Community Well-Being

2019-2020 Evaluation Report

September 2020

nebraskachildren
AND FAMILIES FOUNDATION

Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation

University of Nebraska Medical Center

MUNROE-MEYER INSTITUTE

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Nebraska Children and Families Foundation
Community Well-Being

The Model

NEBRASKA CHILDREN'S APPROACH TO COMMUNITY-BASED PREVENTION

Nebraska Children (NC) envisions a Nebraska where all people live in safe, supportive environments providing opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children works in partnership with 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. In addition, Nebraska Children has funded and supported the development of a continuum of strategies to meet the needs of children and young adults across the age span (i.e., birth through 25).

Starting in 2019, Nebraska Children explicitly embraced an integrated approach to well-being across the age span, fully encompassing a collaborative Community Well-Being system of prevention. Specifically, this meant the integration of Nebraska Children's older youth portfolio of work, also known as the Connected Youth Initiative (CYI) with Nebraska Children's Community Response prevention system, which had previously focused more on the well-being of younger children and their caregivers. CYI is described in more detail in Appendix A. This report intends to capture the implementation and outcome findings for both these efforts. At a high level, the desired result is enhanced well-being and improved Protective Factors for all participants, which are described below. 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, and private funding sources

PROTECTIVE FACTORS

Strengthening children, families, and young adults through the promotion of Protective 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 Factors is associated with the probability of positive outcomes in individuals, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of challenging situations and promotes resilience. Protective Factors are assets in individuals, families, and communities. For young adults, the promotion of Protective 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 Factors that Nebraska Children uses to guide its prevention work. This

description includes how the operationalization of these Protective Factors may differ depending on whether the population of interest is young adults or families. These 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 to these Protective Factors, hope— a feeling of having goal-directed energy, combined with the feeling of being able to do the planning needed to meet these goals— was also identified as an important factor.

<table>
<tr><th colspan="2">Protective Factors
Nebraska</th></tr>
<tr><td>The Strengthening Families™
Protective Factors
Parents are the focus</td><td>The Youth Thrive™
Protective and Promotive Factors
Young adults are the focus</td></tr>
<tr><td>Knowledge of Parenting and Child Development</td><td>Knowledge of Adolescent Development</td></tr>
<tr><td colspan="2">The ability to support nurturing attachments and have realistic expectations in order to effectively promote development in children and young adults</td></tr>
<tr><td>Social-Emotional Competence in Children</td><td>Cognitive and Social-Emotional Competence in Young Adults</td></tr>
<tr><td colspan="2">The ability to recognize and regulate emotions and behavior and communicate clearly in order to establish and maintain healthy relationships with family, peers, and others</td></tr>
<tr><td>Parental Resilience</td><td>Young Adult Resilience</td></tr>
<tr><td colspan="2">The ability to recover from difficult life experiences and often to be strengthened and even transformed by those experiences</td></tr>
<tr><td colspan="2">Social Connections</td></tr>
<tr><td colspan="2">The ability and opportunity to develop positive relationships that lessen stress and isolation and become a supportive network</td></tr>
<tr><td colspan="2">Concrete Supports</td></tr>
<tr><td colspan="2">The ability to access resources and services that help make children, young adults, and families stronger and more resourceful for themselves and others</td></tr>
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Evaluation Approach

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

Evaluation of locally-based prevention systems examines the collaborative functions of these systems through the incorporation of both implementation and outcome data. Implementation data, for example, is used to answer such questions as, "How much and what type of service was provided?" "How well are strategies working for families?" and "To what extent are strategies adopted, and to what extent are strategies evidence-based?" Outcome data is used to answer questions such as, "To what extent did strategies improve participants' well-being?"

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children has adopted Results-Based Accountability (RBA) as a data-driven, decision-making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of people and their communities. Data is collected and reviewed as part of their decision-making and continuous improvement process.

Results-Based Accountability Answers Three Basic Questions…

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

Evaluation Findings: System Approaches

COMMUNITY-BASED PREVENTION SYSTEMS

SHARED FOCUS FOR COMMUNITY WELL-BEING COMMUNITIES

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

- **Increasing Protective Factors for Individuals Within Each Community.** All communities help individuals build buffers that support them as they face life's challenges.
- **Local Strengths and Documented Gaps in Services.** All communities have completed assessments and developed prevention plans.
- **Implementation of Evidence-Based Practices with Measures**. All communities are implementing their prevention plans and are working with local and state evaluators to measure outcomes.
- **Implementation of Collective Impact.** All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

Community Well-Being Prevention Systems

Name	Counties Served
Community & Family Partnership	Platte and Colfax
Douglas County Community Response Collaborative (DCCR) and Project Everlast Omaha	Douglas
Families 1st Partnership	Lincoln and Keith
Fremont Family Coalition	Dodge and Washington
Growing Community Connections (GCC)	Dakota
Hall County Community Collaborative (H3C)	Hall, Howard, Valley, Sherman, and Greeley
Lancaster County and Project Everlast Lincoln	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Wayne, and Stanton
Panhandle Partnership	Scotts Bluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner
York County Health Coalition	York

COLLECTIVE IMPACT

Information on the Collaboratives' strengths and challenges during COVID-19 pandemic was identified through a focus group with each Collaborative's Coordinator, Central Navigator, and NC Consultant which were completed in the Spring/Summer of 2020. Key themes from those focus groups are summarized in the following section.

What are the successes experienced by the Collaboratives?

Community partnerships continue to grow. The Collaboratives continue to develop strong partnerships among their current membership while at the same time expanding to new partners. In several situations, the new members are from agencies that previously had not joined their efforts (e.g., schools and county office staff). In one community, the Collaborative strategically participates in a larger community meeting that serves a platform for disseminating their Collaborative's information. Some commented that participation has grown in part due to shifting to a virtual platform. This has helped them to have more visibility in their community. Another community added bilingual members to the group in order to serve a broader population. These efforts to expand partnerships have resulted in more integration and expansion of community resources that were available to families.

One community worked to address their service fund policy to make it more flexible. By modifying the policy, they were able to get more money out to families.

Stronger community partnerships. One of the strengths of the collaborative is "seeing the community working together as a whole." The agencies are not just working together around Community Response, they are working together because they have a better understanding of the programs and resources of each of the agencies and how they can support each other to better support families. Overall, there is more communication between partners. There is a lot of "passion" and positive feedback on the work of the Collaborative. They have worked to increase the number of partners represented in both the steering committee and the larger Collaborative. There is a feeling in the community that it does not matter who gets credit for things, as long as the work is getting done; what matters is the outcome.

Adopting new technologies resulted in more inclusive and effective Collaborative meetings. In response to the global pandemic, Collaborative meetings moved to a virtual platform. Leadership indicated, "I'm excited about Zoom Collaborative meetings" and expects the Collaborative will continue to include some digital component to their monthly meetings, even after in-person meetings can resume. The digital platform has increased meeting attendance, in part because more people can access the meetings (e.g., there is no need for travel, there is a more comfortable and low-key option for new members to join, the presentation materials are easier to see/access, etc.). One Coordinator reported enjoying putting together presentation slides and coordinating guest speakers, finding that the new format "flows nicely for people."

New policies emerge that increase access to services. In one community, a new system was implemented during the past year that changed the way funds were dispersed/reimbursed in partnering agencies. This new policy has strengthened the relationships with partnering agencies. Investing their own resources initially has helped increase the stake in the well-being of the families served and the overall effectiveness of Community Response.

Another community worked to address their service fund policy to make it more flexible. By modifying the policy, they were able to get more money out to families. That has been a game changer and offers realistic supports rather than a Band-Aid to address a crisis. They have received feedback that people are much better off with this format.

Infrastructure supports enhance Collaborative work. Several Collaboratives have expanded reach to families and young adults through Community Response. Additional Central Navigators were hired to meet the demand or to expand to additional populations (e.g., expanded to include another county). A virtual assistant was also added to one collaborative in order to send out monthly newsletters and to post on collaborative and community updates to keep families informed. Norfolk Family Coalition worked with coaches to clarify the process and make the intake process standardized and consistent.

> “Even with COVID-19, our work “hasn’t really stopped or slowed down, we picked up the pace and adapted to the changes.”
>
> A Collaborative Coordinator

New strategies have also been developed between the Community and Family Partnership collaborative and the Columbus Area United Way. Identifying how the systems can work together, while remaining separate entities has been a great area of success. The Community and Family Partnership completed the 501c3 process and has restructured their task forces.

The phone app is one success of the Families 1st Partnership. Apple has approved the app. It currently works on Android phones. The phone app has multiple features, e.g., training resources, directory, event calendar, and intake forms that can be sent to the central navigator.

> Several Collaboratives have expanded reach through Community Response. Additional Central Navigators were hired to meet the demand or expand to additional populations.

Established Collaborative processes allow for quick, effective responses to community crises. An apartment complex in one community recently experienced a huge apartment fire that impacted French-, Somali-, and Spanish-speaking families. Douglas County Collaborative (DCC) was able to bring interpreters in to help provide clarification, reassure the scared residents, make connections, etc. In addition, other leaders in the community worked together to support those families. The DCC coordinator noted, “When something happens, it doesn’t take long at all for the Core group to step in [and get things accomplished].” In this case, a representative from the American Red Cross came in to support families as well, but the Core group affiliated with DCC handled a majority of the tasks because they knew the community and already had the contacts. “Because of the Collaborative, we could pull things together quickly. It was just a matter of making a couple of phone calls and people were there.”

Collaboratives support larger community planning and proactively address needs. The Collaboratives are partnering with community partners to support work of other agencies in their community. For example, Growing Community Connections worked with the census this past year. “It was neat to see the organizations that came together.” Many programs, leaders, and businesses were

involved, including representatives from several of the cultural groups represented in Dakota County, all working together "to make sure the community knows they've got to get counted so we don't lose dollars."

What are the challenges experienced by the Collaboratives?

COVID-19 limited Collaborative work on multiple levels. More details related to the work and impact related to COVID-19 are summarized in Appendix B; however, not including COVID-19 as a challenge to the community during the current reporting period would make this list incomplete, as it was one of the primary challenges described across Collaboratives. Not only did it disrupt the day to day workings of the Collaboratives and implementation of the many identified strategies, it also shifted its work to address the needs of people who were affected by the pandemic. Although Collaboratives and their partners effectively addressed many of these needs, it took time and resources from other initiatives. In addition, policy work was delayed. One community had to shift their focus to address the emergency crisis situations. As a result the longer-range strategic plan activities had to be set aside. Updating their bylaws, marketing, fiscal management, and more policies and procedures to take them into the next phase had to be pushed back.

Adopting new technologies for meetings can suppress personal connections. As much as adopting new technologies was a strength for the Collaboratives, it also presented several new challenges. Leadership reported they (and other Collaborative members) "do miss the social time before the meetings, and people don't stay after meetings to chat and ask questions." The digital format is not as personal, and there is a fear that, "being on screen after a while loses its pull." The Zoom platform can make it "hard to get to know new people," especially for those who prefer in-person interactions.

> "The Zoom platform can make it "hard to get to know new people," especially for those who prefer in-person interactions."
>
> A Collaborative Coordinator

Need more staff to support the work of the Collaborative. There is a growing need to expand the central navigation staff to meet the demands. Many Collaboratives have increased partners or communities that have resulted in increased Community Response referrals. Other Collaboratives needed to hire bilingual central navigators to reach underserved populations, e.g., non-English speaking families. Collaboratives are trying to balance the need to use their resources for families, yet have adequate amount of staff time to be effective. Many communities are examining ways to fund these additional central navigator positions.

In another community, Collaborative leadership reported feeling overextended. Due to the success of the Collaborative, more opportunities become available which has resulted in increased workload for the leadership of the Collaborative.

There was worry that the big-picture, coordination tasks were getting pushed back to make time for the urgent day-to-day tasks. One leader shared, “You miss a lot if you overwork your Coordinators… I want to think outside the box but I can’t, because I’m so stuck putting out fires all the time. We don’t (always) get to think big the way we used to.” Sometimes, their work also means personal sacrifices; leadership reported working late evenings and weekends, working through vacation time, and stressing over even taking vacation because they know that someone else will be overburdened taking care of their tasks while they are away. Again, leadership was clear that “I love my work and I want to do it. But the other side is, you have to breathe too.” They suspect that leadership in other Collaboratives feel similarly; “I see that in my fellow directors on those meetings. People are overwhelmed.”

Maintaining ongoing communication. One of the primary challenges is keeping up with what is happening, there are “so many moving parts.” This was especially true as agencies came together to address the needs of families during the pandemic. Ongoing communication was key. Collaboratives are continuing to identify ways to let everyone know what is happening and where the resources could be leveraged.

Integrations of new growth opportunities. As the scope of work and the number of people involved in Collaboratives’ efforts grows, they find themselves needing to identify ways to integrate their work. As one Collaborative reported, “We would like to have it (C4K) more intertwined.”

Staff transition. Collaboratives noted that there are many challenges when needing to replace key personnel such as central navigators or coordinators. This especially becomes a challenge when it is difficult to find replacements. When this occurs, others on the Collaborative or the backbone agencies have to step up. Having a coordinator vacancy has highlighted the importance of that role in seeing the bigger picture of things and bringing all the pieces together to help the Collaborative find their focus as a whole. The process of determining the best way to on-board a new central navigator, once hired, is also a challenge the Collaboratives face.

Formalizing Human Resources Procedures. As more Collaboratives become their own 501c3 organization, that brings with it a new set of challenges. As a result, these Collaboratives are responsible for creating procedures and policies for contractors and employees. More support is needed on how to operate as an agency and create human resource documents, contracts, and policies.

LEVERAGING FUNDS

Did the Collaborative leverage additional funding for their community?

CWB Collaboratives leveraged over $1.1 million this year.

One of the intermediate CWB outcomes was that their work would result in the communities’ increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the communities. Collaboratives and their partners leveraged over $1.1 million this year. Funds leveraged by partnering agencies and the Collaborative represent nine percent of their total budgets. It should be noted that the figure below captures all funding from Nebraska Children provided to the counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Collaborative.

The Collaboratives have been successful in leveraging funds from multiple funding sources.

	2019-2020
Funding from Nebraska Children	$11,837,781
New Grants and Funding Awarded Directly to Collaborative	$695,365
New Grants and Funding Obtained by Partners as Result of Collective Impact	$452,500
TOTAL	**$12,985,646**

POLICY SUPPORT

How did CWB communities support policies?

CWB communities were active in trying to shape policy at the local, state, and federal level. This was a key outcome of their Collaboratives' Collective Impact work.

Local Policies

- Communities engaged local and state policy makers as they plan to support families during the **pandemic and the long-term issues related to flooding** this past year.
    - Fremont Family Coalition partnered with City Council members to develop a grant request for CARES Act funding.
    - The city Mayor collaborated with H3C communication team's efforts to promote safe practices by distributing messages through the community: "MaskUPGI" and "estoEsRealGI."
    - H3C state Senator helped to develop the Community Playbook which addressed resources available for families.
    - No Small Matter film was sponsored by H3C and community leaders were in attendance.
    - Norfolk Family Coalition worked with the Mayor to identify strategies to disseminate information on safe practices, specifically targeting the non-English speaking populations.
- Several communities have **engaged locally with policy makers** around specific topics. For example:
    - H3C members attended community meetings on proposed bus routes that would link Kearney, Grand Island, and Hastings.
    - Lift Up Sarpy, Fremont Family Coalition, Douglas County Community Response Collaborative, and Families 1st Partnership worked to address affordable housing in their communities. This has resulted in creative solutions being identified to address the issues. Lift Up Sarpy is creating a communication page with key points that can be used by members in presentations to city councils and senate officials.
    - Lancaster County is working with city council members to create a Mayor's Commission on

early childhood.

- Two members from York are participating in the Nebraska Early Childhood Policy Leadership Academy through First Five Nebraska to **increase their members' capacity to support policy efforts**.
- CWB Collaboratives engaged in a number of activities to **increase policy makers' awareness** of Collaborative prevention activities. For example:
    - Growing Community Connections, through their Community Childcare Solutions group, developed an elevator speech about the importance of business and child care that they disseminate to businesses to use when they share information with legislators.
    - Growing Community Connections sends monthly updates to Nebraska Senators concerning the work of GCC.

State Policies

- CWB Collaboratives recognize the **importance of meeting with the state legislators** to have a voice in state policy.
    - Bring Up Nebraska has been a key activity to promote the prevention work in the Community Well-Being communities. Many communities continue to work with legislators to update them on Bring Up Nebraska priority areas.
    - Panhandle Partnership collaborates with multiple groups (Poverty Roundtable, Coalition for a Strong Nebraska, Community Action Nebraska, and Nebraska Children) to discuss past and current legislation regarding poverty and its contributing factors.
    - Several Collaborative members participate in state committees that influence policy (e.g., Early Childhood Systems of Care meetings, Preschool Development Grant leadership team, and Early Childhood Interagency Coordinating Council).
    - Many Collaborative members met directly with their state senators or invited them to join their Collaborative meetings.
    - Growing Community Connections members participated in regional policy conferences (e.g., Tri-State Governors Conference and Tri-State Legislative Forum) to inform policy makers on local prevention issues.
    - Douglas County Community Response Collaborative established a legislative subcommittee who has met with legislators.
    - Lift Up Sarpy met with legislators and mayors in Sarpy County to example policies related to homelessness and to review the continuum of services available.
    - Many Collaboratives have met with both local and state representatives, including the First Lady Shore about supports needed for families related to COVID-19, such as food insecurity barriers, issues of connectivity, and access to technology.
- Representatives from the Nebraska Department of Economic Development, NEMA, and the Flood Long Term Recovery team used local data from the Fremont Family Coalition to influence state policy.
- Growing Community Connections hosted a region meeting of over 100 community policy makers

and leaders to discuss the importance of preventative work and collaboration.

- A Community & Family Partnership board member presented in Spanish about Community Collaboratives and Bring Up Nebraska at the Governor's Weekly Press Conference.

Federal Policies

- CWB Collaboratives recognize the importance of meeting with the state legislators to have a voice in state policy.
  - Several Collaborative members have met directly with their US Congressional delegates to update them on Bring Up Nebraska priority areas.

TRAINING ACTIVITIES

Over the past 12 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 196 events were reported with 5,151 participants representing over 1,100 organizations engaged in training. While there may be duplication across training events in the counts of individuals and/or organizations, the data suggest that there was an increase in the number of training events and the number of individuals and organizations participating compared to the previous year. Examples of the trainings offered are: Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI) trainings, Bullying and Suicide Prevention, Youth and Families Thrive, Early Learning Guidelines, and Trauma Informed Care. A total of 33 trainings were adjusted and held virtually due to the COVID-19 pandemic.

