COMMUNITY COLLABORATIVES

2023-2024 Evaluation Report | October 2024

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AND FAMILIES FOUNDATION

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Structure and Purpose of the Report

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

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

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children and Families Foundation focuses on a data-driven decision-making approach to help communities improve the performance of their adopted strategies and to ultimately improve the lives of people and their communities. Data is collected and reviewed for their decision-making and continuous improvement processes. Additionally, Nebraska Children and Families Foundation supports communities in developing their own community-specific learning agendas and helps build their evaluation capacity by providing local support for identifying a community-specific evaluation question for a community to focus on during a specific time period (see Table 15).

Scope of Report

This report covers the work of the 23 collaboratives and 2 Tribal communities participating in the evaluation undertaken over the past year (July 1, 2023, to June 30, 2024) to build their community-based prevention systems. It consists of three main sections. The first section describes Nebraska Children and Families Foundation’s statewide community collaborative work, the second section provides community-level systems findings, and the third section focuses on the community response model programs and practices findings. There are also several appendices that highlight different aspects of community-based prevention work.

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

Nebraska Children and Families Foundation's Statewide Community Collaborative Work

Nebraska Children and Families Foundation's Approach to Community-Based Prevention

Nebraska Children and Families Foundation envisions a Nebraska where all people live in safe, supportive environments that provide opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children and Families Foundation partners with local communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children works with communities to build locally based prevention systems. The underlying assumption is that by building strong community collaborations, a local prevention system is strengthened, resulting in improved child and family protective factors (Figure 1). This collective approach is known as "Community Well-Being." Community Collaborative partners in each community come together through the Collective Impact Model, promoting and addressing local priorities and implementing specific targeted strategies to build Protective and Promotive Factors for all children, youth, and families.

Figure 1

Bring Up Nebraska, administered by Nebraska Children and Families Foundation, is a network that works collaboratively with all the critical players in a community and the state. This includes service providers, educators, health care professionals, law enforcement, businesses, government agencies, and most importantly, parents and youth. Together, these collaborative groups commit to common goals, measurements, and practices, working toward the goal of improving well-being. Through public-private partnerships in the Bring Up Nebraska Network, Nebraska Children has collected community and state partner commitments toward a statewide plan for Community Well-Being. The shared goals in this plan are:

By 2025, we will:

1. Improve authentic collaboration between lived experience partners, system partners, local school districts, and both community collaboratives and community members.
2. Increase community collaborative infrastructure that leads to equitable well-being outcomes.
3. Improve services and supports that build Protective and Promotive Factors in children, youth, families, and communities, including:
    - Education, post-secondary education, and career services and support for children, youth, families, and communities hosted both inside and outside of the traditional school day.
    - Supports and services for youth/young adults and young parents/families.
    - Access to and increased capacity of early childhood services in communities.
    - Access to and increased capacity of physical and behavioral health services in communities.
    - Access to economic stability and concrete supports for children, youth, families, and communities.
4. Strengthen the well-being workforce in Nebraska.

To accomplish this mission, blended funds are made available to strengthen integrated community prevention systems. Major funding sources include Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPFB), Child Abuse Prevention and Treatment Act, Nebraska Dept of Education, John H. Chafee Funds, and private funding sources. Nebraska Children funds a range of strategies within each local prevention system, including those aimed at strengthening community systems themselves as well as those focused on individual and family level needs. System-level strategies range from Collective Impact training to best practices to build inclusive communities, while individual and family-level programs and practices are adopted across the lifespan. The dollars leveraged this reporting year include Community Collaborative Infrastructure (previously labeled CWB Funding), Initiatives and Program (previously labeled Additional Initiative Funding), and Local Leveraged Funding (Private funding) for a total of $18,130,257.

Bring Up Nebraska – Public Awareness and Education

Twenty-two Community Collaboratives/Prevention Councils, Nebraska DHHS Children and Family Services, and other partners hosted local activities and events across the state using the Bring Up Nebraska-Pinwheels for Prevention Campaign toolkit and products. Highlights for April, Child Abuse Prevention Month, includes:

Website

The Bring Up Nebraska website realized a 737% increase in visitors from the previous 12 weeks with 10,484 visitors. There were 14,927 pageviews; the Community Collaboratives page was the most visited page with 11,483 pageviews.

Radio

Radio ads in English and Spanish reached 400,800 people across the state with 1,381,000 gross impressions (the number of times ads are heard or seen).

Paid Advertising

- Targeted digital display ads ran in English and Spanish
- Facebook/Instagram ads: Impressions = 881,140
- Google display ads: Impressions = 532,263

Resources for Collaboratives and Councils

Twenty-two Community Collaboratives/Prevention Councils, several DHHS sites, and other partners used the campaign toolkit and products to host local events and activities across the state. These included mayoral proclamations, Wear Blue Day, and pinwheels plantings with local media coverage and social media promotions. Over 5,000 pinwheels were ordered, and, through the Nebraska Child Abuse Prevention Fund Board, more than 6,600 campaign products were ordered to promote awareness and education of Bring Up Nebraska, the Protective and Promotive Factors all families need to thrive, and what help is available through the Community Collaboratives.

Events

Governor Pillen proclaimed April 2024 as Child Abuse Prevention Month and the NDHHS Director of Children and Family Services made remarks. DHHS also issued a media release about Prevention Month.

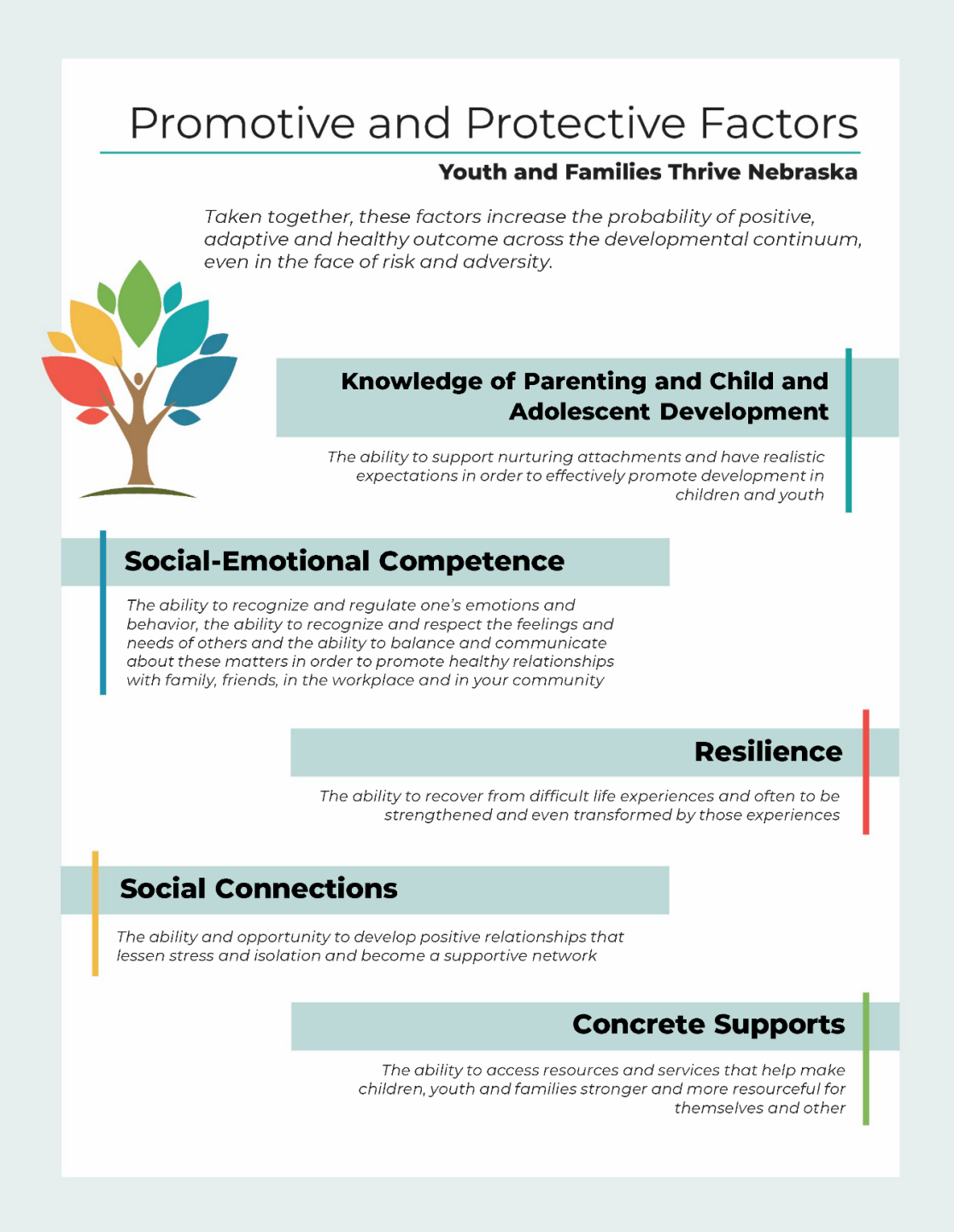
Promotive and Protective Factors

Strengthening children, families, and young adults through strengthening Protective and Promotive Factors is key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect, while the cumulative buffer of multiple Protective and Promotive Factors is associated with the probability of positive outcomes in individuals, families, and communities. Protective Factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risks. Promotive Factors are conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being (Figure 2). Protective and Promotive Factors are assets in individuals, families, and communities. For young adults, the Protective and Promotive Factors are associated with positive development and help young adults to overcome adversity (Fergus & Zimmerman, 2005). For both families and young adults, these factors increase the probability of positive, adaptive, and healthy outcomes across the developmental continuum. The following is a description of the Protective and Promotive Factors that Nebraska Children and Families Foundation uses to guide its prevention work. The Promotive and Protective Factors are recognized by Nebraska Department of Health and Human Services, the FRIENDS National

Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

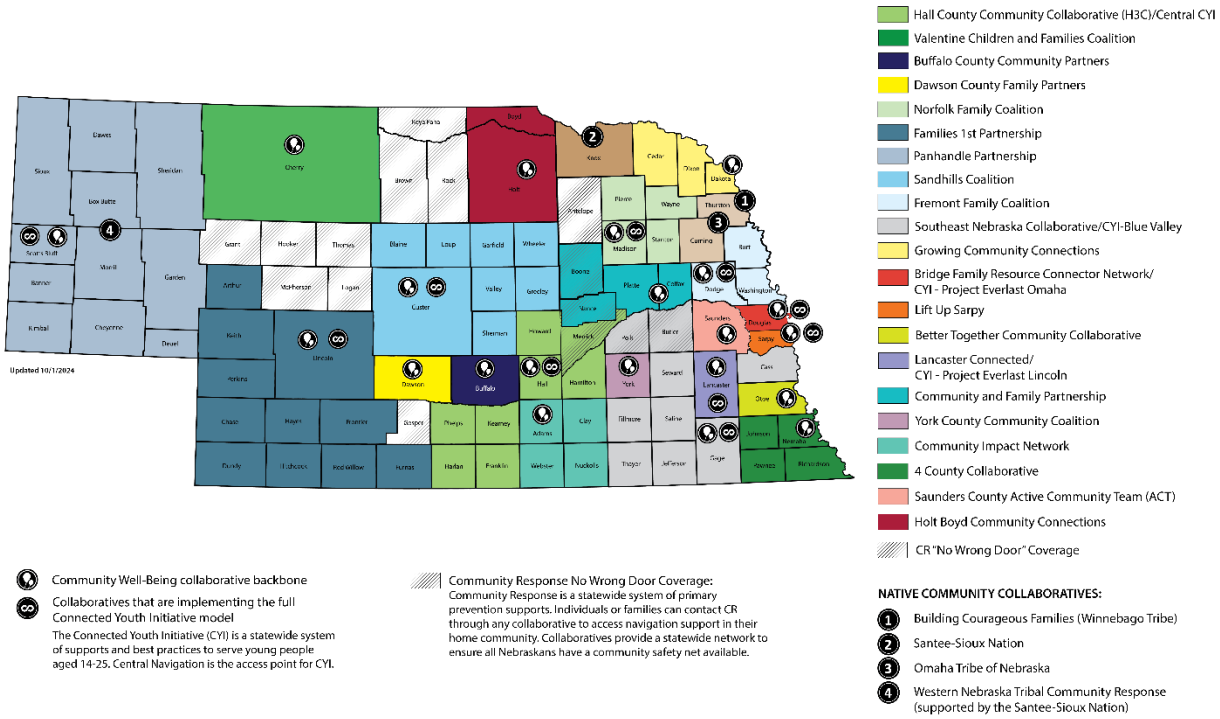
In addition, Hope was also identified as an important factor. Hope is defined here as a feeling of goal-directed energy combined with the feeling of being able to do the planning needed to meet established goals.

