Nebraska Children's Commission

Twenty-fifth Meeting
July 15, 2014
9:00 AM – 12:00 PM
Country Inn & Suites, Omaha Room
5353 North 27th Street, Lincoln, NE

Call to Order
Karen Authier called the meeting to order at 9:05 a.m. and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call
Commission Members present: Karen Authier, Beth Baxter, Holly Brandt, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, and Dale Shotkoski.

Commission Members absent: Pam Allen, Teresa Anderson, Jennifer Clark, Candy Kennedy Goergen, Norman Langemach, Andrea Miller, Susan Staab, and Diana Tedrow.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, Thomas Pristow, Julie Rogers, and Vicky Weisz (10:40am).

Ex Officio Members absent: Senator Jeremy Nordquist and Kerry Winterer.

Also in attendance: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission; and Cris Copeland, Southeast Community College practicum student.

Approval of Agenda
A motion was made by Gene Klein to approve the agenda, as written. The motion was seconded by Mary Jo Pankoke . Voting yes: Karen Authier, Beth Baxter, Holly Brandt, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, and Dale Shotkoski. Voting no: none. Pam Allen, Teresa Anderson, Jennifer Clark, Candy Kennedy Goergen, Norman Langemach, Andrea Miller, Susan Staab, and Diana Tedrow were absent. Motion carried.

Approval of June 17, 2014, Minutes
A motion was made by Beth Baxter to approve the minutes of the June 17, 2014, meeting as written. The motion to approve the minutes was seconded by Kim Hawekotte. Voting yes: Karen Authier, Beth Baxter, Holly Brandt, Kim Hawekotte, Deb O'Brien, Mary Jo Pankoke, and Dale Shotkoski. Voting no: none. Gene Klein and David Newell abstained. Pam Allen, Teresa Anderson, Jennifer Clark, Candy Kennedy Goergen, Norman Langemach, Andrea Miller, Susan Staab, and Diana Tedrow were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report. Karen asked commission members to introduce themselves and give a brief description of job titles and their involvement in the community. Two new members were present for this meeting: Deb O'Brien and Holly Brandt.

Karen then reviewed the items that would be covered for the day including the quarterly report from the Foster Care Review Office and reports on the Continuous Quality Improvement process used by DHHS, NFC and Probation. Karen noted the importance of these reports as the Commission prepares for the future work to be done on the Strategic Plan. Karen also reviewed the opportunities for new members to be a part of workgroups and invited workgroup chairs to provide information about their respective groups.

Legislative Update

Senator Kathy Campbell provided Commission members with a list of 2014 Bills Referenced to the HHS Committee of the Legislature. Senator Campbell also provided an overview of some of the health and human services related issues that would be covered by the legislature in interim studies. She noted that not many hearings had been scheduled yet for upcoming issues. She noted that Hornby Zeller was currently in the process of creating an updated review of the lead agency report that was issued in November 2012. She noted that other work prior to the legislative session would include work on the Alternative Response Pilot, Implementation of the Bridge to Independence program, and evaluation of the Guardian Ad Litem (GAL) process. Senator Campbell noted that the Children's Commission would be asked to provide input on these issues as the legislative hearing process moved forward.

Senator Colby Coash provided some additional clarification on Alternative Response. He noted that plans for the implementation pilot phase that will begin on October 1st are going well. Senator Coash stated that data that will be collected during the pilot phase will be important for decision making moving forward. Senator Coash asked the commission to look at the GAL Report that will be discussed in a joint Judiciary and HHS Committee hearing.

Foster Care Review Office Quarterly Report

Kim Hawekotte provided an overview of the key findings from the Foster Care Review Office quarterly report. The report focused on two main issues: 1) an analysis of DHHS wards who re-entered out-of-home care after having previously been in foster care and then returned to the parental home; and 2) an analysis of data related to all DHHS wards in out-of-home care at a point in time (April 20, 2014), with some trend data. Commissioners were provided with a copy of the report in advance of the meeting. During discussion it was noted that a statutory language clarification may be needed to provide the FCRO with the express authority to look at children in trial home visits. Thomas Pristow noted that other states foster care review offices have this authority and that he would support such a change in Nebraska. It was also noted that there are some system limitations that make obtaining data challenging. Kim also noted statistics regarding the number of children in placements outside of the state of Nebraska. Senator Campbell and Senator Coash both asked if the FCRO could review and provide some insight on

why out-of-state placements are being used so that this information could be used to inform future discussions about needed services in Nebraska.

