

Promoting Safe and Stable Families

2015-2016 Evaluation Report
October 2016



nebraskachildren
AND FAMILIES FOUNDATION



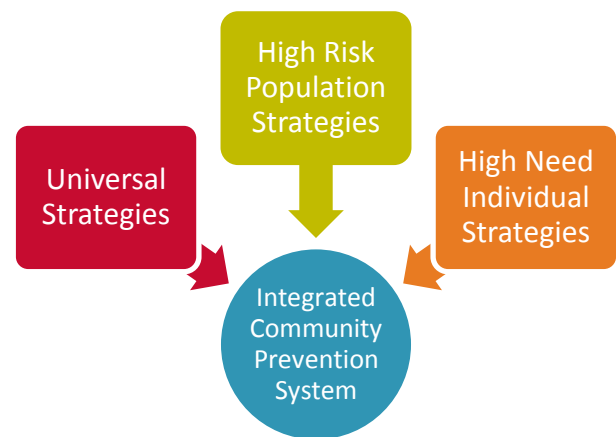
Collaborate. Evaluate. Improve.
Interdisciplinary Center for Program Evaluation

Purpose of Nebraska Children and Families Foundation Grantmaking

Nebraska Children works in partnership with communities to improve the health and well-being of children and families. Nebraska Children envisions a Nebraska where all children and families live in safe, supportive environments providing opportunities for all to reach their full potential and participate as valued community members. Funding is prioritized to address: 1) prevention of child abuse and neglect, 2) promotion of positive youth development, 3) collaborative environments that promote Protective Factors, family leadership and engagement, and 4) programs for families at risk of entering state child welfare systems.

Nebraska Children (NC) works with communities to build prevention systems through a continuum of strategies to meet the needs of children across the age span (i.e., birth through 24). The result is improved child and family Protective Factors and outcomes.

Nebraska Children has funded a range of strategies including those that address strengthening the community collaborations and prevention systems. Programmatic strategies include universal, high-risk populations, and individual strategies.



To accomplish Nebraska Children’s mission to support children, families, and communities in this integrated community prevention system, blended funds were made available to support multiple projects across the age span. Major funding sources were Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board and private funding sources. These funded projects addressed one or more of Nebraska Children’s identified priority areas. The following describes the work focusing on key strategies that are part of the integrated prevention system in the diagram above. All of the strategies are being implemented by multiple partners working in coordination through community collaborations.

Initiative Description

Children and Families Served

Nebraska Children provides funding and other support to eleven communities to promote children’s safety and well-being through a range of prevention strategies. Eight of those communities (Dakota County, Dodge County, Hall County, Lincoln County, Norfolk, Panhandle Partnership, Platte-Colfax Counties, and Sarpy County) are part of the Community Well-Being Initiative (CWB) and are working to support families within the context of building a strong community collaboration. In addition, three prevention initiatives were implemented in Lancaster, Adams, Clay, Nuckolls, and Webster counties, and Douglas Counties).

Nebraska Children communities served large numbers of families and their children across multiple strategies. This is the first year that additional demographic information was collected on families as available. Strategies will be implemented to collect demographic information more universally in future years. Most families served were at risk due to poverty. Although the majority of parents were white, approximately a third represented ethnic or racial minority populations. The demographic information below represents a sample of 250 families.

Overall Summary of Children and Families Served	
Number of Families Served Directly	1227
Number of Children Served Directly	7564
Number of Parents with Disabilities Served Directly	83
Number of Children with Disabilities Served Directly	602
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	12
Number of Families Served Indirectly	241
Number of Children Served Indirectly	1096
*This table includes data from strategies that were community specific and not described in detail in the following report.	

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
47%	53%	74%	26%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
64%	30%	1%	4%		1%

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



Evidence-Based Practices

The Community-Based Child Abuse Prevention (CBCAP) efficiency measure is used to assess the percentage of funded programs that support evidence-based and evidence-informed child abuse prevention programs and practices. The Program Assessment Rating Tool (PART) was developed by the President’s Office of Management and Budget (OMB) within the Federal Government for states to monitor progress in adopting evidence-based programs. The assumption is that adoption of evidence-informed or -based programs and practices will result in positive outcomes for children. During the 2015-2016 year, grantees adopted nine strategies/initiatives that were evaluated using PART. The results showed that NC is supporting implementation of strategies that are well-established and were shown to demonstrate positive results for children and families within the prevention system. The overall summary that is reported included the data from these nine strategies that were evaluated using PART.

Program	Community(ies)	Rating/Level
Al’s Pal and Second Steps	Dakota County, Platte County	Promising II
Behavioral Supports in the Schools	Lancaster County	Emerging I
3-5-7 Permanency Quest	Adams, Clay, Nuckolls, and Webster Counties	Emerging I
Circle of Security - Parenting	Panhandle Partnership, Lincoln Counties, Dawson, Saline	Promising II
Community Learning Centers (CLCs)	Lancaster County	Emerging I
Common Sense Parenting	Dakota County, Lincoln County	Emerging I
Community Response	All CWB communities	Emerging I
FAST	Panhandle Partnership	Supported III
Parent-Child Interaction Therapy (PCIT)	Dakota, Dodge County, Lincoln County, Platte-Colfax	Supported III
School and Family Activities	Lincoln County	Emerging I
Parents Interacting With Infants (PIWI)	Dakota, Dodge County, Lincoln, Platte-Colfax Counties	Emerging I
TEAMS	Panhandle Partnership	Emerging I

Protective Factors

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

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

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

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

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

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

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

Evaluation Approach

NC has adopted Results-Based Accountability (RBA) as a data-driven decision making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of children, families, and their communities. NC staff, consultants, and evaluators have worked with the communities to develop a RBA for each of the primary strategies implemented by their collaborative. Data is collected and reviewed as part of their decision making and continuous improvement process.

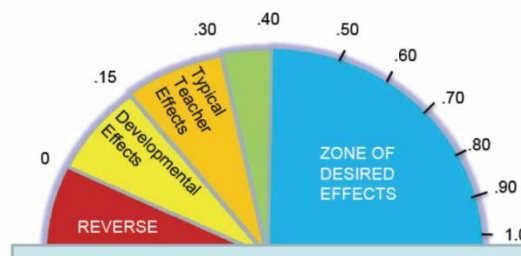
Results Based Accountability Answers Three Basic Questions.....

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

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

Program Impacts

To quantify strategy impacts, we will report all pre and post measures relative to significance (were the results statistically significant) and if so, what was the magnitude of the change (effect size) meaningful. To understand effect size and to place it in context, Cohen (1988) suggests the values of $d=0.20$ to be small, $d=0.50$ to be medium, and $d=.80$ to be a large effect. More recently, Hattie (2009) uses a concept called “zone of desired effects” that starts at a medium effect size, 0.40. Effect sizes can be greater than 1.0; however, they are less common and are therefore not shown on the graphic.



Zone of Desired Effects (Hattie 2009)

STRATEGIES FOCUSED ON UNIVERSAL APPROACHES

Parents Interacting with Infants (PIWI)

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

The primary emphases of the PIWI model include :

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

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

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

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



Five communities including Dodge County, Lincoln County, Dakota County, Norfolk, and Platte-Colfax Counties implemented PIWI. Each community was contracted this year to complete one or more PIWI series to fidelity. Additionally, all of the communities are infusing PIWI principles and practices into existing services. Fidelity implementation observations were completed in two communities and results found that PIWI was implemented to fidelity.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between two and nine sessions. The average attendance was 4.7 sessions. High percentages of parents were served who were Hispanic. There were only slightly more females participating in the group than males.

Strategy: PIWI			
Number of Families Served Directly	125	Number of Families Served Indirectly	13
Number of Children Served Directly	131	Number of Children Served Indirectly	53
Number of Parents with Disabilities Served Directly	2	Number of Staff Participating	36
Number of Children with Disabilities Served Directly	2	Number of Organizations Participating	23
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
40%	60%	70%	30%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
44%	51%		5%		

EVALUATION FINDINGS

Were parents' Protective Factors improved?

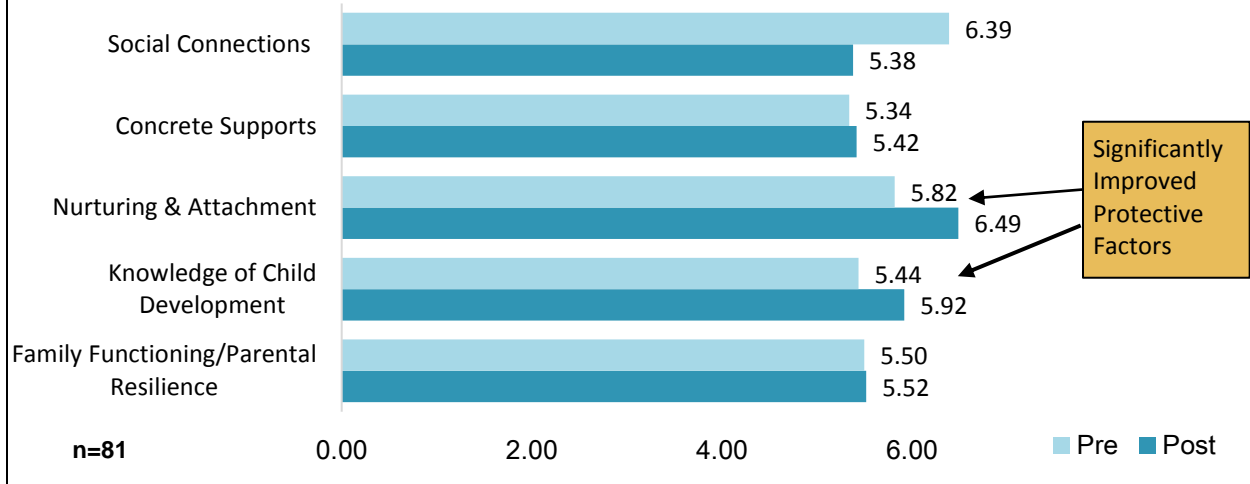
The purpose of the evaluation of PIWI was to determine the extent the program improved family Protective Factors. As described above the *FRIENDS Protective Factor Survey (PFS)* was used to assess families' Protective Factors. Families were asked to complete the survey upon entry into the PIWI sessions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

Parents Interacting with Infants					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
	Effort	# of parents/children directly served (attendance record)	125	Average number of sessions completed (attendance record)	4.74 average
			Completion of PIWI fidelity guide checklist (onsite visit)	2 completed	

Parents Interacting with Infants					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
	# of sessions (attendance record) How is this different from the 4.74 average sessions completed?	8.0 average	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	49/50	98%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	38/50	76%
	# of children indirectly served (attendance record)	53	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	59/59	100%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	49/50	98%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (increase of .5 or more):				
	(1) access to concrete supports			25/75	33.3%
	(2) social connections			10/79	12.7%
	(3) knowledge of child development			32/75	42.7%
	(4) nurturing and attachment			40/72	55.6%
	(5) family functioning/parental resilience (FRIENDS PFS)			29/81	35.8%
	1) # and % of parents reporting improved: (4+ change in score)				
	2) Parent-child interaction			14/43	32.6%
	3) Home Environment			17/43	39.5%
	4) Parent Efficacy			13/43	39.5%

Parents who participated in PIWI with their children demonstrated significant improvements in Nurturing and Attachment and Knowledge of Child Development.

Parents demonstrated significant decrease in access to social connections.



