

# Community Well-Being Community Response

Six Month Progress Report

July 1, 2020 - December 31, 2020



nebraskachildren  
AND FAMILIES FOUNDATION



Collaborate. Evaluate. Improve.

*Interdisciplinary Center for Program Evaluation*



University of Nebraska  
Medical Center™

MUNROE-MEYER INSTITUTE

# Table of Contents

<b>The Model</b> .....	<b>4</b>
Nebraska Children’s Approach to Community-Based Prevention.....	<b>4</b>
<b>Evaluation Approach</b> .....	<b>6</b>
<b>Evaluation Findings: System Approaches</b> .....	<b>7</b>
Community-Based Prevention Systems .....	<b>7</b>
Collective Impact.....	<b>8</b>
Leveraging Funds.....	<b>10</b>
Policy Support .....	<b>10</b>
Training Activities .....	<b>12</b>
Community Events .....	<b>12</b>
Family and Young Adult Engagement.....	<b>13</b>
<b>Individual-Level Prevention Strategies</b> .....	<b>15</b>
Overall Summary of Participants Served Through Individual-Level Prevention Strategies	<b>16</b>
<b>Community Response as a Core Element of a Community-Based Prevention System Strategy</b> .....	<b>17</b>
<b>Core Strategies for Parents</b> .....	<b>26</b>
Circle of Security Parenting™ (COSP) .....	<b>26</b>
Parent-Child Interaction Therapy (PCIT) .....	<b>29</b>
Parents Interacting With Infants (PIWI).....	<b>30</b>
<b>Core Strategies for Young People</b> .....	<b>32</b>
LEAP.....	<b>32</b>
Opportunity Passport.....	<b>32</b>
<b>Other Prevention Strategies</b> .....	<b>33</b>
0-3 Prime Time to Engage.....	<b>33</b>
Behavioral Health in the Schools .....	<b>33</b>
Camp Catch-Up.....	<b>34</b>
Community Learning Centers.....	<b>34</b>
Discovery Kids.....	<b>35</b>
Food Delivery Pilot.....	<b>35</b>
Maternity Match Program.....	<b>35</b>
Mental Health Outreach.....	<b>36</b>
Mental Health Vouchers .....	<b>36</b>
Parent Connectors .....	<b>36</b>
Ready Rosie .....	<b>37</b>
<b>Conclusion</b> .....	<b>39</b>
How much did they do? .....	<b>39</b>

How well did they do it? ..... 39  
Is anyone better off? ..... 40  
Community Response ..... 40  
Circle of Security Parenting..... 40  
References ..... 41



# Nebraska Children and Families Foundation Community Well-Being: Six Month Report

## The Model

### NEBRASKA CHILDREN’S APPROACH TO COMMUNITY-BASED PREVENTION

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

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



### PROTECTIVE FACTORS

Strengthening children, families, and young adults through the promotion of Protective Factors is key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect, while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in individuals, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of challenging situations and promotes resilience. Protective Factors are assets in individuals, families, and communities. For young adults, the promotion of Protective Factors are associated with positive development and help young adults to overcome adversity (Fergus & Zimmerman, 2005). For both families and young adults, these factors increase the probability of positive, adaptive, and healthy outcomes across the developmental continuum. The following is a description of the Protective Factors that Nebraska Children uses to guide its prevention work. This description includes how the



operationalization of these Protective Factors may differ depending on whether the population of interest is young adults or families. These Protective Factors are recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners. In addition to these Protective Factors, hope— a feeling of having goal-directed energy, combined with the feeling of being able to do the planning needed to meet these goals— was also identified as an important factor.

<h2 style="text-align: center;">Protective Factors Nebraska</h2>	
<b>The Strengthening Families™ Protective Factors</b> <i>Parents are the focus</i>	<b>The Youth Thrive™ Protective and Promotive Factors</b> <i>Young adults are the focus</i>
<i>Knowledge of Parenting and Child Development</i>	<i>Knowledge of Adolescent Development</i>
<i>The ability to support nurturing attachments and have realistic expectations in order to effectively promote development in children and young adults</i>	
<i>Social-Emotional Competence in Children</i>	<i>Cognitive and Social-Emotional Competence in Young Adults</i>
<i>The ability to recognize and regulate emotions and behavior and communicate clearly in order to establish and maintain healthy relationships with family, peers, and others</i>	
<i>Parental Resilience</i>	<i>Young Adult Resilience</i>
<i>The ability to recover from difficult life experiences and often to be strengthened and even transformed by those experiences</i>	
<b><i>Social Connections</i></b>	
<i>The ability and opportunity to develop positive relationships that lessen stress and isolation, which creates a supportive network</i>	
<b><i>Concrete Supports</i></b>	
<i>The ability to access resources and services that help make children, young adults, and families stronger and more resourceful for themselves and others</i>	

# Evaluation Approach

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

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

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



# Evaluation Findings: System Approaches

## COMMUNITY-BASED PREVENTION SYSTEMS

### SHARED FOCUS FOR COMMUNITY WELL-BEING COMMUNITIES

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

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

Community Well-Being Prevention Systems	
Name	Counties Served
Community & Family Partnership	Boone, Colfax, Nance, and Platte
Douglas County Community Response Collaborative and Project Everlast Omaha	Douglas
Families 1 <sup>st</sup> Partnership	Lincoln, Keith, Perkins, and Arthur
Fremont Family Coalition	Dodge and Washington
Growing Community Connections	Dakota
Hall County Community Collaborative (including Community Impact)	Hall, Howard, Merrick, Hamilton, Webster, Clay, Adams, Nuckolls
Lancaster County Coalition and Project Everlast Lincoln	Lancaster
Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Wayne, Pierce, and Stanton
Panhandle Partnership	Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner
Sandhills Community Collaborative	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler.
Santee-Sioux Nation Collaborative	Santee-Sioux Tribe of Nebraska
Southeast Nebraska	Butler, Cass, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer,
York County Health Coalition	York



## COLLECTIVE IMPACT

Information on the Collaboratives' strengths and challenges were identified in each community's six month report covering July through December 2020. Key themes from those narratives are summarized in the following section.

### What are the successes experienced by the Collaboratives?

**Ability to respond to COVID-19 related needs.** Despite the great challenges that the ongoing pandemic has presented, many Collaboratives noted successes in responding to those challenges in ways that required a new emphasis on coordination. The importance of community-level collaboration is underscored by one collaborative noting that their already established relationships and procedures allowed them to act quickly and efficiently in response to the dramatic increase in the needs of people, as well as the increased resources allowed by the CARES Act funds. Collaboratives had to move quickly to meet the ever-changing needs, programs, and issues related to COVID-19 and the CARES funding, with collaborative and their partners rising to the challenge.

**Growth of Collaborations.** Despite the unique circumstances related to the COVID-19 pandemic, community collaborations continued to grow. Local and statewide partnerships expanded to include representation from public schools and districts, afterschool programs, early childhood, economic development representatives, and the faith-based community, among others. Out of necessity brought on by the pandemic, communication and resource sharing increased. For instance, one collaborative worked with a new partner to write a CARES Act grant that neither had the capacity to propose or carry out on their own. Other Collaboratives were able to implement an expansion strategy, widen board membership, or reorganize structural elements of the collaborative to meet increased needs.

**Expanded Services.** One of the major successes experienced by the Collaboratives was expanded services for people in need. Due to increased need because of the pandemic as well as more money available from the CARES Act, many Collaboratives either started food delivery programs or expanded who they served with their food programs. Most Collaboratives also supported local childcare providers by providing cleaning supplies and sanitation kits, protective personal equipment (PPE), and thermometers. One community even distributed payments to all licensed childcare providers as a stipend to encourage them to stay open during COVID-19. Mental health resources in some communities were also expanded, which ranged from weekly wellness videos to free therapy sessions. Finally, housing needs were addressed in a few communities, including homeless outreach.

**Hiring Bilingual Central Navigator.** One collaborative hired a bilingual Central Navigator which has improved their ability to communicate with the Spanish-speaking population in their community. This allowed the collaborative to expand their reach to the Hispanic community.

**Higher and More Consistent Meeting Participation.** Most Collaboratives noted that moving to virtual meetings due to the pandemic increased attendance, broadened reach, and allowed even more community representatives to attend consistently. As one coordinator noted: "they didn't have to give up part of their workday due to travel time to and from the meeting". In addition, the trainings that were made available to childcare providers online made it easier for providers to get their needed in-service hours. Many Collaboratives said they were planning to continue offering virtual meeting options post-pandemic.

**Website and Technology Gains.** Several Collaboratives were able to make changes to their websites to make them more user-friendly and engaging, while others used the pandemic as an opportunity to develop "contact-free" processes for receiving intakes through their websites. Online traffic increased during the pandemic, and one community's MyLink resource app was completed. Many Collaboratives noted a desire to increase their online and social media presence. One collaborative distributed computers/iPads to families





with children who needed them for online education, and to medical facilities/nursing homes to assist in Telehealth opportunities.

**Reaching and Engaging Families.** Most Collaboratives noted that they served a record number of participants through Central Navigation, in large part due to COVID-19 and the availability of CARES money. Some noted that as challenging as distribution of the CARES dollars were, it was an opportunity for many Collaboratives serve a population in their community that wouldn't otherwise qualify for services.