Figure 2



Community Collaboratives

In the last year, Nebraska Children and Families Foundation has provided funding and/or technical assistance to 23 developed or developing Community Collaboratives (CCs), including three Tribal nations, as well as tribally affiliated families throughout Western Nebraska. These CCs promote safety and well-being through various prevention programs and practices. While each CC is in its own stage of development, all have provided direct and/or indirect support (e.g., directly through training, coaching, concrete supports, or indirectly through the siblings of children receiving services) that benefit individuals in their community. The full reach of CCs statewide is depicted in the map below. Note that 10 counties in Nebraska are not directly served by a CC. However, all Nebraskans have access to the existing collaboratives via a “no wrong door” approach to primary prevention, meaning that services are not restricted due to county boundaries. Youth and families are served, and community priorities are elevated, through an open way of partnering across community and county barriers.



Nearly every county across the state is supported by a developed or developing Community Collaborative. During the 2023-2024 evaluation year, 23 CCs and 3 supported tribal organizations supported 83 counties directly. All counties in Nebraska have access to Central Navigation what we call a ”no wrong door” approach. Anyone can access primary prevention and a referral network via Central Navigation. 24 communities (22 formal CCs and 2 Tribal communities) participated in the statewide evaluation. Participating in the evaluation includes gathering data about the implementation of collective impact strategies, numbers of families supported, collaborative partnerships created, and events hosted by the collaborative.

Table 1 highlights all of the Nebraska Community Collaboratives and the counties they served during the 2023-2024 evaluation year.

Table 1

COMMUNITY WELL-BEING PREVENTION SYSTEMS

Name	Counties Served
Better Together Nebraska City	Otoe
The BRIDGE	Douglas
Buffalo County Community Collaborative	Buffalo
Building Courageous Families	Winnebago Tribe of Nebraska
Community Impact Network	Adams, Clay, Nuckolls, Webster
Community & Family Partnership	Bonne, Colfax, Nance, and Platte
Dawson County Family Partners	Dawson
Families 1st Partnership	Arthur, Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Lincoln, Perkins, and Red Willow
Four Counties Collaborative	Johnson, Nemaha, Pawnee, and Richardson
Fremont Family Coalition	Burt, Dodge, and Washington
Growing Community Connections	Dakota County and all of Siouxland
Hall County Community Collaborative	Franklin, Hall, Hamilton, Harlan, Howard, Kearney, Merrick, Phelps
Holt Boyd Community Connections	Boyd and Holt
Lancaster Connected	Lancaster

Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Pierce, Stanton, and Wayne
Panhandle Partnership	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Sioux
Sandhills Community Collaborative	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler
Santee-Sioux Nation Collaborative	Coordinates: Santee-Sioux Tribe of Nebraska, Omaha Tribe of Nebraska, and Western Nebraska Tribal Community Response.
Saunders County Active Community Team	Saunders
Southeast Nebraska Collaborative	Butler, Cass, Fillmore, Gage, Jefferson, Otoe, Polk, Saline, Seward, Thayer, and York
Valentine Children and Families Coalition	Cherry
York County Health Coalition	York

Common Indicators and Common Data System

Nebraska Children and Families Foundation's mission is to create positive change for Nebraska's children through community engagement. Through coordination from Nebraska Children, the public and private partners in the Bring Up Nebraska network have committed to a statewide plan to allow Nebraska to have the most robust Community Well-Being prevention model in the nation. As noted previously in this report, by 2025, the statewide plan calls for Nebraska to improve collaboration across communities, develop community collaborative infrastructure, improve services and supports for children, youth, and families, and to strengthen the well-being workforce in Nebraska.

To represent the overarching focus areas for our work and ensure alignment with the statewide plan, Nebraska Children and Families Foundation had previously engaged in a year-long process to clarify the three results areas (Figure 3) that connect the work of Nebraska Children and Families Foundation across the system. These results areas bring attention to the overarching areas of focus that connect the work of the NCFF system and align that work to the Statewide Plan for Community Wellbeing (link here). In the past year, extensive work has gone into organizing the work of Nebraska Children and Families Foundation into a system-wide logic model and identifying outcomes that establish common targets for the work across the organization. While the Logic Model is dynamic in nature, meant to represent the work of the system as resources shift and or intentions are revised, the current version of the Logic Model reflects the current status of our work and when discussed with the Board of Directors in October 2025, was viewed as an important step in telling the story of our work (see Appendix C). Part of that story includes connecting the targeted outcomes to 'population' level indicators of change that can be used in the longer term to show progress in relation to the wellbeing of communities and their citizens. Table 2 lists the indicators identified for the NCFF system Logic Model. Where possible, the Statewide Community Well-being Report, to be published in late January of 2025, will show a two-year pattern for these indicators that can serve as a baseline going forward.

Figure 3

Table 2

Results Area 1: Healthy and Well	
Ratings of General Health; % reported as "Excellent"[1]	Centers for Disease Control
Entries into care (foster care & juvenile justice)	Nebraska State Agencies
Out-of-home placements (foster care & juvenile justice)	Nebraska State Agencies
Two-generation system involvement (foster care & juvenile justice)	Nebraska State Agencies
Results Area 2: Ready for and successful in educational and career opportunities	
Kindergarten Readiness	Unknown
Early Reading	Nebraska Department of Education
Middle childhood math	Nebraska Department of Education

High school graduation rate	Nebraska Department of Education
Chronic Absenteeism	Nebraska Department of Education
Postsecondary enrollment	Nebraska State Agencies
Postsecondary completion	Nebraska State Agencies
Results Area 3: Economically Stable	
Childcare Gap Number	Nebraska State Agencies
Childcare Quality	Nebraska State Agencies
Employee Recruitment and Retention	Nebraska State Agencies
Percentage of household income spent on rent	US Census Bureau
Household incomes	US Census Bureau
Percentage of food insecure households	US Department of Agriculture.

This transition towards a new, more organization-wide set of indicators and an increased emphasis on organizational cohesion is directly related to another major organizational initiative that occurred during the 2023-2024 evaluation year, the introduction of the Findhelp platform across the Community Collaborative Network. Findhelp is a social care platform that provides an electronic platform to connect help-seekers and providers. In addition, Findhelp can, and will for Nebraska's community-based prevention system, serve as a common data platform and system of record, an electronic referral platform, and, eventually, a case-management tool. All of Nebraska's Community Collaboratives have access to the platform as of July 1st, 2024 and are actively using the platform. Help-seekers now can see their own referral histories, control their accounts, and are able to access services from Collaboratives and NCFF Initiatives and programs, as well as programs and services offered by partners. Findhelp is also already helping to better track and manage data. As the development of the NCFF sponsored instance of Findhelp matures, increasing numbers of partner organizations will be able to communicate and collaborate via the system, creating efficiencies in the social care network statewide. Moreover, Central Navigation workflows will be put into place to streamline workflows, more accurately and efficiently collect data, and support fair and equitable access to services across the state. Starting with the 2024-2025 evaluation year report, linkages between referrals, concrete supports, coaching, and other aspects of the community prevention system will be linked more closely to the work happening in the broader community and examined in a more sophisticated way. In future reports beyond 2024-2025, even greater sophistication and depth in reporting will be possible. Specifically, we anticipate being able to collect more complete data in a number of areas to allow for a more robust analysis of the impact of the community prevention system. This will allow for better identification of strengths and barriers both statewide and within communities.

Local Leveraged Funding

One of the intermediate community well-being outcomes is that the work of CCs results in communities' increased ability to leverage and align funds. In addition to funding received from Nebraska Children and Families Foundation, collaboratives obtained over $1.6 million in local private funding this past year, representing 9.3% of their total budgets. Due to changes in data collection, this number does not reflect any of the local leveraged funding beyond private contributions, which accounts for the decrease in the total amount from previous years. It is anticipated that a more complete picture of local leveraged funding will be available in future reports.

Community-Based Prevention Systems

Community-based prevention systems encompass all individual-level strategies implemented across the life span, as well as community capacity building and informing system level priority setting. Through Central Navigation and Coaching, local community prevention systems coordinate existing resources within a community to help children, young adults, and families address immediate needs, as well as increase Promotive and Protective Factors in the long-term. Support Services Funds are flexible funds made available through Central Navigation with the purpose addressing concrete needs to enhance the impact of other targeted strategies, or to fill gaps for needs, regardless of eligibility criteria in publicly funded domains.

In the 2023-2024 evaluation year, local community-based prevention systems statewide served 14,280 participants and 11,815 children. Over $1.2 million dollars in Support Service Funds were distributed through 3,276 requests. The number of requests in 2023-2024 represented a slight decrease in the number of requests compared to 2022-2023. Overwhelmingly, participants sought assistance for housing and utilities, which together represented nearly 77% of the requests for support service funds. It is worth noting that in this evaluation year, Nebraska was distributing federal Emergency Rental Assistance dollars, which may have impacted the number of requests for Support Service Funds. CCs developed a close working relationship with Nebraska Investment Finance Authority (NIFA), who was coordinating the distribution of these dollars. In doing so, Central Navigation became another avenue by which Nebraskans accessed this resource statewide and braided additional public funding into the local prevention systems.

Evidence-Informed Strategies for Parents

Three evidence-based strategies that are focused on parents were implemented during the 2023-2024 evaluation year: Circle of Security Parenting™ (COSP), Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI). NCFF directly supported the provision of COSP services which reached 494 parents and 1200 children across the state. These strategies for parents have demonstrated impact on improving parent-child relationships and interactions, reducing parent stress, and increasing parent efficacy - all of which are essential for preventing entry into higher systems of care for vulnerable children and families. While the COVID-19 pandemic reduced the number of parents who could participate in these strategies, there has been a steady increase in the numbers of parents participating in these strategies since 2022.

Local Prevention Strategies

Nine Community Collaboratives also implemented 22 local, community-specific prevention strategies during the 2023-2024 evaluation year, reaching a total of 2,582 participants and 702 children across the state. These local prevention strategies (e.g., community baby showers, diaper pantry, car match) represent the community-driven aspect of collaborative work. They are selected and implemented to meet the needs of

individual communities. These local prevention strategies include multiple additional partnerships and often involve building systems-level infrastructure to support all youth and families within communities. Many of these strategies were newly developed as a response to community needs resulting from the COVID-19 pandemic or to address the growing need for mental health support throughout the state.

Two other strategies: Camp Catch-Up and Legal Services and Supports offered through the Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) were implemented at the statewide level. Camp Catch-Up served 104 children aged 5 to 19 who had been separated from siblings by foster care, while 956 participants received legal services and supports through Legal Aid. Both strategies aim to improve promotive and protective factors for participants, particularly social connections for those served by Camp Catch-Up, and concrete supports for those served by Legal Aid.

Connected Youth Initiative

Nebraska Children and Families Foundation's Connected Youth Initiative (CYI) is a statewide Community Well-Being initiative to create and strengthen equitable outcomes for youth and young adults with experience in public systems and without permanent family and/or community support. CYI supports youth and young adults through both systemic and individual strategies, including Central Navigation and Support Services Funds, Coaching, Youth Leadership efforts, and Financial Education through Opportunity Passport™ offered through Jim Casey Youth Opportunities Initiative®. During the 2023-2024 evaluation year, 2,014 youth and young adults (14-25 years) were served through Central Navigation. Nearly $245,000 in Support Service Funds were distributed to youth and young adults through 566 requests with 87% of requests allocated to housing and utilities assistance.

CYI work focused on coaching, leadership, and financial education has been fundamental in supporting youth and young adults to increase personal agency and establish goals. 2,297 youth and young adults in CYI participated in goal-oriented and youth-driven CYI coaching during the 2023-2024 evaluation year. Nearly, two-thirds of all youth and young adults served through CYI coaching were female (65%) and nearly half the participants identified as people of color (49%). The majority (73%) of CYI coaching participants were over the age of 19, which indicates these young adults' desire and drive to successfully transition to adulthood. Importantly, 431 youth served in coaching were pregnant or parenting and 841 youth had experience in the foster care system. CYI coaching is a vital tool in the prevention system to support youth and young adults in challenging situations as they transition to independent adulthood. Critically, 426 youth and young adults engaged in financial education through the Opportunity Passport™ program. This program teaches financial management strategies and provides matching funds to support youth and young adults in making asset purchases, including vehicles, educational materials, and equipment/uniforms for professional activities.