Continuous Quality Improvement

Vicki Maca, Doug Beran, and Thomas Pristow gave a detailed description of statewide and local DHHS process used for Contiuous Quality Improvement (CQI). Commission members were provided copies of the DHHS Vision, Commitments and Operation's Plan for 2015-2019 and the DHHS website link to the June 2014 CQI report. It was noted that the Plan is updated as CQI data are used to inform the process.

Doug and Vicki provided examples from previous CQI reports on how data was used to inform the DHHS workforce on their efforts with children and families. Vicki emphasized that the CQI process is especially important as DHHS strives to improve performance on meeting the federal measures that will be reviewed by federal DHHS reviewers in 2017.

Jeanne Brandner from Probation then provided information on the Probation Continuous Quality Improvement process. Jeanne noted that Probation is involved in a variety of initiatives including the Georgetown Cross-over Youth project, enhancing intensive in-home services, and looking at out-of-state placements.

Strategic Plan Document Review and Discussion

Karen Authier noted that Commission members were provided with a copy of the Phase II Strategic Planning notes from the June 2014 Commission meeting. Karen provided an overview for the new Commission members. Karen informed Commission members that the notes were distributed exactly as they were received from Deb Burnight. Julie Rogers, Thomas Pristow, and Vicky Weisz then provided a brief update on the initial meeting of the structure taskforce as noted in the Phase II notes. Karen Authier, Beth Baxter, and Julie Rogers gave a brief update on the initial meeting of the statutory taskforce.

Commission members indicated that it would be helpful to have more time to digest the notes. Karen noted that it would also be better to continue the discussion after new members had a chance for orientation. Beth Baxter stated that it is good to reaffirm where we have been, what has been accomplished, and the number of positive changes in the system. The Commission will review the strategic plan documents again at an upcoming meeting.

Public Comment

Peg Harriott provided public comment. Peg noted that the strategic planning session on June 17 was very positive and that the Commission had completed a lot of positive work. Peg provided comments regarding children in out-of-state placements, the need to consider bringing Medicaid to the table related to funding of programs and concern over behavior and mental health needs for children.

New Business
None.

Next Meeting Date
The next meeting is Tuesday, August 19, 2014, 9:00am-12:00pm. Country Inns & Suites, 5353 N. 27th Street, Lincoln, NE

Adjourn
A motion was made by Mary Jo Pankoke to adjourn the meeting, seconded by Gene Klein. The meeting adjourned at 11:59 am.

Nebraska Children's Commission
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Lincoln, Nebraska 68508-2707

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Website: www.childrens.nebraska.gov

Last Revised August 14, 2014

July 1, 2014 to June 30, 2016	
Commission Composition Note: Modifications to Commission Membership Composition require a statutory amendment.	◆ Number of Commissioners = 27 ◆ Number of Full-time Staff = 2
Active Commission Committees *Legislatively assigned committees	◆ Foster Care Reimbursement Rate Committee (2013)*[Neb. Rev. Stat. §43-4215] ◆ Juvenile Services (OJS) Committee*[Neb. Rev. Stat. §43-4203(2)(b)] ◆ Psychotropic Medication Committee* [Neb. Rev. Stat. §43-4203(2)(a)] ◆ Bridge to Independence Committee*[Neb. Rev. Stat. §43-4513(1)]
Commission Statutory Responsibilities	◆ Recommend options for attaining the intent of the Legislature to improve the safety and well-being of Nebraska's children and families [Neb. Rev. Stat. §43-4201] ◆ Provide broad restructuring of the goals of the child welfare system [Neb. Rev. Stat. §43-4201(2)] ◆ Provide a structure to the Commission that maintains the framework of the three branches of government and their respective powers and duties [Neb. Rev. Stat. §43-4201(2)] ◆ Create a statewide strategic plan for the reform of the child welfare system programs and services [Neb. Rev. Stat. §43-4202(1)(a)] ◆ Review the operations of DHHS regarding child welfare programs and services [Neb. Rev. Stat. §43-4202(1)(b)] ◆ Collaborate with service area and community stakeholders to strengthen the network of services available to child welfare [Neb. Rev. Stat. §43-4202(b)] ◆ Work with the office of the State Court Administrator and entities which coordinate facilitated conferencing [Neb. Rev. Stat. §43-4203(3)] ◆ Communicate and gather information about