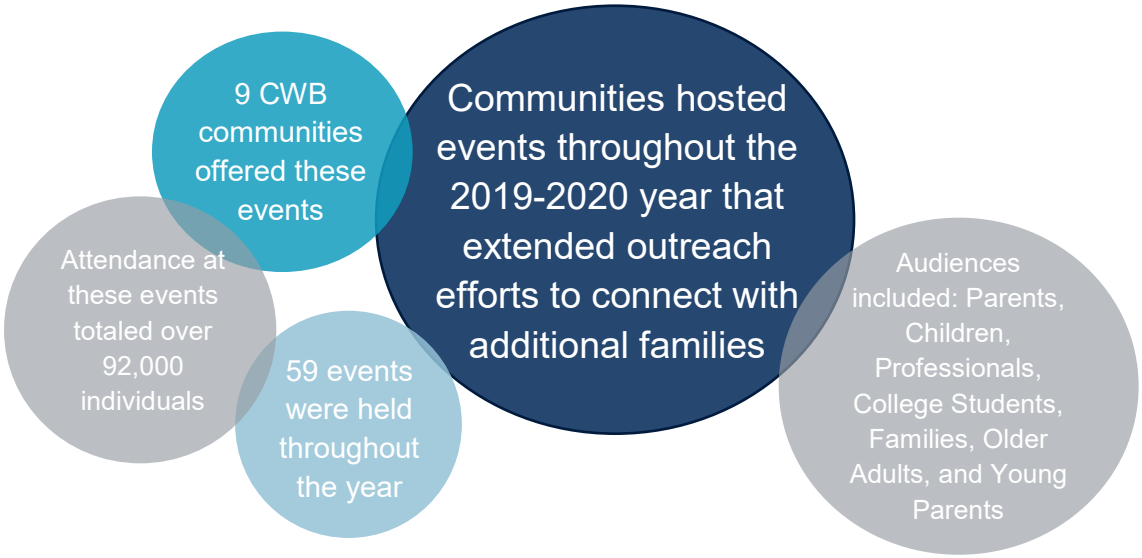
Collaboratives hosted training events to enhance supported strategies

Topics Included (examples):	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Total (2019-2020)	196	1191	5151
2018-2019	*154*	*2230*	*4494*

COMMUNITY EVENTS

Nine Community Well-Being Collaboratives (Community and Family Partnership, Douglas County Community Response Collaborative, Fremont Family Coalition, Growing Community Connections, Hall County Community Collaborative, Lift Up Sarpy, Norfolk Family Coalition, Panhandle Partnership, and York County Health Coalition) sponsored community events. The purpose of the events varied. Examples include educational offerings (e.g., a Safety and Wellness Conference), discussion forum on child care, baby showers, and parades. These events were available to all community members. These 59 community events hosted approximately 92,000 individuals. Attendance for the events was higher this year compared to past years. Some of the Collaboratives adjusted community-level prevention strategies to become community-wide events due to the COVID-19 pandemic. For example, Community and Family Partnership Collaborative typically has a summer school enrichment program that is in-person. This year,

they changed the structure of the program that included providing enrichment learning materials in bags to over 2,000 students in kindergarten through 5th grades in three surrounding school districts.



FAMILY AND YOUNG ADULT ENGAGEMENT

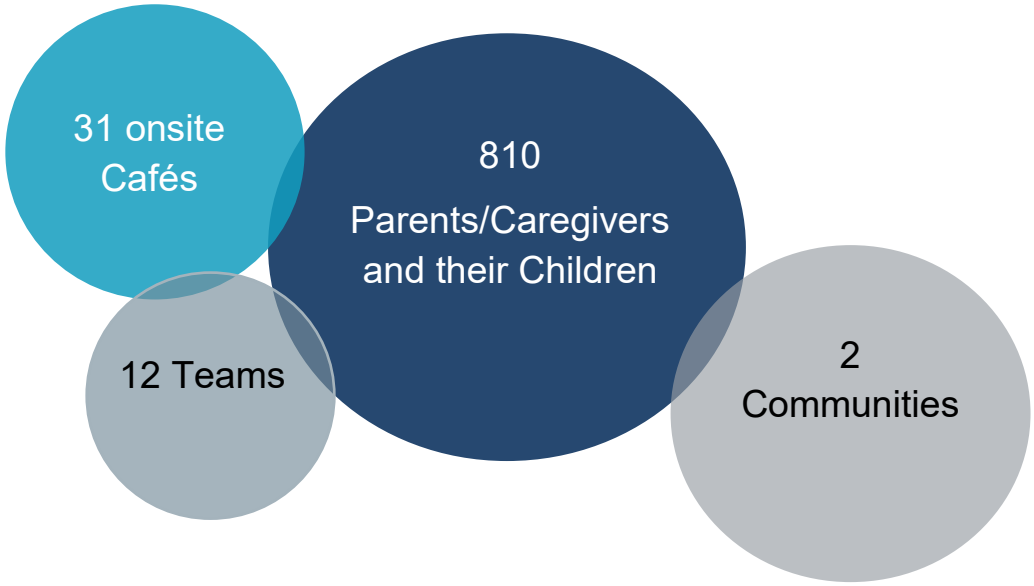
Engaging family and young adults as part of the prevention system process is a key system strategy for Collaboratives. The following section describes some of the primary strategies adopted by communities.

COMMUNITY CAFÉS

The Community Café work across the state included:

- 11 Lincoln Teams and one Auburn Team hosted Community Cafés series through Nebraska Child Abuse Prevention Fund Board grants and Nebraska Children support. There were 31 onsite Cafés with over 810 participants that were completed by these 12 Teams before the pandemic required virtual gatherings. Dozens of neighborhood organizations partnered with Community Café teams in 2019-2020. Schools served as the hub for participation and support from early childhood programs, PTAs and School Neighborhood Advisory Committees, family support organizations, neighborhood organizations, businesses, churches, other entities.

- One Omaha Team was formed and participated in an orientation. The parent hosts were identified and they were engaged in planning with Cafés in July. This Community Café was sponsored through Douglas County Community Response Collaborative through a federal grant, Child Welfare Community Collaborations (CWCC).



What were the results of the Community Café conversations?

As a result of Community Café conversations in the past year, Lincoln Host Team members worked with neighborhood supporters to organize the following activities:

- Development of a community strengths directory and resource tables for families
- A graduation celebration for elementary school children and their families
- A community garden
- Childcare for working parents as needs increased due to the pandemic
- An anti-racism book group
- Bi-monthly Parent Coffee Cafés with parents, school administrators, and other community members attending
- A virtual Café to discuss the pandemic and racial injustice

Parent leadership expanded beyond the individual Community Café as parent hosts co-facilitated Community Café orientations including:

- A Community Café orientation for over 40 parents and staff from Lincoln, Auburn, and Nebraska City in September
- A full-day orientation for approximately 30 parents and staff from Omaha and Lincoln in February
- A virtual Community Café for peer sharing and learning among 23 participants from the teams in Lincoln, Auburn, and Omaha in June

Youth Leadership Efforts

How were young adults engaged in all aspects of their community's prevention system?

Young adults connect, engage, and lead in a variety of ways within the Connected Youth Initiative infrastructure, with many opportunities falling under the umbrella of youth leadership. At the local level, unconnected young adults ages 14-26 can participate with a local youth leadership chapter where they meet regularly with other young adults and an adult supporter to build peer-to-peer connections, develop interpersonal and leadership skills, and advocate within their local communities. Additionally, young adults can also engage in statewide youth leadership efforts such as the Nebraska Children Youth Advisory Board, DHHS Young Adult Citizen Review Panel, the Governor's Youth Advisory Council, Youth Demonstration Homelessness Project, Youth Action Board and Legislative Days. Statewide leadership efforts provide the opportunity for young adults to engage in state-and national-level advocacy to improve the foster care and juvenile justice system. Overall, it is estimated that more than 400 young adults engaged in youth leadership efforts in the past year.

Community-Based Engagement Efforts

How are Collaboratives working to ensure that young people and families are actively engaged in all aspects of their community's prevention system?

A goal of the Collaboratives is to engage families and youth in the community's prevention system. For this report, each community was asked, "How is your Collaborative working to ensure that young people and families are actively engaged in the planning, implementation, and evaluation of their community's prevention system?" to determine how this goal was being accomplished. The following is a summary of their responses.

Strategies were tailored to encourage family and youth partnership and engagement. The most commonly reported approach to engaging young people and families was incorporating engagement within the strategies the Collaboratives implemented. In these strategies, family members and young adults were key partners in the services or supports they receive. For example, in Community Response (CR), "families are encouraged to create and drive plans and desired outcomes." The DCCR used family focus groups to provide input on the implementation of their communication campaign. Innovative programs, such as a Maternity Leave Program, a 6-month family engagement program or voucher systems to boost participation in mental health initiatives, were designed to give "children, youth, and families a stake in their well-being and helps them gain skills to cope with crisis." Collaboratives also spoke more globally about their strategies by listing specific strategies as examples of engagement (e.g., Community Coaching, Financial Classes, Mental Health seminars, and a Parent Corner at the local library), and/or indicating, "Families are involved via participation in programs and evaluation." In several

situations family members and youth were provided with stipends to acknowledge the value of their time to the Collaboratives.

Engagement through participation in Collaborative meetings and workgroups. Several Collaboratives have engaged both young adults and family members to participate in the Collaborative meetings. With the advent of the COVID-19 pandemic, Zoom links were provided to promote virtual engagement by these key stakeholder groups.

Young adults in one community helped to develop the messaging that went out to their peers on the importance of social distancing, wearing a mask, and staying at home.

Engagement was supported through partnerships and community connectedness. In several communities, separate youth committees were established. Young adults in Hall County Community Collaborative were active in their Communications Committee and helped to develop the messaging that went out to their peers on the importance of social distancing, wearing a mask, and staying at home. They were part of the video that was produced in several languages to promote safety. In another community, the youth leadership meetings that were conducted earlier in the year, were placed on hold in the spring in light of the pandemic. One community attempted to establish a family group, but had limited success in getting the group organized with ongoing meetings.

Engagement efforts of partnering agencies helped to bring the family and youth voice to the Collaborative efforts. Many Collaboratives also noted how their leadership and/or Collaborative members were actively involved in their communities, working as facilitators of engagement. Care Corps, Inc., a community partner of the Fremont Family Coalition, worked closely with members of the Youth Action Board in hiring the case manager for the project funded through the Youth Homeless Demonstration project. Similarly, GCC gets input from its community partner's advisory boards such as Siouxland Cares, Family Courts, and Heartland Counseling, who share family and youth input. In Lancaster County, the School Neighborhood Advisory Committees activate parents to give input and provide a voice to goals, strategies, and interventions at their child's school. Many of the collaborative organizations discussed were actively "working on communication to families" and/or invited family representatives to organization meetings. One community reported their connection with faith-based organizations encouraged "continuous contact with families."

Collaboratives adopt strategy activities to promote family and child engagement in their work. Community Cafés fostered engagement by using parent-facilitators to provide an opportunity for parents to share ideas, make connections, discover resources, create informal support networks, and have a voice in their community. Two communities, Douglas County Community Response (DCCR) and Lancaster County Collaboratives have sponsored Community Cafés. In order to increase connections with the non-English speaking population, the Fremont Family Coalition hired a bilingual central navigator. DCCR has established Family Engagement principles that sets the foundation for their engagement work.

COMMUNITY PLAYBOOK EFFORTS IN RESPONSE TO COVID-19

Nebraska Children and its partners worked with community collaboratives to find out what was needed as schools closed and businesses shut down across the state. They compiled the information into "playbooks," summarizing not only immediate needs in each community — food and childcare, for instance — but also uncovering issues and identifying gaps in services, such as adequate technology and devices to access the internet.

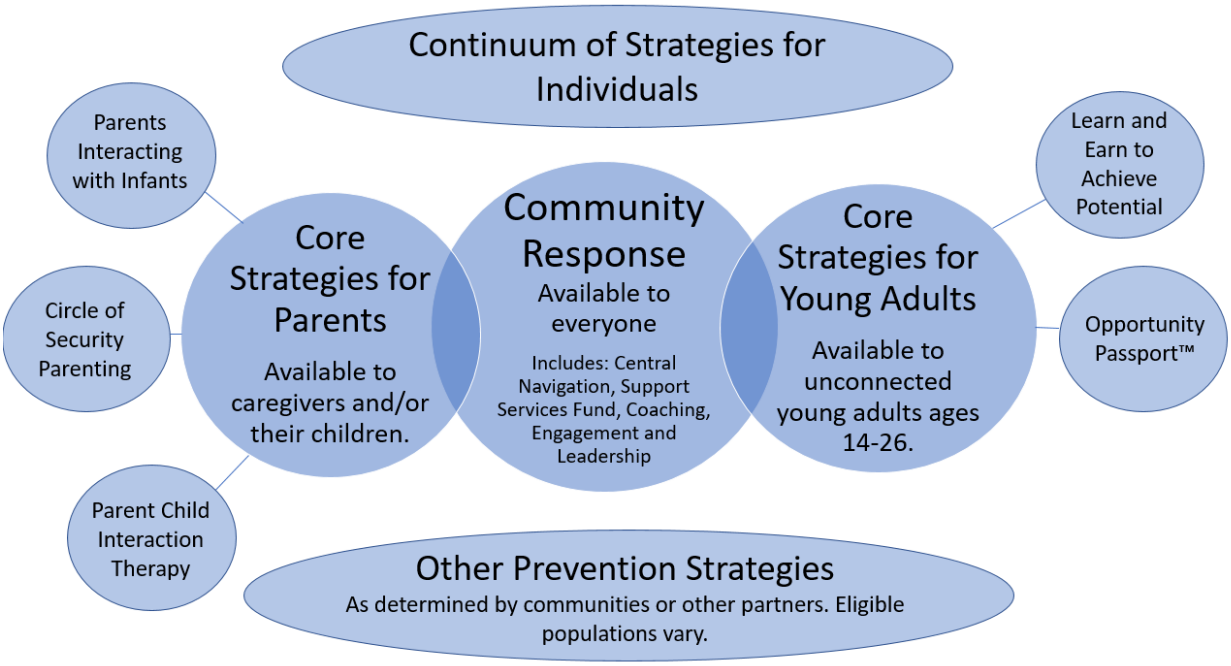
Using information from the playbooks, state and local partners quickly coordinated to help families. Their efforts include:

- Nebraska Children and its partners recently launched The Nebraska Childcare Referral Network, an online database matching essential workers to openings in licensed childcare centers. At first, Nebraska Children via private resources and community response offered grants to childcare providers who offer low-income families discounted childcare. These grants have continued via and Nebraska Children via Child Care Development Block Grant dollars for child care providers and before and after care providers and services.
- Working with the U.S. Department of Education and US Department of Agriculture (USDA), the state expanded access to federal school lunch programs, allowing schools to deliver thousands of meals to students even though they were not attending classes.
- The state partnered with the USDA to help Supplemental Nutrition Assistance Program (SNAP) recipients reduce their risk of exposure to COVID-19 by letting them order groceries online from Amazon and pay with their EBT cards. The state also worked with Community Response to provide transportation and additional food delivery options.
- In addition, DHHS and communities partnered together to provide funding assistance via Community Response to families that were not eligible for SNAP (SNAP denials went to Community Response navigators).
- To further address the food insecurity, the Department of Health and Human Services worked with the community collaboratives and schools to enroll families in Pandemic-EBT (P-EBT). They are now working allocating the next round of P-EBT for families that are unable to access school meals and are virtual learners.
- A public-private partnership was created to launch the Goals program so that young adults involved in extended Foster Care, Bridge to Independence (b2i), could have continued monthly stipends and supports and services for work/school.
- To help ensure children were able to continue their schoolwork remotely, the state's education department and community collaboratives worked with technology companies to bring discounted or paid internet and devices to families without access.
- The community collaboratives received private funding from philanthropists and the Nebraska COVID-19 Relief fund to meet the following individual needs:
    - connectivity issues,
    - housing and utility payments,
    - motel and hotel vouchers for homeless,
    - childcare provider needs,

    - legal representation,
    - internet and devices,
    - denials from SNAP for food needs,
    - gift cards for grocery stores,
    - stipends of individuals for delivery of food, and
    - behavioral health provider needs to provide services and supports
- New partnerships were formed with the United Way 211, Metro Area Continuum of Care for the Homeless (MACCH), Nebraska Developers Association, Housing Foundation of Sarpy County, and other housing providers to meet Rental Assistance Needs.
- Bi-lingual central navigators and outreach workers were hired and Nebraska Children established a statewide central phone number for Spanish-language Community Response.
- One of the community collaborative's board members participated in the Governor's Press Conferences to share what the community collaboratives are doing to respond to the needs.
- The Governor's COVID-19 Treasury Relief Funds, totaling approximately $40 million, were designated to the playbook needs. Of this $40 million, over $6 million went to address emerging needs via the community collaboratives and over $6 million went to providers to address housing needs in the community collaboratives. Additionally, Nebraska Children received $5 million in private funds to be granted to collaboratives to expand and enhance their efforts to address any housing needs. These additional funds support populations not eligible for the Treasury funds, increase the number of individuals who can be served, and can be used to support on-going efforts past December 2020.

Individual-Level Prevention Strategies

As a complement to systems-level work, Nebraska Children also funds and supports the development of a continuum of strategies to directly support children and young adults across the age span (i.e., birth through 25) and their families. Some strategies are available to all individuals, while other strategies are intended for specific sub-populations, such as caregivers and their children or young adults with various types of experiences in state systems as part of the Connected Youth Initiative. The main strategies included in this report are depicted in the figure below and are organized into the subsequent sections: Community Response, core strategies for parents, core strategies for young people, and other prevention strategies. While output data are provided for all strategies within this report, outcome data are only provided for select portions of Community Response, Parents Interacting with Infants, Parent Child Interaction Therapy, and Circle of Security Parenting. Overall, all strategies seek to build some or all protective factors within individual community members. Strategies have various evidence ratings as described in Appendix C.



OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

During the 2019-2020 evaluation year, many individuals and families participated in the strategies described in the section above. More than 3,037 participants and more than 4,674 children of participants were served directly in the past 12 months. Participants include families with children, as well as young adults and others who may not be a primary caregiver for a child or children. The majority of the participants had incomes that placed them below the poverty line; however, this was a smaller percentage when compared to the prior evaluation year. Approximately 56% percent of participants identified as Hispanic, Black, Multi-racial, Native American, or other. Identified racial backgrounds included in the "Other" category listed below include Asian, Native Hawaiian or Other Pacific Islander, and Other/Not Listed. Communities had an even broader reach by implementing community-wide strategies (e.g., community resource fairs). When participants engage in these events, they are considered "served indirectly". These broad-based strategies reached over 1,000 participants and 40 children. Over 700 more participants were served this year compared to the previous year. More children were served directly in 2018-2019.

Most participants identified as women (79%). More than half of participants had incomes that placed them below the poverty level (65%).

OVERALL SUMMARY OF PARTICIPANTS [1]	2019-2020	2018-2019
Number of Participants Served Directly	3037	*2332*
Number of Children Served Directly	4674	*5397*
Number of Participants with Disabilities Served Directly	323	*235*
Number of Children with Disabilities Served Directly	312	*332*
Number of Participants Served Indirectly	1476	*434*
Number of Children Served Indirectly	40	*565*
Number of Staff Participating	455	*189*
Number of Organizations Participating	299	*234*

[1] This table does not include the number of participants, children, and professionals that participate in community parent engagement events; for example, this table does not include the 810 parents/caregivers and their children that attended Community Cafés.

Community Response as a Core Strategy of a Community-Based Prevention System

Community Response is the backbone support element of a community-based prevention system. It is designed to be the coordination and intersection point where children, young adults, families, and service providers work together—not only to serve participants directly, but also to identify and address larger, systemic issues that pose barriers to thriving people and thriving communities. Over the past 12 months, all 11 CWB communities implemented Community Response.

A fully developed Community Response system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target supporting

families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan (the full age spectrum of children, individuals, and partners).