## What are the challenges experienced by the Collaboratives?

Many of the things noted by the Collaboratives as successes were also identified as challenges, including staff changes, virtual meetings, and parent engagement. A summary of the challenges are outlined below.

**Staff Changes.** For some Collaboratives, onboarding new staff has been challenging, while the challenge for others has been being able to find someone to fill vacant Central Navigator and Early Childhood Community Coordinator roles.

**Partner Engagement.** Although virtual meetings allowed people to continue to meet and continue the work, meetings became more frequent as the ever-changing needs and opportunities related to COVID-19 also changed. As such, many experienced "Zoom fatigue", or a general lack of enthusiasm for the multitude of virtual meetings. Others noted that while virtual meetings increased attendance at collaborative meetings, trainings and coaching for parents and providers were much more difficult and sometimes impossible to conduct effectively over a virtual format.

**Cancelled Trainings/Events.** Many trainings and events were cancelled due to COVID-19, while others were moved to a virtual format. Collaboratives noted that outreach became difficult when face-to-face opportunities were limited. Coaches noted that virtual coaching really limited the progress they were able to make with providers.

**Parent Engagement.** Similarly, getting families to engage in coaching with limited in-person interaction was a challenge noted by many Collaboratives. Other Collaboratives highlighted how the isolation experienced by families brought on by the pandemic created voids between service providers and families, and particularly for those families that may not trust the system.

**COVID-19.** While the pandemic did create some opportunities for Collaboratives (e.g., increased funds from CARES Act), it was not without challenges. Expansion plans were difficult to implement, and progress towards building formal infrastructures was hindered by the need to set up immediate systems for CARES Act grant coordination, implementation, and reporting. Some Collaboratives experienced growing pains that were amplified due to the pandemic. Others saw overwhelming needs and requests for services that really stretched the existing Central Navigation capacity to meet those needs.

“

---

*Hosting our collaborative meetings virtually did somewhat decrease partnership bonding and relationship building and may have slowed down informal sharing of information.*

-A Collaborative Coordinator

---

”

## 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 additional funds. Funds leveraged by partnering agencies and the Collaborative represent 22% of their total budgets. It should be noted that the figure below captures all funding from Nebraska Children provided to the counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Collaborative.

CWB Collaboratives leveraged over \$5 million in funds this past six months.

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

	July-Dec 2020
<b>Funding from Nebraska Children</b>	<b>\$19,875,087</b>
<b>New Grants and Funding Awarded Directly to Collaborative</b>	<b>\$2,462,743</b>
<b>New Grants and Funding Obtained by Partner as Result of Collective Impact</b>	<b>\$3,022,716</b>
<b>TOTAL</b>	<b>\$25,360,546</b>

## POLICY SUPPORT

### How did CWB communities support policies?

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

#### Local Policies

- A handful of Collaboratives made specific efforts to **engage local and state level elected officials**.
  - Community and Family Partnership presented their collective impact work to their state Senator and business leaders at a leadership seminar in Schuyler.
  - Douglas County Community Response invited local elected officials to attend collaborative meetings and sent emails and postcards with DCCR information to spread awareness.
  - Growing Community Connections has city officials from both Iowa and Nebraska attend their collaborative meetings. In addition, the GCC director attends city council meetings and updates the city council on GCC's various projects.
- Some Collaboratives focused **on housing issues and needs** as part of their local policy work.



- Fremont Family Coalition held a Landlord Lunch & Learn to inform area landlords of the eviction moratorium. In addition, FFC formed a housing committee to assess local housing needs and participated in the Blair Housing Project meetings.
- Lift Up Sarpy has been actively engaged in Housing/Homelessness needs by meeting with local mayors and county commissioners to bring awareness. These efforts help create funding through Metro Area Continuum of Care for the Homeless (MACCH) for Sarpy County housing needs.
- Growing Community Connections serves on the Nebraska Children and Families Housing Task Force.
- The York County Health Coalition provided education and guidance to landlords about the Cares Act Eviction Moratorium.
- Collaboratives **addressed COVID-19** at the local level through policy work.
  - Families 1<sup>st</sup> Partnership worked with a local gas station chain to set up an account on their cashier dashboard for those in need of gas vouchers, since handing out paper gas vouchers were not possible due to the pandemic.
    - Families 1<sup>st</sup> Partnership also increased communication and coordination with other local agencies to ensure administration of CARES Act funding was compliant with federal guidelines.
  - Fremont Family Coalition leadership participated in weekly COVID-19 Task Force meetings to address the changing needs brought on by COVID-19, including food insecurity, housing and eviction, and PPE for essential workers.
  - Lancaster County Coalition identified transportation and lack of a medical home (e.g., primary care physician) as a barrier to accessing COVID-19 testing, which prompted LCC to reach out to DHHS to speak on the issue.
- Several other **locally identified needs** were addressed through local policy work.
  - The Santee-Sioux Nation Collaborative developed a suicide prevention policy at the request of tribal leadership, which was adopted by their Tribal Council. Resources were delivered door-to-door to 203 community households.
  - Community and Family Partnership engaged with local juvenile services stakeholder meetings.
  - Growing Community Connections worked with partners to identify ways to prevent drug abuse and bullying and support the legal needs of at-risk community members.
  - Lift Up Sarpy participated in weekly meetings with other collaborative teams across Nebraska that included funders, state officials and representatives from local agencies.

## State Policies

- CWB Collaboratives recognized the **importance of meeting with the state legislators** to have a voice in state policy.
  - Several Collaboratives met with their state senators and invited them to attend collaborative meetings.

- Community and Family Partnership and Douglas County Community Response both kept up to date with activities associated with Bring Up Nebraska priority areas.
- Growing Community Connections served on the Communication and Translation Task Force led by the First Lady of the state of Nebraska.
- Hall County Community Collaborative engaged with their state senator who provided insight and resources on how to educate the community on health department and state recommendations and guidance.
- Panhandle Partnership is partnering with the Coalition for a Strong Nebraska to keep current on legislative work.

## Federal Policies

- Douglas County Community Response created a Legislative Group to connect with advocacy and relevant legislative bills at a higher level.
- Hall County Community Collaborative provided an annual evaluation fact sheet to Senators Deb Fischer and Benjamin Sasse and Congressman Adrian Smith.

## TRAINING ACTIVITIES

Over the past 6 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. A total of 126 events were reported with 2,310 participants representing over 800 organizations engaged in training. Examples of the trainings offered are: Bridges out of Poverty, Safe With You, PCIT and PIWI Pyramid trainings, Bullying and Suicide Prevention, and Trauma Informed Care. A total of 93 trainings were adjusted and held virtually due to the COVID-19 pandemic.

### Collaboratives hosted training events to enhance supported strategies

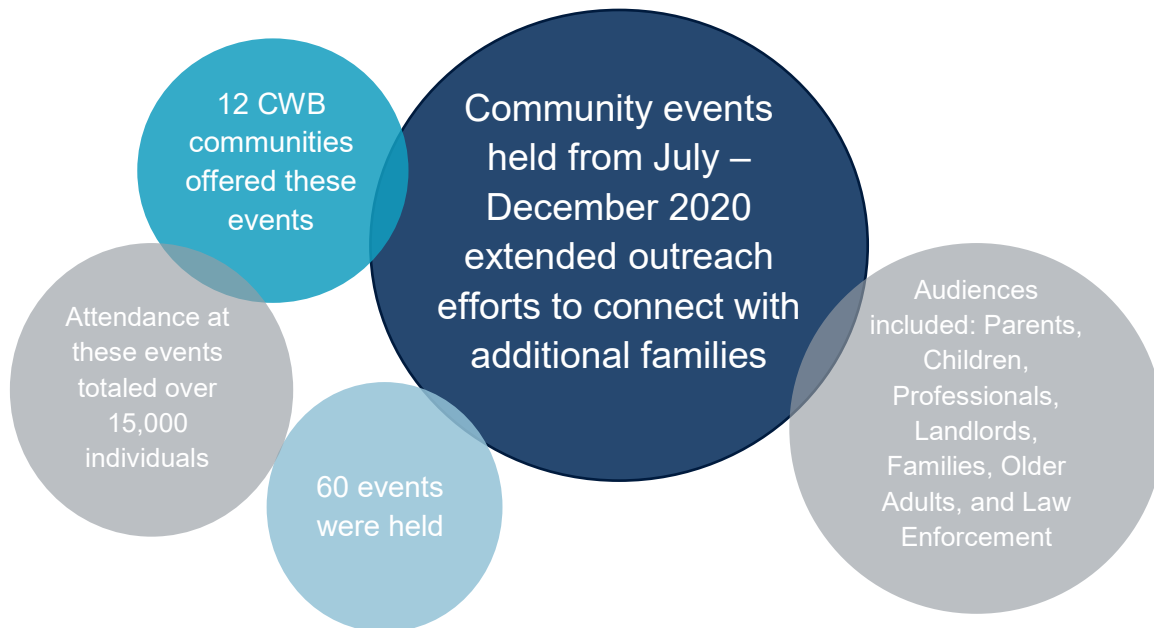
	Events Reported	Number of Organizations Participating	Number of Individuals Participating
<b>Total (July-December 2020)</b>	126	873	2,310

## COMMUNITY EVENTS

Twelve Community Well-Being communities sponsored community and family events. The purpose of the events varied. Examples include: discussion forum on child care, baby showers, Shop-With-A-Cop, landlord Lunch N Learns, Community Cafés, and self-care bags and cleaning supplies for distribution. These events were available to all community members. These 60 community events hosted approximately 15,000 individuals. Some Collaboratives implemented food distribution events to serve their communities (e.g., mobile food pantries and Grab-N-Go lunches). Audiences included: Community service providers, the general



public, parents, children, families, older adults, young parents, landlords, students, law enforcement, low income families, young people, and ESL teachers. Some of the Collaboratives adjusted community-level prevention strategies to become community-wide events due to the COVID-19 pandemic. For example, Growing Community Connections closed its Parent Corner strategy, and instead used resources to provide families fun and educational learning and to improve the strategy for future use.



