

Community Well-Being: Community Response

Two Year Progress Report

July 1, 2015 through June 30, 2017



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Community Response Project (CR): Two Year Progress Report **(July 1, 2015-June 30, 2017)**

Community Response is a voluntary system that's available to all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community. Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

The goal of Community Response is to coordinate existing resources within the community to help children, youth, and families either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase family and community protective factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

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

A Community Response team should be contacted when families with multiple crises (such as housing, basic life skills) cannot be resolved by one or two services or organizations and, if left unresolved, would likely result in CPS involvement and out-of-home placements. The team helps families who are willing to work to resolve crises and access assistance to strengthen their family and remain intact.

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

In 2015-2016, Community Response was implemented in five Nebraska communities: Fremont Family Coalition, in Dodge and Washington Counties; Lancaster County; Families 1st Partnership, in Lincoln and Keith Counties; Lift Up Sarpy, in Sarpy County; and the Panhandle Partnership, in Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden and Banner Counties. As of August 2017, there were 11 communities under the Community Response umbrella. Evaluation data is available at present for 10 of these communities, the exception being York County Health Coalition, which is the most recent to implement Community Response.

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

In addition to the increased number of communities implementing Community Response, there was also a substantial increase in families— from 359 to 775 in 2016-2017. The following table summarizes the number of children and families served across the two years.

	15-16	16-17	Increase in 16-17		15-16	16-17	Increase in 16-17
Number of Families Served Directly	359	775	416	Number of Children with Disabilities Served Directly	6%	12%	6%
Number of Children Served Directly	693	1476	783	Number of First Time Children with Substantiated Child Abuse Who Were Directly Served	.3%	1%	.97%
Number of Parents with Disabilities Served Directly	51	151	100	Number of Staff Participating	74	101	27
				Number of Organizations Participating	38	68	30

In 2016-2017, communities began to collect demographic information on the families served. The following table summarizes the demographics of children and or families that participated in Community Response. This information is based on 505, or 64%, of participating families. The majority of the families (91%) were eligible for Medicaid or Title XX. Forty-one percent of the families represented minority populations.

Gender		At Risk Due to Poverty		Parent		
Male	Female	Yes	No	Yes	No	
16%	84%	91%	9%	96%	4%	
Race/Ethnicity						
White	Hispanic	Black	Multi-Racial	Pacific Islander	Native American	Other
59%	26%	5%	1%	1%	5%	3%

EVALUATION FINDINGS

Each Community Response partner worked with families to complete a standardized evaluation process to assess program outcomes. Data was collected at intake and at discharge as part of the evaluation plan. Specifically:

- At intake, demographic information about the families served was collected. Each family also completed a FRIENDS Protective Factor Survey (PFS) (pre-test). The FRIENDS PFS (FRIENDS National Resource Center for Community-Based child Abuse Prevention, 2011) is a measure designed to assess parents’ protective factors including their access to social and concrete supports, parent resilience, nurturing and attachment to their child, and knowledge of child development.

- At discharge, Central Navigators monitored the extent to which a family’s goals were accomplished and informal supports were strengthened. Central Navigators also reported the number of children referred to Child Protective Services for whom there were substantiated cases of child abuse. At discharge, each family also completed a FRIENDS PFS (post-test) to assess change in Protective Factors, as well as a satisfaction survey about their experiences with Community Response.

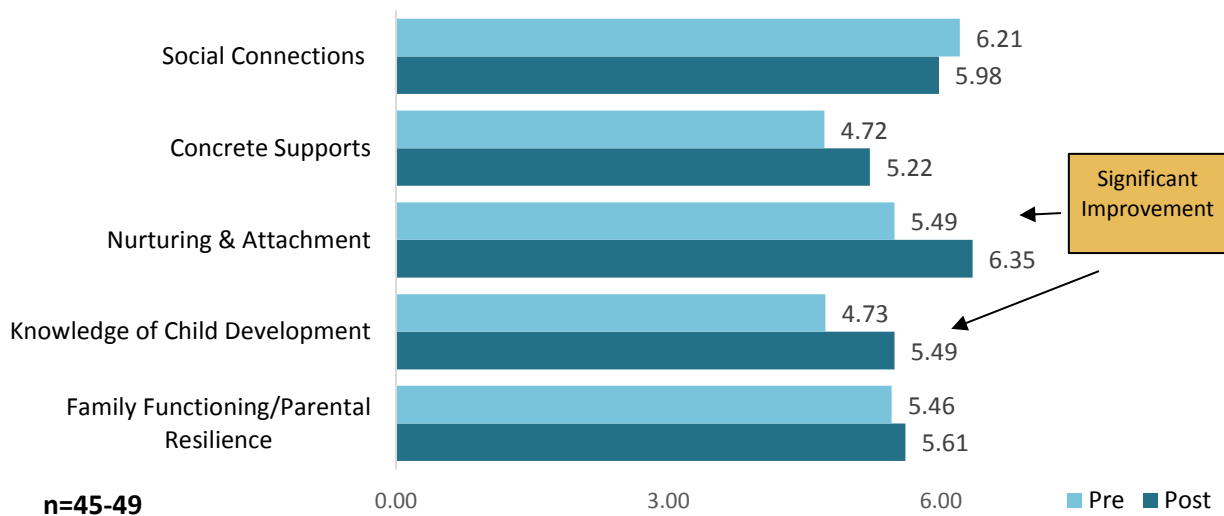
Data were analyzed and results are summarized in the following sections.

