



**ZERO TO THREE**  
Early connections last a lifetime

# Presentation on Thriving Families, Safer Children

**National Infant-Toddler Court Program**  
**September 15, 2022**

# Our Supporters



ZERO TO THREE

- This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$19,581,161 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).
- ZERO TO THREE deeply appreciates Ballmer Group for its generous support of our work to scale the Safe Babies approach. We'd like to especially thank Connie Ballmer for her vision and commitment to transforming the child welfare system so that all babies thrive. Ballmer Group is committed to improving economic mobility for children and families in the United States, funding leaders and organizations that have demonstrated the ability to reshape opportunity and reduce systemic inequities.

# Speakers



- Tim Decker, Senior Policy Fellow, Family Wellbeing Strategy Group, Annie E. Casey Foundation
- Jennifer A. Jones, MSW, Chief Strategy Officer, Prevent Child Abuse America
- Jennifer Skala, Senior Vice President, Nebraska Children
- Sydney Shead, Family Advocate, Community Café Collaborative Associate
- Hattie Landry, Senior Community Initiatives Manager, Illuminate Colorado
- Angelica Fox, Director of Family Connects, Illuminate Colorado

# Thriving Families, Safer Children

Presentation for ZERO to THREE  
September 2022



CDC Injury  
Center



Lived  
Experts



# Introductions

Thank you for inviting us



**Tim Decker**

Senior Policy Fellow  
**Annie E. Casey Foundation**



**Jennifer Jones**

Chief Strategy Officer  
**Prevent Child Abuse America**

# TFSC Mission

A national collaboration to co-create solutions with lived experts and communities to improve child and family well-being

## National Partners



CDC Injury Center



Experts with Lived Experience

## Problem Analysis

- Too many children experience a **child protection investigation**; Black and Native children are disproportionately represented
- Too many children and young people are **separated from their families**
- Poverty is often confused with neglect, causing **unnecessary child removals**
- Teenagers are inappropriately removed for **behavior and parent-child conflict**
- Child welfare primarily funds **child removal, not prevention**
- **Communities lack resources** to support families in need

## Call to Action

- Reframe child welfare as a broader **public health priority**
- Reduce and redefine the **role of child welfare** systems
- Engage **lived experts** as leaders and decision-makers
- Center work **within impacted communities** through data-driven decisions and local partnerships
- Scale **prevention initiatives** through the lifecycle

# National Partnership

Representatives from five organizations and individuals with lived experience share leadership responsibilities

## Annie E. Casey Foundation

Holistic approach to race equity and well-being including youth and young adults, juvenile justice and child welfare, and economic opportunity

## Casey Family Programs

50-state strategy and investments in child welfare system improvement

## CDC National Center for Injury Prevention and Control

Public health approach to protect individuals, families, and communities from injury and violence

## US Children's Bureau

Policy, finance, and connections to aligned federal partners

## Lived Experts

Firsthand perspective and expertise in navigating the child welfare system

## Prevent Child Abuse America

Affiliates in 46 states and DC, with a focus on primary prevention and public awareness

# Guiding Principles

Centering the leadership and experience of youth, families, and communities to drive change





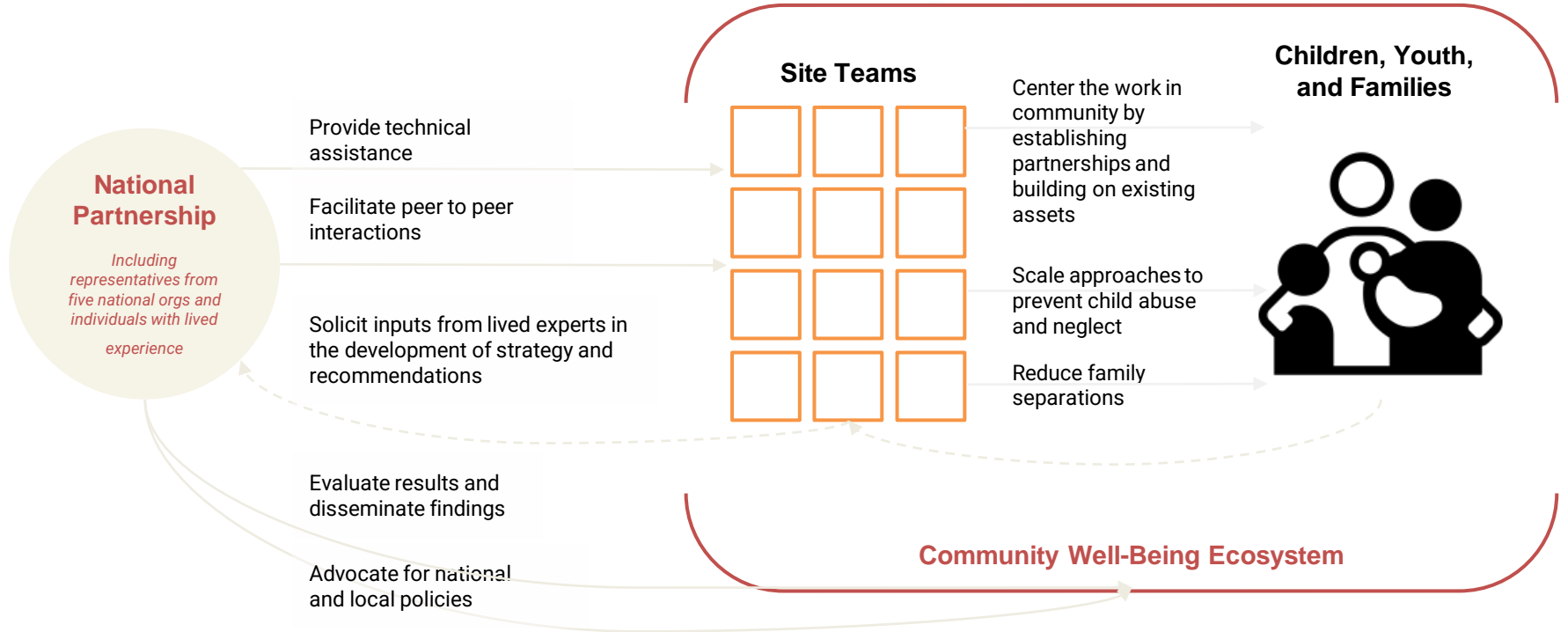
# Implementation Design

A complex initiative with engagement from lived experts, five partner organizations, and sites nationwide