Community-Level Systems Findings

Community Collaboratives are working to build their capacity to meet the needs of the children and families in their communities through a Collective Impact approach, Funding, Policy Support, Training Activities, and Community Events. The following is a summary of the community-based prevention system work that was undertaken over the past year by the 25 communities participating in the statewide evaluation.

Funding

One of the intermediate community well-being outcomes is that the work of CCs results in communities' increased ability to leverage and align funds. Table 4 is a summary of the total number of dollars leveraged in the collaboratives. In addition to funding provided by Nebraska Children and Families Foundation, CCs have been successful in leveraging local, private funds worth more than 1.6 million dollars. Additional Funding obtained by partnering agencies and the Collaborative represent 9.3% of their total budgets. It should be noted that Table 4 captures funding from Nebraska Children and Families Foundation broken into two categories, Collaborative Infrastructure funding and Initiative and Program funding. This funding was provided to counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Community Collaborative. Locally leveraged funds are private dollars raised through CCs, including grants, donations, and community-specific fundraising efforts. These funds were used to serve 14,280 families and youth across the community-based prevention system during the evaluation year (see Table 3 below).

Table 3

COLLABORATIVES HAVE LEVERAGED FUNDS FROM MULTIPLE SOURCES

Evaluation Year	Nebraska Children funded Community Collaborative Prevention System Infrastructure	Nebraska Children funded Initiatives and Program	Local Leveraged	TOTALS
2023-2024	$4,730,359	$11,713,646	$1,686,252*	$18,130,257
2022-2023	$6,256,333	$16,765,820	$15,143,996	$38,166,149
2021-2022	$18,869,281		$10,137,237	$29,006,518
2020-2021	$22,841,361		$695,365	$23,536,726

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

Prior to 2022-2023, Collaborative Infrastructure funding and Initiative and Program funding were reported together. The investment in each of these areas is now shown separately.

**For the 2023-2024 evaluation year, data only on private leveraged funds were collected, resulting in a lower total than in previous years.*

Investing in collaborative infrastructure is a key role of Nebraska Children and Families Foundation and the Bring Up Nebraska partners. To operate within the Collective Impact model, the key elements must be given adequate resources. The backbone infrastructure necessary for a Community Collaborative Prevention System includes:

- *Coordination/Continuous Communication among partners, including community members*
- *Central Navigation (Coordination of Services)*
- *Support Services Funds (address concrete support needs to enhance the outcomes of service delivery, flexible funding to address cliffs and eligibility criteria associated with programmatic funding)*
- *Common Operational Framework/Foundations/Principles (Youth and Families Thrive)*
- *Community Capacity Building/Workforce Development and Enhancement*
- *Social Norming*
- *Fiscal/Contract Management (clearly outline roles of a fiscal sponsor when applicable in a Community Collaborative Prevention System)*
- *Shared Evaluation measurements*
- *Root Cause Analysis/Community Context*

Policy Support

Communities, via Community Collaboratives, were active in trying to shape policy at the local and state levels. CCs reported on the policy-related activities they engaged in during the 12-month reporting period in their community reports. Those activities are summarized below. Please reference Appendix B for a complete table of all policy support activities.

Policy Change

Policy changes include changes in statute, regulation, guidance, funding levels, court decisions, or executive orders and other policy vehicles that establish requirements directed at institutions, professionals, and the public. For example, enacting new legislation, establishing statewide minimum training requirements, pilot funding for a new program or study, a new option that would expand available services, or a state executive memo requiring child welfare agencies to adhere to some new agency procedure. See Table 16 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **29 policy changes initiated across 11 Community Collaboratives**
- Examples include:
    - *facilitated discussions and meetings on food insecurity, mental health, childcare, and child welfare system, aiming to influence local policies and programs to better address these issues.*
    - *proposed a transit system between Columbus and Schuyler to the City of Columbus Council, City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners.*
    - *worked with City Council to allow Childcare Home IIs to be allowed in Grand Island.*
    - *Coalition for Strong Nebraska, American Democracy Project, and Civic Nebraska partnered with Buffalo Co. Youth Advisory Board for legislative education and civic engagement discussions (LB929, LB1200).*

Practice Change

Practice changes are systemic changes in the operations of practitioners that are to be institutionalized that may or may not stem from any change or requirement in policy. For example, adopting a best practice that is implemented community (or state) wide, new practices to better engage youth in transition planning, improving community-level collaboration through standard operating procedures, etc. See Table 17 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **39 practice changes initiated across 11 Community Collaboratives**
- Examples include:
    - *hosted a parents and community engagement night to educate parents and supportive adults on their work.*
    - *Engaged in Latino Dialogue to create best practices on SDOH for health departments to adopt/implement in communities.*
    - *Working with Lean Eye to examine processes and practices—ID those that could be streamlined or improved—particularly data system and access.*
    - *Working with area agencies to meet needs of clothing and food insecurities.*
    - *Became site for Health Families America – an evidence-based home visitation program for pregnant persons and children up to age three.*

Community Engagement

Community engagement in policy and practice improvements include, but is not limited to, community support or involvement in promoting improvements through educating key stakeholders (public, judges, agency officials, etc.), supporting the engagement of families, community members, or young people in developing/sharing recommendations, testifying, presenting, analyzing and/or disseminating data, mobilizing young people or community members and/or other key stakeholders, and engaging in various types of communications activities (e.g. news/social media). For example, engaging local elected officials in your community by inviting them to collaborative meetings and/or educating them about issues, submitting public comments at local/municipal meetings or state legislative public hearings, or providing input on administrative policies, rules and regulations (e.g., Medicaid Expansion). See Table 18 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **53 community engagement activities initiated across 14 Community Collaboratives**
- Examples include:
    - *Hosted a statewide partner meeting earlier this year to educate state officials on the collaborative's work and connect with them about CFP's priority areas. The First Lady was present at this meeting.*
    - *Sponsor a hole at a golf tournament to bring awareness of our collaborative's mission and fundraise dollars for the program. This is an event where the county's most prominent constituents are present for and participate in.*

- *Hosted Early Childhood Community Conversations, where we invited a handful of important community partners: the Mayor, NPS superintendent, county attorney, and city economic developers.*
- *Food access, food security meetings within the CAUW/CFP service area to include community conversations on the topic and fresh produce distribution to agencies who provide services to those in need of food.*

Citizen Review Panels

NCFF collaborated on two Citizen Review Panels (CRP) with Nebraska DHHS: the Parent and Caregiver CRP and the Young Adult CRP. The reporting timeline for the CRPs is October to September and does not align with the rest of the report. The most recent CRP recommendations to DHHS from the October 2022-September 2023 report are shared below.

The Parent and Caregiver CRP is composed of volunteer members who are broadly representative of the diversity in the state and include members who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect. The group made three recommendations to DHHS:

1. Create a reference book/glossary as a Family Guidebook. Interacting with DHHS is complex and there are many terms and concepts that are difficult to understand. Moreover, it is incumbent on the families to develop that understanding and it is often families who are blamed for any misunderstandings. The group recommended that DHHS make a reference book or playbook, including a glossary of all key terms that DHHS uses and references all DHHS programs. The reference book should be mandatory material for distribution to all families involved in the foster care system.
2. Integrate all parties into the kinship process. When planning for a kinship placement, the birth parents, foster parents, the child, and all other relevant parties should be engaged in the decision-making process. Moreover, DHHS staff should play a role in facilitating these difficult conversations intentionally helping all parties to navigate what is often a difficult, emotional process.

3. Examine recidivism and elevate prevention. DHHS should explore how they can actively support preventing formal involvement in the foster care system, particularly in cases of informal foster care placement.

The Young Adult CRP consists of 14 community members between 16 and 26 with lived experience in the child welfare, juvenile justice, and/or homelessness systems in Nebraska. The group made the following three recommendations to DHHS:

1. Shift to strength-based notation for caseworkers. Youth noted that deficit-based notation in case notes has a notable role in conferring stigma and bias even following the cessation of involvement with higher-end systems of care. By incorporating strength-based notation, areas of strength to be built on are noted and the overall tone of notes is more hopeful and reduces biased decisions against system-involved youth.
2. Incorporate youth voice into mental health-related decisions and services. System-involved youth have a higher rate of mental health needs than the general population, so mental health services are critical. However, as alignment between youth preferences and the type/format of mental health services is critical to effective mental health services provision, the CRP recommends incorporating youth preferences and opinions.
3. Uphold the right to a notice to vacate for foster youth approaching or past the age of majority. Youth who have aged out of the foster system are regularly told to leave their foster residence with as little as 24 hours' notice. The CRP noted the extremely high rates of homelessness in former foster youth. Ensuring that youth are given at least 30 days' notice to vacate their current housing would help to mitigate the problem of homeless former foster youth.

Training Activities

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. 18 CCs reported a total of 138 trainings with 3,070 participants representing over 967 organizations engaged in training. Examples of the trainings offered were: Helping Adults Cope with Grief Training, QPR/Suicide Prevention, Migrant Education Recruiter Training, Budgeting and Money Management, and Collective Impact Training for New Non-Profits (Table 4).

Table 4

COMMUNITY COLLABORATIVES HOSTED TRAINING EVENTS TO ENHANCE STRATEGIES

	2023-2024	2022-2023	*2021-2022*
Number of Training Held	**138**	167	*270*
Number of Organizations	**967**	1,717	*3,561*
Number of Individuals Trained	**3,070**	6,502	*7,271*

Note. The numbers above do not represent an unduplicated count. 18 Community Collaboratives reported training in 2023-2024.

Community Events

18 Community Collaboratives sponsored community and family events (Table 5). The purpose of the events varied, including food distribution/deliveries (e.g., food boxes, pantries, backpacks, vouchers), distribution of diapers and school supplies, motherhood is sacred classes, and other community engagement efforts such as Diaper Pantry, Community Baby Showers, Career Days, engagement, Backpacks with School Supplies, Community Thanksgiving Dinner, and collaborative meetings. Events were available to all community members and served the general public, parents, children, young adults, older adults, and agency and community members (e.g., childcare providers, coaches, and other service providers). These 184 events served approximately 37,603 individuals, although it is important to note that this is an estimate since some events were large, and it was difficult to track the definitive number of attendees. The number of individuals engaged each year fluctuates dramatically based on the reach of the method of engagement (e.g., billboards vs. community events).

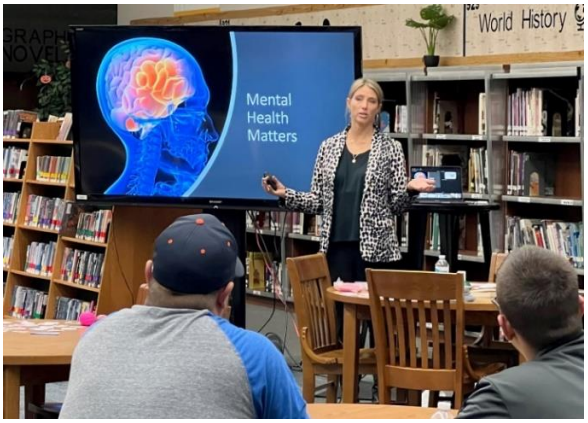


Table 5

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

	2023-2024	2022-2023	*2021-2022*
Number of Events Held	**184**	228	*232*
Number of Individuals Engaged	**37,603**	200,494	*73,226*
Number of Communities hosting events	**18**	18	*17*

Note. Numbers reported for the current evaluation year are estimates and not unduplicated counts. 18 Community Collaboratives reported hosting events in 2023-2024.

Community-Based Prevention: Programs and Practices Findings

Community-based prevention systems are designed to be the coordination and intersection point where children, young adults, families, and service providers work together. This is meant to not only serve participants directly, but also to build workforce capacity and identify, and to address larger, systemic issues that pose barriers to thriving people and thriving communities.

A fully developed community prevention system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target support to families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as adequate housing, early childhood development, educational goals, meeting basic needs, or addressing a family crisis. These families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a local community-based prevention system, the focus can be on the lifespan across the community (i.e., the full age spectrum of children, individuals, and partners).

A key goal of local prevention systems is to coordinate existing resources within the community to help children, young adults, and families, either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase Promotive and Protective Factors—particularly around concrete supports, social connections, and resilience—as well as to increase hope.

A robust prevention system is organized into three key components: Central Navigation, Coaching, and Leadership and Engagement. Together with these components, the community system includes the entire array of individual-level strategies available, sharing the common goal of increasing Protective and Promotive factors for all who live in the community (Table 6).