Were families’ Protective Factors improved?

The following analyses were based on a pair-samples t-test comparing pre-post FRIENDS PFS scores.

2015-2016 Results. The results found that families made significant improvements on Protective Factors in two areas: 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 difference in families’ Protective Factors, specifically related to their interactions with their children.

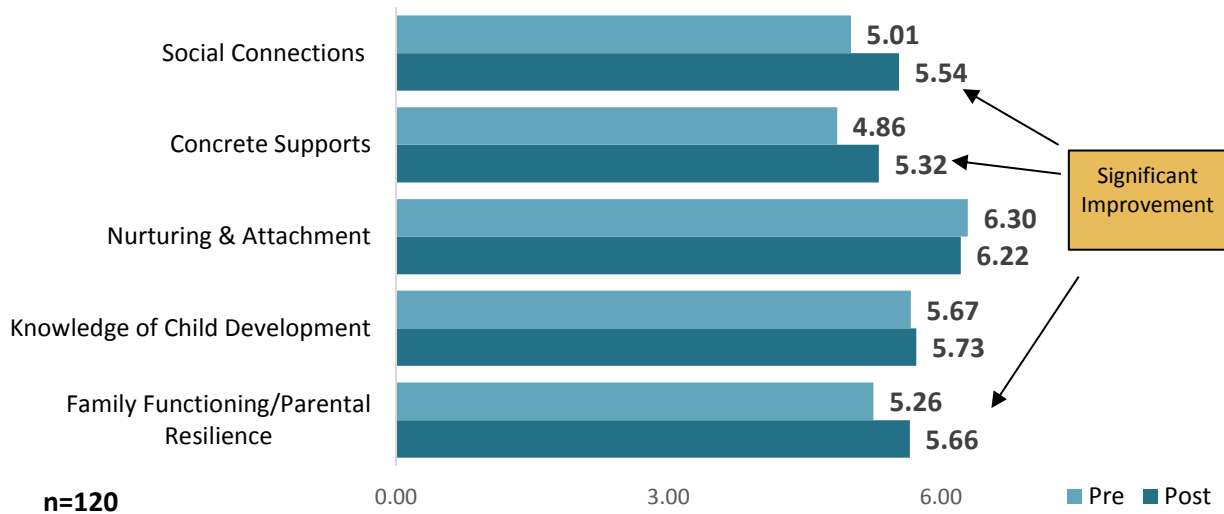
Figure 1: Parents participating in Community Response demonstrated significant improvements across areas related to their interactions with their children.



2016-2017 Results. The results found that families made significant improvements on Protective Factors in three areas including: Social Connections ($p<.001$; $d=0.39$), Concrete Supports ($p=.001$; $d=.31$), and Parent Resilience ($p<.001$; $d=0.38$). Improvements were made in the other two areas but they were not significant. These results suggest parents participating in Community Response improved in their Protective Factors at discharge.

Figure 2: Parents participating in Community Response demonstrated significant improvements across most areas of Protective Factors.

Parents' strengths were in Nurturing and Attachment.



