

Community Well-Being: Community Response

Annual Progress Report

July 1, 2017 through June 30, 2018



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Community Response Project (CR) Annual Report

July 1st, 2017 – June 30th, 2018

Community Response (CR), a family preservation service (see Family Preservation Service NC and DHHS Contract sections A. 1 ii and v) 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 is a voluntary system that is available to all 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.) while increasing the informal and community supports in place for children, youth, and families.

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. For the purpose of Nebraska Children Community Response, the public funding specifically targets 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 children are usually are between 0-14 years of age, 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).

The goal of Community Response is to 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 through developing a longer-term relationship. That longer-term relationship is meant to increase family and community Protective Factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

- Meeting basic needs like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics
- Building life skills such as job searching, budgeting, and money management
- Strengthening family support systems and building community connections so all families feel they have partners who provide a “safe zone” to ask for help

A Community Response team 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 team helps families who are willing to work to resolve crises and access assistance to strengthen their family and remain intact.



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

There are eleven communities under the Community Response umbrella including:

1. Douglas County
2. Lift Up Sarpy (Sarpy County)
3. Lancaster County
4. Dakota County Connections
5. Families 1st Partnership (Lincoln and Keith Counties)
6. Fremont Family Coalition (Dodge and Washington Counties)
7. Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley Counties)
8. Norfolk Family Coalition (Madison, Wayne, and Stanton Counties)
9. Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner Counties)
10. York County Health Coalition
11. Zero2Eight Collaborative (Platte and Colfax Counties)

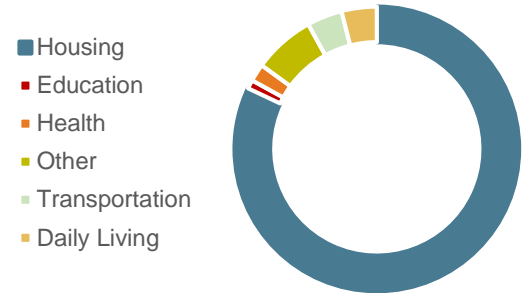
Strategy: Community Response			
Number of Families Served Directly	709	Number of Families Served Indirectly	130
Number of Children Served Directly	1621	Number of Children Served Indirectly	166
Number of Parents with Disabilities Served Directly	110	Number of Staff Participating	58.5
Number of Children with Disabilities Served Directly	148	Number of Organizations Participating	74
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ¹	19		

Gender n=761		At Risk Due to Poverty n=773			
Male	Female	Yes	No		
13.9%	86.1%	64.8%	35.2%		
Race/Ethnicity n=866					
White	Hispanic	Black	Multi-Racial	Native American	Other
60.2%	24.4%	9%	1.5%	3.9%	1%

What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This year there were 171 families (unduplicated count) that made one or more request. Twenty-eight percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority (82%) of the funds were allocated for housing related needs (e.g., rent, utilities). The remaining funds were spent on resources for families related to Education (1%), Health (2%), Transportation (4%) and Other (7%).

Majority of Flex Funds were used to support families' housing needs.



Evaluation Findings

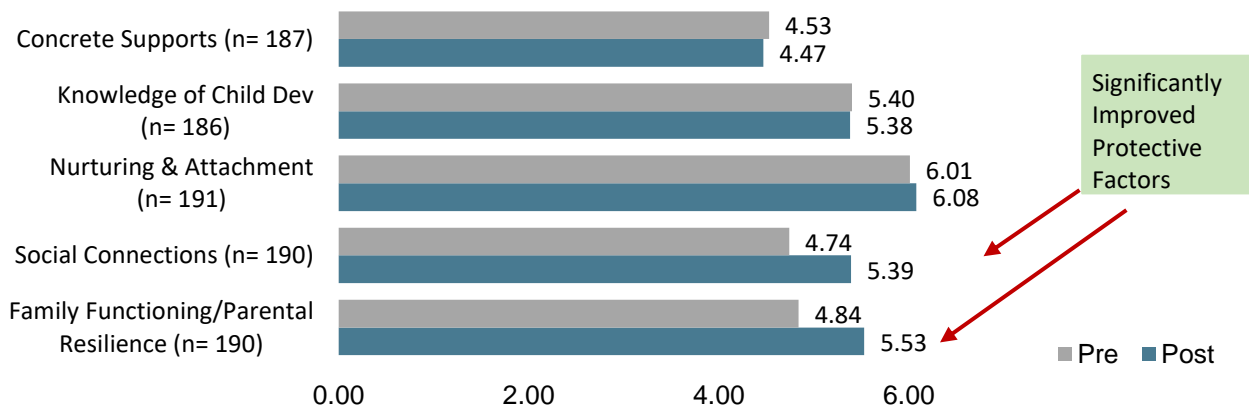
Did Community Response help to support families improve their Protective Factors?

Several strategies were used to evaluate the efficacy of Community Response. At completion of services, families are asked to complete the FRIENDS Protective Factor Survey. A total of 191 parents completed the survey. A pair-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores. The PFS was completed when families were discharged from services. The results found that families made significant improvements on Protective Factors in the areas of Social Connections ($p < .001$; $d = 0.539$) and Family Functioning/Parent Resilience ($p < .001$; $d = 0.500$). These results suggest parents participating in Community Response improved their Protective Factors at the completion of services.

Did Community Response help to support families reaching their goals?