The Connected Youth Initiative (CYI) is a key part of a community-based prevention system, with young adults served through Central Navigation, Coaching, and Leadership and Engagement, as well as community-specific strategies. Shared participant numbers are reflected where appropriate, as noted previously, CYI work focuses specifically on unconnected young adults.

Table 6

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

	2023-2024	2022-2023
Number of Participants Served Directly	**14,280**	13,228
Number of Children Served Directly	**11,815**	9,711
Number of Participating Staff	**170**	44
Number of Participating Organizations	**260**	154
Number of Communities in Statewide Evaluation	**25**	18

In the 2023-2024 evaluation year, local community-based prevention systems statewide served 14,280 participants and 11,815 children. Table 7 summarizes the various access points through which people were served. Table 8 describes the population. “Participants” represent the number of households who access a given program or service. A participant may be a family with multiple adults, a young person with or without children, or another household type. Children who are served via various programming and services are counted separately from other participants. Central Navigation is the component through which parents, community members, and young adults are matched to services. Services may be formal or informal, are voluntary, and matched to individual needs. Common evidence-informed strategies for parents connecting to local prevention systems include Circle of Security Parenting (COSP), Parent-Child Interaction Therapy (PCIT), and Parents Interacting with Infants (PIWI). The Connected Youth Initiative is a system of prevention services and evidence informed strategies targeted for unconnected youth and young adults. Local prevention strategies are those implemented by individual collaboratives that are responsive to community-specific needs. Statewide prevention strategies include Camp Catch Up and Legal Services and Supports provided through the Social Services Block Grant. While not directly coordinated or funded by a local collaborative, these statewide strategies are aligned with community-based priorities, accessed by collaborative prevention systems, and funded or coordinated, at least in part, by Nebraska Children and Families Foundation as a key partner.

Table 7

OVERALL SUMMARY OF NUMBERS SERVED JULY 1, 2023 – JUNE 30, 2024

	Participants	Children
Community-Based Prevention Systems (OVERALL)	**14,280**	11,815
Central Navigation (total)	5,542	9,913
Central Navigation (14-26)*	1,260	1,767
Evidence-informed Strategies for Parents (COSP)	494	1200
Evidence-informed Strategies for Young Adults (CYI)	2,639	718†
Local Prevention Strategies	2,582	702
Statewide Prevention Strategies	3,023	-

** Young adults age 14 to 26 accessing Central Navigation are included in the Central Navigation numbers and should therefore be subtracted from the Evidence-informed Strategies for Young Adults (CYI) line to avoid duplicated counts.*
† As CYI is a program for youth and young adults, the children served are counted in the participants column, unlike other programs (e.g., Central Navigation, COSP) where the participant is the head of household and children are served through the participant. The children served by CYI should be subtracted from the overall children number to avoid duplicated counts.

Table 8

RACE/ETHNICITY OF INDIVIDUALS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

	2023-2024	2022-2023
American Indian or Alaska Native	**444 (4.7%)**	393 (4.2%)
Asian	**77 (<1%)**	100 (1.1%)
Black or African American	**1,552 (16.3%)**	1,891 (20.4%)
Hispanic or Latino	**1,427 (15.0%)**	1,467 (15.8%)
Multiracial	**955 (10.0%)**	758 (8.2%)
Native Hawaiian/Pacific Islander	**23 (<1%)**	22 (<1%)
White	**4,934 (51.2%)**	4,315 (46.6%)
Another Race/Ethnicity	**83 (<1%)**	90 (1.0%)
Prefer Not to Say	**49 (<1%)**	70 (<1%)
Total	**9,544**	9,265

Note. Due to the nature of some of the strategies, race/ethnicity data was not available for some of the local and statewide prevention strategies. Therefore, data was missing for 4,736 (33.2%) in the 2023-2024 evaluation year and 3,963 (30.0%) of participants for the 2022-2023 evaluation year.

Central Navigation

Central Navigation is the component of community-based prevention systems through which parents, community members, and young adults are matched to services. Central Navigation is also the intersection point of community partners to increase community capacity through training, as well as identifying and lifting up barriers to thriving. Table 9 provides an overall summary of the participants and their children who completed an intake during the 2023-2024 evaluation year through central navigation. These numbers include the 25 communities across the state that participated in the 2023-2024 evaluation. Note that more individuals may be served by the collaborative, as the intake may have been completed in a previous evaluation year. As indicated in Table 9, nearly two-thirds of those who entered through central navigation are women, and 42% of participants qualify for public assistance.

Table 9

SUMMARY OF PARTICIPANTS ACCESSING CENTRAL NAVIGATION

	2023-2024	*2022-2023*
Number of Participants	**5,542**	*4,019*
Number of Children	**9,913**	*5,856*
Gender		
Male	**1,866 (33.7%)**	*831 (21.6%)*
Female	**3,572 (64.5%)**	*2,962 (76.9%)*
Other/Prefer not to say	**104 (1.9%)**	*58 (1.5%)*
Race/Ethnicity		
American Indian or Alaska Native	**259 (4.7%)**	*184 (4.7%)*
Asian	**35 (<1%)**	*23 (<1%)*
Black or African American	**818 (14.8%)**	*663 (16.8%)*
Hispanic or Latino	**619 (11.2%)**	*588 (14.9%)*
Multiracial	**870 (15.7%)**	*418 (10.6%)*
Native Hawaiian/Pacific Islander	**15 (<1%)**	*17 (<1%)*
White	**2,775 (50.1%)**	*1,925 (48.8%)*
Another Race/Ethnicity	**17 (<1%)**	*18 (<1%)*
Prefer Not to Say	**49 (<1%)**	*39 (1.0%)*
Not Reported/Missing	**85 (1.5%)**	*71 (1.8%)*
Age		
Participants under 14 years	**1,013 (18.3%)**	
Participants ages 14-18	**754 (13.6%)**	*434 (11.2%)*
Participants ages 19-26	**1,260 (22.7%)**	*1,263 (32.6%)*
Participants ages 27-40	**1,399 (25.2%)**	*1,397 (36.1%)*
Participants ages 41-60	**849 (15.3%)**	*678 (17.5%)*
Participants 61+	**240 (4.3%)**	*101 (2.6%)*
Not Reported/Missing	**27 (<1%)**	
Disabilities		
Number of Participants with Disabilities Served	**702 (12.7%)**	*637 (15.8%)*
Number of Children with Disabilities Served	**331 (8.3%)**	*461 (7.9%)*
Number of Participants that Qualify for Public Assistance	**2,346 (42.3%)**	*2,748 (68.4%)*
Number of Participating Staff	**170**	*44*
Number of Participating Organizations	**260**	*154*

Support Service Funds

Flexible and supportive funding (called Support Service Funds) is available through Central Navigation when needed. These funds are intended to "fill gaps" when other funding sources are unavailable or the participant doesn't meet the criteria for other publicly available programs or resources. Table 10 represents all requests from participants across the state during the 2023-2024 evaluation year that were approved. Over 77% of the requests were for support with housing or utilities, highlighting a need to continue focusing statewide efforts in these areas.

Table 10

SUPPORT SERVICE FUNDS DISTRIBUTED IN 2023-2024

Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Daily Living	279	$43,702.67	3.4%	$156.64
Education	47	$15,392.37	1.2%	$327.50
Employment	31	$2,546.44	0.2%	$82.14
Housing	1,213	$751,669.28	58.0%	$619.68
Mental Health	229	$62,725.16	4.8%	$273.91
Parenting	124	$40,316.05	3.1%	$325.13
Physical/Dental Health	22	$5,900.28	0.5%	$268.19
Transportation	421	$107,265.44	8.3%	$254.79
Utilities	839	$246,040.86	19.0%	$293.25
Other	71	$20,687.35	1.6%	$291.37
2023-2024 Total	**3,276**	**$1,296,245.90**		**$395.68**
2022-2023 Total	*4,466*	*$2,087,819.97*		*$467.49*
2021-2022 Total	*4,395*	*$2,100,325.65*		*$477.89*
2020-2021 Total	*5,006*	*$2,585,460.72***		*$413.44*

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

Coaching

A subset of the people who engage with Central Navigation may also participate in coaching. This coaching is voluntary, tailored to individual needs, and involves participants working with a coach on goals. Based on community capacity and individual needs, the specific strategies used for coaching vary. A number of evidence-informed or community-specific local strategies are leveraged as informal prevention coaching opportunities within community prevention systems.

Several strategies were used to evaluate the efficacy of Coaching in this context. At the time Central Navigation access, participants completed two subscales of the FRIENDS Protective Factor Survey (PFS). One set of items focused on Social Connections and another focused on Concrete Supports. The Social Connections scale consists of four items on a five-point Likert scale with response options including "Not at all like my life," "Not much like my life," Somewhat like my life," "Quite a lot like my life," and "Just like my life."

For one item, “When I need someone to look after my kids on short notice, I can find someone I trust” also allowed for a “Not applicable - I do not have kids” response. The Concrete Supports scale consists of five items and is measured on the same skill. No “Not applicable” option was offered for any items.

For those families that were engaged in coaching, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post-coaching survey that included a repeated administration of the PFS Social Connections and Concrete Supports scales measured at the beginning of their involvement. Additionally, coaching participants were asked to complete the Brief Resilience scale (Smith et al., 2008) and the State Hope scale (Snyder et al., 1996). The Brief Resilience scale consists of 6 items on a four-point Likert scale including “Not at all true,” “Somewhat true," "Mostly true," and “Completely true.” The State Hope scale consists of six items on an eight-point Likert scale including, “Definitely false,” “Mostly false," "Somewhat false," "Slightly false, “Slightly true,” “Somewhat true,” “Mostly true,” and “Definitely true.” For both the Brief Resilience scale and the State Hope scale, participants were asked to rate themselves on all items 3 months ago and now providing a retrospective and current assessment of perceptions of resilience and hope.

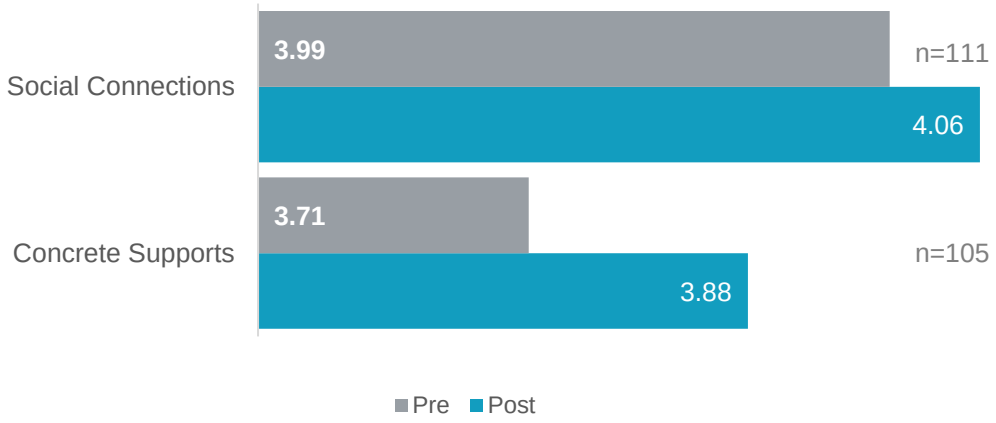
A total of 1,417 participants completed the pre-survey, while a total of 293 participants completed the post-coaching survey.

For the Social Connections scale 1,391 participants provided usable data. Of these respondents, 1,155 endorsed having children and so answered all 4 questions, while 236 indicated that they did not have children and therefore did not respond to the childcare-related question. Both the group with children and those without endorsed an average rating on the Social Connections scale between “Somewhat like my life” and “Quite a bit like my life” (3.78 and 3.73 respectively). A total of 1,363 participants provided usable data on the Concrete Supports scale and endorsed an average rating (3.49) on the Concrete Supports scale, which also between “Somewhat like my life” and “Quite a bit like my life.” Post-coaching scores were usable from 268 participants on the Social Connections scale with 240 respondents indicating that they had children and 28 indicating that they did not have children. The average scores for these groups were 3.87 and 3.79 respectively. Post-coaching scores were usable from 274 individuals for the Concrete Supports scale with an average score of 3.71. While the scores on both scales are slightly higher than pre-coaching scores, the averages still fall between “Somewhat like my life” and “Quite a bit like my life.”