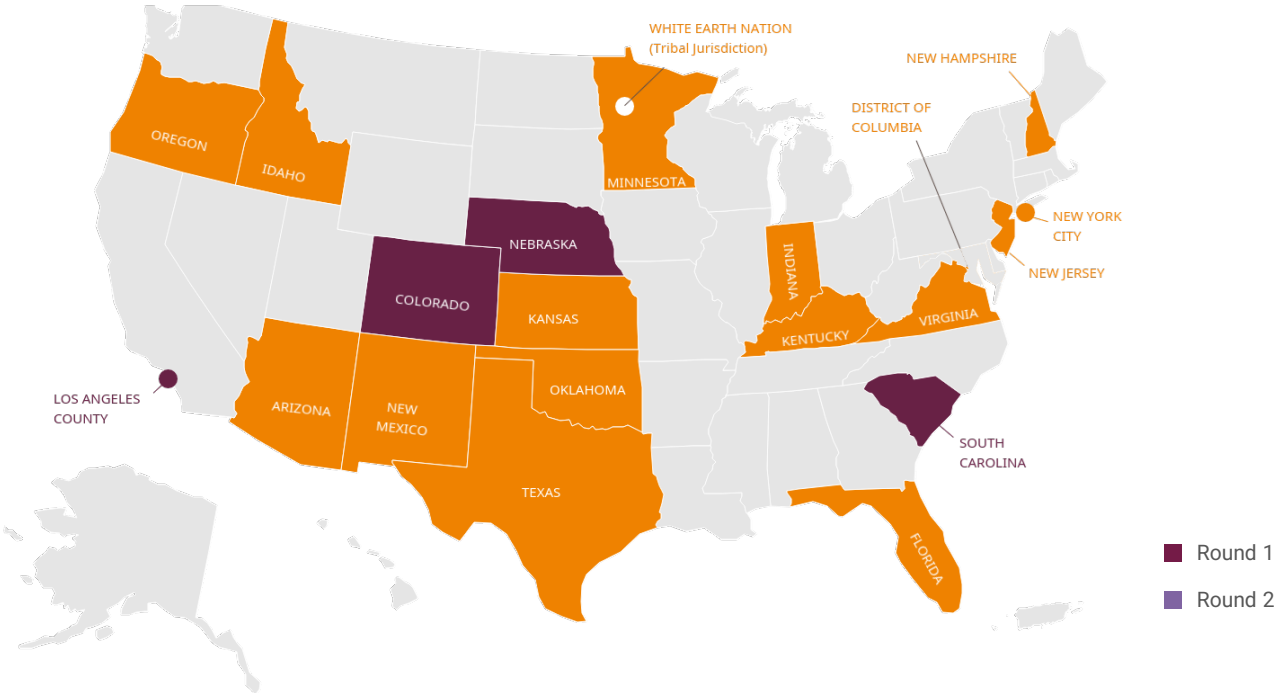
# Impact Model

How the implementation design translates to improved outcomes for children, youth, and families



# Site Partners

21 jurisdictions are currently participating nationwide



# Site Team Configuration

Sites differ in their local participatory and governance structures but feature common elements



# Site Supports

The national partners provide learning and support opportunities to all participating sites



## Action Networks

Ongoing, monthly meetings for Action Network cohorts. Sites commit to action, share work, receive coaching, etc. in specified topical areas.



## Learning Sessions

Bimonthly, targeted sessions led by partners and experts. Follow-up, discussions among groups of sites with common interests and questions.



## What Works Support Network

Biweekly Office Hours open to all teams. Encourage sharing and collaboration across sites.



## Data Tools & Evaluation

Partners provide initial data packets to TFSC sites that include standard data elements, outcomes, etc. Develop metrics based on data.