Pre-post analyses of the Protective Factors Surveys found that there were significant improvements in families' Protective Factors in the area of knowledge of child development ($p = .01$; $d = 0.31$) and in nurturing and attachment ($p < .001$; $d = 0.72$). These results suggest that PIWI was making a meaningful change in these two areas that were in the zone of desired results. Families' strengths on this scale were also in these two areas.

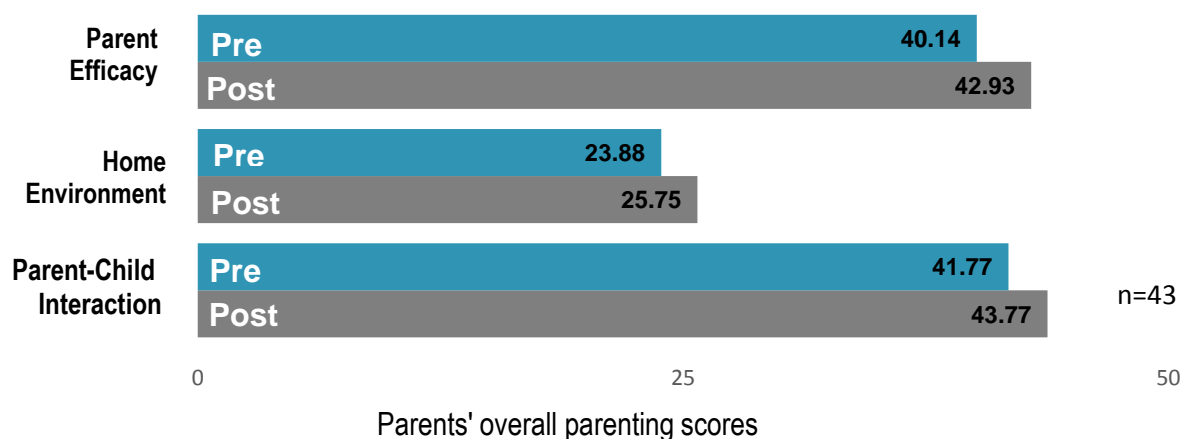
There was a significant decrease in the parents' access to social connections ($p < .001$; $d = 0.70$). Although this was a decrease, the scores at the end of the session were in the moderate to high range.

Did parents' interactions with the children improve?

The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that there were significant increases with change within zone of desired results across all areas: Parent Efficacy [$t(42) = -4.208$, $p < .001$, $d = 0.54$]; Home Environment [$t(42) = -3.555$, $p < .001$, $d = 0.73$]; and Parent-Child Interaction [$t(42) = -4.869$, $p < .001$, $d = 0.64$]. These results suggest meaningful change within the zone of desired results. The majority of the families were in the no concern areas in parent-child interaction (75%), Parent Efficacy (86%) and the home environment (99%) by the end of the PIWI session. The parents' strengths were in the area of parents supporting their home environment. Improvements were found in their parent-child interactions.

"PIWI was great because it gave me an opportunity to spend 1:1 time with Abram..... I got some ideas for new activities, including things that I can make at home. He really enjoyed the books and PIWI reminded me how important it is to read with him every day..... It's fun and interactive and is a great way to spend time with your child.....It's so exciting to watch your child explore and learn!"

Parents made significant and meaningful changes across all areas of parenting skills. Families strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.



How satisfied were the families?

A satisfaction survey was completed to get input from families regarding satisfaction of their participation in PIWI. Overall the parents rated the program implementation very positively. Highest ratings were in the areas of positive relationships with their child, valued by staff, and that they would recommend services to others. Fewer parents indicated that they had adopted new parenting techniques.

Child Care Supports: AI's Pals and Second Step

Platte-Colfax and Dakota County CWB adopted strategies to assist staff at several local childcare centers as well as several in-home providers in developing better social-emotional functioning and self-regulation skills in children aged 3-5 years old both in childcare centers as well as in-home childcare settings.

For center-based childcare facilities, the Second Steps early learning program has been implemented. Second Steps is currently being used by Head Start classrooms. This social-emotional center-based program is a 28-week curriculum divided into five units: 1. Skills for Learning; 2. Empathy; 3. Emotion Management; 4. Friendship Skills and Problem Solving; and 5. Transition to Kindergarten. Each pilot project partner utilizing Second Steps was provided with an early learning kit.

The second program, AI's Caring Pals is: A Social Skills Toolkit for Home Childcare Providers, also utilizes a kit for each provider that includes a flip-card activity book, music CD and songbook, and calm down and problem-solving posters. The activity cards in the flip-book offer straight-forward strategies that teach children how to use words to express feelings, control their impulses, calm down, solve problems peacefully, share, accept differences and make safe and healthy choices. The CD/songbook and posters are used throughout the day and provide ongoing opportunities for the children to practice and generalize the pro-social behaviors they learn.

Five sessions were held with 6 providers receiving training. Each session covered two modules from AI's Caring Pals curriculum.

- Resiliency and Understanding Emotions
- Listening Skills and Calming Down
- Brainstorming and Meaningful Involvement
- Clear Norms and Problem Solving I
- Problem Solving II and Creativity for Children

This education also strengthens providers' abilities to: listen to children; teach and encourage use of feeling language and kind words; value children's individuality; develop children's creativity; guide problem-solving; and how to apply the concepts of resilience and Protective Factors to daily interactions with children. The program came with an Implementation and Monitoring Observation Form for local facilitators to help support fidelity that will be in place this upcoming year. The program is designed for use with children 3-8 years old.

Strategy: Second Steps			
Number of Families Served Directly	33	Number of Families Served Indirectly	
Number of Children Served Directly	33	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	8
Number of Children directly served with Disabilities		Number of Organizations participating	3
Number of First Time Children with Substantiated Child Abuse who were directly served			

Strategy: AI's Caring Pals			
Number of Families Served Directly	28	Number of Families Served Indirectly	
Number of Children Served Directly	28	Number of Children Served Indirectly	
Number of Parents with Disabilities Served Directly		Number of Staff participating	6
Number of Children directly served with Disabilities		Number of Organizations participating	6
Number of First Time Children with Substantiated Child Abuse who were directly served			

EVALUATION FINDINGS

Did children's social-emotional skills improve?

The Developmental Assessment of Young Children (DAYC-2) was administered by providers to young children's social-emotional development who participated in the pilot program. The social-emotional domain measures social awareness, social relationships, and social competence. Data from 28 children was collected from providers carrying out the AI's Pals curriculum. Data from 33 children was collected from providers carrying out the Second Steps curriculum. The following charts illustrates data captured during this reporting period. Post-implementation surveys will be collected in March 2017. Pre-post data will be analyzed for the next evaluation report.

AI's Pals DAYC-2 Data Collected (n=28 children)		
	Average	Range
Age in Months	36 months	20-64 months
Reported Hours Attended per Week	39.9 hours	22-50 hours
*Standard Score	109	89-125

*Descriptive terms for DAYC-2 standard scores: >130 “very superior”; 121-130 “superior”; 111-120 “above average”; 90-110 “average”; 80-89” below average”; 70-79 “poor”; <70 “very poor”.

Second Steps DAYC-2 Data Collected (n=33 children)		
	Average	Range
Age in Months	52 months	37-65 months
Reported Hours Attended per Week	18.3 hours	5-50 hours
*Standard Score	105	79-120

*Descriptive terms for DAYC-2 standard scores: >130 “very superior”; 121-130 “superior”; 111-120 “above average”; 90-110 “average”; 80-89” below average”; 70-79 “poor”; <70 “very poor”.

How did child care providers rate the training?

Additionally, daycare providers completed a survey inquiring about implementation experiences with AI’s Caring Pals during the reporting period. The results in the following table reflect responses. This feedback allowed staff to make adjustments to the trainings. Overall, the scores indicate strengths in the areas of preparation, support offered, and monitoring implementation.

Overall, child care providers rated the training positively. They understood the goals of the program and were committed to implementing the strategies. Areas that were rated highly were those related to having adequate materials and confidence in their ability to teach students the skills.

AI's Caring Pals Provider Feedback (n=6) 1= Strongly Disagree 5=Strongly Agree	
1. I understand the goal and objectives of the AI's Caring Pals Social-Emotional Curriculum	4.8
2. I am committed to helping my children achieve the goals of the program.	4.6
3. I am aware of the overall implementation plan for my setting.	4.3
4. I understand my role in the implementation process.	4.8
5. I know which implementation tasks I'm responsible for and how to carry them out.	3.8
6. I have or know how to get the materials I need to teach and/or reinforce AI's Pals curriculum skills and concepts.	3
7. I have access to all the equipment I need to implement the program.	3.3
8. I have adequate time to prepare to teach the activities.	4.2
9. I have scheduled the activities into my weekly/daily plan.	4.5
10. I believe it is important to implement AI's Pals curriculum fully.	4.6
11. I understand how I can help monitor the implementation process.	4.7
12. I feel adequately trained to deliver the AI's Pals curriculum activities and skills.	4.3
13. I feel confident in my ability to reinforce activities and skills by using the skills every day with children.	3.7
14. I know where and how to get resources to help improve my teaching of AI's Pals curriculum.	3.7
15. I have adequate implementation support.	4
16. I teach the activities in order that benefits my children.	4.7
17. I send home the parent letters associated with the skills being practiced/taught.	4
18. I reinforce the content with songs from AI's Caring Pals.	5
19. Using posters has helped my children visual skills being practiced.	3.7
20. I believe my children are benefiting from AI's Caring Pals Social-Emotional curriculum.	4.2

Families and Schools Together (KIDS FAST)

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

Core Elements of FAST:

- a meal shared as a family unit;
- family communication games played at a family table;
- time for couples or buddies;
- a self-help parent group;
- one-on-one parent-child time; and
- a fixed lottery that lets every family win once followed by a closing ritual.

FAST core components aim to strengthen the bonds within and between families. Each weekly session includes all six key elements. FAST was implemented in Panhandle Partnership during the past 12 months.

Strategy: FAST			
Number of Families Served Directly	114	Number of Families Served Indirectly	9
Number of Children Served Directly	144	Number of Children Served Indirectly	51
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	59
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	11
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

EVALUATION FINDINGS

Parents completed the FAST evaluation assessment at the end of each semester with results tabulated by the national FAST program which were available 3-6 months after the end of the semester.

Strategy: FAST					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of sessions that community members and families meet	16	# and % of parents attending at least 75% of sessions (attendance roster)	33	100%
	# of families that attend sessions	33	# and % of parents very satisfied (at least 9 on a 10 point scale) with program (satisfaction survey)	In national evaluation which has not been received	
			# and % of parents completing program (graduates) (attendance roster)	7	65%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (increase of .5): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)			*Not used this semester	

Does the FAST support parent-child interactions and school relationships?

The national evaluation for FAST examines a number of different outcomes including parents' improvement in relationships among family, child, and school. Highlighted results from the Panhandle Partnership and Hall County held in spring 2015 are located in the table below. Parent survey results indicated that high percentages note improvement in family and parent-child relationships. There was

also an increase in social supports. The one area that did not demonstrate any improvements was parent/school relationships.

Families demonstrated improved relationships after participation in FAST. (spring 2015)						
School	Number of Families Participating*	Number of Families Graduating**	Percentage of Parents Reporting Improvements in...			
			Family Relationships	Relationship with FAST Child	Parent School Involvement	Social Support
Chadron Primary School	67	49	65%	85%	43%	58%

*Participating families attended at least one session.

