

# Community Well-Being Community Response

Six Month Progress Report

July 1, 2019 - December 31, 2019



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# Community Response (CR) Six Month Report

July 1<sup>st</sup>, 2019 – December 31<sup>th</sup>, 2019

## About Community Response

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

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. Public funding sources (state and federal) that supported CR in this evaluation, target families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan (the full age spectrum of children, individuals, and partners).

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

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

- Meeting basic needs like housing, utilities, food, and transportation

### Components of Community Response

Coordination of Services  
(Central Navigation)

Direct Services  
(Coaching)

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



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



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

In addition, since early 2019, Community Response work includes an intentional focus on behavioral health. Some of the work begun focuses on supporting individuals' (especially, but not exclusively, students') access to mental health services, while some of the work focuses on building the capacity of the community around mental health needs through, for example, training events and/or bringing in new, outside funding.

## Evaluation Approach

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

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

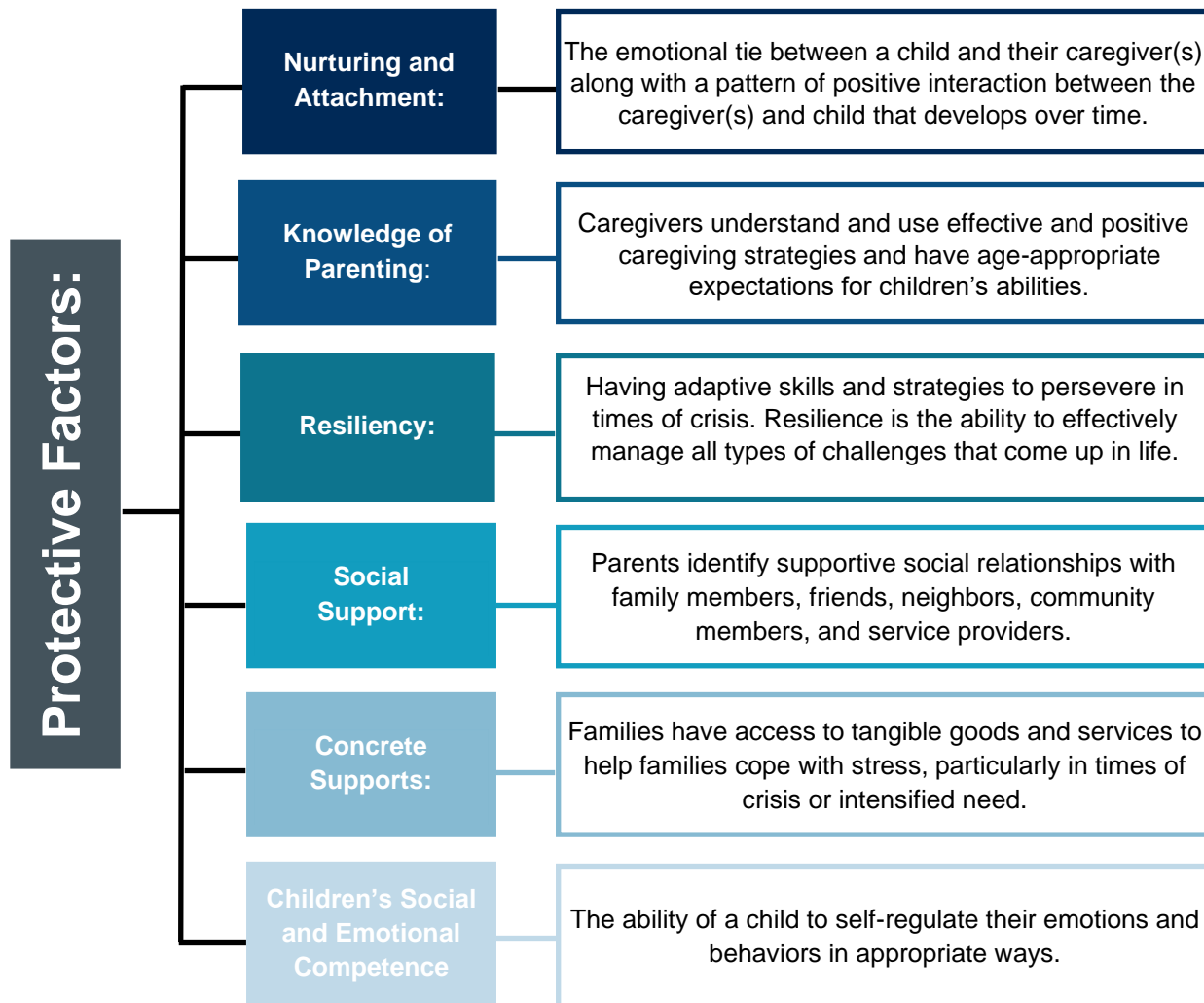
- How much did we do?
- How well did we do it?
- Is anyone better off?