## FAMILY AND YOUNG ADULT ENGAGEMENT

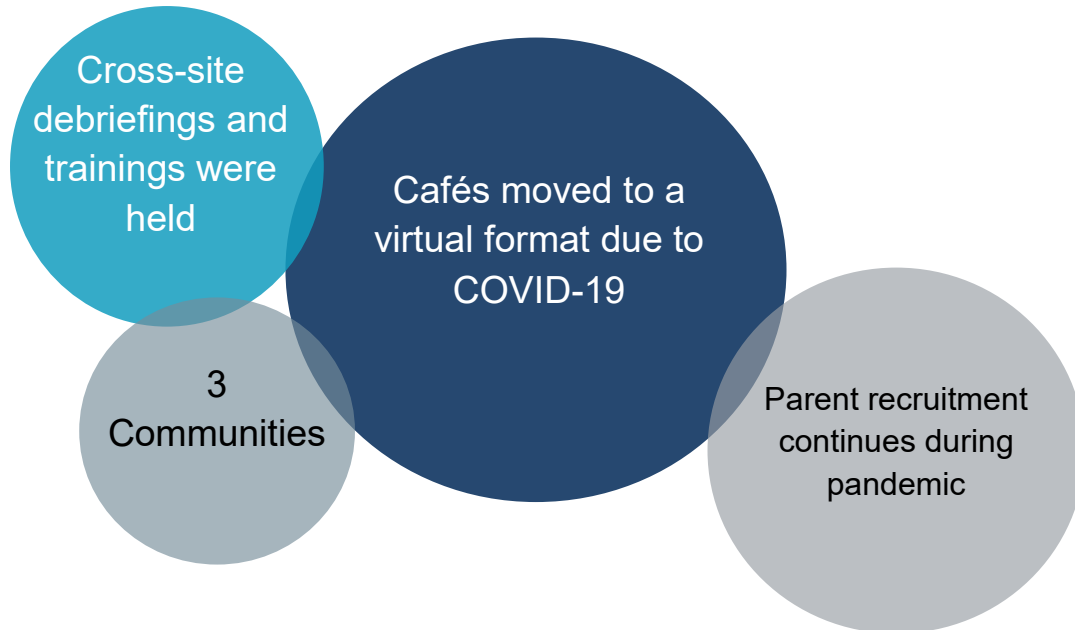
Engaging family and young adults as part of the prevention system process is a key system strategy for Collaboratives. The following section describes some of the primary strategies adopted by communities.

### COMMUNITY CAFÉS

The Community Café work across the state included:

- Host Team Members (parents and staff) from Lincoln, Auburn, and Omaha participated in a debriefing of the virtual, cross-community Café on July 1<sup>st</sup>. Participants expressed interest in additional conversations to share information on planning and hosting effective virtual Cafés.
- Host Team Members from the three communities participated in another virtual meeting on October 13<sup>th</sup> to continue peer learning and to plan virtual orientation and skill-building sessions (in lieu of normal on-site sessions).
- Two additional virtual meetings with Host Team members from the three communities occurred on November 16<sup>th</sup> and December 8<sup>th</sup>. Topics discussed included ideas for recruiting new parents, parent benefits from Café participation, building on parent strengths, supporting parent leadership, and meeting parent support needs due to the pandemic.

- Host Team Members from all three communities participated in a virtual meeting on September 2<sup>nd</sup>. Topics discussed included addressing stress and racism in Café conversations and how to conduct virtual Cafés.



- Planning was underway for the virtual orientation and skill-building sessions, which were renamed Learning Sessions. These will be offered as a series of four or five 90-minute Zoom sessions covering the key elements of Community Cafés. The first session will be in February and will focus on the Protective and Promotive Factors. Members of Nebraska Children’s Youth and Families Thrive team will facilitate. Sessions in the following months will be co-facilitated by the national consultant and parent hosts.
- The Omaha Café team conducted their second Café on December 17<sup>th</sup>.
- The Auburn team will begin an onsite Café series in late January and will continue through June.
- Lincoln teams have experienced multiple challenges from the effects of COVID-19. They have been focusing on recruiting new parent hosts and conducting several virtual, imitation-Cafés and ongoing conversations to keep connected and mutually supportive. They have also been planning more virtual Cafés and community activities in the next six months. Two Lincoln teams have moved from school-based to neighborhood-based. The high school-based team began onsite Cafés with youth.



## YOUTH LEADERSHIP EFFORTS

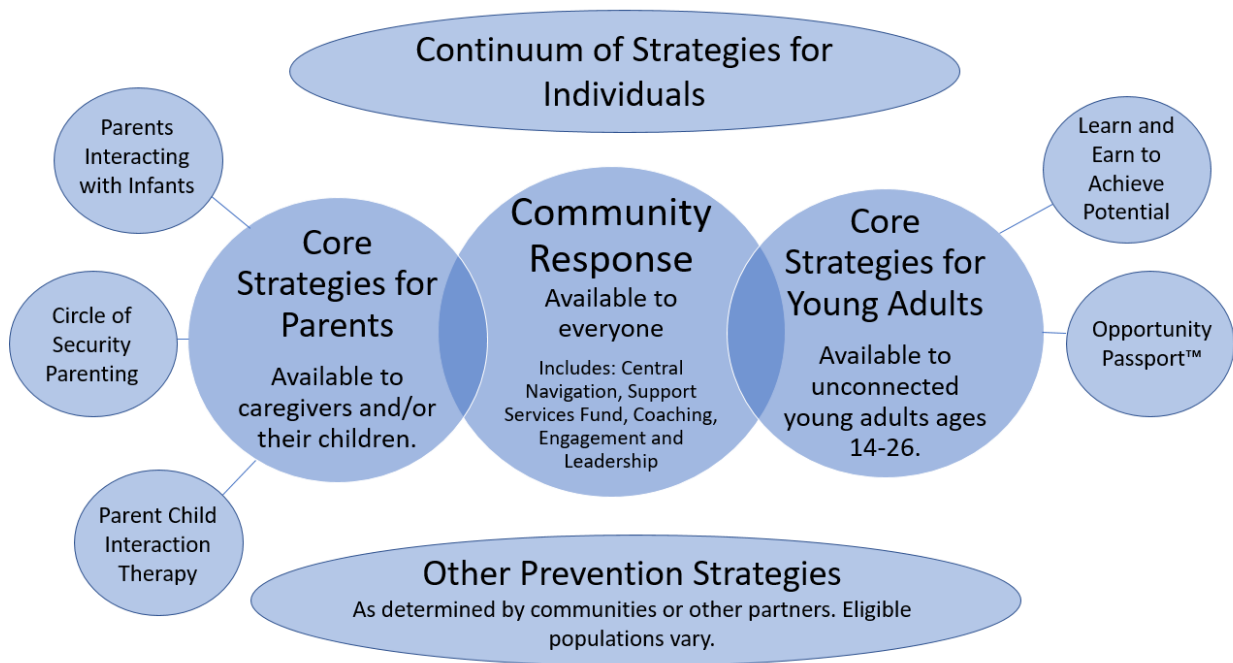
### How were young adults engaged in all aspects of their community's prevention system?

Young adults connect, engage, and lead in a variety of ways within the Connected Youth Initiative infrastructure, with many opportunities falling under the umbrella of youth leadership. At the local level, unconnected young adults ages 14-26 can participate with a local youth leadership chapter where they meet regularly with other young adults and an adult supporter to build peer-to-peer connections, develop interpersonal and leadership skills, and advocate within their local communities. Additionally, young adults can also engage in statewide youth leadership efforts such as the Nebraska Children Youth Advisory Board, DHHS Young Adult Citizen Review Panel, the Governor's Youth Advisory Council, Youth Homeless Demonstration Project Youth Action Board and Legislative Days. Statewide leadership efforts provide the opportunity for young adults to engage in state-and national-level advocacy to improve the foster care and juvenile justice system. Estimates of the number of young adults who engage in youth leadership efforts are provided on an annual basis, and will be included in the 12-month report provided in fall 2021.



