Community Well-Being
Community Response

2018-2019 Evaluation Report

July 1, 2018 - June 30, 2019

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Community Response (CR) Annual Report

July 1st, 2018 – June 30th, 2019

About Community Response

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

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. Public funding sources (state and federal) that supported CR in this evaluation, target families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually 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).

Central Navigation is the function by which families and young people are matched to appropriate services, referrals are made and shared across partners, and community data is tracked. Central Navigation also allows for the ability to fill gaps in existing service provision, either through helping agencies partner around a common goal, or through flexible supportive funding. Central Navigation is also the centralized location for expertise and coordination in community trainings and resources for specific populations, and often provides consultation to youth and family coaches.

By utilizing Central Navigation, Community Response partners coordinate existing resources within the community to help children, youth, and families either by matching them with a resource to solve an immediate need or by developing a longer-term coaching relationship. The coaching relationship creates a community safety net, while setting the foundation for youth and families to take the lead in setting goals, which increase their protective and promotive factors, builds hope, and increases resilience. Youth and family-driven goals can include:

Components of Community Response

Coordination of Services (Central Navigation)

Direct Services (Coaching)

Engagement & Leadership (Youth and family delivery, partnership & leadership opportunities)

- Meeting basic needs like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting and/or child development topics
- Building life skills such as job searching, budgeting, and money management
- Strengthening relationships and building community connections so everyone feels they have a “safety net” to ask for help

A Central Navigator is contacted when families with multiple crises (e.g., housing, basic life skills) cannot be resolved by one or two services or organizations and, if left unresolved, would likely result in higher-end system involvement, homelessness, and/or out-of-home placements. The Navigator and CR team of coaches engage with youth and families to build a plan, to resolve crises, and to create relationships with safety nets within their communities, to strengthen their family and remain intact.

In addition, in 2018-2019 Community Response work included an intentional focus on behavioral health. Analysis suggests that, as of early 2019, while some communities were still near the beginning of efforts related to behavioral health, many had already undertaken a considerable amount of work. Some of the work begun focuses on supporting individuals' (especially, but not exclusively, students') access to mental health services, while some of the work focuses on building the capacity of the community around mental health needs through, for example, training events and/or bringing in new, outside funding.

Evaluation Approach

This report summarizes the results of the evalulation of CR and examines the collective impact outcomes of the Collaboratives, which are the underlying foundation of the implementation for this strategy. Evaluation strategies include implementation and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of service was provided?” and “How well are strategies working for families?” Outcome data is used to answer questions such as, “To what extent did strategies improve child or family well-being?”

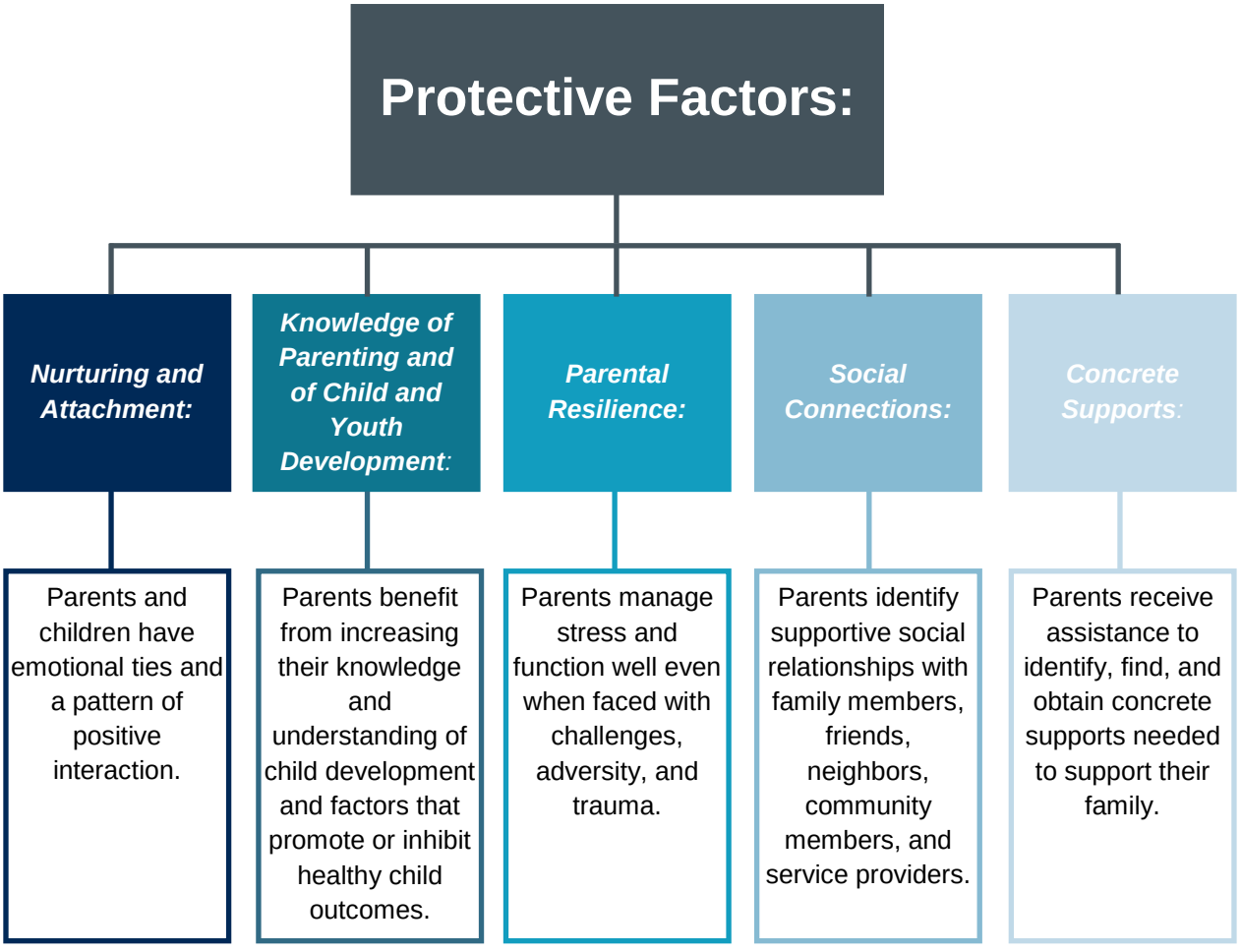
Furthermore, for the evaluation of funded prevention strategies, Nebraska Children (NC) has adopted Results-Based Accountability (RBA) as a data-driven, decision-making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of children, families, and their communities. NC staff, consultants, and evaluators have worked with the communities to develop a RBA chart for CR. 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?

Protective Factors

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



System Results: Collective Impact

As part of the annual reporting, Collaboratives report on current activities and challenges. The following is a summary of their feedback on the work during the current year.

What are the emerging structures of the Collaboratives?

Growing memberships and networking across Collaboratives. Many of the Collaboratives reported successfully expanding memberships. Several Collaboratives reported the helpfulness of cross-Collaborative networking within the CWB network, as well as within communities and across state lines. Shared expertise across Collaborative memberships has helped to address common agendas, e.g. supporting flooding victims, addressing mental issues, etc. Use of collective impact strategies has facilitated addressing these complex situations.

As the work of Community Response expands, CWB Collaboratives are finding themselves working together to improve their administrative practices. They worked with each other to share policies and procedures (e.g., forms and bylaws) and to refine and grow the infrastructures of their organizations. Communities learned how Community Response is deployed in their communities and how different communities structure their Collaboratives.

Changes in Collaborative structure. Most Collaboratives have a steering committee and larger Collaborative membership. Several Collaboratives described the emergences of new structures. Many of the Collaboratives were in the process of developing a committee structure that focused on specific aspects of their work. Each committee has a specific, defined task and their work is reported back to the steering committee and Collaborative.

What are the successes experienced by the Collaboratives related to collective impact?

Cross-agency work helped to address complex community problems. A primary goal of the Collaboratives is to examine “how our initiative is working and how we can better serve our communities.” A number of the Collaboratives described new partnerships that were forged to address these community problems. For example, Hall County Community Collaborative reported on their work on human trafficking in conjunction with immigration customs enforcement agencies. Others have developed a “resources committee” that comes together to share resources, identify ways to address gaps in services, and determine ways to work together to share costs. In all of these efforts, a key element for the process to be successful included building trust. Enhancing mental health services has evolved as a primary activity for several communities. The Collaborative in those communities was viewed as the best avenue to address the issue due to its cross-membership and use of collective impact processes. This work resulted in finding successful strategies to enhance mental health services in these communities.

The cross-agency work expedited communities’ ability to activate the necessary supports for flood victims. As one community reported, within the first 24 hours of flooding they had multiple agencies providing case management to families in the shelters and in other communities they helped provide legal assistance for flood survivors, manage grief and loss of victims through access to behavioral health services. The collective impact work of these communities provided the foundation that enabled them to address the disaster

efficiently and effectively. One FEMA administrator reported how remarkable it was that the community had come along so far just one week after the disaster.