During the evaluation year, eleven communities participated in the statewide evaluation of Community Response. Additionally, communities beyond these eleven are in the initial implementation stages for Community Response.

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

The components of Community Response are:

1. Central Navigation, through which families and young adults are matched to services and can access flexible and supportive funding (known as Support Services Funds).

2. Coaching, through which families and young adults are supported in setting, working towards, and attaining goals, and

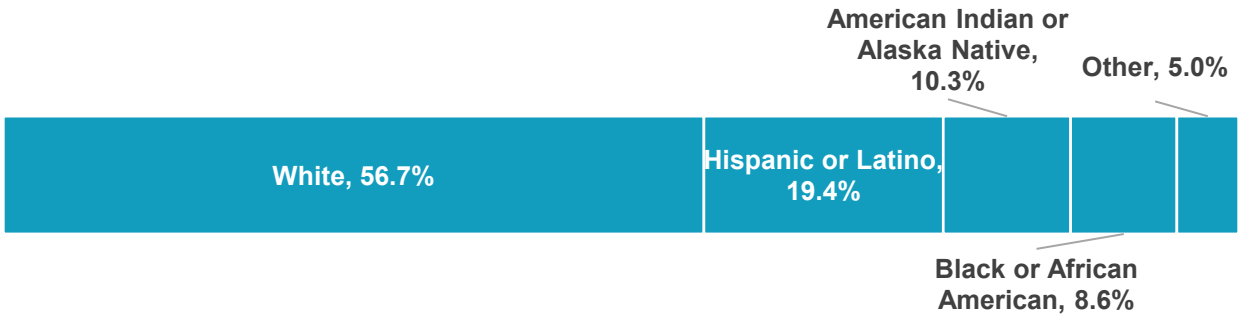
3. Engagement and Leadership, through which families and young adults actively shape the larger prevention system.

The data and findings relating to the first two components are below; evaluation of engagement and leadership efforts are described in a previous section of this report.

Who are the people that participated in Central Navigation?

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

STRATEGY: CENTRAL NAVIGATION (ALL PARTICIPANTS)	2019-2020	2018-2019
Number of Participants Served Directly	2608	1782
Number of Children Served Directly	4221	3627
Number of Participants with Disabilities Served Directly	318	228
Number of Children with Disabilities Served Directly	305	290
Number of Staff Participating	277	131
Number of Organizations Participating	192	115



In comparison to the previous evaluation year, the number of people who engaged with Central Navigation increased by more than 800—from 1,782 to 2,608. This was a 46% increase. Additionally, the number of children served directly increased by more than 500. While the exact reason for this increase is not known, it should be noted that, for the first time, during this evaluation year, data on young adults' involvement with Central Navigation was combined with data on participants' involvement with Central Navigation. Also, during this evaluation year, data collection systems were updated to be more user-friendly, and this may account for a more complete count of participants than was previously available. The number of communities implementing Community Response, offering Central Navigation, and participating in the statewide evaluation did not change. In terms of young adult participants, it should be noted that there is an undercount, as young adult participant data were not available until October 2019 for most of the state, and young adult participant data within the Omaha-area were not available until March 2020. Thus, it is highly likely even more participants engaged with Central Navigation during the current evaluation year.

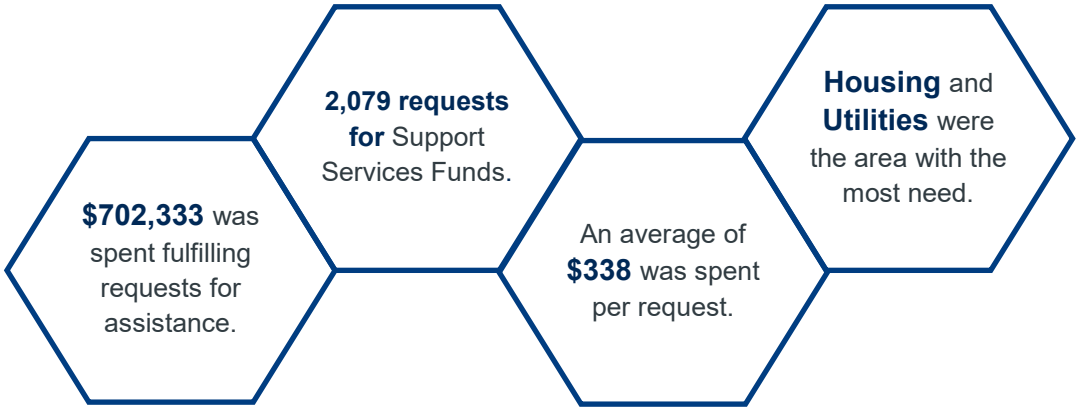
Most caregivers identified as women (81%). More than three quarters of the families served were at risk due to poverty (73%).

The percentage of participants with disabilities and children with disabilities remained relatively constant over the two year period. High percentages of participants continue to qualify for one of several programs (e.g., Medicaid and/or Free and Reduced Lunch) based on their income status; however, this was down from 91% the previous year.

What Support Services Funds were distributed?

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

This year there were 2,079 participants (duplicated count) that made one or more request for Support Services Funds. The majority of the funds were allocated for housing related needs, such as rent and deposits (58%). Most of the remaining funds were spent on resources related to utility assistance (17%), mental health services (7%), transportation (4%), and parenting supports (5%). The total dollar amount decreased by more than $200 thousand, and the average amount per request decreased by more than $300, from $715 to $338.



Priority Area	Total Number of Requests for Support Services Funds	All Dollars	Percent of Total	Average Dollars per Request
Housing	748	$410,087	58.39%	$548
Utilities	479	$123,581	17.60%	$258
Mental Health	290	$52,471	7.47%	$181
Transportation	179	$29,318	4.17%	$164
Parenting	174	$35,563	5.06%	$204
Other	108	$30,775	4.38%	$285
Daily Living	63	$9,504	1.35%	$151
Physical/ Dental Health	24	$7,556	1.08%	$315
Education	10	$3,202	0.46%	$320
Employment	4	$276	0.04%	$69
Total	**2,079**	**$702,333**		**$338**
2018-2019 Totals	**1,280**	**$915,338**		**$715**

Parents did not know how they were going to feed their families or pay rent and utilities. People who had never had to ask for assistance before did not know where to look or who to ask.

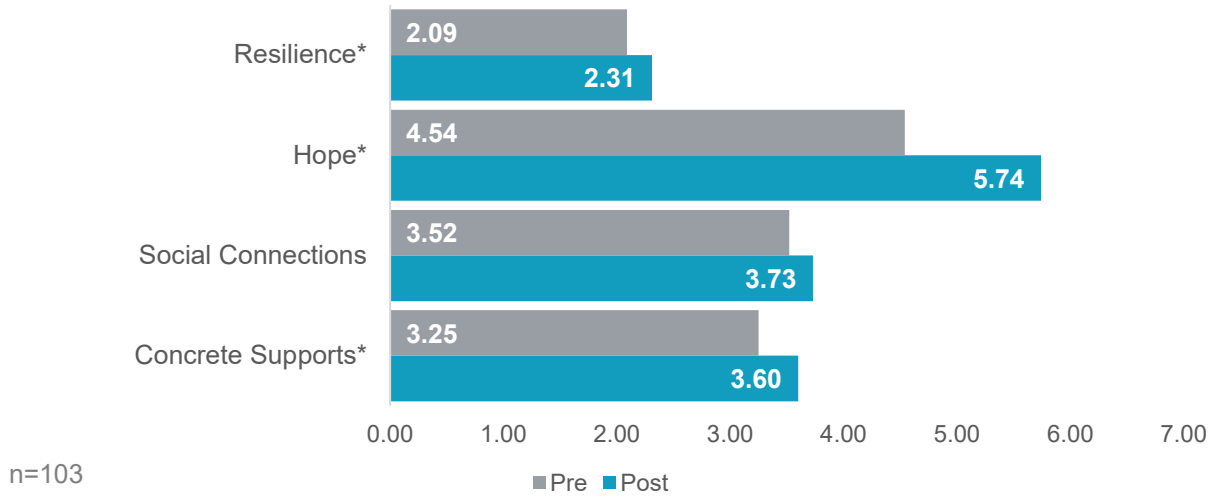
-Challenges faced during COVID as reported by Collaboratives

What were the outcomes for families that accessed coaching as part of Community Response?

A subset of the people who engage with the Central Navigation component of Community Response may also participate in coaching. This coaching is voluntary. Unlike the Central Navigation component of Community Response, which is the same across all populations (i.e., parents, community members, and young adults), coaching is tailored to each of these specific populations. For context, it should be noted that the section below addresses the coaching component of Community Response tailored to families and caregivers. For a more detailed description of coaching for young adults, see its description within the Connected Youth Initiative model in Appendix A.

Several strategies were used to evaluate the efficacy of coaching for families and caregivers through Community Response. At the time of the participant's enrollment into Community Response, two subscales (i.e., social connections and concrete supports) of the FRIENDS Protective Factor Survey (PFS) were completed. For those families that were engaged in coaching components of Community Response, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post test of the PFS and a retrospective pre/post assessment completing the Hope and Resilience surveys. A total of 103 participants completed both the pre and post surveys. A paired-samples t-test analysis was completed to compare pre-post scores. The results found that families made statistically significant improvements in the areas of Concrete Supports [$t(102)=-3.255$; $p=.002$; $d=0.321$], Hope [$t(102)=-5.527$; $p<.001$; $d=.544$], and Resilience [$t(102)=-2.834$; $p=.006$, $d=.279$]. These results suggest people participating in Community Response improved Protective Factors at the completion of services in all areas except for Social Connections. Participants demonstrated improvements in this area, but the differences were not statistically significant.

Parents and caregivers participating in Community Response coaching demonstrated significant improvements in Concrete Supports, Hope, and Resilience.



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

Were parents, community members, and caregivers satisfied with Community Response coaching?

Overall, the people givers who participated in Community Response coaching felt respected and valued by staff (99%). Most reported that their relationship with their child had improved (79%). The majority reported having learned at least one technique to help their child learn (61%).

What were the successes and challenges of implementing Community Response?

Communities were asked to identify the successes and challenges of implementing Community response. The following is a summary of their reflections. The main challenge for Community Response was COVID-19 and its impact on the communities, the people they serve, and how they do their work. When businesses were ordered to shut down in mid-March, there was concern about the impact on families and the community. As the shutdown continued and the negative impact became more obvious, “the concern became fear.” Parents did not know how they were going to feed their families or pay rent and utilities. People who had never had to ask for assistance before did not know where to look or who to ask. For some communities, the language barrier became more apparent. In others, the need for coaches exceeded their capacity. This increase in community need put a burden on their system as they worked quickly, trying to get all the families enrolled, linked with an advocate, and connected with concrete supports.

Due to COVID-19, providers had to rethink the way they delivered their services, transitioning delivery to Zoom and other forms of video messaging and phone calls.

In addition, due to COVID-19, providers had to rethink the way they delivered their services, transitioning delivery to Zoom and other forms of video messaging and phone calls. As a result, it was challenging to build rapport with clients when unable to meet with them face to face. In some situations staying engaged with coaching in this virtual environment was more difficult.

One agency shifted to telehealth services within 5 days – a transition that would take 12 – 18 months under typical circumstances.

The main success for Community Response during this time was the way the entire Community Response teams and the community partners all came together. The Collaboratives were in a good position to respond to gaps in services and respond to barriers because of the strong organizational relationships that had been built. This sentiment was reported by many communities. Collaboratives described how they shifted to "overdrive and did what needed to be done." Communities were able to mobilize quickly due to having this Collaborative in place and an effective working infrastructure. They reported that a community landscape of resources and gaps were identified and documented in local "Community Playbooks." This work helped them to broadly disseminate information about Community Response and other resources. Community agencies stepped up to help fill the identified gaps and to limit duplication of efforts.

Shifts in practices were made to increase access which increased the safety of the community (e.g., food delivery services and drive-through food banks). One agency shifted to telehealth services within five days, a transition that would take 12 -18 months under typical circumstances. Another community was able to create a new mental health outreach service and start a relief fund for organizations serving children, youth, families, and young adults. As a result of this work, relationships with community partners were strengthened. Families have indicated that the support they received helped to reduce the stress and emotional exhaustion that many were experiencing.

COVID–19 has changed the way services are provided, with some modifications benefitting the people in their community. Specifically, online access. Several Collaboratives improved access by updating their website to include resources and on-line applications. Use of online resources has made support to families much easier, e.g., emailing a phone card or text of gas voucher. In order to increase all families' access, two communities hired a Spanish-speaking navigator to provide services and outreach. In another community, coaches offered initially in-person and later virtual educational presentations for clients that augmented their coaching. Another community has worked to expand its Community Response to support families at five additional schools.

One community reported that their biggest accomplishment was their training of coaches who were to begin providing services in July 2020. For one community, access to coaching increased in value for

participants as the coaches could advocate for the participant and help them maneuver though the complex system of supports during these difficult times.

Through the Community Playbook process many significant barriers were identified and addressed. Of these, Spanish-English language barriers that were exacerbated due to the industries and jobs impacted by COVID-19 became a priority. Many communities identified or expanded capacity to include outreach and Central Navigation to Spanish speaking Nebraskans. Those communities who lacked the available resources to address the need are now supported by the implementation of a statewide bilingual Spanish-English Central Navigation hotline, which connects local Spanish speaking individuals with their community supports and provides necessary interpretation and translation.

Zoe's Success Story

Zoe, a 13-year old student, was referred in March 2020 for services due to high anxiety, depression and suicidal ideation. Zoe and her family agreed to engage in Teletherapy services due to the Covid-19 pandemic. Zoe struggled with high levels of anxiety due to the onset of the pandemic, remote learning and experiencing major weight loss due to panic attacks every time she ate. She experienced panic attacks about 3 times a day and had major weight loss. The Family Service Therapist worked with Zoe and her parents to cope with reducing her anxiety and depression and alleviate her suicidal thinking. She was diagnosed with adjustment disorder with mixed anxiety and depressed mood. The parents agreed to take Zoe to the doctor for a physical checkup to figure out the cause of her weight loss. The doctor reported there was nothing physically wrong with Zoe. Mom worked very closely with both doctor and therapist.

Four months after services began, Zoe is using effective coping skills learned in therapy to address her anxiety and depression. Her panic attacks have decreased to only 2-3 times a week and she is able to eat again without getting a panic attack. Because of this, she is gaining normal weight back. She is using healthy coping skills such as mindfulness, breathing, and drawing. Her parents have engaged her more in their day to day activities. Zoe was spending a lot of time in her room and was also eating alone in her room. Her parents have set up healthy boundaries and structure at home in which she is no longer able to eat in her room and instead, they are eating together as a family. Zoe has also improved her coping skills by changing daily habits. She is limiting her time on social media and not spending so much time alone in her room.

Core Strategies for Parents

CIRCLE OF SECURITY PARENTING (COSP™)

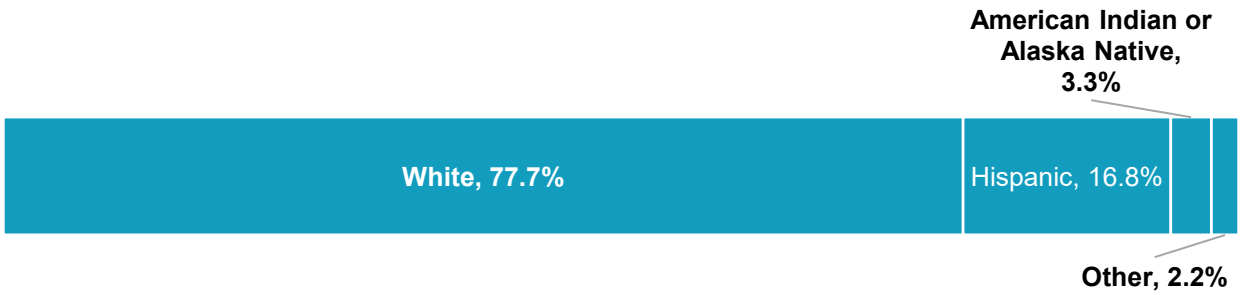
COS-P is a core strategy being implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children. Circle of Security Parenting is an 8-week parenting program based on research about how to build strong attachment relationships between parent and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

Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. Over the past 12 months, three CWB funded communities—specifically, Families 1st Partnership, Hall County Community Collaborative, and the Panhandle Partnership provided COSP™ in the communities.

The following is a summary of the demographics of the children and families served by all Community Well-Being communities currently implementing COSP™. For COSP™, racial and ethnicity demographics were reported separately. Of the families served, 14% reported Hispanic or Latino as their ethnicity.

Most caregivers identified as female (57%). Half of the families served had an income below the poverty level (52%).

STRATEGY: CIRCLE OF SECURITY PARENTING (COSP™)	2019-2020	2018-2019
Number of Families Served Directly	96	165
Number of Children Served Directly	235	288
Number of Staff Participating	34	23
Number of Organizations Participating	27	20



COVID-19 significantly impacted the number of classes that were offered during the reporting period.

-Challenges faced during COVID as reported by Collaboratives

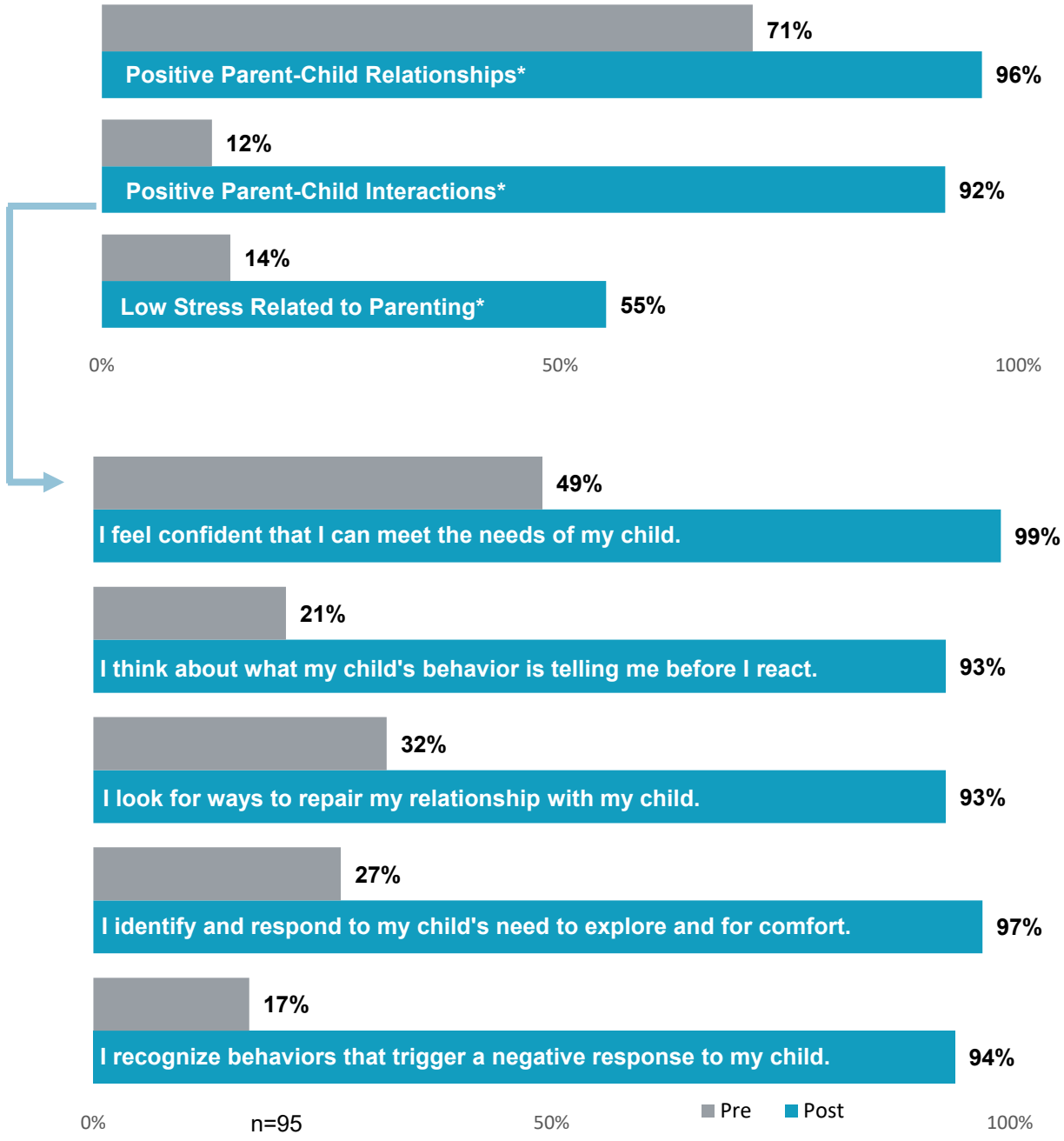
Evaluation Findings

Were parenting strategies improved?

Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5-point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. Ninety-five (95) individuals completed the survey. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COSP™ series across the program identified outcomes. There were statistically significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [$t(92)=-17.881$, $p<.001$, $d=1.854$]; relationships with their children [$t(93)=-7.763$, $p<.001$, $d=0.801$]; and decreased stress [$t(94)=-7.817$, $p<.001$, $d=0.802$]. These results found a strong meaningful change, suggesting that COSP™ is positively supporting parents in gaining skills to interact with their children. Although there were statistically significant improvements in reduced parenting stress, high percentages (45%) of the parents continued to rate their stress in the moderate to high range.

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

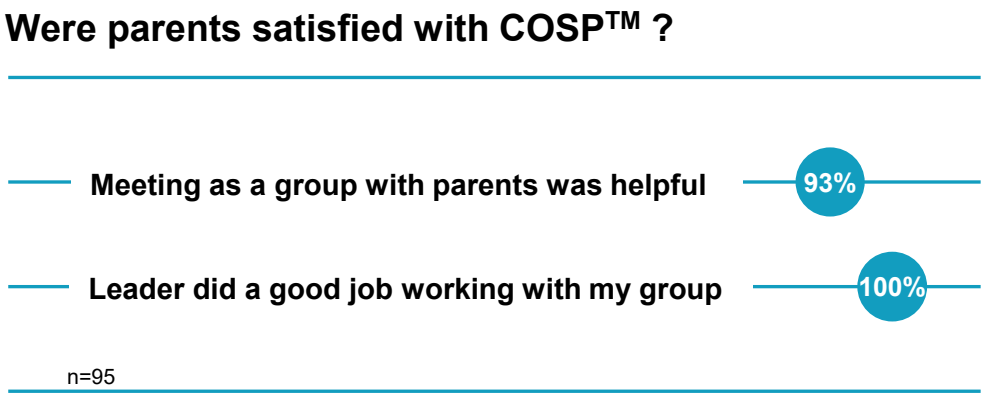
More parents rated their stress level lower by the end of the session.



*Indicates significant statistical change at post- test.

Were parents satisfied with Circle of Security Parenting?

Overall, the parents (93%) that were served by COSP™ reported that meeting with a group of parents was helpful (a rating of agree or strongly agree). All felt the leader did a good job working with the group of parents (100%).



What were the successes and challenges of implementing COSP™?

COSP™ continues to be a successful strategy that communities view as meeting an important family need. As noted by the Families 1st Partnership coordinator, COSP™ continued to be supported by local judges who view it as a positive support for introducing the importance of the child-parent relationship.

COVID-19 significantly impacted the number of classes that were offered during the reporting period. Nebraska representatives worked closely with Circle of Security International to provide COSP™ online via secure Zoom. Although COSP™ facilitators were given permission to do the series online, not all communities had facilitators who were willing to pilot this approach. Even for those that did the online series, the class size was capped at a smaller number (3 participants vs. the typical class size of 8 to 10), which limited the number of families that were reached. With introduction of virtual classes, there were challenges associated with technology and engagement. In addition, for some communities, retaining participants in COSP™ remained a challenge.

PARENT-CHILD INTERACTION THERAPY (PCIT)

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

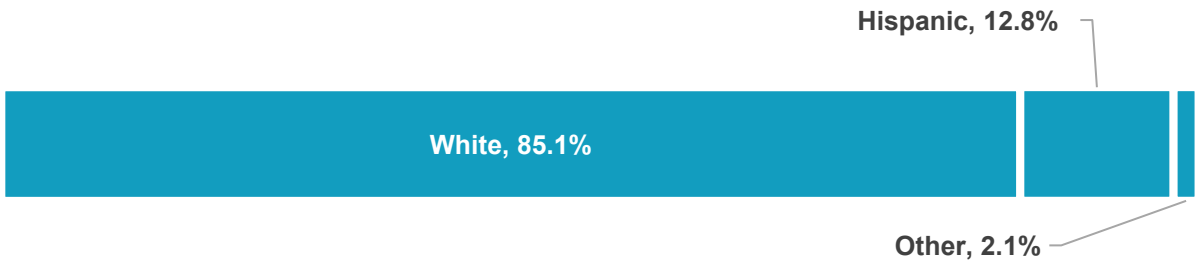
behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness.

PCIT was implemented in five Nebraska Community Well-Being communities (Community & Family Partnership, Families 1st Partnership, Growing Community Connections, Norfolk Family Coalition, and York Health Coalition) and two communities supported by the Fund board (Adams and Saline /Jefferson Counties). Eleven therapists, trained and certified to carry out PCIT in these communities, submitted data for this report. A total of 47 families and 47 children participated in PCIT sessions during the past 12 months.

Six CWB communities provided attendance data from 28 families who were participating in PCIT sessions. Families participated in PCIT with varying numbers of sessions attended, ranging from two to 27 sessions with an average of 9 sessions.

Most caregivers identified as women (91%). More than three quarters of the families served were at risk due to poverty (90%).

STRATEGY: PARENT-CHILD INTERACTION THERAPY (PCIT)	2019-2020	2018-2019
Number of Families Served Directly	47	*40*
Number of Children Served Directly	47	*40*
Number of Children Served Indirectly	N/A	*51*
Number of Parents with Disabilities Served Directly	3	*2*
Number of Children with Disabilities Served Directly	2	*4*
Number of Staff Participating	21	*5*
Number of Organizations Participating	19	*5*



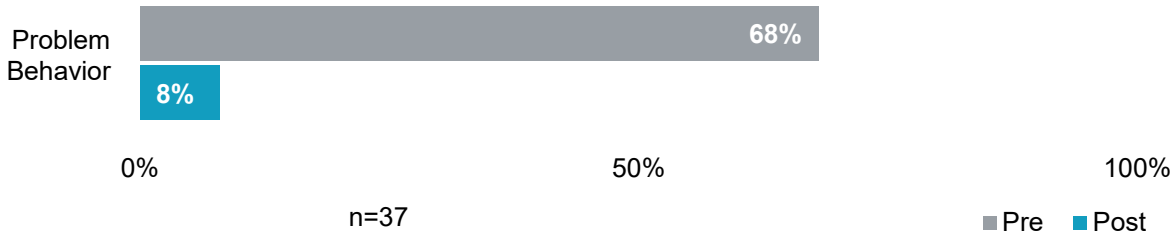
EVALUATION FINDINGS

Did children's behavior improve?

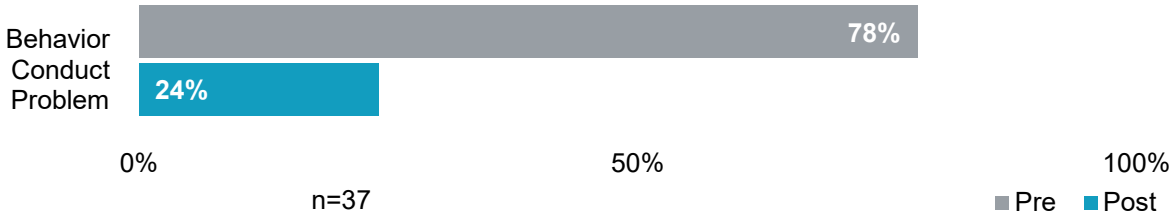
The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT strategy to determine if participation in the sessions improved children's behavior. Thirty-seven (37) children had pre-post ECBI data. There was a statistically significant decrease in intensity of the problem [t(36)=7.478; p<.001; d=1.246]. There was also a statistically significant decrease in parents' perception of the behavior as being problematic [t(36)=3.062; p=.004; d=0.503]. This data reflects a strong meaningful change. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior through the reduction of problem behaviors. On average, the intensity of children's behavior was below the "problem behavior" range. Although there were significant reductions in children's problematic conduct, on average, parents' concern regarding their child's conduct was still in the high range.

The intensity of the children's behavior was significantly reduced.
Fewer parents rated the intensity of their child's behavior in the concern area.



Children significantly reduced problem scores related to child conduct.
Several children were still scoring in the area of parent concern.

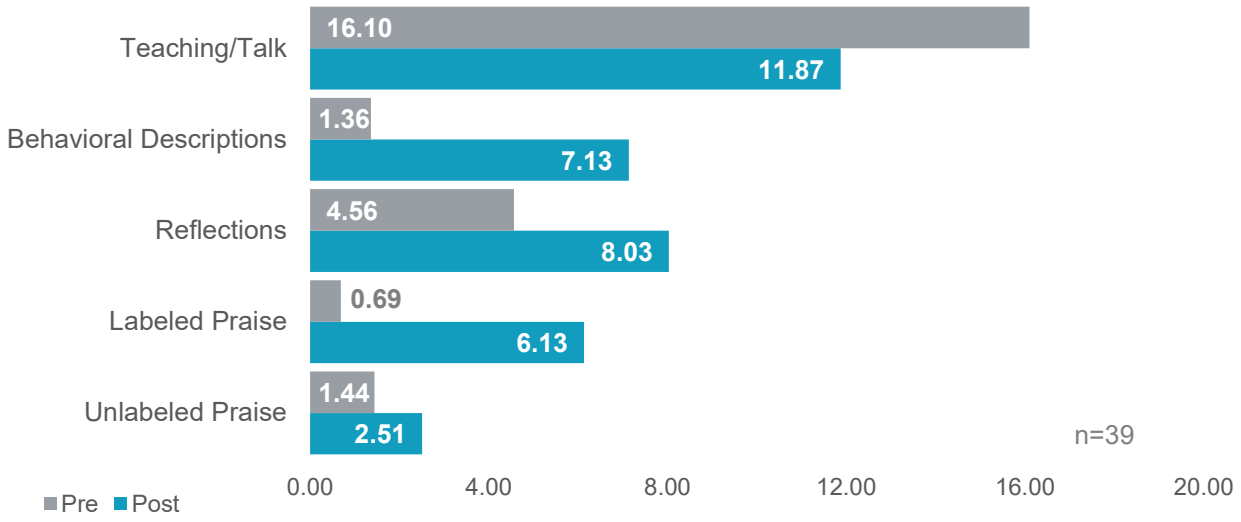


> *We will all miss our therapy sessions with you! We will still need you to come visit once in a while just to chat. We have learned so much!*
>
> A PCIT parent, as reported at completion by PCIT therapist

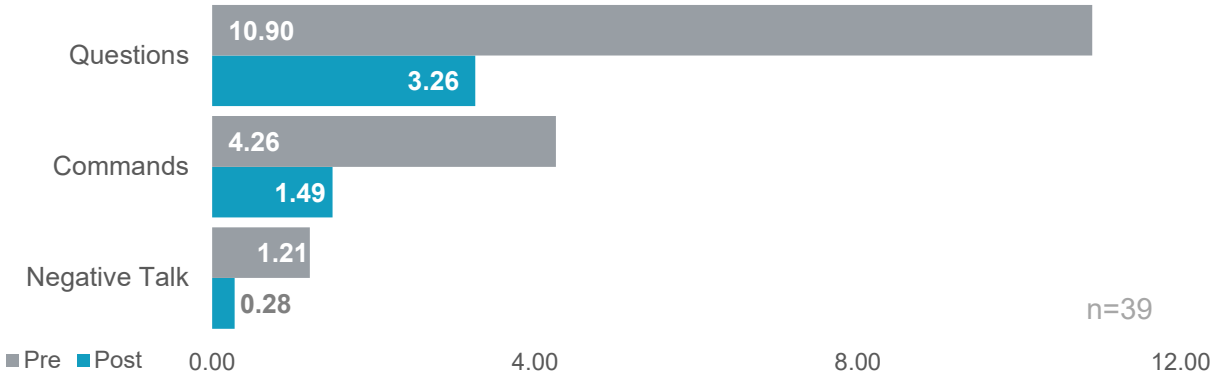
Did the parents improve their parent-child interactions?

The Dyadic Parent Child Coding System (DPICS) is a behavioral coding system that measures the quality of parent-child social interactions. It is used to monitor progress in parenting skills during treatment and provides an objective measure of changes in child compliance after treatment. Parents' interactions with their children were observed and coded, documenting the total number of times positive and negative (use of questions, commands, or negative talks) parent interactions occurred. The following summarizes the total number of behaviors observed at baseline to the most current assessment. Time between assessments varied by client.

Parents' interactions with their children significantly improved across all areas except for Teaching/Talk.



Parents significantly decreased their negative interactions with their children.

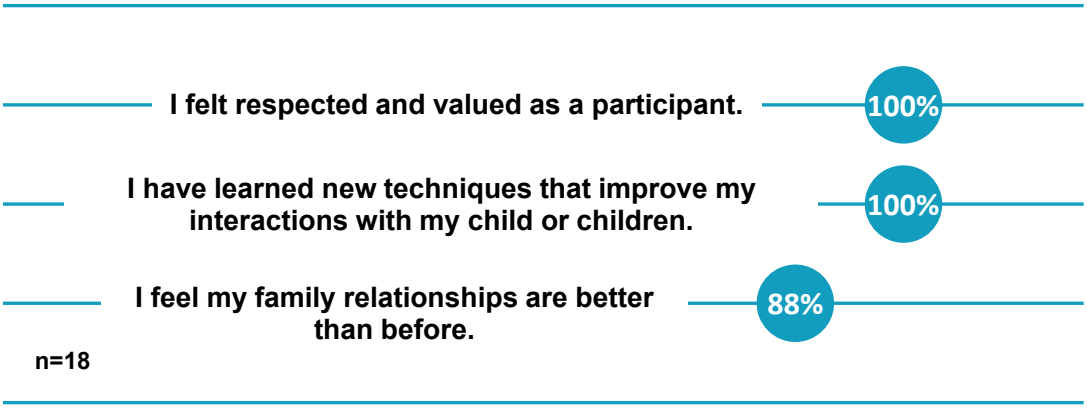


A paired t-test analysis found that there were statistically significantly improved positive behaviors over time including use of behavioral descriptions [t(38)=-6.845; *p*<.001; *d*=1.096]; reflections [t(38)=-3.997; *p*<.001; *d*=0.640]; unlabeled praise [t(38)=-2.136; p<.039; d=0.342] and labeled praise [t(38)=-7.747; p<.001; d=1.241] and significantly decreased use of questions [t(38)=5.169; *p*>001; *d*=0.829]; commands [t(38)=3.435; *p*=.001; *d*=.550]; and negative talk [t(38)=2.448=.019; *d*=0.392]. The number of teaching/talk behaviors, a positive parent interactional behavior, decreased significantly [t(38)=3.001=.005; *d*=0.481]. These results suggest that parents improved their interactions with their children after participation in PCIT except in the area of teaching/talk.

Are parents satisfied with the services provided?

A satisfaction survey was completed to receive input from the families related to the PCIT strategy. Overall, the parents rated the program implementation very positively. Families rated all areas in the high range. Most families agreed that the program improved their relationship with their child (88%), they learned new techniques (100%), and reported feeling respected (100%).

Parents demonstrated high levels of satisfaction with the services provided by PCIT therapists.



What were the successes and challenges of implementing PCIT?

COVID-19 has provided challenges and opportunities for communities that are implementing PCIT. Several therapists reported that many of the parents that they were working with were making good progress and COVID-19 disrupted their continued participation. During COVID-19, some therapists transitioned to telehealth to be able to continue PCIT support to families; however, due to concerns on how to maintain fidelity of the practice, others placed PCIT services on hold. One community felt this disruption risks their community losing the momentum with respect to PCIT implementation.

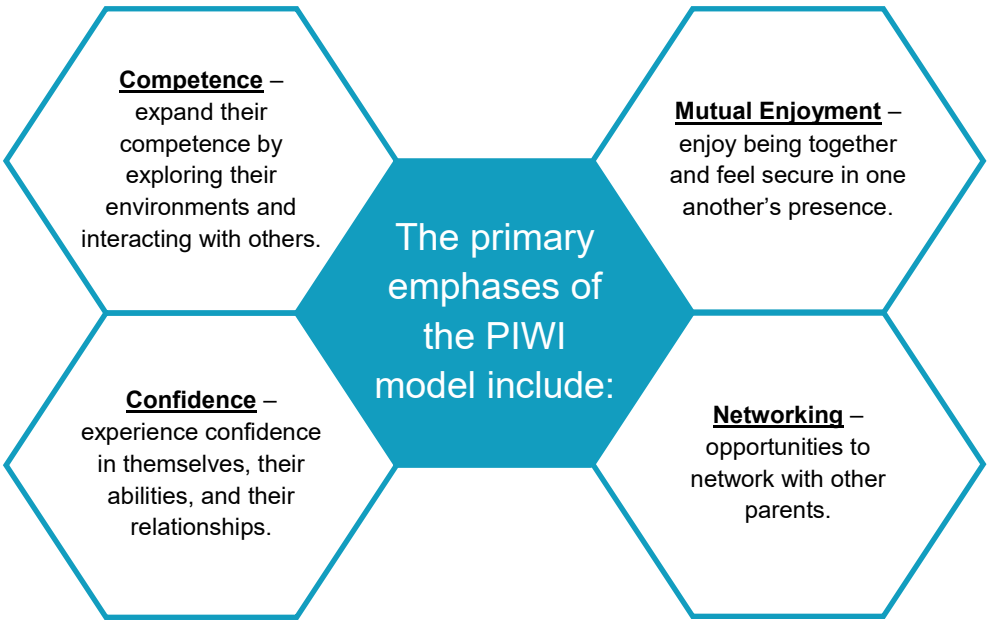
Several communities reported their greatest success was the ongoing steady referrals of families to PCIT. One community attributes this increase to their local Department of Human Services staff value of the therapy and increased rate of referrals. Community capacity to support children's behavioral health was enhanced in some communities through the expansion of available locations in one community and increased number of therapists trained in another. Although in most situations the therapy itself was funded by other sources, the NC funds continues to support the training of therapists and the supplies needed to complete the therapy sessions.

