



Nebraska Child Abuse Prevention Fund Board

Annual Evaluation Report
July 1, 2014 through June 30, 2015
Nebraska Children and Families Foundation

Interdisciplinary Center for Program Evaluation

Collaborate

Evaluate

Improve

Purpose of Nebraska Child Abuse Prevention Fund Board Grantmaking

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



Initiative Description

Children and Families Served

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

A total of 186 children and 152 families have been served in communities via three evidence based strategies (listed below). In addition, the communities have provided indirect support (e.g., training, siblings of children receiving services) that benefit the children and families in their community.

Small percentages of children (6%) and families (5%) have a disability. A small percentage of children had a first-time experience with substantiated child abuse (6%). This report will provide a description of each of

Overall Summary of Children and Families Served	
Number of Families Served Directly	301
Number of Children Served Directly	359
Number of Parents with Disabilities Served Directly	17
Number of Children with Disabilities Served Directly	22
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	23
Number of Families Served Indirectly	96
Number of Children Served Indirectly	267
* Does not include numbers served in supported communities carrying out Community Cafes.	

the funded strategies. The description for each strategy will provide evaluation findings on the progress of implementation and outcomes across communities.

Evidenced Based Practices

The Community-Based Child Abuse Prevention (CBCAP) efficiency measure is used to assess how funding supports evidence-based and evidence-informed child abuse prevention programs and practices. The Program Assessment Rating Tool (PART) was developed by the President’s Office of Management and Budget (OMB) within the Federal government for states to monitor progress in adopting evidenced-based programs. The assumption is that adoption of evidenced-informed or -based programs and practices will result in positive outcomes for children. During the 2014-2015 year, grantees adopted three models that were evaluated using PART. The results showed that the NCAPF Board is supporting implementation of strategies that have been shown to demonstrate positive results for children and families within the prevention system.

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

Protective Factors

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

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

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

Parental Resilience is the ability to manage stress and function well even when faced with challenges, adversity, and trauma. Parenting stress is caused by the pressures (stressors) that are placed on parents

personally and in relation to their child: *typical events and life changes* (e.g., moving to a new city or not being able to soothe a crying baby); *unexpected events* (e.g., losing a job or discovering your child has a medical problem); *individual factors* (e.g., substance abuse or traumatic experiences); *social factors* (e.g., relationship problems or feelings of loneliness and isolation); *community, societal or environmental conditions* (e.g., persistent poverty, racism or a natural disaster). Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. Numerous research studies also show that parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma and to protect and nurture their children.

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

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

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

Evaluation Approach

Results-Based Accountability (RBA) is 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 for each of the primary strategies implemented by their collaborative. Data is collected and reviewed as part of their decision-making and continuous improvement process.

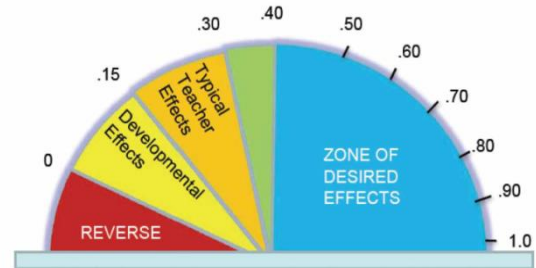
Results Based Accountability Answers Three Basic Questions.....

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

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

Program Impacts

To quantify program impacts, we will report all pre and post measures relative to significance (were the results statistically significant) and if so, what was the magnitude of the change (effect size). To understand effect size and to place it in context, Cohen (1988) suggests the values of $d=0.20$ to be small, $d=0.50$ to be medium, and $d=.80$ to be a large effect. More recently, Hattie (2009) uses a concept called “zone of desired effects” that starts at a medium effect size, 0.40.



Zone of Desired Effects (Hattie 2009)

Effect sizes can be greater than 1.0; however, they are less common and are therefore not shown on the graphic.

STRATEGIES FOCUSED ON UNIVERSAL STRATEGIES

Parents Interacting with Infants (PIWI)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and vi, and viii) based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often don't have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

The primary emphases of the PIWI model include :

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

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

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

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



Four communities including Dodge County, Lincoln County, Dakota County, and Platte-Colfax Counties implemented PIWI. Each community was contracted this year to complete one or more PIWI series to fidelity. Additionally, all of the communities are infusing PIWI principles and practices into existing services.

A total of 202 families and 237 children participated in the PIWI sessions. An additional 141 children were served indirectly (siblings). Of the families with reported data, 41% represented minorities. About 64% of the families received or were eligible to receive Medicaid, 5% of the families received Free and Reduced Lunch, and less than 1% of the families received Child Care Subsidy. Parents participated in the PIWI group with varying attendance. Parent attendance ranged between one and nine sessions. The average attendance was 4.86 sessions.

Strategy: PIWI (July 2014 – June 2015)			
Number of Families Served Directly	202	Number of Families Served Indirectly	75
Number of Children Served Directly	237	Number of Children Served Indirectly	141
Number of Parents with Disabilities Served Directly	5	Number of Staff Participating	19
Number of Children Directly Served with Disabilities	9	Number of Organizations Participating	15
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	4		

EVALUATION FINDINGS

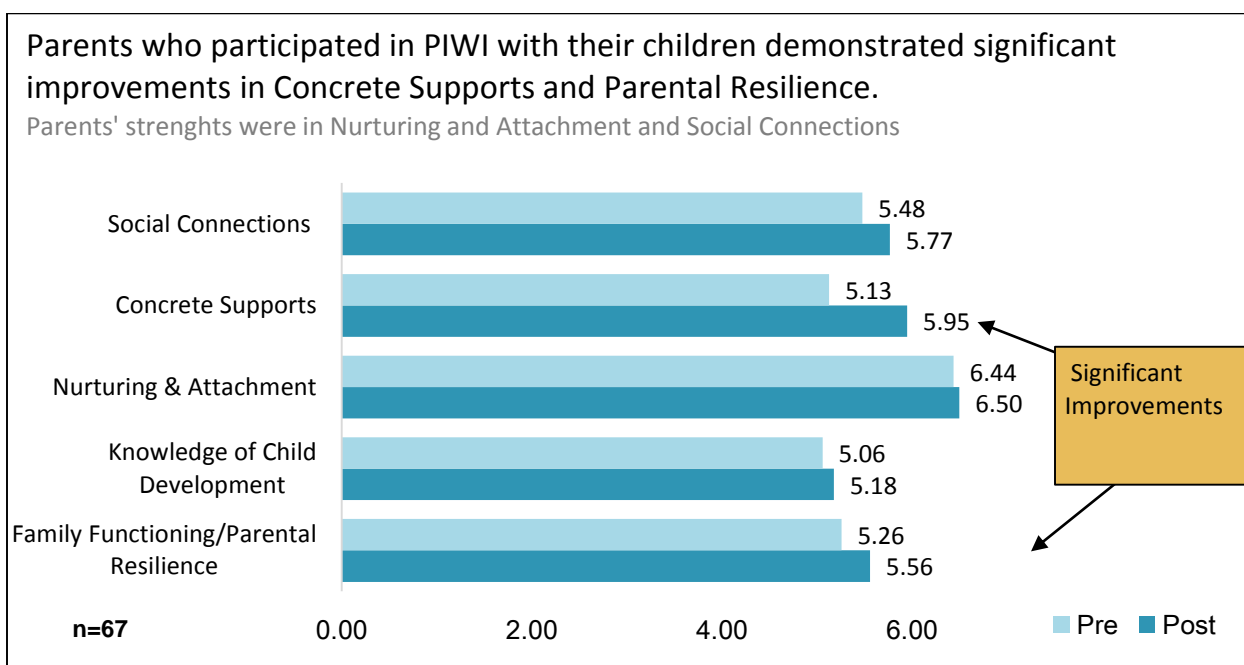
Were parents' Protective Factors improved?

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

Parents Interacting with Infants					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	202	Average number of sessions completed (attendance record)	4.86 average	
			Completion of PIWI fidelity guide checklist (onsite visit)	2 completed	
	# of sessions (attendance record)	8.0 average	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	10/10*	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	9/10*	90%
# of children indirectly served (attendance record)	141	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	7/10*	70%	

Parents Interacting with Infants				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	6/6* 100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (increase of .5 or more):			
	(1) access to concrete supports			14/29 48.3%
	(2) social connections			23/67 34.3%
	(3) knowledge of child development			20/63 31.7%
	(4) nurturing and attachment			15/62 24.2%
	(5) family functioning/parental resilience (FRIENDS PFS)			18/67 26.9%

*Low response rate from families completing satisfaction survey. Questions now included on updated PF survey.



Pre-post analyses of the Protective Factors Surveys found that there were significant improvements in families' Protective Factors in the area of parent resilience ($p = .021$; $d = 0.29$) and in concrete supports ($p = <.001$; $d = 0.57$). These results suggest that PIWI is making a difference in families' Protective Factors. Families' strengths on this scale were in the areas of nurturing and attachment and concrete supports. The nurturing and attachment scores demonstrated slight improvements when average scores were analyzed. The highest percentage of parents made improvement in these areas.

How satisfied were the families?

A satisfaction survey was completed to get input from families regarding satisfaction of their participation in PIWI. Overall the parents rated the program implementation very positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7=

strongly agree. Their responses were consistently high across all areas. Note that change was made to include family satisfaction questions on larger PF survey (compared to stand alone document) moving forward due to low response rate this reporting period.

Families in PIWI felt respected by staff and would recommend PIWI to other parents.					
Parents learned new techniques and had improved relationships with their children.					
Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
July 2014 – June 2015	10	6.88	6.66	6.22	7.0

STRATEGIES FOCUSED ON HIGH RISK POPULATIONS

3-5-7 (Permanency Quest)

The 3-5-7 (Permanency Quest) is a Time Limited Reunification Service (see NC and DHHS Contract Section 1. c. i, iii vi, and vii) project within *Adams, Clay, Nuckolls, and Webster Counties* targeting children and youth, varying in age from 5 to 17, that were involved in the court system. A core group of community partners (e.g., county attorney, local GALs, public defender, CASA staff, and DHHS supervisors) work together to help youth and families begin to address issues that may impede permanency as soon as a child is removed from the home. 3-5-7 includes a variety of resources such as support groups and therapeutic activities to help children and youth in healing and recovery. This includes addressing trauma, development of skills for healthy functioning, and creation of social supports.

Strategy: 3-5-7 Permanency Quest (July 2014 – June 2015)			
Number of Families Served Directly	27*	Number of Families Served Indirectly	21*
Number of Children Served Directly	50*	Number of Children Served Indirectly	30*
Number of Parents with Disabilities Served Directly	11*	Number of Staff Participating	6
Number of Children with Disabilities Served Directly	8*	Number of Organizations Participating	3
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	19*		

*Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2014) (January – June 2015)

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



One goal of Permanency Quest (PQ) Pilot was to build connections within the various communities to support PQ and its mission. PQ has continued to build support within the local system including the Department of Health and Human Services (DHHS), the parent attorneys, and GALs. Over time PQ has been seen as a viable strategy to support families.

EVALUATION FINDINGS

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

One of the program outcomes was improved Protective Factors. The results of the paired t-test found that families demonstrated a significant improvement in their Social Connections ($p < .001$, $d = 2.16$). Families' strengths were across multiple areas including Concrete Supports, Social Connections, and Parental Resilience. Ratings in the area of Knowledge of Child Development were lower and increased slightly over time.

Families made the largest gains in in Parental Resilience and Social Connections.						
	Number of Surveys	Family Functioning/Parental Resilience	Social Connections	Nurturing and Attachment	Knowledge of Child Development	Concrete Supports
% Improved	12	66.7%	83.3%	66.7%	41.7%	50%

Parents who participated in 3-5-7 Permanency Quest demonstrated significant improvements in their Social Connections.



Does participation in 3-5-7 Permanency Quest reduce family stress?

The Parenting Stress Index (PSI) was administered to either biological or foster parents to identify parent and child systems which are under stress, and in which challenging child behavior or parenting problems were likely to occur. The PSI yields a total score, three domain scores, and 15 subscale scores. The domains measured reflect stresses related to child and parental characteristics.

A total of 28 parents had completed the PSI with 10 having a post test (fall 2014). When parents score at the 85th percentile or higher they are considered at high risk. One way to analyze the data is to determine the percentage of parents that move from high to low or low to high risk. The table below summarizes those results. Overall, large percentages (60%) of parents scored within the high risk range on their pre-assessment in the areas of Child Characteristics and Life Stress. At the post assessment, Life Stress had the greatest percentage of parents who were no longer in the high risk category. There was a small increase of parents who moved into the high risk stress category in the area of Parent Characteristics.

A statistical analysis was also completed to determine the extent there were significant differences in stress from pre to post assessment. When a paired t-test was completed, parents demonstrated decreased Life Stress (an average of a 20.7 decrease in percentile rank), which was approaching a significant level of change ($p=.06$). There were no significant changes in stress levels in the areas of Child Characteristics or Parent Characteristic Domains. These results suggest that 3-5-7 is supporting children and parents in ways that were decreasing general Life Stress.

Participation in Permanency Quest found decreased caregivers' life stresses.			
Area	Definition	Pre % that scored high risk	Post % that scored high risk
Child Characteristic Domain (CD)	High scores are associated with children who display qualities which make it difficult for parents to fulfill their parenting roles.	60%	50%
Parent Characteristics Domain (PCD)	High scores suggest sources of stress and potential dysfunction of the parent-child system may be related to dimensions of the parent's functioning.	00%	20%
Life Stress *	High scores suggest that parents find themselves in stressful circumstances which are often beyond their control.	60%	20%

*Results include fall 2014 only.

*Results suggest decreases that are trending towards significance $p=.06$

Parent-Child Interaction Therapy (PCIT)

PCIT is a family support service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is an empirically-supported treatment for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. PCIT outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting control.

PCIT was being implemented in four Nebraska Child Well-Being communities (Dakota County, Dodge County, Lincoln County, and Platte-Colfax Counties). There are over 20 total therapists trained and certified to carry out PCIT in these communities. A total of 72 families and 96 children participated in PCIT sessions during the past 12 months. Approximately 31% of families participating in PCIT sessions were supported with local CWB funds. Of the families and children with reported survey data, 32% represented minorities. A little over 75% of the families receive Medicaid, 35% of the families receive Free/Reduced Lunch, and about 4% of the families receive Child Care Subsidy.

Families participated in PCIT with varying numbers of sessions attended, ranging from one to 24 sessions. Overall average attendance across communities was 10 sessions. At time of post-survey, about 21% of the families had been discharged, 26% had dropped out, and 52% were ongoing.

Strategy: PCIT (July 2014 – June 2015)			
Number of Families Served Directly	72	Number of Families Served Indirectly	0
Number of Children Served Directly	72	Number of Children Served Indirectly	96
Number of Parents with Disabilities Served Directly	1	Number of Staff Participating	20
Number of Children with Disabilities Served Directly	5	Number of Organizations Participating	18
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

*Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2014 and January-June 2015)

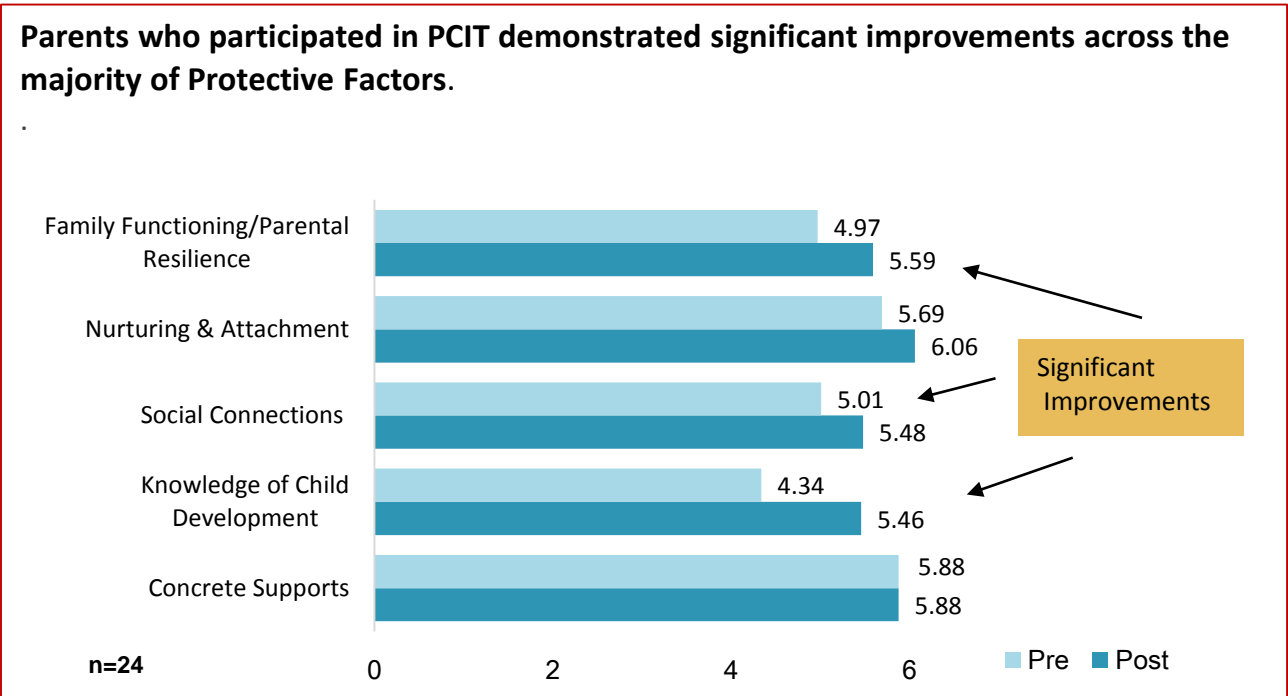
EVALUATION FINDINGS

Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	72 parents 72 children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	17/17	100%
	Average # of sessions completed (attendance record)	10 average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	17/17	100%
	# of children indirectly served (attendance record)	96	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	15/17	88.2%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	16/17	94.1%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5 increase):				
	(1) access to concrete supports			3/13	27.3%
	(2) social connections			10/24	41.7%
	(3) knowledge of child development			16/24	66.7%
	(4) nurturing and attachment			12/23	52.2%
	(5) family functioning/parental resilience (FRIENDS PFS)			14/23	60.9%

	<p># and % of parents reporting reduction in children’s problem behaviors and increased parent tolerance (Eyberg) <i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i></p>	<p>35/40 31/40</p>	<p>87.5% 77.5%</p>
	<p># and % of parents reporting improved strategies in their interaction with their children (DPICS) <i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)</i></p>	<p>See Below</p>	

Were parents’ Protective Factors improved?

Post Protective Factors surveys were completed when the parent completed at least 6 sessions of therapy. A total 23 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Parental Resilience ($p = .006$; $d = 0.64$), Social Connections ($p = .05$; $d = 0.42$), and Knowledge of Child Development ($p < .001$; $d = 1.09$). These results suggest that PCIT is making a difference in families’ Protective Factors.



Caregivers made the most gains in Social Connections, Parental Resilience, and Knowledge of Child Development.

	Number of Surveys	Family Functioning/Parental Resilience	Social Connections	Nurturing and Attachment	Knowledge of Child Development	Concrete Supports
% Improved	24	60.9%	83.3%	52.2%	66.7%	27.3%

Did children’s behavior improve?

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

This assessment was used for the PCIT project to determine if participation in the sessions improved children’s behavior. A total of 40 children had pre-post ECBI data. There was a significant decrease in intensity of the problem ($p < .001$; $d = 1.44$). There was also a significant decrease in parents’ perception of the behavior as being problematic ($p < .001$; $d = 1.05$). These changes reflect a meaningful change (i.e., effect size is large). These results suggest that the majority of the children who participated benefited by demonstrating improved behavior.

Children’s behavior changed positively over time.					
Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2014- June 2015	40	152.4	103.2	$p < .001$	$d = 1.44$

A score of 131 or higher reflects problem behavior

Children who participated in PCIT demonstrated improved behavior.

Summary of Parent’s who View their Child as having Conduct Disorder (Problem Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2014- June 2015	40	18.7	10.8	$p < .001$	$d = 1.05$

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

Did the parents improve their parent-child interactions?

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

	Number of Assessments	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
# Improved	49	43/49	40/49	44/49	47/49
% Improved	49	87.7%	81.6%	89.8%	95.9%

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

PCIT supported parents to adopt positive strategies when interacting with their child.

Are parents satisfied with the services provided?

A satisfaction survey was completed to receive input from the families regarding satisfaction related to the PCIT strategy. Overall the parents rated the program implementation very positively. Families reported that they were respected, would recommend the program to other parents, and learned new techniques. Improved relationships with children were also noted. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Parents rated PCIT very positively and reported improved skills and relationships with their children.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
July 2014 – June 2015	26	6.81	6.84	6.6	6.88

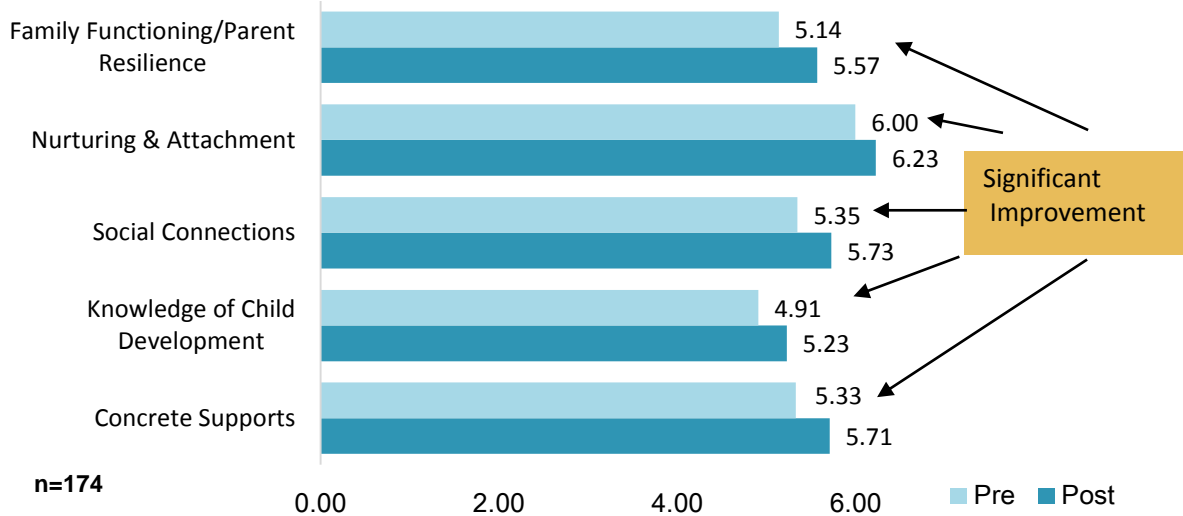
Protective Factors Survey Across All Strategies

Were parents’ Protective Factors improved?

Of interest was the Protective Factors of families that participated in any of the NCAPF Board funded strategies. A total 110 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Parental Resilience (p<.001; d =0.43), Social Connections (p<.003; d= 0.29), nurturing and attachment (p <.007; d=0.27), Concrete Supports (p<.042; d =0.27) and Knowledge of Child Development (p =.001; d =0.35). These results suggest that NC funded strategies are making a difference in families’ Protective Factors. The strongest effects were in the areas of Parental Resilience and Knowledge of Child Development.

