

**Community Ownership of Child Well-Being Workgroup
Report to the Nebraska Children's Commission
May 19, 2015**

The Community Ownership of Child Well-Being Workgroup is bringing the following two recommendations to the Commission for consideration and, hopefully, approval.

- 1) One of the action items our workgroup has been addressing is the establishment of a state level collective impact group. We are recommending that the Commission recognize the Prevention Partnership as a state level collective impact group focused on improving the well being of children. Following are excerpts from the Prevention Partnership's Team Charter.

Vision: Children, youth and families in Nebraska are safe; healthy; supported in quality environments; ready for and succeed in school; and successfully transition into adulthood.

Mission: State leaders work across systems and support community collaboration to promote child well being, and provide safe, stable, nurturing relationships and environments for children and families in Nebraska.

Common Agenda: Improve the well being of children, youth and families in Nebraska.

Stakeholders defined well being as five selected outcomes for children and families with the following related indicators.

- **Children are safe.**
 - Rate of substantiated maltreatment reports and child abuse per 1,000 children
 - Rate of unintentional injury and death
 - Rate of children experiencing bullying
- **Children are healthy.**
 - Infant mortality rates (Infancy)
 - Low birth weights (Infancy)
 - Obesity (Children)
 - Rate of youth substance abuse/use (Youth)
 - Depression rates (Youth)
 - Access to health care (Life span)
 - Health insurance coverage rates (Life span)
- **Children are supported in quality environments.**
 - Poverty rate
 - Areas of concentrated disadvantage
 - Permanency and mobility of foster children
- **Children are ready for and succeed in school and beyond**
 - 4th, 8th, 11th grade proficiency
 - Quality early childhood education enrollment and access

- Mother's education level at birth
- Truancy/suspension/expulsion and absenteeism rates
- ***Youth successfully transitioning into adulthood.***
 - High school graduation rates
 - Juvenile violent crimes/arrest per 1,000 juveniles
 - Employed or enrolled in post-secondary education

Objectives and Actions:

- Use **shared measurement** and continuous review of progress.
 - Determine desired key outcomes for children, youth and families. (*Stakeholder meeting December 17, 2013*)
 - Determine key uniform indicators that align with the desired outcomes across system partners. (*Stakeholder meeting May 2, 2014*)
 - Promote and align measurable key outcomes over time, at the state, regional, and community level
 - Periodic and collective review of indicators and progress toward improving key outcomes at state, regional, and community level. Population indicators will be reviewed annually or more frequently when reasonable.
 - Progress shall be measured through identifying benchmarks and periodic review of selected activities at intervals deemed necessary by the team to move the work forward.
- Use strategy teams to focus on **activities** of state, regional, and local partners which are **mutually reinforcing** and align with indicators that demonstrate progress toward achieving positive outcomes.
 - Promote child well being and mitigate risk when possible for adverse childhood experiences (ACES/Bullying Team).
 - Support behavioral health with specific focus on population indicators involving substance use and depression. (Behavioral Health Team)
 - Promote permanency and reduce negative effects of frequent moves when children require out-of-home placement. (Permanency Team)
 - Strategy Teams will maintain working action plans. Goals, strategies, actions will be specific, measurable, attainable, realistic and timely (SMART). Strategy Teams may involve membership beyond those on the Collaborative.
- Include processes that support and enhance **continuous communication** among and between state, regional, and community level partners.
 - Quarterly meetings of the Collaborative shall provide an opportunity to check-in regarding progress made by Strategy Teams. Meeting agendas and summaries shall be shared with all members.

- Strategy Teams shall work between quarterly meetings, keep the work plan updated for their own team, and report out at quarterly meetings on activities, barriers encountered, and next steps.
- Members shall communicate the work of the Collaborative with their own organization, division, agency, or board.
- Members shall communicate efforts between the Collaborative with other related state, regional, and community teams such as the Children’s Commission.
- The Backbone organization shall be the repository for collection and organization of shared information, send out meeting notices, meeting summaries, maintain a membership list, and provide other support activities.
- Support collaboration between and among state, regional, and community level partnership. This requires organization, time, resources, and commitment through “backbone support” of the effort at state and local levels.
 - The Nebraska Children and Families Foundation shall provide the backbone support for the Collaborative.

Group Composition: The Prevention Partnership is comprised of representatives from the Nebraska Department of Health and Human Services (Divisions of Children and Family Services, Behavioral Health, Public Health), Nebraska Department of Education, the Nebraska Supreme Court Office of Probation Administration, Nebraska Crime Commission, Nebraska Child Abuse Prevention Fund Board, the Nebraska Children and Families Foundation, State Legislative representatives, and representation from private philanthropy.

The Community Ownership of Child Well-Being Workgroup believes the Prevention Partnership meets the intent of the Children’s Commission recommendation that a state level collective impact group be established. One of the principles the Children’s Commission established at an early meeting was that we would build on what already exists and not duplicate efforts. We recommend that the Children’s Commission recognize the Prevention Partnership as a state level collective impact group. We further recommend that the Children’s Commission ask the Prevention Partnership to address barriers that were identified by communities in moving collaborative initiatives forward, including the blending and braiding of funds.

- 2) Prevention is a focus of the Children’s Commission’s work. That term is frequently used during our meetings. The Community Ownership of Child Well-Being Workgroup believes it is important that the Commission and its workgroups and committees operate using common definitions. We offer the following definitions for a Prevention System and the three levels of Prevention for the Commission’s consideration and, hopefully, adoption.