## Individual-Level Prevention Strategies

As a complement to systems-level work, Nebraska Children also funds and supports the development of a continuum of strategies to directly support children and young adults across the age span (i.e., birth through 26) and their families. Some strategies are available to all individuals, while other strategies are intended for specific sub-populations, such as caregivers and their children or young adults with various types of experiences in state systems as part of the Connected Youth Initiative. The main strategies included in this report are depicted in the figure below and are organized into the subsequent sections: Community Response, core strategies for parents, core strategies for young people, and other prevention strategies. While output data are provided for all strategies within this report, outcome data are only provided for select portions of Community Response, Parents Interacting with Infants, Parent Child Interaction Therapy, and Circle of Security Parenting. Overall, all strategies seek to build some or all protective factors within individual community members.



## OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

During the July through December 2020 evaluation period, more than 4,000 participants and more than 5,700 children of participants were served directly. Participants included families with children, as well as young adults and others who may not be a primary caregiver for a child or children. Full counts of young adults engaged in core strategies specific to the young adult population will be included in the annual, twelve month report; as a result, counts of young adults included in the overall summary of participants in this report is an undercount.

The majority (61%) of the participants reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX); this is the proxy measure Nebraska Children uses to understand the percent of participants whose income level means they are likely to face a higher level of daily stress and experience additional challenges related to the social determinants of health.

Communities had an even broader reach by implementing community-wide strategies (e.g., distributing resources to community members and schools). When participants engage in these events, they are considered “served indirectly”. These broad-based strategies reached over 1,300 participants and 400 children.





OVERALL SUMMARY OF PARTICIPANTS <sup>1</sup>	July-Dec 2020
Number of Participants Served Directly	4021
Number of Children Served Directly	5779
Number of Participants with Disabilities Served Directly	330
Number of Children with Disabilities Served Directly	298
Number of Participants Served Indirectly	1366
Number of Children Served Indirectly	484
Number of Staff Participating	382
Number of Organizations Participating	302
Participants who Identified as Women <sup>1</sup>	2474
Participants who Identified as Men <sup>1</sup>	1163
Number of Participants who reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX) <sup>1</sup>	2249

<sup>1</sup>Not all community strategies collect this information.

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

Community Response is the backbone support element of a community-based prevention system. It is designed to be the coordination and intersection point where children, young adults, families, and service providers work together—not only to serve participants directly, but also to identify and address larger, systemic issues that pose barriers to thriving people and thriving communities. Over the past 6 months, all 14 CWB communities implemented Community Response.

A fully developed Community Response system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target supporting families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan (the full age spectrum of children, individuals, and partners). During the 6 month period, 14 communities participated in the statewide evaluation of Community Response. Additionally, communities beyond these 14 are in the initial implementation stages for Community Response. A key goal of Community Response is to coordinate existing resources within the community to help children, young adults, and families either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase Protective Factors—particularly around concrete supports, social connections, and resilience—as well as to increase hope.

The components of Community Response are:

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



2. Coaching, through which families and young adults are supported in setting, working towards, and attaining goals, and
3. Engagement and Leadership, through which families and young adults actively shape the larger prevention system.

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

## Who are the people that participated in Central Navigation?

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

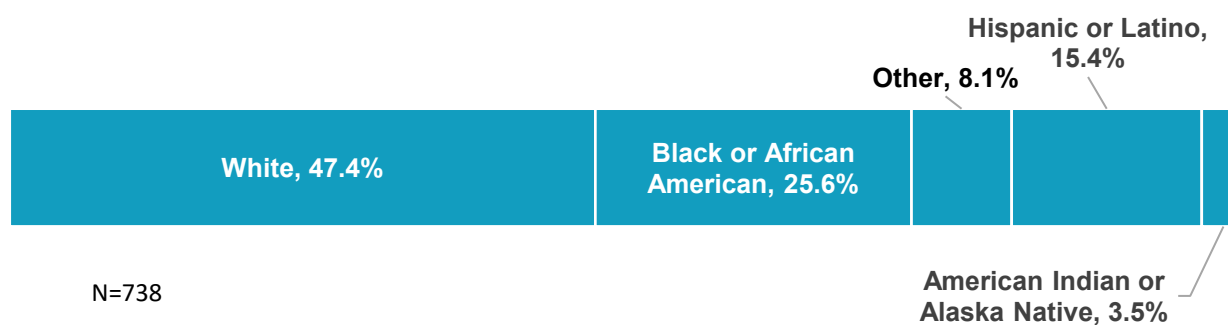
During this six month reporting period, CWB communities served 2,212 participants and 3,893 children through Community Response. Over half of the participants were White (61.8%). Most participants served were women (77%). High percentages of participants (80%) reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX); this is the proxy measure Nebraska Children uses to understand the percent of participants whose income level means they are likely to face a higher level of daily stress and experience additional challenges related to the social determinants of health. Races categorized as 'Other' displayed in charts below, include: Asian, Native Hawaiian or Other Pacific Islander, and Another race/ethnicity.

STRATEGY: CENTRAL NAVIGATION (ALL PARTICIPANTS)	July-Dec 2020
Number of Participants Served Directly	2212
Number of Children Served Directly	3893
Number of Participants with Children	1646
Number of Participants with No Children	566
Number of Participants with Disabilities Served Directly	324
Number of Children with Disabilities Served Directly	287
Number of Staff Participating	263
Number of Organizations Participating	201



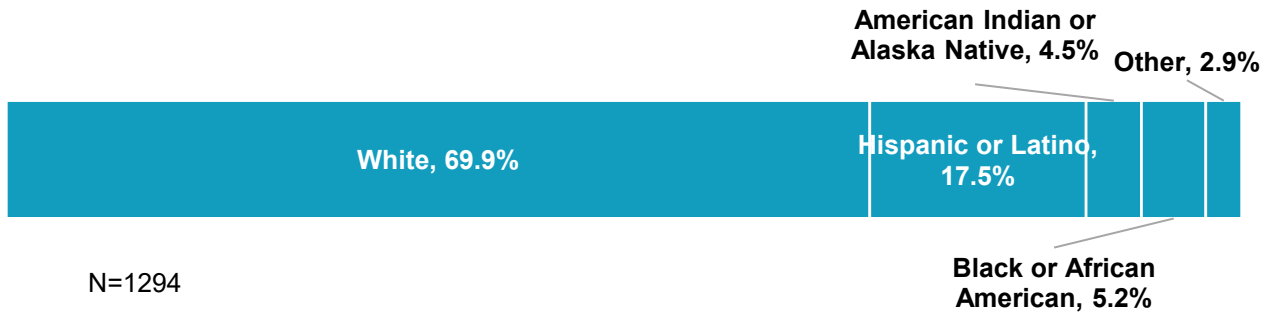
The Central Navigation data was disaggregated by age of the participant. Most of the participants were 26 or older (65%). For participants under the age of 25, there were slightly lower percentages of individuals who were White and higher percentages of individuals who were Black. As compared to individuals who were 26 or older (72%), somewhat lower percentages of individuals (63%) who were 25 or below reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX); this is the proxy measure Nebraska Children uses to understand the percent of participants whose income level means they are likely to face a higher level of daily stress and experience additional challenges related to the social determinants of health.

STRATEGY: CENTRAL NAVIGATION: PEOPLE 25 AND UNDER	July-Dec 2020-
Number of Participants Served Directly	777
Number of Children Served Directly	750
Number of Participants with Children	406
Number of Participants with No Children	371
Number of Participants that Identified as Women	550
Number of Participants that Identified as Men	201
Number of Participants who reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX)	492
Number of Participants with Disabilities Served Directly	84
Number of Children with Disabilities Served Directly	15



STRATEGY: CENTRAL NAVIGATION: PEOPLE 26+	July-Dec 2020
Number of Participants Served Directly	1435
Number of Children Served Directly	3143
Number of Participants with Children	1240
Number of Participants with No Children	195
Number of Participants that Identified as Women	1158
Number of Participants that Identified as Men	239
Number of Participants who reported that they or their children were eligible for Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy (Title XX)	1038
Number of Participants with Disabilities Served Directly	240
Number of Children with Disabilities Served Directly	272

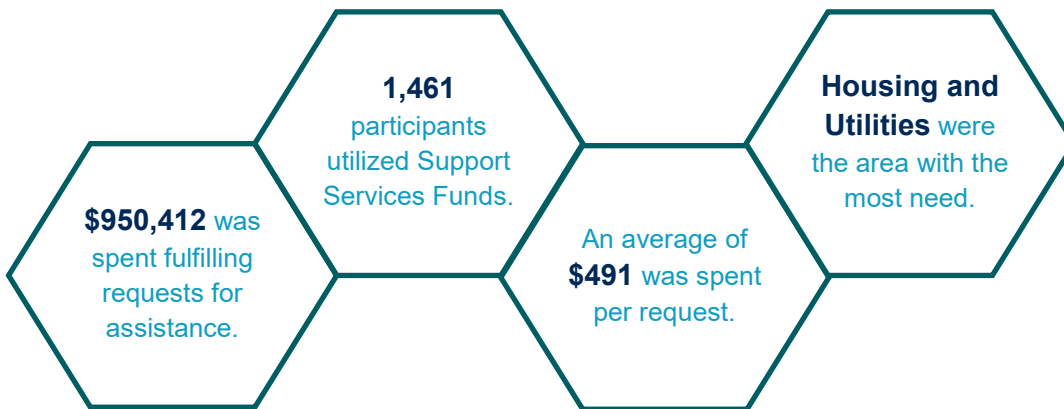




### What Support Services Funds were distributed?

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

In the 6 month period, there were 1,461 participants (unduplicated count) that made one or more request for a total of 1,934 requests. The majority of the funds were allocated for housing related needs, such as rent and deposits (58%). Most of the remaining funds were spent on resources for families related to utility assistance (23%), other supports (7%), transportation (5%), mental health services (2%), and parenting supports (2%).