## PROTECTIVE FACTORS

Enhancing child and family Protective Factors are key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience. Protective Factors are assets in individuals, families, and communities. The following is a description of the Protective Factors as developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention.



# Evaluation Findings

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

Eleven communities are implementing Community Response and participated in the statewide evaluation of this work during the current evaluation year. These were:

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

Two communities (Sandhills and the Santee Sioux Tribal Community) are in year one of implementing Community Response, with a plan to join the statewide evaluation in the subsequent evaluation year. Two additional communities beyond these (Dawson County and Winnebago Tribal Community) are in the initial, planning stage for Community Response.

Strategy: Community Response			
Number of Families Served Directly	1331	Number of Families Served Indirectly	NA
Number of Children Served Directly	2322	Number of Children Served Indirectly	NA
Number of Parents with Disabilities Served Directly	137		
Number of Children with Disabilities Served Directly	182		

Strategy: Community Response			
Number of Participants that identified as Female	1091	Number of Participants that identified as Male	230
Number of Participants that Qualify for Resources (Medicaid, Title XX, and/or free or reduced lunch)			797
As of today's date, number of participants between the ages of 14 and 25			319
Number of Participants that are currently pregnant or expecting a child			90
Number of Participants that are currently a parent or caring for a child (foster parent, grandparent, etc.)			690

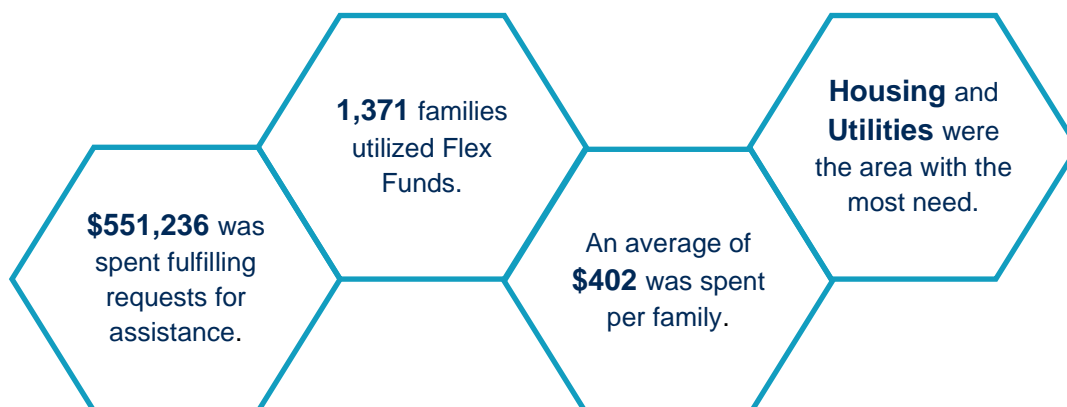


## What Flex Funds were distributed?

Flex funds were available to each community to distribute to families based on their needs. This past six months there were 1331 families (unduplicated count) that made one or more request. Five percent of the requests were used to address barriers to accessing behavioral health supports for children and families. The majority of the funds were allocated for housing related needs, such as rent and deposits (53%). The remaining funds were spent on resources for families related to utility assistance (24%), transportation (8%), and other needs (5%).