**Graduating families attended at least 6/8 weekly sessions.

One mother thought her only job was to get her kids to school and picked up and have them clean. Because of FAST, she now is president of the PTO and volunteers at the school. She realizes she needs to take an active role in her children's education...

...a FAST Facilitator



Lincoln Community Learning (CLC) and After School Program

The Lincoln Community Learning Centers (CLCs) are a Family Support Service (see NC and DHHS contract for Family Support Services section A. 1 b. i, ii, iii, iv, and viii). The CLC's 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 are a strategy that supported 25 schools in the Lincoln Public Schools district.

Strategy: Expanded Learning Opportunities Before/After School and Summer			
Number of Families Served Directly	-	Number of Families Served Indirectly	-
Number of Children Served Directly	6121	Number of Children Served Indirectly	-
Number of Parents with Disabilities Served Directly	-	Number of Staff Participating	-
Number of Children Directly Served with Disabilities	540	Number of Organizations Participating	-
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	-		

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
UK	UK	66%	34%	NA	NA
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
53%			46%		

Evaluation

Do students in CLC demonstrate improved academic skills?

CLC was implemented in Lincoln Schools through community partnering organizations. The network in Lincoln helped connect schools to communities who, in turn, provided enriching out-of-school time activities for children and families. The CLC supports increased school attendance, positive behavior and academic performance, increased access to learning opportunities and behavioral supports, stronger community prevention infrastructures, and parent engagement. CLC evaluation data is available upon receipt of the NDE data snapshots in the fall of 2016, as a result their data is reported from the previous year. Overall the results found that CLC students who attended afterschool programs consistently outperformed CLC non-afterschool attendees on all NeSA tests. Each year more sites were showing a positive impact on NeSA scores with afterschool academic support.

NeSA DATA CLC STUDENTS SUCCEED ACADEMICALLY

Grade 3: NeSA-Reading

	2012-13 School Year		2013-14 School Year		2014-15 School Year	
	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested
LPS Students	83	2,999	82	2,948	82	2,933
CLC School Students	73	1,171	72	1,138	77	1,180
CLC 30+ Day Students	79	322	79	282	82	322

Grade 5: NeSA-Reading

	2012-13 School Year		2013-14 School Year		2014-15 School Year	
	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested
LPS Students	83	2,654	81	2,895	85	3,008
CLC School Students	72	1,017	70	1,113	76	1,153
CLC 30+ Day Students	77	226	74	311	78	272

NeSA DATA CLC STUDENTS SUCCEED ACADEMICALLY

Grade 8: NeSA-Reading

	2012-13 School Year		2013-14 School Year		2014-15 School Year	
	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested	% Meet or Exceed Standards	Students Tested
LPS Students	81	2,490	82	2,704	82	2,707
CLC School Students	72	1,103	76	1,188	75	1,282
CLC 30+ Day Students	77	166	79	234	81	192

- CLC students who attend afterschool programs consistently out perform CLC non afterschool attendees on all NeSA tests
- Each year more sites are showing a positive impact on NeSA scores with afterschool academic support

Community Response Project (CR)

The Community Response Project (CR), a family preservation service (see Family Preservation Service NC and DHHS Contract sections A. 1 ii. and v) is a pilot project that was initiated in 2012. Community Response is a system of supports and services for children and families to prevent the unnecessary entry into the child welfare system and/or other high-end systems of care. Participating communities develop and coordinate an array of local resources to determine eligibility criteria, identify families, administer and share screening and assessments, and provide support to families to help build Protective Factors. Typically, communities develop a Community Response Team with designated point persons that may be called Connectors or Navigators. Team members are trained in family centered practice, cultural responsiveness, Protective Factors, and other core elements. Team resources target families with multiple crises (such as housing, basic life skills, parenting) that cannot be resolved by one or two specific services or organizations alone and which, unresolved, would likely result in Child Protective Services involvement and out-of-home placements. The team helps families who are willing to work to resolve crises, set goals, and access assistance to increase their safety and well-being and remain intact. Community Response is relatively short term, lasting for approximately one to six months.

Community Response data was collected from the Child Well-Being communities and is summarized below.

Strategy: Community Response			
Number of Families Served Directly	359	Number of Families Served Indirectly	157
Number of Children Served Directly	693	Number of Children Served Indirectly	108
Number of Parents with Disabilities Served Directly	51	Number of Staff Participating	74
Number of Children with Disabilities Served Directly	44	Number of Organizations Participating	38
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	2		

Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2015 and January – June 2016)

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
39%	51%	63%	37%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
70%	18%	4%	5%		3%

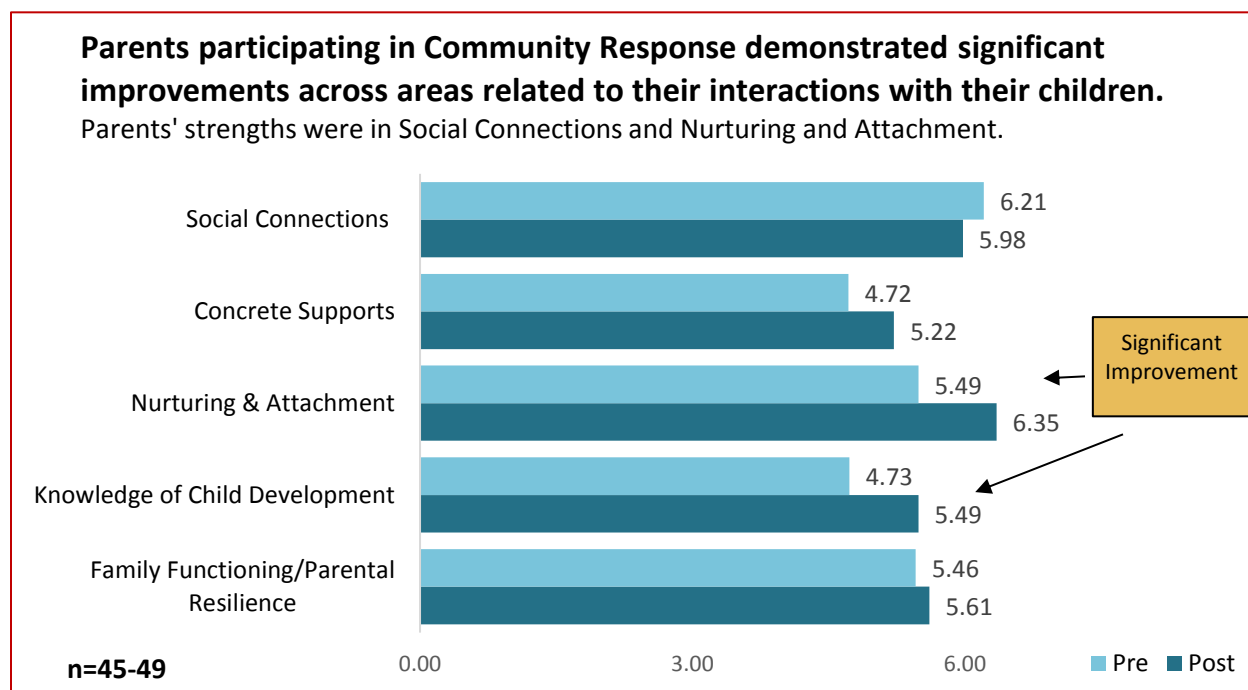
EVALUATION FINDINGS

Community Response					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	359	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	39/41	95.1%
	Suggest adding note that the denominators in this column and others correspond with the 45-49 post PFS surveys returned.		# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	29/41	70.7%
			# of families re-referred to strategy (case closure form)	3	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	39/41	95.1%
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form) Add note that 75 in this line and below is the number discharged or completed			2/75	2.6%
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)			62/75	82.7%
	# and % of goals completed by families (# of goals completed / total # identified on case closure form)			146/293	49.8%

Community Response			
	Quantity <i>How much? (Inputs, Outputs)</i>	Quality <i>How well? (Process)</i>	
	# and % of parents reporting improved .5 (increase):		
	(1) access to concrete supports	23/46	50.0%
	(2) social connections	11/47	23.4%
	(3) knowledge of child development	26/45	57.7%
	(4) nurturing and attachment	29/48	64.4%
	(5) family functioning/parental resilience	17/49	34.7%
	(FRIENDS PFS)		

Were families' Protective Factors improved?

The following analyses were based on a pair-samples t-test based comparing pre-post Protective Factors Surveys (PFS) scores. The post PFS were completed when families were discharged from services. The results found that families made significant improvements on Protective Factors in two areas including: Child Development Knowledge ($p < .001$; $d = 0.55$) and Nurturing and Attachment ($p < .001$; $d = 0.54$). Improvements were made in the majority of other areas, but these changes were not statistically significant. These results suggest that Community Response is making a meaningful difference in families' Protective Factors, specifically related to their interactions with their children. NC set a goal that families would make a .5 improvement in their Protective Factors. Improvements at this criteria ranged from 23.4% to 64.4%.



Did the Community Response help to support families reaching their goals?

A total of 75 parents were discharged from Community Response and had completed data. The results of the discharge data found that these 75 families had 293 identified goals. The areas that had the

highest number of goals identified were: Housing (63), Financial (51), Parent Education (34), and Health (31). Parents were able to complete half of their goals (49.8%) and made progress towards meeting their goals on another 27.3% prior to discharge. The goal areas that had the highest completion rate were: Access to Food (100%), Health (87.1%), Child’s Education (85.7%), and Informal Supports (82.4%). The goal areas that had the lowest completion rate were: Parenting (54.1%) and Transportation (46.7%).

In addition, to completing the FRIENDS, families were asked at intake and discharge to identify the number of informal supports that were available. At intake 40% of the parents indicated they had three or more informal supports. This number increased to 82.7% at discharge. These results suggested that the program was helpful in supporting families to increase their informal supports.

A goal of the program was to support families so they did not enter the child welfare system. A total of seven families of 75 discharged were referred to CPS, and of these seven, only two families were substantiated.

Were parents satisfied with Community Response services?

Overall, the parents (95.1%) that were served by Community Response felt respected and valued by staff. Most (95.1%) also reported that their relationship with their child had improved. The majority (70.7%) reported having learned at least one technique to help their child learn and would recommend this program to others.

Why were families discharged from Community Response?

Families were discharged from Community Response for a variety of reasons. The most common reason was that the majority of their goals had been obtained (46.7%). Some families decided to close services prior to meeting the goals (21.3%), while a small percentage (16.0%) were discharged as they were no longer engaged or moved (9.3%) from the area.

The family was struggling to find appropriate and affordable housing, as well as to financially provide for themselves and their child. Their child was showing behavioral issues at home and at school. The school was the referral agency. We were able to find an adequate home for the family to live in, the child’s behavior greatly improved with this change as well as in part to receiving on-going counseling through a CR partner agency.
.....Community Response

Common Sense Parenting (CSP)

Common Sense Parenting® (CSP) is a practical, skill-based strategy that provides easy-to-learn techniques to assist with parenting challenges. Classes incorporate proven methods that were researched and developed at Boys Town. Common Sense Parenting® offers training for parents who want to build on their existing skills or learn new ways of dealing with their children’s behaviors. Professional parent trainers teach the course. CSP classes are typically offered as two-hour sessions once a week over multiple weeks, based on the age of the child.