Priority Area	Total # of Requests for Support Services Funds	All Dollars	Percent of Total	Average Dollars per Request
Housing	719	\$549,792	58%	\$764
Utilities	576	\$217,441	23%	\$377
Other	238	\$62,391	7%	\$262
Transportation	161	\$49,106	5%	\$305
Mental Health	85	\$22,427	2%	\$263
Daily Living	77	\$13,632	1%	\$174
Parenting	35	\$16,116	2%	\$460
Physical/ Dental Health	25	\$10,343	1%	\$413
Education	13	\$7,150	1%	\$550
Employment	5	\$2,014	1%	\$402
<b>July-Dec 2020 Total</b>	<b>1,934</b>	<b>\$950,412</b>		<b>\$491</b>

The data reported above included CARES funds for Family 1<sup>st</sup> Partnership, Lancaster County Coalition, Panhandle Partnership, H3C, Sandhills Community Collaborative, Southeast Nebraska, and Lift-Up Sarpy. Community and Family Partnership, Fremont Family Coalition, DCCR, and Norfolk Family Coalition distributed CARES funds through Central Navigation, but did not report for this report. These data will be reported in the 12-month Community Well-Being Report to be published Fall 2021. Communities that are not listed either did not receive CARES funds or did not use their Coronavirus Aid, Relief, and Economic Security (CARES) funds for Community Response.

---

*“Community response looks very different now. It was related to COVID, we are seeing middle class families coming in for CR dollars.”*  
*-A CWB Coordinator*

## EVALUATION FINDINGS

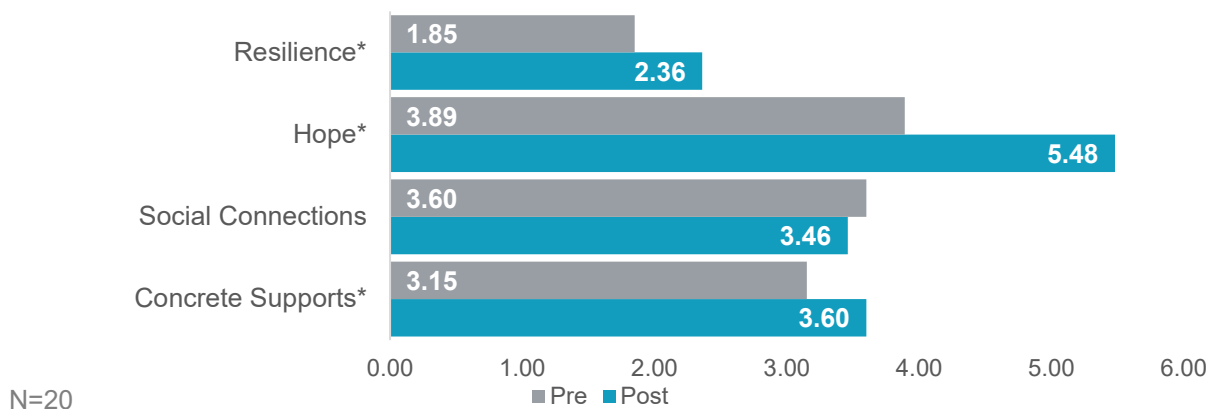
### What were the outcomes for families that accessed coaching as part of Community Response?

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

Several strategies were used to evaluate the efficacy of Community Response. At the time of the participant's enrollment into Community Response, two subscales (i.e., social connections and concrete supports) of the FRIENDS Protective Factor Survey (PFS) were completed. For those families that were engaged in coaching components of Community Response, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post test of the PFS and a retrospective pre/post assessment completing the Hope and Resilience surveys. A total of 20 participants completed both the pre and post surveys. The limited number of completed post surveys may have been impacted by COVID-19 and the resulting implementation of virtual coaching. A paired-samples t-test analysis was completed to compare pre-post scores. The results found that families made statistically significant improvements in the areas of Concrete Supports [ $t(19)=-.782$ ;  $p=.091$ ;  $d=0.398$ ], Hope [ $t(19)=-3.589$ ;  $p=.002$ ,  $d=.805$ ], and Resilience [ $t(19)=-2.233$ ;  $p=.038$ ,  $d=.499$ ]. These results suggest parents participating in Community Response improved both their Promotive and Protective Factors at the completion of services in all areas except for Social Connections. Participants demonstrated slight decreases in this area, but the differences were not statistically significant.

Participants were also asked at intake and then at follow-up if they knew where to go for help. Prior to access Central Navigation and coaching only 41% responded positively that they knew where to go for help. After coaching, that percentage increased to 62%.

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



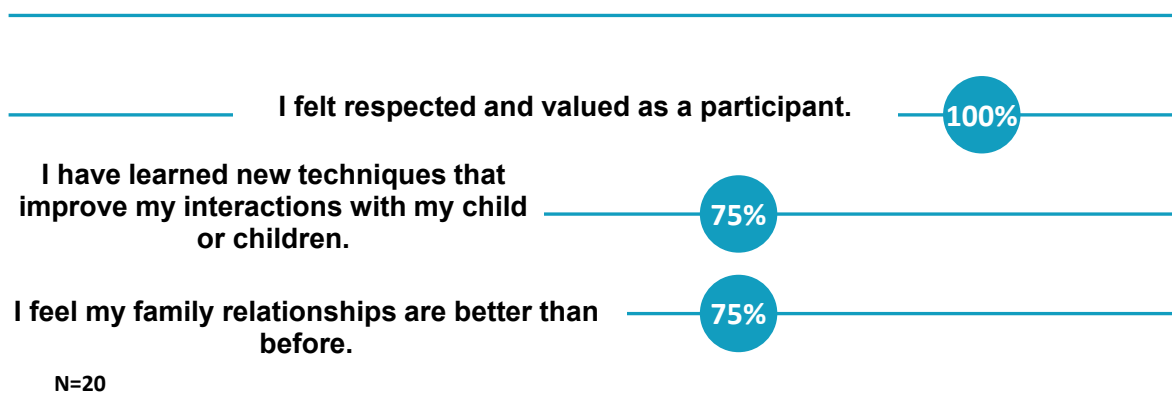
\*Indicates statistically significant improvements over time. Social Connections and Concrete Supports are based on a 5-point Likert scale; Hope is based on an 8-point Likert scale and Resilience is based on a 4-point Likert Scale.



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

People who participated in Community Response coaching also completed a satisfaction survey follow-up. Overall, the people who participated in Community Response coaching felt respected and valued by staff (100%). Most reported that their relationship with their child had improved (75%). The majority reported having learned at least one technique to help their child learn (75%). Care should be taken in the interpretation of these results given that they are based on data from 20 participants.

### Were people satisfied with Community Response coaching?



% of participants that rated the item as agree or strongly agree

---

### *A Success Story*

*Two grandparents were caring for five grandchildren. Their daughter struggled with alcohol and drug addiction and would drop off the children and disappear for days or weeks at a time. With only the husband working, they struggled to feed the children and pay household expenses. The Coach was able to work with the family to help with applications for SNAP and LIHEAP and information on food pantries. During this time, the grandmother also asked about funds or programs to repair or replace the heating and cooling systems in their home. The Coach connected them with NENCAP (Northeast Nebraska Community Action Partnership) in Pender to apply for a new furnace and air conditioner through their weatherization program. The family was approved and was just waiting for notification from NENCAP on when they would be replaced. Community Response was also able to help with past due utility bills.*

---





## What were the successes and challenges of implementing Community Response?

Many Collaboratives saw record numbers of requests and referrals, often from individuals and families who had never sought assistance before. Thanks to funds available through the CARES Act, many Collaboratives were able to rise to the challenge and serve these individuals and families. The increased demand for assistance did stretch the limits of the capacity of Central Navigation. However, increased communication and collaboration across agencies, coupled with passionate Central Navigators made distribution of CR funds to record numbers of individuals possible.

The majority of the community coordinators were pleased by the ability of Community Response to meet the basic needs of families (e.g., rent, utilities, mortgage, etc.), even during a pandemic. Mental health services in some communities were expanded. Community Response was most impactful to families living paycheck-to-paycheck. When families were out of work either due to employer shutdowns, reduced hours, or needing to quarantine, Community Response was there to help families avoid accumulating past due bills. Due to increased need, Community Response became more visible in communities with more families now knowing that Community Response is available when they need help. Increased collaboration across agencies help meet the high demand and avoid duplication of efforts. It is important to remember however, that Community Response is not just about supplemental funds. Many families benefitted from the coaching that was offered, which helped families identify additional resources they could access in their communities.

