NEBRASKA CHILDREN'S COMMISSION

Strategic Goals 2026 – 2028

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Overview

The following four strategic goals were developed through a facilitated influence mapping process with the Nebraska Children's Commission. Each goal has been grounded and supported by findings from the Phase 1 Leadership Diagnostic (May 2026), which drew on a governance survey (n = 23), semi-structured interviews (n=12), and a comprehensive document review. Survey data, interview testimony, and diagnostic recommendations are woven throughout each goal card to anchor the Commission's strategic priorities in evidence.

Why These Goals Focus on Commission Capacity, Not Political Conditions

The Nebraska Children's Commission holds no executive authority. Its power lies in its ability to convene, synthesize, advocate, and influence — and that power is most durable when it is built into the Commission's structure and relationships, not dependent on any particular political moment or administration.

The 2026–2028 proposed strategic goals move away from anchoring success to favorable legislative sessions or cooperative agency leadership — conditions the Commission cannot control- to goals that it can invest in and that it has the authority to build. This includes clear engagement processes, deepened stakeholder relationships, a public communication strategy, and accountability structures that move recommendations to action.

This approach is also intentionally agile. Political landscapes shift, service gaps emerge, and new crises surface. By strengthening its capacity for engagement, relationship-building, communication, and implementation, the Commission positions itself to respond effectively to whatever specific needs Nebraska's children and families face — now and throughout the planning cycle. The goal is not to solve every problem at once, but to build a Commission capable of responding to any of them.

How to Read This Document

Each goal card contains four sections: (1) Goal Statement — the overarching goal and its rationale; (2) **Diagnostic Evidence** — specific survey data, interview quotes, and Phase 1 findings that support the goal; (3) Strategic Objectives and Key Action Steps; and (4) SMART Metrics — specific, time-bound milestones for 2026, 2027, and 2028.

GOAL 1 — Strengthen External Engagement to Sustain Commission Traction

GOAL STATEMENT

The Nebraska Children's Commission will increase engagement with external stakeholders by developing structured internal business processes for external engagement in order to sustain institutional momentum and traction.

Group 1's influence map identified the Governor's Office as a critical node in the Commission's sphere of influence. Phase 1 diagnostic data confirm that without intentional, process-driven engagement at the executive level, Commission work loses traction before reaching action.

DIAGNOSTIC EVIDENCE • PHASE 1 LEADERSHIP DIAGNOSTIC (MAY 2026)

Phase 1 data from the governance survey (n = 14) and twelve semi-structured interviews converge on a clear finding: the executive branch—particularly the Governor's Office—is the Commission's most significant friction point, while the legislature remains its strongest traction pathway.

Key Data Points:

Friction source: 50% of respondents (n = 6/12) *identified the Governor's Office and executive branch as where recommendations encounter the most resistance—the dominant friction source by a wide margin.*

Primary traction site: Legislature: 50% (n = 7/14) *followed by DHHS/state agencies at 43%—indicating meaningful legislative relationships that can be built upon.*

DHHS coordination: M = 2.64 (SD = 1.04) *Lowest effectiveness rating in the entire survey—the only item below the 3.0 midpoint. No respondent gave it a 5, confirming a genuine structural weakness.*

Traction enablers (Q9): "Collective voice and advocacy" *Active senator involvement and credibility cited as the top conditions that enable Commission traction.*

Member Voices:

> *"The significance of the Commission feels to have been reduced in the last couple of years."* — Voting Member #1, 10-year Commission veteran
>
> *"A lot of the people who were involved at the beginning of the Commission in 2012, 2013, are now gone… DHHS doesn't have that history. I don't think they are bought in at all."* — Ex Officio #2

Diagnostic Findings:

- The Commission has three Chairs in three years and four policy analyst turnovers since 2020—creating structural fragility that undermines consistent executive engagement (LD Need 2).
- Diagnostic Recommendation 2 calls for a deliberate strategy for rebuilding legislative and executive relationships, including a designated legislative liaison function and regular briefings with committee chairs.
- Barriers cited in Q10 include: leadership turnover in DHHS and the legislature; lack of transparency from DHHS; and senators who "don't even know about the Children's Commission."