	Crossover Youth Program of the Center for Juvenile Justice Reform at Georgetown University [Neb. Rev. Stat §43-4203(4)] • Collaborate and gather information about Nebraska Juvenile Service Delivery Project [Neb. Rev. Stat. § 43-4203(5)] • Consider potential of contracting with a private lead agency [Neb. Rev. Stat. §43-4204(1)(a)] • Provide leadership for strategies to support evidence based prevention and early intervention services [Neb. Rev. Stat. §43-4204(1)(b)] • Identify the type of information needed for analysis of progress on child welfare indicators [Neb. Rev. Stat. §43-4204(1)(c)] • Analysis of prevention and intervention services provided by the Department of Health and Human Services, including funding [Neb. Rev. Stat. §43-4205] • Consult with the Department of Health and Human Services on the development of an alternative response implementation plan [Neb. Rev. Stat. §28-712]
Commission Workgroups	• Community Ownership of Child Well-being • Workforce Development • System of Care • IT and Data Sharing
Frequency of Full Commission Meetings	Commission must meet at least quarterly [Neb. Rev. Stat. §43-4202(4)].
Commission Meeting dates	To be determined by the Commission.
Meeting Notices	Meeting notices for the Nebraska Children's Commission and the committees listed above are published on the Nebraska Public Meeting calendar.
Meeting Forum	Meetings of the Commission and its committees are conducted under the Open Meetings Act [Neb. Rev. Stat. §84-1408].
Where is the Commission Housed?	The Nebraska Children's Commission was created by LB821 (2012) and revised by LB269 (2013). For administrative purposes, the Children's Commission (Program 353) is housed in the Foster Care Review Office. Foster Care Review Office 521 S. 14th Street, Suite 401 Lincoln, Nebraska 68508-2707 Phone: 402-471-4416 Fax: 402-471-4437
Special Commission Initiatives, Programs, and Focus Areas: **To be completed in October**	New 2014 – 2016 Strategic Plan: • <u>Focus</u>: • <u>Initiative</u>: Development of Whole Populations Outcomes Measures

Other Related State Initiatives: Items listed are just examples	♦ Early (Child) Development Network ♦ Early Childhood Interagency Coordinating Council
How Commissioners Support the Work of the Commission	♦ Governance ♦ Strategic direction/policy ♦ Vision/planning = 2-year strategic plan ♦ Outreach to public and elected officials ♦ Commissioner development ♦ Professional skills (i.e., Law, Media Development) ♦ Child Welfare and Juvenile Justice Program Oversight ♦ Sustainable infrastructure/capacity ♦ Community volunteering expansion ♦ Facilitate collaborative partnerships
Total Commission Funding – FY2014-15	
Major Commission Events	
Desired Areas for Growth (geographic, focus, activities, etc.)	
Commission Sunset Date	June 30, 2016
Contact Info for all Commission Information	Nebraska Children's Commission 521 S. 14th Street, Suite 401 Lincoln, Nebraska 68508-2707 Phone: 402-471-4416 Fax: 402-471-4437 E-mail: NECC.Contact@Nebraska.gov Website: www.childrens.nebraska.gov

Memorandum

To: The Nebraska Children's Commission

From: Dave Newell, Thomas Pristow for Kerry Winterer, Julie Rogers, and Vicky Weisz

Date: August 19, 2014

Re: Governance and Organizational Structure Recommendations for Consideration

Background and Purpose

On June 17, 2014, the Nebraska Children's Commission ("Commission") met for a full day strategic planning session about the future work and direction of the Commission. The Commission decided during the "Intents for Implementation/Critical Conversations" portion of the agenda that certain commission members be delegated to represent all three branches of government and designated to make governance and organizational structure recommendations that best support the work the Commission has before it over the next two years. Elements of governance and structure were identified as follows:

- A process for integrating recommendations of internal workgroups and committees into a shared vision framework and strategic focus
- Policies for making legislative recommendations
- Governance procedures (meeting schedule, decision-making procedures, terms of leadership, conflict of interest procedures)
- Expectations of members
- Policies for orienting new members and engaging existing members

Though the work of this sub-committee is not complete, it has had two meetings and has discussed a variety of topics relating specifically to member engagement and expectations and governance procedures.

The following are points the group discussed and now recommends for discussion of the full Commission. We are anxious to get the full Commission's feedback on these initial topics as we move forward in creating important established policies and procedures.