Cross-community collaboration. Cross-community collaborations occurred through both structured events and individualized meetings. For example, the annual Peer-to-Peer Homeless Symposium provided round table discussions where participants shared ideas with other communities regarding strategies that worked and those that were less effective.

Data helps guide the work of the Collaborative. In the South Sioux community area, a tri-state strategic planning effort was initiated. They presented the idea of collecting community data over a broader area to better reflect the needs of the community. They developed a team comprised of professionals to participate in the collaborative effort. The group felt that the tri-state area could look at its strengths and gaps and better determine how to serve the community as a whole through examination of regional data. This beginning planning effort points to the importance of using shared measurement as part of the planning process.

> *Partners now come to meetings with ideas and proposals to share and the commitment to the work has been sustained, understanding deepened, and interest broadened.*
>
> A CWB Collaborative Coordinator

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

Increasing Collaborative membership. Several Collaboratives were pleased with their growing membership, while others experienced turnover in membership. In both situations, this can be a challenge with large numbers of individuals with diverse interests and backgrounds joining the Collaborative. It is essential that new members be well-versed in the work of the Collaborative. Coordinators reported the need to onboard new members and as part of this onboarding process, reconfirm their common agenda. One Collaborative coordinator coined this “transformation collaboration,” a process that requires a commitment of all partners to build and sustain relationships over the long term as they work toward a common agenda.

Need to revitalize the collective impact processes. A good reminder from one Collaborative was that collective impact practices need to be cultivated on an ongoing basis. Their Collaborative could see that there was a breakdown in trust, less effective cross-agency communication, and a shift towards working in silos. Their Collaborative is working to re-establish a common vision in order to build a strong foundation that will drive changes in their community.

Turnover of key staff. Several Collaboratives reported one of their biggest challenges was turnover of key staff, including their Executive Director, Coordinator, or Central Navigator.

Did the Collaborative leverage additional funding for their community?

One of the intermediate CWB outcomes was that their work would result in the communities' increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the communities. Overall, the Collaboratives have been successful in leveraging additional funds. Funds leveraged by partnering agencies and the Collaborative represent 36% of their total budgets.

CWB Collaboratives leveraged $3 million more funds than the previous grant year.

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

	2018-2019	2017-2018
Funding from Nebraska Children	$5,319,340	*$3,785,315*
New Grants and Funding Awarded Directly to Collaborative	$329,947	*$649,412*
New Grants and Funding Obtained by Partner as Result of Collective Impact	$2,728,504	*$637,139*
TOTAL	**$8,377,791**	***$5,071,866***

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

CWB Collaboratives engaged in a number of activities to promote **new policies** within their community including the following:

- Lift Up Sarpy members participated in committees who are addressing current policies that are affecting families in Sarpy County. The Committee has worked closely with Metro Area Continuum of Care for the Homeless (MACCH) and Department of Health and Human Services to track funding and engage providers in a discussion about the need for funding supports for individuals who are homeless in Sarpy County. For 2019, the Housing Solutions Committee has prioritized the need for accurate homelessness and at-risk of homelessness data and is focused on collecting that data and sharing it with elected officials and others. Due to the flooding in the areas, multiple CWB Collaboratives took an active role in providing leadership to support the recovery in their community, implementing new policies to address the needs that arose as part of this disaster.

CWB Collaboratives engaged in a number of activities to promote **new administrative policies and/or procedures** as part of their local Collaborative including the following:

- In an effort to improve regular tracking of Community Response activity, Lancaster County introduced monthly reporting with a centralized dashboard managed by the backbone. This measures both output and outcome data and allows them to track other Collaborative activity related to the success of the program (such as calls into Central Navigation v. calls eligible for service).
- Resulting from Facilitated Strategic Planning, York County Health Coalition has prioritized developing and initiating an Employee Handbook. Fiscal internal control policies were also prioritized and initiated.
- During the 100 Day Challenge sponsored by Lift Up Sarpy, matching funds became available to assist families. Initially it was expected that those funds would be available to assist families with a wide variety of situations, but it soon became apparent that the primary need was for families to have assistance with car loans. The Collaborative has developed a policy that allows families to get assistance with every third payment of an established loan, if they have been part of a financial education class, have an on-going relationship with a Community Coach, and can use the funds to maintain, tax, or insure the car. This prevents repossessions, helps the families not have to risk doing anything illegal, and keeps them able to have transportation to get to work.
- Douglas County Community Response Collaborative established MOU for the 15 Flex Fund member agencies that outlined roles and responsibilities. These were all signed. In addition, their bylaws were updated for their steering committee.
- Bylaws were also updated by the Panhandle Partnership.
- Families 1st Partnership created new contracts and new project forms were designed and approved.
- Norfolk Family Coalition reviewed their employee policies and decided to contract for employee payroll and benefits. For families, they addressed a transportation need by contracting with the Norfolk Public Transportation to offer free and low cost transportation services to families and youth, while also providing access to car seats.

State Policies

CWB Collaboratives recognize the importance of meeting with the state legislators to have a voice in state policy.

- Growing Community Connections (Dakota) worked to develop an elevator speech for business leaders that they can share with legislators that inform them about the Collaborative and the needs of families in their community. Their state senator has attended meetings to hear about the work being done. Hall County Community Collaborative provided advocacy training (e.g., Public Policy Advocacy is Not Scary) to help build the capacity of community partners to advocate at the policy level.

Building community leaders' advocacy capacity was also a goal of several CWB Collaboratives including:

- Norfolk Family Coalition identified and supported community partners to participle in the Nebraska Early Childhood Leadership Academy.
- The Panhandle Partnership had community agency staff attend the advocacy workshop at the NAM Leadership Conference.
- Hall County Community Collaborative members met with their State Senator about how to provide testimony at a public legislative hearing.

- Members of the Lift Up Sarpy Collaborative have communicated with State Senators frequently during the immediate impact of the flooding, and have also been in contact with the Mayor of Bellevue and the City Council, and County Commissioners and Administration.

Federal Policies

The backbone coordinator for Lancaster County met with an aide to Congressman Fortenberry to discuss how Community Response helps families in the Lincoln community.

A Collaborative Success Story

Dodge County experienced flooding in March that essentially made our community an island for a few days. This was a crisis a majority of community members had never experienced before. Now that we are few months out, we are so thankful for the foundation that Fremont Family Coalition (FCC) has built the past seven years. We have been told time and time again from FEMA, Red Cross, and other outside agencies how remarkable it was to come to a community that was so far along just one week in. What our community was able to accomplish in one month they say normally takes three plus months. Within the first 24 hours of the flooding we had multiple agencies provide case management to the shelters and hotels where affected families were staying. Within a few days they completed around 800 immediate need assessments! During this time we also relied on the collaborative connections with our school and health systems. Fremont Public Schools opened the middle school to be a shelter and we worked with Fremont Health to have a nurse at each site available to assist with medications, assess for sickness, and work with the case managers to purchase needed medical supplies. We are still a work in progress and will be for some time to come, but it is humbling to look back at those first few days and replay the countless hours of collaboration that took place between a diverse group of sectors. This strengthening of partnerships truly benefited the collaborative and made the community an even stronger unit moving forward. Now that we are in the recovery phase of the disaster, a long term recovery group (LTRG) was formed. Through strategic conversations, it was decided the community coordinator should chair the LTRG to keep the work aligned with FFC especially in areas such as housing and case management. Already having these work groups formed we wanted to keep the duplication to a minimum. Essentially we see the LTRG as a branch of FFC. This will also allow for new partners that sit around this group to become knowledgeable of work happening outside of flood related efforts.

Evaluation Findings: Community Response

OVERALL SUMMARY OF CHILDREN, FAMILIES, AND COMMUNITIES SERVED

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

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

The eleven CWB communities worked to implement CR as one of their Collaboratives' key strategies.

STRATEGY: COMMUNITY RESPONSE	2018-2019	2017-2018
Number of Families Served Directly	1782	*839*
Number of Children Served Directly	3627	*1787*
Number of Parents with Disabilities Served Directly	228	*110*
Number of Children with Disabilities Served Directly	290	*148*
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served[1]	15	*19*
Number of Staff Participating	131	*58*
Number of Organizations Participating	115	*74*

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

Large numbers of children and families received supports through Community Response across the 11 CWB communities. In comparison to the previous evaluation year, the number of children served directly increased by more than 1,800—from 1,787 to 3,627. Additionally, the number of families served directly increased by more than 1,000. The percentage of parents with disabilities and children with disabilities remained relatively constant over the two year period. There was also a large increase in the number of staff and organizations who were part of CR.

High percentages of families that received supports were at risk due to poverty. The population served was also racially and ethnically diverse.

Most caregivers identified as women (87%). More than three quarters of the families served were at risk due to poverty (91%).