Parents who participated in NCAPF Board strategies demonstrated significant improvements across all of the Protective Factors. ¹

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



¹ Significant improvement in Nurturing & Attachment was only seen across strategies due to the increased number of participants.

Child Well-Being (CWB) Initiative

Four NCAPF funded communities and three additional communities are part of the Child Well Being Initiative (Dodge County, Dakota County, Hall County, Norfolk, Panhandle Partnership, Platte-Colfax Counties, and Lincoln County). All seven communities worked to build their capacity to meet the needs of the children and families. The following describe the shared focus that exists across the CWB communities.

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

Training Activities

Carrying out professional and community training to enhance strategies and Collaboratives was a key priority for NCAFP Board grantees. During the past year, communities offered 55 training events with a total of 2182 participants representing 401 organizations.

The highest number of trainings focused on training to support specific Child Well-Being Strategies.

Trainings held for community members (including parent or professional events) reached the most participants from July 2014-June 2015.

Topic Area	Topics Included:	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Professional Training for Specific Child Well-Being Strategies	PCIT Training Community Response Overview FAST Training	22	168	405
Training for Communities (Either Parent or Professional)	Autism Awareness Human Trafficking Seminar Community Cafés	15	163	1664
Training that Enhances Collaborative System	Collective Impact Training Service Point Training	18	70	113
Total		55	401	2182

*Chart does not include training relating to Community Cafés.

Parent Engagement

Parent engagement is one component of local work being carried out to achieve system or community level change. Supported communities were asked to report on efforts in regards to parent engagement activities. Community Cafés are one evidence-informed approach to parent engagement. Communities in this report have based their Cafés on one of the models developed in Washington State that is now being implemented in at least 15 states. The model fosters the development of parents' ability to strengthen their own families and to improve their community's practices and policies.

Community Cafés are designed, planned, and implemented by parents, working with their community partners. The Café structure includes a series of guided conversations among parents about how to make their families and communities stronger. The Cafés are strength-based to recognize and affirm parent leadership roles in their families and in their communities, and they utilize the research-based Protective Factors that all families need to thrive. Local organizations or collaborations support parents in hosting meaningful Cafés and help develop additional channels for parent engagement.

Four communities (Dodge County, Grand Island, Lancaster County, and Omaha) began training and implementation of Community Cafés in the past 6 months. A total of 24 cafés were held in these communities with 308 participants. Café themes included: safe neighborhoods, knowledge of child development, concrete supports, social connections, family challenges, summer activities, bullying, and school readiness.

How did the Cafés benefit the participants?

Participants at each Café were asked to complete survey to gather input regarding knowledge gained and satisfaction of the program. The overall averages are summarized in the table below. The scores are based on a 5 point score with 1= strongly disagree and 5= strongly agree. The results from two communities' responses found that the Cafés' were a welcoming format for participants who found them helpful. It provided them with a venue to meet other parents and youth. In addition, they believed that their participation will support improvements in their families and community. Support staff appreciated the opportunity to learn with and from parents.

Community Cafés were viewed as a means to improve their community.	
Community Café Participant Survey (n=28)	Average Score
1. I felt welcome in the Cafés.	4.3
2. Participation in the Cafés was helpful to me.	4.2
3. These Cafés will lead to improvements in my family and in my community.	3.7
4. I understand my child's development more than before I participated in these Cafés.	3.5
5. I am more confident as a parent, caregiver, youth, or community member than before these Cafés.	3.5
6. I have met other parents/youth and/or community members who are positive supports.	3.7
7. I have increased my involvement in my community.	3.4
8. I am more comfortable asking for help.	3.3
9. I have more information or resources to help meet my or other families' needs.	3.4
10. I have increased my capacity to be a leader.	3.3
11. The work that we did in the Cafés will make a difference in our community.	3.3

Sample highlights included requests by other community organizations and media for presentations about the Cafés, the improvement of a school district website in response to the request of Café participants, and emerging parent leadership as evidenced through efforts toward continuous quality improvement of the Cafés and an appointment to the steering committee of a community-wide improvement initiative.

Leveraging Funds

Did the Collaborative leverage additional funding for their community?

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

The four community collaborations funded by the NCAPF Board have been successful in leveraging funds from multiple funding sources.				
July 2014 – December 2014			January 2015 – June 2015	
Funding from Nebraska Children	\$344,704		Funding from Nebraska Children	\$337,500
New Grants and Funding Awarded Directly to Collaborative	\$30,000		New Grants and Funding Awarded Directly to Collaborative	\$58,608
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$1,594,801		New Grants and Funding Obtained by Partner as Result of Collective Impact	\$400,337
TOTAL	\$1,969,505		TOTAL	\$796,445

*Chart does not include funding relating to Community Cafés.

Policy Support

How did CWB communities support policies?

CWB communities were active in trying to shape policy both at the local and state level. This was a key outcome of their Collaboratives' collective impact work. Several communities took an active role in providing testimony for legislation, including Everlast and Juvenile Justice. Other communities helped to inform state policy as they were piloting new initiatives, such as Alternative Response or have a member on state advisory boards that influences policy. The Collaboratives provided leadership in their own communities to help shape many local program policies, as well as, to create new or modify existing policies to enhance the work of the Collaboratives.

Collective Impact

The Child Well-Being communities continued to focus on building their capacity to adopt the components of a collective impact approach. Throughout the year, there was individualized consultation from Nebraska Children at the community level, and learning opportunities for the leadership and members of the CWB Collaboratives. The learning activities and consultation supported the adoption of key elements of a collective impact approach (Kania & Kramer, 2011). The following presents brief descriptions of the Collective Impact components and a discussion of the communities' successes and challenges as they worked to improve the mechanisms of their Collaborative and continue to build a strong foundation

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

Successes. The CWB Collaboratives have established a shared vision with aligned goals and outcomes. For several, their work plans guide their efforts as they review and revise to “seek ways to better serve the children and families in their area.” There was a recognition that community agencies and people were working together. The Collaborative was seen as an existing structure that provides a resource to the community. This was evident in which one community decided that there was no need to create a new group to address a new initiatives, but rather the support needed by this initiative could be addressed within the context of the existing Collaborative.

Challenges. There was recognition that to have a successful Collaborative, it took concentrated effort and time. It would not happen “overnight.” As one Collaborative indicated, “We are continuing to grow in our joint approach to work on challenges.” One community did a “check-in” with their partners to determine if their missions and visions were aligned with the Collaborative. They found that some agencies had changed their vision to align with the Collaborative, but had not put systems into place that would allow them to work effectively together. The next phase for this Collaborative is to assist agencies in making those shifts.

As Collaboratives experienced rapid growth in membership, the importance of ensuring that new members were familiar with the vision and mission of the Collaborative and the components of Collective Impact was important. In order to address this issue, procedures were adopted to provide information that included a packet of materials and completion of a membership application.

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

Successes. The CWB Collaboratives have continued to use data as part of an improvement process. As one Collaborative reported, “The community is becoming energized around the positive stories that are being shared. At the same time, it is becoming more in tune with the importance of data and thinking about using that information to help solve challenges.” For another community, they found that reflecting and communicating the results of their annual Collaborative report helped the community celebrate their successes.

There were several examples where communities were working to find shared measures or shared systems of data collection. For one community, as part of planning a new state initiative, Central Access System of Care, a common evaluation tool was identified. In addition, several communities have partnered with Service Point as a data sharing system for their community.

Challenges. Employing more effective evaluation strategies is important and continues to be a challenge. For one community the development of new partnerships with the University may be one means to improve in this area.

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

Successes. Expanding partners and membership in their Collaborative was described as a success by many communities. These new partnerships expanded the mutually reinforcing activities to a broader group. Members supported the effort both financially and through personal resources. The Collaborative members demonstrated improved trust and an “understanding that when members agree to pursue a task, there was improved and increased inter-agency coordination than in the past.” One Collaborative expressed excitement as more agencies and people were seeing how they could work together to implement programs to address the challenges in their community.

“Our community partners are continuing to define how and why they fit into this collective work. This has been accomplished by allowing each agency to use their expertise and passion with the collective work to meet the Coalition goals.”

The process to support families’ basic needs was a good illustration of community partners blending funds and efforts to provide an integrated service system to support families. This initiative allowed partners to better serve families in need, while the Collaborative could better identify additional gaps and barriers in their community around this area. Cross-agency training (e.g., a jointly sponsored training on supporting young children’s language and literacy training) supported the community’s workforce development.

The collective work of another community helped to keep the management of a Head Start under local control. In this community, their Community Action partner lost the Head Start grant. Initially it was taken over by a federal contractor; however, the community was invested in having local control and management. The Collaborative worked with community agencies to determine the best fit for Head Start in the community, which they determined was an Educational Service Unit. The Collaborative contributed funds for a grant writer and submitted the grant within a month. Without the current Collaborative structure, the community would not have been able to respond within a month’s time to this grant, which was then successfully funded.

Challenges. One Collaborative began to experience “change” fatigue as there had been multiple changes in leaderships and members’ interest in providing input and involvement in the Collaborative had dwindled. Reflecting on the meetings, the steering committee recognized that the meetings had been reduced to community updates rather than finding ways to actively engage board members in decision making and planning for the future. Input was gathered and a structure was changed to facilitate more active engagement from the members.

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

Successes. Demonstrating strategies to increase their membership were described, including adding new partners that had not been represented (e.g., mental health community). Some have experienced an increase of membership within their community. There was noted excitement as more agencies and people were seeing how they can work together to address and implement programs to address the challenges in their community. In another community, more structure to

the advisory board was developed to improve communications and increase member engagement. In another, Collaborative members expressed that there was improved trust within their organization and better interagency coordination than in the past. In addition, another group has added a mentoring process for new members to help their initial involvement.

Challenges. Ongoing communication continues to be a challenge stated by several groups to help members be informed on what the CWB activities are and their progress towards meeting their goals. Some Collaboratives have experienced rapid growth and realized the importance of assuring new members became familiar with the vision and mission of the Collaborative and understand Collective Impact. There continued to be a challenge to effectively address diversity and to ensure that the organizations were culturally competent.

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

Successes. Each of the CWB Collaboratives have an identified backbone organization for their community. For some, this year was an opportunity to restructure to better accommodate the needs of their community. For example, in one community the Collaborative has grown to a point that it was determined that one person needed to coordinate all of the opportunities and the meetings. A coordinator has been hired for that position. In another community, they determined the need to better increase active input and decision making by their members, which they addressed through the development of subcommittees. The use of Memorandums of Understanding was a step towards clear cut agreements that described roles and responsibilities on the advisory board.

One of the Collaboratives stated that they were transitioning from a “state of dependency to a self-sustaining model that can provide eternal leadership.” This included the adoption of a membership fee structure and member application process.

One Collaborative highlighted the value of collaboration in that it enabled the community to quickly respond. For example, the community partnered with the Buffett Institute to assist in community planning with people interested in early childhood. In less than three weeks, almost thirty (30) individuals responded that they could attend. Without the support and structure of the Collaborative, an event like this could not be planned and successfully implemented.

Challenges. Turnover in the coordinator role made it difficult to keep the day to day aspects of the Collaborative running. This illustrated the importance of the backbone and its leadership to the success of the Collaborative.

Conclusion

On behalf of the NCAFP Board, Nebraska Children (NC) worked in partnership with communities to build prevention systems through a continuum of strategies that will successfully improve the health and well-being of children and families in Nebraska. Using a Results Based Accountability process, NC evaluated both the implementation of the strategies, as well as, child, family, and community outcomes.

Prevention Strategies



How much did they do? Five communities funded throughout Nebraska directly served 301 families and 359 children using four evidence-informed or evidence-based practices. A total of 5% of the parents and 6% of the children served had a disability. Only 6% of the children were substantiated for child abuse for the first time.

How well did they do it? NC found that the majority (97%) of the families rated the quality of services (e.g., PCIT, PIWI, and 3-5-7 Permanency Quest) they received positively. Families reported that they were respected by program staff and therapists. High percentages (96%) of families would recommend the program to others. Most felt that they learned new techniques (93%) to use with their child and had a better relationship (85%) with their child as a result of their participation.

Is anyone better off? A shared measurement (e.g., Protective Factor Survey) was used to evaluate the parents' Protective Factors across the strategies. The results found that the parents they served reported a significant improvement in one or more of the Protective Factor areas. Cross-strategy analyses found that parents who participated demonstrated significant improvement across all of the Protective Factors.

Parents participating in NC strategies demonstrated significant increase across Protective Factors.

Highlights of Additional Findings

- Families in **3-5-7 Permanency Quest** demonstrated **reduced life stress**.
- Children in PCIT **significantly improved their behavior** and **parents' improved the positive strategies** and **decreased the negative strategies** they used in their interactions with their children.
- Parents' participating in PIWI demonstrated **significantly improved access to concrete supports** and **improved family functioning**.

Child Well-Being Collaborative

Four NCAPF funded communities and three additional communities are part of the Child Well Being Initiative (Dodge County, Dakota County, Hall County, Norfolk, Panhandle Partnership, Platte-Colfax Counties, and Lincoln County). All seven communities worked to build their capacity to meet the needs of the children and families. .

How much did they do? Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Training was provided to 3006 participants over 72 events with 636 collaborating agencies. A total of 24 Community Cafés were implemented in four communities to build parent engagement in their communities. There were a total of 308 participants. Over \$6,000,000 funds were leveraged for services and supports for their communities. CWB communities were active in trying to shape policy both at the local and state level including: took an active role in providing testimony for legislation, helped to inform state policy as they were piloting new initiatives, and participated as members on state-level advisory boards that influence policy.

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

- The CWB Collaboratives **established a shared vision** with aligned goals and outcomes. For several, their **work plans guided their efforts** as they review and revise to “seek ways to better serve the children and families in their area.”
- The CWB Collaboratives continued to **use data** as part of an **improvement process**.
- **Expanding partners and membership** in their Collaborative was described as a success by many communities. Members **supported the Collaborative effort**, both **financially** and through **personal resources**.

- Collaborative members expressed that there was **improved trust** within their Collaborative and **better interagency coordination**.
- A **strong backbone organization**, including the support of the consultants, was viewed as an important aspect of collective impact and **contributed to the success of the Collaborative**.

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

- **Cross-agency work** resulted in an integrated community system with community partners **blending funds** and efforts to provide an **integrated service system to support families**. This initiative allowed partners to better serve families in need, while the Collaborative could better identify additional gaps and barriers in their community.
- **Cross-agency training** (e.g., a jointly sponsored training on supporting young children’s language and literacy training) supported the **community’s workforce development**.
- The **Collaborative structure** helped position communities **to successfully apply for grants** and **respond to outside requests for implementing community initiatives** (e.g., a training institute) in a timely manner.



Nebraska Child Abuse Prevention Fund (NCAPF) Board

Individual Reports

2014-2015

October 2015

Descriptions of Strategies Implemented

COMMUNITY RESPONSE

The Community Response Project (CR), a family preservation services (see Family Preservation Service NCFE and DHHS Contract sections A. 1 ii. and v) is a pilot project that was initiated in 2012.

Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high end systems of care. Participating communities develop and coordinate an array of local resources to determine eligibility criteria, identify families, administer and share screening and assessments, and provide short term support to qualified families. Typically, communities develop a Community Response Team with designated point persons that may be called Connectors or Navigators. Team members are trained in family centered practice, cultural responsiveness, Protective Factors and other core elements. Team resources target families with multiple crises (such as housing, basic life skills, parenting) that cannot be resolved by one or two specific services or organization alone and which, unresolved, would likely result in Child Protective Services involvement and out-of-home placements. The team helps families who are willing to work to resolve crises, set goals and access assistance to increase their safety and well-being and remain intact. Community Response is relatively short term, lasting for approximately one to six months.

Early outcomes indicate that Community Response is efficient and effective in keeping families from entering the child welfare system. Communities are tracking follow-up results to determine long term efficacy.

Community Response is being implemented in five Nebraska communities (Fremont, Grand Island, North Platte, Lincoln, and Panhandle).

FAMILIES AND SCHOOL TOGETHER (KIDS FAST)

FAST is a Family Support service (see NCFE and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is a set of multifamily group interventions designed to build relationships between families, schools, and communities to increase child well-being. Family activities are led by the parents, with support to be authoritative and warm. Participants work together to enhance protective factors for children, including parent-child bonds, parent involvement in schools, parent networks, family functioning, parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans. Kids FAST is for all families of children 4-5 years old in communities with high risk factors. FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school.

FAST is implemented in Grand Island, Panhandle and Platte-Colfax.

PARENT CHILD INTERACTION THERAPY (PCIT)

PCIT is a family support service (see NCFE and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is an empirically-supported treatment for children ages 2 to 7 that places emphasis on

improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. PCIT outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents reporting significant changes in psychopathology, personal distress, and parenting control.

Twenty therapists have been trained to provide Parent Child Interaction Therapy. PCIT is being implemented in four Nebraska Child Well-Being communities (Dakota County, Platte-Colfax County, North Platte, and Fremont).

PARENTING INTERACTING WITH INFANTS (PIWI)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service (see NCFE and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and vi, and viii) based on a facilitated group structure that supports parents with young children from birth through age 2. Parent participants often don't have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the national Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

Dakota County, Platte-Colfax County, North Platte and Fremont communities implement PIWI.

COMMON SENSE PARENTING®

Common Sense Parenting® (CSP) is a Family Support service (see NCFE and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). It is a practical, skill-based strategy that provides easy-to-learn techniques to help you with today's parenting challenges. These classes incorporate proven methods that were researched and developed at Boys Town. Common Sense Parenting® offers training for parents who want to build on their existing skills or learn new ways of dealing with their children's behaviors. Professional parent trainers teach the course. CSP classes are typically offered as two-hour sessions once a week over multiple weeks, based on the age of your child.

THE PERMANENCY QUEST

The 3-5-7 (The Permanency Quest) is a Time Limited Reunification Service (see NCFE and DHHS Contract Section 1. c. i, iii vi, and vii) project within *Adams, Clay, Nuckolls and Webster Counties* targeted children and youth, varying in age from 5 to 17, that were involved in the court system. A core group of community partners (e.g., county attorney, local GALs, public defender, CASA staff, and DHHS supervisors) agreed to help youth and families begin address issues that may impede permanency as soon as a child was removed from the home. 3-5-7 includes a variety of resources such as support groups and therapeutic activities to help children and youth facilitate healing and recovery. This includes address of trauma, development of

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

THE TEACHING PYRAMID

The Teaching Pyramid is a model for early education staff and parents to promote social-emotional competence and school readiness in infants and young children and to prevent and address challenging behavior. It is a Family Support Service (section A. 1 b. i, ii, iii, iv, and viii). The Pyramid model includes a hierarchy of four main levels: positive relationships, classroom preventive practices, social-emotional teaching strategies and, as needed, intensive individualized intervention. Research has shown that when the first three levels are in place, only about four percent of children in a classroom or program will require more intensive support.

EVALUATION APPROACH

NCCF 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. NCCF staff, consultants, and evaluators have worked with the communities to develop a RBA for each of the primary strategies implemented by their collaborative. Data is collected and reviewed as part of their decision-making and continuous improvement process.

Results Based Accountability Answers Three Basic Questions.....

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

Enhancing child and family protective factors are key to successful prevention work. Due to this importance, evaluation of protective factors was a priority. The FRIENDS Protective Factor Survey (PFS) (FRIEND National Resource Center for Community-Based Child Abuse Prevention, 2011) was adopted as a universal measure to be used across strategies. Its primary purpose is to evaluate five areas of protective factors to provide feedback to agencies for continuous improvement and evaluation purposes. The five protective factors that are being evaluated are briefly described in the following. The tool is based on a 1-7 scale, with 7 indicating that positive family supports and interactive parenting were consistently evident.

PROTECTIVE FACTORS

Enhancing child and family protective factors are key to successful prevention work. The following is a description of the Protective Factors as endorsed by Nebraska Department of Health and Human Services.

Definitions of Protective Factors

Nurturing and Attachment

- A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development.

- When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection

Knowledge of Parenting and of Child and Youth Development

- Encourage appropriate behaviors based on the child's age and level of development.
- Parents who understand this, can provide an environment where children can live up to their potential
- Child Abuse and Neglect are often associated with a lack of understanding of child development or inability to put that knowledge into action
- Timely mentoring, coaching, advice, and practice may be more useful to parents than information alone

Parental Resilience

- The ability to handle everyday stressors and recover from occasional crises
- Positive attitude
- Effectively address challenges
- Less likely to direct anger & frustration at their children
- Aware of their own challenges & accept help when needed

Social Connections

- Evidence links social isolation and perceived lack of support to child maltreatment
- Trusted and caring family & friends provide emotional support by offering encouragement & assistance in facing the daily challenges of raising a family
- Support adults in the family and community can model alternative parenting styles and can serve as resource for parents when they need help

Concrete Supports for Parents

- Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs to ensure the health and well-being of their children
- Some families may need support connecting to services such as treatment, domestic violence, counseling, or public benefits
- These combined efforts help families cope with stress and prevent situation where maltreatment could occur

Social Emotion Competence of Children

- Parents support healthy social and emotional development in children when they model how to express and communicate emotions effectively, self-regulate, and make friends
- A child's social and emotional competence is crucial to sound relationships with family, adults, and peers. Conversely, delayed social-emotional development may obstruct healthy relationships
- Early identification of such delays and early assistance for children and parents can provide support for family relationships and sustain positive and appropriate development

**CHILD WELL-BEING INITIATIVES
EVALUATION REPORT (JANUARY – JUNE 2015)
DAKOTA COUNTY CONNECTIONS COLLABORATIVE**

DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	96	Number of Families Served Indirectly	22
Number of Children Served Directly	104	Number of Children Served Indirectly	61
Number of Parents with Disabilities Served Directly	0		
Number of Children directly served with Disabilities	10		
Number of First Time Children with Substantiated Child Abuse who were directly served	3		

RESOURCES OBTAINED

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	PIWI, PCIT, Pyramid, Preschool scholarship Program, In Home Services and Common Sense Parenting	1/1/2015 - 6/30/2015	\$29,000.00 (\$58,000.00)
CBCAP	CWB infrastructure, training and coordination School/Community, PIWI, PCIT, Pyramid, Social Emotional training and Depression Screening	1/1/2015 - 6/30/2015	\$25,000.00 (\$50,000.00)
NCAFP	PIWI, PCIT	1/1/2015 - 6/30/2015	\$11,250.00 (\$22,500.00)

TRAINING ACTIVITIES

PIWI Training

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is based on a facilitated group structure that supports parents interacting with their children. The primary emphases of the PIWI model and family well-being model are:

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

- **Confidence** – Both children and parents should experience confidence in themselves, their abilities, and their relationships.
- **Mutual Enjoyment** – Parents and children should enjoy being together in the setting, and feel secure in one another's presence and in the environment.
- **Networking** – Parents will have opportunities to network with other parents and add to their informal support networks.

It was important that each group was implemented with fidelity to the model. Each facility completed a fidelity checklist as a way to provide a self-assessment of their implementation of the project. In addition, two outside observers completed a fidelity observation checklist. To meet reliability, the PIWI facilitator must implement 90% the PIWI indicators; assessment of the active PIWI facilitators during the spring 2015 semester suggested that the program was meeting program goals by attaining a 93.9% fidelity rating.