Commission Member Engagement & Expectations

Nebraska Children's Commission Vision Statement

Forming a vision statement for the Children's Commission was discussed as one element to further engage commission Members and to recognize the importance of their contribution to the Commission's work. The committee decided that it was not the correct group to specify such a vision, but rather the work of the Commission as a whole to decide how a vision statement should be crafted.

Members will be expected to attend a set number of Commission meetings.

Absences that prevent a member from attending the expected number of formal meetings will result in a meeting with the Chair. The Chair and the member will discuss the attendance issues and come to a resolution, including possible resignation if member is unable to meet expectations. It is expected that a member will notify Commission staff of an anticipated absence as soon as the member becomes aware of the need to be absent from a meeting.

Members will be expected to serve on a Workgroup and a Committee

The Commission structure includes a number of formal statutory Committees and informal workgroups. Commission Members shall serve on at least one Workgroup and one Committee.

The agenda and accompanying information will be provided to Commission Members at least one week in advance of the Commission's formal meeting.

It is important that Members come to Commission meetings prepared to discuss topics listed on the meeting agenda and are ready to ask questions pertaining to such items, especially topics relating to decisions and recommendations put forth via the Commission. To help facilitate preparation for the meetings, material to be reviewed at the meeting, including but not limited to presentation handouts, committee reports and workgroup reports will be provided to Commission Members at least one week in

advance of the formal meeting. Material may be shared via email or a content sharing platform, such as SharePoint. Staff will coordinate the details of providing the materials with presenters, workgroups, committees, and Commission Members.

The Commission will create an on-boarding process for new Members.

An on-boarding process shall be created for new Commission Members. This process may include education to create a body of shared knowledge and trust between Members. Specifics of an orientation process can further be specified by this group and coordinated with staff.

Governance Procedures

Beginning January 1, 2015, the Commission will meet quarterly.

The Commission must meet no less often than once every three months per Neb. Rev. Stat. §43-4202(4). Starting in calendar year 2015, the Commission will hold formal quarterly meetings in-person with contact, education, and work of Commission Members, Committees and Workgroups completed in between formal meetings. The last hour of each Commission meeting shall be spent planning the agenda of the next meeting, as well as identifying needs for education and work in between the formal meeting times. For example, the full Commission meetings may be held in March, June, September, December and the Workgroups and Committees would then hold meetings as needed in January, February, April, May, July, August, October, and November.

To transition to quarterly meetings, it is recommended that the September 2014 meeting of the Commission be cancelled and the October meeting be scheduled for a full day. Then the December meeting will be held to make any final recommendations to the Legislature prior to the 2015 Legislative Session.

It is recognized that by going to quarterly meetings, each agenda will be "extra" substantive with possible weighty decisions to be made during the meetings. It becomes even more important that Members, Committees, Workgroups, and presenters have all materials ready for Commission Member review at least one week prior to the meetings.

All Members shall disclose their potential conflicts in a written statement.

Commission Members are appointed because they represent a stake holding body and have certain expertise because of the work they are engaged in. In order to achieve transparency and provide context for the statements, positions, and votes of each member, a brief written statement of conflict shall be provided to the Commission by each Commission Members. The conflict of interest statement is not necessarily intended to prohibit Members from voting—refraining from a vote is at the discretion of each individual Member.

Other Items Discussed

Topics pertaining to the work of this sub-committee were discussed and will be further explored. Feedback on such topics is appreciated as more details are added.

Recognition that though the Commission is made up of voting and non-voting Members, it is crucial to get input from all Members.

The Commission is composed of a number of voting Members as well as non-voting Members. Recognizing the importance of the insight of non-voting Members, decision-making is a process whereby all Members' opinions are heard during meetings.

Identifying an Executive Committee/Commission Officers & Terms

Since the existence of the Commission has gone past the original two years, it was thought that the Chairperson's term should be set to a time certain. One recommendation would be that the Executive Committee or the Commission Officers (whatever it is named) of the Commission should consist of 3 individuals: The Past-Chairperson, the Chairperson, and the Vice-Chairperson. Each would serve one year in each position. So, to agree to be Chairperson, one would be agreeing to a 3 year commitment. These three would be responsible for setting the agenda and working with staff to ensure the work of the Commission, Committees, and Workgroups progresses.

Whether Commission bylaws are needed

If the Commission as a group reaches consensus that it will need to adopt bylaws, it will identify individuals charged with drafting bylaws.

