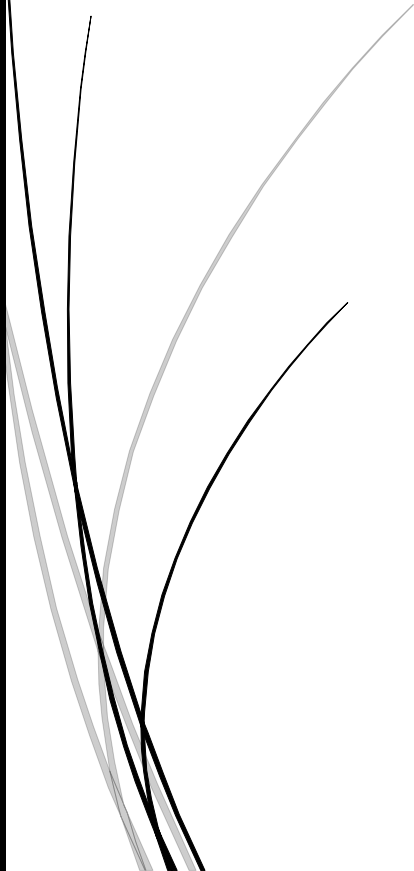


11/15/2016



# Community Ownership of Child Well Being Workgroup Report

Recommendations to the Nebraska Children's  
Commission



# Community Ownership of Child Well Being Workgroup Report

NOVEMBER 15, 2016

The Community Ownership of Child Well Being (COCWB) Workgroup is one of four main workgroups currently under the Nebraska Children's Commission (Commission) and is currently Chaired by Mary Jo Pankoke (Nebraska Children and Families Foundation). The Workgroup efforts encompass a number of important topics, including creating common criteria for evidence based and informed practices, inventorying evidence based programs in Nebraska, and identifying existing community collaboration efforts to enhance efforts and reduce duplication.

The COCWB Workgroup membership is populated with expert stakeholders from various State and community organizations. The group currently has 12 members. A listing of Workgroup members and the roles they hold can be found as [Appendix A](#). The COCWB Workgroup provided its last set of recommendations to the Commission May of 2015, and has continued to work to monitor and review the implementation of its recommendations. Since the 2015 recommendations report, the COCWB Workgroup has been hosting regular community listening sessions with stakeholders across the state.

## HISTORY & BACKGROUND

The COCWB Workgroup was created by the Commission to align with the goals of their Phase I Strategic Plan. The support for the COCWB Workgroup was continued when the group met to revise their strategic plan in July 2016. Today, the Workgroup works towards accomplishing its overarching goal of encouraging timely access to services, with a focus on prevention, through community ownership of child well-being.

In 2013, the workgroup held a number of listening sessions across the state to learn about the ongoing child well-being activities in communities and how the Commission could support their work. In 2015, the Workgroup put forth a vision for a state level collective impact group, and recommended the Commission recognize the Prevention Partnership as that group focused on improving the well-being of children. The Commission approved the Prevention Partnership as this body at the May 2015 meeting.