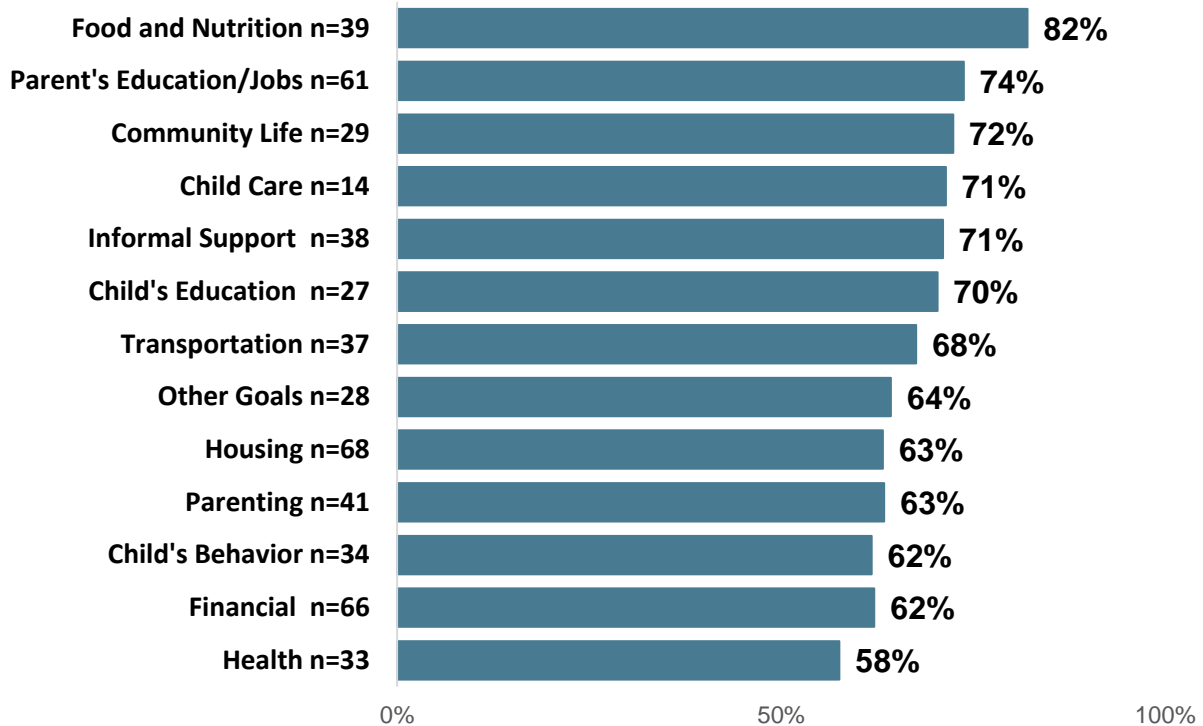
Eight communities reported case closure data. One hundred-forty-seven (147) parents were discharged from Community Response and had completed data. The results of the case closure data found that these families had 513 identified goals. The areas that had the highest number of goals identified were housing (68) and financial (66). Parents were able to complete two-thirds of their goals (67%). The goal areas that had the highest completion rate were food and nutrition (82%) and parent's education/jobs (74%). The goal area that had the lowest completion rate was health (58%).

Parents participating in Community Response demonstrated significant improvement in Parental Resilience and Social Connections.



Parents' greatest needs were in accessing Housing and Financial.

Success in meeting the goals was varied ranging from 58% to 82%.



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 82 families that had data in this area. At case closure, 44% 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.

Were parents satisfied with Community Response services?

Overall, the parents (99%) that were served by Community Response felt respected and valued by staff. Most (71%) also reported that their relationship with their child had improved. The majority (83%) reported having learned at least one technique to help their child learn.

A Success Story...

A family was referred to Community Response (CR) after being evicted from their rental. Both parents were recovering addicts with no jobs and little money. Dad had been applying to jobs, but their cell phone was out of minutes. Using flexible funds, the CR coach was able to take care of the phone and the dad quickly found employment. Flex funds were also utilized to pay rent and utility deposits. The dad has since maintained employment, the mom sought out mental health services, and both are maintaining their sobriety. Their daughter is thriving at her new school and is happy to have a home and healthy parents.

A Success Story...

A young mom with a five-month-old baby joined Community Response (CR) after being in an abusive relationship. She had reached out for assistance to get out of the relationship with her baby's father. She was working part time, barely getting 20 hours a week at her job, and had a hard time making ends meet. She did not have much of a support system beyond her mom, who was diagnosed with cancer during her time in CR. With the guidance of her in-home worker, mom learned the importance of reading every night utilizing the books that are provided in the backpack program through Sixpence. With the help of her therapist, she learned how to appropriately express her feelings, and how to work through her relationship with her daughter's dad. She was able to develop a budget, start a savings account for her daughter, attain section 8 housing, and gain full time employment. She stated that she very much appreciates the help she received and the fact



Appendix A

Results Based Accountability Tables

Part of Nebraska Children’s evaluation and reporting process is the establishment of a Result Based Accountability (RBA) process for each community strategy adopted. This Appendix provides a snapshot of communities’ quantity and quality of the services provided and the effect of implementing the strategy based on the established RBA for this strategy.

Strategy: Community Response					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	709	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	83/84	98.8%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	57/69	82.6%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	59/83	71.1
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (at program completion)		165/174	97%	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)		69/165	42%	
	# and % of goals completed by families		341/513	67%	
	# and % of parents reporting improved .5 (increase):				
	(1) access to concrete supports		53/177	30%	
(2) social connections		71/180	39%		
(3) knowledge of child development		40/176	23%		
(4) nurturing and attachment		31/181	17%		
family functioning/parental resilience (FRIENDS PFS)		79/188	42%		



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Evaluation Report prepared by
Barbara Jackson*, Ph.D.
Kelsey Tourek, M.S.
Interdisciplinary Center of Program Evaluation
The University of Nebraska Medical Center's
Munroe-Meyer Institute: A University Center of Excellence for Developmental
Disabilities

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