Whole Population Measures Planning Meeting

December 17, 2013

The Prevention Partnership held a Whole Population Data meeting to guide the work of the Nebraska Children's Commission by defining "child well-being" and selecting indicators to measure results of programs and systems aimed at improving child-wellbeing. This meeting began with a presentation introducing key whole population data concepts and criteria for indicators. Participants then discussed identifying the population that would be measured. The next step of the meeting was to determine and define five outcomes. Finally, participants discussed possible strategies to create culture change.

Whole Population Data Concepts

- **Outcomes** are the conditions of well-being for children and families. The purpose of utilizing whole population data is to improve outcomes for the target population. Outcomes should be framed as the achievement of a beneficial result, not the lack of a harmful result.
- **Performance measures** are how well a program, agency or service is working to improve outcomes.
- **Indicators** are the measurements that show whether a positive impact has been achieved for the target population.

Four Criteria for Choosing Indicators

- **Communication power.** Indicators need to be understandable to policy makers, stakeholders, and the public. The interpretation of the indicators needs to be common across all domains.
- **Proxy power.** Indicators need to bring along other measures with the connections supported by research. An indicator that provides insight into related matters is more desirable than a less connected indicator.
- **Data power.** Data must be established, reliable, available and helpful at both the State and community level. The data must be obtained easily and in a cost-effective manner.
- **Action power.** The indicator must be considered significant by public and policy makers. The indicator must also respond to change, and be able to lead to action within 5 years.

Identifying the Target Population

- To measure outcomes for children, the population to be measured must be defined.

- The group did not reach consensus on the lower age level.
  - Pre-natal data may be considered data related to the mother, and not the child.
  - Prenatal data may be useful due to the close connection between children and mothers.
- The group agreed that the upper age limit should be between 20 and 21 years of age.
  - Age of majority in the State of Nebraska is 19; however the transition to adulthood may still be important for measuring outcomes.
  - There is research indicating that significant brain development continues through ages of 25 and 26, so there may be benefit to collecting data through these ages. However, there is not a significant amount of uniform data for these age groups.

Participants agreed upon five results to define child well-being. The first four measures were presented at the meeting and the fifth was added after discussion.

Children are Healthy

- This outcome is defined to include physical, social and emotional health.
- "Health" is differentiated from "safety." Injuries, suicide, homicide, and environmental risks are indicators that relate to the safety, not health, of children.
- Suggested indicators for this measure include:
  - Information captured by Vital Records
  - Obesity rate
  - Youth risk behavior surveys
  - Child visits to medical professionals
  - Immunization rat
  - STD and STI rates

Children are Safe

- This outcome focuses on the personal safety of children.
- This outcome does not extend to the environment or community.
- Suggested indicators for this measure include:
  - Rate of intentional injuries to children
    - Homicide
    - Abuse
    - Reoccurrence of abuse

[2]

- Rate of unintentional threats to child safety
  - Unintentional injury
  - Domestic violence
  - Neglect
  - Automobile accidents

Children are Supported in Quality Environments

- This outcome measures the quality of children's family and community environments.
- Suggested indicators include:
  - Number of people in a household
  - Housing information
  - Unemployment
  - Youth involved in the juvenile justice system
  - Social capital
  - Family engagement
  - Mobility
  - Life course metrics from the life course metrics project

Children are Ready for and Succeed in School and Beyond

- This outcome requires that children are prepared for school, succeed in school, and succeed in their post-secondary plans, including higher education and entry into the work force.
- Suggested indicators for this measure include:
  - Children's math and third grade reading scores
  - Graduation rates
  - Attendance rates
  - Census data indicating employment rates
  - Number of children in quality early childhood care programs
  - Youth arrest rates

Youth Successfully Transitioning into Adulthood

- Special attention should be paid to children transitioning into adulthood, especially those who have been state wards or have been involved in the juvenile justice system.
- Suggested indicators for this measure include:
  - Percentage of children aging out of foster care
  - Criminal justice or arrest data
  - Enrollment in post-secondary education

[3]

- o Completion of G.E.D. requirements
- o Entry into the workforce
- o Teen pregnancy and unintentional pregnancy
- o Youth involved in the Young Adult Voluntary Services and Support Act

Creating Culture Change

- The meeting concluded with a discussion of how positive change can be made moving forward. Suggestions include:
  - o Model a public awareness campaign similar to the "Nebraska Hearts Public Schools" campaign.
  - o Frame the initiative through the lens that Nebraska is a family state that takes care of its children.
  - o Post child well-being information in easily available and popular spaces, such as with the football scores, or on social media such as Facebook
  - o Send information to the papers or press
  - o Enact statutory mandates for multi-agency cooperation, including financial incentives for agencies to work together

Whole Population Indicators Planning Meeting

May 2, 2014

I. Introduction

Stakeholders met to continue the work started in December 17, 2013, to define "child-wellbeing" and select indicators to measure results of programs and systems aimed at improving child-wellbeing. The group defined "child-wellbeing" as a set of five outcomes measured by selected indicators. This document details the outcomes and indicators as well as the discussions held at the meeting.