As shown in Figure 2, 111 participants completed the Concrete Supports scale both before and after coaching. The Concrete Supports scale showed a modest increase following coaching (3.71 to 3.88). Usable before and after coaching data were available for 105 participants for the Social Connections scale. Average scores increased modestly on both the Social Connections scale for those with children (3.99 to 4.06) and for those without children (4.11 to 4.29). However, only 9 respondents without children completed both surveys. Moreover, given the very low (<10%) rate of completion of both pre- and post-coaching surveys that were able to be linked, strong inferences should not be made based on this data.

Figure 2

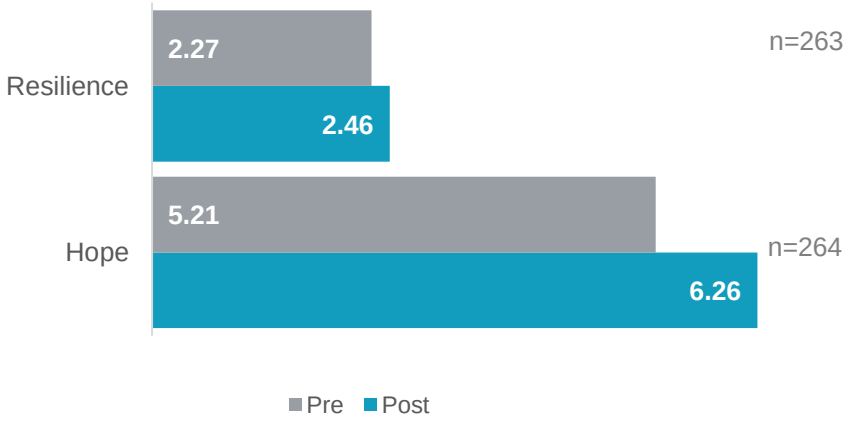
Participants demonstrated increases in Social Connection, and Concrete Supports after coaching



Of the 293 participants that completed the post-coaching survey, both the current and retrospective questions were completed by 263 participants for the Brief Resilience scale and 264 participants on the Hope scale. As seen in Figure 5, resilience ratings increased slightly and average scores remained between "Somewhat true" (2.27) and “Mostly true” (2.46). Hope ratings also increased and average scores moved from between “Slightly true” “Somewhat true” (5.21) to between “Somewhat true” and “Mostly true” (6.26). However, given the very low (<10%) rate of completion rate for the survey, strong inferences should not be made based on this data.

Figure 3

Participants in coaching demonstrated increases in Resilience and Hope based on a retrospective pre-post analysis



Satisfaction with Coaching

Of those who participated in coaching, 268 participants also completed a satisfaction survey follow-up. When responding to the prompt “I feel respected and valued as a participant,” 94% of participants responded affirmatively. Similarly, a majority of participants agreed with the statements, “I have learned new techniques that improve my interactions with my child or children” (87.5%) and “I feel my family relationships are better than before” (79.7%). While these responses are consistent with participants feeling satisfied with coaching overall, the sample size is small (<10%). Therefore, strong inferences should not be made based on this data. As noted above, changes to evaluation processes are being made to address this problem in the future.

Leadership and Engagement

Leadership and Engagement occurs when lived experience experts are welcomed, heard, and have the opportunities and shared power to co-create and co-design community and system solutions at all decision-making levels. Their voices are regarded to be of great importance and beneficial to facilitate appropriate and needed change within the community and at the system level. A person with lived experience is someone who has lived (or is currently living or at risk of living) with the issues the community is focusing on and who has valued insight to contribute about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).

Here, Youth and Family Engagement is a youth and family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together (Children’s Bureau). Leadership is an intentional and meaningful opportunity(s) to participate in planning, implementing, and evaluating system efforts that support personal growth of the knowledge and skills to function in leadership roles and represent a “parent voice” to shape the direction of their families, programs, and communities.

Community Cafés

Community Cafés are an evidence-informed approach to parent engagement and leadership for positive change in individuals, families, neighborhoods, and communities. Cafes foster the relationships needed for better-informed, compassionate, and equitable practices and policies. Local teams work with the coaches to build readiness, form planning teams, and host series of six-connected Cafés. There were two urban and two rural sites this past two years.
Local team successes included:

- Hosting thirty-eight Community Cafes with attendance ranging from approximately one dozen to sixty participants at each Café.
- Adding new supports to develop parent leadership.
- Creating new ways to equitably compensate parents.
- Developing better communication processes between parents and community leaders through schools and other local partners.
- Opportunities for additional leadership and system building through The National Center for Families Learning for one grantee.

Coaching Team successes in the past year included:

- Co-creation and facilitation of three, 3-to-5-hour orientations, in two locations, in two languages in one session, and with approximately fifteen parent hosts and organizational partners in each session.
- Increased competence in tailoring support to fit the context and development of each site.
- Co-creation of tools and materials to support planning, hosting, and capacity building for effective Cafés.

One of the local teams says, “Community Cafés…. (are) nurturing parent-leadership and facilitating communication among parents, schools, the city, and community partners.” This team hosts Cafés primarily in Spanish and connects families with Adult Education, Family Literacy, Sixpence Early Childhood, Migrant

Education, McKinney-Vento programs, and afterschool Community Learning Centers…. As a connecting thread among these initiatives, Community Cafés promote synergy, cohesion, and collective empowerment. Ultimately, by empowering families and strengthening community ties, Cafés have contributed to the success and prosperity [of the community] as a whole."

This summer, a tragedy occurred in a town that is a part of the Community Cafe work. This tragedy impacted all community members but was especially impactful to the Latino members of this town. Because Cafés had already been at work in the community, with Latinos in place as parent leaders, the Café leadership team was uniquely positioned to provide a safe space for conversation, both for the parent leaders and the community. Parent leaders spent time supporting each other, considering how trauma affects us, and examining positive strategies for dealing with trauma. Parent leaders then chose a topic for the next Café that gave voice to concerns community members might have regarding the incident. Likewise, the ripple effect of Cafés was seen as the newspaper editor who had been a Café participant was deliberate in reporting the incident by publishing newspaper articles related to the situation in English and Spanish, supporting equal access to information for Spanish speaking members of the community.One of the local teams says, "Community Cafés…. [are] nurturing parent-leadership and facilitating communication among parents, schools, the city, and community partners." This team hosts Cafés primarily in Spanish and connects families with Adult Education, Family Literacy, Sixpence Early Childhood, Migrant Education, McKinney-Vento programs, and afterschool Community Learning Centers…. As a connecting thread among these initiatives, Community Cafés promote synergy, cohesion, and collective empowerment. Ultimately, by empowering families and strengthening community ties, Cafés have contributed to the success and prosperity [of the community] as a whole."

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Nebraska Children and Families Foundation evaluators conducted a thematic analysis of interviews with Café leaders from four teams over the past two years. Five themes emerged: Community Engagement and Support, Relationships and Connections, Inclusivity and Accessibility for All, Leadership Development, and Generativity and Positive Change.

Evidence-Informed Strategies for Parents

Within the network of community collaborative prevention systems statewide are a variety of strategies, some evidence-informed with targeted populations, some localized to specific priorities, and those that are available statewide and accessed through prevention systems. The following sections demonstrate a set of strategies in each category that are common across prevention systems statewide.

Circle of Security Parenting (COSP™)

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

Research has demonstrated that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure.

The following (Table 11) is a summary of the demographics of the children and families served by all CCs currently implementing COSP™. Due to the success that communities have had braiding funding to support COSP™, collaboratives utilize funding and support from multiple sources, which can include but is not limited to Nebraska Children and Families Foundation coordinated efforts.

Table 11

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH COSP™

	2023-2024	2022-2023
Number of Participants Served Directly	**494**	367
Number of Children Served Directly	**1200**	935
Gender		
Male	**112 (22.7%)**	92 (24.9%)
Female	**330 (66.8%)**	273 (74.0%)
Missing/ Not Reported	**52 (10.5%)**	4 (<1%)
Race/Ethnicity		
American Indian or Alaska Native	**15 (3.0%)**	4 (1.1%)
Asian	**5 (1.0%)**	5 (1.4%)
Black or African American	**26 (5.6%)**	31 (8.4%)
Hispanic or Latino	**105 (21.3%)**	70 (19.0%)
Multiracial	**0 (0%)**	--
Native Hawaiian/Pacific Islander	**3 (0.6%)**	--
White	**274 (55.5%)**	245 (66.4%)
Another Race/Ethnicity	**13 (2.6%)**	8 (2.2%)
Missing/ Not Reported	**53 (10.7%)**	6 (1.6%)
Number of Participants that Qualify for Public Assistance	**261 (52.8%)**	204 (55.3%)
Number of Participating Staff	**46**	70
Number of Communities Offering COSP™	**44**	12

Impact of COSP™ on Parents and Families

Previous evaluation reports have shown that participation in COSP has valuable impacts on families. In the most recent evaluation report covering 2021-2022, participants in COSP (n= 635) reported improvements in critical areas such positive parent-child relationships, positive parent-child interactions, and reduced parenting-related stress. The majority of parents surveyed (n= 633) also indicated that they felt respected and valued as a participant (95%); that the group leader did a good job (96%) and that meeting with a group of parents was helpful (87%). The complete report is available (https://www.necosp.org/sites/default/files/2023-03/2021-2022%20COSP%20Evaluation%20Report_final.pdf) and an updated report for 2023-2024 is anticipated in mid-2025.

Parent-Child Interaction Therapy (PCIT)

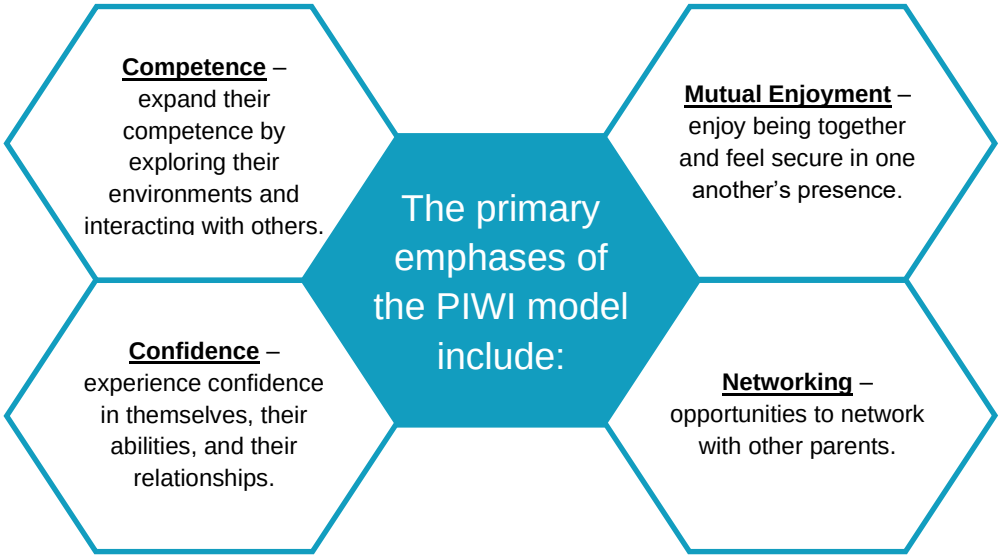
PCIT is an evidence-based strategy being implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children. PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent-child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

You can find additional information about PCIT in the 2023-2024 Evaluation Report linked here**.**

Parents Interacting With Infants (PIWI)

PIWI is an evidence-informed strategy being implemented in multiple communities that focuses on parents and caregivers' interaction with their child or children. The Parents Interacting with Infants (PIWI) model (McCollum, Gooler, Appl, & Yates, 2001) is based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interactions with their young children. PIWI is targeted to increasing parent confidence, competence, and mutually enjoyable relationships (see Figure 4). 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.

Figure 4



Local Prevention Strategies

In addition to the individual-level strategies described above, communities also implemented a variety of locally developed or locally identified strategies. These local prevention strategies represent the community-driven part of the CCs prevention work and are selected and implemented to meet the individual needs of communities. The list (Table 12) below includes the local strategies that were implemented in each community during the evaluation year, followed by descriptions of each strategy and numbers served.