Common Sense Parenting was implemented in two communities (Dakota County and Lincoln County) during the past 12 months. In Dakota County, CSP training was tied to the Preschool Scholarship Program. The program started by giving scholarships to families who qualified under the grant. In Lincoln County, the Common Sense Parenting classes were the first steps in a new community partnership for West Central Partnership-Children and Families Alliance (WCP-CFA).

Strategy: Common Sense Parenting			
Number of Families Served Directly	26	Number of Families Served Indirectly	31
Number of Children Served Directly	27	Number of Children Served Indirectly	40
Number of Parents with Disabilities Served Directly	1	Number of Staff Participating	11
Number of Children with Disabilities Served Directly	3	Number of Organizations Participating	3
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

EVALUATION FINDINGS

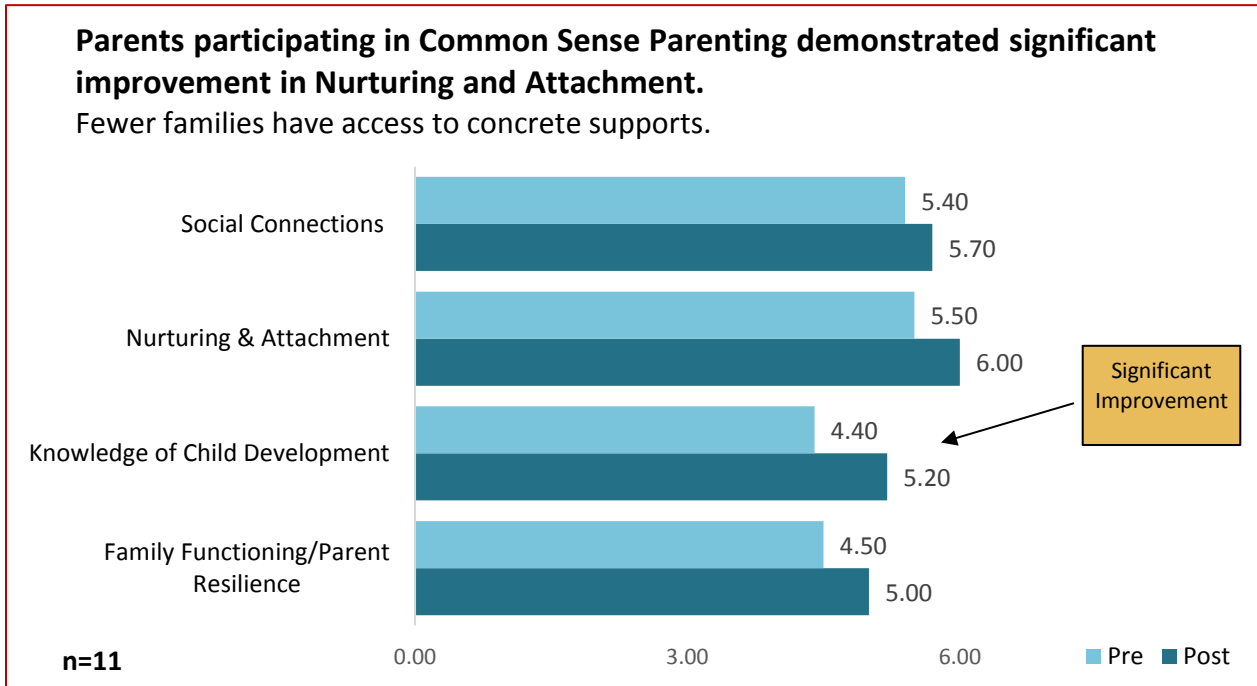
Common Sense Parenting (CSP)				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
Effort	# of sessions held (attendance record)	Not Reported	# and % of parents completing 75% of the sessions (attendance record)	Not Reported
			# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	8/8* 100%*
	# of parents directly served (attendance record)	26	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	7/7* 100%*
	# of children indirectly served (attendance record)	40	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	4/6* 66.7%*
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	8/8* 100%*
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of children with improved behavior (CSP behavior survey)			NA
	# and % of parents reporting improved (increase of .5): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS)		NA* 4/11* 8/11* 5/11* 6/11*	NA* 36.4%* 72.7%* 45.5%* 54.5%*

*Represents only 1 community's evaluation data Is 6-8 in the quality section the number of satisfaction surveys returned or something else?

Were families' Protective Factors improved?

The following analyses were based on 11 pre-post Protective Factors Surveys (PFS). The results of the paired t-test found that families made a significant improvement in the area of Knowledge of Child Development ($p < .001$, $d = 2.36$). These results suggest meaningful change within the zone of desired

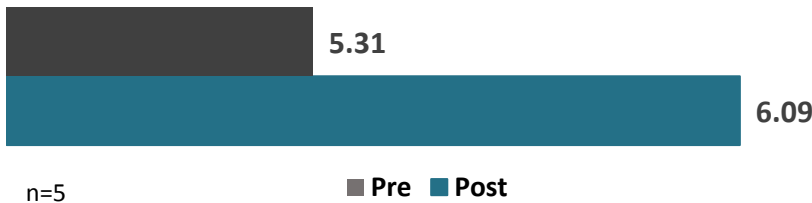
results. A program strength is in the area of Nurturing and Attachment. In addition, the number of parents that made improvements was determined. More families made improvements in Family Functioning/Parental Resilience and Knowledge of Child Development compared to the other areas. Fewer parents made improvements in Social Connections.



Did parents improve their parenting skills?

A pre-post assessment was completed using the Parenting Assessment of Relationships of Children and Adolescents (PARCA). Only five parents completed both the pre and post assessment.

Significant meaningful changes occurred in parenting practices through participation in Common Sense Parenting classes.



The results found that there were significant changes in the overall PARCA score ($p=.028$; $d=1.24$) suggesting that parents made significant meaningful changes within the zone of desired results in their parenting skills through participation in Common Sense Parenting classes.

Are parents satisfied with the services provided?

A satisfaction survey was completed to get input from the families regarding input related to the program. Overall the parents rated the program implementation positively. All of the parents felt respected, learned a new technique, and would recommend Common Sense Parenting to other families.

School and Family Activities

Strategy: School Family Activities			
Number of Families Served Directly	60	Number of Families Served Indirectly	
Number of Children Served Directly	60+	Number of Children Served Indirectly	>500
Number of Parents with Disabilities Served Directly		Number of Staff participating	20+
Number of Children directly served with Disabilities		Number of Organizations participating	10
Number of First Time Children with Substantiated Child Abuse who were directly served			

The School and Family Activities strategy was implemented in Lincoln County. It involved a large number of families and children. There were nine schools involved in sponsoring School and Family Nights. It was up to the school staff to facilitate the activity since they knew the school population well enough to know what might work best. There were varying degrees of lesson or concept presentation time. The activities that seemed most successful and popular were those that truly emphasized family engagement and active participation. An event was also most productive if there were several activities to rotate through versus a single presentation.

Were families Protective Factors improved?

Although pre/post assessments were completed, families did not use a consistent ID so only post survey were analyzed. Families’ strengths on this scale were in the areas of Nurturing and Attachment and Social Connections. Somewhat lower but still in the high range was Family Functioning. Overall, these families were demonstrating strong Protective Factors.

By the spring, families demonstrated strong Protective Factors.

	Number of Surveys	Family Functioning/Parent Resilience	Support Connections	Nurturing and Attachment
Post Only	60	5.89	6.33	6.24

Together Everyone Achieves More Success (TEAMS)

The TEAMS (Together Everyone Achieves More Success) strategy is designed to improve middle school and high school students’ likelihoods of staying in school, graduating, and attending college. Panhandle Partnership is implementing the strategy, which is a partnership between UNL Extension, Western Nebraska Community College, and the Minatare and Scottsbluff School Districts.

Strategy: TEAMS (July 2015 – December 2016)			
Number of Families Served Directly	134	Number of Families Served Indirectly	0*
Number of Children Served Directly	156	Number of Children Served Indirectly	0
Number of Parents with Disabilities Served Directly	0*	Number of Staff Participating	13
Number of Children with Disabilities Served Directly	1*	Number of Organizations Participating	10
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0*		

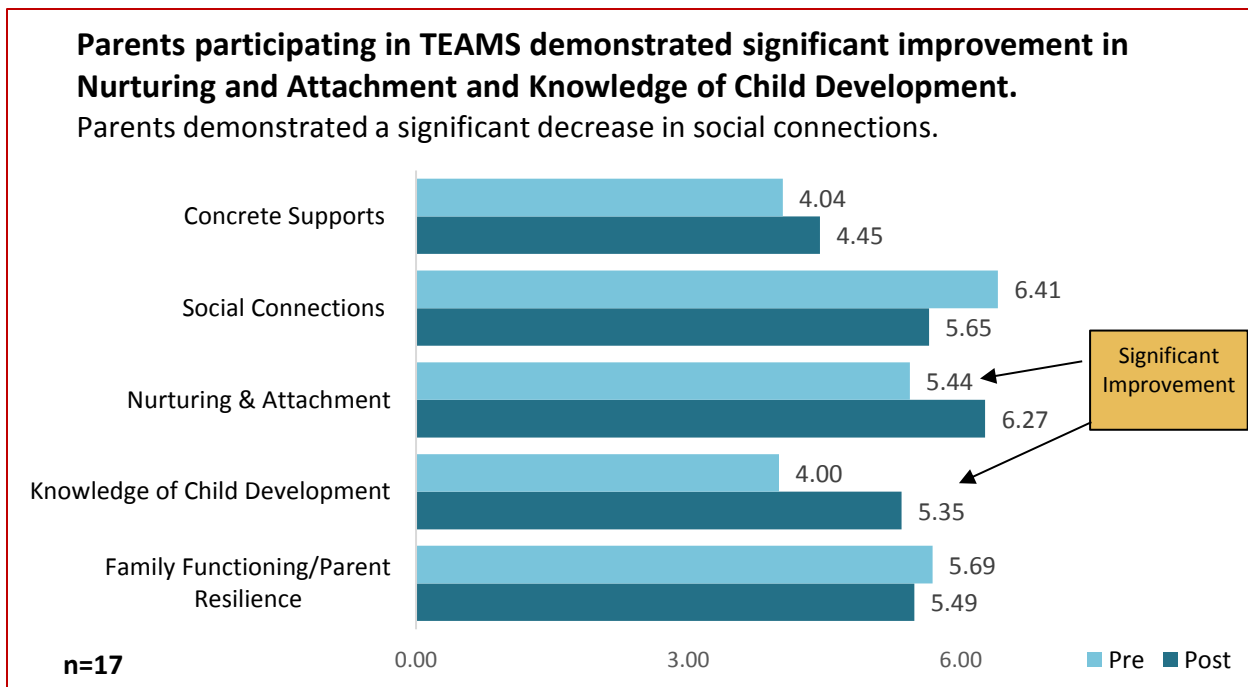
*Strategy implemented fall semester 2014. Supported by other funding for spring semester 2016.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
31%	69%	62%	38%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
23%	79%				

EVALUATION FINDINGS

Strategy: Together Everyone Achieves More Success				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
Effort	# of parents and students enrolled	134	% of parents and students completing the program	70
	# of sessions held	Not Collected	% of parents and students satisfied with the program	Not Collected
	# of activities held	Not Collected	% of students participating in activities (on average per activity)	Not Collected
	#of students/parents participating in activities	Not Collected		
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5 increase): (1) access to concrete supports (2) social connections (3) knowledge of child development (4) nurturing and attachment (5) family functioning/parental resilience (FRIENDS PFS) Add note that 17 completed surveys were returned.		4/17	23.5%
	# and % of students staying in school		NA	NA

Were families' Protective Factors improved?



