

**Nebraska Council on Developmental Disabilities
Task Force Final Report
February 17, 2020**

Prepared by: John M. Ferrone

Introduction

From July of 2018 to mid-January of 2020, Ferrone Associates (Ferrone) continued to work with a group of Lincoln-based stakeholders—the Task Force—representing a diverse array of perspectives with the aim of addressing a unique challenge: How to prevent students with a Brain Injury (BI) and/or Cognitive Disability (CD) from entering what is commonly known as the School-to-Prison Pipeline (which the Task Force decided to rename as the Classroom-to-Courtroom Pathway, or CCP). In addition to prevention, the Task Force focused on how to identify and remove such students from the CCP if possible, and if not, how to address their needs within the CCP.

The primary focus and effort of this second contract, however, was with three communities selected by the Lincoln Task Force, and that were invited to participate in a similar process to discuss the CCP in their respective geographic areas. The communities/regions that participated in this project included: Schuyler, North Platte, and Scottsbluff.

Work products from this contract were provided to Kristen Larsen (Executive Director of the Nebraska Council on Developmental Disabilities) during the course of the contract as deliverables were completed. This Final Report, then, summarizes the efforts, as well as the unique insights and accomplishments within each community.

Similar to the previous contract's report, this Final Report can and should be used as a collection of the insights that were shared by dozens of stakeholders across multiple communities. There was significant consensus among the stakeholders regarding the final recommendations; this document, then, can serve as a call to action for policy and process changes, as well as to stimulate further discussion towards improving the lives of children and youth who are at risk of entering and/or in the Classroom-to-Courtroom Pathway. At the very least, it can serve as a catalyst for discussion.

Additionally, some of the initiatives and high-level approaches are immediately actionable, and should at the very least provide a basis for continued discussion, planning, and consensus-building. This Final Report is offered as a dynamic, working document that can evolve and be refined as more stakeholders are engaged in the discussion. Change will only occur when the collective energy and consensus for change is achieved.

Thank for you for the opportunity to be of service. The Task Forces accomplished some exciting milestones and established a collaborative rapport that will serve youth, families and Pathway stakeholders well.



John M. Ferrone

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Part 1: Summary of the Process and the Approach

The Lincoln Task Force (LTF) met to review the recommendations from the first year's efforts, as well as to establish committees to pursue selected recommendations for further advancement. Additionally, the LTF created a set of criteria to use to select communities to which an invitation would be made to participate in a series of meetings to explore the Classroom to Courtroom Pathway (CCP) within their own communities and regions. Invitations were then crafted, and the communities were invited to participate. All three of the communities that were identified accepted the invitation.

Three in-person meetings were scheduled in each of the identified communities; however, Ferrone conducted a fourth meeting in each of the communities as a *pro bono* contribution to continue to assist them to make progress on their respective initiatives.

Following are the pieces of the process, including the Criteria and the Invitation Letter.

CRITERIA

The Lincoln Task Force used the following list of criteria to help guide the discussion and decision as to which communities to invite to participate:

1. Does the community have a history of conducting forward-thinking initiatives?
2. Is the community looked to by other communities for leadership?
3. Are there enough known stakeholders who can be contacted to help jumpstart the process?
4. Is the community willing to participate?
5. Is the timing right for the community to participate now?
6. Are there political issues that could pose a threat to the process?
7. How well are the various agencies (of the NT, for example) represented in the community?
8. Do we know a person who would be the point of contact?
9. Is there easily accessible and free meeting space available?
10. What is the community's experience with our primary challenge and what have they done?
11. Will this community be a good springboard for statewide consensus?
12. Are there community partners and initiatives that would fit well with this initiative?
13. Is there an agency or contact in this community uniquely positioned to act on one or more of the priority recommendations?
14. Is there an organization in the community that will step up to provide administrative support (scheduling, communications, etc.) for meetings?
15. Look for communities which may already be investing and working on juvenile justice issues which are being funded by private foundations.
16. Is the County Attorney willing to be engaged and provide leadership?

INVITATION LETTER

The letter on the following page was tailored for each of the communities (Schuyler, North Platte, and Scottsbluff).

October 24th, 2018

To the Community Leaders and Professionals in _____,

It is our great honor to contact you, because you are known as a person who has a demonstrated passion for improving statewide systems towards benefiting the lives of youth who are “at risk”.