Table 12

LOCAL PREVENTION STRATEGIES

Community Collaborative	Strategy	Participants	Children
Growing Community Connections	Family Cafes	38	24
	Summer School	37	37
	FSCS Literacy Program	60	60
	FSCS Cultural Support	2	0
Saunders County Active Community Team	Parenting Education and Support	35	14
	Youth & Family mental health programming	31	22
	Youth & Families Thrive Training	1	0
	Backpack Program	160	160
Norfolk Family Coalition	Public School Mental Health	29	31
Sandhills Community Collaborative	Mental Health Vouchers	3	2
	All Stars	30	30
	Preventure	8	8
Santee Sioux Nation	Substance Misuse Prevention Program	1769	290
The BRIDGE Family Resource Connector Network	Food delivery partnership with ENCAP	81	

Families 1st Partnership	Straight Up Advocates	8	7
	Strengthening Purpose for Inmate	3	0
Better Together/ Partners for Otoe County	AWARE Grant	17	17
Southeast Nebraska Collaborative	Digital Navigation/Inclusion	25	
	Youth Chapters	12	
	Financial Literacy	33	
	Child Abuse Prevention	200	
	CYI		

Additional Prevention Strategies

The following strategies are available statewide and universally accessible through community prevention systems. These strategies are coordinated and funded, in part, with resources from Nebraska Children and Families Foundation.

Camp Catch-Up

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

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

During CCU events campers are given the opportunity to participate in healthy risks and are encouraged to cheer each other on and make new friends. Connection is a primary goal of CCU, providing opportunities for campers to gather in genuine ways that are not part of a case plan. Additionally, CCU aims to create

opportunities for campers and staff alike around skill and leadership development through camp and training activities. Favorite camper activities include the zipline, pool, and gaga ball.

Camp Catch-Up would not be successful without the many dedicated and trained staff at each event, and camp staff are required to attend training prior to camp. Most staff are volunteers that are compensated with a small stipend. Staff are supported to connect with each other and with campers in ways that make each camp event special. This past year, three former campers returned as Leaders-in-Training to support staff and other campers in a leadership role. Leaders-in-training facilitated the camp store, assisted in the art room, supported the camp photographer, and helped with other duties during camp.

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

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

- Camp Comeca, Cozad, NE- July 11-14, 2023
- Camp Solaris, Firth, NE: Sept 27-29, 2023
- Camp Catron, Nebraska City, NE: May 30- June 2, 2024

Governor Pillen declared April 10, 2024 as Siblings Day in Nebraska.

Table 13 summarizes the children and families served through Camp Catch Up during the 2022-2023 evaluation year. 104 children from 36 different families participated in camp events this year; some campers participated in multiple events. This year, over half of campers were between the ages of 7 and 12 years.

Table 13

SUMMARY OF CHILDREN AND FAMILIES SERVED THROUGH CAMP CATCH-UP

	2023-2024	2022-2023
Number of Participants/Youth Served Directly	**104**	77
Number of Families Served Indirectly	**36**	31
Race		
Native American, or Alaska Native, or Pacific Islander	**15 (14.4%)**	9 (11.7%)

Asian	**0 (0%)**	1 (1.3%)
Black or African American	**13 (12.5%)**	11 (14.3%)
Hispanic or Latino	**23 (22.1%)**	18 (23.4%)
White	**41 (39.4%)**	37 (48.1%)
Another Race/Ethnicity	**12 (11.5%)**	1 (1.3%)
Gender		
Male	**52 (50%)**	34 (44.2%)
Female	**52 (50%)**	42 (54.5%)
Another Gender	**0 (0%)**	1 (1.3%)
Age		
Participants ages 5-6	**2 (1.9%)**	1 (1.3%)
Participants ages 7-12	**60 (57.7%)**	36 (46.8%)
Participants ages 13-19	**44 (42.3%)**	40 (51.9%)
Geographic Area		
Camp Solaris, Firth, NE	**41 (39.4%)**	28 (36.4%)
Camp Catron, Nebraska City, NE	**37 (35.6%)**	33 (42.9%)
Camp Comeca, Cozad, NE	**26 (25.0%)**	25 (32.5%)

Legal Services and Supports

Access to quality legal services has been a reported gap and priority in local communities for some time. Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) is public funding that has provided the opportunity to enter into a relationship with Legal Aid of Nebraska to improve access to legal supports. At a local level, Community Response prevention systems can access these services from the statewide organization. The specific referral pathways and implementation are evolving in each area. Work with Legal Aid began in March 2021. During the current evaluation year, legal services were provided across the majority of Nebraska. Participants are described in Table 14.

Between July 1, 2023 and June 30, 2024, Legal Aid received requests for assistance from 1,478 unique clients for 1,307 legal issues across the state. Cases were closed for 956 individuals for 1,031 legal issues. A demographic breakdown of the individuals served (closed cases) statewide is provided in the table below. When stratified by Legal Aid priority area, just over half of all cases were for children and family-related legal issues (51.7%), followed by housing-related legal issues (20.0%), income and benefits-related legal issues (15.0%), and debt and finance-related legal issues (13.3%).

Approximately 3,365 people were part of households that received some level of service of which about 2,287 (68.0%) were children. A majority of clients served were female (81.4%) and approximately half (47.6%) of the clients served were people of color. All eligible families had incomes of less than 200% of the federal poverty line and at least 1 child in the household.

Table 14

SUMMARY OF PARTICIPANTS SERVED THROUGH LEGAL AID

	2023-2024
Number of Participants Served Directly	956
Number of children in households served	3,357
Race/Ethnicity	
American Indian or Alaska Native	10 (1.0%)
Black or African American	175 (18.3%)
Hispanic or Latino	158 (16.6%)
White	501 (52.4%)
More than one Race/Ethnicity	18 (1.9%)
Asian, Pacific Islander, or Another Race*	41 (4.3%)
Ethnicity Not Reported	13 (1.4%)
Gender	
Male	174 (18.2%)
Female	778 (82.4%)
Other Gender	4 (0.4%)

During the reporting period, LAN achieved a case outcome success rate of approximately 86.7%. Legal Aid Nebraska successfully realized about $3.64 million in total economic impact on behalf of clients, including approximately $972,000 in increased assets, $879,000 in increased income, and just under $1.8 million in decreased debt during the reporting period. About 49% of the total impact achieved came from debt and finance-related cases.

Due to changes in the reporting cycle as the program began, consistent data cannot be presented for comparison purposes. There was no Legal Aid contract for the fourth quarter of 2023 and no individuals were served. Moreover, there was a steep decrease in individuals reported as served in 2024. This is due to more accurate reporting where the specific individuals served with the Social Services Block Grant funds were reported on. In previous cycles, all participants served by Legal Aid were reported.

Landscape Assessment

Purpose

In early 2024, the Nebraska Children and Families Foundation, in partnership with the Munroe-Meyer Institute, conducted a Landscape Assessment with Community Collaboratives across the state of Nebraska. This Landscape Assessment was conducted to assess and create recommendations for better articulating and coordinating the functions and potential of statewide efforts aimed at addressing the needs of children and families, with a primary focus on early childhood. Nebraska has many programs and partnerships that support this aim, including NCFF initiatives and strategies including Communities for Kids, Rooted in Relationships, the Sixpence Partnership, Nebraska Growing Readers, Full-Service Community Schools, and the Nebraska Community Collaboratives. These collaborative bodies have some overlapping goals/functions and target audiences related to supporting children, youth, and families, but a comprehensive ‘crosswalk’ on how they can more effectively and efficiently work together to align with and lift up the state’s priorities has not

been attempted. This year's Landscape Assessment process is viewed as one piece of the longer-term goal of mapping their structures and functions within and across the collaboratives to build an understanding of how the state can achieve greater cohesion. The current Landscape Assessment will help complete a picture over time and inform what the next steps could be to improve collaboration across the state.

Overview

The primary focus of the Landscape Assessment was on the relationships between early childhood and school systems integration, early childhood and mental health supports and resources, and access to basic needs for families with young children. The Landscape Assessment included gathering data through a stateside survey and through community conversations held in person for 12 communities. The in-person conversations focused on what is happening to support children and families particularly in the early childhood space. Diverse community voices were included to create a more complete picture of community services, connections, and experiences. A survey that expanded this to understanding the current status of integration of school systems, mental health supports/resources, and access to basic needs into the work of the collaboratives was sent to targeted groups across each collaborative. Findings will be used at local and state levels to reveal coverage and accessibility of services, overlaps that could be streamlined and gaps or challenges to address.

Each community will receive a summary of the localized findings. Communities can use these findings for planning and action steps that will best meet their local goals and needs. Considerations, next steps, and recommendations will be developed in collaboration with communities. Statewide, as well as local, findings will help guide future planning, evaluation questions and grant opportunities. The completed community and statewide reports will be available in early 2025.

Preliminary Highlighted Results

Complete results of the Landscape Assessment will be available in early 2025; however, preliminary highlighted results are available from the in-person conversations and the survey results.

Childcare. Community support for childcare was noted as a strength. However, a major issue in childcare is the limited availability of childcare and the high cost of the spaces that are available. Moreover, it was noted that transportation is a barrier to access, as are limited hours of childcare. It was also noted that is difficult to recruit and retain staff for reasons that include low pay and limited benefits. Families with children with special needs, who are at risk of homelessness, and who do not primarily speak English were identified as having the most barriers to childcare access. The need for deeper involvement of the business community in expanding childcare access was noted.

Early Childhood Education. Lack of access to early childhood education was noted statewide. Cost, availability, and transportation were all raised as significant barriers. Despite these challenges, a few communities have seen improvements in the overall capacity for early childhood care and education. These improvements were often seen in communities where early childhood work was well integrated into the efforts of the CC. For example, the Norfolk Family Coalition recognized the Power of Preschool early childhood professional group as a model for successful collaboration. This group is committed to preparing children for kindergarten, showcasing how shared goals among multiple entities can lead to positive outcomes.

Connections with Local Schools: In most domains surveyed, only moderate levels of connection were endorsed with the local school system. In all categories 40-60% of respondents indicated that the school is "Connected: Attends some meetings and work is connected; not involved in decision making," as opposed to "Involved: Attends regular meetings; does not influence decision making" and "Actively Involved: Attends regular meetings and participates in making decisions." In short, there appears to be room for improvement in terms of collaboration between the local school systems and community partners.

Concrete Supports. In terms of accessing concrete supports, critical needs in affordable housing and transportation were endorsed. Importantly, respondents indicated that there are a wide variety of barriers to accessing concrete support services, including a lack of knowledge, a lack of transportation, limited availability of resources, and difficulty in completing applications. Churches and informal networks were identified as critical modes for individuals to get concrete support services.

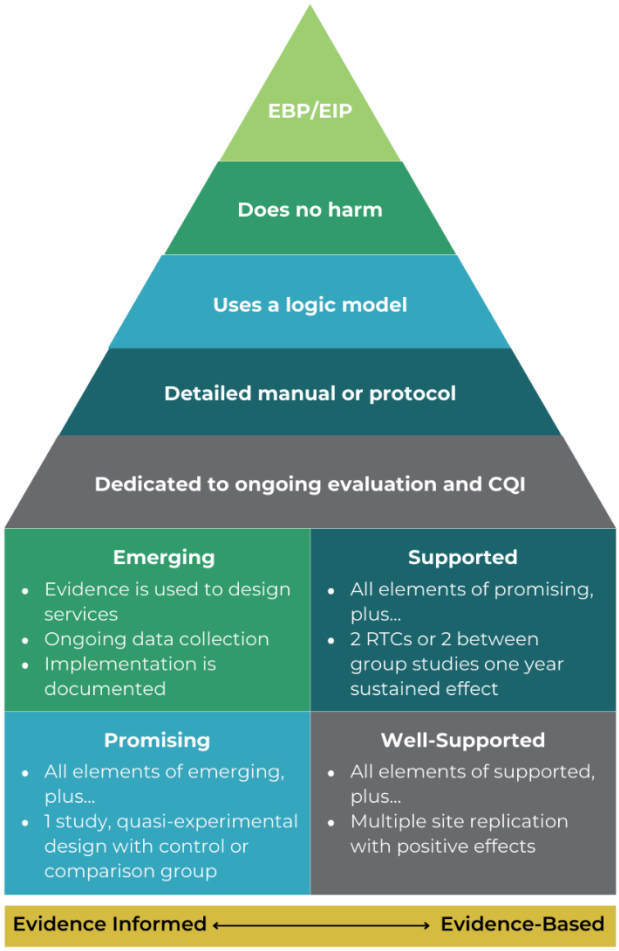
Mental Health. Communities identified a lack of mental health services as a major problem. Accessing mental health was rated as more difficult than parenting supports or other therapeutic interventions (e.g., physical, occupational, or speech therapy). The critical need for more providers, particularly providers accepting Medicaid and those having appointments outside of business hours was cited. Moreover, stigma in receiving mental health services was a major barrier and the need for services to be offered in spaces other than mental health offices was discussed.

Appendix A: Evidence-based Programs and Practices

What is evidence-based practice?

