Each of those workgroups is made up of representatives from agencies and organizations who have like-minded strategies and goals. Workgroups meet regularly to ensure the continued progress of the programs and initiatives they are responsible for, and share information and processes with other workgroups to braid their work together. Our board/leadership team members work closely with the workgroups to ensure that the support and infrastructure is available to carry out the programs and initiatives of the workgroups.

Shared Measurement: Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Programs and initiatives under the Zero2Eight umbrella utilize similar data collection tools, such as DAYC-2 and the FRIENDS Protective Factors surveys. Data from the various initiatives is woven together to create an overall picture of the success of the coalition in enhancing the well-being of families in our communities. We utilize information from the data to develop work plans, find out what is working to build upon those successes, and make decisions about what to change about less successful outcomes to make them work better.

Mutually Reinforcing Activities: Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Coalition partners work together to develop plans, which are then brought to life through the various agencies and organizations. For instance, PIWI is a Zero2Eight initiative that is implemented by four different partners. Partners share valuable data outcomes with each other, help each other to succeed through sharing information and expertise about initiatives and programs, as well as knowledge and sharing of funding sources.
Along with coalition partners working together, Zero2Eight has done a great deal of learning from other Child Well Being groups in other communities. In particular we have been gleaning information and resources from the Norfolk Family Coalition to develop our Community Response Initiative, basing much of our pilot program on their program with adaptations for our communities. Since both Norfolk and Columbus share many of the same family support agencies, we will be able to work with families from the small towns located between the two larger communities as we expand our CR programs beyond the pilots also, allowing those families to choose which location works better for them to access services and support.
Each individual within the coalition is a valued piece of the overall Zero2Eight puzzle, and is respected for not only what they bring to the mutual table but what they do within their own agencies as well.

Continuous Communication: Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

The entire coalition meets every other month, with part of their time dedicated to the workgroups and part to sharing successes and challenges, learning opportunities, and general business of the coalition. The Leadership Team meets monthly to discuss and vote on both general budgeting and operational concerns and any special concerns or needs that may arise. The entire collaborative has also met to share ideas and visions for a community response network during the past six months, working together to develop a plan and decide who will take the lead on implementation. Partners communicate via email on a regular basis, and the Zero2Eight website, developed in early 2015 and currently being rehabbed in 2016 to better represent the coalition's initiatives, is utilized to share information and resources with families in our communities. All information put out to the community from Zero2Eight goes through a Health Literacy review process before it is shared, in an effort to ensure we are communicating in a way and at a level of understanding that is best for our community audience.

Backbone Organization: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

East Central District Health Department serves as the fiscal and administrative agent and employs the Zero2Eight CWB coordinator for the collaborative. East Central houses multiple public health groups, many

of which are able to share resources and expertise to enhance community involvement and growth of healthy children and families. East Central takes a leadership role in the well-being of communities it serves and is slated to become the first nationally accredited public health department in the state of Nebraska.

While employed by East Central, the coordinator's key responsibilities are to support the collaborative through administration of the grant and other funds, leading meetings of the collaborative, and connecting team members to move initiatives forward. None of that is possible without a strong Leadership Team, which steers the coalition in its efforts. The Leadership Team members have each signed a Memorandum of Understanding for the organizations they represent, agreeing "to mutually promote strategies to aid in raising healthy and productive children and families". Along with that, each leadership team member has signed a personal Code of Ethics agreement to help ensure the integrity and accountability of the collaborative.

Collective Impact Survey results:

Due to scheduling conflicts, Collective Impact Survey results have not yet been formally discussed, but will be a key agenda item at the August 3, 2016 Leadership Team meeting. The Leadership team has worked diligently to develop both short and long term strategic plans for the organization, and we will work to align those plans with the results of the collective impact survey as we go forward. We will report those results on the July- December evaluation report.

XI. SUCCESS STORIES

Success: PIWI (Parents Interacting with Infants) participation. Starting in late fall of 2015 and extending through June of 2016, four different PIWI groups met regularly for sessions. One group in particular, the Youth for Christ young parent group, had 29 families participate throughout the 9 sessions. Of those 29 families, 15 attended every session to fidelity, with more than half the remaining families missing only one session. Included in those 29 families were numerous young dads who had never cared for children before having their own.
Involved dads was a recurring theme through the PIWI groups this year. We observed dads helping their toddlers paint canvases at Head Start, roll balls and stack blocks with their babies at Healthy Families, and enjoying water play with their children at Youth for Christ. Of course we observed moms, and even a few grandparents, actively playing and learning new interaction skills with their littles too, but we were particularly pleased to see the growing number of dads taking an active role in learning more about positively interacting with their children.

Success: Community Response development. After much discussion and exploration during 2015, in March 2016 the collaborative brought together stakeholders from both Platte and Colfax counties to develop a Community Response initiative. From this large planning session a small CR leadership team was created, and a pilot project was planned. The CR leadership team worked together with community partners to decide on parameters of the pilot and identify a Central Navigator and Assistant Navigator, along with potential Family Coach agencies. We have since contracted with the navigator positions, and have agreements with five agencies to provide coaching. Our pilot program is set to begin in August 2016 in Columbus and Schuyler.
Along with working in collaboration with numerous local agencies, we also have been learning a great deal from programs the Norfolk Family Coalition and the Fremont Child Well Being Coalition have had in place

longer than ours. This collaboration between our coalitions in similar sized communities has been extremely useful to us as we move forward, and we are looking forward to sharing our experiences with other communities just getting started once we have the same experience under our belts as Norfolk and Fremont do now.

XII. OTHER COLLABORATIVE ACTIVITIES & STRATEGIES

Describe any other activities funded through additional courses that serve families and children in your community. These numbers will not be included in the overall count for the 6-month report.