The purpose of reaching agreement on population outcomes and indicators is to improve outcomes for Nebraska's children and families. The indicators inform decision making by highlighting the strengths and weaknesses of the state in serving its families.

Every community has the ability to identify and prioritize its own indicators. The indicators identified here are not meant to be limiting, but to provide a starting point for big picture thinking about how Nebraska can support children.

Whole Population Definitions

Outcomes are the conditions of well-being for children and families. The purpose of using population data is to improve outcomes for the target population. **Indicators** are the measurements that show whether a positive impact has been achieved. Under each outcome, the group identified a series of indicators. The group also identified data sets that would be helpful in measuring outcomes for children and families, but have not been fully developed.

There are four different criteria for choosing indicators. The first is **communication power**. Indicators need to be understandable to policy makers, stakeholders, and the public, with a common interpretation across all domains. The second is **proxy power**. Indicators need to bring along other measures with connections supported by research. An indicator that provides insight into related matters is more desirable than a less connected indicator. The third is **data power**. The indicator must be supported by established, reliable, and available data that is helpful at both the State and community level. Data must be easily obtained in a cost-effective manner. The fourth is **action power**. The indicator must be considered significant enough by the public and policy makers

[1]

to produce action within five years. The group considered all criteria in identifying indicators.

Outcomes

Stakeholders selected five outcomes for children and families at a meeting on December 17, 2013. The outcomes are:

- Children are safe.
- Children are healthy.
- Children are supported in quality environments.
- Children are ready for and succeed in school and beyond.
- Youth successfully transitioning into adulthood.

II. Indicators

A. Children are Safe

This outcome results in children who are free from harm including abuse and neglect in their homes. The trauma inflicted on abused and neglected children results in dramatically reduced outcomes and often creates a cycle of abuse and neglect that continues through generations. When communities monitor the safety of children, they can target their resources to families who need it most and end the cycle. To measure the safety of children, the group identified four key measures.

1. Adverse childhood experiences (ACEs) data

This indicator encompasses several different aspects that all reflect the safety of children's homes. ACEs data reveal how many children have experienced stressors such as abuse, neglect, or exposure to intimate partner violence, substance abuse or mental illness.

2. Rate of substantiated maltreatment reports and child abuse per 1,000 children

Measuring this rate allows communities to target programs and resources towards preventing child abuse and maltreatment, as well as trauma-informed care to support children. This indicator brings along several other measures as well. Where a family is struggling with abuse and maltreatment, there are often other underlying issues, such as mental health, substance abuse, or intimate partner violence.

3. Rate of unintentional injury and death

Unintentional injuries are the most fatal, but also the most preventable, injuries. Communities can target this rate with prevention and awareness programs.

4. Rate of children experiencing bullying

Children who experience bullying often have problems with substance use, mental health, poor academic performance and absenteeism. Children who bully engage in risky or violent behavior at a high rate and are more likely to be child abuse or intimate partner violence perpetrators as adults. There are a number of highly effective anti-bullying programs for a community or school to choose from to aid in preventing bullying.

B. Children are Healthy

This outcome results in children who start their lives healthy and continue to access health care throughout their childhood and youth. To measure this outcome, the group identified four key times within children's lives to monitor indicators: infancy, childhood, youth, and lifespan.

1. Infant mortality rate (Infancy)

Infant mortality rates bring along other indicators such as maternal health, access to medical care, and access to prenatal care.

2. Low birth weight (Infancy)

Children born at a healthy birth rate have better health outcomes. Low birth rates are often a result of poor prenatal care and prevention, and can result in poor health outcomes for children. This is another example of early prevention paying off in big results in the long term.

3. Obesity (Children)

Children who have access to a secure source of healthy food have lower rates of obesity. Obesity is often an indicator of food insecurity in families. The group stressed that obesity must be looked at as the outcome of a number of different indicators. Obesity can be caused by the metabolic effects of starvation or medication, food scarcity or insecurity, the "grocery gap" in lower income communities, and poverty. The solution to childhood obesity is not simply children decreasing caloric intake and increasing physical activity. When this rate is monitored and communities determine the underlying causes, obesity can be addressed and prevented while improving other outcomes.