STRATEGIC OBJECTIVES

- Develop a formal external engagement protocol defining how, when, and by whom key relationships are cultivated.
- Establish consistent, structured touchpoints with the Governor's Office at regular intervals.
- Create a mechanism to track engagement activities and measure traction over time.
- Institutionalize engagement processes so they survive changes in Commission membership.

KEY ACTION STEPS

1. Map existing relationships with the Governor's Office and identify gaps or inconsistencies.
2. Draft an External Engagement Business Process document (roles, responsibilities, frequency, and channels).
3. Identify a Commission liaison or subcommittee responsible for executive-level relationships.
4. Schedule an initial briefing with the Governor's Office and establish a recurring quarterly cadence.
5. Design a simple engagement log to monitor outcomes and traction over time.

SMART METRICS (2026 – 2028)

2026	2027	2028
◆ **Q3 2026:** External Engagement Business Process document drafted and adopted by full Commission. ◆ **Q4 2026:** Governor's Office relationship mapped; liaison role or subcommittee identified and seated.	◆ **Mid-2027:** Minimum 2 structured touchpoints with the Governor's Office completed; engagement log active. ◆ **End 2027:** 90% of scheduled engagement touchpoints completed per the protocol.	◆ **End 2028:** At least 3 documented outcomes (briefings, decisions, or responses) attributable to Governor's Office engagement. ◆ **Ongoing:** Engagement protocol reviewed annually and updated to reflect Commission membership changes.

GOAL 2 — Build Stakeholder Relationships to Advance Alignment

GOAL STATEMENT

The Nebraska Children's Commission will establish system of outreach centered on shared goals to strengthen cross-system collaboration and improve alignment among systems that support and impact youth and families throughout Nebraska.

Group 2's influence map placed the Commission at the center of a broad network that includes DHHS, the Department of Education, Behavioral Health Regions, MCOs, and the Legislature. Phase 1 data confirm that coordination with executive agency priorities is the Commission's most acute structural weakness.

DIAGNOSTIC EVIDENCE • PHASE 1 LEADERSHIP DIAGNOSTIC (MAY 2026)

The governance survey's most significant single finding directly motivates this goal: coordination between Commission work and executive agency priorities (DHHS, Education) scored M = 2.64—the lowest effectiveness rating across all survey items, the only item below the 3.0 midpoint, and the only item with zero respondents selecting the highest rating (5). This is not a matter of mixed opinion; it is a documented structural failure.

Key Data Points:

DHHS/agency coordination: M = 2.64 (SD = 1.04) *Lowest rating in the entire survey. No ceiling effect: zero respondents rated this as highly effective.*

Cross-committee alignment: M = 3.29 (SD = 0.80) *Coordination on shared priorities remains below the Emerging Competency threshold (4.0).*

Identified gaps: Behavioral Health + Nebraska Tribes *Group 2 map explicitly noted absence of Santee, Ponca, Omaha, Winnebago, Rosebud, Ogallala, Southern, and Inway tribes.*

Traction barrier (Q10): "Lack of transparency and collaborative spirit from DHHS" *Cited by multiple survey respondents as among the most significant barriers to Commission influence.*

Member Voices:

> *"We have a very, very robust way to unbundle and provide intensive services… We have some providers with up to an 18-week wait list to get treatment. That's not okay. We have a solution. We can't move it forward."* — Ex Officio #5, describing stalled Medicaid-eligible service model due to absent agency partners

> *"We don't always have the right people at the table. There's nobody with any kind of authority… to say, okay, we need to do this."* — Ex Officio #4

Diagnostic Findings:

- Interview data confirm DHHS has shifted from collaborative partner to 'information-only liaison,' eroding the institutional buy-in built during the Commission's founding years (LD Need 2).
- A two-year subcommittee effort on intensive in-home treatment (a Medicaid-eligible, federally matched service model) has stalled because Medicaid and the Division of Behavioral Health have not been consistently present—a direct case for a 'Right People at the Table' protocol (Diagnostic Recommendation 3).
- Nebraska Tribal nations were identified as a gap in representation, consistent with LD Need 3 (Inclusive Deliberation and Equitable Voice).