One community described their major challenge of PCIT implementation during the last six months was making sure that all of their certified therapists were being utilized efficiently. It was brought to the Collaborative's attention that some therapists had a waiting list for PCIT, while others still had openings. This awareness resulted in a change in practice through a collaborative discussion and problem-solving. If one of the therapists has a waiting list, they now communicate with the others to ensure those in need of PCIT therapy can receive the service as soon as possible.

PARENTS INTERACTING WITH INFANTS (PIWI)

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

> *Setting aside a day of the week to focus on my son. Learning better ways to interact.*
>
> A parent, on how PIWI benefited the family



Most caregivers identified as women (82%). More than three quarters of the families served were at risk due to poverty (83%).

Four communities including the Community & Family Partnership, Growing Community Connections, Families 1st Partnerships, and the York County Health Coalition and one Fund Board funded community (Saline County) implemented PIWI.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between zero and nine sessions. The average attendance was four sessions, or 61% of the offered sessions.

STRATEGY: PARENTS INTERACTING WITH INFANTS (PIWI)	2019-2020	2018-2019
Number of Families Served Directly	51	*124*
Number of Children Served Directly	51	*124*
Number of Children Served Indirectly	N/A	*192*
Number of Parents with Disabilities Served Directly	1	*5*
Number of Children with Disabilities Served Directly	2	*20*
Number of Staff Participating	31	*8*
Number of Organizations Participating	12	*6*

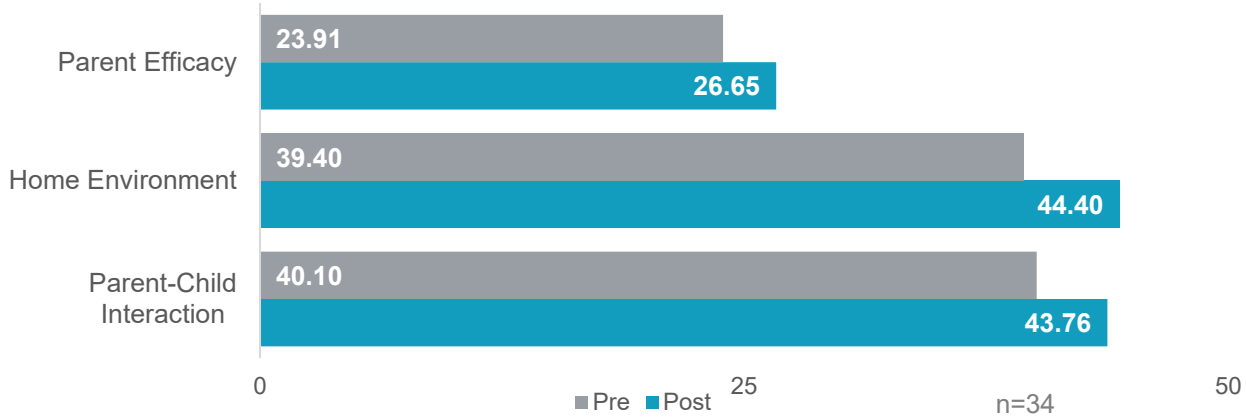
EVALUATION FINDINGS

Did parents' interactions with the children improve?

The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The HFPI subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent-Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that

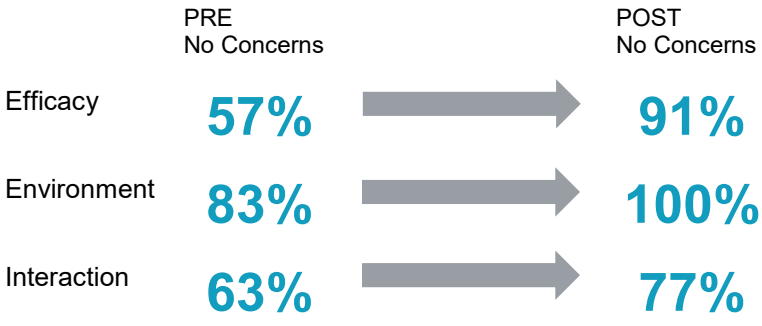
there were statistically significant increases with large meaningful change across all areas: Parent-Child Interaction [t(28)=-3.518, *p*=.002, *d*=-0.614]; Home Environment [t(24)=-3.366, *p*=.003, *d*=-0.673]; and Parent Efficacy [t(33)=-3.890, *p*<.001, *d*=-0.667]. The parents' strengths were in the areas of parents supporting their Home Environment and Parent-Child Interaction.

Parents made significant and meaningful changes in the area of Parent Efficacy.
Families' strengths were in supporting the areas of Home Environment and Parent-Child Interaction.



Parents' responses are categorized into "no concerns" and "possible concerns." The percent of concerns pre and post were compared descriptively. The results found that by the end of the PIWI sessions, the majority of the parents rated the three areas in the no concerns category. The greatest number of parents moved from the "concern" category in the Parent Efficacy area.

More parents had "No Concern" about their parenting by the end of the PIWI sessions.

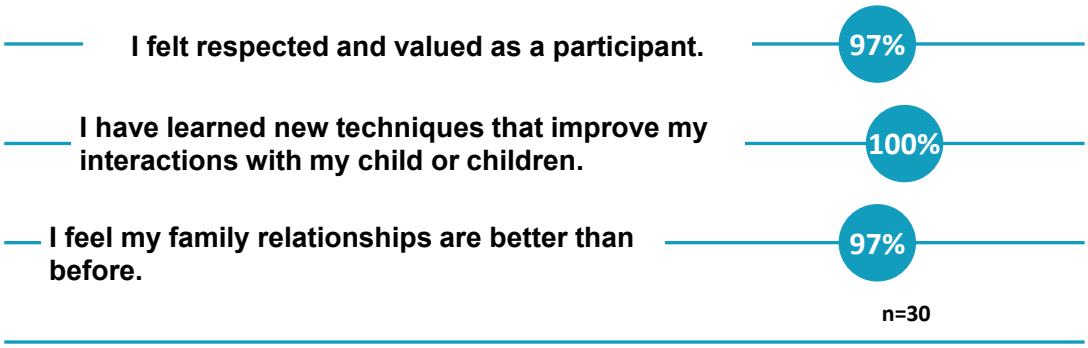


COVID-19 had a detrimental effect on communities' ability to implement PIWI as it is built on a socialization framework with parents interacting with their infants and toddlers together.
-Challenges faced during COVID as reported by Collaboratives

How satisfied were the families?

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

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



What were the successes and challenges of implementing PIWI?

COVID-19 had a detrimental effect on communities' ability to implement PIWI as it is built on a socialization framework with parents interacting with their infants and toddlers together. This strategy was not able to be shifted to a virtual platform and as a result has not been implemented in communities since March 2020. In one community where the PIWI session was initiated, but not completed, care packages and family engagement activities were distributed to the families. Prior to COVID-19, many communities described PIWI sessions in which new families were being connected with each other. One community described how PIWI had been integrated into Early Head Start programs and was occurring on a regular basis. Another community now had two agencies that were implementing PIWI. One community expressed concerned that they have not been able to establish a sustainability plan to maintain the implementation of PIWI and with the onset of COVID-19 are concerned that previous momentum will be lost.

Core Strategies for Young People

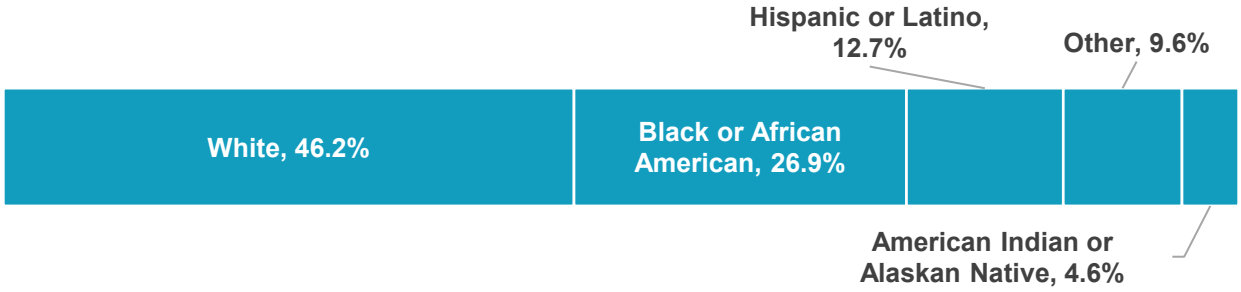
LEARN AND EARN TO ACHIEVE POTENTIAL (LEAP)

STRATEGY: LEARN AND EARN TO ACHIEVE POTENTIAL	
Number of Participants Served Directly	41
Number of Participants that Identified as Female	28
Number of Participants that Identified as Male	13
Number of Participants that are currently Pregnant or Parenting	10

Using the Back on Track™ model developed by Jobs for the Future, Nebraska Children approaches Learn and Earn to Achieve Potential (LEAP) as a system of supports for unconnected young adults as they pursue postsecondary education and/or career pathways. In its current iteration, LEAP supports young adults with foster care experience through Nebraska's Education and Training Voucher (ETV) program. Young adults that were/are state or tribal wards at age 17, or older or that were adopted or entered into a guardianship at age 16 or older, are eligible to receive on- and off-campus strength-based wraparound coaching support, leadership opportunities, financial coaching, mental health support, and academic support via postsecondary bridging and first-year support to improve their economic trajectory and prepare them for future careers. During the 2019-2020 evaluation year, 41 young adults engaged in LEAP completed their first year of postsecondary education at a variety of institutions.

OPPORTUNITY PASSPORT™

STRATEGY: OPPORTUNITY PASSPORT™ (OP)	
Number of Participants Served Directly	197
Number of Participants that Identified as Female	115
Number of Participants that Identified as Male	80



A program of the Jim Casey Youth Opportunities Initiative, Opportunity Passport™ (OP) helps young people navigate their future goals through a program of financial education and asset development. The goal is to help young adults develop an understanding of managing personal finances, credit, and banking as they transition to adulthood. OP serves unconnected youth, those ages 14-26 that have experienced foster care, homelessness, or the juvenile justice system.

Youth enrolled in OP meet five milestones as they work toward completing the program. These milestones are:

1. Complete eight hours of financial education
2. Open a bank account and save monthly for the asset purchase
3. Complete asset-specific education
4. Complete an affordability budget for the asset purchase
5. Purchase the asset

Assets that youth can purchase include housing (purchase or rental), vehicle purchase, credit building, education, medical and dental (paying off debts), investments, and micro-business. Additionally, youth can, with approval from their coach, choose to purchase an asset that is specific to them. Funds young adults put towards an asset are matched by private funders, ranging from a 1:1 – 3:1 basis. During the 2019-2020 evaluation year, 281 young adults across the state purchased 373 assets (young adults can purchase more than one asset).

Other Prevention Strategies

In addition to the strategies summarized above, communities also have the ability to select and implement supporting prevention strategies focused on strengthening children, families, and young adults based on their individual community assessments of need. Many of the communities' strategies were postponed or were not completed due to the COVID-19 pandemic. The full array of these community-specific strategies that were able to be implemented and related evaluation results are summarized in the section below. Additionally, a statewide strategy, Camp Catch Up, is also summarized within this section.

ALTERNATIVE THERAPY NETWORK

DCCR partners (Nebraska Early Childhood Collaborative (NECC), Heartland Family Service, and Center for Holistic Development) were granted funds through the Omaha Community Foundation to support an initiative to create an Alternative Therapy Network to expand mental and behavioral health services for

ethnic minorities living in at-risk families. For Karenni and Burmese families, Mental & Behavioral Health Therapy is a foreign concept, which is now coupled with another foreign concept—Technology. In addition, many of the families targeted for this grant are struggling with having their basic needs met and other societal pressures. The African American and Latin American communities are plagued with the reality that social inequities play in their daily lives. Parents are finding it difficult to explain to their children things that they cannot understand themselves.

NECC consulted with some of the DCCR community partners that were committed to the goal of providing culturally competent care to this underserved population to determine how funds should be repurposed due to the pandemic. The partners agreed that it would be beneficial for funds to be repurposed to serve ethnic minority families living in at-risk situations that are parenting preschool age through 3rd grade. Providers within the collaboration will continue to align services with funder's mission to "improve health for our community's underserved children and youth through thoughtful collaboration and advocacy." The collaboration will also continue to make referrals and provide access to Mental & Behavioral Health Therapy when requested for ethnic minority clients as stated in the original grant agreement. The collaboration's focus will be on regular on-going Psych-Educational Classes and Trainings geared toward children and families living in at-risk situations, as well as those that provide services to underprivileged families. Brochures and other materials will be professionally translated. Staff will create educational kits for families to utilize at home. Services will be all inclusive with a focus on parents, children, childcare providers, frontline staff, supervisors, and executives.

The collaboration's focus will be on regular on-going Psych-Educational Classes and Trainings geared toward children and families facing additional life challenges due to income level and other factors

BEHAVIORAL HEALTH IN THE SCHOOLS

STRATEGY: BEHAVIORAL HEALTH SERVICES	
Number of Families Served Directly	109
Number of Children Served Directly	112
Number of Children with Disabilities Served Directly	0
Number of Staff Participating	8
Number of Organizations Participating	3

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

and families in this area. The project staff continue to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high quality mental health services in our community.

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

CAMP CATCH-UP

Nebraska Children implements Camp Catch-Up across the state, providing youth an opportunity to participate in a camp experience with other youth ages 7 to 19. All the youth who participate in camp are separated from their siblings due to out-of-home placement, such as foster care, adoption, guardianship or kinship. Many campers served only see their siblings during Camp Catch-Up activities.

Several new Camp Catch-Up activities have occurred this past year. For example, Camp Catch-Up held a January 2020 event in Lincoln for 16 campers at Urban Air. Additionally, in light of COVID-19, all three in-person summer camps were cancelled for 2020, so engagement between siblings occurred in other ways. Approximately 120 youth across the state were given a camp bag with materials of activities to complete at home. Rather than in-person camps, a virtual, week-long camp was also held that brought 50 siblings together in coordination with siblings' families. Examples of activities completed during the virtual event include tie-dye, cooking classes, campfires, trivia, a talent show, and sibling break-out sessions. At this point, several camp activities are planned for fall 2020 and winter 2021 as Camp Catch-Up continues to develop more opportunities to bring siblings together year-round.

COMMUNITY LEARNING CENTERS

STRATEGY: COMMUNITY LEARNING CENTERS	
Number of Families Served Directly	43
Number of Children Served Directly	1116

The Lincoln Community Learning Centers (CLCs) is a Family Support Service (see NC and DHHS contract for Family Support Services section A. 1 b. i, ii, iii, iv, and viii). The CLCs are designed to develop partnerships which bring concentrated resources to high-need schools in the community of Lincoln. The

initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. The CLCs was a strategy that supported 26 schools in the Lincoln Public Schools district.

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

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

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

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

ELEMENTARY ATTENDANCE MONITOR

STRATEGY: ELEMENTARY ATTENDANCE MONITOR (AUGUST 2019 – FEBRUARY 2020)	
Number of Families Served Directly	38
Number of Children Served Directly	38
Number of Families Served Indirectly	23
Number of Children Served Indirectly	17
Number of Parents with Disabilities Served Directly	3
Number of Children with Disabilities Served Directly	5
Number of Staff Participating	7
Number of Organizations Participating	5

The Elementary Attendance Monitor makes visits to students' residences to develop healthy, positive family attitudes toward academic success, attendance at school, and student growth and development. The monitor works closely with the Community and Family Partnership and building principals of the Columbus Public Schools system in the monitoring of individual student's participation in school, academic work, and extracurricular activities. The monitor consults with Columbus Public Schools' building principals, school counselors, school social workers/interventionists, school psychologists, and parents/guardians regarding improving the student's, or their parent's or guardian's, attitudes towards their educational achievement, attendance, and/or behavior. The monitor consults with the Community Response central navigator if conditions are noted that would identify the family as being eligible for Community Response coaching or support services.

The main success was that the Attendance Monitor was becoming more comfortable with her position and submitting fluid data. The main challenge was that the Monitor was not utilized by the school district in March through the end of the school year.

FOOD DELIVERY PILOT

STRATEGY: FOOD DELIVERY PILOT	
Number of Households Served Directly	78
Number of Children Served Directly*	170
Number of Adults Served Directly	118

*Number indicates children under 18 years old

DCCR and ENCAP coordinated efforts to provide food delivery to 55 families living in at-risk situations. A large percentage (49%) of the families served were immigrant families who do not qualify for unemployment, stimulus relief, or cannot not file taxes (Karenni families). Although there are some food pantries available in the community, these families are without transportation. The approximate cost per participant is $57.23 and deliveries were made once per week.

Families expressed gratitude and satisfaction to DCCR/ENCAP for the support with food. They shared that during this crisis, the support has helped to reduce stress and emotional exhaustion that many are experiencing. Families have also expressed their joy in knowing that Douglas County is a community that has an abundance of agencies with resources that are available and willing to help families when needed.

Homeless young people age 18-26 were temporarily placed in hotels while permanent housing could be found. Many of these young people had no means to purchase food for themselves or their children, nor did they have transportation to access food pantries. DCCR and ENCAP provided food delivery to 23 young people and their children during their stay in hotels. Of the 23 young people in hotels, 10 were parents with children. The approximate cost per delivery (done weekly) is $20.00.

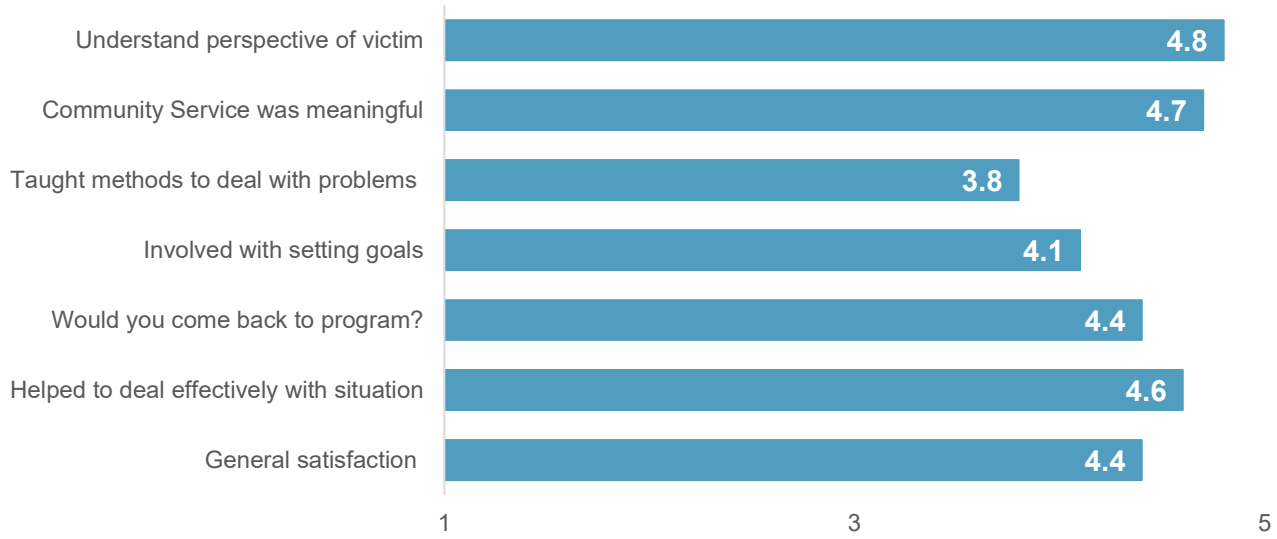
JUVENILE DIVERSION: CHANGING BEHAVIOR ALTERNATIVE (CBA) PROGRAM

Families 1st Partnership has contracted with Family Skill Building, LLC to provide financial support to youth whose families may not have the resources to pay for their diversion program. This agreement has been in place for two years and has served to improve access to the CBA program.