Priority Area	Total Number of Families Receiving Flex Funds*	All Dollars	Percent of Total	Average Dollars per Family
<b>Housing</b>	465	\$291,802.19	52.94%	\$628
<b>Utilities</b>	408	\$130,325.03	23.64%	\$319
<b>Transportation</b>	140	\$45,029.08	8.17%	\$322
<b>Other</b>	80	\$27,707.31	5.03%	\$346
<b>Mental Health</b>	162	\$27,282.30	4.95%	\$168
<b>Education</b>	11	\$10,515.75	1.91%	\$956
<b>Daily Living</b>	44	\$7,202.35	1.31%	\$164
<b>Parenting</b>	46	\$6,230.77	1.13%	\$135
<b>Physical/ Dental Health</b>	10	\$4,446.00	0.81%	\$445
<b>Employment</b>	5	\$695.29	0.13%	\$139
<b>Total</b>	<b>1,371</b>	<b>\$551,236.07</b>		<b>\$402</b>

\*Duplicated count



## EVALUATION FINDINGS

### Did Community Response help to support families improve their Protective Factors and their Hope and Resilience?

In order to evaluate the efficacy of Community Response, three scales were used [FRIENDS Protective Factors, Hope, and Resilience scales]. The FRIENDS PFS subscales were administered at the time of the application and at completion of services (which was typically 30 to 90 days). The Hope and Resilience scales were administered as a pre-post retrospective scale at the completion of services.

Baseline Protective Factor data was collected on 441 CR participants. The results found that participants scored in the mid-range (3 = “sometimes”) for both Concrete Supports (3.43) and Social Supports (3.83). Follow-up surveys were completed by 78 participants. A paired-samples t-test analysis was completed to compare pre-post Protective Factors Surveys (PFS) scores (e.g. Concrete and Social Supports). The results found that no statistically significant changes occurred over time.

Retrospective Hope and Resilience surveys were completed by 78 participants. A paired-samples t-test analysis was completed to compare pre-post Hope and Resilience scores. The results found that families made statistically significant improvements in the areas of Hope [pre mean=4.80; post mean=6.10;  $t(78)=-5.547$ ;  $p<.001$ ;  $d=0.620$ ] and Resilience [pre mean=2.58; post mean=2.76;  $t(77)=-3.795$ ;  $p<.001$ ;  $d=0.620$ ]. These results suggest parents participating in Community Response improved their Hope and Resilience at follow-up.

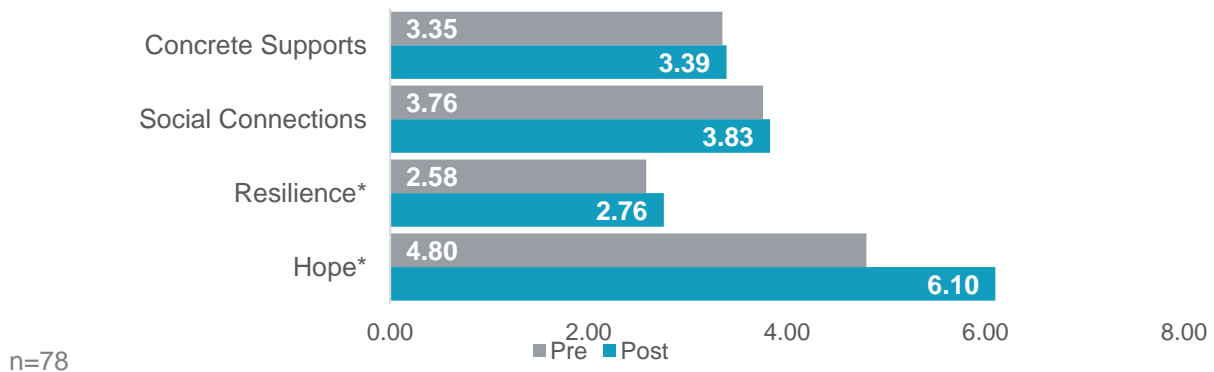
”

*We were not evicted and able to get caught up on my rent – Thank you.*

A CR parent

”

### Participants engaged in Community Response demonstrated significant improvements



\*Indicates statistically significant improvements over time. Hope (based on 8 point Likert Scale); Resilience (based on a 4 point Likert Scale); Concrete & Social Supports (based on a 5 point Likert Scale)