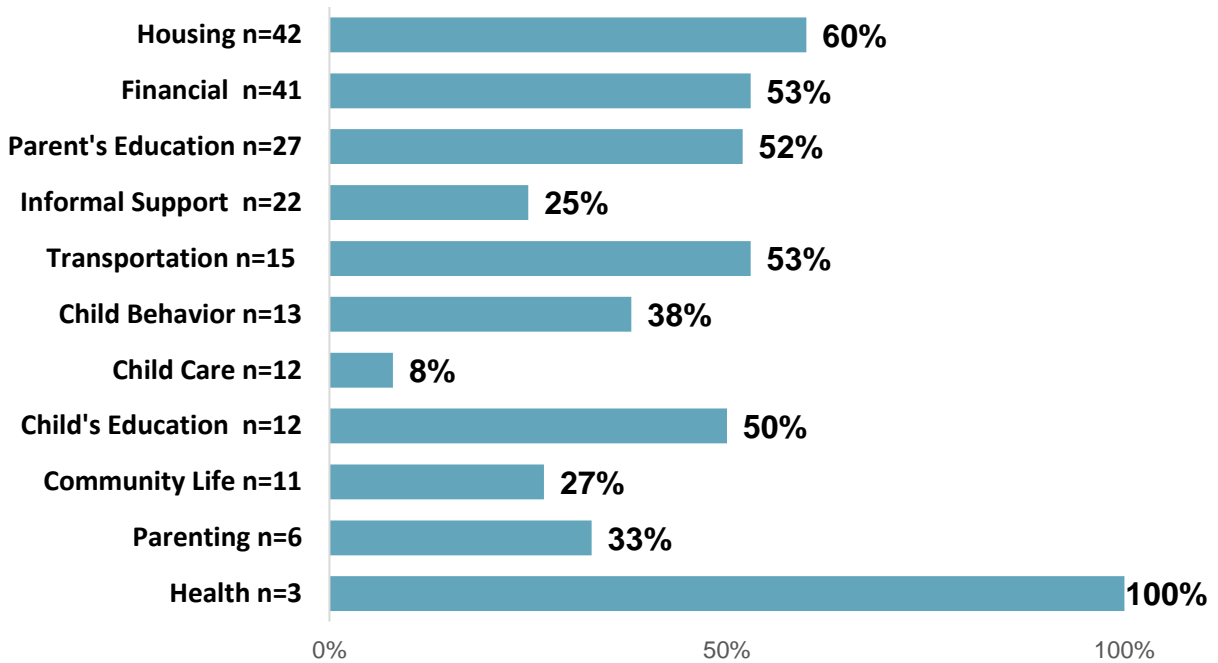
Did Community Response help to support families in reaching their goals?

Helping families establish and meet their goals is a key process of Community Response. The evaluation tracks the types of goals established and the degree to which families met their goals.

2015-2016 Results. A total of 75 parents of 359 served directly 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%).

2016-2017 Results. Eight of the eleven communities reported discharge data. One hundred-forty seven (147) parents of the 775 served directly were discharged from Community Response and had completed data. The results of the discharge data found that these families had 219 identified goals. The areas that had the highest number of goals identified were Housing (42) and Financial (41). Parents were able to complete half of their goals (45%) and made progress towards meeting their goals on another 28% prior to discharge. The goal areas that had the highest completion rate were Housing (60%) and Health (100%). The goal area that had the lowest completion rate was Child Care (8%).

Figure 3: Parents' greatest needs were in accessing Housing and Transportation. Success in meeting the goals were varied ranging from 8% to 60%.



Did families' informal supports improve?

2015-2016 Results. In addition, to completing the FRIENDS Protective Factors Survey, 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.

2016-2017 Results. At discharge, 76 parents had completed data related to the number of informal supports that were available. At intake 46% of the parents indicated they had three or more informal supports. This number increased to 49% at discharge. These results suggested that there was a slight improvement in families' access to informal supports after participation in the program.

Were families referred to Child Protective Services (CPS)?

A goal of Community Response is support families so they did not enter the child welfare system. In 2015-2016, a total of seven families were referred to CPS and only two (3%) of the 75 families who were discharged were substantiated. In 2016-2017, 13 of the 147 discharged families (9%) were referred to CPS. Five families (3%) were substantiated. The percent that were substantiated was the same across both years.

Were parents satisfied with Community Response services?

Overall, across the past two years, parents (95% across both years) that were served by Community Response felt respected and valued by staff. Most (95% across both years) also reported that their relationship with their child had improved. The majority (71% in 2016 and 64% in 2017) reported having learned at least one technique to help their child learn and would recommend this program to others. In 2016-2017, parents reported that they had an improved relationship with their child (71%) and almost all (96%) would recommend the program to other families.

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 (48% in 2016 and 54% in 2017). Some families decided to close services prior to meeting the goals (21% in 2016 and 8% in 2017). There was a small percentage who were discharged, as they were no longer engaged (16% in 2016 and 12% in 2017) or moved from the area (9% in 2016 and 14% in 2017).

Appendix A

Results Based Accountability Tables

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

Results Based Accountability (RBA) Summary: Community Response 2015-2016					
	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%
			# 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.	29/41	70.7%
			# 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)			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%
	# 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)					

Results Based Accountability (RBA) Summary: Community Response 2016-2017					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of families that participated in strategy	791	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	101/108	94%
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	56/88	64%
	# of families re-referred to strategy (case closure form)	5/196 3%	# and % who strongly agree or mostly agree that they would recommend this therapy or program to another parent.	62/88	71%
			# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	102/108	94%
Effect <i>Is anyone better off? (Outcomes)</i>	# of families that did not enter the child welfare system (case closure form)		132/147	97%	
	# of families that identified at least 3 informal supports by discharge from the strategy (case closure form)		37/76	49%	
	# and % of goals completed by families (# of goals completed / total # identified on case closure form)		99/219	45%	
	# and % of parents reporting improved .5 (increase): (FRIENDS PFS)				
	(1) access to concrete supports		45/120	38%	
	(2) social connections		50/120	42%	
	(3) knowledge of child development		26/99	26%	
(4) nurturing and attachment		20/116	17%		
(5) family functioning/parental resilience		41/120	34%		

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