At the conclusion of the CBA program, parents were asked to rate their satisfaction with the program by completing a 9-item questionnaire. All items were rated highly. The strengths of the program were the participants' new understanding of the victims' perspective and the meaningfulness of the community service experience. The lowest rated item was the degree that the educational groups taught them better methods of dealing with difficult situations or problems. This rating ranged between "quite a bit of the time" to "most of the time" (3.8).

When parents were also asked what their status would have been if CBA program was not available, 78% reported their situation would be much or slightly worse. When asked if they encountered a situation leading them to join CBA how likely would they choose the same results as before, 80% indicated that they would either "definitely not" or "probably not" engage in that same behavior. Overall, these results indicated that the parents perceived this program as making a difference.

Parents reported that participation in the program positively effected them and their youth who were in the program.



Based on a 5 point Likert scale: descriptors change per question (ex; 1= definitely no; 5= definitely yes).

PARENT CONNECTORS

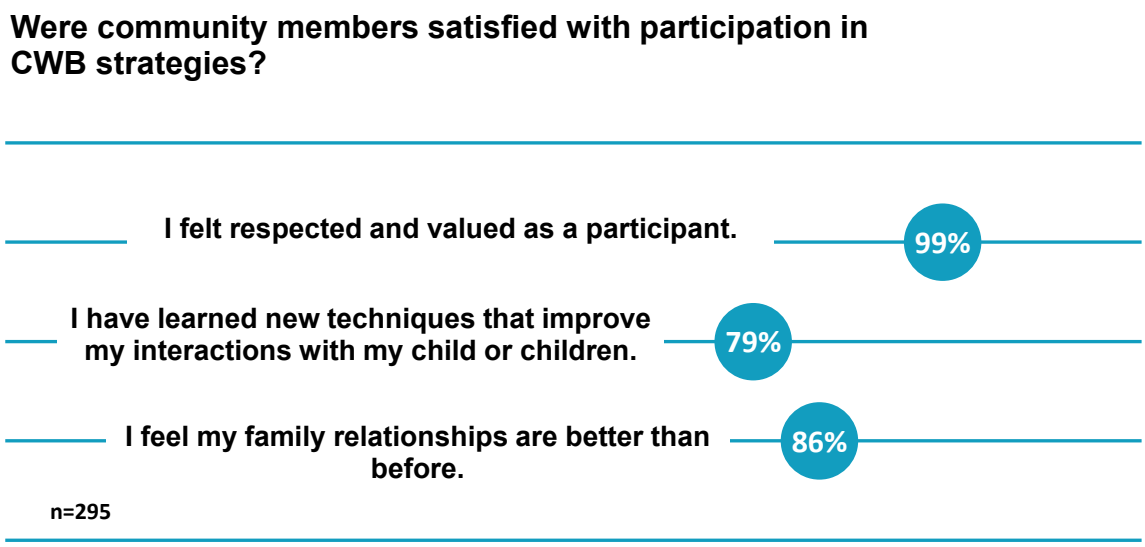
STRATEGY: PARENT CONNECTORS	
Number of Families Served Directly	11
Number of Children Served Indirectly	23

Parent Connectors is a project implemented through the Hall County Community Collaborative. Parent Connectors continues to provide services but struggles to complete weekly calls with families with the onset of COVID-19. The families that are completing those calls are provided knowledge and access to resources by their Parent Connector.

CROSS-STRATEGY SATISFACTION

How satisfied were participants?

Overall, participants reported high levels of satisfaction. Highest ratings were in the area of being respected by staff (99%). Fewer participants indicated that they had adopted new parenting techniques (79%) (when this was a relevant measure for the strategy in which they participated), or that their relationships were better than before (86%).



Conclusion

Nebraska Children (NC) worked in partnership with communities to build prevention systems through a continuum of strategies that improve the health and well-being of Nebraskans. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes. The onset of the COVID-19 pandemic had a significant influence on the delivery of services and supports across the CWB network of communities. The following is a summary of this year's data. A comparison of this year's data with previous year's data can be found in Appendix D.

CWB Collaboratives:

- Trained over 5,000 individuals across 196 events.
- Hosted nearly 60 events for over 92,000 people
- Built their capacity and influenced policy at the local, state, and federal level.

HOW MUCH DID THEY DO?

At the systems level, CWB communities worked to build their capacity to meet the needs of their communities through working together based on collective impact approaches. Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement.

At the individual level, 3,037 parents, community members, and young adults and 4,674 children were served using a range of strategies. A total of 11% of the parents, community members, and young adults and 7% of the children served had a disability.

HOW WELL DID THEY DO IT?

99% of participants reported that they were respected by program staff and therapists. The majority of the parents and young adults indicated they had a better relationship with their child as a result of their participation (79%) (In strategies where such interaction was a focus), and felt that they learned new techniques to use with their child (86%). Analysis found that, as compared to the prior evaluation year, families reported similar but slightly higher levels of respect and improved relationships with their children. There were similar but slightly lower numbers of parents and young adults that felt they learned new techniques to use with their child.

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

IS ANYONE BETTER OFF?

Shared measurement was established for Community Response, as well as the other core strategies for parents (specifically, COSP™, PIWI, and PCIT). Analyses based on these common measures are summarized below. Outcomes for these strategies are highlighted below. In addition, core strategies for young adults and local initiatives that supported community-specific identified needs were supported.

Community Response

Participants who accessed coaching and/or support services funds reported:

- Significantly improved Protective Factors (Resilience and Concrete Supports).
- Significantly improved levels of Hope
- Consistent levels of Social Connections across time.

Circle of Security Parenting

Parents who participated in COSP™ reported:

- Significantly improved their interactions with their children.
- Significantly improved relationships with their children.
- Significantly decreased stress related to parenting.

Parent-Child Interaction Therapy

Parents who participated in PCIT reported:

- Significantly improved interactions with their children by using more positive and fewer negative strategies.

Children who participated in PCIT:

- Decreased intensity of their behaviors and their negative conduct scores.
- Many parents continued to view their child's behavior in the high problem range.

Parents Interacting with Infants

Parents who participated in PIWI reported:

- Improvements in interactions with their children.
- Improvements in how their home environment supported child learning.
- Significant improvements in their sense of efficacy.

References

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Appendix A: Connected Youth Initiative Description

Connected Youth Initiative (CYI) aims to improve the life trajectories of young people by increasing their protective factors, reducing risk factors, and connecting them to vital resources within their own communities so all young adults have the relationships, resources, and equitable opportunities for themselves and their children to thrive. Young adults involved in CYI are typically ages 14-26, are unconnected from family and other supports, and may have current or previous experiences with the child welfare system, the justice system, homelessness or near homelessness, are survivors of human trafficking, or a combination of the above.

CYI achieves its goals by empowering young adults to voluntarily engage in programming and services that best fit their individual needs and goals. Several of these core components are part of Community Response. Core components include:

- Central Navigation: through which young adults are matched to programming and services and can access flexible and supportive funding (known as Support Services Funds)

- Coaching: through which young adults are paired with a trained staff member in their community to support them as they set, work towards, and attain their goals

- Engagement and Leadership: through which young adults connect with one another and actively shape the older youth system

- Financial Education: through which young adults navigate their future goals through financial education and asset development. Opportunity Passport™ is the main program in this area.

- Career and Postsecondary Support: through which young adults are supported via a variety of programs and partner organizations to pursue their own postsecondary education and/or career pathway, also known as Learn and Earn to Achieve Potential.

Additionally, CYI engages in partnerships with local communities, state partners, philanthropic partners, and national partners—this systems-level work is integrated, aligned, or in coordination with the broader Community Well-Being systems work, dependent on the specific partnership or area of focus. Overall, the goals of the CYI systems work mirror that of the greater Community Well-Being work, with a greater focus on the unique aspects of the young adult population.

Output data on select, individual-level (sometimes referenced in this report as “core strategies for young adults”) and system-level CYI strategies are included throughout this report where most appropriate. Additionally, CYI administers the Transitional Services Survey to CYI-involved young adults to understand, at a high-level, how young adults are faring. See Appendix E for more details around the Transitional Services Survey as well as select results from the most current administration.

Connected Youth Initiative recently received a moderate evidence rating from the Corporation for National and Community Service for the external evaluation of Nebraska Children’s CYI work as part of the Social

Innovation Fund[1], which supported six communities implementing the Connected Youth Initiative from 2015-2020. This rigorous, quasi-experimental evaluation compared outcomes of young adults sufficiently involved in CYI with their peers with little to no involvement in CYI. Specifically, impact estimates among study participants suggest that CYI participation is associated with the following outcomes: a safe and stable living situation, financial stability, perceived hope, and decreased emergency care utilization.

[1] The Social Innovation Fund (SIF) was a program that received funding from 2010 to 2016 from the Corporation for National and Community Service, a federal agency that engages millions of Americans in service through its AmeriCorps, Senior Corps, and Volunteer Generation Fund programs, and leads the nation's volunteer and service efforts. Using public and private resources to find and grow community-based nonprofits with evidence of results, SIF intermediaries received funding to award subgrants that focus on overcoming challenges in economic opportunity, healthy futures, and youth development. Although CNCS made its last SIF intermediary awards in fiscal year 2016, SIF intermediaries will continue to administer their subgrant programs until their federal funding is exhausted.

Appendix B: Focus Group Results: Impact of COVID-19 on Nebraska CWB Communities

BACKGROUND

External evaluators with UNMC MMI conducted a focus group in June 2020 with the Coordinators, Central Navigators, and Nebraska Children Consultants from Collaboratives across the state. The purpose of the focus group was to gather information in order to understand how the Collaborative-related work was impacted by COVID-19 and how the community responded. Summaries of these discussions, reported as themes that developed across Collaboratives, are reported below.

HAVING A COLLABORATIVE HELPED COMMUNITIES ADDRESS THE COVID CRISIS

Community agencies working together was a crucial piece of addressing COVID-19. Most communities noted how their community came together "as one giant team" to address the pandemic because the community response "would not have been able to have been implemented by one agency alone." Many communities noted a "COVID-19 task force," "Boots on the Ground," and/or "Steering Committee" group of core community partners who mobilized as a pandemic response group and/or had regular COVID-related briefings. These groups were composed of a wide range of community agencies (government departments, medical organizations, schools, businesses, religious communities, community action agencies, etc.) and met regularly to share updates, successes, and challenges, discuss community needs, and plan responses. They would often share resources, and they found that the meetings increased communication and coordination between community providers. As one community noted, "Things we wouldn't have thought of before, we were now coming together to say, 'There's a need, how can we all help with that?'" One community noted that the collaboration of their interagency group was more effective than collaboration of community leaders, because, "the community members who are at the ground level have an understanding of the needs of the families." Another community, however, noted their appreciation of the "coordinating leadership style" of the Collaborative, which was able to coordinate the state, county, and city leadership into one, merged approach.

For some, the Collaborative took leadership in these task forces, as "the Community Home." Even if they were not the official lead, their established connections and procedures helped facilitate the community response, especially to the time-sensitive and rapidly changing situations. Communities noted their Collaborative already had an infrastructure and network established, so "Families received help faster than if we were not working together." For one community, the Collaborative became the hub for funding distribution because it already had the structure in place to effectively and efficiently distribute the funds. Collaborative leadership, such has the Central Navigators, had the background knowledge necessary to help the communities handle the crisis. The Collaboratives also often already had regularly scheduled meetings and a structure for people to get together, plus the relationships and communication network to get information from meetings distributed back out to the community. Collaboratives were seen as a "safe place to bring problems and concerns."

Others noted that their task force group grew out of systems and processes they had created in previous crises (e.g., floods). "I think that the rapport and the relationships that had been built, even though the

tragedy of last year's flood disaster, the people…now have an understanding of the disaster piece of this [and] were willing to put down the walls." These communities' task forces were created in partnership with the Community Collaborative, but did not necessarily have the Collaborative as a lead agency in the work.

Inter-agency collaboration grew. Most communities noted that the pandemic made their inter-agency collaboration stronger. "As close as our community is already, I think COVID has brought us closer together, because there has been an even greater need to share resources." Additionally, collaborating with "an increased number of community partners has helped 'get the word out' about the Collaborative" and/or has expanded the Collaborative's coverage area. Services became more coordinated, with partnerships offering "more wrap-around services" where one agency did intake and reached out to the collaborative to help cover needs their own agency could not complete or continued/expanded services that another agency started. Especially because each organization had unique perspectives, expectations, skill sets, and processes, working together allowed each to leverage their expertise while addressing the wide range of community needs (e.g., the meetings "helped make sure that in a very bizarre time that people were supported"). Other communities found the pandemic prompted partners who had previously not seen a connection with the Collaborative to get involved. It also encouraged community leaders to reach out and include the Collaborative in their tasks and systems development or promoted an "enhanced partnership" between them. The switch to a digital platform (often Zoom) for meetings further raised awareness of and interest in Collaborative initiatives and made it easier for organizations to join meetings. Other digital forms of communication (such as Facebook, collaborating agencies' websites, and group emails) were helpful in raising awareness of the Collaborative as well.

Many communities noted that the work these tasks forces were completing "would have been difficult if the Collaborative had not been in existence." Existing infrastructure and the established rapport between agencies fostered the comfortable and safe space needed to discuss the challenges they were facing as a community, but also address the mental health and personal lives of those working in the collaborative agencies.

Creating the playbook brought the Collaborative together. Several communities took the opportunity of creating the playbook to unite partners and "guide everyone into the same discussion." Doing so helped the providers feel less isolated, strengthen connections with other providers, and elicit input from a diverse group of partners. The playbook made it simple to replicate procedures, identify gaps in services, and prioritize strategies (e.g., offering unrestricted funds) that would be most effective in their community. Additionally, they reported appreciating that the living nature of the document meant it could be adjusted over time. Some expressed concerns that the playbook meeting happened "almost too early" in the pandemic, resulting in partners being unorganized and more focused on their own agency's immediate responses rather than how they could help address bigger concerns.

Relationships with families made initiatives successful. Collaboratives noted their foundation with the families in the community was particularly strong. They were able to reach out to people already in their networks, to find out what people needed and/or to offer supports before the families ended up in crisis. It was through these relationships they received good feedback from families.

COVID-19 AFFECTED COLLABORATIVE WORK

The impact COVID-19 had on Collaborative work was wide spread, forcing communities to work in ways they had not before. Being flexible, or learning to work in more efficient ways, was imperative. The

pandemic disrupted program processes, including forcing a switch to digital communication versus face-to-face, switching to drive-up or drop-off services, working from home, etc. Some programs had to close and those who stayed open reported that clients did not know services continued to be available. Additional program- and area-specific challenges are summarized below.

New policies were adopted and/or old policies were adjusted to adapt to community needs. Several communities noted the need to switch to remote services; programs had to complete paperwork (e.g., consent) digitally or verbally, process claims and other financial documents digitally or via the mail, work with both clients and community members over the phone or video calls, and they had to distribute all services and resources remotely. Previous policies often only allowed reimbursement if services were delivered face-to-face, so many programs revised this policy to allow for reimbursement after remote services. One also developed agreements with their staff and contractors to acknowledge that remote work was appropriate, but if they chose to be face-to-face with people, they did so at their own risk. Another policy change included broadening benefits eligibility (e.g., for programs like SNAP).

A few Collaboratives adopted more flexible policies regarding funding (e.g., offering funds to food pantries rather than directly to community members, serving clients who did not have children in the home, or adjusting funding limits so families in need could qualify for multiple supports) and they developed guidelines and procedures for new financial services. The leadership at one Collaborative noted that the changes needed to address the pandemic clarified for them the potential scope of CR, saying, “it was an ‘aha’ moment for us.” They were able to expand the services they offered through CR, and along with that, had to make several policy decisions on how their new CR process would run.

In one community, part of their pandemic response was they “reached out and educated a few senators” about the Collaborative, hoping they could receive more resources to use in supporting families. This kind of legislative outreach received renewed interest from the Steering Committee, an interest which was not present a year ago. Several communities noted that their small groups continued to meet and update their work plans and/or “push forward on expansion.” Staff continued working to clarify their processes and standardize things like coaching practices.

New sources of funding emerged. All Collaboratives reported that they received funding to respond to the COVID-19 crisis. This money came from the CARES Act, local funders and local foundations, and private donors. Nebraska Children also provided considerable funding (both in new funds and sometimes reallocation from other Community Wellbeing dollars), and Collaboratives noted this NC funding in particular was “generous,” timely, and overall very helpful. One community had old funds which were not being used and were able to be directed to COVID-relief programming. Funding from all sources went to support CR and other programming, support local childcares (e.g., with resources, trainings, and stipends for providers), address food insecurity (e.g., by supporting food pantries, distributing food, etc.), assist with housing needs, and to support those who suffered from job loss. Together, this pandemic-response funding helped create “wrap around services for families” to meet a range of needs.

Many Collaboratives reported that they received funds specifically because of the Collaborative; funders viewed the Collaborative and the structures they already had in place as ideal systems for funding distribution. “It was easy…..it was ready to go.” One Collaborative noted that having NC’s support in interfacing with funders to get funds to the community was appreciated. In some communities, the Collaborative partnered with other agencies such as the United Way or local churches to help connect funds to people in need and have “assisted them in distributing funds effectively.” Pre-established, effective relationships with many local funders made ongoing funding support a logical decision for

agencies. Additionally, the Collaborative acted as a model; other local agencies “are seeing that [Collaborative] is willing to give their time and money, and that makes them willing to do it too.”

Challenges to the increased funding included developing a sustainable system with accountability and recognizing that the need may outlive the grant funding. Additionally, traditional funders struggled to generate money, as they had to cancel fundraising activities.

Only a few changes were needed for how Collaboratives were engaging with young people and families, and they were largely successful. Like many programs, those who worked with young people and families had to move to digital delivery. For some, programming happened online and learning materials and activities were delivered to the family and others provided technology to community members (iPads and computers) so they could continue their educational programs during the pandemic. Others shared they “have gotten creative” about how to interact with the families and moved to phone calls and/or email as the primary ways to communicate. Some also reported sending staff to families’ homes to do contactless paperwork and/or drop offs and pickups.

Several programs have seen increased engagement after switching to the digital platform and leaders for some plan to continue the virtual opportunities indefinitely to capitalize on that success. Some families have shared that they appreciate that programs are continuing in a safe way and program leadership reports they “are not losing the rapport or connection” they built pre-pandemic.

Referrals from schools, etc., continued to come in, because schools “know which students were not accessing remote learning, they knew which students needed help” and knew the Collaborative was able serve those needs. Another Collaborative noted their Basic Needs group would benefit if community members could nominate participants (versus requiring participants to self-select to be in the program) and have seen increased engagement with this change. Again, the networks and relationships between those who served young people and families were strong and withstood the changes forced by the pandemic.