In the last 6 months DCC sent one additional person to be trained in Parents Interacting with Infants. After completing training, she is able to:

- Support parent-child connections
- Share positive parenting practices
- Talk about the importance of healthy kids and families
- Provide support for strengthening families
-

The Pyramid Model for Supporting Social Emotional Competence in Young Children.

The Teaching Pyramid is an approach that promotes and provides a framework for social and emotional development, it supports children's appropriate behavior, prevents challenging behavior, and addresses difficult behavior. WestEd's Teaching Pyramid is based on evidence-based practice originally developed by the Center on the Social Emotional Foundations in Early Learning (CSEFEL). When the training is complete programs can expect:

- **An effective leadership team**
- **Competent, well-trained staff**
- **Staff who are able to reflect on and adjust their practices based on their knowledge of the Teaching Pyramid**
- **Staff who can teach these concepts to parents**
- **Children who are able to talk about their feelings, regulate their emotions, solve their own conflicts, and model language.**

AI's Caring Pals

Results of a large randomized statewide controlled study of AI's Caring Pals indicate that AI's Caring Pals is a resiliency-based early childhood curriculum and teacher training program that develops personal, social, and emotional skills in children 3 to 8 years old. AI's Caring Pals teaches children how to express feelings appropriately, use kind words, care about others, use self-control, think independently, accept differences, solve problems peacefully, cope, make safe and healthy choices, and understand that tobacco, alcohol and illegal drugs are not for children.

The Wingspan-trained preschool, kindergarten, or first-grade teacher conducts two Al's Caring Pals lessons a week, each lasting 10 to 15 minutes. Designed specifically for early childhood, the lessons use guided creative play, brainstorming, puppetry, original music, role plays, and movement to develop children's social-emotional competence and life skills. Using the Al's Caring Pals teaching approaches, educators reinforce and model the Al's Caring Pals concepts throughout the day, providing the children with opportunities to practice and generalize their newly acquired skills.

Each Al's Caring Pals classroom uses the materials from its own curriculum kit both within and between lessons to infuse pro-social concepts into daily classroom life. The developmentally targeted materials — puppets, posters, photographs, music, books, "Alagram" school-to-home positive notes, and parent letters — help build a classroom environment that promotes caring, cooperation, respect, and healthy decision-making. A nine-lesson booster curriculum is used in second or third grade to reinforce skills learned through the core program. A companion parent education program, Here, Now, and Down the Road . . . Tips for Loving Parents, is available for facilitators to use with parent groups. It offers practical approaches to reinforce Al's Caring Pals concepts at home and foster positive parent-child relationships. Al's Caring Pals provides a toolkit for family child care home providers to build children's social-emotional skills. The Healthy Al, Healthy Me program teaches children about the importance of physical activity and eating healthy food.

Results of a large randomized statewide controlled study of Al's Caring Pals indicated that children who participate in Al's Caring Pals were more likely to improve their use of positive social behaviors like sharing, taking turns, using self-control, and solving problems than children who did not participate. Children who did not participate in Al's Caring Pals were more likely to increase their use of antisocial and aggressive behaviors like hitting, name-calling, bullying and taking others' belongings than children in Al's Caring Pals. Al's Caring Pals has been designated an effective prevention program by the U.S. Dept. of Health and Human Services, U.S. Dept. of Education, and U.S. Dept. of Justice.

Al's Pals Training

An Al's Caring Pals Trainer of Trainers was held on January 29th and 30th 2015 in Columbus, NE. Ruth Vonderohe, UNL Extension Educator from Dakota County, attended the Trainer of Trainers workshop. The training was a collaborative effort between Platte Valley ELC and Child Well Being Groups.

On April 23rd 2015 a focus group was held in Dakota County for Child Care providers. A new plan was developed for Al's Caring Pals and Early Learning Guidelines (ELG). The plan is to implement Al's Caring Pals in the fall. Susan Strahm will be sending out a flyer to home care providers in September.

Early Learning Guidelines: Language & Literacy

DCC and Early Learning Connection Partnerships collaborated to provide Early Learning Guidelines: Language and Literacy Workshop at the Marina Inn in South Sioux City, NE on January 31st, 2015. There were 42 childcare providers, representing Childcare Centers, Family Childcare, and Early Head Start staff. Dr. Michelle Ruper conducted the workshop.

The ELG Language and Literacy Workshop covered topics to enhance caregiver knowledge base on language development: Listening and Understanding, Speaking and Communicating, Phonological Awareness, Book Knowledge and Appreciation, Print Awareness and Concepts, and Early Writing and Alphabet Knowledge.

Autism Tool Kit

DCC and SSC schools collaborated to provide a training about Autism Spectrum Disorder (ASD) to both educators and parents for a total of 12 participants. The training lasted three hours and provided educators and families information about how children with ASD communicate and receive information from their environment. The participants learned through hands on simulations. Educators reflected on how the information gained would affect how they worked with students.

<i>Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)</i>			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
3-30-15	PIWI Training	1	1
3-1-15	Pyramid Training	2	2
1-29-15 & 1-30-15	Al's Caring Pals Train the Trainer	1	1

<i>Training for Communities (e.g. Autism Training)</i>			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
1-31-15	Early Learning Guidelines: Language & Literacy	42	4
2-17-15	Autism Tool Kit	12	12

<i>Training that Enhances Collaborative System (e.g. Collective Impact Training)</i>			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
	NOT APPLICABLE		

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
NOT APPLICABLE	

Legislative Policy	
Short Description of Policy	Role of Collaborative
NOT APPLICABLE	

State Policy	
Short Description of Policy	Role of Collaborative
NOT APPLICABLE	

SUMMARY OF EACH PREVENTIVE STRATEGY

Strategy: Early Childhood Screenings

In March of 2015 Dakota County Connections (DCC) collaborated with the South Sioux City (SSC) Schools and Educational Service Unit #1 (ESU) to offer free screenings of child development. The screenings were advertised for ages birth to five years. It was held at the First Lutheran Church in South Sioux City with 32 children in attendance, ranging in age from 8 months old to 5 years 4 months old. DCC therapists administered the Ages and Stages Questionnaires- Social Emotional (ASQ-SE) to each child while therapists from SSC schools and ESU administered the Developmental Indicators for the Assessment of learning (DIAL) or Ages and Stages Questionnaire (ASQ) based on the age of the child. There was one child referred on for further testing in Early Childhood Special Education and an IEP was written. Eight children were identified as benefiting from Parent Child Interaction Therapy (PCIT) and follow up is still occurring.

Strategy: Early Childhood Screenings			
Number of Families Served Directly	32	Number of Families Served Indirectly	0
Number of Children Served Directly	32	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	3
Number of Children directly served with Disabilities	3	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Results Based Accountability (RBA)-		
	QUANTITY	QUALITY
EFFORT		
EFFECT	No formal RBA for this program	

Strategy: Child Directed Interaction (CDI) Skills

As a follow up to the Cardinal Food Baskets given over the holidays, families were invited to attend a supper held at EN Swett elementary school. Over 50 families were invited and seven families (7 adults and 13 children) attended. Ten of the 13 children were of PCIT age. This small number allowed for the PCIT therapists, teaching the Child Directed Interaction (CDI) skills, time with each family to practice the skills. Pre and posttests were given and each adult was able to answer yes to the questions they answered no to on the pretest.

Strategy: <u>Child Directed Interaction (CDI)</u>			
Number of Families Served Directly	7	Number of Families Served Indirectly	0
Number of Children Served Directly	13	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	3
Number of Children directly served with Disabilities	1	Number of Organizations participating	1
Number of First Time Children with Substantiated Child Abuse who were directly served	3		

Results Based Accountability (RBA)		
	QUANTITY	QUALITY
EFFORT		
EFFECT	No formal RBA for this program	

Strategy: Second Step Curriculum

DCC collaborated with the SSC schools' summer school program to provide a social emotional group for children determined by the school counselors or student assistance team coordinators as benefitting from social emotional discussions and skill learning. The PCIT therapists provided nine 30 minute sessions and used the Second Step Curriculum. This curriculum is supported by music and videos, take-home activities, and stories kids relate to; the developmentally appropriate Second Step lessons have helped teachers instill social-emotional skills in their students for over 20 years. The 1st grader group averaged five kids and the kindergartener group averaged eight children per session. All five participating 1st graders completed at least eight of the nine sessions; three (60%) completed all nine sessions. The students took pre and posttests to see what they learned during the sessions. All 12 of the children who completed posttest surveys reported they could identify their own anger buttons, knew ways to calm down when angry, and could name five feelings or

emotions. A summary letter with the therapists' contact information was mailed to parents. A set of "feelings flashcards" and a book on manners were sent home with the participating children.

Strategy: Second Step Curriculum			
Number of Families Served Directly	13	Number of Families Served Indirectly	0
Number of Children Served Directly	13	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	3
Number of Children directly served with Disabilities	4	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Results Based Accountability (RBA)		
	QUANTITY	QUALITY
EFFORT		
EFFECT	No formal RBA for this program	

Strategy: Preschool Scholarship Program

The program first began as an effort to help parents gain knowledge and confidence in parenting skills. Many parents were frustrated and stressed with work and not knowing how to handle their children's behaviors. Also, there was a need for those families struggling to support their families to keep a consistent routine for their child's preschool and care. Many of these parents did not make enough financially to keep their child in preschool and childcare, yet made just a little too much money to qualify for assistance through Social Service. This resulted in inconsistent access to preschool and childcare for many children. A couple of parents expressed their anxiety by saying "they should just quit" school or work to stay home and not even try anymore.

As a result of the Preschool Scholarship Program, families who were struggling received a portion of their preschool and childcare paid for weekly. In turn, the parents agreed to go to parenting classes; for the current reporting period, the selected parenting class was the Circle of Security program offered through the Counseling & Enrichment Center. Cubby Care provided childcare and dinner for their children while parents attended the classes.

Strategy: Preschool Scholarship Program			
Number of Families Served Directly	9	Number of Families Served Indirectly	11
Number of Children Served Directly	10	Number of Children Served Indirectly	20
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	3
Number of Children directly served with Disabilities	1	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	n/a		

Results Based Accountability (RBA)		
	QUANTITY	QUALITY
EFFORT		
EFFECT	No formal RBI for this program	

Strategy: Circle of Security

The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children. The Circle of Security program incorporates decades of university-based research which indicate that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure.

During the program, caregivers learn that they may be passing on their own insecure pattern of parenting by misinterpreting some of their child’s signals. The group is shown a video clip of a coastline and rainforest, set to soft, serene music. The group members discuss the wonderful feelings this activates. The clip is then shown a second time, set to a modified version of the soundtrack from Jaws. Discussing how this time they experience agitation and anxiety, the parents come to understand how much their own subjective experiences can affect their feelings about their child’s needs. Through watching video clips of their children and themselves, reviewing responses from the pre-intervention interviews, and sharing the same with the other caregivers in the group, the parents begin to talk about this as their own ‘Shark Music’. The term Shark Music becomes a frequently used icon in the protocol, as the caregivers increase their capacity to observe and reflect on the child’s signals.

Parents attended a series of classes hosted by the Counseling and Enrichment Center. An eight item pretest indicated that parents knew little about the Circle of Security program and they reported low to moderate knowledge and feelings of preparedness to deal with socio-emotional components of their children’s lives. Post-test scores for six parents who were available at pre and posttest classes indicated that 83% to 100% of the participants felt more knowledgeable and prepared than they had at pretest. Given that these pre and posttest forms were used in lieu of the CWB approved documents, the formal RBA is not appropriate to present Dakota’s data at this time. All future classes of the Circle of Security program will use the CWB documents.

Strategy: <u>Circle of Security</u>			
Number of Families Served Directly	9	Number of Families Served Indirectly	11
Number of Children Served Directly	10	Number of Children Served Indirectly	20
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	3
Number of Children directly served with Disabilities	1	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	NA		

Strategy: Parent Child Interactive Therapy (PCIT)

Parent Child Interactive Therapy was provided in two locations in Dakota County with fully equipped rooms allowing parents and children to be seen together while direct coaching is provided to the parent from behind

a one-way mirror. Parents were coached on what to say and do in order to improve relationships and manage behavior. Private insurance and Medicaid were accepted and a sliding scale fee is available through a grant from Nebraska Children and Families Foundation for Nebraska residents who cannot afford the full cost.

Strategy: PCIT			
Number of Families Served Directly	20	Number of Families Served Indirectly	0
Number of Children Served Directly	20	Number of Children Served Indirectly	21
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

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

Data collected at the end of the parenting sessions. Reported by county annually.

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

	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	20	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	9/9	100%
	Average number of sessions completed (attendance record)	12.5	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	9/9	100%
	# of children indirectly served (attendance record)	21	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	8/9	88.9%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	8/9/	88.9%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5) :				
	(1) access to concrete supports			5/9	55.6%
	(2) informal supports			5/9	55.6%
	(3) knowledge of child development			7/9	77.8%
	(4) nurturing and attachment			7/9	77.8%
	(5) family functions (FRIENDS PFS)			2/9	22.2%

	# and % of parents reporting reduction in children’s problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (<i>The Intensity Scale measures the degree that the parent rates their child as having a conduct problem.</i> <i>The Problem Scale measures the degree that the parent is bothered by the conduct problem.</i>)	13/14	93%
		11/14	79%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) (<i>The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.</i>)		See below

A total of 20 were enrolled in PCIT in Dakota County. They participated on average in 7 sessions with a range from new enrollees to those that had been in 24 sessions. A total of 5 therapists were providing services. A total of 40% of the children were funded with CWB funding.

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	9	4.4	4.5	5.1	4.1	5.1
Post		5.0	5.4	6.3	5.5	5.4
				$p=.001, d=1.76$	$p=.007, d=1.19$	
% Improved		55.6%	55.6%	77.8%	77.8%	22.2%

Families’ strengths on this scale was in the area of nurturing and attachment. The parents made significant improvements in the area of Nurturing and Attachment and Child Development Knowledge with strong effect sizes in the zone of desired effects. In both of these areas they had the highest percentage of parents that had improved scores (.5 or greater on a 7 point Likert scale).

Summary of Parent’s progress on the DPICS

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

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved January 1 – June 30th	17	94%*	88%	65%*	88%

The results of the DPICS found that the majority of families had improved the positive strategies they used in their interaction with their children and demonstrated a decrease in negative strategies that would impede their interactions. Almost all parents improved their use of “behavioral descriptions.” Fewer parents demonstrated improved “labeling praise” strategies.

Summary of Eyberg Findings

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range Pre	% rated in high range Post
January 1-June 30 th	14	151.33	93.56	$p < .001$	$d = 1.68$ strong effect.	71%	7%

*A score of 131 or higher

Summary of Parent’s who View their Child as having Conduct Disorder (Problem Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range * Pre	% rated in high range Post
January 1-June 30 th	14	19.22	10.22	$p < .001$	$d = 1.6$ strong effect.	100%	21%

*A score of 15 or higher

The results of the Eyberg found a significant decrease in the number of problem behaviors demonstrated as well a significant decrease in the parent’s view of the child’s behavior as problematic. These changes reflected a strong effect size that was within the zone of desired effects. The percentage of children demonstrating scores in the high range decreased significantly at the time of the post score rating.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	9	7.0	6.8	6.7	6.7

Strategy: PIWI

PIWI classes were held at the South Sioux City Public Library for eight sessions. Abigail Engel was the facilitator and she provided many positive parenting practices for the families as well as supporting and encouraging their parent-child connections. A meal was provided at the beginning of each session. The supplies and training for the facilitator were provided by a grant from Nebraska Children and Families Foundation.

Strategy: PIWI			
Number of Families Served Directly	6	Number of Families Served Indirectly	
Number of Children Served Directly	6	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

A total of 6 families were enrolled in PIWI in Dakota County. They participated on average in 3 sessions with a range from 1 to 8.

Parents Interacting with Infants PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.					
Population indicators:					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	6	# /average number of sessions completed (attendance record)	3.03	
			Completion of PIWI fidelity guide checklist (onsite visit)	N/A	
	# number of sessions (attendance record)	8	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	3/3	100%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	4/4	100%
	# of children indirectly served (attendance record)		# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	4/4	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	4/4	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment		1/3 1/3 0/3 0/3	33% 33% 0% 0%	

	(5) family functions (FRIENDS PFS)	0/3	
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Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	3	5.9	5.9	6.6	4.1	4.2
Post		5.7	5.2	6.0	4.4	4.2
% Improved		0%	33%	0%	0%	33%

Families' strengths on this scale was in the area of nurturing and attachment; however, families scored lower on this assessment at the end of the session. There were decreases or maintenance of scores in all areas except for Child Development Knowledge where there was a small increase.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	3	6.7	6.7	7.0	7.0

PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from January 1st – June 30th.

Community Population Summary	# Surveys	Family Functioning/Resiliency	Informal Support	Nurturing and Attachment	Concrete Supports	Child Development/Knowledge of Parenting
Pre	12	4.8	4.86	5.38	4.81	4.13
Post		5.2	5.36	6.20	5.00	5.25

				$p=.036$ $d=0.73$ strong effect		$p=.001$ $d=1.20$ strong effect
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UPDATE ON YOUR COLLABORATIVE

Dakota County Connections has continued to grow as a collaborative, working together as a strong team, continually reviewing our work plan, and seeking to better serve the children and families in our area. Our participants have a shared vision for change and are continuing to grow in our joint approach to working on challenges. In fact we just recently changed the location of our meeting to accommodate the larger number of individuals attending monthly meetings. The DCC community is becoming energized around the positive stories that are being shared. At the same time, it is becoming more in tune with the importance of data and thinking about using that information to help solve challenges. There has been a great deal of excitement as more agencies and people see how they can work together to address the challenges of our community. We have seen positive changes for the families and children of our area.

Beginning with PCIT, this collaborative team will be reaching out to even more families in the area using a new DVD they have produced to help increase the overall knowledge of what PCIT is and its benefits. The information on the DVD will also be on YouTube in order to reach even more families and children across the area. Along with research and our own personal stories the message is getting out on what a positive impact PCIT therapy has for families and children. Another positive impact we are seeing in PCIT is a decrease in the number of families needing financial support from grant dollars given the fact that Nebr. Medicaid now covers this service. It was through continuous communication and mutually reinforcing activities that everything is now in place for PCIT with the rooms, the therapists, the funding and informational DVDs to inform families, physicians, community and stakeholders.

In conjunction with that is our PIWI class for our very young. This has been a successful session and it began with wonderful collaboration; all the important agencies and people that could impact children and their development came together. The Library offered to host classes, Nebraska Children and Families Foundation and Early Learning Connections shared that they could help with training, and individuals stepped up to take the trainings and begin the classes. A portion of the success was measured by the fact that some of the families asked if they could do it again when the new class starts in the fall; in addition there are already families on the wait list for next fall!

As a collaboration, we know that we need agencies and people working together to improve the lives of our families and children. We had identified educational and support strategies on our work plan not only for our parents but for our Early Childhood workforce. Dakota County Connections helped support an *Early Learning Guidelines* training to center and home providers on Language and Literacy thus enriching the environments of our youngest children and equipping those that work with them with new ideas and skills. Included in this training was an introduction to AL's Caring Pals; Home Providers will have the opportunity to take part in this exceptional training in the fall. AL's Caring Pals mirrors many of the concepts that the centers are currently using in their Pyramid trainings. In collaboration with the South Sioux City Community Schools, who are offering a summer reading program, DCC members provided fun ideas and activities to support the new endeavor. The Schools provided books and lunch for children in the community; it was open to all children and their families,

while other agencies from the collaboration were able to provide entertainment for the children with things like sidewalk chalk and bubbles.

DCC has a demonstrated ability to define and promptly address collaborative needs. For example, The DCC Board met in April to look at our work plan and our direction. During the meeting, we determined that DCC had grown to a point that one person was needed to coordinate all of the opportunities and meetings that were occurring. A coordinator has since been hired and began her position on July 1. Another challenge The Board discussed was marketing, so several strategies were put in place including developing a brochure and distributing it as we are out and involved in the community.

SUCCESS STORIES

A success story from one of the CDI participating families:

Families were able to watch the CDI skills modelled and then practice with their own children with the assistance of the PCIT therapists. One family, who had three boys ages 18, 9, and 18m shared they had never played with their children before. However, after experiencing the training, they expressed their excitement to spend time playing with their 18 month old.

A success story from one of the PIWI participants:

My son and I have learned a lot through PIWI. My son has learned how to share more with other children and interact better with them. We have learned many new games to play together. Red Light Green Light is one of his favorite games, he wants to play it every day, and he just loves it when I run with him! Going through PIWI really makes me think during the week about what I have learned and trying to apply it as I spend time with my child, plus I know my teacher Abbie will ask me if I used the things I learned and how it went each week. Because of PIWI I have made it a point to do at least one fun special thing with my child every day. I'm really glad my son and I had the chance to participate in this class.

Lorena Fernandez

Success stories from Circle of Security participants:

To whom it may concern:

Before I started this class, I had never Heard of Circle of Security. I learned that is a parenting style based on the attachment theory. Circle of Security focuses on how a parent can keep a child on the circle, and help The child regulate feelings and emotions. Circle of Security helped me to watch for cues that my child was giving me, especially realizing when my child needs his cup filled. It is important for me as a parent to be a secure base for my child so that he can explore comfortably and learn how to show his emotions and feeling the right ways. He can be mad, but he cannot hit, he can be scared, but he cannot hid, etc.

I am very thankful that I was able to participate in the Circle of Security class. I thought my relationship with my son was pretty good before, and now it is even better, and we don't have as many disagreements. It was nice to see that no one is a perfect parent. I am excited to keep using the skills I have learned in the Circle of Security class to keep improving my relationship with my son.

I would enjoy if we could have more classes at Cubby Care that can help us to learn more parenting styles in the future.

Emily

I participated in the Circle of Security at Cubby Care Campus for the month of May and enjoyed the information that was given to me. One thing I took from the Circle of Security is how the parenting styles that my husband

and I have are totally different. Yes, we are on the same page on how we want our girls to grow up in but the way we approach things are totally different. I can refer it back to the “Shark Music” and “Weak-Mean”. For example, I grew up having both of my parents very involved in my life and an “old fashion Chinese father”. High expectations and strict rules to follow daily and for me, I told myself that I would not raise my children with the old fashion expectations and with the new modern culture. My husband grew up in a single parent home, that worked 2 jobs and wasn’t able to be involved as much as she would like. With that stated, my husband has always made it a point to be the father figure in his children’s life that he didn’t have and also have the high expectations that he wished he had. We both approach things differently. If I didn’t participate in the Circle of Security, I wouldn’t have realized how my parenting style is today. I embrace my children more and take a step back to evaluate each situation before reacting.

Carrie Durant

A Center Success Story for Teaching Pyramid at Cubby Care

The Pyramid Training gave Cubby Care more useful tools and a fundamental base to build better relationships within the classrooms. Unlike other programs, the Pyramid model identifies needed tools to help and guide child care providers with detailed, effective strategies to help them support social and emotional skills with children. These strategies and activities can be used to teach children how to self-regulate and learn social skills. This helps prevent children from turning to challenging behaviors.