4. Rate of youth substance abuse/use (Youth)

Youth who remain free from substances have improved social, physical, and economic outcomes. Use of substance can lead to contact with the penal system, health problems, and family dysfunction. This indicator can be influenced by community support and prevention programs. Each community will have different rates in substance prevalence, so by looking at this measure, communities can target the substances youth most commonly use.

5. Depression rates (Youth)

Depression is a powerful indicator because it brings along a number of other indicators. Youth who are depressed are at risk for substance abuse, poor academic performance, risky behavior, and self-harm. Monitoring the prevalence ensures that youth can receive needed treatment, since depression is often untreated due to a lack of resources.

6. Access to health care (Life span)

Healthy children and youth have accessible health care. There are a number of factors that can make health care unavailable to children and youth, such as distance and transportation, poverty, language barriers, and cultural practices. This indicator can make the source of the barrier to access clear so that families and children can obtain basic health care.

7. Health insurance coverage rates (Life span)

Children and youth with health insurance have better access to quality medical care. Some health insurance may even cover preventative services, which have an enormous impact on health. Children and youth without health insurance often only see a doctor when they are ill or injured, leaving little resources for preventative care. A special concern is ensuring youth aging out of the foster care system are enrolled in health insurance.

C. Children are Supported in Quality Environments

This outcome results in children growing up in supportive, safe communities and stable homes. Quality environments are physically safe and provide children with the security to develop emotionally and socially.

1. Poverty rate

[4]

The group was in agreement that the first indicator should be the poverty rate in the community. Communities with high poverty rates are often faced with high levels of violence, substance abuse, and undiagnosed or untreated mental illness. Outcomes for children are diminished as the cycle and effects of poverty continue through the transition into adulthood.

2. Areas of concentrated disadvantage

This measure is an index of five different pieces of Census data: 1) percent of individuals below the Federal Poverty Line, 2) percent of individuals on public assistance, 3) percent of female-headed households, 4) percent of individuals who are unemployed, and 5) percent less than eighteen years of age. There is a strong correlation between areas of concentrated disadvantage and racial/ethnic inequality.

3. Permanency and mobility of foster children

Children who have been removed from their homes should achieve permanency as soon as possible. Monitoring this measure can shed light on problems in the child welfare and juvenile justice system, whether it is inefficiencies in the court system, lack of needed services in the community, support to foster parents, or case management issues. Children who remain out of the home for a prolonged period of time, are repeatedly removed from and reunited with their caregivers, or experience a high number of placement changes experience dramatically diminished outcomes in almost all areas of their lives.

D. Children are Ready for and Succeed in School and Beyond

This outcome results in children who enter school prepared to excel and continue to achieve through their education to ensure readiness for post-secondary education or entry to the workforce.

1. 4th, 8th, 11th grade proficiency

Math and reading proficiency scores at key points in children's development are predictors of future success. These scores can indicate how many children are prepared to excel in the next level of their education. Children who fall behind in these scores lack the necessary skills to take the next step in academic development. High scores let communities know that children are prepared for further education, and low scores indicate a need for programs to help students develop proficiency.

2. Quality early care and education enrollment and access

Early intervention is a key for successful students. The group agreed that the benefits of early childhood education outweigh any potential cost for services. However, communities must consider not just the enrollment, but also the access to the services. Some communities may not have available programs, and this indicator may help communities plan programs to help their families access this crucial service. Where programs are available but enrollment is low, these measures can shine a light on other struggles that families may have.

3. Mother's education level at birth

The education level attained by a mother at birth impacts children's outcomes. Children generally achieve better outcomes when their mothers have attained high school or post-secondary diplomas. This measure can be affected in the long term by targeting resources at young women with the goal of delaying pregnancy until after the completion of high school.

4. Truancy/suspension/expulsion and absenteeism

This measure will help communities effectively intervene in the lives of youth and prevent future contact with the adult criminal system. Children who struggle with behaviors in youth and are punished by the school system have an increased likelihood of contact with the juvenile court system and the adult criminal system. Youth who display difficult behaviors in school are often struggling with issues related to their homes and families, substance abuse, or undiagnosed/untreated mental health concerns.

E. Youth Successfully Transitioning to Adulthood

Healthy communities depend on a diverse and educated workforce. The group came to a quick consensus on three indicators, the high school graduation rate, juvenile violent crimes/arrests per 1,000 youths, and the rate of youth employment and enrollment in post-secondary education.