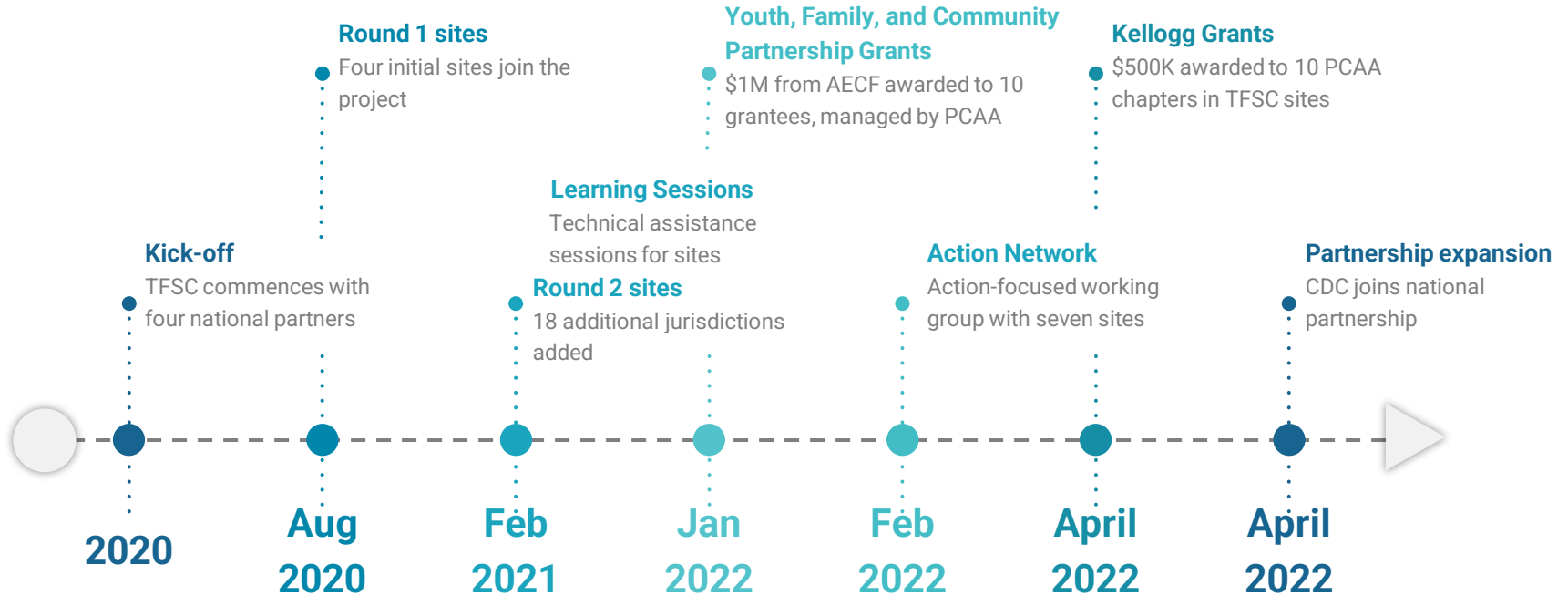


## Reflecting & Scaling Broadly

TFSC site examples (live or recorded) used to share approaches, metrics, challenges and learnings. Facilitate Q&A with other sites to promote learning.

# Timeline

Within two years, TFSC has engaged 21 sites and established working relationships between systems, families, and communities



# Building a National Coalition

Next steps may include the launch of a national coalition to invite more organizations to join this movement for change

## Objectives

- Provide opportunities for interested national and regional organizations to remain informed and become involved
- Identify organizations with aligned interests who are contemplating, already doing, or planning similar work
- Identify learning, policy, programmatic, and partnership opportunities
- Build a broader base of support and momentum for a national movement focused on race equity and child and family wellbeing
- Amplify impact on communities nationwide
- Lay the groundwork for future expansion



# BRING UP NEBRASKA

*Thriving Families; Safer Children Opportunity*



# Thriving Families Opportunities:



We want to expand the breadth of stakeholders involved in the collaborative effort and resources available to communities and residents.



Reshaping the current child welfare system to better support the Community Well Being model by collaborating with other partners and providing aligned funding, supports, and services.



Equality in opportunities and outcomes for every child in the State of Nebraska, regardless of race, ethnicity or economics, and elimination of disproportionality of children, youth, and families involved in the child welfare and justice systems.



Ingraining of the Community Well Being model within the state government and local communities so it continues as the operational norm regardless of political or administrative leadership changes over time.