We look more closely at the environment in which the children play and learn to identify areas that could be improved. Transition times have been improved to create more laughter and sense of well-being and security as children change activities.

The coaching has been an added bonus to reemphasize and guide us as caregivers through techniques. Coaching also helps ensure follow through in our action in the classroom, whether it would be catching children being a friend or just nurturing a positive behavior.

We are establishing a support system throughout the entire center and community.

CHILD WELL-BEING INITIATIVES EVALUATION REPORT (JANUARY – JUNE 2015) FREMONT FAMILY COALITION

DEMOGRAPHIC INFORMATION

The Fremont Family Coalition (FFC) is a group of providers and families in our community that work together to reach a common goal; to create community partnerships that empower individuals and families to improve their quality of life through prevention strategies. We believe that:

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

We are comprised of several work groups. These include basic needs/community response, school readiness/school success, youth transition to adulthood, physical and mental health.

The demographic data is based on four strategies: Parents Interacting with Infants (PIWI), Parent Child Interaction Therapy (PCIT), and Community Response (CR).

Overall Summary of Children and Families Served			
Number of Families Served Directly	95	Number of Families Served Indirectly	12
Number of Children Served Directly	163	Number of Children Served Indirectly	47
Number of Parents with Disabilities Served Directly	8		
Number of Children Directly Served with Disabilities	12		
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served			

RESOURCES OBTAINED

Summary of total funding obtained during this 6-month time period:

Funding from Nebraska Children:	\$ 101,750.00 (6-month)
Other funding received directly to the collaborative:	\$ 110,230.74 (annual)
New funding obtained by partners as a result of the collaborative:	<u>\$ 800,674.00 (annual)</u>

Total funding obtained Jan-June 2015 **\$1,012,654.74**

Funding from NC: CBCAP, PSSF and NCAPF & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	CR, PIWI, PCIT, Social Emotional workgroup strategies, Child Care training, Family Engagement, Community Café's	1/1/2015 - 6/30/2015	\$26,500.00 (53,000.00)
NC	CWB Infrastructure—supporting CR, PIWI, PCIT, and other Social Emotional workgroup strategies, Community Café's	1/1/2015 - 6/30/2015	\$36,000.00 (\$72,000.00)
NCAPF	PIWI, PCIT, Community Café's	1/1/2015 - 6/30/2015	\$14,250.00 (\$28,500.00)
Scott	CR for Families and Older Youth	1/1/2015 - 6/30/2015	\$25,000.00 (\$50,000.00)

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Type	Funding Period	Amount	Used for Services ? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Fremont Family Coalition	Support social and emotional development birth to 8 in child care settings	Direct Funding	May-June	\$75,000	Y	No
Fremont Family Coalition	Supports older youth ages 18-24 who have had involvement in HHS and/or juvenile justice	Direct Funding	Oct-Sept	\$20,000	Y	No
Fremont Family Coalition	Supports older youth ages 18-24 with housing needs who have had involvement in HHS and/or juvenile justice	Direct Funding (one time award)	Dec-Dec	\$15,230.74	N	No

New Grants and Funding Obtained by Partner as a Result of Collective Impact						
Organization	Collaborative Priority Area and Collaborative Role	Source	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/ staffing for collaborative (Please explain)
Fremont Public Schools	Early Childhood care and education for children birth to age 3 that are at risk for school failure	Sixpence	July-June	\$88,000 plus a \$35,000 One-time sub-grant	X	These funds support two staff to provide the services to families
Fremont Public Schools	After school and summer programming for children K-4 th grade at risk for school failure	21 St Century Funding	July-June	\$274,500	X	These funds also support a staff to lead the program and complete fiscal agent responsibilities
The Hope Center for Children- Fremont Family Collaborative Partners- Summer Lunch Program	Free lunch to any child 0-18years old in addition to academic, life skill development and social connections	Multiple community funding sources	May-Aug	\$106,500	X	A portion of the funds are used for a coordinator
Fremont Public Schools- Preschool grant	Improved 3 rd grade reading scores, improving high school graduation rates	Department of Education	July-June	\$296,674	X	No

TRAINING ACTIVITIES

The Fremont Family Coalition provides several training opportunities for specific workgroups, the whole collaborative and the community. All trainings relate back to our mission of improving lives and empowering families.

Professional Training for Specific Child Well-Being Strategies			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
January 2015	PCIT Training-Advanced	1	1
February 2015	Tools for Financial Stability-Provider Training	12	5
March 2015	Community Café Training	4	2
March April 2015	Pyramid Model Coaches Training	5	5
May 2015	Pyramid Model Training-Module 1	25	10
May 2015	PCIT training-Advanced	1	1
May 2015	Cross Over Youth Training	1	1

Training for Communities			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
January 2015	Bridges Out of Poverty	75	unknown
June 2015	QPR Suicide Prevention Training	37	27

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
February 2015	Protective Factors Training	10	5
February 2015	Protective Factors Training	18	10

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
None	

Legislative Policy	
Short Description of Policy	Role of Collaborative
None	

State Policy	
Short Description of Policy	Role of Collaborative
None	

SUMMARY OF EACH PREVENTATIVE STRATEGY

PARENT CHILD INTERACTION THERAPY (PCIT)

PCIT is a form of behavioral-parent training developed for children ages two through seven and their caregivers. It is an evidence-based treatment for young children with emotional and behavioral disorders that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

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

Strategy: PCIT			
Number of Families Served Directly	21	Number of Families Served Indirectly	0
Number of Children Served Directly	21	Number of Children Served Indirectly	27
Number of Parents with Disabilities Served Directly	1	Number of Staff Participating	2
Number of Children Directly Served with Disabilities	2	Number of Organizations Participating	2
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	Unknown		

Strategy: PCIT					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	21	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	6/6	100%
	Average number of sessions completed (attendance record)	9.1	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	6/6	100%

	# of children indirectly served (attendance record)	21	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	5/6	83.3%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	6/6	100%
Effect Is anyone better off? (Outcomes)	# and % of parents reporting improved (.5) :				
	(1) access to concrete supports			3/6	50.0%
	(2) informal supports			3/6	50.0%
	(3) knowledge of child development			3/6	50.0%
	(4) nurturing and attachment			3/6	50.0%
	(5) family functions (FRIENDS PFS)			3/6	50.0%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) (The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)			4/4	100%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) (The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)			4/4	100%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) (The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)				See below

A total of 21 were enrolled in PCIT in Fremont. Parents participated on average in 9.1 sessions with a range from new enrollees to those that had been in 16 sessions. A total of four therapists were providing services. A total of 10% of the children were funded with CWB funding.

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	6	5.6	5.5	5.9	4.9	7.0
Post		6.0	5.6	5.9	5.6	6.3
% Improved		50.0%	50.0%	50.0%	50.0%	50.0%

Families' strengths on this scale was in the area of Nurturing and Attachment and Family Functioning. The parents made significant improvements in the area of Child Development Knowledge. Across all areas 50% of the parents demonstrated improved scores (.5 or greater on a 7 point Likert scale).

Summary of Parent's progress on the DPICS

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

	Number of Parents	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved January 1 – June 30th	16	81.3%	56.3%	68.8%	93.8%

*Increase of 5 or more

The results of the DPICS found that the majority of families had improved the positive strategies they used in their behavioral descriptions with their children and demonstrated a decrease in negative strategies that would impede their interactions. Fewer parents demonstrated improved “labeling praise” and used reflection strategies.

Summary of Eyberg Findings

Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range Pre	% rated in high range Post
January 1- June 30th	4	133.5	103.0			50%	0%

*A score of 131 or higher

Summary of Parent's who View their Child as having Conduct Disorder (Problem Scale)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range * Pre	% rated in high range Post
January 1- June 30th	8	16.8	7.3			75%	0%

*A score of 15 or higher

The results of the Eyberg found a significant decrease in the number of problem behaviors demonstrated as well a significant decrease in the parent's view of the child's behavior as problematic. There were not enough children to complete a statistical analyses. The percentage of children demonstrating scores in the high range decreased significantly at the time of the post score rating.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation very positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	6	7.0	7.0	6.2	7.0

Accomplishments and Challenges

The PCIT initiative continues to be utilized and is successful in our community. We have built a great foundation of providers within stable agencies and individually licensed providers. This aids in community sustainability when the grant funds are complete.

A challenge we faced this reporting period was the loss of two providers that carried larger caseloads. Both agencies have since replaced their staff and are rebuilding capacity. Another challenge experienced by some providers was the lack of referrals. In looking at the data, it appears that the providers that are concerned with referrals are those with additional job duties, besides therapy. The PCIT providers met regularly to discuss how they could assist each other with referrals and individual case processing, hopefully eliminating this concern.

PARENTS INTERACTING WITH INFANTS (PIWI)

Based on the Protective Factors framework, the PIWI model is a facilitated group structure that supports parents interacting with their children ages 0-3 years old.

A total of 19 families were enrolled in PIWI groups in Fremont. They participated on average in 4.2 sessions with a range from 1 to 9. Three PIWI groups were completed during this reporting period.

Strategy: PIWI (includes those served with strategies/concepts and groups)			
Number of Families Served Directly	45	Number of Families Served Indirectly	12
Number of Children Served Directly	72	Number of Children Served Indirectly	20
Number of Parents with Disabilities Served Directly	3	Number of Staff Participating	9
Number of Children Directly Served with Disabilities	3	Number of Organizations Participating	7

Strategy: PIWI (group only)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
	Effort	# of parents/children directly served (attendance record)	19	# /average number of sessions completed (attendance record)	
			Completion of PIWI fidelity guide checklist (onsite visit)	N/A	
	# number of sessions (attendance record)	9	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	2/2	100%

			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	1/2	50%
	# of children indirectly served (attendance record)	6	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	0/2	00%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	2/2	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			1/4 3/4 2/4 1/4 2/4	25% 75% 50% 25% 50%

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	4	5.4	4.6	6.6	5.0	6.2
Post		6.7	6.1	6.6	5.6	7.0
% Improved		50%	75%	25%	50%	25%

Families' strengths on this scale was in the area of Nurturing and Attachment, Family Functioning, and Concrete Supports. The greatest increases were in the areas of Family Functioning and Informal Supports.

Summary of PFS Findings: January 1 - June 30, 2015 (SPANISH RESULTS)

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	4	5.7	4.2	6.4	4.3	
Post		6.6	6.5	6.8	5.9	
% Improved		50%	75%	25%	100%	

Families' strengths on this scale was in the area of Nurturing and Attachment, Family Functioning, and Informal Supports. The greatest increases were also in these areas.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	2	7.0	6.0	4.5	7.0

Accomplishments and Challenges

One of most notable accomplishments was training another bi-lingual provider. This has been essential to ensure cultural inclusivity. We hosted three groups with one to Fidelity standards. What we found was that families are more likely to attend a group in environments where they are familiar and comfortable and have a positive relationship with the agency hosting. We integrated a PIWI group in our Summer Lunch Program. The Summer Lunch Program is designed to close the summer learning gap by providing a free meal to any child 1-18, academics, and a life skill component. This PIWI group posed a unique challenge. How do you run a PIWI group in an environment of irregular attendance by families? The nature of the Summer Lunch Program is for families to be involved as little or as much as they want. There isn't a prerequisite to attend any particular day of programming. Since PIWI is a series of sessions linked together, it was a challenge. The next steps to addressing this challenge is to brainstorm ways we make this a better fit or if it simply doesn't fit.

COMMUNITY RESPONSE (CR)

The Community Response strategy (CR) is designed to provide at risk families with services and case management to promote safety and overall family wellbeing to enhance a supportive family environment. This work is based on the Protective Factors Framework and Family Centered Practice. Agencies in the community are working together to improve the community data.

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

Strategy: Community Response			
Number of Families Served Directly	29	Number of Families Served Indirectly	0
Number of Children Served Directly	70	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	4	Number of Staff Participating	20
Number of Children Directly Served with Disabilities	7	Number of Organizations Participating	11

Strategy: Community Response				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
Effort	# of families that participated in strategy	29	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	8/8 100%

			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	5/8	62.5
	# of families re-referred to strategy (case closure form)	3	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	5/8	62.5
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	7/8	87.5
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (<i>collected at the end of calendar year from DHHS</i>)			N/A	N/A
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			12/12	100%
	# and % of families that completed the majority of their goals (# of goals completed / total # identified on case closure form)			7/12	67%
	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			2/9 2/9 5/9 5/9 4/9	22.2% 22.2% 55.6% 55.6% 44.4%

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	9	4.9	5.9	5.8	4.6	5.4
Post		5.8	6.2	6.4	5.4	5.2
				$p=.041$ $d=.813$ (strong effect)	$p=.028$ $d=.889$ (strong effect)	
% Improved		44.4%	22.2%	55.6%	55.6%	22.2%

Families' strengths on this scale were in the areas of Nurturing and Attachment, and Child Development Knowledge. The greatest increases were in the areas of Family Functioning, Informal Supports and Child Development.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	8	6.8	5.8	5.9	6.8

Accomplishments and Challenges

The last six months, we have begun to see the system change unfold! We have agencies that have built relationships with one another and are working together to change the community data. Now that our prevention model is better established, we are making fewer changes to our process. We have also noticed a strong shift in where our CR referrals were coming from. The bulk of the referrals are now coming from our school system. This is very important to reaching the families that may have fallen through the cracks. In related news, we were thrilled to find out that our State child abuse and neglect hotline calls from the schools have drastically decreased.

One of the challenges we have been discussing is how to bring our larger agencies fully on board with the systems change. What we have realized is that it is more difficult for larger agencies to make the internal changes needed to fully implement a CR model.

COMMUNITY CAFÉS

Community Cafés are a series of guided conversations based on the Strengthening Families™ Protective Factors Framework leadership development and parent partnership. These conversations are hosted by parent leaders who use the World Café technique to increase community wisdom, build parent voice and facilitate action to improve lives for children. The process is designed, planned and implemented by parents, working with their community partners.

Strategy: Community Café			
Number of Participants	153	Number of Families Served Indirectly	0
Number of Children Served Directly	unknown	Number of Children Served Indirectly	unknown
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	6
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

Evaluation Findings:

At each of the Community Cafés, participants rated items on a survey that reflected their satisfaction with the Cafés (e.g., felt welcomed or participation was helpful) or outcomes (e.g. understood child's development, more confident as a parent, etc.) A total of 20 individuals participated in one series and 35 completed in a second series. Two different surveys were used to evaluate the Cafés as it was adapted after the first series was completed. The results are summarized in the following:

Original Cafe Survey Results:

Overall the participants rated the Cafe's positively (4.56 overall average). Responses by item are summarized in the table below. Results found consistently high responses across all items with the highest rated outcome areas were related to feeling welcome in the cafes.

Community Café Survey Items (Original Survey)	Overall Average
1. I felt welcome in the Cafés.	4.9
2. It was easy to understand the process.	4.5
3. I liked the place where the café was held.	4.8
4. The time of the café worked for me.	4.3
5. I liked having a meal/snack at the café.	4.6
6. I like having childcare and transportation available to me, if I needed it.	4.2
7. The topics we talked about were things that mattered to me.	4.5
8. I would like to see more cafes in the community.	4.7

Modified Café Survey Results:

Overall the participants rated the Cafes very positively.

Responses by item are summarized in the table below. Results found that the highest rated outcome areas were related to improvements in their family or community and meet other parents who were positive supports. The area lowest rated was related to their confidence as a parent and their knowledge of their child's development.

Community Café Survey Items (New Survey)	Overall Average
1. I felt welcome in the Cafés.	4.1
2. Participation in the Cafés was helpful to me.	3.9
3. These Cafés will lead to improvements in my family or in my community.	3.8
4. I understand my child's development more than before I participated in these Cafés.	3.0
5. I am more confident as a parent than before these Cafés.	3.3
6. I have met other parents who are positive supports	3.9
7. I have increased my involvement in my community.	3.6
8. I am more comfortable asking for help.	3.6
9. I have more information or resources to help meet my family's needs.	3.6
10. I have increased my capacity to be a leader.	3.5
11. The work that we did in the Cafés will make a difference in our community.	3.49

PROTECTIVE FACTORS SURVEY- COMMUNITY SUMMARY

The following is a summary of the PFS across strategies for this community from January 1st – June 30th.

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Informal Support	Nurturing and Attachment	Concrete Supports	Child Development /Knowledge of Parenting
Pre	19*	5.2	5.5	6.0	5.9	4.8
Post		6.0	6.0	6.3	5.7	5.5
		<i>p</i> =.008 <i>d</i> =0.68 (strong effect)				<i>p</i> =.019 <i>d</i> =0.59 (strong effect)

*Note that this total does not include the Spanish completed surveys. The content from that survey are different from the English version and as a result cannot be combined.

UPDATE ON YOUR COLLABORATIVE

Backbone Agency

The Fremont Area United Way was honored when our community selected us to be the backbone agency for the coalition. Because the Fremont Area United Way’s mission is to support outcomes for income, health and education for children and families, naturally it was a perfect fit. Our role is to bring the partners together and work collectively to change the face of our community data.

These last 6 months have come with positive challenges for us as backbone. Our collaborative is moving into a stage where we are beginning to see which agencies have made internal changes to support the system change. What we realized was that our system change is not something that happens over night. It is the backbone’s responsibility to see that over time, we are providing trainings, continuing education and most importantly support to our agencies involved. The biggest component that assists us in doing those duties well is continuous communication. We also have agencies that have fully embraced the collective impact system change vision. Our local food pantry, Low Income Ministry, hired a full time case manager to assist families with a plan to meet their basic needs. Also, our local Head Start has embraced PIWI and has built in this component to their social and emotional wellbeing plan for their families.

Continuous Communication

Continuous communication is key to a collaborative functioning properly. It must be present on all levels. When something doesn’t go as planned, a communication breakdown at some level is usually to blame. This year, we have focused on the importance of transparency and communication to aid in the smooth transition into our system change. We are fortunate enough to have a strong backbone infrastructure to make this happen. This is the most exciting time of year and probably the most important part of what we communicate to our collaborative...our collaborative report on our child well-being strategies. Sometimes, we can get wrapped up

in our day to day work and feel like we don't have the opportunity to celebrate our success. Seeing our final report gives us the chance to reflect on all of the positive outcomes we have experience AND to know that what we are doing is working!

Mutually Reinforcing Activities

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

Common Agenda

In 2013, our group re-visited our mission and belief statements to better fit the scope of work and the true need of the community. We have been actively participating in working within this new focus. At times since then, we have questioned whether all of our agencies had common agendas that aligned with the coalition. We needed to stop and ask ourselves a few questions. Why does the Fremont Family Coalition really exist? Which of our community partners have missions and visions that truly align with what we are doing? We personally met with each of our CR partners to ensure we were still headed in the same direction. What we found is that some of our agencies that have changed their mission or agenda to align with FFC, but have not necessarily put systems into to place that would allow them to do the work. In this next phase, one of the backbone's main priorities will be assisting those agencies make the shift.

As our collaborative grows, we continue to blend new ideas and expertise to better work as a team to support children and families. Our community partners are continuing to define how and why they fit into this collective work. This has been accomplished by allowing each agency to utilize their expertise and passion within the collective work to meet the coalition goals.

SUCCESS STORIES

Collaborative Success

We officially have two solid years of building our system change under our belts. There have been many learning opportunities as well as challenges along the way. In year one, we spent the majority of our time bringing like partners together who shared in the beliefs of the common agenda. We also created environments where agencies felt comfortable sharing with each other. The first year was truly about laying a solid foundation for the system to take shape.

In year two, we have focused on providing our community with more information about what the community shift (systems change) means to their agencies and the community as a whole. We have also begun to establish a solid working model. The greatest accomplishment this year has been seeing the system change starting to unfold in our community on a family level!

We have been asked on a number of occasions to assist other communities with CR/AR and collective impact work. Our neighboring community of Norfolk has just begun their collaborative set up and will soon be implementing CR. We have provided our process, documentation and have sat on question and answer panels to assist their collaborative by sharing our challenges and successes. Not only has it been helpful to their community, but it has been helpful for us as well. It reminds of us of how far we have come...and there is much to celebrate about that!

Family Success

SP was referred to CR when she came into Uniquely Yours Stability Support (UYSS) looking for help with her heating bill. After her immediate need was met, she was connected with other community agencies to meet her other goals.

When SP entered CR she was new to Fremont and didn't know much about our resources. She was struggling financially, and also struggling to find community connections for herself and her 10 year old son. She had a job cleaning houses, but she was being grossly underpaid, and was subsequently behind on her rent. Her goals were money, education and jobs, health and health care, and informal supports.

SP was connected with NE Voc. Rehab, where she received assistance with finding part-time employment with the City of Fremont (at the Keene Memorial Library) as well as assistance with starting her own cleaning business, which was fully booked almost immediately! Voc. Rehab provided tires for SP's van, and her brother paid her rent. NE Voc. Rehab also helped pay for a knee support and glasses needed for SP to continue working.

SP was connected with Befriend Mentoring and matched with a positive mentor. She was connected with the Church of the Nazarene and began attending services with her son, whom she got involved in Sunday School and other church activities. She was also connected with the Community Cafes and was an integral part of multiple cafes, including serving on the café committees and being in charge of the pot luck. SP was approved for a scholarship to the FFYMCA. She was also able to get a scholarship for her son to play baseball through the Arlington Baseball Commission, found baseball outfits at Goodwill, and received free baseball cleats through Befriend.

When SP's former employer refused to give her final paycheck, jeopardizing her ability to pay her car insurance and get to work, UYSS paid SP's car insurance and made connections for her to get her situation handled through the NE Dept. of Labor. SP is now able to make ends meet without assistance. She has even begun to save, as she is able to meet her expenses from one of her income sources. Her son was eligible for Medicaid and SP was eligible for insurance through the Health Insurance Marketplace, so both of their medical needs were able to be met. SP is a part of the community she lives in and gives back when she can. Her son is also now involved in the community and is making friends as well.

Heather Evans, Uniquely Yours Stability Support

CHILD WELL-BEING INITIATIVES EVALUATION REPORT (JANUARY – JUNE 2015) HASTINGS

DEMOGRAPHIC INFORMATION

Permanency Quest works with children and their caregivers who are involved in the court system due to abuse or neglect. The caregivers could be biological parents, relatives or foster parents. In the six months from January to June 2015, a total of 15 families were directly involved in Permanency Quest services with a total of 28 children – ages 0 to 19. In addition, Permanency Quest provided indirect services to 11 families with a total of 14 children. 8 of the parents have been diagnosed with severe and persistent mental health and/or addiction issues. 5 of the children who participate in Permanency Quest have also been diagnosed with disabilities. 7 of the children directly served have had substantiated child abuse.

Based on the Circle of Security Training, provided in September 2014, we are now partnering with Mary Lanning Hospital, the Healthy Beginnings Program, the Maryland Living Center and the Nebraska Supreme Court through the Helping Babies from the Bench initiative to create a trauma informed “one stop shop” for infants and toddlers in Adams County. This includes the possible creation of a Maternity Group Home.

PQ staff has been assessing children and adolescents using the Daniel Memorial and sharing the information with HHS staff and other independent living service providers in order to improve the quality and direction of these skill building activities. Referrals to independent living service providers by the case managers were not routinely done, and/or service providers did not follow through by making contact with the tested youth. Thus, in some instances, PQ staff would work with the youth to increase their level of proficiency in each skill area. Due to system flaws with staff turnover, referral lags and failures to provide skills education by service providers, we will be amending our approach. Our plan is to share the Daniel Memorial information with the county attorneys to assist them in their referral of families per legislative mandate.