What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This year there were 1,280 families (unduplicated count) that made one or more request. Three percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority of the funds were allocated for housing related needs, such as rent and deposits (54%). The remaining funds were spent on resources for families related to utility assistance (21%), transportation (10%), and daily living needs (4%). There was an 87% increase in the number of families receiving flex funds compared to the previous year.

$915,338 was spent fulfilling requests for assistance.

1,280 families utilized Flex Funds.

An average of **$715** was spent per family.

Housing and **Utilities** were the area with the most need.

> *My family and I were able to stay in our home, providing peace of mind. We also became aware of budgeting and how it can help accomplish financial goals.*
>
> A CR parent

Priority Area	Total Number of Families (Unduplicated) Receiving Flex Funds	All Dollars	Range of Dollars	Percent of Total	Average Dollars per Family
Housing	726	$493,175	$19-$5,536	53.88%	$679
Utilities	531	$195,090	$25-$2,672	21.31%	$367
Transportation	183	$87,024	$4-$5,245	9.51%	$476
Daily Living	139	$40,579	$20-$2,113	4.43%	$292
Mental Health	100	$35,541	$8-$1,990	3.88%	$355
Other	84	$28,152	$2-$2,249	3.08%	$335
Parenting	58	$16,818	$23-$2,550	1.84%	$290
Physical/ Dental Health	28	$9,429	$10-$1,163	1.03%	$337
Education	26	$9,380	$15-$2,054	1.02%	$361
Employment	2	$150	$70-$80	0.02%	$75
Total*	**1,280**	**$915,338**			**$715**

*Total is the total unduplicated number of families, it does not equal the sum of all priority areas due to families requesting Flex Funds in multiple categories.

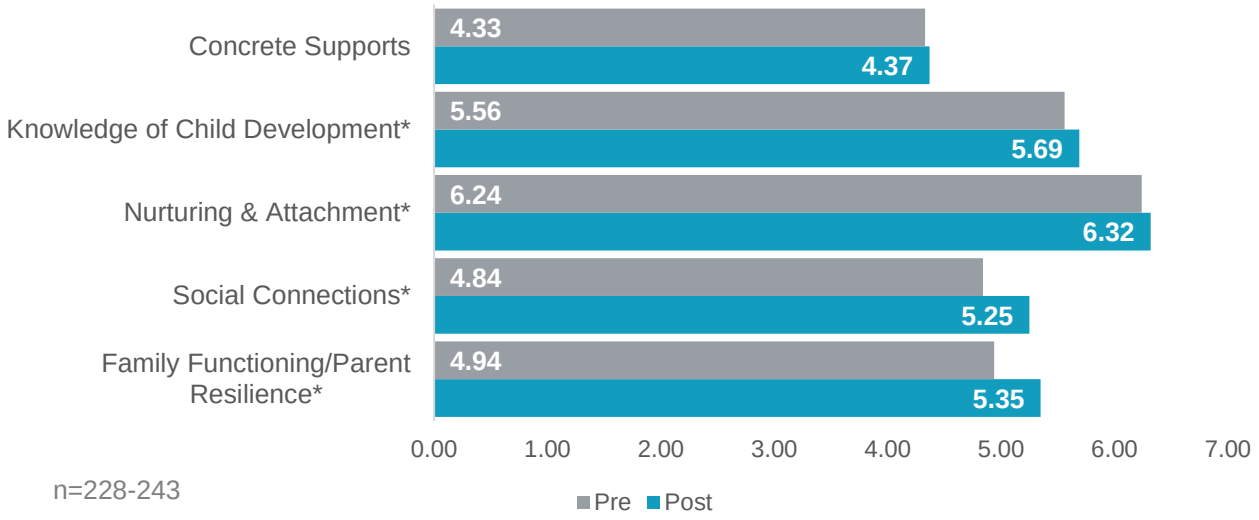
Direct comparisons cannot be made to the previous years, as new funding sources were leveraged, changes were made in how data were collected and reported, and changes were made in some communities in terms of how Flex Funding was implemented.

EVALUATION FINDINGS

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

Several strategies were used to evaluate the efficacy of Community Response. At completion of services (which was typically 30 to 90 days), families were asked to complete the pre-post retrospective version of the original FRIENDS Protective Factor Survey. A total of 243 parents completed the survey. A paired-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores. The results found that families made statistically significant improvements on Protective Factors in the areas of Social Connections [$t(241)=-5.032$; $p<.001$; $d=0.324$], Nurturing and Attachment [$t(227)=-2.467$; $p=.014$; $d=.054$], Knowledge of Child Development [$t(228)=-3.612$; ($p<.001$, $d=.239$] and Family Functioning/Parent Resilience [$t(243)=-6.529$; $p<.001$; $d=0.500$]. These results suggest parents participating in Community Response improved their Protective Factors at the completion of services in all areas except for Concrete Supports. Parents' rating of Concrete Supports were similar across time. Concrete Supports continues to be the lowest rated area. Families' strengths on the PFS were in the areas of Nurturing and Attachment and Knowledge of Child Development.

Parents participating in Community Response demonstrated significant improvements in Parental Resilience, Nurturing and Attachment, Knowledge of Child Development, and Social Connections.

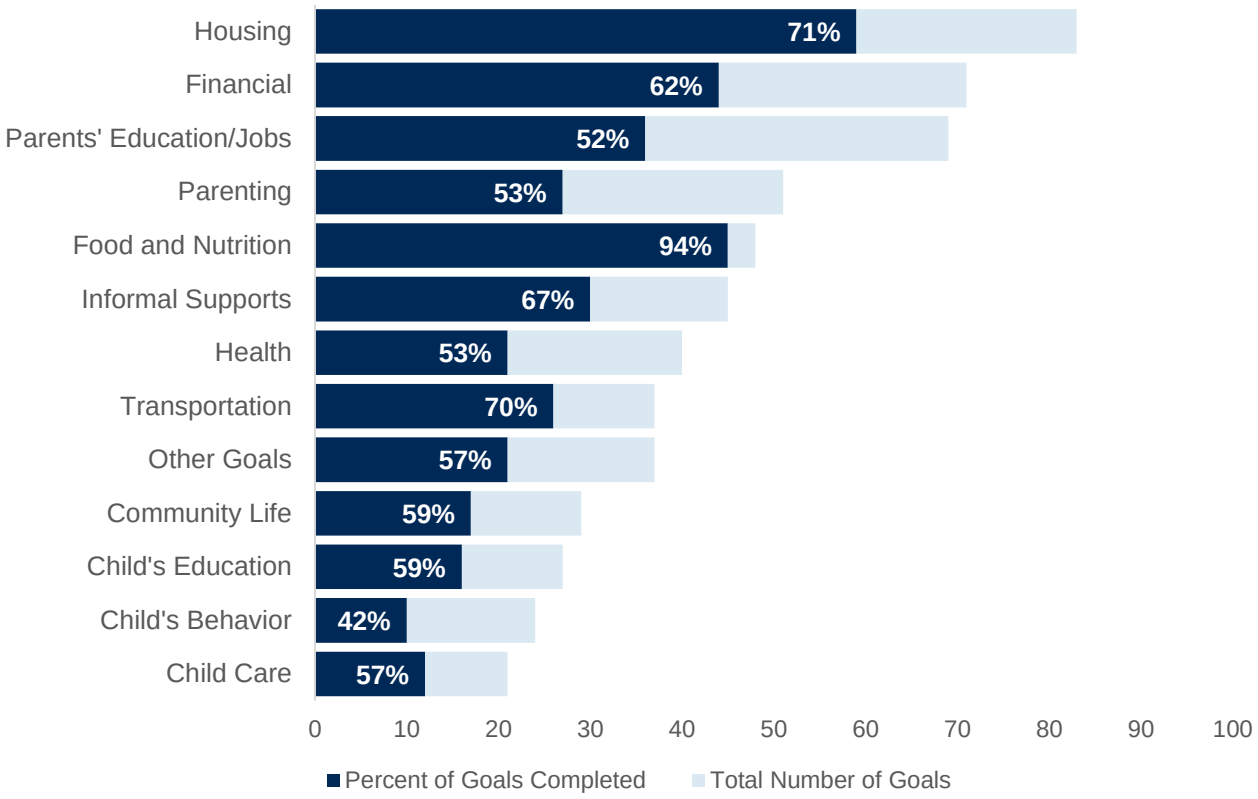


*Indicates statistically significant improvements over time.

Did Community Response help to support families reaching their goals?

Three hundred and seventy-eight (378) parents were discharged from Community Response and had completed data on goals. The results found that these families had 582 identified goals. Parents completed two-thirds of their goals (63%). In 2017-2018, families identified slightly fewer goals (513) with completion rate at 67%. This year, the areas that had the highest number of identified goals were housing (83), financial (71), and parents' education/jobs (69). The goal areas that had the highest completion rate were food and nutrition (94%), housing (71%), and transportation (70%). The goal area that had the lowest completion rate was health (42%).