The following analyses were based on 17 pre-post Protective Factors Surveys (PFS). The results of the paired t-test found that families made a significant improvement in the area of Knowledge of Child Development ($p=.002$, $d=0.95$) and Nurturing and Attachment ($p<.001$, $d=1.04$). These results found meaningful improvements within the zone of desired results. Social Supports ($p<.004$, $d=0.86$) had a significant decrease, although the post assessment scores were still in the moderate to high range. Parents' strengths were in the area of Nurturing and Attachment.

STRATEGIES FOCUSED ON HIGH RISK POPULATIONS

3-5-7 (Permanency Quest)

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

Strategy: 3-5-7 Permanency Quest (PQ)			
Number of Families Served Directly	27*	Number of Families Served Indirectly	20*
Number of Children Served Directly	52*	Number of Children Served Indirectly	25*
Number of Parents with Disabilities Served Directly	15*	Number of Staff Participating	
Number of Children with Disabilities Served Directly	10*	Number of Organizations Participating	4
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	10*		

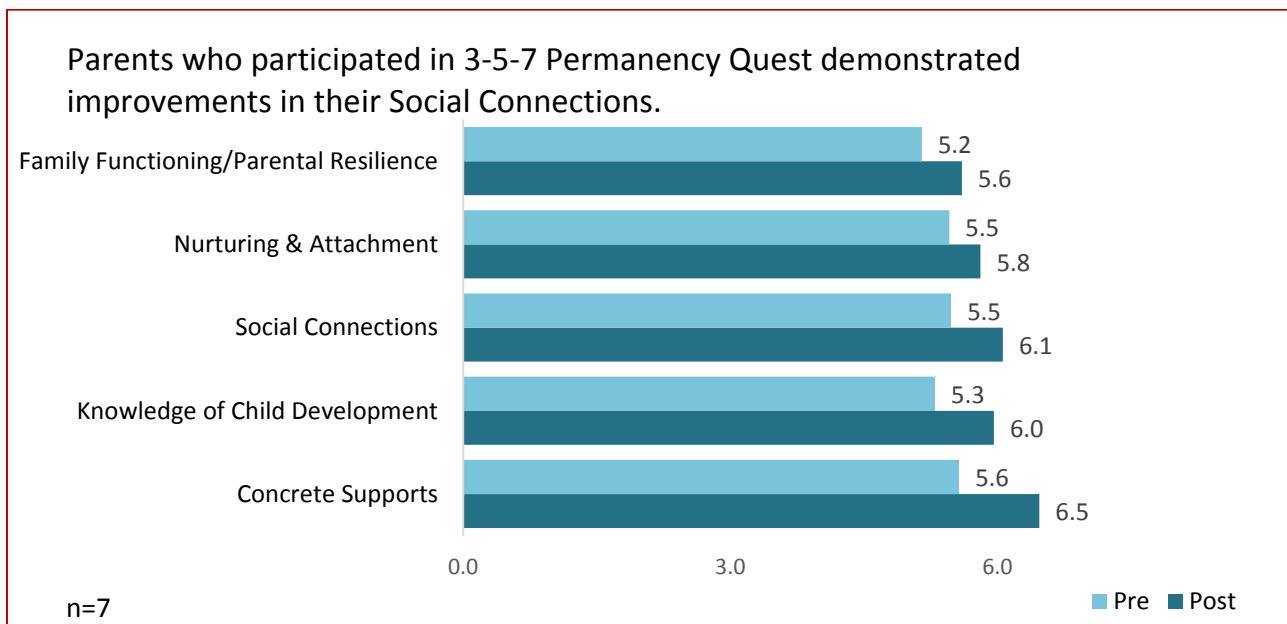
*Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2015) (January – June 2016)

PQ served a high at risk population of parents and youth. Approximately a third of the parents have been diagnosed with severe and persistent mental health and/or addiction issues.

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

EVALUATION FINDINGS

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

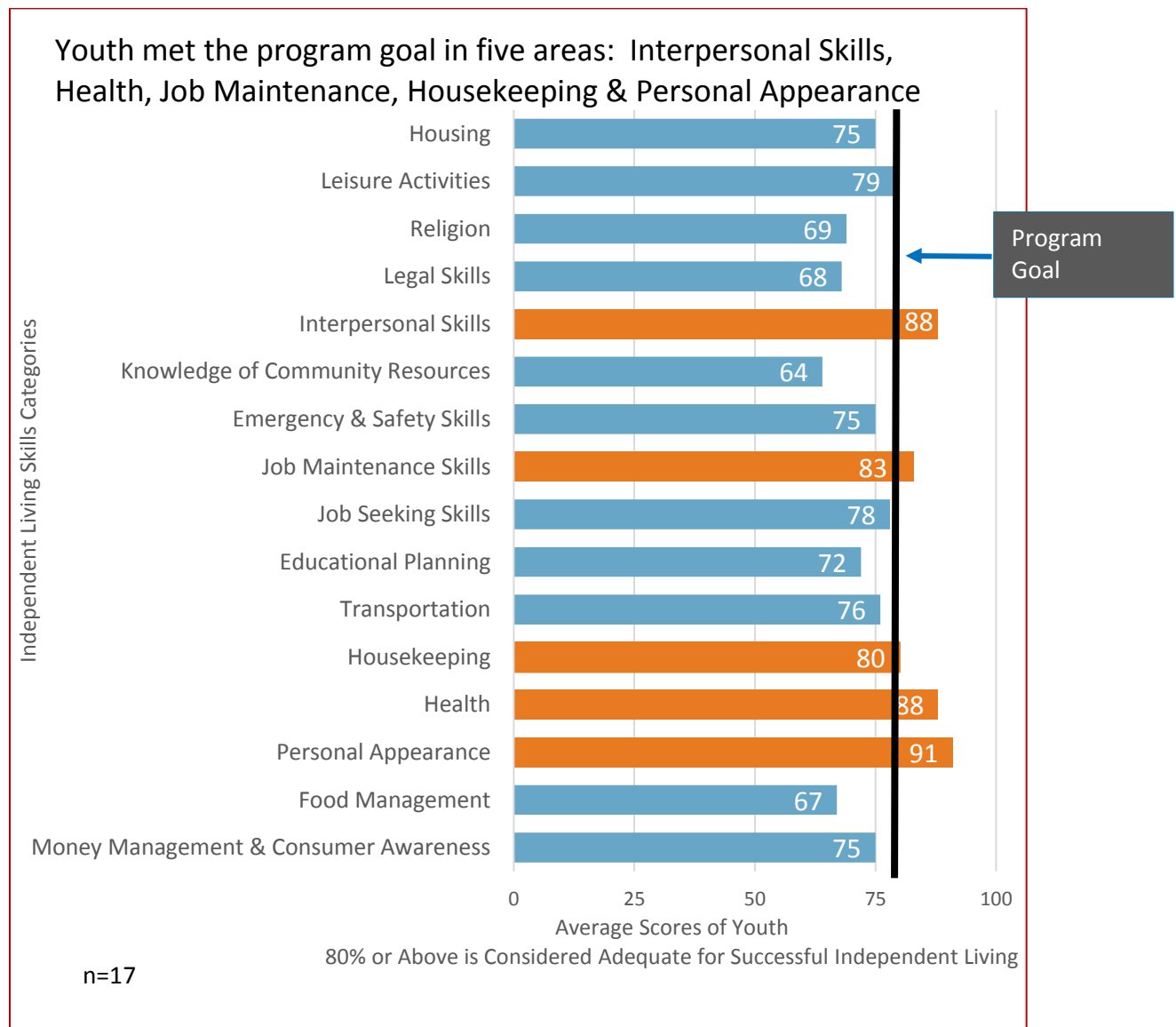


One of the program outcomes was improved Protective Factors. No statistical analyses was completed due to the small number of surveys. The results found that all areas of Protective Factors improved at the post assessment time. Parents’ strengths were in were across multiple areas including Concrete Supports and Social Connections.

Does participation in 3-5-7 Permanency support youth's independent life skills?

PQ staff has continued to assess children and adolescents using the Daniel Memorial to share the information with DHHS staff, STARS (truancy program), Maryland Living Center, independent living service providers, and referring county attorneys within the 10th Judicial District. The aim is to assist in improving the quality and direction of skill building activities for youth who are moving toward independence. The struggle continues to be the lack of service providers, especially in the more rural areas.

A total of 41 youth completed the pre-assessment using the Daniel Memorial Independent Living Skills Assessment (DMA). Only 17 youth completed the exit DMA. The results found that youth improved in all areas of the assessment. A score of 80 on the scale suggests that the youth has adequate skills for successful independent living. The results indicated that at exit youth met this program goal in Interpersonal, Housekeeping, Job Maintenance, Health, and Personal Appearance skills.



Parent-Child Interaction Therapy (PCIT)

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

PCIT was being implemented in four Nebraska Community Well-Being communities (Dakota County, Dodge County, Lincoln County, and Platte-Colfax Counties). A total of 10 therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 86 families and 86 children participated in PCIT sessions during the past 12 months. Approximately 14% of families participating in PCIT sessions were supported with local CWB funds.



Families participated in PCIT with varying numbers of sessions attended, ranging from one to 35 sessions. Overall average attendance across communities was 8 sessions. At time of post-survey, about 18% of the families had been discharged, 26% had dropped out, and 64% were ongoing. Approximately a third of the parents represented racial or minority populations and there were equal percentages of male and females.

Strategy: PCIT			
Number of Families Served Directly	86	Number of Families Served Indirectly	0
Number of Children Served Directly	86	Number of Children Served Indirectly	82
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	21
Number of Children with Disabilities Served Directly	0	Number of Organizations Participating	14
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
49%	51%	84%	16%	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
65%	27%		5%		3%

EVALUATION FINDINGS

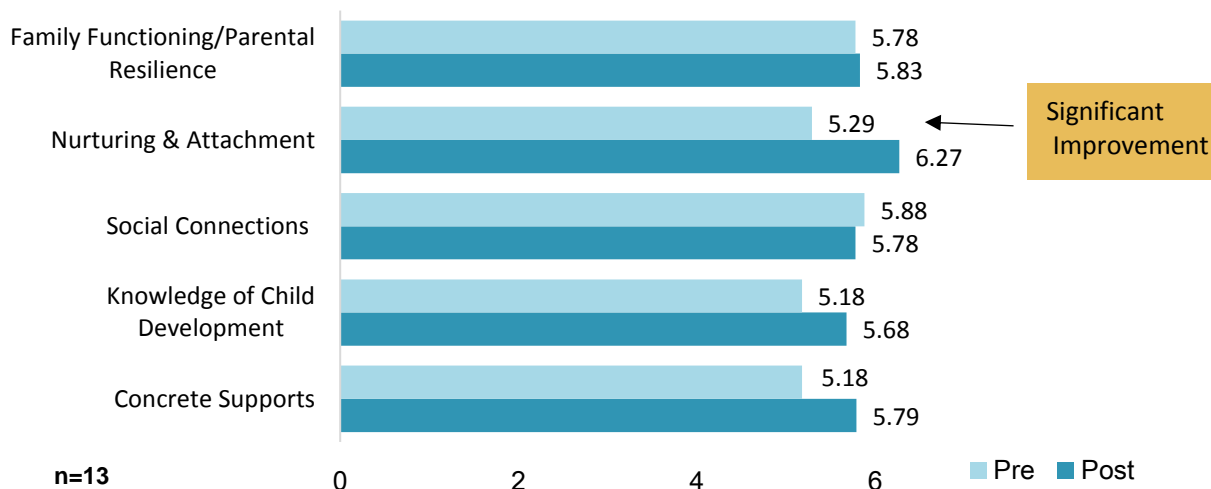
Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	86 Parents 86 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	22/23	95.7%
	Average # of sessions completed (attendance record)	8 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	22/23	95.7%
	# of children indirectly served (attendance record)	82	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	21/23	91.3%
			# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	22/23	95.7%
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parents reporting improved (.5 increase):				
	(1) access to concrete supports			6/13	46.2%
	(2) social connections			4/12	33.3%
(3) knowledge of child development			5/13	38.5%	
(4) nurturing and attachment			10/13	76.9%	
(5) family functioning/parental resilience (FRIENDS PFS)			2/12	16.7%	
# and % of parents reporting reduction in children's problem behaviors and increased parent tolerance (Eyberg) <i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i>			41/45 33/43	91.1% 76.7%	
# and % of parents reporting improved strategies in their interaction with their children (DPICS) <i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; and Combined number of Questions, Commands, and Negative Talk.)</i>			See Below		

Were parents' Protective Factors improved?