STRATEGIC OBJECTIVES

- Establish a formal, repeatable process for sharing Commission priorities with DHHS and key partners.
- Build sustained two-way communication channels with DHHS leadership.
- Address identified relationship gaps, particularly with Tribal nations and Behavioral Health entities.

KEY ACTION STEPS

1. Develop a Priority-Sharing Framework document for communicating priorities to DHHS and other agencies.
2. Convene a joint Commission–DHHS session to align on shared priorities for the current cycle.
3. Establish quarterly interagency briefings with DHHS, DOE, and Behavioral Health Regions.

- Increase alignment between Commission recommendations and agency action plans.

4. Identify agency liaisons within each major partner to facilitate ongoing communication.
5. Develop deliberate outreach strategy to engage Nebraska Tribal nations (Santee, Ponca, Omaha, Winnebago) and local tribes.
6. Implement a 'Right People at the Table' protocol to identify, invite, and escalate when key decision-makers are absent.

SMART METRICS (2026 – 2028)

2026	2027	2028
◆ **Q3 2026:** Priority-Sharing Framework drafted and adopted by Commission. ◆ **Q4 2026:** First joint Commission–DHHS priority alignment session convened.	◆ **Mid-2027:** Liaisons identified in DHHS, DOE, and at least one Behavioral Health Region; 'Right People' protocol adopted. ◆ **End 2027:** Formal engagement initiated with at least 2 of 4 Nebraska Tribal nations; minimum 3 interagency briefings held.	◆ **End 2028:** Engagement achieved with all 4 Nebraska Tribal nations; at least 5 shared priorities documented across Commission and partner agencies. ◆ **End 2028:** Annual alignment review completed with DHHS showing documented shared priorities; DHHS coordination survey score target ≥ 3.5 (from baseline M = 2.64).

GOAL 3 — Elevate Commission Impact Through Strategic Media Engagement

GOAL STATEMENT

The Nebraska Children's Commission will improve its public communication by developing and executing a proactive media engagement strategy that connects Commission findings and recommendations to broader audiences.

Group 3's influence map identified nine distinct destination points for Commission outputs and found that many pathways lacked a clear public communication link. Phase 1 diagnostic data confirm that the Commission's profile—even among key stakeholders like legislators—has eroded, and that strategic communication is a necessary lever for restoring influence.

DIAGNOSTIC EVIDENCE • PHASE 1 LEADERSHIP DIAGNOSTIC (MAY 2026)

Diagnostic data reveal a Commission whose work is not reaching the audiences it needs. Senators who 'don't even know about the Children's Commission' cannot carry its legislation. A Social Network Analysis cited in November 2025 meeting minutes independently confirmed a perceived lack of institutional knowledge among newer senators regarding the Commission's mission—validating the Group 3 finding that communication is a strategic priority.

Key Data Points:

Policy pathway clarity: M = 3.00 (SD = 1.13) *Lowest-scoring item in the Role Clarity section of the governance survey. Members lack shared understanding of how recommendations become policy.*

Shared purpose understanding: M = 3.29 (SD = 1.03) *Well below the Emerging Competency threshold (4.0)—indicating the Commission itself struggles to articulate its own purpose consistently.*

Traction enabler (Q9): "Credibility and up-to-date knowledge" *Cited as a top condition enabling Commission traction—which requires external communication to establish.*

Traction barrier (Q10): Senators who "don't even know about the Children's Commission" *Named explicitly in survey open-ends as a significant barrier to legislative influence.*