Prevention System Definition: A Prevention System includes coordinated services and supports to prevent children from entering higher end systems such as the child welfare, juvenile justice, behavioral health, homeless, and truancy systems and to promote protective factors and build connections and resources to build assets for sustainable family outcomes. We will work to understand and recognize families at risk for entering the child welfare and juvenile justice systems, failing in school, and coordinate a response to best serve children, youth and families, and have access to needed supports and services.

THE PREVENTION SYSTEM includes three levels of prevention strategies:

Primary Prevention – Low Risk Universal Strategies: *Primary* prevention activities are directed at the general population and attempt to stop maltreatment and other problems before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment and other issues.

Secondary Prevention – “At High Risk” Targeted Strategies: *Secondary* prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

Tertiary Prevention – High Need Individual Strategies: *Tertiary* prevention activities focus on families where maltreatment and/or other problems have already occurred (above) systems to be involved and seek to reduce the negative consequences and to prevent its recurrence.

Other Workgroup Activities

We would like to take this opportunity to update Commission members on other activities that are underway and/or planned.

Evidence-Based Practices – Our workgroup believes it is important to have common criteria for evidence-based and evidence-informed practices. Many of the communities we have talked to in our research about current prevention efforts underway across the state are using criteria developed by the federal Administration on Children, Youth and Families for Community-Based Child Abuse Prevention grantees. We are aware that Juvenile Justice professionals are using criteria developed in conjunction with faculty at UNL. Our workgroup did a crosswalk between the two sets of criteria and found that, although different terminology is used, the criteria are very similar.

Inventory of Evidence-Based and Evidence Informed - Our workgroup reviewed an inventory of evidence-based programs currently being implemented in the communities implementing Alternative Response. (See attached listings.)

Inventory of Existing Community Collaboration Efforts - Our workgroup plans to work with the Prevention Partnership to identify existing community collaboration efforts by community, county, system and outcomes. This is a first step in ensuring efforts are in alignment and not duplicating other efforts.

Community Listening Sessions - Our workgroup also plans to hold another round of community listening sessions. These sessions will include communities that are implementing Community Response to begin collecting data and information about the results of these prevention efforts and how they are being coordinated with Alternative Response efforts.

**Evidence Based Strategies for Prevention of Child Abuse and Neglect/Child Well Being
Supported by Community and State Systems**

<i>Age Range</i>	Primary Prevention - Universal Strategies - low risk	Secondary Prevention - "At Risk" Targeted Strategies	Tertiary Prevention - High Need Individual Strategies
<p>The following list of EBP's were identified by community stakeholders during Service Array planning using the following resources:</p> <ul style="list-style-type: none"> • CEBC – California Evidence-Based Clearinghouse • SAHMSA – Substance Abuse and Mental Health Services Administration • OJJDP – Office of Juvenile Justice and Delinquency Prevention • CBCAP – Community Based Child Abuse Prevention checklist 			
Early Childhood			
0 - 2	Parents Interacting with Infants (Dodge, Sarpy)	Nurse Family Partnership (Hall)	
0 - 3		Sixpence (Lancaster, Hall, Dodge, Scottsbluff)	
0 - 5	Circle of Security Parenting (all)	Circle of Security Parenting (all)	Child Parent Psychotherapy (Lancaster, Sarpy, Hall, Scottsbluff)
0 - 5	Parents as Teachers - Early Head Start (Hall, Lancaster)	Healthy Families America/Growing Great Kids Curriculum (Scottsbluff)	
3 to 5		Head Start (all)	
0 - 7		Parent Child Interaction Therapy (Lancaster, Sarpy, Dodge)	
0 - 8	Positive Behavioral Supports and/or Pyramid (all)		
Middle Years			
6 to 11		Strengthening Families (Hall)	
4 to 12		Families and Schools Together (Hall, Lancaster, Scottsbluff)	
5 to 12			Nurturing Parenting Program (Dodge, Lancaster, Hall, Sarpy)
Adolescence			
12 to 17			Aggression Replacement Training (Lancaster, Hall)
12 to 17			Multisystemic Therapy (MST) - (Hall, Lancaster, Sarpy)
13 to 17			Wyman's Teen Outreach Program (Hall)
13 to 17	SANKOFA		
13 to 17	Fourth R (Lancaster)		
All Ages or Adults			
0 - 21			Professional Partners Program/Wraparound(all)
0 to 17		Kids for Keeps (Lancaster, Scottsbluff)	Intensive Family Preservation Services (Hall)
Adults	Motivational Interviewing (Lancaster, Hall, Sarpy)		
5 to 17	Alternatives for Families Cognitive Behavioral Therapy (Omaha, Lincoln)		
4 to 18	Trauma Focused Cognitive Behavioral Therapy (Lancaster, Sarpy, Hall)		
0 to 18			Boys Town Integrated Continuum (In- Home Family Services) - Hall, Dodge, Sarpy
6 to 16			Trauma Systems Therapy (Lancaster, Sarpy, Hall)
6 to 16	Common Sense Parenting (Lancaster, Sarpy, Dodge, Hall)		
26 - 55			WRAP (Lancaster, Sarpy, Hall)
Adults			Eye Movement Desensitization and Reprocessing (EMDR) (Lancaster, Sarpy)
Adults			Cognitive Behavioral Therapy (Lancaster, Sarpy, Hall)
Adults			Prolonged Exposure Therapy (Lancaster)