Parents' most identified goals were in Housing and Financial Planning.
Success in meeting the goals varied ranging from 42% to 94%.



Did families' informal supports improve?

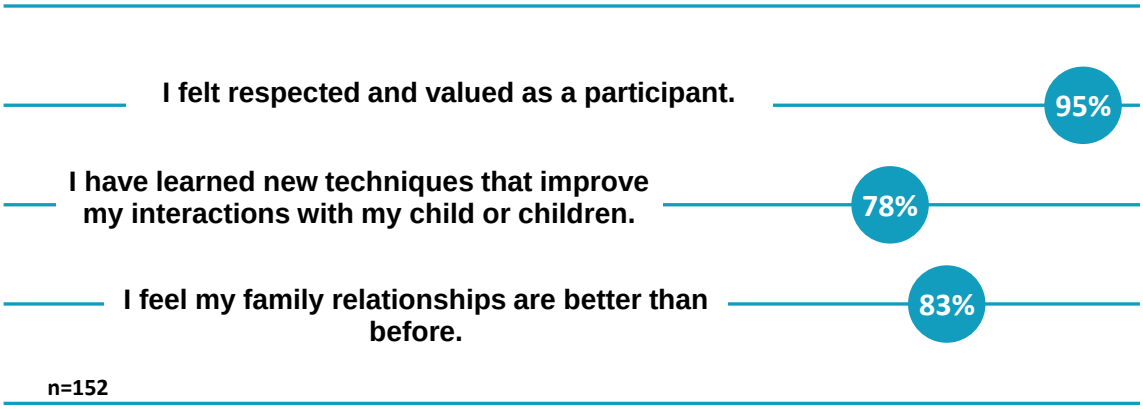
In addition to completing the FRIENDS Protective Factor Survey (PFS), families were asked at intake and discharge to identify the number of informal supports that were available. Results were based on the 355 families that had data in this area. At case closure, 35% of the parents indicated they had three or more informal supports. These results suggest that the majority of the families have few (<3) informal supports. This was a decrease from the 44% that met this indicator last year.

Were parents satisfied with Community Response services?

Overall, the parents that were served by Community Response felt respected and valued by staff (95%). Most also reported that their relationship with their child had improved (83%). The majority reported having learned at least one technique to help their child learn (78%).

> *We learned to be active parents, which means better parents.*
>
> A CR parent

Were parents satisfied with Community Response?



New parenting skills. Parents described many areas that supported them to improve their parenting skills. They discovered new ways to help their child learn and had fun as they engaged with their child in these learning activities. They expressed that they could see their child learn new skills. Parents also reported learning ways to "discipline him better." Learning strategies to support their child's social skills was equally valued.

> *Our family time seems to be more valuable than before. We have learned there are more amazing generous helping people today than we realized.*
>
> A Parent

Social networking. Several parents expressed that they benefitted from the social networking that was available. This was beneficial to them and their children. As one parent commented, "having fun and playing with other children" was helpful for her child. Another expressed "meeting other families from our area was a benefit to her."

Growth as a family. The goal of many of the Community Well-Being strategies is support the family as a whole. This was a positive outcome for several families as they reported they found "new ways to cope with each other," "solve their own family issues," and to "deal with their behaviors and emotions." In addition, they enjoyed the opportunity to spend time together as a family.

Access needed services. Parents expressed gratitude to staff for the support they received in accessing needed resources. They expressed that they were often in crisis and these resources came at an important time. As one parent said, "it saved my life by giving me resources and helping us." Samples of the wide range of resources that were accessed include support for employment, payment for rent and utilities that helped to stabilize their housing situation, and helping families get current on their bills.

A Community Response Family Success Story

A family reached out to a Case Manager in October 2018. At the time they were living in a motel room. The case manager and the family worked through a central navigator and set goals: education for the youngest child (who was not enrolled into school at the time) and locate permanent housing. During CR, it was discovered that the biggest barrier the family was facing was mom's mental health. In the 2 ½ months of active CR, mom was hospitalized 4 times due to her mental health. She had difficulty following through with assigned tasks and her mental health became extremely concerning. The last time the mom was in the hospital the team decided that it would be beneficial for the family to enter the community emergency shelter.

One of the major positive contributing factors was that mom had a relationship with her Advocate who was able to be her shelter case manager. This made the transition smoother. While in shelter, mom had the opportunity to work on her mental health without the fear of losing housing. Her child stayed in school and recently graduated. Mom was approved for permanent housing and recently moved into her own apartment. Mom is currently working to get on disability and she has not been hospitalized since checking into the emergency shelter in January 2019.

A great deal of this family's success is directly related to Community Response. Without the initial contact and having a team that was able to identify barriers quickly and work to assist overcoming them, the family would have continued to spiral. CR allowed the family to meet with professionals that could help them and made the family comfortable enough to enter the shelter to work on achieving stability for their future.

RESULTS OF COMMUNITY FOCUS GROUPS ON COMMUNITY RESPONSE

Community Response (CR) is implemented in eleven Collaboratives receiving funding via the Community Well Being (CWB) grant through Nebraska Children (NC). NC has provided guidance, best practice, and structure for CR, but each Collaborative was encouraged to tailor the system to meet the needs in their community. In the spring of 2019, each Collaborative's evaluation point of contact conducted focus groups with CR stakeholders in the community. Stakeholders included some combination of that Collaboratives' Coordinators, Central Navigators, Community/NC Consultants, Steering Committee Chairs, CR Agency Administrators/Representatives, CR Coaches, CR Workgroup Committee Members, and/or Community Members (e.g., Health and Human Services, behavioral health, faith-based, and law enforcement representatives). Focus groups were completed either in person or via video conferencing software and included all the stakeholders for that community in one discussion, with two communities dividing their stakeholders into two smaller subgroups for discussions. Eleven focus groups were completed in total. This document contains a summary of the results across all communities and is organized around the key themes addressed in the focus group questions: Structure, Public Awareness and Access, Training and Core Competencies, Evaluation, and Overall Feedback on CR. (see Appendix B.)

What is the structure of Community Response?

Most communities' CR work was situated within their Collaborative, as a core function supported by their CWB funding. The specific structure of CR, however, was unique to the Collaborative. Decision making capacities were sometimes shared or allocated differently between the Community Coordinator, the Navigator, and/or a steering committee, and the partnering agencies. Some communities CR backbone agency was the Collaborative, for others it was a delegated community agency.

Nearly all focus group participants spontaneously shared that their goal in CR was to help families help themselves and that the CR process was structured around meeting this goal.

Roles of CR Staff

Central Navigator. All Collaboratives' CR systems utilized a Central Navigator (CN) who is a point person for the CR work in their communities, although in one community, there are two CNs who each serve different locations and, in another community, the Collaborative's Coordinator acts as the CN, as they currently do not have the CN role filled. This CN was often the first point of contact for families and was typically responsible for intake of CR cases, determining family eligibility for CR services, completing paperwork related to CR, and connecting individuals with their Coach or referring them to other resources to meet their needs. CNs often served as the coordinator for education and awareness, training both agencies and interested families on the CR process, and were considered a resource for CR stakeholders to get additional information; as one interviewee said, "When we find we need to know more about resources, she goes out to resources and gets information and brings back to the group." Management of emergency requests and all the financial considerations, including flex fund distribution, was also often coordinated by the CN. The terms "the connector" and "the backbone," were used to describe the CNs.

> *"I've seen [CN] be very creative, have lots of creative ideas when we talk about what's needed and trying to keep people out of the system."*
>
> A Collaborative Member

Coach. The Coaches, sometimes referred to as case managers, peer support workers, advocates, family support workers, home visitors, parent connectors, peer mentors, community resource partners, community response liaisons, family stabilization workers, or family living specialists, were often housed in an external organization and had additional job titles through those organizations (e.g., director of prevention services, therapist, outreach volunteer, or school social worker). Many families were matched with their Coach based on a referral from their CN, but sometimes families were already connected to their Coach through work they were doing with the Coach's agency. In some communities, multiple partnering agencies would work together to identify families in need and refer cases to Coaches at sister agencies if that agency could better serve the families' needs.

> *"Money is just not covering everything, families need way more help than that…If I am going to be in the home I am going to help with more than just resources, help them with knowledge so that they can be successful with their kids since we are trying to keep them out of Child Protective Services."*
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> A Collaborative Member

Coaches typically met with the families to understand their situations and their needs. From there, they developed a plan and connected the family with available resources to meet those needs. One community used a tiered system, where an Advocate would take the global role of a Coach to meet the immediate needs of the family and make a plan, then refer the family to a content-specific coach if they needed more in-depth coaching in a specific area (e.g., parenting). Many Coaches reported working closely with members of other organizations (e.g., social workers, school/childcare staff, therapists, law enforcement, and other community support organizations) to provide wraparound services for the family. The process was often described as "family-driven," as Coaches tended to develop the closest working relationships with the family and then tailor a plan to meet their specific needs, adjusting as the Coach became aware of new or changing needs. Most interviewees lauded the role of the Coaches because so many excelled, however, one also noted how difficult the job can be on the Coaches themselves, discussing the "shame" and heartache they have to navigate every day.