Youth have a difficult enough time as it is navigating the many variables inherent in our rapidly changing culture, and when dealing with an additional challenge—such as a brain injury, cognitive disability, behavioral health challenge, or learning disability—the uphill climb becomes very steep. Needed services for these youth are often unidentified and/or unavailable, which places them at risk for entering the juvenile justice system if concerning behaviors occur. The juvenile justice system is not designed to effectively engage youth with these unique challenges. Therefore, these youth may be placed on a path that is not healthy for them, or for their families or communities.

To begin to address this challenge, during the past twelve months the Nebraska Council on Developmental Disabilities convened a Task Force in Lincoln to explore the topic via a facilitated planning process. The intent was to not only define the context and challenges, but to also identify recommendations for evolving the systems and policies that impact the target youth. The Council on Developmental Disabilities agreed that the Task Force process in Lincoln was fruitful, and recommended replicating this process in other Nebraska communities so as to refine the initial recommendations towards fostering statewide consensus to pursue enhancements, in addition to assisting community and regional stakeholders to identify recommendations unique to their communities.

To that end, the Council on Developmental Disabilities is supporting the engagement of other communities via a facilitated planning process. The communities will learn about the Classroom to Courtroom Pathway (see the attached PDF) and help refine it to reflect local policies and processes; discuss and refine the related draft Priority Recommendations (see the attached PDF), making note of insights that are unique to the community; and discuss the new paradigm that blends Cognitive Disability, Brain Injury, Learning Disability, and Behavioral Health challenge (CD/BI/LD/BH), and how this perspective might assist the community to consider policy and process enhancements.

The community of _____ has been identified as a community that might value this planning process. This letter, then, is an invitation to the stakeholders, leaders and professionals of _____ to participate in the exploratory and planning process described above. Logistically, the process would include forming a Task Force in your community (the Lincoln Task Force included approximately 40 people—see the attached PDF of participants that will provide an idea of the types of stakeholders who participated). Your Task Force would meet three times in person, usually every other month, for 3 hours each meeting. Additionally, your Task Force may assign up to two Committees to meet via GoToMeeting to

conduct work between the Task Force meetings. John Ferrone will facilitate all Task Force and Committee meetings.

As a community leader who was identified to us as someone who would be able to assist in forming the Task Force in your community, we are reaching out to you to ask if you are interested to help this exploratory and planning process take place in your community. We will plan to follow up with a group email to all of you to invite you to have a GoToMeeting conference call to answer any questions you may have as you consider the possibility of participating.

The role of participating stakeholders would be to participate in meetings, contribute your expert insights and opinions, and to potentially contribute your time and talent on initiatives relevant to your area of expertise (supported by our consultant). We hope that this is a role you will be interested to play in this critical initiative.

If we do not address this critical problem, we face many potential ramifications including but not limited to: a) the diminished and potentially irrecoverable health and wellness of the youth; b) negative impacts to families and communities; c) overwhelming stress upon the juvenile justice infrastructure and eventually the adult justice system; and, d) broad negative impact that is both tangible and intangible in Nebraska.

Thank you for your consideration. As leaders of this initiative, we are very grateful for all that you do in Nebraska for Nebraskans. If you have any immediate questions, please contact John Ferrone at jferrone@ferroneassociates.com. Additionally, be on the lookout for that group email in the next 7-10 days.

Kind Regards,

The Task Force Nucleus Team

DHHS Council on Developmental Disabilities (an independent Council mandated by the federal Developmental Disabilities Act to advocate for systemic changes)
Nebraska VR
Disability Rights Nebraska
Administrative Office of Probation-Juvenile Division
Brain Injury Alliance of Nebraska