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

Figure 8



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

Building on this base are four levels of evidence: emerging, promising, supported, and well-supported (Figure 8).

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

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

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

Evidence-Based Ratings for Specific Practices

Nebraska Children and Families Foundation and the Community Collaboratives utilize a number of practices with varying degrees of evidence currently available. They are described below and in Table 17.

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

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

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

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

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

Table 15

Evidence-Based Ratings for Select Programs and Practices

Programs and Practices	Evidence Rating Level	Community(ies) Implementing the Program or Practice	Additional Source(s) of Supporting Evidence
Concrete Supports	Level II: Promising		Winters, D.E., Pierce, B.J., & Imburgia, T.M. (2020). Concrete services usage on child placement stability: Propensity score matched effects. *Child and Youth Services Review, 118:105353. Doi 10.1016/j.childyouth.2020.105362*
Coaching	Level I: Emerging		• Hannah Holmes & Gemma Burgess (2021) Homelessness Prevention through One-To-One Coaching: The Relationship between Coaching, Class Stigma, and Self-Esteem, Housing, Theory and Society, 38:5, 580-596, DOI: 10.1080/14036096.2021.1887348 • Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2016). Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People. *Research on Social Work Practice*, *26*(6), 668-674. https://doi.org/10.1177/1049731514562285 • Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. *Psychiatric Rehabilitation Journal*, *41*(4), 266.
Parents Interacting with Infants (PIWI)	Level I: Emerging	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	McCollum, J.A., Gooler, F, Appl, D.J., & Yates, T.J. (2001). Enhancing Parent-Child Interaction as a Foundation of Early Intervention. *Infants and Young Children, 14(1),* 34-45.
***Connected Youth Initiative (CYI)**	Level II: Promising	All Communities	WestEd. (2020). Evaluation of the Connected Youth Initiative: Final Report. https://www.wested.org/wp-content/uploads/2020/10/CYI_Final_Report_FINAL-1.pdf The California Evidence-Based Clearinghouse. (2018). Opportunity Passport. https://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/

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

Appendix B: Policy Change, Practice, and Community Engagement Efforts

Table 16

POLICY CHANGES

Community Collaborative	Policy Changes
Growing Community Connections	GCC has been actively involved in various policy-related activities. Here are some key areas: GCC Policy: GCC has worked with the board of directors on creating policies and procedures to ensure consistency, transparency, and accountability in operations and decision-making. Food Insecurity, Mental Health Advocacy, Childcare, and the Child Welfare system: GCC has facilitated discussions and meetings on food insecurity, mental health, child care, and the child welfare system, aiming to influence local policies and programs to better address these issues. Community Resources and Support: The organization has been involved in gathering and sharing information about local resources, which helps shape community support policies. Monthly and In-Person Meetings: GCC hosts regular Zoom meetings and in-person gatherings to discuss and advocate for various community needs and policies. These meetings serve as a platform for networking, sharing resources, and discussing policy impacts. Shout-Outs and Networking: The organization supports and facilitates policy-related networking opportunities through shout-outs and breakout rooms, allowing for discussions on policy issues and community needs. Collaborations with Local Organizations: GCC partners with local organizations to support their policy initiatives and collaborate on projects that align with GCC's goals. See successes
Community & Family Partnership	Three childcare providers were licensed within the last year (in-home and center-based), along with the Collective Impact Director, presented barriers to becoming licensed to the NE DHHS Childcare Licensing Advisory Committee. Along with barriers, providers suggested how, from their lens, changes could be made to reduce the barriers mentioned.
	Receiving email updates from the Nebraska Legislature and DHHS
	Receiving email updates from First Five Nebraska
	Funding from Nebraska Presbyterian Church effective July 1, 2024, for implementing a Community Response Coach embedded into a Columbus manufacturing plant. The coach will be housed at the plant strategically before and after shift changes to be available to those needing navigation assistance.
	Along with the NE Dept of Transportation, CAUW/CFP presented the proposed transit system between Columbus and Schuyler to the City of Columbus Council, the City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners. Platte County Superintendents committed $30K per year for three years for the proposed transit system. NDOT, CAUW/CFP to return to governmental bodies and request a financial commitment from them in quarter 3 2024.
	Schuyler Economic Development votes to approve change to Schuyler Economic Development plan to include LB840 revision to approve childcare as an approved business.
Hall County	Effectively worked with City Council to allow Child Care Home IIs to be allowed in Grand Island. Only one other city in the state did not allow CCHIIs. We worked with Economic Development and city government as well as childcare providers, DHHS, and community members to develop testimony for the City Council. Teresa testified as well. The ordinance was passed.

Saunders County Active Community Team	Assisted Nebraska Crime Commission Community-based Aid and Director of Diversion in partnership with UNO in developing and piloting the NSAT (Nebraska Screening and Assessment Tool). This tool is tailored to Nebraska youth being screened for diversion eligibility in Nebraska. It's a tool made for Nebraska youth to match our youths' needs. This was implemented at the end of last year and began in full swing across the majority of the state in 2024.
Santee Sioux Nation	Flex funding shall be provided to residents who reside on the Santee Indian Reservation
	There shall be a $250 issuance limit for flex funding per 120 days
	Use of flexible funds shall be tied into an individual's plan of care (i.e., treatment plan)
Holt/Boyd Community Connections	Partnered with National Center for Families Learning to pilot a new parent engagement program at O'Neill Middle School.
4-County Collaborative	Collab Coordinator testified before the Unicameral committee regarding proposed cuts to behavioral health funding to the Behavioral Health Regions
Dawson County Family Partners	PLA Involvement
	LB1173 work
Lift Up Sarpy	Landlord/Tenant Rights
	School Nutrition
	Encampment Laws
	Childcare
Valentine Children and Families Coalition	community meetings to bring knowledge of the activities of VCFC
	UNMC Assessment
Buffalo County Community Partners	Double Up Food Bucks Partnership with Farmer's Market and the University of Nebraska Kearney improved data collection methods
	Youth Legislative Days
	Through The Eyes of the Child
	Partner feedback and food security data influenced the roll out of the federal summer EBT food program.
	County Commissioners funding Early Childhood Scholarships and Licenses (TM)
	Board Resolutions honoring Buffalo County Youth Advisory Board
	Coalition for Strong Nebraska, American Democracy Project, and Civic Nebraska partnered with Buffalo Co. Youth Advisory Board for legislative education and civic engagement discussions. (LB929, LB1200)

Table 17

PRACTICE CHANGES

Community Collaborative	Practice Changes
Growing Community Connections	Training credit for Iowa and Nebraska childcare providers -The Child Care Solutions Group, comprising partners from Iowa and Nebraska, collaboratively supported the Nebraska Early Learning Coordinator's application to become a partnering approved training entity in Iowa. This collective effort enables Iowa childcare providers to earn training credit by participating in the Childcare Provider Gallery Walk. By working together, the group has streamlined the process for cross-state recognition of professional development opportunities, enhancing the quality and accessibility of training for providers across both states. This partnership fosters regional collaboration and strengthens the overall support system for childcare professionals.
Community & Family Partnership	Creation of a Community Response policy designed to deliver professional, trauma-informed services in one document for standardization of our work as all coaches and Central Navigators are in-house staff with CAUW/CFP.
	CFP's Community Response team decides to decrease the cap on mental health vouchers from 10/person to 8/person due to increased requests and to be fiscally responsible.
Hall County	Part of the Childcare Coalition evaluation of current gaps in childcare and participating in Healthy Nebraska's efforts to increase adequate prenatal rate in Hall County.
	HELP- part of the Leadership Team. Assisting with distribution.an assessment of SDOHs within the city of Grand Island
	The City of Grand Island is conducting a housing assessment- and assisting with translation and distribution.
	CDHD conducting the Community Health Needs Assessment in partnership with the four area hospitals.
	Became site for Health Families America – an evidence-based home visitation program for pregnant persons and children up to age three.
Saunders County Active Community Team	Require all families who receive funding to complete the required demographics paperwork, identify needs and resources available, complete the survey, and meet with us in person to develop an ongoing plan if the person is unemployed and/or doesn't have a concrete plan for future financial sustainability.
	Require families who return for assistance within 6 months to participate in referred services prior to receiving assistance again. Only allow the family to receive assistance 2x annually if it doesn't participate in referred services.
	Partnership with area providers to accept referrals from ACT Community Response for referred services to assist families. Examples of referred services include, but are not limited to, the following: Early Development Network, Head Start, Family Youth Investment, YESS Program with Workforce Development, Southeast Community College programs, Vocational Rehabilitation, and more.
	Require all families to be entered into Find Help.
	Development of a coaching and central navigation format
	Require those with lived experience to voice ideas and experience when implementing new programs

Norfolk Family Coalition	Turnover was high for the agencies that we contracted for our coaching. So, we created an onboarding packet for the advocates who do coaching for our families. We included budget guides to help make a budget, local resources and forms that are needed. This was to help make coaching the same at each agency.
Community IMPACT Network	Employ Hastings Workgroup convening
	Housing Leadership Group
	Community Response Assistance Tracking
Sandhills Community Collaborative	Qualifications for community well-being assistance
	Focusing on prevention funding, we changed our language to reflect one-time category assistance so public funding is not abused.
	Working with area agencies to meet needs of clothing and food insecurities
Families 1st Partnership	Question/answer flow for the new Central Navigator
	Continuous promotion of ER Funds to cover the housing needs of residents
	Working with Lean Eye to examine processes and practices—ID those that could be streamlined or improved—particularly data system and access
Holt/Boyd Community Connections	Partnered with local communities to continue to stock the new Emergency Food Pantries in their towns.
Dawson County Family Partners	More involved Coaching for clients than just help financially
	State plan work
	coaching program detailed work
Lift Up Sarpy	Truancy
	Fair Housing
	Foster Care - Aging Out
Buffalo County Community Partners	DHHS- Engaged in Latino Dialogue to create best practices on SDOH for health departments to adopt/implement in communities.
	Updated Employee Policy and Procedure
	Updating procedure/process of recruiting and training volunteers for the Collaborative and Steering Committee
	Youth reviewing legislative bills to select a priority bill to educate others
	Youth Advisory Board hosted a parents and community engagement night to educate parents and supportive adults on their work.
	Coaching changes or practices (pay $200 upfront for immediate needs, $1000 incentives); worked with local agencies to change processes to improve efficiencies
	Implemented READI volunteer survey to recruit and gauge diversity within coalition groups
	ERA2 staff building and strengthening tenant/landlord relationships for housing stability

Table 18

COMMUNITY ENGAGEMENT

Community Collaborative	Community Engagement
Growing Community Connections	Growing Community Connections is collaborating with South Sioux City Community Schools to gather community feedback for the 24-25 academic year, focusing on Engaging Community and District Facilities. As part of this initiative, we are conducting a research project to understand community perspectives on key issues within the school district. This summer, we are hosting a series of input sessions and inviting partners to participate in one of these groups. South Sioux City Community Schools has engaged Creative Entourage Research, an independent firm, to facilitate these sessions.
	GCC has facilitated networking opportunities through its meetings, including 'birds of a feather' breakout rooms where attendees can discuss specific issues and collaborate on solutions. This networking helps in identifying gaps and working towards practice improvement.
Community & Family Partnership	Proclamation of April as Child Abuse Prevention Month – City of Fullerton
	Proclamation of April as Child Abuse Prevention Month – City of Genoa
	Proclamation of April as Child Abuse Prevention Month – City of St. Edward
	Proclamation of April as Child Abuse Prevention Month – City of Schuyler
	Along with the NE Dept of Transportation, CAUW/CFP presented new transportation survey data from community members and businesses to Columbus and Schuyler to the City of Columbus Council, City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners. Education was provided on the topic of transportation being a barrier for many of our families and community members. Platte County Superintendents commit $30K annually for three years for transit system pilot. CAUW/CFP to return to governmental bodies and request a financial commitment from them in quarter 3 of 2024.
	Invited judges in the four-county area to the April CFP collaborative statewide partner meeting.
	CFP hosted a statewide partner meeting earlier this year to educate state officials on the collaborative's work and connect with them about CFP's priority areas. The First Lady was present at this meeting.
	Contract staff in Schuyler for Continued Communities for Kids+ work met with Schuyler Economic Development (SED) on the topic of LB840 funds and amending the plan to include childcare businesses to access LB840 funds. SED approved this recommendation, and the next step for the SED board was to take this recommendation to the July City Council meeting for approval.
	Food access and food security meetings within the CAUW/CFP service area to include community conversations on the topic and fresh produce distribution to agencies who provide services to those in need of food.