Post Protective Factors surveys were completed when the parent completed at least six sessions of therapy. A total 12 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Nurturing and Attachment ($p = .005$; $d = 0.94$), signaling that the therapy sessions were helping to improve the parent-child relationships.

Parents who participated in PCIT demonstrated significant improvements in Nurturing and Attachment.

Parents' strengths were in Nurturing and Attachment.



Did children's behavior improve?

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

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. A total of 43 children had pre-post ECBI data. There was a significant decrease in intensity of the problem ($t(44)=8.111$; $p < .001$; $d=1.44$). There was also a significant decrease in parents' perception of the behavior as being problematic ($t(42)=7.065$; $p < .001$; $d=1.05$). These data reflect a meaningful change within the zone of desired results. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior.

Children's behavior changed positively over time.					
Summary of Change of Improved Child Behaviors Over Time (Intensity Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2015- June 2016	45	144.16	100.47	$p < .001$	$d=1.21$

A score of 131 or higher reflects problem behavior

Summary of Parent's Who View Their Child as Having Conduct Disorder (Problem Scale)					
Time Period	#	Pre	Post	Significance Level	Effect Size
July 2015- June 2016	43	16.30	7.95	$p < .001$	$d = 1.08$

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

Did the parents improve their parent-child interactions?

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

	Number of Assessments	Improved Behavioral Descriptions	Improved Reflections	Improved Labeled Praises	Decreased Commands & Negative Talk
# Improved	58	39/58	34/58	42/58	48/58
% Improved	58	67.2%	58.6%%	72.4%	82.8%

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

Are parents satisfied with the services provided?

A satisfaction survey was completed to receive input from the families regarding satisfaction related to the PCIT strategy. Overall the parents rated the program implementation very positively. Families rated all areas in the high range. Most families (76%) agreed that the program did improve their relationship with their child.

Circle of Security Parenting (COS-P)

Circle of Security Parenting is a Family Support Service (see NC and DHHS contract for Family Support services section A. 1 b. i, ii, iii, iv, and viii). Circle of Security is a relationship-based intervention designed to change young children's (0-5) behavior through changes in parents' behavior and enhanced attachment between parents and children. Decades of university-based research have confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent-education groups with home visits are a primary means of delivery. COS-P has been provided to parents with higher risks of abuse or neglect as it addresses insensitive or unresponsive caregiving or frightening parental behavior.

Circle of Security was implemented over the past 12 months in two communities including the Panhandle Partnership and Lincoln County.

Strategy: Circle of Security (July 2015 – June 2016)			
Number of Families Served Directly	138	Number of Families Served Indirectly	11
Number of Children Served Directly	0	Number of Children Served Indirectly	226
Number of Parents with Disabilities Served Directly	0	Number of Staff Participating	9
Number of Children with Disabilities Served Directly	1	Number of Organizations Participating	0
Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	0		

*Includes possible duplicate counts for numbers served during consecutive reporting periods (July-December 2014 and January – June 2016)

The following is a summary of the demographics of a sample of the total number of children and/or families served by the Community Well-Being community. This information is based on 50 individuals.

Gender		At Risk Due to Poverty		Parent	
Male	Female	Yes	No	Yes	No
44%	56%	UKN	UKN	100%	0%
Race/Ethnicity					
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American
78%	18%			2%	22% Noteworthy



EVALUATION FINDINGS

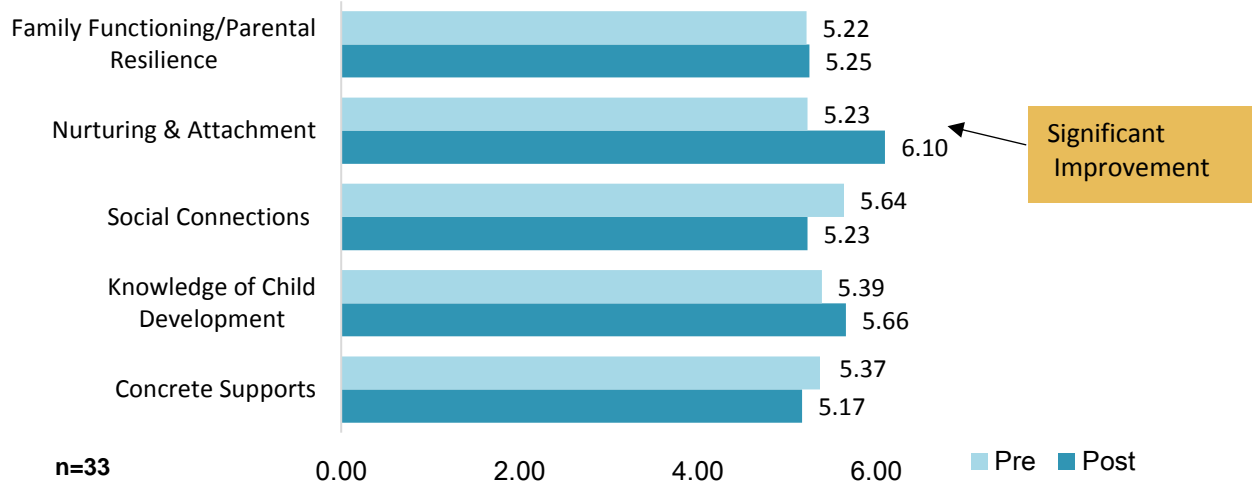
Circle of Security Parenting					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of Circle of Security Parenting classes provided	7	# and % of parent educators that rated the reflective consultation received as helpful.	NA	
	# of parent educators who participated in reflective consultation at least annually	NA	# and % of parent educators that rated frequency of the reflective consultation was adequate.	NA	
	# of participants by gender	22: Male 28: Female	# and % who agree or strongly agree that meeting with a group of parents was helpful to them	57/60 95%	
	# of participants by age	1: <19 20: 19-30 26: 31-50 2: 51+			
	# of participants by child's/age		# and % who agree or strongly agree that the leader did a good job working with their group	57/60 95%	
	0-5 years	45	Qualitative analysis of parent/participant survey question 11 for feedback on the quality/process of the class	NA	
	Over 5 years	44			
	# of participants				
Mother	27	# and % of participants completing six of the eight classes (attendance sheet)	59/70 71%		
Father	22				
Grandparent	1				
# and type of supports provided for families (e.g., transportation)	N/A				
# of children indirectly served	297				
Effect <i>Is anyone better off? (Outcomes)</i>	# and % of parent educators who felt the COS-P class had an impact on participants (Parent Educator Survey – qualitative questions)			NA	
	# and % of participants who reported positive outcomes in relation to their experience with the class, with description of these (qualitative analysis of Participant Survey)			NA	
	# and % of participants demonstrated stronger or improved relationship with their children			27/60	45%
	# and % who reported a decreased level of stress about parenting			44/66	73%
	# & % who demonstrate improved parenting			55/60	92%

Were parents' Protective Factors improved?

Post Protective Factors surveys were completed at the end of the COS-P series of sessions. A total 33 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Nurturing and Attachment ($p = .001$; $d = 0.76$). These results suggest meaningful change within the zone of desired results. These numbers show the importance of programs like Circle of Security Parenting, and the meaningful relationships it builds for parents and children.

Parents who participated in COS-P demonstrated significant improvements across their Knowledge of Child Development and Parent Resilience.

Parents' strengths were in Nurturing and Attachment and Concrete Supports.

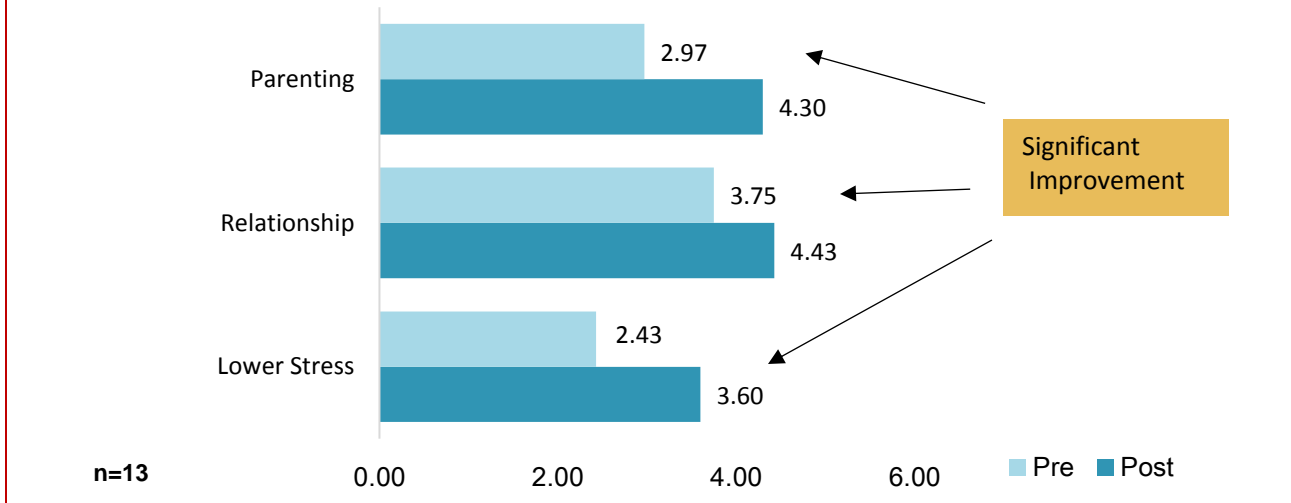


Were parents parenting strategies improved?

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. A total of 60 individuals completed the survey. The results of the data were analyzed in two different ways. First a statistical analysis (a paired t-test) was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [$t(59)=-13.99, p<.001, d=1.03$, two-tailed test]; relationships with their children [$t(59)=-5.586, p<.001, d=0.72$, two-tailed test]; ; and decreased stress [$t(59)=-7.945, p<.001, d=1.85$, two-tailed test]. These results suggest a meaningful improvement that is in the zone of desired effects. These results suggest that COS-P is positively supporting parents in gaining skills to interact with their children.

Parents who participated in COS-P demonstrated significant improvements across their parenting skills and relationship with their child.

Parents reported significant decrease in stress.