Overall Summary of Children and Families Served			
Number of Families Served Directly	15	Number of Families Served Indirectly	11
Number of Children Served Directly	28	Number of Children Served Indirectly	14
Number of Parents with Disabilities Served Directly	8	Number of Children Disrupted in PQ	1
Number of Children directly served with Disabilities	5	Number of Children working on Life Books	16
Number of First Time Children with Substantiated Child Abuse who were directly served	7	(and they have completed 67 pages)	
----- Number of Children assessed by Daniel Memorial	4		

The following is a summary of the pre-test scores for the 4 children who were initially assessed and the subsequent post-test scores for the children who received in depth, one-on-one education from Daniel Memorial staff.

Jasmine was first tested on 9/4/2014 and then became unavailable to PQ staff until June 2015. On June 20, 2015 staff worked with Jasmine on Money Management and Food Management. On June 23, 2015, PQ staff worked with Jasmine on Housekeeping and Transportation. Not all post test scores are available.

Savanna was first tested on June 18, 2015. After skill teaching by PQ staff, Savanna's deficit scores improved in the tested domains and all other scores remained adequate. Savanna did not complete the retest in Community Resources and Housing.

Cheyenne was first tested on October 3, 2014. PQ staff worked with Cheyenne on areas of deficit and her final scores in tested areas had all improved. She was not retested in Emergency/Safety and Interpersonal Skills.

Huy was first tested on October 16, 2014. PQ staff made numerous attempts to make contact with the foster mom and case manager to no avail. He was not retested.

Daniel Memorial Assessment

TEST AREAS	JASMINE	SAVANNA	CHEYENNE	HUY
DATES TESTED (PRE/POST)	<i>9-4-14/6-30-15</i>	<i>6-18-15/7-14-15</i>	<i>10-3-14/2-27-15</i>	<i>10-16-14/NONE</i>
Money Management	69/100	81/88	62/88	94
Food Management	50/92	58/100	83/92	75
Personal Appearance/Hygiene	91/91	91/91	82/91	91
Health	86/94	76/100	76/86	86
Housekeeping	67/93	100/100	83/89	89
Transportation	73/N	53/93	33/87	73
Education	91/91	91/91	64/100	73
Job Seeking Skills	85/85	77/85	69/100	92
Job Maintenance Skills	75/N	88/88	56/100	81
Emergency/Safety	50/N	60/90	80/N	90
Community Resources	57/N	71/N	71/93	71
Interpersonal Skills	94/94	88/88	82/N	94
Legal Skills	71/N	71/86	71/100	86
Religion	67/N	73/100	67/93	73
Leisure Activities	53/N	53/67	47/80	93
Housing	92/92	77/N	54/100	92
Total ***	725/832	1060/1267	918/1299	1353

***Totals calculated included scores only when BOTH pre and post test scores were available.

RESOURCES OBTAINED

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

TRAINING ACTIVITIES

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
On-going	Adoption Competency – this training will be completed in September 2015	14	12
Sept 2014	Circle of Security – based on this training, we are partnering with Mary Lanning Hospital, Hastings Public Schools, Healthy Beginnings, Maryland Living Center, and the Nebraska Supreme Court through the Helping Babies from the Bench initiative, to create a “one stop shop” for infants and toddlers in Adams County. This includes plans for a Maternity Group Home.	200	50

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
June 2015	National CASA Conference in New Orleans	7 – 2 staff and 5 volunteers	2
June 2015	Childhood Trauma and Delinquency Conference in Hastings NE	55	7
June 2015	Ongoing CASA Volunteer Training	7 – 3 staff and 4 volunteers	3

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
Dec 2014	What is Permanency Quest and How Do We Work with the Schools? There continues to be networking with the Courts through the Eyes of a Child initiative, the GAL and Hastings Public Schools (HPS). HPS is partnering with CASA and members of the health care community to plan and promote a one stop shop for infants and toddlers. This includes the possible creation of a Maternity Group home. The assessments and case plan provided by the	9	4

	Daniel Memorial has supplied quality skill building information to assist in planning.		

POLICIES INITIATED OR INFLUENCED

In meeting with HHS supervisors, it became apparent to PQ staff that there is a population of youth who are not being served locally with individual and group therapy and support. These children would meet criteria for inclusion in a trauma informed program such a Permanency Quest. Thus, CASA began the “Adopt a Case Worker” (and their kids) effort with the faith community in Hastings. Thus far, we have partnered with the 1st Presbyterian Church, the 2nd Presbyterian Church and 1st St. Paul’s Lutheran Church. This recent initiative provides for monthly meetings with DHHS supervisors who provide a list of children in the system who have unmet needs. The focus of this effort is to meet the physical and emotional needs of children, ages 6-18, placed in group homes or institutions. Church members also offer to meet spiritual needs, but that is not a qualifier for the child to be involved. There have been 17 children referred and 6 children are being served. For example, one of the churches has “adopted” a 17 year old young man who is placed in a group home in central Nebraska. Church members send him letters and cards of encouragement along with care packages containing baked goods in order to demonstrate their concern. They have also expressed an interest in becoming trained respite providers for his guardianship home when he returns to the community and will offer for him to become involved in the youth group at their church. If the young man chooses to not become involved, it does not stop the church’s support. The faith community continues to explore options for mission outreach with this population.

Due to recent legislation, county attorneys are mandated to provide service referrals for children and families who come to the attention of the juvenile system. Purposeful and targeted intervention is best when initiated early in a crisis situation. As a result of Permanency Quest and the Through the Eyes of a Child initiative, the Adams County attorney will be asking Permanency Quest to assess families using the Daniel Memorial to assist in guiding her referral. We have also had contact with the Kearney County attorney who has asked that consideration be given to providing assessment services in that area. PQ has the availability of teleconferencing for assessment and service referral.

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

SUMMARY OF EACH PREVENTIVE STRATEGY

The Permanency Quest (PQ) Pilot Project was formally presented to the legal, educational, social services and CASA communities in mid-January 2012. Since then we have been working on building connections within the various communities to support PQ and its mission. In the first half of 2015 there were indicators that this objective is being met.

We continue to actively pursue the Department of Health and Human Services (DHHS) to place families in PQ. Although we are working cooperatively with the agency there has been a disruption in their recommending

families to the program due to high case worker turnover. The local DHHS office has had an 80% turnover rate in the past 6 months. Due to the efflux of local case managers, case supervision has been transferred to outside counties and the staff in other areas is not familiar with Permanency Quest and the benefits for traumatized children and families. Permanency Quest staff are consistently engaged in introducing new/temporary HHS case managers to this program and the benefits for families who are served. PQ staff is currently revising the Permanency Quest brochure in order to provide updated information to case managers and families.

Local DHHS internal problems/turnover has also had an impact on the number of children referred for the Daniel Memorial. PQ staff has explained the benefit of this assessment and subsequent case plan to case managers, old and new, but referrals for this service have lagged. Even after the referral, PQ staff has been forced to track down the referred children and engagement has been difficult. PQ staff has also changed. One staff member left to further her education, another left to further her education and pursue a different job opportunity. These positions were immediately filled and services have not been interrupted. Even though there has been staff turnover, DHHS supervisors have encouraged new and/or temporary staff to initiate contact with PQ when families first come into the system and to refer the age appropriate children for the Daniel Memorial. Recently parent attorneys, GALs and the Court have also suggested involvement in PQ. It has taken time to demonstrate to all parties that PQ is a viable program, but we feel that we now have the full support of local system.

The caregiver, children and youth support groups have been a very positive component of the PQ program. Families are given skills to use in difficult situations, education about pertinent topics and support from other families in similar circumstances. We believe this type of interaction is vital to finding permanency for the children and youth. All of the parent support/education material used in the caregiver group is taken from the Nurturing Parenting Curriculum. Life Book creation is used as part of the mending and growth process with traumatized youth. 16 children have worked on life books and completed a total of 67 pages. These are individualized by each child and include discussion and display of memories that will assist in healing.

Strategy: 3 – 5- 7 Permanency Quest			
Number of Families Served Directly	15	Number of Families Served Indirectly	11
Number of Children Served Directly	28	Number of Children Served Indirectly	14
Number of Parents with Disabilities Served Directly	8	Number of Staff participating	5
Number of Children directly served with Disabilities	5	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served	7	Number of Children in ACW	6
		Number of Children referred into ACW	17

Currently there are approximately 85 adults, children and youth being served either directly or indirectly by Permanency Quest. The adults vary between biological parents, relatives or foster parents. In the six months from January to June 2015, a total of 15 families were directly involved in Permanency Quest services with a total of 28 children – ages 0 to 19. In addition, Permanency Quest provided indirect services to 11 families with a total of 14 children. 8 of the parents have been diagnosed with severe and persistent mental health and/or addiction issues. 5 of the children who participate in Permanency Quest have also been diagnosed with disabilities. Seven of the children directly served have had substantiated child abuse. Six of the youth are directly served through “Adopt a Care Worker” (ACW).

Protective Factor Survey- COMMUNITY Summary

Summary of Parents' Responses to Protective Factors Survey (PFS): Pre-Post Comparison at Completion of Community Response Project

	Number of Surveys	Family Functioning/Parent Resilience	Social Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	12	5.0	5.5	4.8	5.0	5.5
Post		5.8	6.2	5.5	5.4	5.6
		p=.001 d=1.05 (strong effect)	p=.001 d=1.05 (strong effect)		p=.001 d=1.05 (strong effect)	

Interactions with children. Families' strengths were in the area of nurturing and attachment with respect to their interactions with children. This area had one of the greatest gains across time. Ratings in the area of child development were lower and stayed stable over time. These gains are due to education which enables the caregiver to parent the child according to the child's particular needs.

Family support. Three factors of the FRIENDS Protective Factors address family support, including family functioning and resiliency, concrete supports, and access to social support. The results of the FRIENDS PFS found that families made gains across all three areas with the greatest gains in family functioning and resilience and social support. Access to social supports was rated the highest by families.

UPDATE ON YOUR COLLABORATIVE

Permanency Quest is gaining respect from the Department of Health and Human Services caseworkers, attorneys and the judges in our 4-county area. Even though there has been extremely high case worker turnover, increased and effective communication has occurred between DHHS supervisory staff and Permanency Quest. The supervisors are directing the new/temporary case managers to refer families to Permanency Quest and to work with the staff to determine what the best plan for the family. This cooperative working relationship has resulted in mutually reinforcing activities being directed; the caseworker recommends specific activities in the case plan to address the concerns of the family and these concerns are addressed in therapy and the Permanency Quest support groups. Reinforcing the work of each other has strengthened the Permanency Quest program by helping case managers to develop case plans that are realistic, appropriate, trauma informed and individualized for each family and adequately support the families. The resultant recommendations are shared with the judges, CASA and other legal parties in court. All parties, with shared measurement, have noted positive and consistent progress with the families who are involved in Permanency Quest.

The court and legal parties have noted the value of the Daniel Memorial and have asked that this assessment be part of case plans written with age appropriate children. There has been discussion during Through the Eyes meetings with the judge, county attorney, some parent attorneys and with DHHS supervisors regarding the possibility of using the Daniel Memorial for parents in order to provide additional direction on specific skill

building activities. The Adams County attorney and the judge believe that the Daniel Memorial would provide beneficial information for case planning and help alleviate some of the daily living deficits that are noted in the families coming into the system. This service would be made available to other counties should they request assistance, such as Kearney County.

We are hopeful that the high rate of turnover noted with DHHS caseworkers is being rectified. The local office has hired several new case managers who are now in training. Permanency Quest staff will remain consistently engaged in introducing new HHS case manager to this program and the benefits for the families that are served. We are developing excellent working relationships with the new and temporary case managers, however, it can be frustrating when a good relationship has been established and the case manager then leaves the position. Our staff has remained committed to promoting Permanency Quest and the Daniel Memorial for the benefit of the families that are in need. To adjust for system changes and flaws, we have a new plan for meeting community needs with the Daniel Memorial.

SUCCESS STORIES

The following are two success stories and there are many more in process at this time. The Permanency Quest program will continue through New Dimension Counseling, but it was only possible due to the support of NCFE and the Nebraska Health and Human Services. Thank you.

This is a summary of one of the families that embraced the Permanency Quest program and utilized it to the fullest extent. According to the court reports, this single mother with 3 daughters was found to be using “extreme abuse” and an “overly dominating” parenting style. This mother was able to turn her parenting around with the support of the Permanency Quest support groups and the other facets of PQ. This family came in for therapy 2 times per week for 9 months as well as having a therapist in the home for 3-6 hours per week in the beginning. The children were returned home only 5 months after they were taken, due to their inclusion in the Permanency Quest program. The children were divided between the three therapists in the New Dimensions Counseling office. Dr. Patitz supervised the family therapy, assisted in the guidance of the family progress and attended each team meeting and made a recommendation to the court regarding closing of the case. The case was closed at just one year’s time. The family continues to come in for therapy and is an active participant in the support groups giving their encouragement to the new parents who are joining the groups for the first time. Dr. Patitz applauds the hard work the family did as they utilized the Permanency Quest Program. It is a life giving program that assists families in reuniting and becoming healthier than they were before their contact with PQ.

This is a summary of one of the families that have embraced the Permanency Quest program and received many benefits from attending the support groups and receiving counseling with an Adoption Competent therapist. The 5 year old girl was placed in foster care due to her mother’s mental illness. The little girl attended the PQ program and received weekly therapy with an Adoption Competent therapist, Dr. Patitz. Shortly into the therapy process, Dr. Patitz was informed that Birth-mom was going to relinquish her rights due to the impact of her mental health on her ability to parent. Two weeks later, Birth-mom gave her daughter all of her toys in a garbage bag and told her goodbye. The Birth-mom’s therapist was not connected to New Dimensions and Birth-mom did not receive “relinquishment counseling” prior to this decision. Dr. Patitz sought guidance from adoption specialists to see if she should try to reengage the Birth-mom. An attempt was made, but the Birth-mom denied the effort. An attempt was then made to assist the foster parents in helping the little girl make the best transition possible under the circumstances. Adoption was the next step to permanency and the Birth-mom refused to have any additional contact. Dr. Patitz worked with the child through the adoption process. New Dimensions Counseling and Permanency Quest affected the life of this little girl, changing a terrible situation into something positive. The little girl was adopted into her family who now possessed education regarding adoptions, trauma and how to support their daughter.

**CHILD WELL-BEING INITIATIVES
EVALUATION REPORT (JANUARY – JUNE 2015)
ZERO 2 EIGHT COLLABORATIVE (PLATTE-COLFAX)**

DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	141	Number of Families Served Indirectly	61
Number of Children Served Directly	144	Number of Children Served Indirectly	89
Number of Parents with Disabilities Served Directly	2		
Number of Children directly served with Disabilities	3		
Number of First Time Children with Substantiated Child Abuse who were directly served	3		

RESOURCES OBTAINED

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	PCIT, FAST, Befriend Mentoring	1/1/2015 - 6/30/2015	\$29,000.00 (\$58,000.00)

CBCAP	CWB infrastructure, coordination and training... Play their Way, Alternative Response, Child Care training, Human Resources Association and Employee Resource Network.	1/1/2015 - 6/30/2015	\$20,000.00 (\$40,000.00)
NCAPF	PIWI, PCIT	1/1/2015 - 6/30/2015	\$11,250.00 (\$22,500.00)
Scott	Parent Engagement and Social Emotional Development	1/1/2015 - 6/30/2015	\$15,000.00 (\$30,000.00)

New Grants and Funding Awarded Directly to Collaborative
None

TRAINING ACTIVITIES

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
1/29/2015 1/30/2015	Al's Pals Train the Trainer	7	7

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
6/3/15	Human Trafficking Training	11	8

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
1/15/15	Child Well Being Call- Collective impact and policy	5	4
2/19/15	Child Well Being Call- Justice for Our Neighbors and Community Context	1	1
3/19/15	Child Well Being Call- Protective Factors	2	1
4/16/15	Child Well Being Call- Collective Impact	2	2
5/21/15	Child Well Being Call- Circle of Security	2	2

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
Emergency responses agencies in the community are now using Service Point, a shared data system	Organized meetings, trainings, and funding first year of licensing

Legislative Policy	
Short Description of Policy	Role of Collaborative

State Policy	
Short Description of Policy	Role of Collaborative

SUMMARY OF EACH PREVENTIVE STRATEGY

PARENTS INTERACTING WITH INFANTS (PIWI)

PIWI was carried out by three agencies during the reported timeframe, including: Columbus Public Schools (Sixpence), Healthy Families Nebraska, and Central Nebraska Community Services.

The average attendance for families participating was 3.50 sessions, with a range of 1-6 sessions. Participants in the strategy identified as 51% White (non-Hispanic), 42% Hispanic or Latino, and 7% multi-racial. About 80% of participants and/or their children are eligible to receive Medicaid.

Strategy: PIWI			
Number of Families Served Directly	40	Number of Families Served Indirectly	61
Number of Children Served Directly	47	Number of Children Served Indirectly	89
Number of Parents with Disabilities Served Directly	2	Number of Staff participating	8
Number of Children directly served with Disabilities	3	Number of Organizations participating	4
Number of First Time Children with Substantiated Child Abuse who were directly served	3		

PIWI Evaluation Findings

Families were asked to complete the FRIENDS Protective Factors Survey upon entry into the project and at discharge. The results are summarized in the table and narrative below.

Parents Interacting with Infants ¹ PIWI is a family support service based on a facilitated group structure that supports parents with young children from birth through age 2.					
Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children reading at 3 rd grade.					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	40 parents	# average number of sessions completed (attendance record)	3.5 average	
		47 children	Completion of PIWI fidelity guide checklist (onsite visit)	N/A	
	# number of sessions (attendance record)	4 groups	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	N/A	
		17 sessions	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	N/A	
	# of children indirectly served (attendance record)	89 children	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	N/A	
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	N/A	
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved:				
	(1) access to concrete supports		8/16	50%	
	(2) informal supports		5/16	31.3%	
	(3) knowledge of child development		7/16	42.8%	
	(4) nurturing and attachment		6/16	37.5%	
	(5) family functions (FRIENDS PFS)		3/16	18.8%	
*Statistical Analysis will be completed as data is available.					

*These numbers only represent participants that completed English surveys as there were only two surveys completed in Spanish.

Summary of Parents' Responses to Protective Factors Survey (PFS): Pre-Post Comparison at Completion of PIWI Strategy: English

	Number of Surveys	Family Functioning/P arent Resilience	Social Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	16	5.5	5.8	6.4	5.8	5.4
Post		5.9	6.1	6.6	6.1	6.3*
% Improved (.5)	16	18.8%	31.3%	37.5%	43.8%	40.0%

*Based on paired t-test, demonstrated significant improvement $p=.05$.

Interactions with children. Families' strengths on this scale was in the area of nurturing and attachment. The nurturing and attachment scores demonstrated slight improvements when average scores were analyzed. The highest percentage of parents made improvement in these areas.

Family support. The remaining factors of the FRIENDS Protective Factors address family support, including family functioning and resiliency, concrete support and access to social supports. The results of the FRIENDS PFS found that families made the greatest gains in family functioning and resilience with slight gains in social support. This area had the most parents that showed improved rating. In the area of family supports, the families had overall high ratings at the end of the PIWI sessions.

PARENT CHILD INTERACTION THERAPY (PCIT)

During this period, there were two clients served through PCIT. Child Well Being did not financially support these clients as the office that was serving these clients, Meadows Behavioral Health (referred to hereafter as Meadows), is now fully trained and are able to bill insurance and Medicaid for PCIT services. Pre-surveys were collected for these two clients, but they have since left the program or have not had enough sessions to capture post-survey results yet.

PCIT therapists had expressed a desire to have some marketing in the community to promote PCIT services. In April 2015, therapist Doug Draeger went to present at a Mothers of Preschoolers (MOPS) meeting. During this reporting period, several other marketing materials were created. These materials include three PCIT pull down banners and PCIT magnets.

BEFRIEND

Befriend Mentoring is an outreach strategy operated by Oasis Counseling International. It is unique in that it joins faith-based principles with a family-oriented mentoring strategy. Mentors, who are volunteers, take part in a Mentor Training Seminar which helps to equip mentors with skills needed to effectively be a help to others.

Befriend seeks individuals and families to meet once a week for an hour with an individual or a family who is experiencing challenges in their life. Families participate in a variety of activities together such as: making a meal together, planning and carrying out a family outing, working on finances, or shopping together. The

mentor/mentee match continues for six months and at that point the match is then re-evaluated. There are many advantages to utilizing this strategy. The mentee and their family will benefit from the friendship and role modeling of the mentor family. It is an opportunity to be connected in a positive relationship that encourages personal growth and creates a support network in the community.

During this reporting period, Befriend matched 3 mentor/mentee families within the program. The Befriend Coordinator, who is new to the program as of this reporting period, has made several trips to Columbus to go and meet with church groups and leadership within churches.

Strategy: Befriend Mentoring			
Number of Families Served Directly	8	Number of Families Served Indirectly	N/A
Number of Children Served Directly	4	Number of Children Served Indirectly	N/A
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	
Number of Children directly served with Disabilities	0	Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served	Unk.		

Befriend Evaluation Findings

Evaluation of the Befriend strategy includes pre/post-surveys completed by both the mentor and mentee at 6-month intervals. An evaluation report will be made available by Befriend Mentoring. Additionally, families will now complete a pre and post Protective Factors survey (starting January 2015).

Befriend Mentoring: Befriend is an outreach strategy joining faith-based principles with family-oriented mentoring strategy, through which families participate in a variety of weekly activities together.					
Population indicators: Rate of substantiated abuse and neglect; high school graduation rates					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	8 Parents 4 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	N/A	
	# number of mentoring sessions/activities held	31 meetings held	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	N/A	
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	N/A	

			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	N/A	
Effect Is anyone better off? (Outcomes)	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			N/A	

CHILDCARE PROVIDER TRAINING

A Train the Trainers for AI's Caring Pals occurred on January 29-30, 2015. Five people from the area, and two from another community, attended the training. Those who attended will provide the training to approximately 10-12 area in-home child care providers in bi-monthly sessions in August-November 2015. AI's Caring Pals is a program for in home child care providers to enhance social emotional development.

SCOTT FOUNDATION (PLANNING & ACTIVITIES)

In January 2015, Platte/Colfax Child Well Being was awarded \$30,000 per year for three years to be used to enhance parent engagement and social emotional development in Colfax County. A part time Parent Engagement Coordinator was hired through this grant. The staff person, Mariana, is bilingual and from the community. Her role is to bridge the gap between the school and the parents in the community.

In May 2015, three focus groups were held. Two focus groups were in Spanish and one was held in English. The feedback given from the focus groups will provide direction as to what parents in the school district feel would be most beneficial to have in the community. The responses were all compiled into one document and sent to the school district to decide on next action steps. Two possible strategies that will be implemented include Family and Schools Together (FAST) and Community Cafes.