Community Coordinator. Community Coordinators, typically the directors of the Collaboratives in which CR is situated, often played a big-picture role, helping to braid CR services and needs into the greater collaborative process. As one stated, she had "the best role of all; I get the job of being the connector!" Community Coordinators were the ones "in the know" about issues and facilitated the sharing of information and resources across agencies. They worked to grow the CR program, recruiting more partners and Coaches, and could advocate for larger-scale change when gaps in community supports were identified. Many Community Coordinators also played a role in financial tasks, such as when and how to distribute flex funds or managing funding and payments to providers. Some Coordinators worked hand-in-hand with a steering committee, often leaving decision-making powers in their hands. Others indicated they were in a "supportive role to the CN."

How does CR funding work?

Funding streams were complex and unique to each Collaborative. In some CR systems, each partnering agency had separate funding. Some Coaches or providers would bill the Collaborative for their time, but in other CR systems, funding for the Coaches' time was not covered by CR funds. In one pilot program, everything was covered by Promoting Safe and Stable Families (PSSF) funds facilitated by the Collaborative.

For most Collaboratives though, funding was deliberately blended. Funds came to the Collaborative and would go out as needed, although sometimes certain funds were earmarked for specific components of CR. These braided funds provided support for some combination of: Coaches' time, CR administration (e.g., the CN's salary or CR intake and time spent at meetings for Coaches), services provided to CR families, the strategies the Collaborative implemented (in which CR families sometimes participated), and/or wraparound services such as transportation to access services or childcare while other supports were sought.

Funds came from CWB contracts, other grant sources such as Rooted in Relationships, non-NC funded grants, United Way, North Eastern Community Action Partnership (NENCAP), Eastern Community Action Partnership (ENCAP), and directly from the agencies providing the services, or through private money.

Several focus group respondents indicated that financial support from NC remained critical to their success, however, they also shared their efforts towards sustainability. "Even when the contract is over, we will continue to fund the CN as this is a critical position."

What are the gaps in the prevention system?

Focus group participants were asked how gaps in the prevention system were identified and handled. Most indicated that those in the field (e.g., the CN, Coaches, service organizations, or workgroups) were the ones who would identify the gaps. Typically, these individuals would reach out to others in the field to troubleshoot and identify resources and strategies to address the gaps. In some cases, they asked CR leadership (e.g., a steering committee, a Board, Visionary Team, or a task force) or the larger Collaborative meeting to discuss the issue more globally so more systemic issues could be addressed. In some communities, there were regular meetings dedicated in part to discuss gaps and identify resources. One community used their CN reports to identify themes of the needs/gaps. In all cases, focus group respondents indicated that addressing the gaps was a joint effort across many groups who shared resources and supports. One interviewee summarized it as, "Identifying gaps is about coming back to the Collaborative to ask 'Could this work and who can help to do it better?'"

Gaps that communities were facing included lack of affordable housing, homelessness, reliable transportation options, support for utilities, access to mental health supports, access to behavioral health supports, and services for undocumented immigrants. The identified CR system gaps included increased budget needs around the holidays, cultural awareness needs, sustainability, braided or parallel support with other programs such as Alternative Response, and identifying the parameters of that community's CR capacity (or, as they stated, "What can fit in our wheelhouse?").

What is the public awareness and access to CR?

Referrals

For most communities, the largest referral source was their local school system. Other referrals came from partnering agencies (e.g., non-profits, other groups providing community and family well-being programming, or governmental organizations like Department of Health and Human Services), medical and mental health providers, justice and law enforcement organizations, faith-based organizations, and local businesses (e.g., municipal light and water companies or landlords). Some communities noted their connections were with the administrators in each of these organizations, as well as with the "front-line" employees. Self-referrals were also a large percentage of some communities' referrals. In addition, "snowball referrals"— referrals from one family who successfully met goals to a friend or neighbor— helped bring in families and also help with buy-in.

Publicizing

Logically, most programs publicized CR with the organizations who ultimately became their largest referrals sources. For example, CNs would give presentations to school or partnering agencies and leave brochures and CR referral documents. Other advertising strategies included interagency publications, partnership meetings, distributing literature (e.g., flyers, postcards, or newsletters) and/or providing literature for partnering agencies to distribute, digital media (e.g. Facebook and websites), presence at community events, and inclusion in Resource Guides. Word of mouth was also commonly noted as a way information about CR spread through the community.

Several communities noted they deliberately limited or restricted their advertising, to avoid overwhelming the system or to avoid the public perceiving them to be a "bill-pay source." As one interviewee stated, "It is tricky, as you want to advertise, but don't want to advertise so we are flooded."

Criteria for Access

Each community had a different set of criteria to determine who can access CR or Flex Funds. Many required recipients to be pregnant or parenting (e.g., must have a child under 16 years old in the home, where age varied by community) and/or geographical constraints (e.g., living or attending school in the community served). One community would prioritize families at greater risk, using protective factors and a priorities checklist to track the information. Some communities had income guidelines or would conduct a credit check. Some required that families have "a need that is vital to maintain the stability of the family," and/or required potential participants must provide documentation of a shut off notice or eviction. All communities required that the family not already be in the Child Protective Services or Department of Health and Human Services Systems. One community has no restrictions on who could access their services, but did have programmatic requirements before funds would be released. A one provider indicated, "You don't just solve the problem. You help the families learn how to solve the problem on their own, so going forward it is more sustainable."

Most communities indicated that regardless of their other criteria, there must be a sustainability plan in place before any money would be spent (Flex Funds or otherwise). Communities also often preferred to check with partnering organizations first to see if a family's needs could be met with existing resources and/or braid their financial contributions with those from other organizations. Willingness to participate in coaching was also sometimes noted as a requirement, as was participation in special programming, such as a financial education workshop. Other specific programs, like mental health vouchers or car payments, may have had additional or differing accessibility requirements.

Flex Funds without Coaching. Focus group participants were asked about the percentage of families who only access Flex Funds without Coaching. Responses varied greatly across communities. In some, "that number is very low" because they have found that a family in need rarely needed just cash. As one CN noted, "When the coaches go to talk to them, they will find other things they need/qualify for. They may come in for utility assistance, but also qualify for housing assistance and we have them apply for that. If they can get some housing assistance that helps with cash flow, so they are more able to pay bills." Some communities reported higher levels of coaching because of how CR was structured; families were already connected to a Coach before they are ever referred to CR/become aware of Flex Funds. Other communities indicated that families who showed up for a one-time need might access Flex Funds and then return in a few months to take advantage of the case management and coaching of CR. One community said their number was zero, because all Flex Funds recipients must receive coaching, although the depth of the coaching varied by family need.

Other communities found that some families "just need that hand up and don't need other services," were only interested in "one-time, basic needs," or needed Flex Funds to fill in the service gaps not covered by other organizations. The percentage of families in this category ranged from as few as 5-10% up to about 60% of a community's CR recipients, although respondents noted those numbers fluctuated. Sometimes families fell into the "Flex Funds only" category because they would fail to participate in the case management plan after their emergency need for the funds was addressed.

Creating Family Buy-in

Some communities indicated buy-in was not difficult to obtain, because "there is an unspoken understanding that if they come to you and are requesting assistance, it's not just about getting a check. It's about helping them get to a better place" and "families are far more interested in support." Others did not have to worry about buy-in because it was a pre-requisite of the family's participation in CR; families understood that the coaching was a component of the services they were requesting.

Strategies to increase buy-in usually included developing relationships, building trust, and giving families agency in the interactions. Trust was built on various levels, sometimes with the Coaches, sometimes with the CN, or with the agencies before the family was ever referred to CR; if buy-in failed with one of these levels, often others could salvage the relationship so the family could receive some supports. Some respondents also noted the importance of managing expectations; "When you have people who are referring for prevention and they don't really understand what that looks like, or they think they have this program and they are going to be 'fixed,' that is a misunderstanding." Likewise, families needed to understand what they were committing themselves to, as some preferred to not to "do the hard work" or had good intentions but "fizzle out" after a few weeks.

> *"We create these relationships and they don't just go away after 90 days. Those same folks tend to connect with the people that they trust or who they have the relationship with. I often joke and say that we have 500 clients. We don't have 500 clients on the books, but if you add up our current, plus all of the past, it seems that way."*
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> A Collaborative Member

Family concerns that CR staff reported needing to address included fears around Child Protective Services (PS) or Department of Health and Human Services (DHHS) involvement, legal struggles (e.g., immigration status or drug- and alcohol-related challenges), privacy concerns (e.g., embarrassment at requesting services or anxiety around having a Coach in their homes), and disqualifying their eligibility for other services. "Sometimes it takes a lot of explaining, reassuring, etc. I tell them, 'If at any point in time you don't want to participate, just tell us and we are done.' That seems to work sometimes, knowing they aren't 'in the system.'" Coach and support staff follow through was also an important component of building trust with the families.