Behavioral Supports

Many of the families served through the CLC schools grapple with multiple challenges that may have a direct impact on student’s ability to be in class on time and ready to learn. There are many real life circumstances that 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 10 of the CLC schools. This has served to address an identified need by the principals for increased support to students and families in this area. We have also continued 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.

Strategy: Behavioral Health		
Number of Families Served Directly	97	Number of Families Served Indirectly
Number of Children Served Directly	86	Number of Children Served Indirectly
Number of Parents with Disabilities Served Directly	11	Number of Staff Participating
Number of Children Directly Served with Disabilities	4	Number of Organizations Participating
*Number of Reports to CPS of Substantiated Child Abuse Who Were Directly Served	-	

Behavioral Health Services are provided for specific children and families referred through the CLC at select school sites. Primary modalities include solution focused, trauma focused, cognitive behavioral, narrative and attachment based. All is family-based and includes the system theory of change.

Data collected at the end of sessions. Reported by provider to Lincoln LPS CLC Director.

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

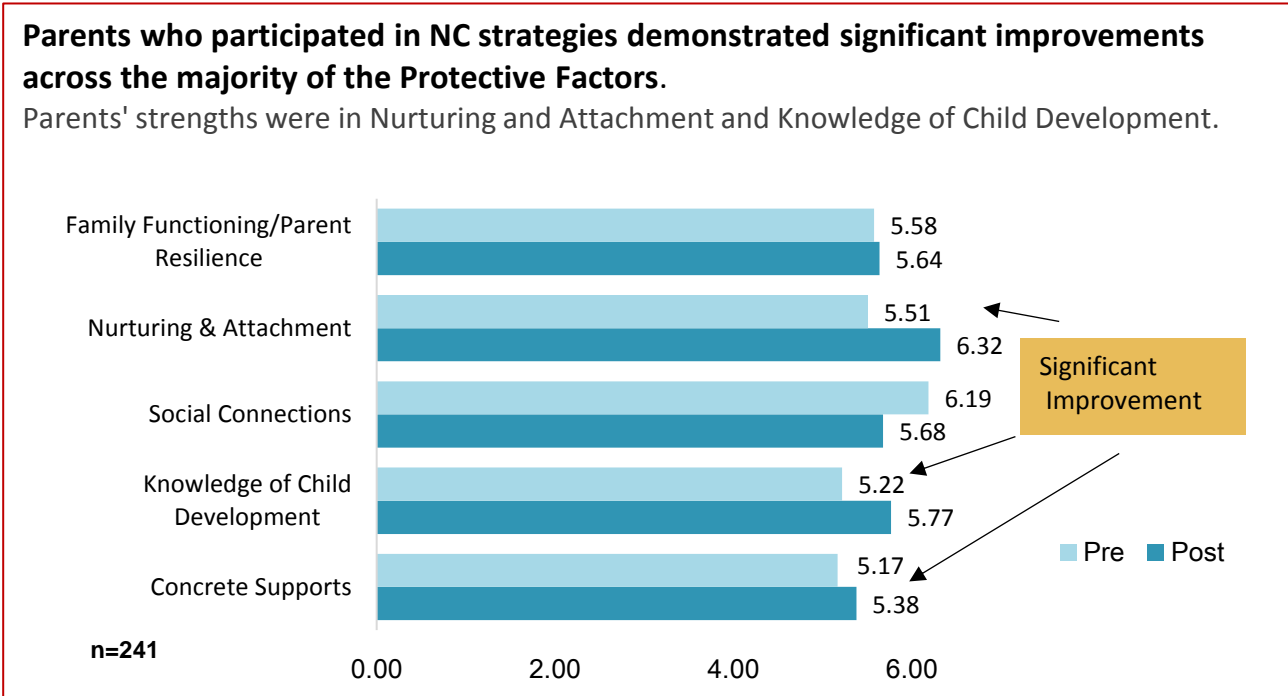
	Quantity	Quality
Effort	<p>How much? (Inputs, Outputs)</p> <p>2857.5 direct service hours</p> <p>2362.75 indirect service hours</p> <p>97 unduplicated clients: 11 Adults, 86 Children</p> <p>1 session of 8 week parenting class</p> <p>2 parents attended 8 week class</p>	<p>How well? (Process)</p> <p>In April 2016 client satisfaction surveys were completed.</p> <p>87 satisfaction surveys to adolescents. 63% return rate. Results for adolescents:</p> <p>1) Overall I am satisfied with the services received—98%, 2) I helped choose my treatment goals—90%; 3) Staff treated me with respect—96%; 4) I am better at handling daily life—80%; and 5) I would recommend this service to others—94%.</p> <p>6 adult satisfaction surveys. 23% return rate. Results for adults:</p> <p>1) I like the services that I received here—100%, 2) I would recommend this agency to a friend or family member—100%; 3) Staff were willing to see me as often as I felt was necessary—100%; 4) My input was used to develop my service goals—100%; and 5) Staff treated me with respect—100%.</p> <p>57 child satisfaction surveys. 30% return rate. Results for children:</p> <p>1) I am satisfied with the services my child receives—100%; 2) I felt my child had someone to talk to when troubled—100%; 3) Staff treated me with respect—100%; 4) My child is better at handling daily life—88%; and 5) I would recommend these services to other people—94%.</p>

Effect	<p><i>Is anyone better off? (Outcomes)</i></p> <ul style="list-style-type: none"> ✓ 102 out of 106 (96%) clients discharged during this reporting period maintained or improved school behaviors at discharge (based on a pre and post Likert scale) ✓ 96 out of 106 (91%) clients discharged met their Service Plan goals ✓ 43 out 55 (78%) of adolescents reporting improved coping skills ✓ Out of 31 high risk youth we identified as having 8 or more absences, only 3 were placed on probation while seeking mental health services with us. One student successfully graduated from the diversion program.
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PFS Across All Strategies

Were parents' Protective Factors improved?

Of interest was the Protective Factors of families that participated in any of the NC funded strategies. A total 241 post surveys were obtained. The results found that parents demonstrated significant changes in their pre-post scores in the area of Social Connections ($p < .001$; $d = 0.36$), Nurturing and Attachment ($p < .001$; $d = 0.79$), Concrete Supports ($p < .04$; $d = 0.13$) and Knowledge of Child Development ($p < .001$; $d = 0.35$). These results suggest meaningful change within the zone of desired effects in Nurturing and Attachment.



Community Well-Being (CWB) Initiative

Shared Focus for Seven Community Well-Being Communities

The CWB communities (Dodge County, Dakota County, Hall County, Norfolk, Panhandle Partnership, Platte-Colfax Counties, Sarpy County, and Lincoln County) have 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.

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

Training Activities

Over the past 12 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 121 events were reported with over 1800 participants representing over 700 organizations.

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

Trainings held for community members (including parent or professional events) reached the most participants from July 2015-June 2016.

Topic Area	Topics Included:	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Professional Training for Specific Community Well-Being Strategies	PCIT Training Community Response Overview PIWI Training/Pyramid Model	39	299	627
Training for Communities (Either Parent or Professional)	Autism Awareness Bullying and Suicide Prevention Community Cafés	56	256	885
Training that Enhances Collaborative System	Collective Impact Training Service Point Training	26	216	354
Total		121	771	1865

Community Cafés

According to several prominent national sources, one critical element to improve outcomes for children and families is parent partnerships. Community Cafés are an evidence-informed approach to parent partnerships that has been successfully implemented in seventeen states over the past ten years. Communities in this report have based their Cafés on one of the models developed in Washington State. The model fosters the development of parents' ability to strengthen their own families and to improve their community's practices and policies. Community Cafés comprise a series of conversations among parents and other community members that lead to stronger families, developing parent leaders, and making positive changes in the practice and policies of organizations and communities.

In Nebraska, four communities supported Community Café teams in 2015-2016: Lincoln, Fremont, Grand Island, and Omaha. A total of 47 Cafés were held in these communities with 640 participants (adults and children). Café themes included: safe neighborhoods, neighborhood cleanup, and knowledge of child development, concrete supports, social connections, improving quality family time, summer activities, bullying, and school.

What training activities supported implementation of the Cafés?

Training opportunities were provided to communities to support the implementation of the Community Cafés. The following is a description of the opportunities for this past year.

Orientation. New parents and staff team members from four communities participated in a one-day orientation in October 2015. The orientation was facilitated by two consultants from the National Alliance of Children's Trust and Prevention Funds and Nebraska Children. More experienced members of each community team also attended to support the new members.

Learning Session. The national consultants and Nebraska Children conducted two on-site skills development and peer learning sessions with parents and staff team members from each community that had been involved in the previous year.

Collaboration Calls. In February through June 2016, six conference calls were conducted with parent and staff team members in each community to share successes and problem-solve challenges, and two calls were conducted to develop a parent leadership team.

Web Based Trainings. A consultant from the National Alliance of Children's Trust and Prevention Funds and Nebraska Children co-facilitated a webinar for the community coalition leaders and administrators that support the local café teams.

How were the critical elements of Cafés incorporated?

Community Cafés include three critical elements: Through the first element, Appreciative Inquiry, Cafés involve a cyclical process to identify possibilities and build on strengths. Through the second element, principles of hosting from the World Café, parents and staff participate as equals. Through the third element, parent engagement and leadership through the Protective Factors, parents are involved at every phase, from design through assessment. The results in the following table reflect the incorporation of these three elements in the past year.

	Quantity	Quality
Effort	<p>How much did we do?</p> <ul style="list-style-type: none"> • 47 Community Cafés and 6 connected series in each community (compared to 24 Cafes in the previous year) • 640 parents, staff and other participants in the Cafés (compared to 308 in the previous year) • 44 parent and staff participants in Community Café orientations and other skills development (skills development sessions, support calls, etc.) 	<p>How well did we do it?</p> <p>Participant Satisfaction- 88.8% of participants had a positive experience</p> <p>World Café principles (hospitable space, exploration of questions that matter, everyone’s contribution encouraged, diverse perspectives connected, listening together for group patterns & insights)</p> <p>One site struggled to find a space large enough to accommodate participants.</p> <p>One site is conducting cafes in Spanish.</p> <p>Incorporation of Protective Factors- Parent hosts are aware of the value of aligning Café conversations with the Protective Factors.</p> <p>Partnership with parents Parent hosts are co-leading Cafes.</p>
	Effect: Is anyone better off?	
Effect	<p>Appreciative Inquiry</p> <ul style="list-style-type: none"> • Café teams are utilizing the dream, design, discover, deliver process: identifying shared values and dreams, building relationships, learning and identifying steps to take (see community examples below) <ul style="list-style-type: none"> ○ Lincoln – identified need for improvements in school and met with the principal to make changes; parent leaders (Community Café Leadership Team) emerged from parent hosts. ○ Fremont—One group completed a volunteer activity following conversations on resilience and social connections. ○ Omaha—conducted Cafés in Spanish. Participants identified shared values and dreams, took steps to learn about and access resources for their own families. ○ Grand Island—included Spanish speaking parents. Participants identified a shared desire for safer neighborhoods, completed neighborhood cleanups with city partners and were featured in the local newspaper. • Parent leadership developing A three-member parent leadership team emerged. 	

How did the Cafés benefit the participants?