Additionally, through these focus groups, a Parent Teacher Organization (PTO) was put into place. In previous years, there was no PTO at Schuyler Elementary School, and currently there are 12 women regularly attending meetings. The Parent Engagement Coordinator is working towards getting the English and Spanish meetings to be held at the same time throughout the school year. There is also movement to form a Latino Men's Leadership Group in Schuyler.

SIZZLING SUMMER ENRICHMENT PROGRAM

The Sizzling Summer Enrichment Program (SSEP) is a strategy intended to reduce the "summer slide" by engaging students' academic skills during the summer break. The strategy objectives were to maintain or improve student academic performance in reading and math; improve student's social behaviors and attitudes; and increase family and community engagement.

The program was open to students in grades K-3 and was marketing to “at risk” students and families. “At risk” was defined as any of the following: family eligible for free/reduced meals, child of a single parent or teen mother, or family with primary language spoken in home is a language other than English. Those students were eligible to attend the program at no charge.

Strategy: Sizzling Summer Enrichment Program (SSEP)			
Number of Families Served Directly	93	Number of Families Served Indirectly	Unk.
Number of Children Served Directly	93	Number of Children Served Indirectly	Unk.
Number of Parents with Disabilities Served Directly	Unk.	Number of Staff participating	
Number of Children directly served with Disabilities	Unk.	Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served	Unk.		

SSEP had an educational program in the morning with an enrichment activity in the afternoon. Parents were invited and encouraged to attend field trips in the afternoon. With the program being held at Columbus Middle School, students got the chance to participate in the free summer lunch program through the school. There was also a weekly celebration that provided families the opportunity to spend quality time together.

Sizzling Summer Enrichment Program (SSEP) Evaluation Findings

The program enrolled 93 students from grade K-3 for the session. There were an average of 85 students in attendance each day. Over 95% of the participants met the qualifications to be enrolled free of charge. The remaining student paid the stated fee to participate. Over 80% of the student completed the program with continued attendance through the last date of attendance.

Evaluation of this first-time strategy also included a parent satisfaction survey and teacher/staff satisfaction survey. Results of these surveys will be shared at the next reporting cycle.

EMPLOYER RESOURCE NETWORK

The Family and Parent Support workgroup has focused this reporting period on researching methods to assist families that are employed, but struggling to make ends meet. One program of interest is called an “Employer Resource Network”. An ERN is a group of employers joining together to improve retention through employee support and training. The network provides workplace success coaching, initially focusing on low-wage workers. The purpose of a success coach has evolved to help any employee while living in crisis. The workgroup has buy in from the Columbus Chamber of Commerce who are helping to connect the workgroup to the right people and employers in the community. At this point, there is no data on this program but we look forward to working with employers to help families in the community.

PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Social Support	Nurturing and Attachment	Child Development Knowledge of Parenting	Concrete Supports
Pre	16	5.5	5.8	6.4	5.8	5.4
Post		5.9	6.1	6.6	6.1	6.3

UPDATE ON YOUR COLLABORATIVE

Zero2Eight Child Well Being Collaborative of Platte/Colfax Counties can share many successes of the past 6 months.

Success: Service Point

The Family and Parent Support workgroup worked long and pressed on to get Service Point to the emergency needs agencies in the community. Service Point is a shared data system software that allows for agencies and caseworkers to see all areas of a client's needs. They are able to see what goals are set for that client and where and when the client received resources, among other things. Prior to the workgroup taking this on, Central Nebraska Community Services (CNCS) and Salvation Army were the only agencies in the community using Service Point. After going and speaking with agencies one-on-one, the workgroup was able to lock in Columbus Rescue Mission, Simon House, and Emergency Relief for Service Point training. Because Columbus Rescue Mission is a housing agency under HUD, University of Nebraska Lincoln had a grant to provide them with training and the licensing for the software. Simon House and Emergency Relief were able to have staff sit in on the training for the Rescue Mission which was a great way to use this resource. Child Well Being will be providing Simon House and Emergency Relief the funds for the licensing of the software for the first year.

Success: Administrative and Financial Backbone Agency

In January 2015, the Leadership team voted to have a shift occur within the Backbone agencies of Child Well Being. Since 2012, East Central District Health Department (ECDHD) has housed the administrative role with Columbus Area United Way taking over the financial role. The Leadership team agreed it would be more efficient to have the administrative and financial roles both housed at ECDHD. While the transition has taken longer than expected based on requirements and timelines of the different funding sources, the transition is nearing completion stage.

Success: Summer Enrichment Program

As a strategy that was introduced this summer, we see it as a great success. Several Child Well Being membership agencies worked together to create the plan for this program and work on implementation. This strategy was also a collaborative effort with Columbus Public Schools, who provided the location and many of

the teachers were from Columbus Public. We hope to see this program continue on for years to come and reduce the “summer slide” for kids in the community.

Challenge: PCIT Commitment and Marketing

A challenge for the Zero2Eight Collaboration is connected to using our evaluation data and community collaboration in a meaningful way. As evidenced in the strategy section there has been a decrease in families participating in PCIT. The task force and the steering committee have identified some possible reasons for this decrease and have developed a marketing and informational campaign. We have long believed that we need to have the ability to provide PCIT services in Spanish. As previously reported, a therapist was identified who is very excited about becoming PCIT trained, but because of personal reasons, has needed to postpone this training. We are hopeful it can be accomplished in the fall. We have also discussed what other information might be useful to us in incorporating this service in a more meaningful way to our community. In these efforts we have had an opportunity to address some of the challenges that arise when we are working across agencies to provide services.

A challenge for the Platte-Colfax community during this six month reporting period has been Parent Child Interaction Therapy. As shown in the strategy section, there have only been two families to participate in PCIT during this period and there were not enough sessions completed to have pre and post data. Several agencies have expressed that PCIT is such a time commitment for families, thus, many don't want to participate. For that reason, and others, agencies in the community have not been making referrals to PCIT. Currently, the collaborative and PCIT therapists are working on marketing in the community. Pull down banners have been created for each agency. There has been outreach to a group meeting, with hopes of getting on more groups and meeting agendas when the school year is starting up. There is also magnet creation in the works with at least 1500 magnets set to be created. PCIT is challenge in the community as it started with such great force and has since fallen off. The collaborative believes this is such a beneficial program to have in our community. Because of this, we are spending time and resources to the marketing of this program. We have high hopes of the program having a future of sustainability and showing to be impactful in the community.

Challenge: Coordinator Shift

Another significant challenge Platte-Colfax experienced during this six month reporting period was the loss of a part time Child Well Being Coordinator, Sarah Estes. Ms. Estes was hired in October 2014 to serve as Child Well Being coordinator part time and Early Development Network Services Coordinator part time. In April 2015, Ms. Estes transitioned to a full time position with Early Development Networking. Ms. Estes is still putting in five hours a week towards Child Well Being with Roberta Miksch, Deputy Director of ECDHD and supervisor of Ms. Estes, puts in a few hours a week. Ms Estes involvement will end in July. The job posting is currently published in several different domains, but a new coordinator has not been hired. While this is a significant challenge behind the scenes to not have a Coordinator for 20 hours a week, the entire collaboration is committed to keeping the collaborative running and to continue making progress and great strides in the community.

SUCCESS STORIES

Schuyler Project

As part of their commitment to the growth of representation from the Colfax area, and as part of the outcomes identified by the Scott grant, the leadership committee continues to seek opportunities to recruit and involve more partners from Colfax County. As the parent engagement specialist identifies parents who might be

interested in this involvement, we hope to engage them more actively in the collaboration. We are also actively supporting those agencies who serve across counties to look at accessibility to community resources. The recent relocation of the school resource people to a more public building may allow for the collection of more accessibility data.

SILO BRIDGING

In the past several months we have seen a continuation of the silo bridging that we have defined as important for our community. Such bridging includes the spread of service point, the support for community events, the decision by the health department to include orientation to services in the community as part of their pediatrician's training, the effort to keep sharing information about changes in agencies.

SUMMER ENRICHMENT PROGRAM

At the end of the Summer Enrichment Program, parents were asked to fill out surveys. The quotes below are direct quotes from parents whose children participated in the program.

"My daughter really enjoyed the program and was sad that it's ending."

"I loved the program! Very impressed with all the outings and activities. Thank you!"

"You should do this every year."

"We enjoyed our son being in the program to practice reading and letters and other things. Thank you very much."

"My child always looked forward to going and was excited to tell about what he did."

**CHILD WELL-BEING INITIATIVES
EVALUATION REPORT (JANUARY – JUNE 2015)
WEST CENTRAL PARTNERSHIP (LINCOLN COUNTY)**

DEMOGRAPHIC INFORMATION

Overall Summary of Children and Families Served			
Number of Families Served Directly	73	Number of Families Served Indirectly	1074
Number of Children Served Directly	117	Number of Children Served Indirectly	125
Number of Parents with Disabilities Served Directly	2		
Number of Children directly served with Disabilities	9		
Number of First Time Children with Substantiated Child Abuse who were directly served	3		

RESOURCES OBTAINED

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	CR- Circles of care, PIWI, PCIT	1/1/2015 - 6/30/2015	\$26,500.00 (\$53,000.00)
CBCAP	CWB infrastructure, Training and coordination of PSSF and NCAFP strategies plus COSP, School Parent Activities; Outdoor Family nights, and painting, pottery and parenting; healthy families read, Secret Santa, Autism Every Day, Minority Health initiatives, etc.	1/1/2015 - 6/30/2015	\$15,000.00 (\$30,000.00)
NCAFP	PIWI, PCIT	1/1/2015 - 6/30/2015	\$11,250.00 (\$22,500.00)

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Type	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
Mid-Nebraska Community Foundation	Remodeling costs for new PCIT facility	Community based funds	4/1/15-12/31/15	\$2000.00	x	

Union Pacific Foundation	Remodeling cost for new PCIT facility	Community based funds	2014 award for present needs	\$1492.50	x	
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TRAINING ACTIVITIES

During the past six months, training efforts have primarily focused on enhancing the collaborative system.

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

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
	None		

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
3/17/15-3/20/15	PHAB accreditation	5	1
4/29/15-4/30/15	Performance Management Workshop	5	1

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
Written MOUs for PCIT therapists	Decision
Circle of Care Sub-grantee funding based on deliverables	Decision

Legislative Policy	
Short Description of Policy	Role of Collaborative
None	

State Policy	
Short Description of Policy	Role of Collaborative

SUMMARY OF EACH PREVENTIVE STRATEGY

Common Sense Parenting:

The Common Sense Parenting classes were the first steps in a new community partnership for West Central Partnership-Children & Families Alliance (WCP-CFA). During the fall of 2014, an Outreach representative from Region II Human Services voiced their concerns with low enrollments for the parenting classes offered through Region II. During a meeting, the possibilities were considered for sharing resources in hosting these classes. Region II and North Platte Schools Early Childhood Development Network could provide the presenter and help make referrals and WCP-CFA could assist by offering a meal for each session and attendance incentives for completion of class sessions. The initial classes started small with 2-4 parents that completed the series. The turning point came in a change of the parenting curriculum. The next sessions used the “Circle of Security” curriculum, an evidence-based parenting reflection program.

Strategy: Common Sense Parenting			
Number of Families Served Directly	11	Number of Families Served Indirectly	
Number of Children Served Directly	11	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served			

CSP Common Sense Parenting is a skills-based strategy, taught by professional parent trainers in a class setting, to provide easy-to-learn techniques to assist with parenting challenges

Data collected at the end of the parenting sessions. Reported by county annually.

Population indicators: Rate of substantiated abuse and neglect; high school graduation rates

	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
	Effort	# of sessions held (attendance record)		# and % of parents completing 75% of the sessions (attendance record)	
			# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	8/8	100%
# of parents directly served (attendance record)		11	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	7/7	100%

	# of children indirectly served (attendance record)		# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	4/6	66.7%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	8/8	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of children with improved behavior (CSP behavior survey)				NA
	# and % of parents reporting improved: (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			NA 4/11 8/11 5/11 6/11	NA 36.4% 72.7% 45.5% 54.5%

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	11	4.5	5.4	5.5	4.4	NA
Post		5.0	5.7	6.0	5.2	NA
					$p < .001$ $d = 2.36$ Strong Effect	
% Improved		54.5%	36.4%	45.5%	72.7%	

The area of Child Development Knowledge showed significant improvement by the end of the session. A strength was the area of Nurturing and Attachment.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	8	6.5	6.7	6.2	6.6

Strategy: Circle of Security (COS)

With the use of Circle of Security as the parenting program, coupled with the promotion strategies of Region II and NP School Early Childhood Network, class enrollments have continued to grow. The early classes would draw 7-8 parents, but as the parenting series gained popularity, there have been 12-14 per class. A very good referral pipeline has been the grant fund trained PCIT and CPP therapists. Per MOU agreement, the burden of some promotion has been put on the therapists. Their presence would give more community awareness to the programs available as well as spotlight their role as a resource in the community. The instructor for the class has been Stephaine Morse. Her involvement in various other human service organizations has helped make many connections for enrollments and growing interest in future Circle of Security classes.

Each class grows in size, and there is often a waiting list for the next class. The incentives are given according to class attendance. All class participants who attend the first 3 classes receive a family bowling pass on the 4th session. All class participants who attend the next 3 sessions receive a family pass to the North Platte Recreation Center. There is a drawing at the last class for a \$50 grocery card. Everyone who has perfect attendance is in the drawing.

Strategy: Circle of Security			
Number of Families Served Directly	14	Number of Families Served Indirectly	
Number of Children Served Directly	14	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	1
Number of Children directly served with Disabilities	1	Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports	
Pre	13	5.1	5.4	6.0	5.0	5.6	
Post		5.7	5.9	6.1	5.7	6.2	
		<i>p</i> <.02 <i>d</i> =0.69 Strong Effect				<i>p</i> <.02 <i>d</i> =0.72 Strong Effect	
% Improved*		66.7%	40.0%	26.7%	53.3%	40.0%	

*Demonstrated .5 increase on a 7 point Likert scale

The results found the parents made significant improvements in their Family Functioning and Child Development Knowledge by the completion of COS. Parents' strengths were in the area of Concrete Supports and Nurturing and Attachment.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation very positively. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	12	6.8	6.7	6.9	7.0

Strategy: Painting, Pottery & Parenting			
Number of Families Served Directly	5	Number of Families Served Indirectly	
Number of Children Served Directly	5	Number of Children Served Indirectly	2
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

Painting, Pottery & Parenting

The Painting, Pottery, and Parenting class was in high demand the previous year with a waiting list for those interested in participating. As the beginning date for the course came near, there were very few signed up and those that were had been from the waiting list. It was somewhat confusing to figure out what brought about the change. Despite promotion through the schools and all human service agencies, few had signed up. The mystery was solved when a principal offered to promote it again and had the chance to get feed-back from families. A family who had participated the previous year found that the projects were very difficult-even for an adult, so it is unlikely that a child would have the ability to participate in the project to a very involved degree. The art instructor is a very skilled career artist who has held classes in the past through the Prairie Arts Center.

In discussing the low enrollment, feedback from the principal was part of the conversation, and the art instructor said that she would try to make the projects at a simpler level. It seems when any skill comes easily, it is hard to understand that others find it difficult. Despite efforts to simplify a project, there were elements of it that were fairly challenging, especially for the pottery portion of the sessions. The painting instructor did revise the project to include individual paintings done by the child and the parents. This reduced the interactive element between parent and child. This appears to be an outreach effort that may have to be modified if it continues in the future. The art may have to be more of a craft item rather than an art item that meets the criteria of a trained professional.

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	5	6.4	6.0	5.7	5.5	6.3
Post		6.1	6.2	6.3	5.6	6.2

% Improved*		0.0%	60.0%	20.0%	0.0%	20.0%

*Demonstrated .5 increase on a 7 point Likert scale

The results found the parent made the most improvements in the area of Nurturing and Attachment. Slight decreases were seen in access to Concrete Supports and Family Functioning. The highest percentage of parents made improvements in the area of Informal Supports.

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively in the majority of the areas. Their relationship with their child was rated slightly lower, but still within the high range. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Felt respected and valued by the therapist or staff.	Learned new techniques to teach their child new skills.	Relationship is better with their child.	Recommend program to another parent.
January 1st – June 30th	4	6.7	6.3	5.8	6.7

Strategy: Family vs. Wild			
Number of Families Served Directly	13	Number of Families Served Indirectly	
Number of Children Served Directly	27	Number of Children Served Indirectly	2
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	1
Number of Children directly served with Disabilities	2	Number of Organizations participating	5
Number of First Time Children with Substantiated Child Abuse who were directly served	0		

Family vs. Wild

Offering “Family vs. Wild” during the summertime was the best option in making this successful. The group is full with 13 families that work together through the various outdoor activities such as camp set-up, fishing, horseback riding, archery, canoe trips, dutch oven cooking and bird watching. The evidence-based “123 Magic” parenting model is used to instruct on strategies for developing a structured way to improve child behaviors. The parenting lessons are given during the evening and parents have the opportunity to apply those concepts during the outdoor activity. Relationships grow between parent and child as they problem solve together, learn from each other, and create new memories. It is a wonderful combination of single parent families, nuclear families, and blended families.

The families have established friendships between each other. Some even talk about spending time together outside of the evening sessions.

While NE Game & Parks staff have been the main facilitators for the outdoor information, there will be sessions where information is provided by Pheasants Forever staff and University of Nebraska Extension educators. Project Everlast Youth were eager volunteers on the evening that families participated in nature learning stations.

Strategy: Community Response

Strategy: Circle of Care			
Number of Families Served Directly	10	Number of Families Served Indirectly	75
Number of Children Served Directly	40	Number of Children Served Indirectly	100
Number of Parents with Disabilities Served Directly	2	Number of Staff participating	3
Number of Children directly served with Disabilities	3	Number of Organizations participating	7
Number of First Time Children with Substantiated Child Abuse who were directly served	2		

The best approach to Circle of Care (Community Response) again seemed to provide assistance on a sub-grantee basis to agencies that already work with community residents who have needs. This year, WCP-CFA has 7 sub-grantee agencies involved. Those agencies already have a relationship with the clients in addition to an awareness of how they can link that client with other organizations for services. The sub-grantees have shown an interest in occasional get-togethers to review reporting needs, share resources information, and refer clients to other agencies. It has been a step closer to collaborative work. During the meetings for the sub-grantee case managers share information about referrals between agencies, best approaches to client services, and community resources.

Evaluation Findings

There were a total of 5 pre Protective Factors Surveys completed as part of the Circle of Care project with only one matched post survey. No other data was collected. The local evaluator will work with the agency staff to expand the data collected for 2015-2016.

Strategy: PIWI			
Number of Families Served Directly	12	Number of Families Served Indirectly	
Number of Children Served Directly	12	Number of Children Served Indirectly	9
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	1
Number of Children directly served with Disabilities	0	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	1		

In the previous grant year, the PIWI program was carried out through the Parent-Child Aquatics program at the local recreation center. It was extremely popular and brought a lot of positive attention to parenting programs infused into common family activities. In order to take a step toward sustainability of the program, it was offered to parent-child pairs with their admission paid, but with a \$24 class fee. Any family that was referred by another agency would receive a class fee scholarship in hopes that gesture would get more agencies to support and refer to the program. Despite a lot of promotion on Facebook, early childhood groups, and WCDHD website, the classes have not been full. The conclusion is that the fee does become a stumbling block for many people. A next step has been to promote it through the “Family Skill Builders” group, which is a court ordered family visitation program. So far, this has not generated any new enrollments. There is currently 1 family referred by a different agency that does attend with their case manager.

Strategy: NE 211			
Number of Families Served Directly		Number of Families Served Indirectly	99
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	
Number of Children directly served with Disabilities		Number of Organizations participating	
Number of First Time Children with Substantiated Child Abuse who were directly served			

NE 211

NE 211 services for the West Central District area are contracted through United Way of the Midlands. The first year of NE 211 offerings averaged 23 calls per month. The 2015 average has dropped somewhat, so that the average is 16.5 calls per month. These figures make it appear as if there has been a decline in the need for the service, yet when we add in the tracking of online searches, which averages 5-6 per month, then the inquiries are close to the same. The caller inquiries indicating the greatest need of the area was for “Utilities”. 32% of the calls were requesting information about getting assistance with utilities. This was followed closely by “Housing” inquiries at 29%. Third on the list of community needs was “Transportation” at 10%. These needs seem fairly consistent with the requests that are continually made through the “Circle of Care” sub-grantee agencies. The need for adequate and affordable housing is a concern that many human services agencies voice in advocating for their clients. Proper shelter is very vital to a family, and those are issues that West Central Partnership leadership will be challenged to approach in future collaborations in the community.

Strategy: Hope Happens Here			
Number of Families Served Directly		Number of Families Served Indirectly	900
Number of Children Served Directly		Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	3
Number of Children directly served with Disabilities		Number of Organizations participating	25
Number of First Time Children with Substantiated Child Abuse who were directly served			

Hope Happens Here

Hope Happens Here is a new event carried out with the use of grant funds. There were several key goals targeted through this effort. The first goal was to bring more awareness to mental health as a condition that doesn't have to be feared, the second was providing residents with the various services available in the community, and the third goal was to bring organizations together in a collective group to show unity in serving the community. Each agency was asked to select a topic that would be the theme of an interactive display. A committee comprised of representatives of 5 human services organizations did much of the planning for the event. It was their hope that this could be “piggybacked” onto another event that draws a fair number of people. It was suggested to work with the North Platte Ministerial Council to couple HOPE HAPPENS HERE with Family Night during Nebraskaland Days. This was a first opportunity for working with entities in the faith based community. The committee was very supportive of our plans to supplement the evening with more “family friendly” events.

Participating residents came away with more education from the experts presenting at each table. This type of outreach promotes more conversation and the start of positive relationships. This also gave many organizations the opportunity to learn about each other and show support for the expertise offered by other human service workers. Approximately twenty-five local agencies participated in the event.

Evaluation Findings

A survey was sent to all participating agencies to determine their views on the success of the event from their agencies viewpoint. The results were very positive. A total of 16 agency participants (64% return rate) responded to the survey. The majority of the agencies reported that the event provided an opportunity to collaborate with other agencies. Overall the structure (e.g., total time, position of the tables, adequate information) of the event worked with limited suggestions for improvement.

- All agency staff reported:**
- The event was viewed as a success by their agency.
 - Pairing it with Nebraskaland Days Family Night worked well.
 - It was well organized.
 - It was consist with their agencies purpose.
 - Their agency would participate again.

Strategy: PCIT

Strategy: PCIT			
Number of Families Served Directly	8	Number of Families Served Indirectly	
Number of Children Served Directly	8	Number of Children Served Indirectly	12
Number of Parents with Disabilities Served Directly	0	Number of Staff participating	2
Number of Children directly served with Disabilities	3	Number of Organizations participating	2

The PCIT program is in the midst of some transitions at the time. Through the years, there were four therapists trained in PCIT therapy. In January 2015, one of the therapists decided to continue serving the community independent of grant funding. She requested that the responsibility of the equipment go back to West Central Partnership. Various options were considered, and since the equipment was in her facility, there was some equipment that she was interested in purchasing. Plans for purchase were made, contractors were contacted, and funds were sought. The new facility will be in an office space with-in West Central District Health Department where there will be ease of access for the public. The therapists are happy to have a waiting room and nearby restrooms for families. The new facility is centrally located which also improves access for the participating therapists. Grant funds were used to equip the area with therapeutic toys, proper equipment, and shared supplies.