Member Voices:

> *"I think the most important function that the Commission has served is convening powers—getting the people that have knowledge and expertise and lived experience together in the same room."* — Ex Officio #1
>
> *"I'd like to see the Commission identify measurable outcomes tied to frameworks like Annie Casey Kids Count data—and translate those into two things we're going to do."* — Ex Officio #1
>
> *"What is the niche that this one fills?"* — Ex Officio #1, on the Commission's need to clarify and communicate its distinct value proposition

Diagnostic Findings:

- A Social Network Analysis (cited in November 2025 meeting minutes) confirmed that newer senators lack institutional knowledge of the Commission's mission—directly limiting legislative traction (LD Need 4).
- The loss of proactive administrative staff who 'did lots of background work' including outreach and communication has reduced the Commission's external visibility (LD Need 2; Diagnostic Recommendation 5).
- Diagnostic Recommendation 4 calls for sharpening strategic focus—a media strategy is a key mechanism for communicating that focus to external audiences and building the credibility needed for influence.

STRATEGIC OBJECTIVES

- Develop a Communication and Media Engagement Strategy aligned with Commission reporting cycles.

KEY ACTION STEPS

1. Conduct a communications audit to identify gaps in current public-facing content.
2. Develop a Communications Strategy document including messaging guidelines, target audiences, and media channels.

- Create consistent, accessible public-facing summaries of Commission reports and recommendations.
- Build relationships with key media outlets covering child welfare, education, and behavioral health in Nebraska.
- Establish a clear process connecting Commission outputs (reports, testimony, briefings) to public communication.

3. Identify a Commission lead or communications support role responsible for media relations.
4. Create press release and public summary templates tied to Commission report release timelines.
5. Build a media contact list of relevant journalists and outlets covering Nebraska child welfare and social policy.
6. Establish a protocol for when and how findings are released publicly, aligned to legislative and reporting cycles.
7. Develop materials that clearly articulate the Commission's distinct value and niche in the children and families landscape.

SMART METRICS (2026 – 2028)

2026	2027	2028
◆ **Q3 2026:** Communications audit completed; Communications Strategy drafted and adopted. ◆ **Q4 2026:** Media contact list of ≥ 15 outlets/journalists built; at least 1 public-facing report summary published.	◆ **Mid-2027:** Media contact list expanded to ≥ 25 contacts; communications lead or support role identified. ◆ **End 2027:** Minimum 4 media placements or public releases tied to Commission work achieved for the year.	◆ **End 2028:** Policy pathway clarity survey score target ≥ 3.75 (from baseline M = 3.00); 100% of major reports accompanied by public-facing summary. ◆ **End 2028:** Stakeholder awareness survey (legislators, agency partners) shows measurable improvement in recognition of Commission mission.

GOAL 4 — Move from Recommendation to Action Through Proactive Implementation

GOAL STATEMENT

The Nebraska Children's Commission will take proactive, committee-driven steps to implement its recommendations by clarifying its authority, organizing work around strategic priorities, and creating accountability structures that move its work from recommendation to real-world impact.

Group 4's influence map surfaced the question 'What authority does the Commission have?' and called explicitly for proactive, priority-driven committee work. Phase 1 diagnostic data confirm this as a systemic leadership development need: the Commission's scope is too broad, its influence pathways are unclear to its own members, and productive subcommittee work routinely stalls before reaching decision-makers.

DIAGNOSTIC EVIDENCE • PHASE 1 LEADERSHIP DIAGNOSTIC (MAY 2026)

Phase 1 data reveal a Commission doing important analytic and relational work at the subcommittee level—but lacking the infrastructure to convert that work into policy change. Every single interview respondent described some dimension of this deficit, regardless of tenure or role type.