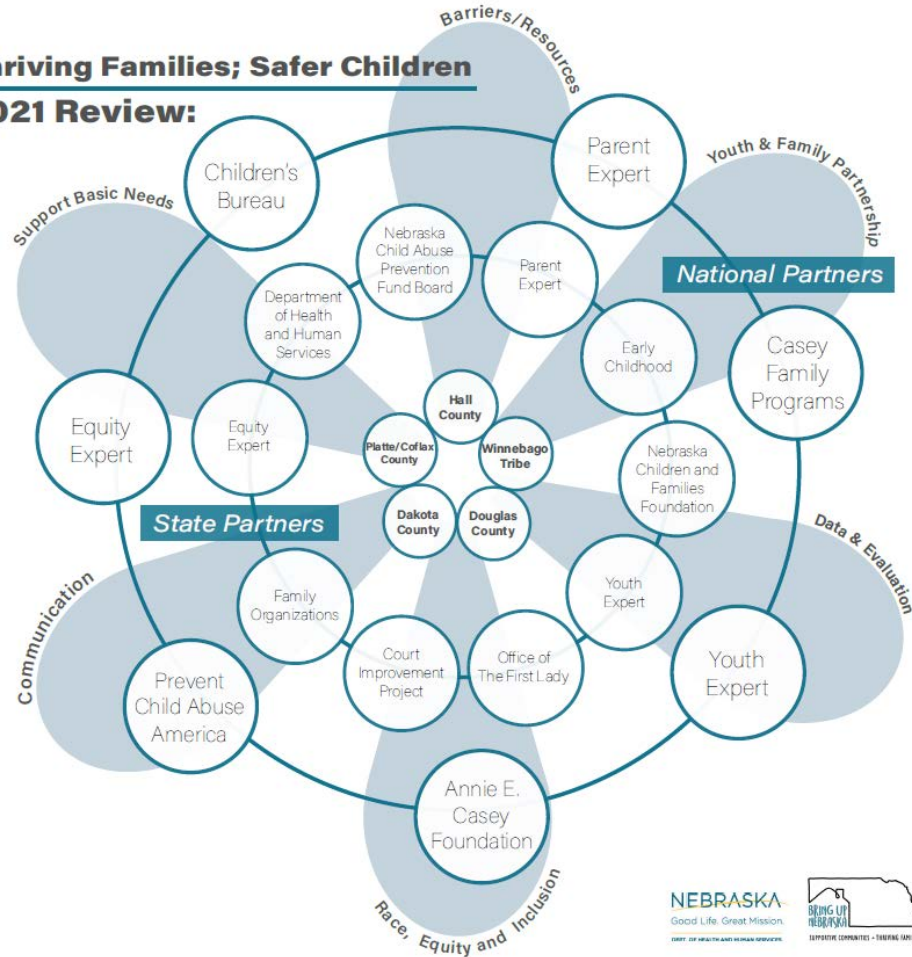


Inclusion of families, youth, and other community members with lived experience in the leadership and decision-making process at both state-wide and community levels.



# Thriving Families; Safer Children

## 2021 Review:



# THRIVING FAMILIES

## PN- 3 Child Welfare Strategies



- Increase access and number of prenatal mothers and families with infants and toddlers accessing home-visiting programs through the Families First Prevention Services Act and increased funding for Sixpence, Early Head Start and Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV).
- Create new universal prevention pathway, starting with home visitation at birth with support from medical providers versus CPS hotline calls
- Focus on planning process with Lived Experience Partners for Universal Home Visitation in Douglas County
- Statewide Administrative Law that requires all CPS referrals from medical providers to be investigated
- Douglas County Priority to focus on Universal Home Visitation/coordination between home visitation models



# PN-3 Plan Presentations:

## Information and Data



### *What new/unique information/data have been gathered for this project?*

**Evidence-based home visitation was implemented in 19 of 33 ZIP codes in Douglas County in 2020.** These evidence-based models include Early Head Start Home-Based Option and Healthy Families America.

**1.9% of High-Priority Families throughout Nebraska received evidence-based home visitation** supported by MIECHV funding.

**Substantiated Reports of Neglect, Reported by Medical Personnel in Douglas County, Children Ages 0-3 (2020)**

82 of 485 reports by Medical Personnel were substantiated. Reports broken down by race/ethnicity: White (155), Black/African American (177), Latinx (110), another race (93), American Indian (9), Multirace (58), and Asian (13)



SUPPORTIVE COMMUNITIES • STRONG FAMILIES

- *Data Advocacy, National Child Abuse and Neglect Data System. (2021). Report Source to Disposition (FY2020) Douglas County, Nebraska Children ages 0-3.*
- *Meisch, A. (2022, March 22). NHVRC Data Douglas County*

# PN-3 Plan Presentations:

## Information and Data



### *What new/unique information/data have been gathered for this project?*

When asked how they would like to receive the above parenting information, in-home support was the least indicated option, followed by a one-on-one conversation with a care provider or home visitor.

#### **Top 3 Options — Parents Indicated “Yes”**

1. Community events (71%, n=435)
2. Print materials or books/newsletters (69%, n=436)
3. Multimedia options like websites, podcasts... (61%, n=433)

#### **Bottom 3 Options — Parents Indicated “Yes”**

9. A call-in number for advice (37%, n=433)
10. One-on-one conversations with a care provider or home visitor (33%, n=429)
11. Someone who can come to my home and provide support (22%, n=429)



- *Buffett Early Childhood Institute. (2022). 2019 Focus on Nebraska Families Survey Analysis – Douglas County [Personal communication]*

# Data Statements:

- Home Visitation needs are NOT being met
- Parental information requests match current trainings
- Disconnect in where/how parents want to participate
- Poverty Inequity by Place and Race exists
- Medical Provider Reporting & DHSS findings inequity exists



# PN-3 Plan Presentations:

## Existing Plans and roles



### What existing plans are you using to inform the strategies for this plan?

- PDG
- Bring Up Nebraska
- Thriving Families; Safer Children
- Strategic Transformation
- MICEHV/Title V
- Douglas County Child Welfare Community Collaborative

### How have those with lived experience informed the plan?

- Lived Experience partners co-created the plan. 8 lived experience partners were involved in the planning process.

### How are partners engaged in developing the plan?

- The community organization partners co-created the plan. 12 community organizational representatives including DHHS, medical professionals, parenting and HV agencies.



# Elements for When Home Visiting Works: Recommendations

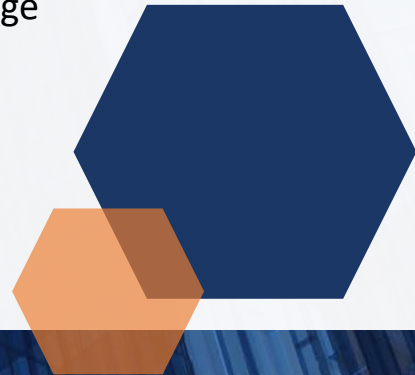
- Relationship (one on one) with a trusted trained individual
- Informed/Knowledgeable parent(s) self- identifies a parenting challenge
- Co-creation of solution/plan
- Resource Infusion
- Acknowledgement/Celebration





# Draft Recommendations:

- A **universal resource center**
- **Centralized navigation** with capacity and bilingual staff
- Trained, skilled, trusted, bilingual **home visitation staff**
- Parent self-determine **learning opportunities**
- **Safe space** to communicate needs, make informed decisions and **co-create** a plan in their native language
- **Acknowledges and celebrates success**



# NEXT STEPS:



- Legislative Interim Study
- NDHHS discussions regarding HV role in prevention
- State and Local meeting(s) of Home Visiting Agencies
- Local discussions with the Family Resource Center Network
- Thriving Families/Bring Up Nebraska – Parent Leadership Council and Statewide Plan for prevention
- DCCR discussion:
  - Training
  - Neighborhood based Family Resource centers connected to CR virtual resource
  - and referrals (no wrong door)
  - Navigation/Community Response
  - Communication
  - Parent Leadership and Community Café's





**COLORADO PARTNERSHIP FOR  
THRIVING FAMILIES**

Working Together to Build a Family Well-Being System

# The time is right to address the public health issue of child maltreatment in Colorado.

While the **Families First Prevention Services Act** is a critical step forward and will help equip Colorado to better meet the needs of families, more needs to be done to redefine safety as the primary prevention of maltreatment, not as the prevention of repeat maltreatment.