Hall County	The practice change here is that the local health department agreed to take on programs that are evidence-based and effective programs when the collaborative dissolved. This was done for the community and in the interest of serving families. The goals and objectives of the H3C programs align well with CDHD priority areas, which are access to health care, quality childcare, and access to behavioral health. We are demonstrating that local public health departments can serve as backbone agencies if that is the community's will and if the health department has the capacity and will to do so.
Saunders County Active Community Team	Provide the county board with an annual update on community response efforts and data in our county to demonstrate the great work that's being done.
	active on social media to spread the message and resources community response provides
	Saunders County Fair- run rides to bring awareness to our agency's mission
	Sponsor a hole at a golf tournament to raise awareness of our collaborative's mission and funds for the program. The county's most prominent constituents attend and participate in this event.
Norfolk Family Coalition	During our Early Childhood Community Conversations, we invited several important community partners: the Mayor, NPS superintendent, county attorney, and city economic developers.
	The Norfolk Family Coalition also partners with the Norfolk Area Childcare Collaborative, which is working to bridge the childcare GAP with business partners to open childcare centers in Norfolk. Our community has focused a lot of attention on this.
	Senator Dover organized a meeting to discuss child care needs at a legislative level and efforts in Northeast Nebraska to address early childhood care and education issues. The meeting was postponed to November 2024.
Community IMPACT Network	Spanish radio outreach and marketing of the ERA
	Pinwheels for Prevention
	Prenatal Plan of Safe Care Outreach
	Inclusion of Coalition for a Strong Nebraska in planning for Coordinator Convening and 2 collaborative meetings to help update the network on legislative actions
	Invitation to report on senator's priorities during the December collaborative call
	Opposition email and call to LB388 to Senators Murman and Halloran
	Invitation of City Council members to Bridging Forward graduations
Sandhills Community Collaborative	Reconnecting with County Judge on Through the Eyes of the Child
Santee Sioux Nation	A focus group hosted by Santee's collaborative evaluator was held in Santee. In the focus group, they discuss issues within the community, such as the lack of childcare. The group held members of the community.
The BRIDGE Family Resource Connector Network	Connecting families to navigation through the Juvenile Assessment Center
	BRIDGE Advocacy Committee comprised of board members, funders, and advisory members

Families 1st Partnership	Have several different notetakers at Quarterly Collaborative meetings to get coverage of information from various prospectives—also engages organizations more
	More aggressive social media push to keep partner information shared continuously, as well as state-wide agency information pushed out. (NAMI, SAMHSA, Zero-Three, Nebraska 1st Five, NCFF, Dept of Transportation, PTI NE, Boys Town, UNL Extension, NE Game & Park, Sparky the Fire Dog, Region 51 Emergency Management)
	Bring in more statewide resources to offer to the community—NE PTI, Dept of Transportation, Munroe-Meyer Institute (Disabilities Case Management)
Holt/Boyd Community Connections	The Mayor and a city council member are on the core group for the new Family Learning Community project in O'Neill
Dawson County Family Partners	Landscape Assessment
	Through the Eyes of the Child
	Increased interactiveness with coaching clients
	Increased use of social media to notify community (food pantry)
	Sock and school supply giveaway
	Diaper Give Away
Lift Up Sarpy	Collaborative Mtgs - Weekly invites
	Housing for Veterans & Workforce
	Legislative Coffees
	City Council Meetings
Buffalo County Community Partners	Buffalo County Youth Advisory Board meetings
	Nonprofit Association of the Midlands Roundtable Conversation
	Monthly Buffalo County Collaborative and Collaborative Steering Committee Meetings
	Monthly Buffalo County Housing Task Force Meetings
	Monthly Positive Pressure/Opioid Task Force meetings
	Monthly Salud Para Todos Meetings
	Monthly Food Leaders Task Force Meetings
	Monthly Board Committee Meetings

Appendix C: Logic Model

nebraska children
AND FAMILIES FOUNDATION

LOGIC MODEL

INPUTS | **Organizations and assets being leveraged to conduct strategies and activities.**

- Nebraska Children backbone, programs, and initiatives
- Community Collaboratives
- Lived-experience partners
- Government partners: local, state, and federal
- Partner organizations (e.g., United Way, Central Plains, Munroe-Meyer Institute)
- Funders
- Business Community
- Healthcare providers/ healthcare system
- Local school systems
- Early Childhood, Childcare, and Extended Learning Opportunity Providers

STRATEGIES AND ACTIVITIES	Actions and approaches that NCFF and partners are taking to make change.

- Assessing and understanding the needs of youth and families and connecting them to supports and resources aligned to their needs
- Supportive Coaching for youth and families
- Direct Concrete Supports to Youth and Families
- Training/TA/PD
- Coaching for professionals
- Policy/Advocacy work
- Infrastructure Support
- Channel funding to partners
- Coalition building/community convenings
- Family and youth engagement/Lived-experience partner engagement

Results Area 1: Health and General Well-Being

Access to Quality Care					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # referrals to and from healthcare providers, including medical and behavioral healthcare and early intervention services • Increased support when establishing and maintaining a medical home • # applications to insurance programs (Medicaid, CHIPS) • Increased support for and education on the importance of seeking help • # of community actions/ activities focused on improving access to medical and behavioral healthcare • # of health departments, federally qualified health centers, and regional behavioral health entities engaged as partners	• Increase knowledge of healthcare options and how to access care • Increase medical insurance coverage • Increase referral rates to and from medical/behavior providers • Change in knowledge and skills aligned with social-emotional well-being across all sectors of the community	• Increase the proportion of youth and families with a medical/behavioral home • Increase capacity for communities to access appropriate mental health services • Change in behaviors demonstrating Social-Emotional well-being • Decreasing stigma around accessing services	• Positive changes in Social Determinants of Health, specifically: 1. Housing 2. Utilities 3. Food Security 4. Transportation 5. Employment/Income 6. Community Support 7. Physical & Mental Health access 8. Education

Reducing Child Welfare and Other Systems Involvement					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # of referrals to services for vulnerable youth and families • # and $ of concrete support/resources to vulnerable youth and families • # trainings/technical assistance for providers/ community on root causes of system involvement • Advocacy for improved policies towards vulnerable youth and families • # of youth and families with Plan of Safe Care in place • # of calls to the warm line • # of calls to DHHS/CPS hotline • Proportion of substantiated vs unsubstantiated cases of abuse	• Decrease rates of screened-out calls • Increase the proportion of parents/families with plans of safe care • Increase referrals to community supports • Increase availability and access to Community supports • Increase number of youth receiving targeted supportive services when exiting government systems of care (e.g., child welfare, justice systems)	• Reduce child welfare rates • Increase the efficacy of the no wrong door system • Youth and families exiting government systems of care have increased support and resources to succeed and not re-enter the system	• Reduction in multi-generational involvement in government systems of care • Decrease rates of CFS removals of newborns due to substance abuse • Decrease rates of repeated formal entrance government systems of care

Access to Community Resources Promoting Wellness					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**

INPUTS	STRATEGIES AND ACTIVITIES	• # Community engagement/ community building activities
		• Youth and Parent leadership/advocacy:
		  ◦ # activities;
		  ◦ # people
		  ◦ # of extended learning opportunities
		• #Parks Departments engaged as partners
		• # of community actions/ activities focused on improving community wellness
			• Increased community voice in spending on community wellness	• Increased participation in recreation and wellness activities	• Increased community wellness

Results Area 2: Education and Career

Early Learning Systems					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # childcare operators receiving assistance in opening/licensure • # trainings/PD for childcare providers, early childhood educators and home visitors • #/$ scholarships, tuition assistance • # Childcares participating in programs to increase quality • # and attendance at whole family growth and development opportunities • Policy/advocacy work to support the early childhood space • Dollars invested in early care and education infrastructure • # referrals to community prevention system from early childhood programs and providers (and vice versa)	• Increase access to quality early childhood care and education • Increased family literacy behaviors • Positive change in parent skills, parenting skills and parent-child interactions	• Increase in the capacity of early childhood care and education • Increase children's early literacy • Increase children's social-emotional skills • Increase in resourcing for education	• Integrated high quality early childhood care and education infrastructure • Increase rate of kindergarten readiness • Qualified and committed early childhood care and education workforce • Decrease educational disparities based on SES and race

K-12 Grade Level Success					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # and attendance at whole family growth and development opportunities • #referrals to community prevention system from schools • # of community/school partnerships • Student attendance rates • # of out of school time programs • Attendance in out of school time programs • # of grants or dollars distributed for community/ school activities • Policy/advocacy work to support the K-12 space	• Increase Kindergarten readiness • Increases in family engagement with their child's education • Increase integration of community prevention systems into the school system • Increase attendance in out of school time programs • Increase in school/ community-based activities	• Increase on-time grade level progression and success • Decrease educational disparities based on SES and race • Increase in attendance rates • Increase in mindsets supporting school/ community partnerships (for example Global Rubic) • Increase in resourcing for education	• Increase in graduation rates • Increase enrollment in post-secondary opportunities • Increase in sustained community/ school collaborations • Decrease in Absenteeism • Decrease in juvenile crime (3-6 pm) • Increase in number of out of school time programs across the state

Post-Secondary and Career Pathways					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # referrals to community prevention system from schools • # participants in coaching among vulnerable/ disadvantaged youth in existing Career Academy high school programs • # of grants or dollars to support post-secondary education • # of workforce development projects • # of students engaged in workforce development • # of post-secondary partnerships • # of career pathways partners • # of workforce develop pathways • # of students participating in workforce develop pathways • # of STEM Family Engagement activities • # of partnerships in communities where workforce develop pathways are built	• Increase high school graduation rates • Increase enrollment in postsecondary opportunities including job training (internships, apprenticeships, etc.) • Increase knowledge of disparities • Increase awareness of how out of school time opportunities in middle & high school • Increase first-year retention/completion in postsecondary education programs	• Reduce disparities in Educational Attainment • More students involved in workforce development pathways and opportunities in diverse workforce development pathways • Increase investment by communities in workforce development pathways	• Increase earning power • Increase job mobility and stability

Results Area 3: Economic Stability

Childcare Capacity and Access					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # childcare operators receiving assistance in opening/licensure • # policy changes advocated for • #coordination activities with statewide partners	• Build capacity to increase workforce for and access to childcare • Increase in resourcing for families with childcare needs • Decrease stigma around accessing services/ assistance	• Increase in workforce and access of childcare • Increase in business involvement in childcare solution	• Improvement in childcare landscape to support parental choice • Changes in policy that impact childcare subsidies • Reduction in childcare gap number • High return on investment for early childcare investment in community

Safe and Stable Housing					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # referrals to community partners for housing related support (Community Action, legal aid, etc.) • #/$ distributed for concrete supports in housing (e.g., utilities, security deposits) • # of youth and families participating in coaching with housing as a goal	• Increase in flexible funding resources to support direct concrete supports to families in housing/utilities • Increase utilization rates of public benefits (LIHEAP, TANF, PHA's, Medicaid, SNAP) • Decrease stigma around accessing services/ assistance	• Following receipt of direct concrete supports for families in housing/ utilities, fewer families return for additional support	• Increases in earned income • Increase in non-cash benefits • Increase in employment • Increase in educational attainment

Wages and Income					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• # of job training referrals • # of job applications through coaching • # of students enrolled in post-secondary education/ apprenticeships/certificate programs • # of students engaged with career academies in high school • #first time participants trained in Youth and Families Thrive	• Increase in attending job trainings • Increase in completing job trainings • Increase funds for trainings/ access • Build relationships with employers • Build relationships with tech programs/colleges	• Increases in employment rates • Increase post-secondary completion rates (certifications/ apprenticeships/college/ training)	• Increases in overall wages and income. • Increases in job mobility and stability • Decrease unemployment rates • Increase in benefits

Food Security					
		OUTPUTS	**Short-Term Outcomes**	**Medium-Term Outcomes**	**Longer-Term Outcomes**
INPUTS	STRATEGIES AND ACTIVITIES	• Expand local food distribution channels • Increase local market opportunities • Statewide collabs have food security plans • Local food marketing and advertising plan • Robust technical assistance network	• Decrease stigma around accessing food • Increase accessibility to food resources including coaching/training • Increase utilization of underused resources like Double-Up	• Decrease in the number of food deserts across the state • Reduction in the number of families facing food insecurity.	• Lower disproportion of minority families experiencing food insecurity • Reduce the # of families needing public food support • Communities have food security plans like LNK 2045 master plan

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