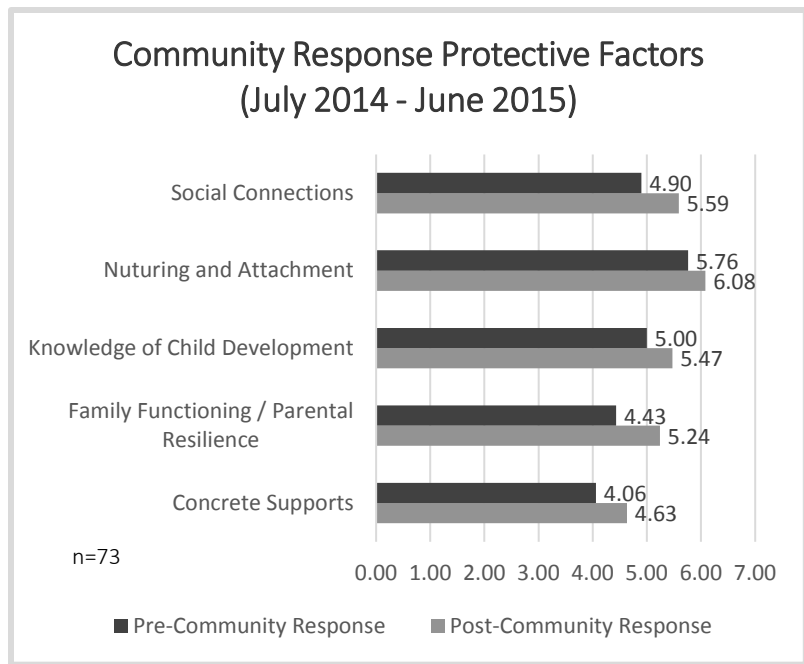
In the last year, the COCWB Workgroup has focused its efforts on hosting community listening sessions to help document the successful prevention efforts underway and the existing barriers that still exist within communities that utilize the Collective Impact and Collective Response models. Four community listening sessions were held since October 2015 with the Fremont, Hall County, Panhandle, Sarpy County, Douglas County, Norfolk, Platte-Colfax County, and Dakota County regions. The following information includes a summary of the discussion and themes that emerged from these sessions.

## COMMUNITY LISTENING SESSIONS

### COMMUNITY RESPONSE

Community Response (CR) is a series of services and supports provided by the community to their children, youth and families. These services work to ensure that families in need receive the necessary assistance that may ultimately prevent them from entering the child welfare or juvenile justice systems and provide them with the well-being they deserve. Community collaboratives and partnerships across the state gathered for a series of listening sessions to discuss how CR had effected their communities. They were asked to share information on what CR looked like within their area, data that had been gathered, successes they had experienced, and barriers that kept their work from reaching its full potential.

Community Response began with six communities including, Fremont, Lancaster County, Lincoln County, Norfolk, Sarpy County and Panhandle Partnership counties, and has spread to include Douglas, Dakota, Platte/Colfax, and Madison counties. In the time frame between July 2014 and December 2015, only 4 children of the 1,386 served directly went on to be first-time children with substantiated child abuse. Data of the initial six communities showed significant improvement all of the Protective Factors for families who participated in CR as shown in the chart.



### ELEMENTS OF A SUCCESSFUL COMMUNITY RESPONSE SYSTEM

Throughout the listening sessions, the varying collaboratives identified several elements within their system that were considered essential for success and noted the difficulties in achieving them.

- **A strong neutral backbone entity is imperative in ensuring the success of collaboration within the communities.** A Backbone organization improves outcomes by organizing diverse groups of service providers and resources to create an accessible prevention system for children and families. It helps to eliminate competition between service providers and fosters a team atmosphere by guiding vision and strategy and supporting aligned activities. The backbone entity is able to facilitate and coordinate access to available services and not only refer the families to the appropriate agencies, but can identify and address service and support gaps that need to be filled.
  - **Adequate funding and support is necessary to maintain a successful backbone entity.** While many communities had successfully braided funding to ensure the availability of services, they noted that it was significantly more difficult to access funding for the support of the backbone entity. With the recent restrictions implemented for Community Based Aid funds, expenses such as rent for office spaces, staff salary, and supplies required alternate funding. The listening session participants indicated that support at the state level, encouraging entities to participate in CR, could aid in the growth of the collaboratives.
  
- **Data collection and sharing is key to providing efficient services to communities.** Developing a shared measurement system allowed for resources to be best utilized and ensured that efforts were not duplicated unnecessarily. Including an element of evaluation from the early stages of data collection, allowed for a baseline of information to be formed and continuous quality improvement to occur. The communities involved indicated that sharing data not only built upon the trust between involved stakeholders, but often led to discussion of services that were available and unutilized.
  - **Asset mapping should be done to establish existing services and gaps to be filled.** Numerous collaboratives voiced the benefit of performing an asset map of the services within their areas. It provides an overview of who was providing services and helped to eliminate overlapping efforts. Collaboratives noted the benefit of a publicly available listing of services and resources for staff, providers, and families in order to build protective factors with families and in communities.