The **2020-2024 Child & Family Services Plan** requires that all counties develop a localized Child Maltreatment Prevention Plan. The Colorado Child Maltreatment Prevention Framework for Action provides a tool for empowering communities that guides strategic investments to prevent child maltreatment and promote well-being of families.

The **Title V Maternal and Child Health Program** is in the midst of a five year needs assessment and priority setting process to support local health departments in optimizing the health and well-being of mothers and children by employing primary prevention and early intervention public health strategies.

# About

**Vision:** The Colorado Partnership for Thriving Families (the Partnership) works collaboratively across Colorado to create the conditions for strong families and communities where children are healthy, valued and thriving.

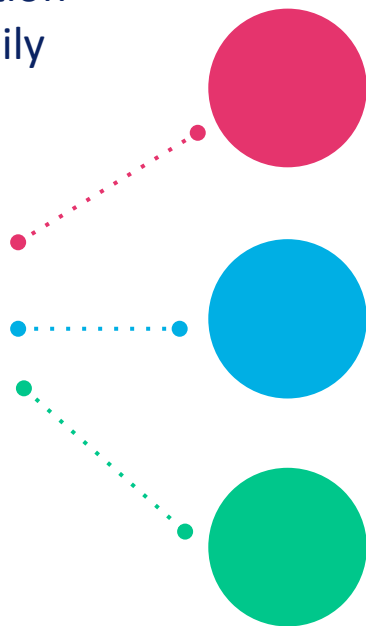
**Mission:** The aim is to significantly reduce child fatalities and child maltreatment for all children zero to five by positively and proactively supporting strong and healthy family formation.



## Prioritizing Primary Prevention

Three inaugural priorities that reflect research on effective approaches to primary prevention and reducing disparities in family and child well-being.

**COLORADO PARTNERSHIP FOR  
THRIVING FAMILIES**



### **Systems Alignment**

Align state and county human services, public health, and health care systems to place family well-being at the center. Focus on funding, data, and policy across systems.

### **Early Touch Points**

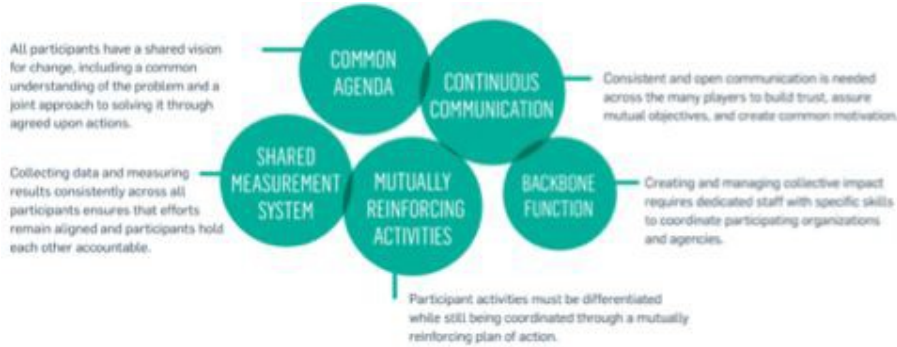
Strengthen the family well-being system service array to improve outcomes for parents and infants throughout pregnancy and the first year of life.

### **Community Norms**

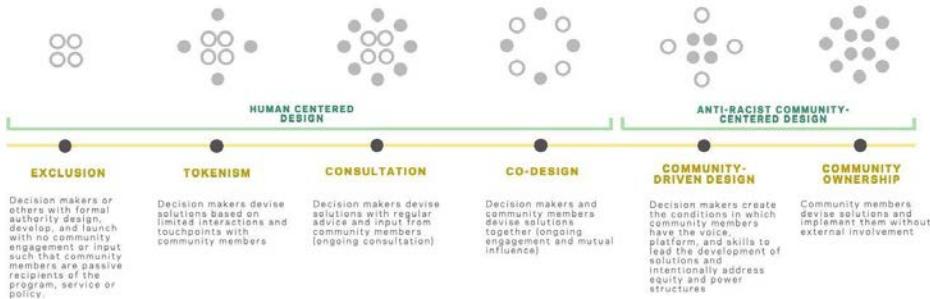
Change community norms related to social connectedness to increase access to information on child development and informal support with parenting with the intent to reduce parental stress and decrease child maltreatment



# Approach



## Concentration vs redistribution of power in design



# A Toolkit for Actionable Data & Collective Impact Evaluation

*This toolkit was developed through an iterative, co-design process that incorporates insights from Partnership stakeholders alongside community, statewide, and national frameworks for early childhood, family strengthening, child maltreatment prevention, maternal-child health, and social and health equity.*

*We consider this toolkit a “living roadmap” that will be continuously refined and refreshed as needs and opportunities emerge, conditions evolve, and new insights are received.*



**COLORADO PARTNERSHIP FOR THRIVING FAMILIES**

 **UNIVERSITY of DENVER**  
COLORADO EVALUATION AND ACTION LAB  
A strategic research partner for government agencies and a bridge to the research community.