The main challenge for Community Response was capacity to meet increased needs. Record requests for assistance meant that many Central Navigation systems were stretched to limits. Some Collaboratives were able to hire additional staff, but onboarding new Central Navigators during a pandemic was challenging. Another challenge was reaching those most in need and educating the general public about the availability of resources. People have been isolated during the pandemic and didn't know where to turn for resources. One collaborative noted a lack of knowledge and a stigma around asking for help as barriers to reaching everyone in need. This was particularly salient for many people who were seeking assistance for the first time. Finally, COVID-19 prevented many face-to-face interactions, particularly in relation to coaching. As one coordinator noted: "Due to COVID-19, connecting with people couldn't be face-to-face... It took much longer to build trust and connection when having to connect through a phone call."

“

*“I had to close my business due to COVID so they helped us to prevent from being homeless and helping out with utilities from being shut off and providing services to be able to build your credit to help get yourself in a self-sufficient manner.”*

-A CR participant

”

# Core Strategies for Parents

## CIRCLE OF SECURITY PARENTING™ (COSP)

Circle of Security Parenting™ (COSP) is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child’s needs in a way that enhances the attachment between parent and child. It helps parents give their children a feeling of security and confidence so they can explore, learn, grow, and build positive relationships; all essential skills for life-long success.

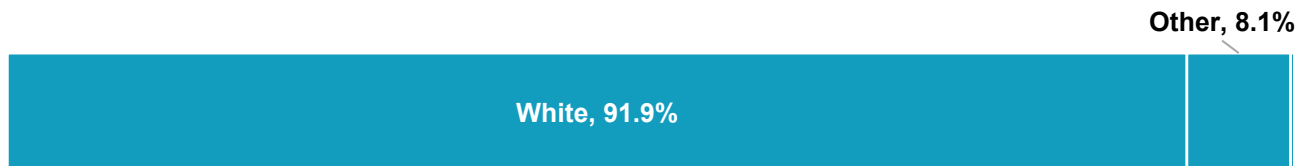
COSP, which was initiated statewide in Nebraska in 2011, has continued to expand its reach across communities throughout Nebraska. There are 260 trained parenting facilitators across 46 counties. Facilitators must complete a 4 day training provided by Circle of Security International in order to offer the COSP Program.

Over the past 6 months, three CWB funded communities—specifically, Families 1<sup>st</sup> Partnership, Hall County Community Collaborative, and the Panhandle Partnership provided COSP in their communities. The following is a brief summary of the demographic and outcome data for these communities. Due to the braided funding that supports this strategy, it has become difficult to attribute to CWB funds alone. As a result, the best source for complete evaluation results is the statewide COSP Evaluation Report (April 2021).

For COSP, racial and ethnicity demographics were reported separately. Of the families served, 27% reported Hispanic or Latino as their ethnicity.

Most caregivers identified as women (65%). Half of the families served reported an income level that would make them eligible to access Medicaid, Free and Reduced Lunch, or the Child Care Subsidy. (57%).

STRATEGY: CIRCLE OF SECURITY PARENTING™ (COSP)	July-Dec 2020
Number of Families Served Directly	37
Number of Children Served Directly	100
Number of Staff Participating	4
Number of Organizations Participating	6





---

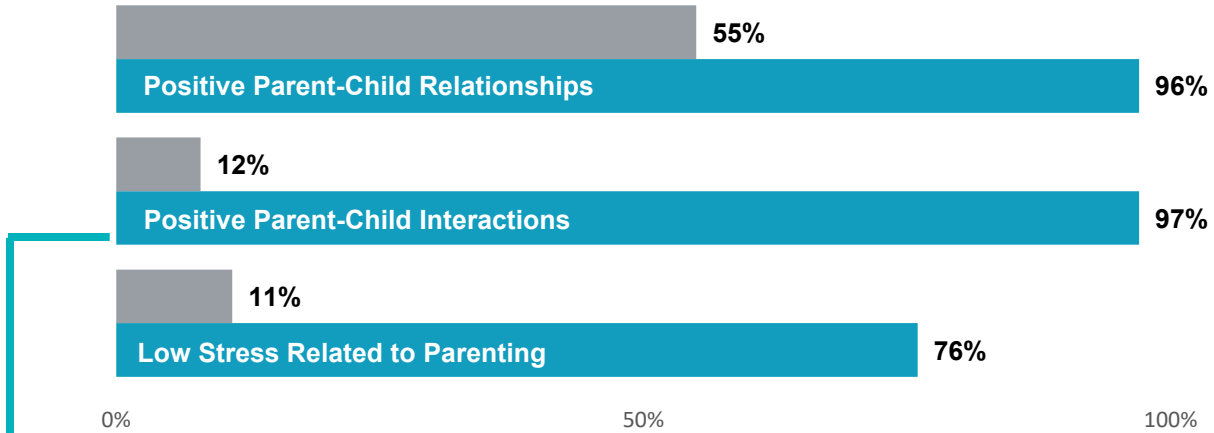
*COVID-19 significantly impacted the number of classes that were offered during the reporting period most piloted a virtual COSP class.*

## EVALUATION FINDINGS

### Were parenting strategies improved?

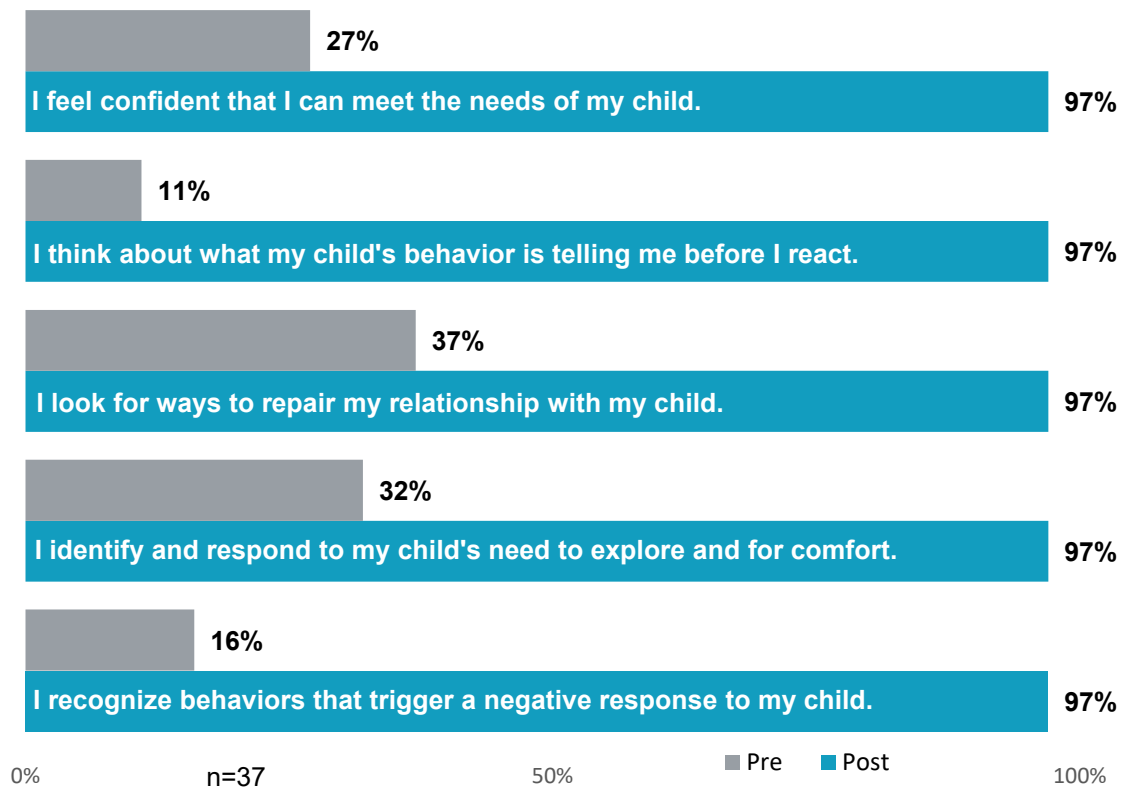
Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5-point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. Ninety-five (95) individuals completed the survey. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COSP™ series across the program identified outcomes. There were statistically significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [ $t(36)=-15.502$ ,  $p<.001$ ,  $d=2.547$ ]; relationships with their children [ $t(36)=-7.473$ ,  $p<.001$ ,  $d=1.213$ ]; and decreased stress [ $t(36)=-8.617$ ,  $p<.001$ ,  $d=1.398$ ]. These results found a strong meaningful change, suggesting that COSP™ is positively supporting parents in gaining skills to interact with their children.

Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.  
 More parents rated their stress level lower by the end of the session.



**Positive Parent-Child Interaction Items: Parents make significant gains across all areas.**

*The most gains were made in thinking about what their child's behavior is telling the parent and recognizing the triggers for a negative response to their child.*



## Were parents satisfied with Circle of Security Parenting™?

Overall, the parents (87%) that were served by COSP™ reported that meeting with a group of parents was helpful (a rating of agree or strongly agree). Most felt the leader did a good job working with the group of parents (92%).