Regardless of buy-in at other levels of the process, several communities reported struggling with dropout after the family resolved their immediate crises. Families feeling like "they can handle things from here" and/or an unwillingness to make the time and resource commitment needed to attend regular coaching sessions were thought to be barriers for sustained participation.

Length of Engagement

Engagement windows varied by family needs, although most communities reported their average family was engaged in CR for between 30 and 90 days, with some engaged for only four weeks and others regularly checking in for support up to six months after enrollment. Some communities had strict limits on how long families could be in CR, but others welcomed longer engagement from families who were interested in continued coaching. One community indicated their average family was enrolled around 18 months and another reported that their partnering agencies would engage families for five years or even longer.

> Families who received flex funds came back for coaching rather than funds when then needed additional supports.

Some communities noted that sometimes they saw re-engagement from a family who previously exited services. Typically though, these families came back for specific coaching supports rather than for funds and/or the re-engagement was via informal channels, such as maintaining a relationship with their Coach or the CN and checking in when they need additional supports.

What training and core competencies are important for CR?

Essential Trainings

Focus group facilitators asked the stakeholders what were the essential trainings for the various CR staff roles. Below are the trainings each group requested or reported were helpful. Many noted that trainings were available to them, but they struggled to find the time and finances to pay for themselves/their staff members to attend. Some CR sites and/or their partnering agencies had training requirements, but they varied greatly between and even within communities. Some noted that those in their role would also benefit from strong soft skills (e.g., relationship building skills), "an understanding of families," and having backgrounds in case management. In one community, the focus group conversation prompted a discussion where a Coach interested in a training was connected to the resources she needed in order to access that training.

Central Navigator. CNs reported wanting or enjoying training on Motivational Interviewing, the Family and Youth Thrive training, Bridges out of Poverty, Trauma-Informed Care, Family-Centered Services, and Your Money Your Goals (offered for families, but helpful information for CNs to know). Others wanted to see training programs developed around the specific policies and procedures of programs, data collection and usage, the Protective Factor Survey, and how providers could increase protective factors, and formal training on how to be a CN.

Coaches. Many Coaches and/or their supervisory CR members (CNs or Community Coordinators) suggested Coaches receive training on Motivational Interviewing (e.g., Asking the Right Questions), Trauma-Informed Care, Mental Health First Aid, Project Harmony's Ready Set Change, Your Money Your Goals, Safe With You, and annual refresher trainings on child abuse prevention. Coaches also did/would find it helpful to have trainings on the specific resources available in their area, training on CR and its related processes (including training on how to complete paperwork and agency-specific policies and procedures), case management training, budgeting training, and finding solutions to specific problems like homelessness.

> *"Now we have relationships with community agencies/businesses and can say, 'If I pay a lower amount, will you not cut off services for this family?' and they usually will. That gives the family time to get support to figure it out themselves/make sure it does not happen in the future."*
>
> A Collaborative Member

Partners/Collaborative members. A couple of communities indicated they shared pieces of their Collective Impact training with the larger Collaborative, as it was a core feature of their Collaborative's work. Several Collaboratives also had monthly speakers who sometimes incorporated trainings into their presentations and/or promoted information sharing between Collaborative agencies. Many of the same trainings noted for the CNs and Coaches were also advertised at Collaborative meetings and partnering organizations could send staff to participate in any that were relevant. Other trainings specifically noted for Collaborative members included understanding Child Protective Services reporting, Rent Wise, understanding BOX and CWB data collection procedures, working with clients with mental health challenges, trainings to bolster parenting skills, and how to handle severe cases.

How does CR staff onboarding occur?

Several staff members indicated they had no formal onboarding, indicating they were trained with a "trial by fire" or "throw you out of the plane without a parachute" approach. For many CNs, they were the first in the role and they had to create their own position, learning as they went along. Staff turnover can re-create situations where incoming staff do not have the support of previous employees and have to start over and train themselves. Some did note the support they received from those in similar roles at more established CR communities.

One CN noted that the structure and goals of CR in her community changed as she onboarded, which changed what was expected from her as a CN. "When we first started, we were more crisis response. It's evolved into now, 'Let's take a minute, step back, and look at the big picture.'" This community recognized that if they were to onboard a new CN now, he or she could be trained in a different way than how the current CN was onboarded. "I could train someone to do this, rather than approach with that crisis mentality we started with."

For staff coming into established positions and/or established CR systems, many communities had plans for onboarding them. These policies included mandatory or offered trainings, one-on-one time with current staff and/or peer training and mentorship, orientations on the CR processes and procedures (e.g., paperwork conventions, data entry, Flex Fund policies), regularly scheduled meetings for Coaches/etc. to connect and support one another, and expected participation in larger Collaborative activities (as one focus group respondent noted, "Networking is essential!"). Many partnering agencies had their own onboarding policies for new staff members as well.

Parent and Young People Trainings

Many CR groups did not offer any specific trainings for parents or young people, however, they noted that their larger Collaborative had multiple options for those looking for these kinds of supports (e.g., Parents Interacting with Infants, Parent Child Interactive Therapy, and Circle of Security-Parenting). One community specifically noted they referred families with training needs to other agencies rather than CR because "CR doesn't want to be a competing organization."

Those that did offer specific trainings sometimes did so via their Coaches, who passed along skills they learned from trainings such as Your Money Your Goals or Families Thrive. Other classes in individual or group settings that have been offered include Opportunity Passport, Community Cafés, Parent-to-Parent parenting classes, health classes, Make It Happen, discipline boundaries, Getting Ahead in a Just Getting By World, Adult 101, Community Thrives, leadership classes, behavioral health trainings, Systems of Care, money management, and Parenting Youth. Classes they would like to offer include cultural training, life skills (e.g., hygiene, cooking, and cleaning) and child safety (e.g., CPR). One community reported being in the planning stages to offer trainings, having completed a focus group to assess parent needs.

How is the data collection and submission process working?

Each community had their own system for collecting and submitting information. Most CNs were the spearheads for data collection. The person in charge of the data component was typically responsible for keeping track of referrals, Flex Funds, and the related information (e.g., intake forms). They typically were also responsible for collecting forms from Coaches or other relevant partners and uploading that data onto BOX or inputting it into their preferred data system.

Incentives. Many communities did not offer incentives, saying, "I didn't know we could do that!" Others indicated they had incentive programs in the past but did not currently use them. Many who did not use incentives encouraged a move toward them, as a win-win for both parties; "Teen parents would appreciate and use gift cards. The data would be helpful to support evidence-based practices." Other programs would have liked to use incentives as an opportunity to strengthen relationship building.

Those that did offer incentives indicated they provided access to the local food pantry or offered gift cards, typically in exchange for completed surveys (e.g., the PFS). Another CR community framed benefits of participation as an incentive, saying, "If you fill this out, we will be able to help you. We need this paperwork so we can give you the funds." Communities with incentives pointed out there had been an increase in survey completion since introducing incentives and noted their observation that families "seem less annoyed at having to complete a survey that is slightly challenging." This "carrot" incentive also made it more likely that families who came in expecting Flex Funds only would engage in some of the deeper CR Coaching and supports.

Challenges. The most common challenge noted for data collection was participant disengagement and an inconsistent timeline for participation (e.g., some end coaching at 30 days, others stay for 90 days, and some stay connected to the CR system for more than a year), making it hard to know when to complete end-of-service surveys and paperwork. Once families received the help they requested, they may "ghost" the CR staff and not respond to phone calls or emails. Other barriers to contacting families for paperwork included

inconsistent housing/addresses, frequent changes of phone numbers, and overall mobility. One community noted their success in mailing forms to families before services are provided, indicating they had a "good response rate from this method."

Additionally, some families have a "mistrust for the system" and are uncomfortable filling out forms. Some have noticed that some families will mark the same responses for pre and post questions on surveys, just to be done. One focus group respondent suggested online forms families could complete in their own time may increase honesty.

The Protective Factor Survey was specifically noted as problematic by one CR group. Question wording and changing scales may result in families misinterpreting the questions; "It is confusing sometimes because the scale reverts from positive to negative, or vise-versa, and I think sometimes they're still marking the numbers as it was originally presented, so sometimes I'm not sure if it's honest or if they're interpreting the question right."