## Colorado Partnership for Thriving Families: A Toolkit for Actionable Data & Collective Impact Evaluation

**TOOLKIT HIGHLIGHTS:**

- The **Systems Change Framework** illustrates five core areas that the Partnership engages to influence systems-level impact, moving from a child welfare system to a child and family well-being system.
- The **Theory of Change** describes three priority areas for sustained change and broad strategies to achieve change that, together, can improve equitable well-being for families with children prenatal to one.
- The **Logic Model** outlines resources and activities that lead to shorter-term outputs and collective impact in three intersecting outcome domains: family-centered services and support, child and family well-being, and equity conditions.
- The **Collective Impact Evaluation Approach** provides a responsive and meaningful way to evaluate the Partnership as a systems change initiative and catalyze actionable data.

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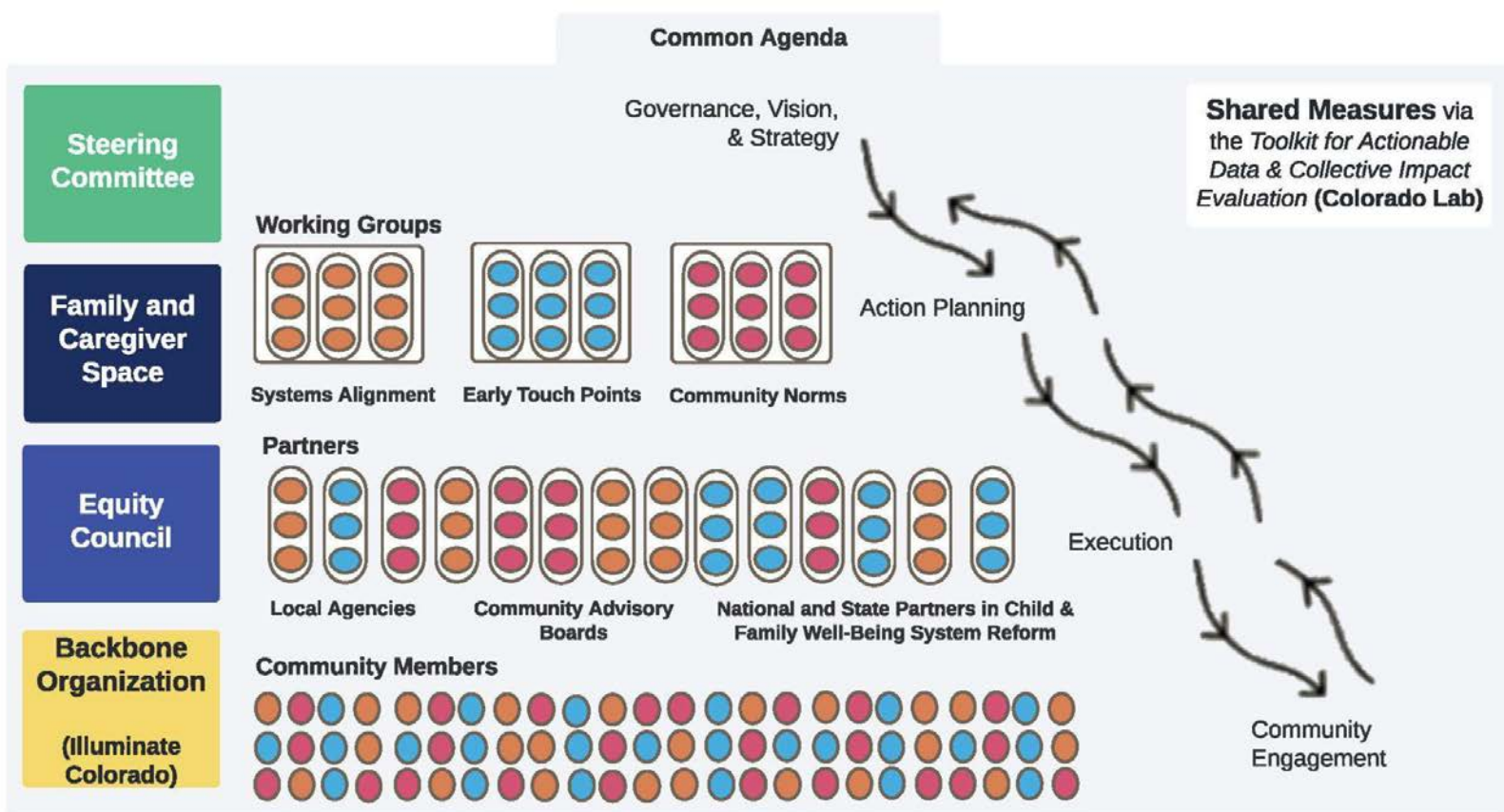
 **COLORADO**  
Office of Early Childhood  
Department of Human Services

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Building Brighter Childhoods

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Cascading Levels of Linked Collaboration: Activating Collective Impact in the Colorado Partnership for Thriving Families



**Collective Vigilance**

*Enables previously invisible resources and solutions to emerge.*

**Collective Learning**

*Promotes continuous feedback loops to identify and adopt emergent resources and solutions.*

**Collective Action**

*Emergent resources and solutions that bridge the needs of multiple organizations must be approached together and at the same time.*

# The Road Ahead

Identification of shared implementation indicators and outcome indicators and periodic data walks of selected indicators

Support implementation of Demonstration projects in five counties funded by the Family Support Primary Prevention Grant

Continued advocacy on elevating & compensating family voice

Support the creation of a Health Equity Action Plan for CO's Early Childhood System