Parent Child Interaction Therapy ² PCIT is a family support service for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. <i>Data collected at the end of the parenting sessions. Reported by county annually.</i> Population indicators: Rate of substantiated abuse and neglect; high school graduation rates; percent of children proficient reading at 3 rd grade.	
Quantity <i>How much? (Inputs, Outputs)</i>	Quality <i>How well? (Process)</i>

Effort	# of parents/children directly served (attendance record)	8	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	2/2	100%
	Average number of sessions completed (attendance record)	10.1	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	2/2	100%
	# of children indirectly served (attendance record)	12	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	2/2	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	2/2	100%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5) : (1) access to concrete supports (2) informal supports (3) knowledge of child development (4) nurturing and attachment (5) family functions (FRIENDS PFS)			1/2 2/2 2/2 2/2 2/2	50% 100% 100% 100% 100%
	# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Below High Problem Range) (Eyberg) <i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i>			3/5 3/5	60% 60%
	# and % of parents reporting improved strategies in their interaction with their children (DPICS) <i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)</i>				See below

A total of 8 were enrolled in PCIT. They participated on average in 10 sessions with a range from new enrollees to those that had been in 19 sessions. A total of two therapists were providing services. A total of 50% of the children were funded with CWB funding.

Summary of PFS Findings: January 1 - June 30, 2015

	Number of Surveys	Family Functioning/Parent Resilience	Informal Support	Nurturing and Attachment	Child Development Knowledge	Concrete Supports
Pre	2	4.7	4.5	7.0	4.5	6.0
Post		5.5	6.0	6.2	5.9	7.0
% Improved		100%	100%	100%	100%	50%

Limited pre-post data was available for families in the program, so there needs to be caution in interpreting the results. Families' strengths on this scale were in the area of Nurturing and Attachment and accessing Concrete Supports. In both of these areas they had the highest percentage of parents that had improved scores (.5 or greater on a 7 point Likert scale).

Summary of Parent's progress on the DPICS

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

	Number of Assessments	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
% Improved January 1 – June 30th	5	100%	100%	100%	100%

The results of the DPICS found that the majority of families had improved the positive strategies they used in their interaction with their children in the area of using reflections. A majority of the families demonstrated a decrease in negative strategies that would impede their interactions.

Summary of Eyberg Findings

Summary of Change of Improved Child Behaviors (Intensity)							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range Pre	% rated in high range Post
January 1- June 30th	4	173.8	125.3			100% N=5	40% N=5

*A score of 131 or higher

Summary of Parent's who View their Child as having Conduct Disorder							
Time Period	#	Pre	Post	Significance Level	Effect Size	% rated in high range * Pre	% rated in high range Post
January 1- June 30th	4	19.5	15.8			100% N=5	40% N=5

*A score of 15 or higher

Summary of Satisfaction

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. Slightly lower rated was their adoption of new parenting practices. The overall averages are summarized in the table below. The scores are based on a 7 point score with 1= strongly disagree and 7= strongly agree.

Time	# Surveys	Comfortable Working with Staff	Staff Valued My Ideas	I made at least one positive change in my parenting practices	Overall Satisfaction
January 1st – June 30th	2	7.0	7.0	7.0	7.0

PROTECTIVE FACTOR SURVEY- COMMUNITY SUMMARY

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

Community Population Summary	# Surveys	Family Functioning/ Resiliency	Informal Support	Nurturing and Attachment	Concrete Supports	Child Development/Knowledge of Parenting
Pre	31	4.9	5.4	5.9	5.7	4.9
Post		5.5	5.8	6.2	6.1	5.6
Significance Level		$p=.003$		$p=.04$		$p=.001$
Effect Size		$d=0.72$ Strong Effect		$d=0.38$ Small Effect		$d=0.56$ Moderate Effect

UPDATE ON YOUR COLLABORATIVE

Change has a way of re-arranging the approach taken to work more effectively. While there hasn't been a change of staff for Child Well-Being programs, the changes made in how things are done has probably had more ripple effect in the past year. Through the change of staff phase, Advisory Board members seemed to experience a little "change" fatigue, so their interest in providing input or feeling involved in the Child Well-Being efforts seemed to dwindle. We recognized a pattern of meetings that were basically updates of information rather than finding ways to actively engage board members in gathering information and planning for the future.

CWB Coordinator Sabin worked with NCFE Consultant, Gay McTate, in creating a steering committee that would be leaders of various workgroups with specific duties in designing programs with interventions that would address the needs of families in the community. Three separate workgroups were proposed: Future Planning, Collaborative Development, and Child Well-Being. The Child Well-Being workgroup includes sub-groups for Circle of Care, Backpack Food Program, and Family Well-Being Home Visiting program. By dividing the 21 member advisory group into smaller workgroups, the members could become more involved in an area of their greatest interest or expertise.

It was important to bring more structure to the Advisory Board in order to improve communications and increase member engagement. Meetings will be arranged by the workgroup team leader and the entire advisory board will meet on a quarterly basis. The scheduled meetings for the coming year will be: August 27, 2015, November 19, 2015, February 25, 2016, & May 26, 2016. I would consider decisions in this direction to be a success because it will empower those members more, which generally increases motivation to stay involved in a cause.

Several vacancies have occurred due to members moving, so three new members have been invited to the Advisory Board. These new members will bring insight from the medical community and a fresh collaborative community outlook. Another major success would be the “mentoring” role that the CWB steering committee has offered to take on. Not only will they serve as leaders of the workgroups, but they will mentor a new member through their involvement in the workgroup. Notebooks for orientation have been prepared and the steering committee members will each be involved with a new board member to provide support.

The re-introduction of the use of MOUs (Memorandums of Understanding) is a step towards clear-cut agreements. These agreements describe the responsibilities for each party involved whether it be data collection, fiscal reporting, deadlines, or networking with other agencies. This provision has already proved useful in collecting required report information.

In addition to continuing to structure and formalize the Alliance in a way that would support collective action, many of our community efforts have involved new partners, as described in the earlier pages. Some of these partners have evidenced an interest in being more involved in the Alliance.

Through overlapping membership and leadership discussions, we are moving toward a closer alliance with the North Platte Interagency Group which has been in existence for some time in North Platte, has membership that overlaps that of the Alliance, and has served as an information, communication resource for the whole community. We believe that the closer alignment will strengthen the work for our community. A challenge continues in keeping board members continuously informed on all that is going on with the Child Well-Being activities. Meeting minutes and information is emailed, but emails don't always get read. It doesn't take long to be very behind on the latest news if one board meeting is missed and the minutes aren't read.

Appendix A includes a summary from a focus group completed in the late spring 2015 as part of the MIECHV research project.

SUCCESS STORIES

A success that has given solid proof to the benefits of collaboration is the partnership of WCP-CFA, Region II Human Services, and North Platte Schools Early Childhood Network. Over the past year, each group had sponsored some

parenting class or parent skill building opportunity. It soon became apparent that rather than divide our efforts, combining those would make more sense. It has worked beautifully! Each entity took a role in sponsorship of the parenting class either through funding for the instructor, providing for the site, or purchasing the meal and incentives to encourage continued attendance. Everyone takes responsibility for promoting the classes and seeking participants. Enrollments have continued to grow and before the completion of the current class, there is already a plan for the next session.

PCIT Therapist's Success story

I had a child that was having trouble adjusting to the separation of her parents. She was having a lot of behavior problems. After attending PCIT with her Mom she was better able to regulate her emotions and use her words to express herself. Her Mom gained a lot of confidence and validation in her parenting skills. In the course of the therapy her Mom gave birth to her brother and expressed a confidence and appreciation for the skills she had acquired and upon discharge was much more relaxed and understood the importance of engagement and relationship with her children and looked forward to parenting her children.

Here are some quotes from some COS (Circle of Security) classes from the surveys:

"I've learned that it is never too late to help your child be better and be a better parent. All a child needs is for to be good enough! Every behavior is a communication. I have a better understanding of my child's needs and communication has improved. I am bigger, wiser, stronger and kind because of Circle of Security. Wonderful class!"

"I'm so thankful for learning about Circle of Security and have seen changes in my relationships with my teenage boys."

"It's made me more aware of signs and behaviors, mine and my child's" Parent that took COS

"I realize how that all behaviors are communication and can now try to better read what he is saying to me." Parent that took COS

Here is a story from a family involved in the Family vs. Wild program: *

"I really loved the programs with Game & Parks because it really promoted "family." During the fishing activity, I learned a lot about how my reactions rub off on my children, and so I tried things that I hadn't done in a long time to so that my son could learn to try. The relationship between my son and his father was at tattered ends, but through the activities with the Game & Parks, they have grown closer.

Our son thrives on these activities and loves them, and I am so excited to see how much he enjoys this.

One of our favorite activities was the horseback riding. It was fun to do things together as a family. We enjoyed these activities also because we could meet other families. This gave us a chance to have contact with other families and do things together with our kids. Since our son has a delay in social development, this has been good for him. The tubing the river trip wasn't as enjoyable because there wasn't as much conversation and contact with others.

I feel more confident about my parenting because of what I have learned, and I now know about other resources that provide help to families. "

Circle of Care Success Stories from "The Connection Homeless Shelter"

Alexis-Entered the Connection with her two children...no job and no ideas of what she was going to do or where she was going to seek housing; no mode of transportation to get around town...left the program with their CNA certification; a job doing her new trade as a CNA; a care to get back and forth to work and get the children where they need to go; and state is it the most stable and confident she has ever been in her entire life! Get out there and be amazing!

Nicholle-Entered the Connection on parole, fighting to get her kids back...while at the Connection, she has managed to maintain full-time employment; purchase a vehicle; get all four of her children back in her custody; and successfully abide by the conditions of her parole.....Continue to shine, Nicholle!

Rape and Domestic Abuse Program.

Success Story: Through Circle of Care money we assisted a mom who was leaving an abusive relationship and helped pay a deposit for her own apartment for her and her two kids.

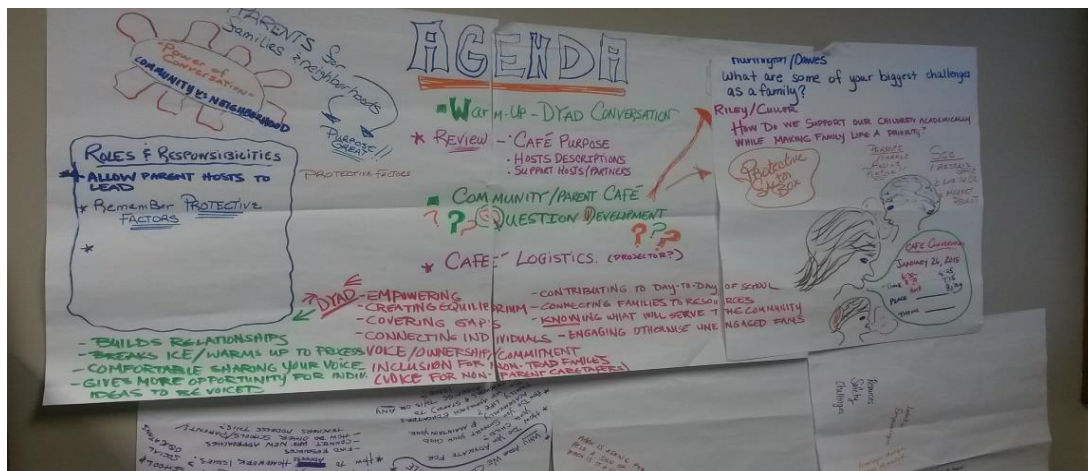
CHILD WELL-BEING INITIATIVES EVALUATION REPORT (JANUARY – JUNE 2015) LINCOLN COMMUNITY FOUNDATION (CITY OF LINCOLN)



The Lincoln Community Learning Centers served as the intermediary or backbone entity to support the development and delivery of the Family and Community Cafés that took place between January and June of 2015. We have found the Café process to be an important part of the Lincoln Community Response effort in zip code area 68504. The Café process was introduced to us by Nebraska Children and Families Foundation and we have been grateful for their support and guidance through the process.

The Café process has strengthened our efforts in meaningful parent and community engagement by building parent capacity and leadership. Principals from five CLC schools selected parents to attend the full-day Café Host training on October 13, 2014. Lincoln had eight parents, one principal, one district leader and five community partners attend the full-day training. After the training we utilized a modified café process to prepare our parents for leading and facilitating the first cafés which were held on January 26, 2015. These preparation meetings provided the partners the opportunity to plan, practice and fully embrace the Café model. Additional parents joined this team which was also an unexpected benefit.

Each preparation meeting had a theme related to the Café process and gave parents the opportunity to lend their voice and skill to the design and implementation of upcoming Cafés. These meetings provided parents and community partners time to have peer-to-peer learning, dyad conversations and to tie the protective factors to the process. It created learning environment that was safe, flexible and honored the voice of parents. It also challenged the community partners to relinquish some control and trust the process.



Planning Meeting Agenda and Harvest

The Lincoln group determined they wanted to break into smaller teams to better address the needs of their families and neighborhood. As a result we had three teams working on Cafés in the 68504 zip code area. The structure was designed

to support natural transitions that parents often have between elementary and middle school. The teams include Café Hosts from: Riley Elementary / Culler Middle School, Huntington Elementary / Dawes Middle School and Hartley joined Riley / Culler, but they also facilitated two cafés specifically for their Latino families who attended the Family Literacy program. As a result each site held two cafés between late January and early June. This is a good process for creating neighborhood and parent connections, but we did lose some continuity due to time lapse between each group's Café. This is an area for improvement this coming year.

The Cafés have been viewed positively as a way to connect and engage parents in meaningful conversations that matter to them. We have learned from this process that invite and recruitment to attend the Cafés does not occur via flyer or paper invite. As with all things it is the personal touch. The personal ask that gets individuals to attend. It is important to honor parent voices and to structure the Cafés around things that matter to parents. This is such an important take away in any family and community engagement effort. It is not about your agenda, but rather what is their interest. We spend a lot of time giving lip service to engagement, but do we really understand what that means and how it happens. The Café process honors the principle of “for families...by families”. Our Café Hosts are very sensitive to this principle.



Café Hosts: Carrie Al-Zuheri and Holly Gage

Above are two of Lincoln's dynamic Café Hosts. They have been true champions of this process. Carrie and Holly bring unique strengths to the process and they balance each other beautifully in the role of Café Hosts. Carrie brings a gentle caring approach which is grounded in thorough research. She utilizes her love for reading to enhance each Café. Holly brings a spirit of joy and relationship building. She has a gift for connecting and utilizes that gift to the fullest. Other hosts also bring unique strengths and continue to grow in their leadership and facilitation role. I believe the key element of this process is to be mindful of how community partners are intentionally building the capacity of our parent Café Hosts to lead and facilitate. In Lincoln this has happened through formal meetings, but most importantly it has happened through the building of individual relationships with the Café Hosts and building on their strengths. This is done simply by scheduling individual time with each of them to have conversations about what matters to them. How they want to grow through the process. What challenges they face and how they can work through those challenges. Again, this entire process is about building relationships, having intentional meaningful conversations and following up with a few actions as a result of the Café Harvest.



January 31st Café at Riley / Culler

Lincoln is very committed to continuing the Café process and the District has begun to see it as a potential strategy for meaningful family and community engagement. We presented at the 2015 LPS SAY WHAT? Communication Festival for all LPS staff on June 10th. Our session was titled, Involving Parents: Thinking Outside the Box. Lea Ann Johnson, and Café Hosts Carrie Al-Zuheri and Holly Gage, co-presented the Café model to over 50 LPS staff. They are also planning to highlight the process in their on-line Family Engagement tool kit for school leadership.

The District also asked Lea Ann Johnson to facilitate two community Cafés on April 30th. These Cafés were centered around specific populations and providing an opportunity for open conversation related to strengths, challenges and expectations between school and home. The four groups involved in the two Cafés included: 1) Gay / Lesbian / Transgender, 2) families with children with special education needs, 3) faith-based groups and 4) families with children with mental health needs. Sixty three (63) individuals attended the Cafés. The Harvest information was presented to the Student Service team for consideration and action.

Next steps for Lincoln Cafés include designing a Café Hosts resource guide and implementing a Café Host training in late August. We would like to see Cafés continue in the 68504 neighborhood and add additional neighborhoods as resources permit.



April 9th Café Huntington / Dawes



Host Reflections:

Community Café Host Record

Please complete the following information about your Community Cafes recently held. This record should be completed by the Parent/Youth Host and Organizational Host, referring to Collaboration Coordinator if needed. Thank you for your assistance.

CWB Community Name: Lincoln, Nebraska

Host Organizations: CLCs, Family Service, Cedars

Parent or Youth Leaders: Holly Gage

Carrie Al-Zuheri, Sandi Marlow, Abby Lemberg-McDowell, Barbra Alvarez

Form Completed By: Perspectives from all stakeholders.

	Date	Theme	# Parents and/or Youth Attending	# Community/Organization Members Attending
Café #1	1-26-2015	Explored the challenges facing family and partnerships with the school community	Parents: 5 Café Hosts: 3	CBO: 4 Principal: 1 (Dawes and Huntington)
Café #2	1-26-2015	Explored how parents support children academically and challenges they face as parents.	Parents: 21 Café Hosts: 2	CBO: 3 CLC Office: 1 (Riley and Culler)
Café #3	3-31-2015	Creating safe neighborhoods and establishing pride for your community.	Parent: 1 Café Hosts: 1 Table Hosts: 2	CBO: 3 CLC Office: 2 (Riley and Culler)
Café #4	4-9-2015	Neighborhood Safety and what can you do to support or improve neighborhood safety.	Parents: 13 Café Hosts: 2	CBO: 3 CLC Office: 1 (Dawes and Huntington)
Café #5	2-27-2015	How to build connections within the community and what resources do immigrant families need to be made aware of for success.	Parents: 10 Café Hosts: 2	CBO: 1 LPS Interp: 1 Hartley
Café #6	3-27-2015	Child developmental milestones and how parents help with child growth and development.	Parents: 9 Café Hosts: 2	CBO: 1 LPS Interp: 1 Hartley
Café #7	6-9-2015	Repeated building safe neighborhoods and instilling pride for your community and school due to small turnout on 3-31-15	Parents: 6 Café Hosts: 2	CBO: 3 Culler and Riley

1. How well are we conducting the Community Cafés?

I believe we are conducting the Community Cafés in a positive, enriching, inspiring and collaborative way. The participants are very engaged and responsive to the conversations and are not "out the door" at the end of meetings, but stay late by a half hour or more. I see the connections being made between people with the understanding bridges of: our parenting, schools, community and humanity through conversations that truly matter to us. People look forward to, and are excited to reconnect and gather again, for the next Café conversation!

I feel the Community Cafés are going relatively well, however, we have some work to do with communication and advertising. Some areas could use more coordination:

- A) Storing of harvest information
- B) Timely following up on previous cafés harvest information
- C) Frequency of cafés

I think the current group is very good at coming up with new ideas and finding ways to implement some of them, but I feel we are lacking in deciding with whom certain duties lie and communicating within the larger group.

2. What are we seeing and what is showing us that our participants understand their strengths?

I see the participants finding their voices and speaking volumes of wisdom that was previously held only within, but brought out clearly by the conversations, and forming of relationships at the Cafés. The feedback result from the first Café was: "you know your child best, trust you know what to do", which is very empowering and leaves room to ask for help from others when needed. It has been clear that parents are very open to collaboration and communication with the schools, each other and the community at large. I was told by a participant that "three together is worth much more than three alone or separate".

I believe that each person involved understands duty and requirement. We all keep showing up, excited and ready to keep the cafés going.

We are seeing parents take the lead and being instrumental in the planning process. They are also starting to reach out to other parents to get them involved. They are also giving feedback on what they think the next steps should be. Parent capacity as leaders is being demonstrated through this process. We feel valued for our time and input. It is a very uplifting experience. Being asked to present at a workshop was such an honor.

3. How are parents / youth and agency partners demonstrating their understanding of the Protective Factors?

Demonstration of the Protective Factors by agency partners and café hosts are shown in the way we form the driving questions. And how hosts guide the conversation through the questions towards implementation of: Courage, Freedom, Support, Community, Compassion and Relationships. We think of how Protective Factors are framed and bring them to life. We understand that all families have these factors and when we can identify more of them, we know that the families and children are on the path to not just survive, but thrive.

Each participant holds the Protective Factors at the top and foremost of the café discussion and use themes that incorporate the same. The Café process has made us aware of the protective factors which has been very useful.

4. What kind of new leadership did we see?

I have seen each individual involved in the cafés, become clearer in recognizing their strength and ability to take charge, and collaborate with each other. I think everyone has become not only a better leader, but understands the importance of relationship building as an essential factor to empowering each other as leaders. Leaders are made in environments that nurture our best qualities and allow us to share our best with others naturally. Through the cafés, our hope is to empower the participants to find their strengths and become great leaders themselves.

Since we are the first group in Lincoln to follow the café style, I believe that we have gained much knowledge by trial and error. We have all been quick to learn from mistakes and how to turn them into productive and helpful stepping stones on the way toward the next plateau.

5. Are there any new community partnerships with parents / youth? Are there any new community partners?

I think the cafés provided new links in community partnerships on a more personal level. When you are able to sit down and have an important, but genuine and real conversation about life, you gain trust and understanding with others. It shows that: "community service workers" are not so different, (and vice versa) and there is a realization that we do need that "common ground" with each other. The need is not just about the services, but most of all the relationship, the connection on a basic human level is priceless and essential for trust, understanding and progress.

I have seen much interest from parents, youth and community members alike. Vendors, from grocery stores to food chains, to local churches, have helped us provide food and child care services.

6. What are the opportunities that we are creating to include parent / youth's wisdom, values and contribution as change agents in the community?

What is being created to include parent and youth as change agents in the community are: the forming of relationships and understanding their strengths and interests so they can be given opportunities. One parent said her child would like to be a social worker, because of her involvement in the CLC "come as you are club" and CLC Culler Coordinator said, "she would be welcomed back to Culler (from her high school) to be a mentor to others at Culler". Another parent said, (her)"daughter is now interested in nano-science and wants to go to college to become a scientist because of a CLC club". We are receiving feedback from parents as to what their child's interests are, how they discovered them, and how we might be of service to help them grow and expand their opportunities, talents and interests in the community.

Collectively we are encouraging parents and community members to take more control over the neighborhoods in which they live by giving voice to their opinions and validity to their suggestions.

7. How are our lives mutually enriched by these Community Café conversations?

Our lives are mutually enriched by finding out: that we all have much to offer, and we are truly equals in the world, but all have important jobs, whatever they may be. At our last café, we were playing some "world music" (in another language) and one of the participants knew the language and what was being said in the song. It was about the fact that we all work, we all have a job to do, and if I do my job the best I can and you do your best job, we all benefit from our gifts and talents and life becomes full. I have learned to appreciate the gift of spending time nurturing relationships, recognizing the gifts within myself and others, and how collaboration and teamwork truly make us "better together".

By convening this way, members of the community that previously felt they had no opinion or rights to one, are enabled to participate and act in accordance within their own set of values and styles.