Key Data Points:

Role clarity (own responsibilities): M = 3.79 (SD = 1.08) *Highest role clarity item, yet still below the Emerging Competency threshold (4.0). Wide SD signals significant disagreement across members.*

Policy pathway clarity: M = 3.00 (SD = 1.13) *Lowest-scoring governance item in the survey. Members lack shared understanding of how recommendations move into policy.*

Shared understanding of purpose: M = 3.29 (SD = 1.03) *Group-level shared purpose falls below the Emerging Competency threshold across all item types.*

Leadership turnover: 3 Chairs in 3 years; 4 policy analysts since 2020 *Structural fragility has repeatedly disrupted shared direction and institutional memory (LD Need 2).*

Member Voices:

> *"We have a very, very robust way to unbundle and provide intensive services… We have some providers with up to an 18-week wait list to get treatment. That's not okay. We have a solution. We can't move it forward."* — Ex Officio #5
>
> *"When you're so diluted, the ability to really make some change just isn't there."* — Ex Officio #4, on the Commission's overly broad scope
>
> *"It's a little bit of everything for everybody in the child welfare space, versus a very tight and narrow focus. I'm not sure whether I know exactly what I could act on or should be acting on as a member."* — Ex Officio #1

Diagnostic Findings:

- LD Need 4 (Influence Infrastructure and Strategic Focus) was identified through interview data: productive subcommittee work stalls because the right decision-makers are absent and scope is too broad to prioritize (described by Voting Member #4 as 'ethereal thinking').
- A youth client being sent to Mississippi for psychiatric residential treatment due to absent in-state PRTF capacity was cited as a concrete, human consequence of implementation failure (Voting Member #3).
- Diagnostic Recommendations 4 and 5 directly address this goal: (4) Sharpen Strategic Focus for 2026–2028; (5) Strengthen Administrative Infrastructure—restoring the proactive staff support that previous configurations provided.
- The Commission's 2026–2028 priority domains—Service Array & Access and System Stability & Oversight—require the Commission to function as a collective leadership body, not merely a convening structure.

STRATEGIC OBJECTIVES

KEY ACTION STEPS

1. Commission a statutory review (Neb. Rev. Stat. §§43-4201 through 43-4207)

- Clarify and document the Commission's formal authority and levers for influencing implementation.
- Organize Commission committees around strategic priority areas rather than ad hoc topics.
- Develop an implementation accountability framework to track progress from recommendation to action.
- Expand stakeholder representation to fill identified gaps (PH, DBH, DD, Medicaid, Foster Parents, Families).

documenting the Commission's formal authority and legislative levers.

2. Restructure Commission committees to align with current strategic priority areas (Service Array & Access; System Stability & Oversight).
3. Develop a Recommendation Implementation Tracker mapping each recommendation to a responsible party, timeline, and status.
4. Create a 'Recommendation to Action' protocol defining how the Commission hands off and monitors recommendations.
5. Recruit representatives from unrepresented stakeholder groups (PH, DBH, DD, Medicaid, Foster Parents, Families).
6. Establish a Young Adult Committee to embed youth voice in implementation processes.
7. Assess current staff roles against proactive support functions and restore capacity for research, cross-committee intelligence, and relationship-building.

SMART METRICS (2026 – 2028)

2026	2027	2028
◆ **Q3 2026:** Statutory authority review completed and findings shared with full Commission. ◆ **Q4 2026:** At least 2 committees restructured around strategic priorities; Young Adult Committee established with ≥ 5 members.	◆ **Q1 2027:** Recommendation Implementation Tracker launched with 100% of active recommendations logged. ◆ **End 2027:** ≥ 50% of tracked recommendations at 'In Progress' or 'Completed' status; all identified stakeholder gaps filled.	◆ **End 2028:** ≥ 75% of tracked recommendations at 'In Progress' or 'Completed'; policy pathway clarity survey score target ≥ 3.75 (from M = 3.00). ◆ **End 2028:** 'Recommendation to Action' protocol reviewed annually; Young Adult Committee fully integrated into Commission deliberations.