Explore relationships between poverty and child welfare involvement, specifically related to neglect

Host Communities of Practice, Lunch & Learns, and Partnership Meetings to facilitate shared learning and engagement across CO

Develop, measure, implement a campaign to shift community norms related to social connections and informal support

Collect stories from families with lived experience with systems across multiple levels of system engagement

Align shared data and evaluation across systems to support family well-being

# Implementation of the Family Connects Model in Colorado



illuminate  
Building Brighter Childhoods

# What is Family Connects?

- Evidence-based model that combines engagement and alignment of community services and resources with short-term nurse home visiting beginning in the first month after birth.
- Designed to be provided to all families with newborns, voluntarily and at no cost.
- Established in 2008 through a partnership with the Duke University Center for Child and Family Policy, the Center for Child & Family Health, and the Durham County Health Department, NC.
- Model is in various stages of exploring, planning, implementation, and certification in communities across 18 states.



# Evidence Based Model

## Mothers

Mothers were 28% less likely to report possible clinical anxiety at infant age 6 months.

Mothers reported more positive parenting behaviors and were more responsive to their baby at age 6 months.

Mothers were more likely to complete their 6-week postpartum health check.

## Babies

Total child emergency room visits and hospital overnights were reduced by 50% through age 12 months and 37% through age 2 years; \$3.17 reduction in total hospital billing costs for every \$1.00 in program costs.

Total child maltreatment investigations reduced by 44% through child age 2.

## Families

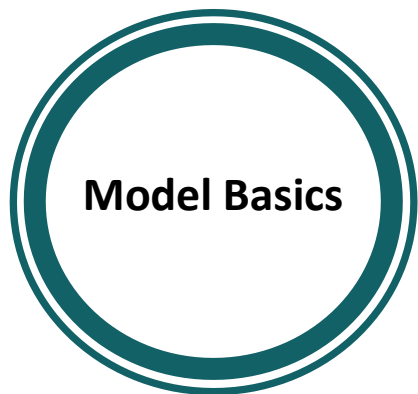
Home environment were safer, and homes had more materials to support infant learning and development at age 6 months.

Families reported more connections to community resources and more frequent use of those services at infant age 6 months.



# How the Model Works





**Model Basics**

Visit offered/scheduled prior to discharge at birthing hospitals

Visit scheduled between 3 to 12 weeks postpartum

Available to ALL families with newborns living within a defined geographic area

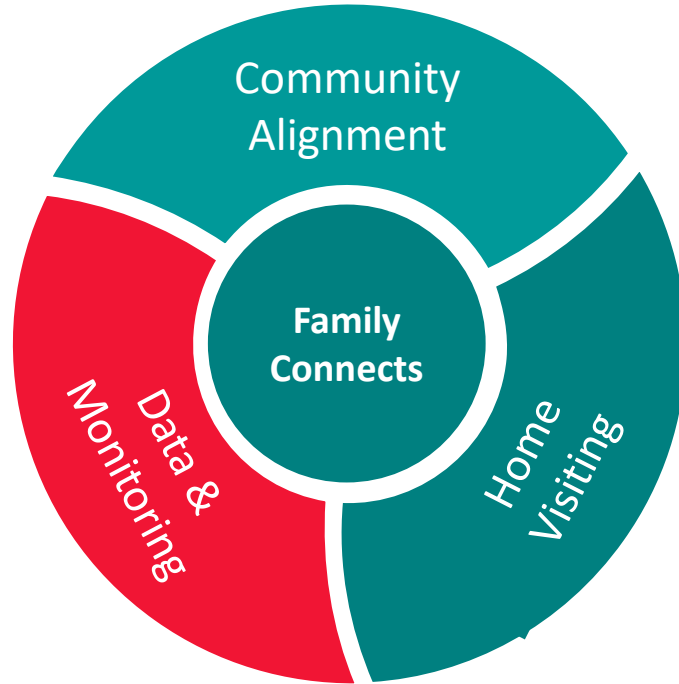
Six to eight new cases per nurse per work week