- **Use of programs need to find a balance of fidelity and flexibility.** In every listening session, the participants expressed the variance in the needs of their communities. Translating a national model to fit within a community with specialized needs does not work and each community needs the ability to focus on their unique needs and priorities while adhering to core principles and practices. Working to providing core components across communities and educating collaboratives on the importance of fidelity was identified as necessary for accurate evaluation of outcomes. However, no two communities' population had identical needs. Many of the listening session participants recommended allowing communities to implement the structure of the programs in a way that fits their area.. Doing so increased community trust and provider buy-in.
  
- **Collaboration with the Department of Health and Human Services (DHHS) is beneficial for families.** During the listening sessions, the communities shared how partnership with DHHS helped to ensure that families were stable and self-sufficient. As youth age out of the child welfare system, education on the CR system could provide them with the support they may need to become established within a community. CR could also aid families exiting the Alternative Response (AR) program in their transition to becoming productive, successful community members. Listening session discussion explained how many of the families exiting the child welfare system and AR program may be on the right track, but were in a state of fragile success. With the continued services offered through CR, supports can be given to minimize the disruption of their success that small setbacks could otherwise derail.
  
- **Collaboratives should maintain a consistent and public identity within the communities.** Many of the participating communities held regular meetings to pull in community members, organizations, and providers. Providing an opportunity to gather input and share information helped to establish trust and purpose among the community. It also ensured that regular communication was happening between all involved players so that any arising issues or service gaps could be addressed in a timely manner.
  - **Education and outreach efforts to the community need to be a priority.** Education throughout the community of the existence of and services offered by CR widens the reach of not only family participation, but provider organizations. Reaching out to organizations such as the local libraries, city councils, schools, and other community organizations can ensure that the communities work together to better the lives of the families in their communities. Outreach should target communication that reaches all relevant families and providers such as social media and verbal referrals.
  
- **Efforts and communication of the collaboratives need to reflect and respect the communities they serve.** Throughout the listening sessions participants stressed the importance of the relationship between the stakeholders and the families. Barriers were identified that could prevent families from accessing services: fear of having a child removed from their home or reluctance to enter into another system-like program after exiting the child welfare or juvenile justice systems were two examples. It is key to establish a positive, non-judgmental relationship with the members of the community to provide the necessary supports.
  - **Positive, empowering relationships enable families to access the help they need.** Empowering the CR participants to realize their potential was a common discussion topic. The goal of CR was to enable families to become successful members of their communities. Providing services and supports to raise their leadership, learn skills and form connections within their community empowered the families to reach their full potential.

## Community Ownership of Child Well Being Workgroup Membership

Member Name	Title and Organization
<b>Susan Adams</b>	<b>Network Services Administrator</b> DHHS, Division Behavioral Health
<b>Teresa Anderson</b>	<b>Health Director</b> , Central District Health Department
<b>Paula Eurek</b>	<b>Administrator</b> , DHHS, Division Public Health
<b>Renee Faber</b>	<b>Program Manager</b> , DHHS, Division Behavioral Health
<b>Emily Kløver</b>	<b>Community Prevention Administrator</b> , DHHS, Division of Children and Family Services
<b>Mary Jo Pankoke (Chair)</b>	<b>President</b> , Nebraska Children and Families Foundation
<b>Denise Pecha</b>	<b>Director of Programs</b> , CityMatCH
<b>Shawn Shanahan</b>	<b>Executive Director</b> , Fremont United Way
<b>Dale Shotkoski</b>	<b>City Administrator</b> , City of Fremont
<b>Jennifer Skala</b>	<b>Senior Vice President of Community Impact</b> , Nebraska Children and Families Foundation
<b>Lana Temple Plotz</b>	<b>Chief Program Officer</b> , Nebraska Children's Home Society
<b>Brandon Verzal</b>	<b>Parent</b> , Parent Representative