At each of the Community Cafés, participants rated items on a survey that reflected their satisfaction with the Cafés (e.g., felt welcomed or participation was helpful) or outcomes (e.g. understood child’s development, more confident as a parent, etc.) For the 2015-2016 Cafes, an additional set of questions were added to allow participants to reflect on their personal experiences during the cafes. Survey questions were centered on level of comfort, level of involvement, personal leadership goals and parent engagement. The scores are based on a 5 point score with 1= strongly disagree and 5= strongly agree. A total of 137 surveys, Spanish and English, were collected throughout the 4 communities.

The results from four communities’ responses found that the Cafés were a welcoming format for participants. They were found to be helpful to individual families. It provided them with a venue to meet other parents and youth. In addition, they believed that their participation will support improvements in their community. Host parents and support staff appreciated the opportunity to learn with and from parents.

Cafés were found to be helpful to families and were viewed as a means to improve the community				
# Surveys	Increased involvement in community	More confident as a parent	Found the Cafés helpful	My own family has seen improvement
137	4.5/5	4.8/5	4.6/5	4.8/5

“We quickly found additional value in the Connected series. Our group went from having conversations, to building relationships and completing community outreach projects.” -Community Café Host

“Times are different now. These groups help me increase my parent-child connection. I don’t feel as lonely and I am spending quality time with my kids.” –Parent Participant

“My involvement with the Community Café has been such a wonderful, life-changing experience. I feel the group has really empowered me to stand up and be heard, and use the power I never knew I had, to enable others to do the same.” - Café Parent Leader



Leveraging Funds

Did the Collaborative leverage additional funding for their community?

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

The Collaboratives have been successful in leveraging funds from multiple funding sources.			
July 2015 – December 2015		January 2016 – June 2016	
Funding from Nebraska Children	\$1,814,472	Funding from Nebraska Children	\$2,484,215
New Grants and Funding Awarded Directly to Collaborative	\$662,981	New Grants and Funding Awarded Directly to Collaborative	\$2,136,705
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$1,585.654	New Grants and Funding Obtained by Partner as Result of Collective Impact	\$4,271,812
TOTAL	\$4,063,107	TOTAL	\$8,892,732

With the demonstrated depth of collaboration, the Panhandle Partnership and Panhandle Area Development District were awarded funds by both the Sherwood Foundation and Peter Kiewit Foundation to implement Social Enterprise in the Panhandle. These resources will bolster the growing collaboration between economic development agencies and health and human service providers through the Innovation and Investment funds. As important, the collaboration for sub-granting Sherwood Foundation funds for the Greater Good grants tests a model of new collaboration between funding entities and local partners to assure alignment of resources with regional goals.A Collaborative

BRAIDED FUNDING



Policy Support

How did CWB communities support policies?

CWB communities were active in trying to shape policy both at the local and state level. This was a key outcome of their Collaboratives' collective impact work. At the local level policies were impacted at three different levels: 1) policies to further the internal workings of the Collaborative (e.g., development of financial policies, changes in bylaws); 2) policies to support the implementation of collaborative strategy (e.g., agency MOUs for implementation of Community Response; and 3) policies that support local

community efforts (e.g., Safety Policies changed in local trailer park due to Community Café efforts including speed bumps and stop signs installed and city code violations corrected).

Community members informed legislation by providing input during listening sessions for the one-time Expanded Learning Opportunities grants competition that was facilitated by Nebraska Department of Education. One community also met with local legislators to provide Information relating to several bills that impact vulnerable populations of Nebraska children, including LB 746: Strengthening Families Act, LB 773: Early Childhood Workforce Development Task Force, and LB 866 Transition to Adults Living Success.

CWB Collaborative members worked with state and local Department of Health and Human Services (DHHS) to help inform the linkages between Community Response and Alternative Response as local communities developed policies and procedures during this initial implementation phase. As communities began to implement the Nebraska Children Connected Youth Initiative Flex Funds, documents were shared with Social Innovation Fund (SIF) partners.

Collective Impact

The Community Well-Being communities continued to focus on building their capacity to adopt the components of a collective impact approach. Throughout the year, there was individualized consultation from Nebraska Children at the community level, and learning opportunities for the leadership and members of the CWB Collaboratives through a learning community format. The learning activities and consultation supported the adoption of key elements of a collective impact approach (Kania & Kramer, 2011). During the spring of 2016 communities were asked to complete a self-assessment of their collective impact skills. Local evaluators facilitated discussions with each Collaborative to identify strengths and priorities that they could address to improve their collective impact work. The majority of the CWB communities completed this process this spring and will use priorities to develop their 2017 work plans. The following presents brief descriptions of the Collective Impact components and a discussion of the communities' successes and priorities they have targeted to improve the mechanisms of their Collaborative and continue to build a strong foundation.

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

Successes: Several CWB Collaboratives reported that one of their strengths was the established shared vision with aligned goals and outcomes. As one community noted, "Community Well Being Coalition has a strong team of collaborators from many different agencies working together toward the common goal of enhancing the Protective Factors of families in our communities."

Priorities for Improvement: As Collaboratives experienced rapid growth in membership, the importance of ensuring that new members were familiar with the vision and mission of the Collaborative and the components of Collective Impact was important. There were other communities that saw as a priority from their collective impact self-assessment the need for their members to re-visit their vision and supporting work plan.

Success is not defined as an end point when talking about building a prevention system. It is an ongoing initiative that has continuous and infinite potential. It is up to each individual community on how far that goes.

..... A Collaborative Coordinator



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

Successes: The CWB Collaboratives have continued to use data as part of an improvement process. As one collaborative noted, “Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.”

Data from the various initiatives is woven together to create an overall picture of the success of the coalition in enhancing the well-being of families in our communities. We utilize information from the data to develop work plans, find out what is working to build upon those successes, and make decisions about what to change about less successful outcomes to make them work better.

.....a Collaborative Coordinator



Priorities for Improvement: Local members in one community recognized that improved communication was necessary, particularly in the area of monitoring progress. While there was interest in monitored progress, the gap partially exists in the Collaboratives use of a shared measurement system. To monitor progress also requires reporting. Yet if the type of reporting systems between agencies is different, then the results may not be expressed in the same manner.

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

Successes. Expanding partners and membership in their Collaborative was described as a success by many communities. Coalition partners work together to develop plans, which are then brought to life through the various agencies and organizations. For instance in one community, one strategy was implemented by four different partners. Partners shared valuable data outcomes with each other, helped each other to succeed through sharing information and expertise about the implementation of the strategy, as well as knowledge and sharing of funding sources.

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

Successes. Demonstrating strategies to increase their membership were described, including adding new partners that had not been represented (e.g., mental health community) were described by several communities. Other communities described restructuring their Collaborative to include work groups to improve communication and increase member engagement. In another, Collaborative members partnered with another community agency to address a common goal that resulted in a continuum of care between home and schools.

Priorities: Through the Collective impact survey, it also became apparent that some members were not as clear as others when it comes to the agreed upon goals of the organizations. The establishment of workgroups for the various grant programs is one way that is being used to address this, especially as a way to clarify their goals and maintain effective work plans. One collaborative has tasked the workgroups to set goals for the coming year and plan strategies to achieve those goals. For another group, the need to develop a way to encourage and secure different voices on the coalition was identified, including business representation and voices of the parents and youth who participate in the community services.

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

Successes. Each of the Collaboratives have an identified backbone organization for their community. For some, this year was an opportunity to restructure to better to improve the workings of their Collaborative. Most have structured the Collaborative to consist of sub-committees. This helped to focus the work within those groups. For another community, they have hired their first internal coordinator, having relied on an outside consultant in the past to carry out those functions. Others have reviewed bylaws or added policies, e.g. fiscal policies to establish the essential backbone functions needed for the collaborative to work.

Challenges. Two CWB communities had a turnover in the coordinator role. While the coordinator's role is key, there were structures in place (e.g., policies and work groups) that helped to mitigate coordinator turnover when it occurred.

Conclusion

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

Prevention Strategies



How much did they do? Eleven communities funded throughout Nebraska directly served 1227 families and 1096 children using 11 evidence-informed or evidence-based practices and eight community specific strategies. A total of 14% of the parents and 3% of the children served had a disability. Only 1% of the children were substantiated for child abuse for the first time.

How well did they do it? NC found that the majority (94%) of the families rated the quality of services (e.g., PCIT, PIWI, Community Response, and Circle of Security) they received positively. Families reported that they were respected by program staff and therapists. High percentages (93%) of families would recommend

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

the program to others. Most felt that they learned new techniques (85%) to use with their child and had a better relationship (93%) with their child as a result of their participation.

Is anyone better off? A shared measurement (e.g., Protective Factor Survey) was used to evaluate the parents' Protective Factors across the majority of PSSF strategies. Cross-strategy analyses found that the parents they served reported a significant improvement across multiple areas of the Protective Factor areas, including Social Connections, Nurturing and Attachment, Concrete Supports, and Knowledge of Child Development.

Highlights of Additional Findings of PSSF Funded Strategies

- Children and their families in **FAST** demonstrated **improved relationships with their child** (85%) and **family relationships** (65%). Fewer parents demonstrated improved parent-school involvement (43%).
- Families who participated in **Community Response** reported that they had **three or more informal supports** by discharge (83%) and **completed their goals** (50%).



- Children in **PCIT** significantly **improved their behavior** and **parents improved** the **positive strategies** and **decreased the negative strategies** they used in their interactions with their children.
- Students who participate in **CLC for 30 days or longer** are **out-performing** those who attend less than 30 days in **NeSA reading scores**.
- Parents in **Circle of Security-Parenting** demonstrated **improved relationships** with their children, demonstrated **decreased parenting stress**, and felt better equipped to **meet their child's needs**.
- Parents in **PIWI** demonstrated significant **improvements** across **all areas of parenting skills**.
- Youth in **3-5-7 Permanency** met the program **goal for competent life skills** in **interpersonal skills, health, housekeeping, job maintenance, and personal appearance**.

Community Well-Being Collaboratives

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities.

How much did they do? Four primary outcomes of collective impact were monitored including training, policy support, funds leveraged, and parent engagement. Training was provided to 1865 participants over 100 events with 771 collaborating agencies. A total of 47 Community Cafés were implemented in four communities to build parent engagement in their communities. There were over 600 participants. Over \$4,000,000 funds were leveraged for services and supports for their communities. CWB communities were active in trying to shape policy both at the local and state level including: took an active role in providing testimony for legislation, helped to inform state policy as they were piloting new initiatives, and participated as members on state-level advisory boards that influence policy.

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

- The CWB Collaboratives **established a shared vision** with aligned goals and outcomes. “Community Well Being Coalition has a strong team of collaborators from

many different agencies working together toward the common goal of enhancing the Protective Factors of families in our communities.”

- The CWB Collaboratives continued to **use data** as part of an **improvement process**. “Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.”
- **Expanding partners and membership** in their Collaborative was described as a success by many communities. Others are continuing to try to recruit members from a broader constituency, including family members.
- A **strong backbone organization**, was viewed as an important aspect of collective impact and **contributed to the success of the Collaborative**. For some, this year was an opportunity to restructure to include updated work groups to better to improve the workings of their Collaborative.

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

- **Cross-agency work** resulted in an integrated community system with community partners **blending funds** and efforts to provide an **integrated service system to support families**.
- **Cross-agency collaborative training** (e.g., improving the collective impact efforts, establishment of community response systems) allowed Collaborative to learn from each other as they established new initiatives.
- The **Collaborative structure** helped position communities **to successfully apply for grants** and **respond to other requests community initiatives from NC as well as other local, state and national resources**. (e.g., Head Start grant).





nebraskachildren
AND FAMILIES FOUNDATION

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