Specific needs noted by the program leaders included access to childcare, life skills, social justice issues, and funds to meet participants’ basic needs. “The Collaborative has been trying to be proactive with implementing ways to address this need and get the most support possible for these families.” One community did report that their families did not have the capability to meet with program staff via Zoom and meeting by phone could be challenging for families who have limited resources (no data plans, limited call minutes or texts, etc.). Access to other technology like printers etc. was also a challenge. And in some locations, support networks like school social workers required face-to-face interactions, and they were not able to adapt to a virtual platform.

One other community noted they did not currently have a focus on youth engagement or policies to encourage youth involvement and a few more reported they did not specifically elicit feedback from families or youth.

Many events continued, modified to be COVID-19-safe. Collaborative and other regular meetings/presentations went mostly virtual, as did a few fun events like a baby shower. Events like the Pinwheels for Prevention went on as planned, as it was safe to do so. Annual events like Stuff the Bus will still take place, but will be adjusted. One community’s annual Project Connect was modified such that the local radio station completed and aired interviews with community agencies, and the interviews were featured on social media and the Collaborative’s website.

The pandemic also encouraged the development of new events, like a Childcare Supplies Event that supplied $400-worth of cleaning supplies and resource materials to childcare centers. One community held a reverse parade where the Omaha Circus performed in a parking lot while community members drove by in their cars. At the end of the route, families made donations and the event raised over $10,000 plus supplies for food pantries and long-term care facilities. “Many partners worked together to make this happen; it was community collaboration work at its best.”

Postponed events that Collaboratives specifically noted included Site Visits for the CWCC project (Child Welfare Community Collaborations) and a six-month partnership with Nebraska Extension STEM focusing on family engagement.

Trainings were cancelled or altered. Many communities reported that “most of the training had to be put on hold as the community addressed other crises.” Each community reported “dozens” of trainings were delayed indefinitely or cancelled completely, including both local and national trainings. In one community, a $21,000 budget line for training was disrupted. Only one community noted that they did not have any trainings planned when COVID-19 hit, so they did not have to change any plans.

A few trainings that were initially “paused” have since resumed whereas others are on indefinite holds. For some trainings that were initially cancelled or postponed, communities found a way to present their information via a digital platform, although some did have discussions whether or not certain trainings would still be valuable if delivered virtually. New trainings, such as how to access resources and self-care ideas, were developed and shared.

Some communities reported the switch to digital trainings was beneficial. It was reportedly “a huge blessing for early childhood providers,” who no longer had travel expenses or had to spend time away from their families or their work. The new system has been so successful that, “I think that will be a model we’ll change for the future; it was a very positive impact.” Others in the Collaborative have also benefited from digital trainings, in that more trainings were available to them. In addition, because digital trainings were often offered asynchronously or available via recording, leaders reported they have “many trainings and webinars saved to go back and watch when I have time.”

Trainings and education courses for the community and participants that were still available mostly switched to digital. They remained effective, however, with participants reporting they learned about many supports, and appreciated the opportunity to network and socialize. One Collaborative leader noted of her training participants, “Now I see on Facebook that they are friends…they are a building network of seven youth.” The pandemic, however, made it more difficult to inform families of opportunities and/or for them to participate, resulting in low or variable attendance. Programs were working to find more convenient times for classes and learned that reminders for classes were important.

Community Response played a “critical” role in pandemic response. Communities relied on their CR systems to be a central place to refer participants seeking assistance. Again, the established systems and relationships CR programs had in place made them a logical source for pandemic relief. Some programs found that transitioning to virtual/phone services did not interrupt their ability to provide services, and several noted improved accessibility and participant engagement since moving to the remote processes. Additionally, many noted the crisis strengthened their relationships with partnering agencies as everyone worked more closely. Others have noted new needs, like a bilingual Central Navigator, and have moved forward to address those needs. Although some Collaboratives reported low CR needs early in the pandemic, most noted marked increases in requests for Support Services by May

and many continued to experience high demands. Those who noticed a recent decrease have expressed concern that they will see another surge once federal supports such as unemployment and eviction moratoriums expire.

Supports CR and their partnering agencies provided included providing hotel rooms for families in need of housing, addressing basic needs, and working with agencies to help them understand available funds (e.g., SNAP). Some planned supports, such as offering summer education services for youth, were put on hold because of the pandemic.

Providing CR services during the pandemic has come with several challenges as well. CR staff have reported that building and maintaining positive relationships with participants remotely is difficult, and their coaching, case management, and behavioral health staff/partners had to make substantial changes to how they delivered services. They found conversations could be stilted when participants did not know Zoom etiquette and/or when the coach did not have context cues of body language and facial expressions. It was also reportedly harder to collaborate with outside agencies, because consent processes were disrupted and CN/coaches struggled to facilitate connections when they could not share information on the participant's behalf. Increased demand, and the fact that virtual calls reportedly lasted longer than traditional calls, increased the time demands for coaches and volunteers. Alternatively, some programs saw a decrease in demand because referral sources in the schools were no longer operating and/or the social distancing rules meant that families who used to "drop by to ask for resources" could no longer directly access CR. Building the CR structure, by bringing on new partners or hiring new staff, was also delayed. One community also noted that some of the partnering agencies faced furloughs, so some of their coaches were impacted.

PIWI, PCIT, and COSP classes have been mostly postponed. Classes that continued either moved to a digital format (e.g., telehealth) or changed to less formal, remote meetings with the families, and leadership acknowledged the classes were "not done to fidelity." In some communities, postponed and cancelled classes were replaced with care packages, take-home kits, or digital networks for participants to support one another. Therapists reported to their Collaborative leadership they were very interested in resuming traditional classes when it was safe to do so and the community expressed continued interest in these resources (e.g., one community has a waiting list for their COSP program).

Partnerships with local agencies emerged to share the costs of funding parenting classes and some providers have lowered the fees associated with the digital courses. One community provided stipends for several trainers to acquire technology (e.g., a computer, internet access, etc.) to ensure they were able to connect with families. It was not necessarily required that they use the stipend on technology, but that is how they all chose to use the dollars.

A few communities noted pre-pandemic plans to start/resume/revamp their PIWI and/or PCIT classes, but cancelled therapist trainings, needs to divert attention to other concerns, and general COVID delays put a pause on those plans as well. Another community noted they had planned for this to be the last year of PIWI, but have decided to see "what the ripple effect of COVID-19 is" and may offer it again next year.

COLLABORATIVES DEVELOPED COMMUNITY SOLUTIONS

Interviewers asked Collaborative leadership to reflect on the solutions their Collaboratives and communities had implemented in response to the pandemic. Several noted programmatic changes and identified specific interventions that their community undertook. Intertwined with all of the stories noted

below was a consistent theme of community collaboration; every community shared unique stories of how different agencies and individuals in the community stepped up to serve those in need. As one CN summarized, “When a need is shared with the Collaborative, the community consistently comes together to offer two to three solutions and they go with all the suggested solutions and get it handled.” Another noted of her community members, “You call people and ask them ‘Hey, can you help?’ If they don’t provide services, they provide money or volunteers.”

The pandemic forced Collaboratives to be intentional, identify their own goals and values, and adjust practices to continue to honor their core principles during a crisis. As one community reported, “We always kept in mind what the goal is with programming, what is our intention with doing this” and found solutions that let them meet their goals of serving the community in a COVID-safe way. Communities identified values and characteristics such as perseverance and problem solving as important to them. They strived to provide resources to families in need in a way that supported the goal of promoting protective factors, “to set families up for success and not just meet immediate needs they may have.” Collaboratives were also conscientious of the sustainability of their work, with the goal of being able to maintain the level of supports they were providing mid-pandemic.

New and updated communication practices allowed the Collaborative to function more efficiently and effectively. The most commonly mentioned practice was again the shift to digital platforms for nearly all interactions. Meetings, trainings, and services went virtual. Although there were a few challenges to the transition, many communities noted the benefits of this change, including better family engagement and smoother processes for the Collaborative and partnering agencies (e.g., as one noted about their shift to an electronic request management system, “This helps keep us organized.”) Several communities planned to continue these new digital practices.

Other communication practices included regular community calls, monthly updates, and email networks to stay connected with partners. Collaboratives also saw themselves as a hub for information sharing, especially the most updated information about time-sensitive issues. Programs reported they had updated their websites to include more information and resources for community members and partnering agencies. Some Collaboratives indicated they also shared more information on social media whereas others noted they did not “have a very large social media presence.”

New and strengthened partnerships emerged. Collaboratives listed several local governmental agencies, schools, health organizations, businesses, and local support agencies with which existing relationships were strengthened as they worked together to address the COVID-19 crisis. Inter-agency coordination, referrals processes, policies, and procedures were improved. Regular Collaborative meetings and emailing with guest speakers and information sharing kept partners connected and the switch to digital meetings allowed more members to attend.

New partnerships also developed with agencies and organizations who mobilized in response to the pandemic but who were not previously engaged in Collaborative activities. These new relationships have been helpful and “will continue to be nurtured.”

A few communities also noted inter-Collaborative partnerships had developed. Coordinators and Central Navigators from nearby CWB communities met to devise a plan to support and serve families that fall between bordering counties. “It was good to get the support of other Coordinators and Collaboratives, and it was helpful to get to know the other people in similar roles better and a comfort to know that the support is there if needed.” The Collaboratives reported continuing to work together to figure out ways to

support each other in the future as vacancies occur in each collaborative (e.g., helping to support other communities operating during periods of staff turnover).

Collaboratives made adjustments to assist populations with unique needs. As one community noted, “COVID-19 has heightened awareness of disparities in our community and the need to promote equity. The latter is a positive bi-product.”

Several communities were cognizant of language barriers for some of their community members and took special steps to ensure opportunities were provided in and advertised in multiple languages. The need for Spanish-speaking services/providers in particular was commonly noted. Some communities were searching for (more) Spanish-speaking staff members and others leveraged relationships with bilingual community partners who could facilitate connections on behalf of the program participants. Programs were also implementing Spanish-language versions of support groups and other services. One Collaborative worked closely with their Somali/East African immigrant community and noted their food distribution services were not meeting the needs of this community; partnering agencies responded by adjusting the contents of their food distribution boxes, for example, to better support this community.

In response to COVID-19, one community grappled with how to protect their homeless community members. Homelessness can make one particularly vulnerable to COVID-19, as shelters do not allow for social distancing and regular access to soap and water, which are crucial to preventing the spread of the virus, is limited. In response to these challenges, the Collaborative partnered with the public health department and local funders to help homeless people shelter in hotels. Demands for this support have continued to increase.

Low-income families also faced unique struggles. Collaboratives recognized that some families in need did not have access to certain technologies, so they made sure to offer phone calls as a contact method and they distributed information about Collaborative resources on fliers which were distributed with electrical bills or other community resources such as Grab and Go lunches. One community noted a need to compensate families for their participation in Collaborative activities, as a way to show parents the value of their engagement with the Collaborative.

All Collaboratives addressed food insecurity in creative and unique ways. Food pantries adjusted operations and new services developed, often partnering with other aid programs and/or community organizations for distribution or advertising. Partners pooled finances, labor, and resources to make food available to those in need. They found ways to extend Free and Reduced lunch options for children after schools shut down lunch programs, they connected families with SNAP resources, and created voucher programs to let people purchase fresh vegetables at farmer’s markets. Communities increased the number and operation hours of food distribution sites. Organizations got creative about how to distribute the food, including mobile pantries, drive-through distributions, grab and go lunch programs, hot meal distributions, backpack programs, using the city transit system or emergency services for deliveries, and informal networks of neighbors/friends delivering food for those who were homebound or unavailable for pickup programs. “This was a powerful community effort.” These new programs have “been highly successful” and some communities were working toward securing funding to sustain their food distribution efforts.

Several communities also noted rising mental health needs. They addressed these through updated service delivery (specifically, remote services and telehealth), additional funding (e.g., offering a few free therapy sessions, or providing clients with technology so they could access services), additional services

(e.g., setting up practicums for students in mental health fields to offer free counseling), and increasing awareness of services and needs (for example, by developing messaging around suicide prevention). This is an area with several ongoing barriers (e.g., stigma around receiving services, increasing awareness of the program, offering services in multiple languages, etc.) so efforts to sustain the program will require additional work.

Collaboratives offered additional specific solutions to meet the unique needs of their communities. Some supported their childcare communities by providing supplies and resources (e.g., counseling sessions for providers) or increased community capacity by offering American Red Cross babysitting classes online so older siblings were better prepared to watch younger children. Other communities identified legal supports as a need and turned to Legal Aid to help community members secure fair and legal housing. Another community noted a common struggle for their citizens was accessing unemployment benefits and was able to provide information and promote self-advocacy; "It was kind of neat to share a tidbit of advice that I knew of to empower our families to take action on their own and it was exciting to see them have results." Moreover, helping participants make these connections lead to empowerment rather than a cycle of dependence; "Families are understanding now that we are not here to hand-out. We are here to help you figure out things in a way that it's going to be a lasting effect, not only for the funds that we are distributing, but helping the families feel like they are a part of their own decision making, which makes them that much more resilient."

CHALLENGES REMAINED

Predicting and overcoming changing community needs is an ongoing challenge. Collaboratives reported changing needs over the course of the pandemic. Initially, many reported "there was not as much of a crisis with people requesting things." Federal supports and community agencies still had the funds to address emerging needs of the community (e.g., food supports for children out of school). Safety nets around housing and utilities were in place. Moreover, many families were hesitant to request aid. Leadership attributed this to a "frontier mentality," arguing that people would accept help if offered but were uncomfortable asking for it. Some business owners had "a lot of pride" and did not want assistance, believing that other people must need it more than they did.

At first, supplies (e.g., PPE, food) were most requested, rather than housing or utilities. As the pandemic continued, however, needs changed. The state of NE began to do fraud checks on unemployment and communities noticed fewer people were getting unemployment or stimulus checks. Federal moratoriums on evictions and utility shutoffs ended and fees were no longer waived. This resulted in more families asking for help, as these protections no longer existed. Additionally, local agencies who had been addressing food insecurity, for example, ran low on resources and more people were turning to the Collaborative and/or CR for support. Certain items, such as formula and diapers, were in high demand because they were not available through other avenues.

The length of the pandemic added strain as parents struggled with childcare. Stress has built over decisions about home/remote schooling, in-person schooling, and whether or not to send children to daycare, all while balancing work needs or joblessness. Moreover, many have a difficult time predicting future needs. Whereas families may feel they have their needs met today, they may not consider their future needs (for example, someone who received Pregnancy Assistance Funds may have felt comfortable paying their immediate bills, but did not consider the need to save any paid time off work to cover their parental leave after the child was born).

Some programs did have procedures in place, such as a Central Navigation subcommittee, surveys eliciting community feedback, and school-initiated conversations with community members, to help them gauge current needs and anticipate upcoming challenges. However, the ever-changing environment made it difficult to plan. Running a Collaborative in "an age where everything changes day by day" was challenging because nothing was consistent. State guidance changed regularly, so decisions about summer camps and activities, for example, were impossible to make. Traditional programming was cancelled, and the few programs that were held had limited capacity such that they were not available to most families. "The biggest thing was the solutions we had initially identified before COVID that we wanted to move forward with we were not able to do because of the way COVID impacted those solutions and those needs that our community had and had already identified."

Future plans were also expected to be compromised. In part because of the uncertainty of the pandemic's duration, Collaboratives were unsure of the sustainability of their current and future efforts. Many interventions noted above were successful and Collaboratives noted their interest in finding ways to sustain them after current funding for them dissipated. However, they were unsure of how to achieve that sustainability and reported, "Continued efforts are needed to continue providing [these services]." One Collaborative articulated their goal "to become more proactive than reactive with community needs."

Collaboratives noted some inefficient/ineffective policies and procedures. In some cases, strategies did not work out the way the Collaborative intended. One community, for example, tried to implement a nomination process to connect families in need with CR. Unfortunately, the process was not well-defined in advance, making for a confusing and inefficient system. Another community shared they did not have a tracking process for a food voucher program, which resulted in inefficient distribution of vouchers. Sometimes, the problem was because they had not yet had time to develop the policies and/or work through the hiccups. Examples included a Care Portal companion to CR which experienced delays related to contracts and telehealth systems which required complex technology solutions (e.g., setting up reliable internet hotspots, acquiring and distributing technology, etc.) before they were an effective system for some clients. "Those were things that we had good intentions but didn't work out as planned."

Other times, the challenge was a systems issue for the Collaborative. For example, one Collaborative struggled with staff turnover. They recommended that Collaboratives have a backup plan for when key staff were out sick or left their position so transitions could be as seamless as possible. Another noted their challenges with their Board operating as a cohesive unit, learning to develop a strategic plan so they could provide direction to collaborative agencies. For this community, "The structural and relational issues within the Board and greater community creates a hindrance to the Collaborative's work." In addition, one Community Response group recognized room for improving their CR process, finding that they needed to strengthen their coaching component. Specifically, they were aiming toward keeping families connected to their coach as they work through their plan.

Several collaboratives noted slower-than-preferred partnership processes. Identifying logical partners and developing the relationships for a partnership to flourish already takes time. Then, Collaboratives discovered, they had to work through complications around making each agency's internal processes compatible. Lastly, troubleshooting problems meant that there was often a long delay in between identifying that a partnership would be helpful and having a functioning, efficient collaboration.

Collaboratives tried a few strategies that were not effective and identified needs they have not yet been able to meet. Some unmet needs grew out of policies and procedures that the Collaborative could not change. Multiple communities noted WIC policies that required recipients to personally shop for food,

which made it impossible for WIC recipients to take advantage of the food delivery or curbside pickup options. Another example was the idea to subsidize overdraft protections, but the legal and practical implications were too complex to resolve.

Other ideas have been floated but not implemented. These included making it more convenient to complete paperwork by offering applications at partnering locations (e.g., grocery stores and medical facilities) that could be filled out remotely and then placed in a drop-box, partnering with print stores to offer free printing so program participants can print off necessary documents and/or scan forms back to the Collaborative, or converting forms to digital versions that could be completed through a CR app. Collaboratives would also like to do more work with youth engagement, juvenile justice, and supporting their refugee and non-English speaking populations. Housing remains a concern for many and Collaboratives are still identifying the best ways to engage landlords and/or create change at higher legislative or legal levels. Also, Collaboratives expressed concern that the disparities that already existed increased with the pandemic and more work is needed to address them.

Many of these unmet or delayed goals faced challenges due to uncertain funding. Lastly, the Collaboratives reiterated the challenge in accurately predicting challenges and providing timely solutions. When asked if they had identified any solutions that did not work well, one Collaborative laughingly said, “We may not know yet!”

Collaboratives faced challenges caused by the health and safety precautions surrounding the pandemic. Social distancing rules and the sudden transition to online everything was challenging. Online education was a struggle for many students; some did not have the technology or internet capacity and/or did not have parental support for online learning. The COVID-induced changes to programming and trainings made it difficult for Collaboratives to do outreach and get information to the community. They struggled to reach families as well as keep their educational calendars and other programming communications up to date and accurate.

Collaboratives needed to change their own policies to ensure staff and volunteers stayed safe. The same switch to digital operations was a challenge for them. They also found it difficult to complete some tasks remotely, so many wished to continue in-person operations. One CN noted, “Volunteers aren’t considered essential workers. There were some things we thought about doing, but couldn’t do without putting someone at risk.” Collaborative leaders had to ask themselves, “How do we get volunteers and make them aware that this could be a hazardous situation?”