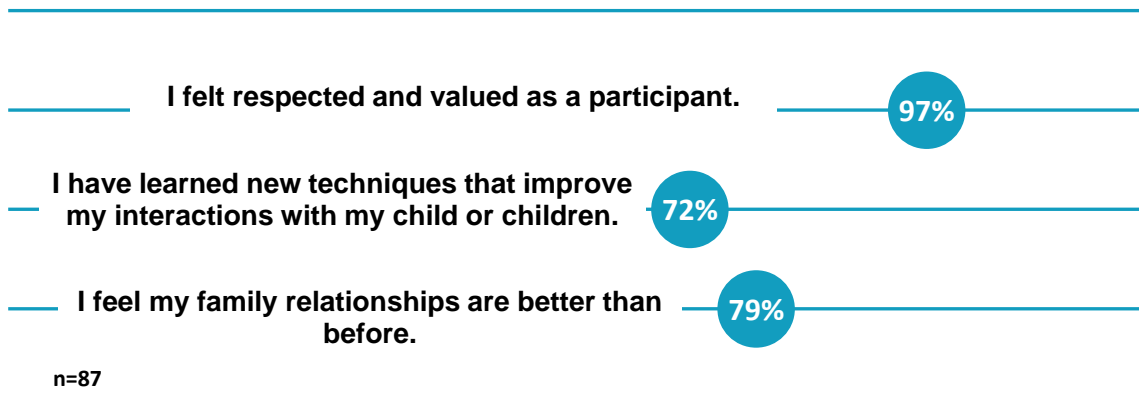




## Were parents satisfied with Community Response services?

Overall, the parents that were served by Community Response felt respected and valued by staff (97%). Most reported that their relationship with their child had improved (79%). Most also reported having learned at least one technique to help their child learn (72%).

### Were parents satisfied with Community Response?



### A Community Response Family Success Story

*Most of the families we work with are initially referred to Community Response due to financial issues – having basic needs they can't meet. They have rent that's overdue and are facing eviction, their utilities are going to be shut off, they can't afford childcare, etc. One family we are working with found their situation suddenly in crisis. They are a refugee family that came to the community speaking only French. Not only were they in a new community with all of the challenges that means, but language barriers made them feel isolated. A representative from a local church took them under their wing and provided some emotional and spiritual support but didn't know how to connect them with different resources in the community. When the family was connected to Community Response, there were some initial hurdles in language, but thanks to Google Translate, the local coach has been really a great support to help them problem solve, and to be an additional person to listen and talk to. In addition to the challenges the family was facing, the father recently passed away from brain cancer and the families' struggles have now reached crisis. Dad was the sole financial provider for the family and as Mom struggles with health issues as well, isn't currently able to work. Their coach is helping them access supports to meet their basic needs and help the mom make plans to provide for her kids in the future. The importance of a coach in place that Mom feels comfortable with and can help her plan for the next step in her life cannot be overstated – not only for the access to resources but to have a supportive connection in the community. As wrapped up by the Central Navigator, "Prevention is helping us become a healthier community. And then we have families that don't have to enter what is really a negative system."*

# Conclusion

Nebraska Children (NC) worked in partnership with communities to build prevention systems through a continuum of strategies that improve the health and well-being of children, youth, and families in Nebraska. A key prevention strategy was Community Response. UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes for Community Response and the community Collaboratives that were responsible for the implementation of this strategy.

## COMMUNITY RESPONSE

**How much did they do?** Eleven communities funded throughout Nebraska directly served 1,331 families and 2322 children through Community Response. A total of 10% of the parents and 8% of the children served had a disability.

**How well did they do it?** NC found that 97% of families participating in CR reported that they were respected by program staff and therapists. The majority of the families indicated they had a better relationship with their child as a result of their participation (79%) and learned new techniques to use with their child (72%).

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

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

## COMMUNITY RESPONSE



**Families after coaching and/or access to flex funds:**

- Improved Hope and Resilience.
- Supported 1331 families through the distribution of \$551,236 in service supports.
- Housing and utilities were the areas of highest need for families.



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