Follow-up contact confirm linkages with community resources

Nurse is an RN, but is not required to be a BSN

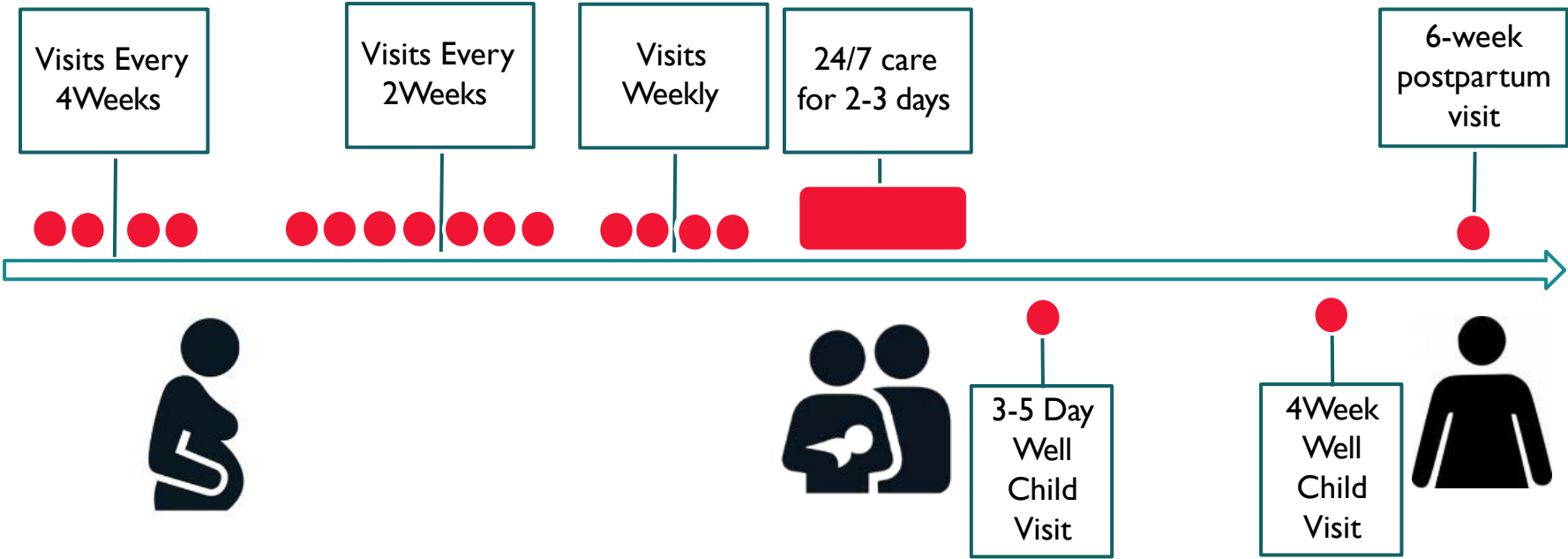


# A System for Universal Support and Referral

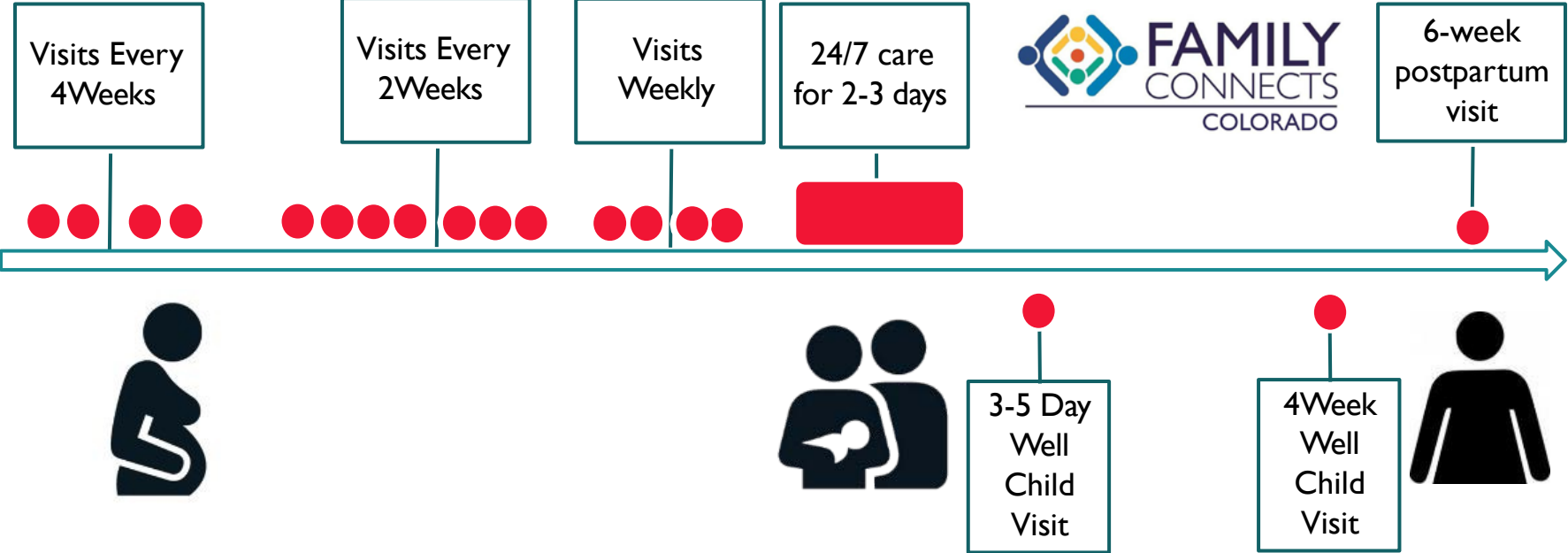




# Family Connects and Perinatal Health Care



# Family Connects and Perinatal Health Care



# Integrated Home Visit: Family Support Matrix Domains

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Support for Health Care

1. Maternal Health

2. Infant Health

3. Health Care Plans

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Support for Infant Care

4. Child Care Plans

5. Parent-Child Relationship

6. Management of Infant Crying

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Support for a Safe Home

7. Household Safety/Material Supports

8. Family and Community Safety

9. History with Parenting Difficulties

---

Support for Parent(s)

10. Parent Well Being

11. Substance Abuse in Household

12. Parent Emotional Support

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# Demonstration Sites

## Boulder

Launching Q4 2022

Phased Approach



Boulder County Public Health  
Boulder County Human Services  
Boulder Community Hospital  
Longs Peak Hospital  
Avista Hospital  
Longmont United Hospital  
SCL Good Samaritan

## Eagle

Launching Q4 2022



Eagle County Public Health  
Vail Health

## Denver/JeffCo

Launching 2023  
Phased Approach



Jefferson County Public Health  
Jefferson County Human Services  
Denver Public Health  
Denver Human Services  
Public Health Institute at Denver Health



# Questions

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# A Colorado Where All Children and Families Thrive

Illuminate Colorado's mission is to strengthen families, organizations and communities to prevent child maltreatment.

[IlluminateColorado.org](https://www.illuminatecolorado.org)



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# QUESTION AND ANSWER