In some communities, the Collaborative had to work against beliefs that the pandemic was not serious and found that community members were not taking health precautions to prevent the spread of COVID-19. Inconsistent messaging from the Governor and local leadership was thought to exacerbate this problem and communities noted that things got better once local leaders started a coordinated public health messaging. One lesson learned was to include youth early in this messaging process, as their input and support in making public service messages about social distancing was helpful.

SUPPORT FROM NEBRASKA CHILDREN

Collaboratives valued the support and guidance they received from NC. An obvious support that collaboratives appreciated was the funding that NC provided. “The Collaborative would not have been able to expand the services to reach more families without the additional funding.” Even more than the monetary support, though, Collaborative leadership reported appreciating the “vital support” and guidance

from NC. They were viewed as proactive and eager to help; leaders shared they heard NC staff say things like, “We are here to help, just let us know how to make it happen” and reported, “They don’t ever say no, but rather ‘let me check on that.’” Collaboratives reported that NC boosted their voices and would leverage resources and provide solutions on behalf of the Collaborative. NC has also provided information, like the COVID-19 resource page and guidance on how to talk to families during the pandemic that Collaboratives valued. Nebraska Children was seen as an organization that promoted equality, was transparent in its actions, and effective in communication.

Collaborative leadership specifically noted the one-on-one conversations and troubleshooting sessions they have had with NC staff to resolve unique, local issues they were facing. They felt as though NC was “very open to whatever direction the Coalition needed to go.” Moreover, nearly all of the Collaboratives commented on how flexible NC was when addressing needs. They were open to suggestions from Collaborative leadership for creative ways of solving community problems, were not prescriptive about what or how strategies needed to be implemented, and gave permission to spend money where it was needed. Sometimes that freedom was “overwhelming,” but overall Collaborative leadership indicated, “The flexibility on reports and processes was helpful and appreciated.”

Several Community Coordinators and Central Navigators called out specific NC staff to speak their praises. Staff were viewed as supportive, knowledgeable, professional, and passionate about the work. Collaboratives also spoke highly of their evaluation points of contact, saying the program evaluation role “is essential and should always be included.”

Nearly all Central Navigators appreciated the regular CN calls. Leadership reported it was “an invaluable service” staying up to date and networking with other communities and consultants. They appreciated having access to information without having to locate and compile it themselves. Moreover, having access to information “in real time” was helpful, especially because “It was difficult to stay up to date with all the information out there.” Connections made during these meetings lead to other joint-Collaborative successes and Central Navigators reported feeling comfortable reaching out to their peers in other communities when needed. Central Navigators reported getting many creative ideas for initiatives that worked in other communities, were informed of or reminded of many resources available to them, and heard “Great ideas for how to make family support sustainable.”

Several communities specifically noted appreciating First Lady Shore being on the calls because she gave them a voice with the Governor’s office and “immediate answers” to their questions. Smaller communities appreciated the Greater Nebraska calls that addressed needs and concerns that were unique to them.

Some leaders had mixed feelings about the calls; At first weekly meetings “felt like a lot, but there was so much information that came out of there that really did apply to my community.” Some still felt as though “an hour and a half every week is too much if we are going to do our actual work” and would like to see more efficient ways to conduct the “extremely valuable” calls. Recommendations included identifying what can be shared via email/Basecamp instead, identifying the communities’ current needs first, or taking a short break away from the regular call schedule. “There is great info that is being shared but acknowledging that our primary job is to meet the needs of families in our communities, so adding flexibility in the way we engage would be helpful.” One last concern with the calls were that the recordings were publically available on the NC website; there was speculation that not everyone realized they were distributed this widely and it was recommended that they be shared on Basecamp instead.

ADDITIONAL SUPPORTS FROM NC THAT COLLABORATIVES WOULD APPRECIATE

In addition to the long list of things that were working well, Collaboratives reported they had a few areas where (more) supports were needed.

Structural or procedural changes could make Collaboratives even more effective. Suggestions here included support in operating and growing the agency. One Collaborative wanted support in "how to operate as an agency" with HR and staffing contracts. Another recognized they needed onboarding support for new Coordinators and Central Navigators. Collaboratives would appreciate if NC would allow/fund a support team to take on some of the day-to-day tasks and free leadership up "to have time to dream big again, get things growing again." They were also hoping to expand their operations out to new zip codes and/or support the addition of Central Navigators/CR in new areas, and start supporting more coaches participating in CR.

Some communities also wanted more guidance on the parameters/capacity of the Collaboratives, to outline more clearly what is and is not allowed. Knowing "what CR looks like in the state of Nebraska" so they can compare their own Collaborative's work would be helpful, as would knowing what other communities are doing with their funding, and how they are expanding services and filling the funding gaps.

Collaboratives were also looking for more direction on specifics like report writing and information gathering and support for how to open dialogue and start a social media presence to promote upcoming programs.

Some supports/approaches were not as successful as they could have been. Collaboratives noted, "At times, NCFF moves at an accelerated pace. It is sometimes difficult for communities to mobilize and move at that same pace." As community-driven organizations, they often needed to take ideas back to their Steering Committees or others before they could implement ideas. Similarly, the directive to house homeless in hotels felt "sudden and seemed disorganized." The Collaboratives wanted to move forward, but did not have the local buy-in and support needed to implement it quickly. They also recommended more open-ended approaches to rolling out strategies like the playbook. As it was, the playbook presentation was "somewhat confusing and overwhelming." Instead, they would have preferred to have conversations around the topics rather than navigating the format of the playbook. Collaboratives also noted that written communication can be more beneficial than verbal; "The calls are so full of essential information that is can be difficult to "keep track of everything."

Collaboratives had ideas on specific interventions they would like support in implementing. Strategies around COVID-19 and growth post-pandemic was a common area Collaboratives reported needing assistance. They noted, "It would be nice to have an Emergency Disaster Plan in place." Especially because many communities also have recently dealt with flooding and other natural disasters, they have found that they have to "wing it" in the beginning of an emergency, but things work well after everything falls in place and believe it would be easier if they had the opportunity to plan ahead. Collaboratives also recognize that the current pandemic is unlikely to resolve soon and they need ongoing support to manage the crises it has brought. Moreover, "a lot of what COVID-19 brought to light is not going to go away" and Collaboratives will need help addressing these lingering needs, even after the pandemic starts to resolve. Their "long-term infrastructure" has been a key part to addressing the crisis, so they would like assurances that NC will keep this structure (e.g., the Coordinator, Central

Navigator, etc.) in place. Standardized guidelines for how (and when) to get back into normal operations and how to reduce spending back to normal levels after crisis situations would also be appreciated.

Ideas for other interventions included the development of a task force with landlords throughout the state, additional solutions to serve undocumented individuals, and helping families become self-sufficient and keep themselves out of the system.

SUMMARY

Communities reported that having a Collaborative helped them address the COVID-19 crisis. They already had the infrastructure and relationships in place to expedite responses and the relationships between local agencies only grew (or grew stronger) as more organizations worked more closely with one another. Task forces, regular update meetings, and discussing the playbook provided opportunities for Collaboratives to work coordinate community efforts. As one community summarized, "Overall as a community, we are doing great job of collaborating."

The effect of the pandemic was wide-ranging and forced the communities to be creative and flexible. They adopted new policies and adjusted old policies to better reflect changing community needs and secured new sources of funding. Changes to how services and events were offered were largely well-received. Most trainings were cancelled or adjusted to be delivered virtually. Community Response programs were critical to communities during the pandemic. Parenting classes were mostly cancelled and those that remained were viewed as less effective than their pre-pandemic versions.

Creative community solutions also emerged from the changed brought by the pandemic. These included Collaboratives identifying and honoring their core principles, updating their communications to be more effective, and noting new and strengthened partnerships. They were able to focus efforts on populations with unique needs and identified novel ways to address food security and mental health needs.

Challenges remained. Specifically, Collaboratives struggled to adjust to changing community needs and did not feel they could reliably plan for the future. They also identified several policies and procedures that did not work for them and identified ideas that they have not yet been able to implement. Health and safety regulations were a challenge, as was finding consistent messaging to encourage communities to take safety precautions.

The Collaboratives appreciated the support they received from NC, including the Central Navigation calls. They were able to identify a few areas where continued support in needed, however, including structural changes for their Collaborative, tweaks to how strategies can be implemented, and specific interventions they wished to see in their communities.

Overall, Collaboratives reported feeling well-positioned to continue their pandemic response programming. Although COVID-19 definitely presented challenges, they reported their Collaboratives were "stronger and better prepared to address community needs than ever before. The expansion of partnerships, new sources of funding, and improved communication has helped the community endure the pandemic."

Appendix C: Evidence-Based Ratings for Community Response and Individual-Level Strategies Focused on Parent-Child Interactions

Nebraska Children has historically included a list of individual-level strategies focused on parent-child interactions, as well as locally-based strategies. This list includes the communities in which the strategy was implemented during the evaluation year, and a description of the extent to which the strategy is evidence informed. In this transitional year, although this report is expanded to reflect young adult-focused strategies, Nebraska Children is electing to include the table as it has historically been scoped (i.e. limited to strategies focused on parent-child interactions).

Prevention Strategies Focused on Parent-Child Interactions and Locally Based Strategies, Participating Communities, and Evidence Ratings

Strategy	Community(ies)	Rating/Level
Alternative Therapy Network	Douglas County Community Response	Emerging I
Behavioral Health in the Schools	Lancaster County	Emerging I
Circle of Security Parenting*	Families 1st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership	Promising II
Community Cafés	Lancaster County	Emerging I
Community Learning Centers	Lancaster County	Emerging I
Community Response (CR)*	All CWB communities	Emerging I
Elementary Attendance Monitor	Community & Family Partnership	Emerging I
Food Delivery Pilot	Douglas County Community Response	Emerging I
Juvenile Diversion: Changing Behavior Alternative (CBA) program	Families 1st Partnership	Emerging I
Parent-Child Interaction Therapy (PCIT)*	Community & Family Partnership, Fremont Family Coalition, Families 1st Partnership, Growing Community Connections, Norfolk Family Coalition	Supported III
Parents Interacting With Infants (PIWI)*	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	Emerging I
Parent Connectors	Hall County Community Collaborative	Emerging I

Appendix D: Cross-Year Summary of Results

Overall Summary of Numbers Served

	Parents and Young Adults		Children	
	2018-2019	2019-2020	2018-2019	2019-2020
Community Well-Being Total	2,766	3037	5,962	4674
Circle of Security Parenting (COSP™)	165	96	288	235
Community Response (CR)	1,782	2608	3,627	4221
Parent-Child Interaction Therapy (PCIT)	40	47	91	47
Parents Interacting With Infants (PIWI)	124	51	316	51

Participant Survey – Circle of Security Parenting (COSP™)

Statistically significant change over time?		
	2018-2019	2019-2020
Positive Parent-Child Relationships	✓	✓
Positive Parent-Child Interactions	✓	✓
Low Stress Related to Parenting	✓	✓

FRIENDS Protective and Promotive Factors Survey – Community Response

Statistically significant change over time?		
	2018-2019	2019-2020
Concrete Supports		✓
Social Connections	✓	
Hope	NA	✓
Resilience	NA	✓

Eyberg Child Behavior Inventory (ECBI) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2018-2019	2019-2020
Problem Behavior	✓	✓
Behavior Conduct Problem	✓	✓

Dyadic Parent Child Coding System (DPICS) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2018-2019	2019-2020
Teaching/Talk		
Behavioral Descriptions	✓	✓
Reflections	✓	✓
Labeled Praise	✓	✓
Unlabeled Praise		✓
Questions	✓	✓
Comments	✓	✓
Negative Talk	✓	✓

Healthy Families Parenting Inventory (HFPI) – Parents Interacting With Infants (PIWI)

Statistically significant change over time?		
	2018-2019	2019-2020
Parent Efficacy	✓	✓
Home Environment	✓	
Parent-Child Interaction	✓	

Appendix E: Transitional Services Survey Results (October 2019)

Beginning in October of 2015, surveys assessing the wellbeing of young adults in Nebraska have been collected across the state twice annually (April and October) as part of the Connected Youth Initiative. Originally based on the Opportunity Passport Participant Survey designed by the Jim Casey Youth Opportunities Initiative, the Transitional Services Survey was developed and finalized via a collaborative process involving key stakeholders from across the state and is intended to understand how young adults are faring across several domains including education, employment, housing, transportation, physical and mental health, economic stability, and social support (permanence).

Results below summarize select survey outcomes and demographics for young adults statewide who have been involved in various programming and services as part of the Connected Youth Initiative, and who responded to the Transitional Services Survey in October 2019. The Transitional Services Survey was not administered in April 2020 due to the COVID-19 pandemic.

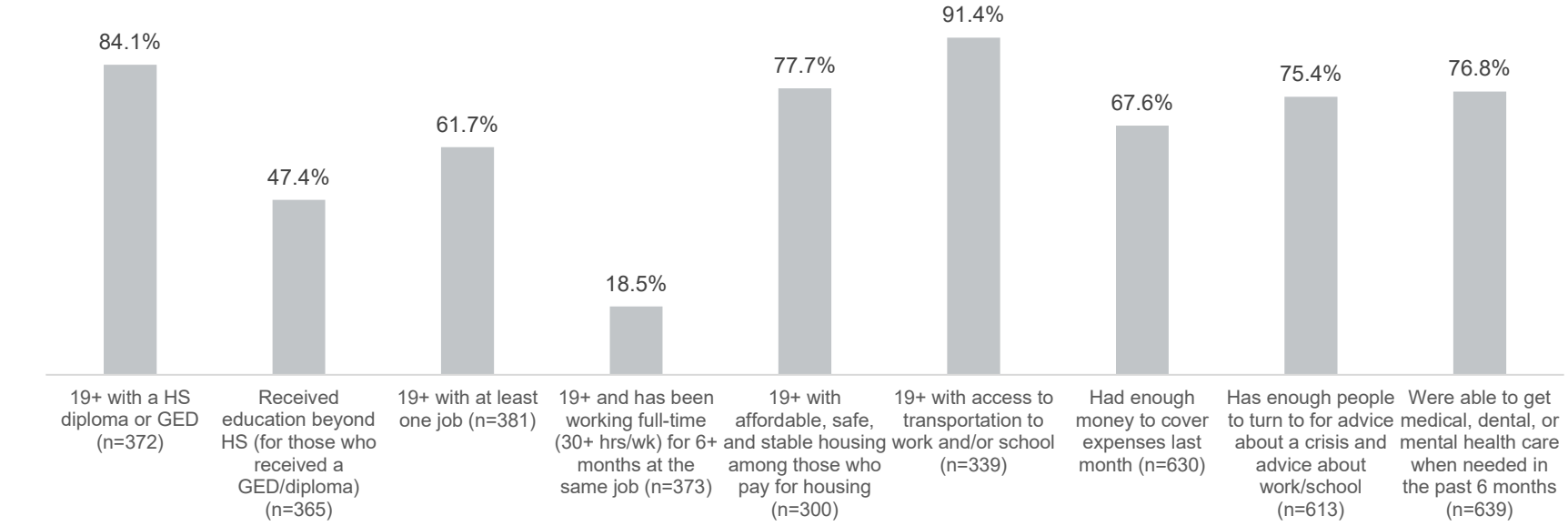
Transitional Service Survey Results

October 2019 Survey Administration

Statewide Results

Total number of responses statewide: **667**

Figure 1. Key indicators



Housing

Table 1	Average number of places lived in the past 6 months
18 and under (n=223)	1.8
19 and over (n=407)	1.8

Table 2	Current living situation							
Age	Foster home/ group home	Legal guardian/ adopt. parent/ other family	Biological parent	Independ-ently	With friend/ significant other	Indep. Living Prog./ Transit. Living Prog.	Homeless/ couch surfing	Other
18 and under (n=235)	34.0%	28.9%	14.5%	7.2%	3.8%	3.8%	1.7%	6.0%
19 and over (n=419)	0.7%	8.8%	10.5%	35.6%	22.0%	5.5%	9.1%	7.9%

Employment

Table 3	Employment status		
Age	Employed	Not employed, trying to find work	Not employed, not trying to find work
16-18 (n=214)	54.2%	31.8%	14.0%
19-21 (n=226)	67.3%	25.7%	7.1%
22 and over (n=122)	61.6%	28.8%	9.6%

Table 4	Combined education and employment status among those 19 and over (n=390)				
Not in school or working	Only working full-time (30 hours or more)	Combination of work and school	Only in school full-time (including GED)	Only working part-time (less than 30 hours)	Only in school part-time
24.9%	33.6%	21.8%	6.4%	11.0%	2.3%

Physical/Mental Health

Table 5	Type of insurance			
Age	No insurance	Medicaid	Other Insurance (parents, private, employer, or other)	Don't know
18 and under (n=234)	5.6%	75.2%	6.8%	12.4%
19 and over (n=424)	25.7%	53.5%	14.2%	6.6%

Table 6	Percentage of youth reporting unmet physical, dental, and mental health needs		
Age	Unmet Physical Needs	Unmet Dental Needs	Unmet Mental Health Needs
18 and under (n=233)	6.9%	14.6%	6.0%
19 and over (n=421)	18.8%	34.7%	18.1%

Note: Table 6 summarizes three separate survey items. The actual number of responses for each item may vary slightly from what is reported.

Social Support

Table 7	Percentage of youth with at least one supportive adult
18 and under (n=234)	91.0%
19 and over (n=421)	87.4%

Table 8	Average number of supportive adults (among those with at least one supportive adult)
18 and under (n=205)	5.1
19 and over (n=351)	5.4

Table 9	Percentage of youth with supportive adults by type of adult (family or non-family)	
Age	% with supportive adults who are family members (e.g., parents, siblings, grandparents, etc.)	% with supportive adults who are non-family members (e.g., foster parents, caseworkers, teachers, etc.)
18 and under (n=232)	77.2%	75.0%
19 and over (n=416)	77.4%	60.1%

Transportation

Table 10	Primary Method of Transportation						
Age	Public trans-portation	Walking or Biking	Own a car	Borrowing a car	Program staff	Friends/ family	Other
16-18 (n=213)	9.4%	9.9%	30.5%	4.2%	4.7%	39.4%	1.9%
19 and over (n=421)	10.2%	9.3%	55.3%	6.2%	0.5%	17.1%	1.4%

Financial Well-Being

Table 11	Percentage of youth with any savings
18 and under (n=234)	48.3%
19 and over (n=420)	32.1%

Parenting

Table 12	Parenting status			
Age	Neither expecting nor parenting	Not parenting, but expecting	Parenting, not expecting	Parenting and expecting
16-18 (n=214)	93.0%	1.4%	4.7%	0.9%
19-21 (n=226)	71.2%	4.4%	23.0%	1.3%
22 and over (n=198)	42.4%	7.6%	42.9%	7.1%

Demographics

Table 13	Age (n=662)			
15 & under	**16-18**	**19-21**	**22-24**	**25 and over**
3.2%	32.3%	34.4%	24.5%	5.6%

Table 14	Race/Ethnicity (n=651)				
White	**Black/African American**	**Biracial-Multiracial**	**Hispanic/ Latino**	**Native American/ Alaska Native**	**Other**
48.5%	16.1%	16.0%	10.3%	4.9%	4.1%

Table 15	Gender (n=651)	
Woman	**Man**	**Other/Prefer not to Say**
68.2%	29.8%	2.0%

Table 16	Percentage reporting a disability that affects their ability to engage in daily activities (n=655)
10.5%	

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