Not all CR stakeholders "appreciate the importance of the data," so encouraging them to collect and report it can be a struggle. Showing these individuals the value of data increased their motivation to collect it. Communities also reported workload and redundancy of forms as a barrier to data collection. Completing multiple sets of forms (i.e., those required for evaluation and their local agency) takes time that the Coaches cannot always spare. Data submission deadlines often conflicted with community transitions (e.g., June 30th fell around the end of the school year and Dec. 30th was just after winter holidays) and the demands on staff time were high. One group spontaneously shared, however, that "paperwork is much better," although it was unclear if that was specifically in reference to the paperwork related to data and reporting. Lastly, one community noted that the type of data collected may not accurately tell the story of the services they provide. For example, saying a community served a specified number of families with CR does not address how many person hours were spent providing those services. Complex and extended needs required a lot of staff resources but were not well-reflected in the reporting on CR.

Data Sharing

In some communities, either the CN or the Community Coordinator would provide a monthly CR overview report to stakeholders (e.g., a steering committee, CR workgroup, Board members, or Coaches). Information about who was served and how funds were spent was reportedly useful. One community noted they once reported on this data over a three-year period and found that tracking how usage changed over time was helpful. Some communities also or alternatively shared evaluation data on the larger CWB collaborative work. Either their evaluation point of contact or their Community Coordinator would present at a Collaborative meeting and/or to the Board of Directors.

One group discussed moving to a more centralized database so everyone would have access to information about the clients they were serving. The group discussed Service Point, but determined it was not an option. When the group was smaller, they could share details about the families they served and what CR paid for, and they found it useful to have a global understanding of each family's services. Another challenge a focus group identified around data sharing was their feeling that they did not know how to make data "presentation worthy" and were unsure of the current, evidence-based best practices for data sharing. Training from UNMC and their evaluators would be appreciated.

Overall, when data were shared, they were viewed as useful and helpful. "I don't think they realize how many people we have the opportunity to serve." Data were shared out to engage Collaborative and community members, show program effectiveness (e.g., "[The data] helps people to see this actually works!"), inform policy decisions, promote the CR program, and improve services for families.

One community noted greater engagement in the data after summarizing it into infographics and highlighting the pieces they thought their Collaborative members would find the most useful. The full evaluation report

was made available to everyone, but the summarized data tended to be more useful. Another community independently reached the same conclusion, hypothesizing that dashboards would be more effective than full evaluation reports; “They can identify with pieces of the dashboard. But the overall report, no.”

What are the benefits of CR?

The flexibility of the CR system was lauded during many focus group conversations. Flexibility around who to serve, what services to provide (e.g., helping with needs no other organizations could cover, helping with unique and complex situations, and helping with emergency situations), and when/for how long to serve families (e.g., the ability to address immediate needs) all helped CR fill gaps that the individual community services could not address. The ability to provide one-on-one services, tailored specifically to the family’s needs, was another key piece to CR’s success. One last positive about the structures of CR that the focus groups discussed was the interagency cooperation, which allowed families to be served by those best suited to provide them solutions and to help “frequent flyers” out of their pattern of service hopping and guide them to a long-term solution instead. Following a Collective Impact model resulted in “a partnership that gets things done rather than a partnership that talks about how we can partner and no work gets done.”

> *“[We are] working with families who have limited supports, so one barrier can lead to other stressors. If we can be that support to stop that one barrier, we can limit the other negatives that would otherwise come. Provides a hope.”*
>
> A Collaborative Member

Positive outcomes deriving from CR work included benefits to the family, benefits to the partnering agencies, and benefits to the community/system. Connecting families to resources and funding not otherwise attainable improved quality of life for families (e.g., reduced stress and strengthened family relationships), taught families life skills, and ultimately, helped “families be successful.” As one focus group participant noted, “It is preventative. For some, [it may be] just a Band-Aid, but for others, it is a bridge so they don’t need the Band-Aid.” Another noted, “Even if coaching only lasts a short time, people grasp something from that. They’ll carry something forward and if something happens in their future, [they will have the resources to address it].” Interviewees also felt that CR succeeded in keeping families out of Child Protective Services, ensured the safety of families, and was “keeping families together.” CR teams also noted the societal and financial savings associated with keeping families out of these higher levels of care systems. One community shared a story of a conference call with their local hotline agency where the hotline workers said, “Hey, we noticed we have a huge decrease in our calls coming out of [City] and we think it is directly related to [Collaborative] and the Community Response being done.”

Benefits extended to partnering agencies and social systems in each community as well. CR work resulted in increased interagency communication and collaboration; “Agencies in the community are frequently competing for clients and grants…this is not occurring at the steering committee level. The mindset is how we

can help together the community together." This increased communication and cooperation helped individual agencies provide better services while strengthening overall community resources; "I think we have been more in tune with what is going on as whole in our community. I have seen CR help to fill in the gaps in services."

> *That is a good driver for us, by having that common goal we know we can't do it alone and we need to be working together to get this done.*
>
> A Collaborative Member

What are the challenges of CR?

The largest of the challenges is limited capacity. Several communities noted the need for more Coaches (specifically, Coaches willing to approach the work in a CR way). As one person noted, "Everyone who is doing coaching is overwhelmed. They need smaller workloads for coaching." Another elaborated, "There is no partial CR, which means it is also labor intensive in terms of a human resources program. Hard to capture in terms of direct service time, but also some of the indirect service time—making sure that we are doing the work to find the resources for the family because they have kids at home and work full-time." There was not enough time in a Coach's day to complete all the tasks they needed to complete. For example, one CR team aimed to have applications processed within 24 to 48 hours, but the process was actually taking six days. Burnout also affected partnering agencies, so there was no relief available in the community. Turnover within CR staff has created problems in the past.

Additionally, there were more families who need CR supports but communities did not have the capacity to serve them. "Sometimes, [you] have to make tough decisions. 'I can't help you financially.' I don't have the resource to help every family." Limited resources made supporting everyone in need even harder. Housing, for example, needed to be livable, affordable, and flexible, but many communities simply did not have affordable, quality homes or apartments available, and if they did, there were stringent background and credit report qualifications that families in need would not pass. Some communities noted that lack of governmental policies and oversight exacerbated the problem, as "there is no system of checks and balances" to keep businesses/landlords/etc. honest. Similarly, some CR staff members expressed frustration working with particular agencies or businesses.

Related to capacity is funding. Some programming (e.g., housing/rent, transportation, wraparound services, and emergencies) was inherently expensive and logically complex. There were rarely enough funds to help everyone in need and even if CR could get families connected to the resources (e.g., in a house or with a car to drive), it was often very difficult for families to sustain them once CR funds were no longer available. There was also a concern about sustainability of CR, as communities were unsure if they would be able to maintain the without NC and outside funds.

Some communities expressed frustration with the locally-set structural limits on who they could serve. Communities with eligibility criteria sometimes found it upsetting that they could not help someone outside of their county or someone who was already court-involved. Those with time limits (e.g., a three month discharge deadline) noted difficulty helping the families with complex needs, even if the families were actively participating in the process. "If we could do six months instead of three months of case management, we would we see a lot more improvement in the protective factors, families would have a lot more support that they need to be successful." Providers often stated that it was around that 90-day point—when they were getting ready to exit families—that the families began to engage, have stabilized their concrete supports, and were ready to begin work on the other factors like parent resilience and child knowledge.

Another challenge identified was addressing needs of special populations, such as immigrant communities, those experiencing generational poverty, and rural populations. There was a need for bilingual coaches, as well as classes and supports in families' preferred languages, and rural populations needed more supports with greater accessibility (e.g., located in town). Unfortunately, there tend to be even more limited sources of support for these populations and the resources were tapped well before everyone's needs were met.

Lastly, some CR communities struggled with their image. Some wanted to ensure participants knew CR was voluntary, designed for the family's benefit, and would help them. Others reported having difficulty getting families to take responsibility for the assistance or do the work to make a change. "Quite a few [families] recently have used every resource in [City] and other agencies are telling them, 'no more.' So, it's not just getting them to identify what the problem is and why other agencies are questioning, but also getting them willing to want to make changes." Buy-in, discussed above, was essential from families who may have approached CR with the intent to only receive funds rather than participate in the coaching components of CR. Communities who felt their CR was viewed as a "bill pay" service were working to reimage themselves as a "community resource platform" instead.

Summary

The focus groups conducted with CR stakeholders in the spring of 2019 outlined how CR worked in each community. Many similarities across communities emerged, but each system was unique and tailored to the needs in that community.

No two CR communities had the same structure, but most did have a Central Navigator spearheading work, a Community Coordinator connecting CR work to the work of the larger Collaborative, and Coaches (who may go by many different titles) completing most of the one-on-one supports with the family. Funding was often braided, coming from a combination of NCFF, other grants, and private sources. CR services were designed to fill gaps in each community's prevention system, providing resources that would otherwise be unavailable to community members. Most gaps were identified by those working in the field (e.g., Coaches) and addressed through interagency collaboration and brainstorming.