1. High School Graduation rate

Attaining a high school diploma impacts the course of a youth's career and post-secondary education. One attendee remarked that outcomes for youths who do not graduate high school within four years are significantly diminished. This information is easily attainable, can be clearly communicated to the public and policy makers, and can lead to action.

2. Juvenile Violent Crimes/Arrests per 1,000

This measure is an excellent predictor of future contact with the adult criminal system and will help communities allocate resources to prevention and diversion programs.

3. Employed or enrolled in post-secondary education

This measure is important to both youth and communities. Youth will experience diminished outcomes if they are not prepared to enter the workforce, and communities will struggle without a quality workforce. This information is available from youth surveys and is easy for communities to understand.

III. Data Development

There are a number of indicators that would be helpful in measuring children's outcomes, but are not currently being reliably measured or reported. The group identified several key items as data that would enhance the ability to measure outcomes in each category but still needs development.

A. Children are Safe

1. Adverse childhood experiences (ACEs)

The Center for Disease control provides data on ACEs, including on a statewide level, but there is still a need for ACEs data on a community/county level.

2. Violence rates

Data should be developed regarding the exposure of children to violence in the home. Law enforcement often has contact with homes experiencing violence in the community and may be a source for tracking this information.

B. Children are Healthy

1. Social development

Social development data would encompass a number of different factors. The group identified STD/STI rates and early sexual activity as factors that affect the outcomes of youths. There are a number of behaviors related to reproduction and sexuality that impact life outcomes. These behaviors have been difficult to measure due to the perception that the collection of this data will cause discomfort or controversy.

2. Depression rates

Depression rates in both youth and adults are important to outcomes. This data is not currently tracked and aggregated by county level.

3. Mental health services access

A significant challenge facing many Nebraskans is access to mental health services when they are needed. In many counties, the need is greater than the number of providers.

4. Undiagnosed mental illness

The group suggested a comparison of Center for Disease control prevalence rates compared to the number of actual mental health diagnoses to give an estimate of the number of Nebraskans with undiagnosed mental illnesses.

C. Children are Supported in Quality Environments

1. Childhood exposure to violence in communities

Many children live in unsafe communities due to gang or drug activity, and can be exposed to traumatic violent events. The rate of violence in communities can be tied with a lack of community engagement. The threat of violence in a community may lead parents to be afraid to allow children to play outside or at a community park, leading to a disengagement from the community.

2. Rate or number of families experiencing homelessness.

The current data on families experiencing homelessness reports only families who seek services. This number is believed to be small in comparison to the actual number of families experiencing homelessness.

3. Percentage of adults with mental health diagnoses and children in the home

Data exists for the number of adults with mental health needs, but there is no data source for the number of these adults with children in the home. Living in a home with a mentally ill adult is classified as an adverse childhood experience, and these numbers will allow a community to plan mental health supports for caregivers and children.

D. Children are Ready for and Successful in School and Beyond

1. Readiness for school data as defined by Together for Kids and Families

This is a strong indicator where it is available. This measure is tracked by public health, but not all communities have collected this information.

2. Social and emotional development indicators

While academics are important and more easily measured, the social and emotional development of children is also important. These indicators would help schools and communities target funding and programs that enrich these aspects of children's lives.

3. Rate of participation in extracurricular activities

There is not a current reliable source of extracurricular involvement of students. Participation in extracurricular activities is a protective factor that may help to mitigate the risk factors in a child's life. Most extracurricular activities are structured around athletic, artistic or intellectual interests, and provide social, emotional, physical or academic benefits.

E. Youth Successfully Transitioning to Adulthood

1. Rate of youth experiencing homelessness

Individuals and families experiencing homelessness are tracked only then they seek services. These rates are not disaggregated by age, so there is no clear data for this indicator. The lack of stable housing predicts other adverse outcomes, such as mental illness, substance abuse, and poverty.

IV. Next Steps

The next steps in this initiative will be to spread awareness of the outcomes and indicators with the ultimate goal of adoption by other agencies. Attendees will be presenting this information to other entities, including the Nebraska Children's Commission and the Prevention Partnership.

The purpose of these outcomes and indicators is to improve the well-being of children. Each individual community may choose different or additional priority indicators. The work of this group is meant to create a starting point in streamlining efforts for the common goal of creating a better, more effective support system for Nebraska's children and families.