Community Cafés have given strength to parent voice to school and district administration. It offers specifics on what families need individually and collectively. Additionally, school personnel are better able to interact in a different setting with families.

If relevant, describe any adaptations or additions to Collaborative work plan as a result of the Cafés.

We understand that it takes time to plan these cafes: from the invitations, the questions (and revisions), roles, food, timeline agenda and finding the time to meet up for planning meetings, to what day and time works best for people to attend. If we are prepared, we have the freedom to allow things to flow naturally and the café can be organic and emerging when we have our basics taken care of - with no worries. We have been able to make invitations that feel welcoming to everyone and we have discovered strengths and talents in ourselves, and each other. In the future, I would like to see an "advance schedule" for the Cafés so people can plan ahead. Also, I would like us to be "friends of the PTO" to avoid being in opposition and steer people in each other's direction as needed (Café for conversation and PTO for volunteering).

I believe it is important that we find ways to invite and involve families beyond those who have school age children. That will take creative outreach in each neighborhood. I also think finding ways to include the Cafés as a natural way to engage family and neighborhood residents is key. Maybe offering off-site from the school, looking at a Saturday morning Café at a neighborhood park, church or other location might be beneficial. Engaging a variety of sectors in the process. I think keeping parents as host is essential, but table hosts could be trained so all sectors are represented.

Our group will also be exploring new ways to stay connected beyond face-to-face meetings. Busy schedules make meetings very difficult. A social media tool called VOXER will be explored as one communication tool. There are other social media opportunities that could be utilized to support the efforts of the Cafés both locally and statewide.

We need to organize the administrative functions of the Café process better. We did not have a good plan for sign in and completion of the participant surveys. This past year we captured 15 participant surveys. This needs to be assigned to one individual at each Café to ensure completion of these important administrative functions.

Have any actions been planned or implemented to promote the Protective Factors as a result of the Cafes?

The Protective Factors are the base from which we start every conversation or action in the Cafés. We are putting together a training manual and are designing a great visual for understanding the Protective Factors and the deeper meanings. We are also making it a mainstay in our logo, which is a six petal flower, and we will have one color for each describing word that represents a Protective Factor. I believe we are working on getting the Living the Protective Factors book in the hands of every Café Host, so we can empower ourselves and others to not only survive, but thrive in our families and community.

We would also like to see more prevention opportunities implemented around the protective factors. This is an area we will explicitly work with community-based partners on to develop and provide such opportunities based on conversations heard during the Café process.

(Note: The responses above are the thoughts of several Café Hosts.)

CHILD WELL-BEING INITIATIVES EVALUATION REPORT (JANUARY – JUNE 2015) HALL COUNTY COMMUNITY COLLABORATIVE

DEMOGRAPHIC INFORMATION

The Hall County Community Collaborative (H3C) incorporated and received Non-profit 501(c)(3) status with the IRS in 2014. Central District Health Department acts as the Backbone Organization and fiscal agent for the H3C and dedicates a portion of time of a staff member for data collection and day-to-day support. H3C members meet every other month to build Collective Impact, learn leadership skills, support sub-committee work, address gaps and needs in services to children and families, create project partnerships, network, and promote requests and offers. There are four sub-committees of the H3C that focus on developing the system of care for children ages 0 to 5, 6 to 11, 12 to 18, and Transitional Youth ages 16 to 24. Each of these committees meets at least four times per year and has a committee facilitator and/or co-facilitator. The sub-committees enable additional community members to be involved in the work of the collaborative specific to their interest.

There is an 11-member Board of Directors that is comprised of representatives from five different sectors of the community to assure diversity of representation. The Board provides oversight of grant funds, monitors the financial structure of the collaboration, approves invoices/reviews financial statements/supports the fiscal agent, and enhances the collaborative capacity of the organization by processing new opportunities or requests to the organization.

A local consultant contracts on a part-time basis with the H3C for collaborative consultation to build collaboration capacity, assist in information flow and integration of work between the committees, assist with collaboration building, maintain collaborative documentation suitable for grant reports, research opportunities support the goals, vision and mission of the group, and manage implementation processes for new projects.

Hall County has a population of 61,492 (2014 Census Estimate). The majority of the population lives in the county seat, Grand Island that has a population of 50,550 (2014 Census Estimate). Hall County and a portion of the surrounding area received a Metropolitan Designation in the past year based on population. The Hispanic/Latino population in Hall County and Grand Island is 25.4% and 26.7% respectively. Birth rates to teen mothers have been consistently higher in Hall compared to Nebraska since 2008. Of all children under age 5 in Hall County, 26.2% live in poverty and 34.1% of all children live in a single-parent family (compared to 20.0% and 27.7% respectively for the state). The percentage of students receiving free and reduced-price meals in Grand Island Public Schools is 69.1%, in Hall County – 61.5%, and in Nebraska Public Schools – 44.2%.

The demographic data is based on four strategies: School Intervention Program, Community Response, SANKOFA and Community Café. FAST was not implemented during this time period.

Overall Summary of Children and Families Served			
Number of Families Served Directly	100	Number of Families Served Indirectly	31
Number of Children Served Directly	234	Number of Children Served Indirectly	35
Number of Parents with Disabilities Served Directly	11	Number of Staff participating	24

Number of Children directly served with Disabilities	10	Number of Organizations participating	17
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

RESOURCES OBTAINED

Summary of total funding obtained during this 6-month time period:

Funding from Nebraska Children:	\$ 64,000 (6-month)
Other funding received directly to the collaborative:	\$205,000 (annual)
New funding obtained by partners as a result of the collaborative:	<u>\$307,978 (annual)</u>
Total funding obtained Jan-June 2015	\$576,978

Funding from NC: CBCAP, PSSF and NCAFP & Other Priorities (Completed by Nebraska Children)			
Source	Strategies Supported	6-Month Funding Period	6-Month Amount (Annual Amount Noted)
PSSF	CWB, CR, School Intervention, FAST	1/1/2015 - 6/30/2015	\$33,000.00 (\$66,000.00)
CBCAP	CWB	1/1/2015 - 6/30/2015	\$25,000.00 (\$50,000.00)
NCAFP	Community Cafes	1/1/2015 - 6/30/2015	\$6,000.00

New Grants and Funding Awarded Directly to Collaborative						
Organization	Collaborative Priority Area and Collaborative Role	Type	Funding Period	Amount	Used for Services? (Check Box)	Used for Backbone Infrastructure/staffing for collaborative (Please explain)
H3C	Transitional Youth Services	Grant	1/1/15 to 12/31/15	\$130,000	X	\$3,850 for grant administration and fiscal management.
H3C	Rooted in Relationships/Pyramid Mode	Grant (BECF NHB)	3/1/15 to 6/30/16	\$ 75,000	X	\$5,135 for grant administration and fiscal management

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

Positive Youth Development SANKOFA (private)	System of Care for Youth 6 – 11, 12 – 18, assess, plan, positive youth development, common data, common reporting	CHI	2015	\$74,370	X	No
Common Agenda: System of care ages 12-18, assessment, planning, committee, collective accountability, align resources	System of Care for Youth 12 – 18, assess, plan, positive youth development, common data, common reporting	Nebraska Crime Commission & Hall County Diversion	7/2014 – 6/2015	\$164,094	X	This funding was not new between Jan. – June 2015 but was ongoing during that time.
Strengthening Families – GISAPC/ CNCAA	System of Care for youth 6 – 11 and 12 – 18, positive youth development, family support	SPF-PFS	July 1 – Dec. 31, 2014	\$18,774	X	No new funding but previous funds carried over into 2015.
Project Everlast Positive Youth Development and Social Emotional for older youth (Heartland CASA)	Assess, plan, integrate youth system and services, Youth Council, Youth Leadership, contract for coordination	Aligned resources (NCFF)	1/1/15 – 6/30/15	\$50,740	X	

TRAINING ACTIVITIES

SANKOFA has received three additional years of funding through CHI. Training was held in June 2015 to replace those who were previously trained but no longer able to facilitate. SANKOFA continues to braid funding with CHI, the Nebraska Crime Commission/Hall County Juvenile Diversion, and the H3C.

The FAST program has seen a fairly high turnover of trained facilitators so training was held in April 2015 to fill some of the leadership gaps to maintain fidelity. There were parents interested in helping with the program and in providing translation services, but they were not trained in FAST. Joanne Garrison, GIPS Welcome Center Coordinator, is qualified to “train the trainer” so will continue to train facilitators, as needed.

The offer of Community Café training was provided to the H3C and training held on March 17, 2015 with 12 participants representing Hope Harbor (homeless center), Sixpence (Head Start/Grand Island Public Schools), Central District Health Department, the H3C, and parents.

Professional Training for Specific Child Well-Being Strategies (e.g. PIWI facilitator training)			
Date(s)	Training Topic/Description	# of People Attended	# of Organizations Participated
6/1-6/5/15 and 6/8-6/9/15	SANKOFA Facilitator Training	7	7
4/25-4/26/15	FAST Facilitator Training	14	5 agencies and parents
3/17/15	Community Cafes	12	4 and parents
5/30/15	Rooted in Relationships/Pyramid Model 1	20	5

Training for Communities (e.g. Autism Training)			
Date(s)	Training Topic/Description (e.g., autism training)	# of People Attended	# of Organizations Participated
	<i>None</i>		

Training that Enhances Collaborative System (e.g. Collective Impact Training)			
Date(s)	Training Topic/Description (e.g., collective impact)	# of People Attended	# of Organizations Participated
3/25-3/26/15	FSG Collective Impact Conference, Washington DC	2	2

POLICIES INITIATED OR INFLUENCED

Administrative (Local) Policy	
Short Description of Policy	Role of Collaborative
2 Board Members shall serve on each H3C Subcommittee. Approved March 2015.	Common Agenda, Constant Communication
Parent incentive for Community Café training, planning, and implementation set at \$13 per hour	Mutually Reinforcing Activities
Decisions of the Collaborative shall be made through consensus decision-making, except for Board elections, budget approval, and by-law amendments. Other exceptions may occur with H3C member approval.	Common Agenda, Mutually Reinforcing Activities, Backbone Organization
Every other month H3C meeting facilitation will be shared among H3C members to provide leadership opportunities to be developed among all members.	Common Agenda, Backbone Organization

Legislative Policy	
Short Description of Policy	Role of Collaborative
<i>None</i>	

State Policy	
Short Description of Policy	Role of Collaborative
<i>None</i>	

Workers in this position since it began in November 2013. The high turn-over rate has created challenges with consistency within the program and with program implementation. A new director of Hall County Juvenile Diversion intends to work more closely with the Interventionist and school staff to create an improved communication flow and adherence to eligibility guidelines.

The Senior High Intervention Worker was at capacity for the number of students she was able to serve. The H3C intended on piloting the program at Grand Island Senior High and then expanding the number of students served at GISH and including youth from Northwest High School. Unfortunately, the expansion will not occur until additional funds can be secured to hire an additional School Intervention Worker. The hope is that the Middle School Intervention Worker will be able to work with youth transitioning to Senior High and help divert some of the youth needing intervention assistance in high school.

COMMUNITY CAFÉS

Community Cafés are a series of guided conversations based on the Strengthening Families™ Protective Factors Framework leadership development and parent partnership. These conversations are hosted by parent leaders who use the World Café technique to increase community wisdom, build parent voice and facilitate action to improve lives for children.

The process is designed, planned and implemented by parents, working with their community partners. Typical community partners include:

- early child care and education sites
- neighborhood centers
- community based family resource centers
- schools
- immigrant and refugee agencies
- faith based organizations
- health departments or any system or agency that touches the lives of families and children.

Strategy: Community Café			
Number of Families Served Directly	20	Number of Families Served Indirectly	0
Number of Children Served Directly	17	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	unknown	Number of Staff participating	12
Number of Children directly served with Disabilities	unknown	Number of Organizations participating	2
Number of First Time Children with Substantiated Child Abuse who were directly served	unknown		

Evaluation Findings: At each of the Community Cafés, participants rated items on a survey that reflected their satisfaction with the Cafés (e.g., felt welcomed or participation was helpful) or outcomes (e.g. understood child’s development, more confident as a parent, etc.) A total of 12 individuals out of the 20 families completed the survey.

Overall the participants rated the Cafés very positively (4.60 overall average). Responses by item are summarized in the table below. Results found that the highest rated outcome areas were related to how welcome they felt at the Cafes and the logistics of the meetings. Rated somewhat lower was the need for more Cafés in the community.

Community Café Survey Items (Original Survey)	Overall Average
1. I felt welcome in the Cafés.	5.0
2. It was easy to understand the process.	4.4
3. I liked the place where the café was held.	4.9
4. The time of the café worked for me.	3.8
5. I liked having a meal/snack at the café.	4.8
6. I like having childcare and transportation available to me, if I needed it.	4.6
7. The topics we talked about were things that mattered to me.	4.6
8. I would like to see more cafes in the community.	3.6

Accomplishments: Twelve parents and community agency staff completed the day-long training on March 17, 2015. Hope Harbor and Sixpence staff took the lead in coordinating Community Cafes with their parents. Community Cafes with parents and children were held on May 21st (5 adults/2 children), June 4th (8 adults/10 children), June 18th (3 adults/4 children), and June 25th (4 adults/1 child). Two protective factors (parental resilience and social supports) were selected as the focus for the cafes. Each adult completed a Community Café Participant Survey. The concept of a Community Café was fairly well-received but implementation was more challenging than anticipated.

Challenges: Although the concept of a Community Café was presented as a tool that could be used within existing programs, the one-time training was confusing and the amount of time needed to work with parents and plan for cafes was daunting. Those trained were under the impression that this would not be an additional “program” that would require a large amount of staff time. The reality was much different. We found that there needed to be a “champion agency” to pilot the Community Café tool and recruiting parents to lead (even from those that attended the training) was difficult. Parents at Hope Harbor and teen parents participating in Sixpence were at capacity in their ability to add events to their schedules and they are absolutely unable to take time off for or travel out-of-town to attend training.

One Sixpence staff noted that being funded on a reimbursement system was a barrier to their families to being able to lead/plan independently. Many parents would not financially be able to purchase the items and wait for the reimbursement. One pointed out that the only way for her to do that would be to use her EBT card, and we can’t give someone money in exchange for SNAP benefits.

Another Sixpence staff provided the following thoughts: “I thought it was great to have people get together that don’t know each other. It was good to have people from different walks of life to talk about what is going on with them. It was insightful for all going I think. Although, the cafés HAVE to have someone who is entirely responsible for the coordinating of the café’s and the purchasing of needed items (food, supplies, etc.). There also should have been a binder created by the lead person of the cafés that listed what needs to be done before a café, during a café, and the post cafés. This is something that I took on to do which was very time consuming, and still needs “fixed up”. I also believe that whoever is the lead coordinator (which should remain the same person throughout the cafe’s) should be the recorder of the post café questionnaires, handing out survey’s, attendance, and reimbursements; but the lead person NEEDS to have assistance from the host of the cafés.”

Altogether, there just needs to be more time to plan and purchase things. There needs be some sort of account set up at a grocery store where the lead coordinator can purchase whatever else is needed. There needs to be a way for people to RSVP in order to have enough supplies, room, and food. This will allow for invites of other agencies and the clients there.

UPDATE ON YOUR COLLABORATIVE

Work with another county/Mutually Reinforcing Activities/Shared Measurement: Central Navigation, for youth ages 16 to 24 that were or are state wards, was launched in April 2015 for youth in Hall and Adams County. This process was challenging as it required representatives from **Adams and Hall County** to join together to develop one process for all eligible youth in those counties. There was some confusion among committee members about the role of Project Everlast compared to Central Navigation that required multiple meetings to clarify. In the end, we took an existing model and modified it to fit the needs of youth in Hall and Adams County. One of the H3C organization members, Region 3, agreed to house the Central Navigator and hired Jessica Schlegelmilch to provide that referral service.

Work with other CWB and Project Everlast communities: Between January and July 2015, the Central Access Navigator, a representative from Region 3, and a representative from the H3C have attended statewide meetings to develop the Central Access System of Care. The group is comprised of Lincoln and Omaha Project Everlast/Opportunity Passport groups and other CWB communities. As a result of these meetings, a common referral form was created, common evaluation tools are being developed, and a common process for Central Navigation is being generated.

Common Agenda/Continuous Communication/Mutually Reinforcing Activities: During the past six months, the H3C has been transitioning from a “state of dependency to a self-sustaining model that can provide internal leadership”. A membership fee structure and application process was adopted by the H3C in December 2014 with memberships being accepted in January 2015 for the year. To date, there are 21 paid organization/business and 2 individual memberships. H3C Board Members are required to be members. In addition, the H3C began using Mail Chimp for an email distribution program and has a subscription list of more than 160 people.

The H3C meets every other month and averages about 25 people per meeting. H3C meetings continue to be well-attended, new members added, and involvement in sub-committees grown. At the May 2015 meeting, members expressed that there is improved trust within the H3C and an understanding that when the members agree to pursue a task, there is improved and increased inter-agency coordination than in the past. They felt this is a good example of the difference between programs and system work. The transition of School Intervention from the H3C to Hall County Juvenile Diversion is an example of successful inter-agency coordination. In addition, the work of the sub-committees is resulting in “getting things done”.

In the off-months or as needed, the 0 to 5, 6 to 11, and 12 – 18+ (to age 24) Subcommittees meet to work on the system of care for respective groups. The subcommittees worked together to plan and implement the Rooted in Relationships/Pyramid model in five child care facilities with 16 classroom teachers, recruit parents and agency staff to

become trained in Community Café facilitation, worked with Hall County Juvenile Diversion to transition the School Intervention Worker (SIW) at Grand Island Senior High to their umbrella and added a SIW to split their time between Barr and Walnut Middle Schools, developed Central Access Navigation for Transitional Youth, and completed the 2015-2018 Hall County Comprehensive Juvenile Services Plan.

Continuous Communication/Common Agenda/Mutually Reinforcing Activities: There have been several opportunities recently that highlight the value of collaboration to enable the community to quickly respond. Most recently, the strength of collaboration was seen in three instances and, although two of the events occurred in July, the affirmation of the value and support of the H3C is well worth noting in this report. In early July, the Buffett Institute asked the H3C for assistance to plan a community meeting of people interested in early childhood development on July 15. H3C members were asked for assistance in securing a location and an invitation was sent to H3C members and others with whom the collaborative has worked to develop the early childhood system of care. Grand Island Public Schools volunteered to host the meeting at their Early Childhood Development Center. In less than three weeks, almost 30 individuals responded that they would attend the meeting and 27 came to the meeting. After the meeting, many of those in attendance commented that “but for the H3C, this type of event and amount of interest would not have occurred” and “this was an excellent example of the strength of collaboration”.

The second example was an opportunity to assist DHHS Division of Economic Assistance to identify community resources for their clients. DHHS staff scheduled a “Meet and Greet” with any and all community agencies to determine a need for a regularly scheduled meeting where agencies could come together to identify resources and exchange information. In response to the invitation, Joni told DHHS about the Hall County Community Collaborative, resource guides that have already been completed, and how the H3C could assist them in connecting with agencies and resources.

A meeting of about 40 community agencies was held and from that meeting two existing opportunities were identified that DHHS could use as an existing resource: the H3C and the Continuum of Care for Housing and Homelessness (CoC). *The consensus of the meeting was that there was not a need to create another group that would meet on a regular basis because the H3C encompassed the system of care for children birth to 24 and families and the CoC addressed issues around housing and homelessness.* Instead, DHHS staff was encouraged to become involved with the H3C and with the Continuum of Care.

The City of Grand Island completed a visioning process early in 2015 and one of the priorities within the plan was “early childhood education”. Members of the H3C contacted the Grow Grand Island committee chair and told them about the efforts of the H3C and the work of the 0 to 5 Subcommittee. As a result, the Grow Grand Island Early Childhood subcommittee chair attended a 0 to 5 Subcommittee meeting and is interested in working with the H3C to achieve the goals of the visioning process. The work of the H3C will enable the community to create a common vision, braid resources, and avoid duplication of efforts.

Challenges: The H3C has experienced rapid growth recently and realize the importance of ensuring that new members become familiar with the vision and mission of the collaborative, understand Collective Impact, feel comfortable asking questions, and receive timely responses to questions. Persons interested in the collaboration now receive an invitation to participate in the distribution list, an overview of the H3C, an Organizational Chart, a Membership Overview, and a Membership Application. The process for contacting people that are interested or those who have been identified as agencies/staff that would be valuable to the Collective Impact process is not clearly defined. As a result, when there is staff turnover in an agency or new agency directors, contact is not always made in a one-on-one, timely manner.

The H3C has also been challenged in addressing diversity in the community. There is no plan to effectively address diversity or to ensure that the organization is culturally competent. In the next six months, the H3C may consider options for being more inclusive and working more closely with the Multicultural Coalition.

SUCCESS STORIES

School Intervention Success Story: Adrian (*the name has been changed): A little bit into the semester, one of the social workers requested at our weekly SWAAT meetings that I work with Adrian. Adrian was pretty hesitant to start working with me. It was rumored that she may or may not be pregnant, but she didn't discuss any of that during our first meeting. In fact, she stated that she missed so much school because her mom couldn't speak English and she had to go to doctor appointments with her to translate. During our second meeting, just a few days later, Adrian opened up quite a bit more. We talked about a lot of things. Finally, she said to me "I have to tell you something that nobody else at the school knows. I'm pregnant."

We worked through some of the logistics -- letting her teachers know, communicating with her counselor, etc. The problem was that Adrian was so sick. She also let her sickness be an excuse not to roll out of bed in the mornings, so I was constantly honking in her driveway. We had many heart-to-heart conversations discussing why it was so important to graduate from high school, most especially with a baby on the way. After weeks of working together every single day to get her caught up in school, Adrian and I had created a strong relationship. When we had first started working together, she had all F's. By the end of the semester, she had A's and B's. She let me in on the "reveal" celebration that she would be having a girl. She even asked me to attend one of her doctor appointments due to the lack of family support available to help her. She moved out of her house and into her boyfriend's home with his family, which was a much healthier and happier environment than what she was used to.

Adrian's last schedule for her senior year is very accommodating for a mother with a baby. She is hoping to gain a seat at the Success Academy to be able to power out some of her last graduation requirements. Adrian will be a wonderful mother and I know that if it was not for my persistency, she would not be where she is at and on track to graduate.

Community Cafés: Comments from one of the agency staff involved in the Community Café effort: "I hadn't put much time and effort into the cafés as Amy and Kari however, I completely agree with what both of them said. I think the first couple cafés overall turned out well. We had people from different walks of life that attended but then when we would mention having the parents take over it almost seemed like they got intimidated. I understand why they would because we also were confused on what to do. That made it more difficult to train the parents. "Thank you ladies for your time and energy in coordinating the Community Cafés." Granted it was a struggle to coordinate schedules/times I do believe it was a success. We did everything we could with what we had offered to us. I also wanted to suggest the Community Café training should be split into 2 days. They could be half days, which in my opinion would work out the greatest. Personally for myself I was on information overload towards the end of the day."

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*Supported in part by grant T73MC00023 from the Maternal and Child
Health Bureau, Health Resources and Services Administration, Department
of Health and Human Services.

*Supported in part by grant 90DD0601 from the Administration on
Developmental Disabilities (ADD), Administration for Children and Families,
Department of Health and Human Services.