Access to CR services typically came in from referral sources such as the local school district or self-referrals. Some CR groups publicized their work to reach families in need whereas others deliberately did not advertise their services, for fear of developing the reputation that they were a "bill pay" organization. Each community had their own set of criteria for accessing funds, such as geographical constraints or needing to have children in the home. Nearly all indicated they required families demonstrate the sustainability of their plan before any funds were released on the family's behalf. The prevalence of Flex Fund distribution without coaching ranged from 0% to 60% of the cases. Creating family buy-in was viewed as simple for some communities and a struggle for others. Most communities noted it was difficult to sustain buy-in after a family perceived they got what they needed, regardless of if their Coaches felt they were done with case management. Family engagement ranged from 30 days to several years. Some communities had strict time limits for exiting a family whereas others indicated they and/or their agency partners often maintained relationships with families well after they stopped receiving active support from the CR system.

CR staff offered a list of trainings they had or would find valuable taking. The recommended topics were similar across CNs, Coaches, and Partners/Collaborative members. Many CR staff noted they did not have systematic onboarding procedures when they joined the Collaborative, but such onboarding does happen for new employees. Most training opportunities for parents and young people were housed in the larger Collaborative and its strategies rather than in CR. If CR provided training, it was typically through one-on-one work with a Coach who taught strategies they had learned via more formalized training.

Evaluation data collection and submission was typically spearheaded by the CN. Some communities offered incentives to families for completing forms and surveys and those who did not, expressed interest in doing so. There remained many challenges to collecting the data. The most prevalent challenge was getting

information from families who had disengaged from services. Other barriers included time constraints on CR staff members and lack of buy-in regarding the usefulness of data. Some data were shared back with the community. Some communities summarized CR data and shared that with Boards and steering committees and others typically only presented/had their evaluation point of contact present the larger CWB evaluation reports.

Overall, communities recognized many benefits of CR. Specifically, the flexibility in who, what, and how CR services are offered is a big component of its success. Additionally, positive outcomes for the families served, for the partnering agencies, and for the larger community were noted. There were, however also areas for improvement in most CR sites. Capacity to provide services was the largest challenge CR staff members faced.

A Community Response Success Story

It became apparent in the first two years of CR that some families are well known to all helping agencies across the community and that those families usually have at least one parent who is living with a mental health diagnosis. Some collaborative members felt that those families had to be referred to Child Protective Services, as their needs were beyond the capacity of CR. Some referrals were made, but were often not accepted, especially for families who had already been part of the child welfare system, but were discharged, sometimes repeatedly. So in the summer of 2018, [the collaborative] contracted with a licensed therapist to work with a small number of families as a coach, in addition to managing all requests for financial assistance and flex funds. It has been a learning experience and a challenge to understand the complex needs of these families and develop creative and supportive ways to work with them. A meeting with a local social service agency was held to gain more expertise in working with families around prevention. This meeting led to a contract with them to provide some intensive case management with these persistently vulnerable families.

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 children, youth, and families in Nebraska. A key prevention strategy was Community Response. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes for Community Response and the community Collaboratives that were responsible for the implementation of this strategy.

COMMUNITY RESPONSE

How much did they do? Eleven communities funded throughout Nebraska directly served 1,782 families and 3,627 children through Community Response. A total of 13% of the parents and 8% of the children served had a disability. Less than 1% of the children were a part of substantiated child abuse or neglect for the first time after participating in services. Analysis shows that, as compared to the prior evaluation year, more families and children were served directly. There was a similar percentage of children who experienced a substantiated case of abuse and neglect for the first time after participating in services.

How well did they do it? NC found that 95% of families participating in CR reported that they were respected by program staff and therapists. The majority of the families indicated they had a better relationship with their child as a result of their participation (83%), and felt that they learned new techniques to use with their child (78%). Analysis shows that, as compared to the prior evaluation year, families reported similar but slightly lower levels of respect and similar but slightly lower levels of improvement in relationships with their children. There were similar but higher levels of families that felt they learned new techniques to use with their child.

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

Is anyone better off? Shared measurement was established for Community Response. Analyses based on these common measures both CR and the Collaborative efforts are summarized below.

COMMUNITY WELL-BEING COLLABORATIVES

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities through working together based on collective impact approaches.

CWB Collaboratives:

- Leveraged over 8 million dollars.
- Built their capacity and influenced policy at the local, state, and federal level.

COMMUNITY RESPONSE

Families after coaching and/or access to flex funds:

- Improved Protective Factors; greatest improvement in Social Connections and Parental Resilience; Least in Concrete Supports.
- Completed 67% of their goals.
- Reported 3 or more informal supports (35%).

Cross Year Summary of Results

Numbers Served (Direct and Indirect)

	Families		Children	
	2017-2018	2018-2019	*2017-2018*	2018-2019
Community Response (CR)	*839*	1,782	*1,787*	3,627

FRIENDS Protective Factors Survey – Community Response

Statistically significant change over time?		
	2017-2018	2018-2019
Concrete Supports		
Knowledge of Child Development		✓
Nurturing and Attachment		✓
Social Connections	✓	✓
Family Functioning/Parent Resilience	✓	✓

Appendix A: Results-Based Accountability Tables

Strategy: Community Response					
	Quantity *How much? (Inputs, Outputs)*		**Quality** *How well? (Process)*		
Effort	# of families that participated in strategy	1782	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	143/151	95%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	91/109	83%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	110/142	78%
Effect *Is anyone better off? (Outcomes)*	# of families that did not enter the child welfare system (at program completion)			1767/1782	99%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			123/355	35%
	# and % of goals completed by families			364/582	63%
	# and areas where parents reported statistically significant improved ratings**: (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)			# 234 241 228 228 243	-- ** ** ** **

Appendix B: Focus Group Questions

Community Well-Being Community Response Focus Group Interview (Spring 2019)
Site: _____

Structure

1. What does Community Response (CR) look like in your community? How is it structured?
2. Describe the roles of staff:
    a. Central Navigator
    b. Coaches
    c. Community Coordinator
3. How are the coaches and central navigator funded? Is there blended funding to support their efforts? If so, what funding sources are used?
4. When gaps in the prevention system are identified, how are these handled? Who identifies? With whom are they communicated?

Public Awareness and Access

5. Who accesses CR?
    a. How do individuals learn about CR? What are your largest referral sources?
    b. How is CR publicized?
    c. Are there any specific criteria used to determine who can access CR or Flex Funds?
    d. What percentage of families only access Flex Funds (without receiving coaching)? Why do you think this happens?
    e. How do you get family buy-in to accept coaching?
    f. How long are families engaged with coaching?

Training and Core Competencies

6. What are the essential trainings (motivational interviewing, trauma-informed, protective factors, etc) for…
    a. Central Navigator
    b. Coaches
    c. Partners/Collaborative Members
    d. Families
7. How are new Central Navigators and Coaches onboarded to the community prevention system?
8. Do you provide any trainings for parents and/or young people? If so, what are they?

Evaluation

9. How does data get collected/submitted?
    e. Are there any data collection incentives? If so, what are they?
    f. Are there challenges regarding data collection?
10. Is data shared with partners in the Collaborative?
    g. If so, is the data useful/helpful?

Overall Feedback on CR

11. What do you see as benefits of CR?
12. Challenges?

PAF Process Evaluation Questions

Community-Level and Project Leadership Staff Interview Questions (Deliverable C):

1. Comment on the community-level assessments of services available to expectant and parenting young people in the population of focus that was completed? How was it completed?
2. What activities have you implemented this past year? Were there any adjustments to your plan based on barriers or successes (i.e., facilitators)?
3. Discuss how community-level training plan was developed. What barriers or challenges do you face this past year with training? What has been successful? What have been the challenges?
4. What progress, if any, has been made with community-level sustainability plans?
5. Was your plan effective to enroll a specified number of eligible young people by the specified dates and meet participation targets?
6. What progress was made towards enrolling a specified number of eligible young people by the specified dates?
7. What progress was made towards ensuring that nearly all enrolled NEPG participants (90%) participated in at least one of the specified Connected Youth Initiative model activities offered in their community? What has worked well, and what could be improved?
8. What progress was made towards ensuring that all enrolled NEPG participants (100%) participate in at least one of the specified activities offered in their community that relate to their role as a parent? What has worked well, and what could be improved?
9. What progress was made towards ensuring all enrolled NEPG participants (100%) participate in at least one of the specified activities offered in their community that enhance the educational, health, and social outcomes and protective factors for their children? What has worked well, and what could be improved?
10. Identify what have been overall the barriers or challenges you faced this past year with implementation that has been mentioned previously?
11. Comment on what was available to help facilitate the implementation process for your program or the activities? Any unanticipated successes?
12. How would you describe the success of collecting evaluation data for the project?
13. How is information on the program shared with program participants and the community?
14. Have you identified “lessons learned” that altered the course of the project?
15. Will there be anything new with your program plan in the next (and final) year that may affect implementation?

What else might you add that would be helpful to the process evaluation?

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