**Participants strongly agree that COSP™ was a positive experience for them.**

Group format was helpful



Leader did a good job working with group



Agree

Strongly Agree

N=37

## What were the successes and challenges of implementing COSP™?

COVID-19 continued to present challenges to COSP™ implementation. Some Collaboratives continued to offer COSP™ classes virtually, and one Collaborative's facilitator worked closely with Circle of Security™ International to provide COSP™ classes online via secure Zoom with full fidelity. However, several Collaboratives noted that the virtual format impacted engagement and the number of classes that were able to be offered. Online classes were also not cost effective because online class sizes were capped to three participants, thus fewer people were able to be served.

## PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is a core strategy being implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children.

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

PCIT was implemented in one Nebraska Community Well-Being community (York County Health Coalition) and two communities supported by the Fund board (Adams and Saline /Jefferson Counties). Six therapists

trained and certified to carry out PCIT in these communities, submitted data for this report. A total of nine families and nine children participated in PCIT sessions during the past six months.

STRATEGY: PARENT-CHILD INTERACTION THERAPY (PCIT)	July-Dec 2020
Number of Families Served Directly	9
Number of Children Served Directly	9

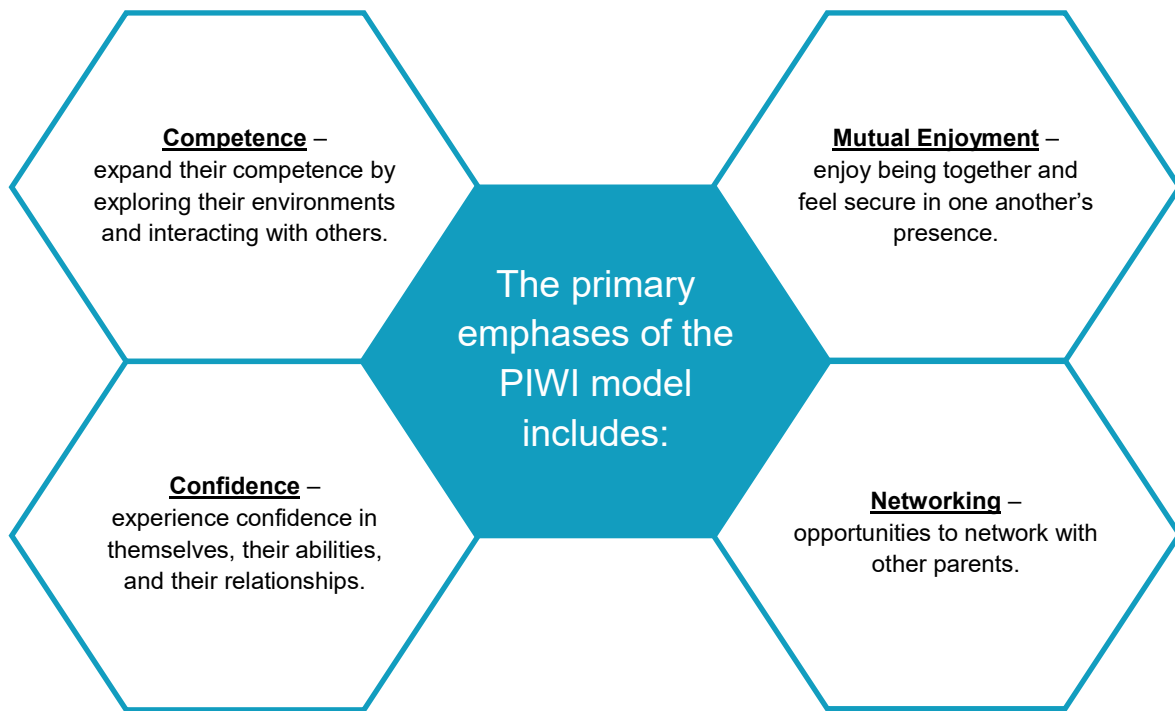
## What were the successes and challenges of implementing PCIT?

PCIT continues to see a steady amount of referrals and knowledge about the service in communities continues to grow. While COVID-19 has presented many challenges to PCIT implementation, one fortunate consequence of the pandemic is that one community was able to pay for an additional therapist (for a total of three) to be trained because the trainings were held virtually. However, a few other communities experienced turnover in their PCIT-trained therapists. The other major challenge to PCIT implementation was COVID-19. Some sessions with current families had to be placed on hold, while services to new families were delayed. The pandemic also contributed to frequent cancellations and other time constraints for families.

## PARENTS INTERACTING WITH INFANTS (PIWI)

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





## What were the challenges of implementing PIWI?

Due to COVID-19, no PIWI sessions were delivered during this six month period. COVID-19 had a detrimental effect on communities' ability to implement PIWI as it is built on a socialization framework with parents interacting with their infants and toddlers together. One community described how PIWI had been integrated into Early Head Start programs and was occurring on a regular basis prior to COVID-19. That same community suggested that additional training be offered to train additional staff members and childcare providers who work with infants and toddlers during this time when sessions cannot be offered.

---

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

# Core Strategies for Young People

Several individual-level strategies specifically target young adults through the Connected Youth Initiative and are therefore considered core strategies for young people. Two of these strategies are Learn and Earn to Achieve Potential (LEAP) and Opportunity Passport™, which are described in more detail below. Numbers of participants who engage in each of these strategies are reported on an annual basis, and will be included in the 12-month report provided in fall 2021.

## LEAP

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

## OPPORTUNITY PASSPORT

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

Assets that youth can purchase include housing (purchase or rental), vehicle purchase, credit building, education, medical and dental (paying off debts), investments, and micro-business. Additionally, youth can, with approval from their coach, choose to purchase an asset that is specific to them. Funds young adults put towards an asset are matched by private funders, ranging from a 1:1 – 3:1 basis.





# Other Prevention Strategies

In addition to the implementation of one or more of the core strategies, each community also has the ability to select and implement supporting prevention strategies focused on strengthening families based on their individual community assessments of need. Many of the communities' strategies were postponed or were not completed due to the COVID-19 pandemic. The full array of these community-specific strategies that were able to be implemented and related evaluation results are summarized in the section below.

## 0-3 PRIME TIME TO ENGAGE

STRATEGY: 0-3 PRIME TIME TO ENGAGE	
Number of Families Served Indirectly	500

Every family that comes into Siouxland Community Health of NE and IA gets a free book, a prescription from their doctor to read with their child, and encouragement to spend special one-on-one time with their child/children. Since July, in just Nebraska alone, the SCHC office has seen over 313 children and given them the books and prescriptions to read. During the pandemic, Prime Age to Engage continued with an informative website and little libraries around the community. Growing Community Connections added new locations and continues to keep books stocked in these locations to get books out to families. This provides additional spots for families to find books. In typical years, GCC sent out surveys to parents to gauge awareness of this initiative; however, that was put on hold due to the pandemic. LENA, a program to accelerate children's language, sessions with community providers were also shut down, but will hopefully continue in the future.

## BEHAVIORAL HEALTH IN THE SCHOOLS

STRATEGY: BEHAVIORAL HEALTH SERVICES	
Number of Families Served Directly	119
Number of Children Served Directly	119
Number of Families Served Indirectly	119
Number of Children Served Indirectly	119
Number of Families with Disabilities Served Directly	6
Number of Children with Disabilities Served Directly	6
Participants who Identify as Women	63
Participants who Identify as Men	55
Number of Staff Participating	12
Number of Organizations Participating	4

Behavioral Health Services were provided for specific children and families referred through the Community Learning Centers (CLCs) at select school sites in the Lincoln community (Lancaster County). All therapy is family-based and includes the system theory of change. Many of the families served through the CLC schools grapple with multiple challenges that may have a direct impact on students' abilities to be in class on time and ready to learn. Many real life circumstances contribute to trauma and a deep sense of loss and insecurity. Immigration status and cultural issues, economic insecurity due to low wages, frequent moves, and



homelessness all impact students' overall emotional well-being. The CLC strategy has partnered with Family Service to provide school-based mental health services at the CLC schools. This served to address an identified need by the principals for increased support to students and families in this area. The project staff continue to work with Lincoln Public Schools leadership and Human Services Federation in collaborative efforts to address the growing need for high quality mental health services in our community.

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

## CAMP CATCH-UP

Nebraska Children implements Camp Catch-Up across the state, providing youth an opportunity to participate in a camp experience with other youth ages 7 to 19. All the youth who participate in camp are separated from their siblings due to out-of-home placement, such as foster care, adoption, guardianship or kinship. Many campers served only see their siblings during Camp Catch-Up activities. Detailed activities and the number of those who engage in Camp Catch-Up is provided on an annual basis, and will be included in the 12-month report provided in fall 2021.

## COMMUNITY LEARNING CENTERS

### STRATEGY: COMMUNITY LEARNING CENTERS

Number of Families Served Directly	1313
Number of Children Served Directly	1246
Number of Families who Identify as Women	663
Number of Families who Identify as Men	650
Number of Families who Qualify for Resources	627

The Lincoln Community Learning Centers (CLCs) is a Family Support Service (see NC and DHHS contract for Family Support Services section A. 1 b. i, ii, iii, iv, and viii). The CLCs are designed to develop partnerships which bring concentrated resources to high-need schools in the community of Lincoln. The initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. The CLCs was a strategy that supported 26 schools in the Lincoln Public Schools district.

Lincoln Community Learning Centers (LCLCs) are a key strategy in helping Lincoln Public Schools achieve the objective of increased high school graduation rates. The Lincoln Community Learning Centers work collaboratively with 10 local nonprofit community partner organizations, which serve as Lead Agencies at 26 different Title I eligible schools in the public school district. The goals of the Lincoln CLCs are: smart kids, thriving families, and strong neighborhoods. The system provides before and after school and



summer academic and enrichment opportunities for students, parent leadership opportunities, family support and connection to community supports, and neighborhood and community development. This work was facilitated through:

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

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

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

## DISCOVERY KIDS

### STRATEGY: DISCOVERY KIDS

Number of Families Served Directly	4
Number of Children Served Directly	4

Discovery Kids is a free, seven-week prevention education program for youth in grades 2-5 who want to have fun as they learn more about themselves in a safe and supportive environment. The Hall County Community Collaborative aims to improve the quality of behavioral health supports, decrease substance abuse in the community, increase youth knowledge of alcohol, tobacco, and other drugs and their related problems (including addiction), and increase youth life skills designed to help them make healthy choices. Community partners involved in the Discovery Kids program include Grand Island Public Elementary Schools, Tobacco Free Hall County Coalition, CHI Health St. Francis Cancer Treatment Program, Heartland Unity Way, and others.

## FOOD DELIVERY PILOT

### STRATEGY: FOOD DELIVERY PILOT

Number of Households Served Directly	45
--------------------------------------	----

DCCR and ENCAP coordinated efforts to provide food delivery to families who did not have access to food banks. Most families served were immigrant families who do not qualify for unemployment, stimulus relief, or cannot not file taxes (Karenni families). Although there are some food pantries available in the community, these families are without transportation.

Homeless young people age 18-26 were temporarily placed in hotels while permanent housing could be found. Many of these young people had no means to purchase food for themselves or their children, nor did they have transportation to access food pantries. DCCR and ENCAP also provided food delivery to these young people and their children during their stay in hotels.

## MATERNITY MATCH PROGRAM

### STRATEGY: MATERNITY MATCH PROGRAM

Number of Families Served Directly	9
Number of Children Served Indirectly	11
Participants who Identify as Women	9

Project Everlast and DCCR in Douglas County identified an emerging trend of young mothers needing assistance during pregnancy and subsequent maternity leave. They established the Maternity Leave program that matches a young expecting mother’s money to help them stay financially stable through their maternity leave. The financial support, as well as coaching support, is to help maintain stable housing, build attachment with child, reliable transportation, and overall sense of feeling supported during the 6 to 8 weeks of maternity leave before returning to full employment.



## MENTAL HEALTH OUTREACH

### STRATEGY: MENTAL HEALTH OUTREACH

Number of Families Served Directly	45
------------------------------------	----

Community and Family Partnership and Columbus Area United Way are offering three therapy sessions with local mental health providers in the Columbus area. This service is available for anyone in Platte, Colfax, Boone, Butler, Polk, or Nance County regardless of their insurance or age. Strategies include lessening barriers for access to therapy services in rural areas and improving the well-being of our local communities. This short-term COVID-19 relief service began in June 2020 and will end March 31, 2021.

## MENTAL HEALTH VOUCHERS

### STRATEGY: MENTAL HEALTH VOUCHERS

Number of Children Served Directly	63
Number of Families Served Indirectly	63
Number of Children with Disabilities Served Directly	6
Number of Staff Participating	12
Number of Organizations Participating	4

Voucher referrals for mental health services are made through school staff at districts within Platte, Colfax, Boone, and Nance Counties. Students and their families can receive up to 10 therapy sessions with local contracted mental health providers if they are experiencing a financial barrier to accessing mental health services. Strategies include lessening barriers for access to therapy services in rural areas and improving the well-being of our local youth and families.

## PARENT CONNECTORS

### STRATEGY: PARENT CONNECTORS

Number of Families Served Directly	6
Number of Children Served Directly	6



Parent Connectors is a project implemented through the Hall County Community Collaborative. Parent Connectors is a mentoring program that supports parents of current middle school students with emotional or behavioral issues. Parent Connectors provides brief (up to one hour) weekly phone calls with families which focus on: emotional support - to reduce feelings of blame and stigma, instrumental support - to meet basic needs such as food, clothing, and housing, and informational supports - in areas such as special education regulations and procedures, and strategies to support academic and behavioral success in the home, school, and community. The Hall County Community Collaborative aims to improve the quality of behavioral health supports for their community through Parent Connectors. Parent Connectors continues to provide services but struggles to complete weekly calls with families with the onset of COVID-19. The families that are completing those calls are provided knowledge and access to resources by their Parent Connector.

## READY ROSIE

**STRATEGY: BEHAVIORAL HEALTH SERVICES**

Number of Families Served Directly	102
Number of Children Served Directly	230

Through the Communities for Kids-North Platte Initiative, Families 1<sup>st</sup> Partnership is able to offer Ready Rosie to local childcare providers. Seven local providers have signed up for this educational video outreach that provides information on Child development, Family activities, age appropriate academic skills, and social-emotional growth. Through those seven providers, the number of active users has grown from 170 in August to 240 current active users. The 358 video views have prompted 784 learning outcome opportunities and 1386 family outcome opportunities.



---

### *A Success Story*

*Along with COVID-19 came opportunities for additional funds and braiding of funds to help households, who have not typically accessed Community Response, such as a single man who lost his employment in June 2020 due to COVID-19. He had worked for his employer for over 10 years and, being over 75 years old, his opportunities for employment were very limited. His Coach worked with him to apply for unemployment benefits, but they both knew this was not a long-term solution. The Coach also worked with him to develop a budget based on his unemployment benefit. The Coach helped the man apply for Medicaid and Social Security benefits. Even though he was eligible, he had never applied for Social Security because he had been employed and didn't need it. He was able to use his savings to live on for a while and Community Response assisted with rent until he received the unemployment benefit. He was approved for Social Security and his monthly benefit will be enough to cover his monthly expenses.*

---



# Conclusion

Nebraska Children (NC) worked in partnership with communities to build prevention systems through a continuum of strategies that improve the health and well-being of children and families in Nebraska. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes. The onset of the COVID-19 pandemic had a significant influence on the delivery of services and supports across the CWB network of communities.

## HOW MUCH DID THEY DO?

At the systems level, 14 communities worked to build their capacity to meet the needs of their communities through working together based on collective impact approaches. Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Communities leveraged over \$5 million in additional funds to support children and families in their community.

At the individual level, 4,021 parents, community members, and young adults and 5,779 children were served using a range of strategies. More than half of participants (61%) reported an income level that would make them eligible to access Medicaid, Free and Reduced Lunch, and/or the Child Care Subsidy.

### CWB Collaboratives:

- Trained over 2,000 individuals across 126 events.
- Leveraged over five million dollars.
- Built their capacity and influenced policy at the local, state, and federal level.

## HOW WELL DID THEY DO IT?

One hundred percent of families reported that they were respected by program staff and therapists. The majority of the families indicated they had a better relationship with their child as a result of their participation (75%) (in strategies where such interaction was a focus), and felt that they learned new techniques to use with their child (75%).

**Families positively rated the Community Response supports they received.**

## IS ANYONE BETTER OFF?

Shared measurement was established for Community Response, as well as the other core strategies for parents (specifically, COSP™, PIWI, and PCIT). Outcomes for these strategies are highlighted below, based on available data; note that PIWI was not able to be implemented due to COVID-19. In addition, core strategies for young adults and local initiatives that supported community-specific identified needs were supported.



## COMMUNITY RESPONSE



Families after coaching and/or access to support services funds and coaching reported:

- Significantly improved Protective and Promotive Factors (Resilience, Hope, and Concrete Supports).
- Increased awareness of community resources.

## CIRCLE OF SECURITY PARENTING



Parents after participating in COSP™ reported:

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



# References

Fergus S, Zimmerman MA. Adolescent resilience: a framework for understanding healthy development in the face of risk. February 2005. Annual Review of Public Health, 26(1):399-419. DOI: 10.1146/annurev.publhealth.26.021304.144357.

McCollum, J.A., Gooler, F., Appl, D. J., & Yates, T.J. (2001). PIWI: Enhancing parent-child interaction as a foundation of early intervention. Infants and young children, 14(1). DOI: 10.1097/00001163-200114010-00007





nebraskachildren  
AND FAMILIES FOUNDATION

Evaluation Report prepared by  
Amanda Prokasky, Ph.D.  
Kelsey Tourek, M.S.  
Barbara Jackson, Ph.D.

Interdisciplinary Center of Program Evaluation  
The University of Nebraska Medical Center's  
Munroe-Meyer Institute: A University Center of Excellence for  
Developmental Disabilities



University of Nebraska  
Medical Center

MUNROE-MEYER INSTITUTE