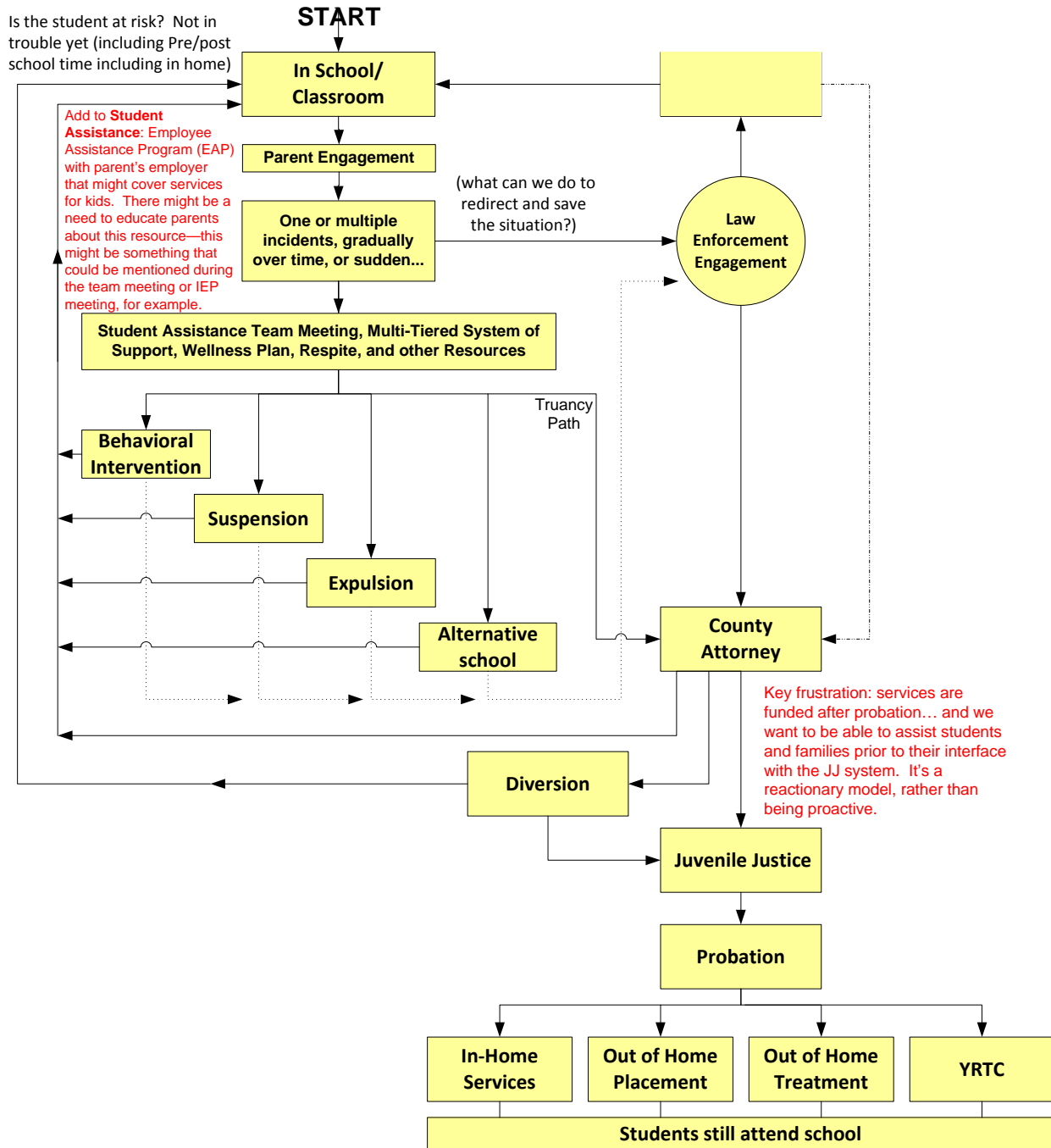
The next three sections of this report detail the unique participation and progress of each of the three communities. Each community's series of meetings were similar in some ways, and unique in others. The reports are often written in plural first person, e.g., "we", because each report is the voice of each community's Task Force. *The reports offer different insights, and there are also commonalities among them that will be highlighted in the macro level synthesis of the overarching effort across the communities; quite often, an idea that originated in one was discussed and advanced in another, too, and then shared again with the originating community.*

Part 2: The Schuyler Task Force

The Schuyler Task Force was comprised of the following people representing a diverse array of stakeholders having critical experience and insight with respect to the challenge at hand. Not all people attended every meeting. On average, 15 people were in attendance. Each meeting lasted 2 hours. The **List of Participants** included:

	Name	Organization
1	Stephen Grammer	Schuyler Community Schools (SCS)
2	Amy Johnson	SCS
3	Michelle Burton	SCS
4	Jesse Zavadil	SCS
5	Paula Kment	SCS
6	Alejandrina Lanuza	Heartland Workers Center
7	Claudia Lanuza	CHI Health
8	Sarah Gengler	Pastor First Presbyterian Church, Ministerial Association
9	Tonia Soukup	Colfax County Attorney's Office
10	Denise Kracl	Colfax County Attorney's Office
11	Tom Morrison	Colfax County Sheriff's Office
12	Ingrid Rodriguez	SCS
13	Meridith Riha	SCS
14	Sidnee Pavel	SCS
15	Daniel Prochaska	Office of Probation
16	Kat Lopez	Heartland Workers Center
17	Julie Smith	Office of Probation
18	Jackie Farrell	Community Development
19	Sarah Heller-Glen	Cargill
20	Susana Oliva	Community and Family Partnership
21	Sarah Papa	Community and Family Partnership
22	Kyle Jedlicks	County Attorney's Office
23	Keisha Moor	
24	Jamie Rodriguez	East Central District Health Department

On the following page is the CCP flowchart, with customizations indicated from the Schuyler group indicated in red. This flowchart is not intended to capture every possible permutation or series of events with respect to a student's progression along the Pathway; instead, it is a high level model that assists all stakeholders to see where they fit in the Pathway such that they can begin to better understand how best to collaborate with each other towards improving the Pathway and assisting students to not travel too far down the Pathway.



Early on in the discussion with the Schuyler Task Force two points were made, one a specific suggestion for improvement, and the other a comment on the status of the process and where services typically are offered.

As noted in red in the above flow chart, an Employee Assistance Program (EAP) benefit might be available to parents who are employed at organizations that offer such a benefit. The EAP benefit might provide support services for the family and child. The concept was shared and noted during the meeting, and the Schuyler Community Schools administration has an opportunity to incorporate EAP services as a potential resource into the IEP discussions that occur.

The second red comment on the flowchart speaks to the need to offer more services further “upstream” in the flow chart. It is this observation that shaped the rest of the Schuyler Task Force’s discussions and initiatives as described below.

Schuyler Task Force’s Unique Insights, Needs and Initiatives:

The following list of priorities and initiatives surfaced during the four discussions. Some have initiatives attached to them at this point in time. *These notes are in the words of the participants.*

1. **Need:** The school makes referrals to professionals and community partners, but a youth must have a diagnosis to receive services in most cases. We (the school) can offer all of the available resources... but we don’t have the capacity to help them navigate the resources, and a diagnosis is needed to access most resources. Wouldn’t it be great if we could help families and youth without needing a diagnosis? Parents don’t know to come to ask for help, or that help could be sought at/from the school. The biggest challenge in the school, then, is a lack of awareness among the parents of options, resources, etc. that are available to them.

Roadblocks: Communication is a roadblock. Too often there is a communication gap between the child and parent. Children can sometimes take advantage of this. Or, often students are in a position where they are trying to convey information to a parent and help the parent understand, and this can be a challenge. Cultural context provides a layer of complication, too. Financial burdens among families often complicate the situation with more stress.

Initiative: Community and Family Partnership (CFP) is providing a new resource as form of Community Response. CFP helps families in crisis, and CFP created a position that will be dedicated to Schuyler Community Schools, about 25 hours a week, to be a family resource/champion and navigator of resources to assist the families. The person in this role will help teach parents and youth how to prevent a crisis. It is funded via Community Well Being program (Nebraska Children and Family Foundation). This role takes a “center hub of the wheel” approach, connecting parents with the spokes/resources of the wheel. The role is primarily a connector and bridger, and is able to leverage existing funding streams within the network of resources. Potential barriers: culture/language, transportation, immigration status, stigma of mental health challenges, trust is a potential issue (it is difficult to build rapport when coaches change), possibility that parents don’t know what they don’t know (both resources and their challenges, and the organization has a series of worksheets that help create a path for each family).

2. **Need:** The County Attorney is hoping for a simple screening tool... 5 or so questions, possibly more, to indicate whether or not a deeper dive is recommended. A longer screening tool exists,

but it is 140 questions—is there something in the middle? And, is there assistance that can be provided to help a student or parent complete the assessment? The process would need to be ironed out. If the case is court-involved, the County Attorney has 100% control as to what direction it takes based on results of an assessment, although the parents still have the authority to decide what they will do.

Initiative: This topic led to the creation of a committee to explore the possibility of creating such a tool for County Attorney’s to consider implementing statewide. Please see the Lincoln Task Force Committees below in this report for further information.

3. **Need:** Resources to families and youth are available too far down the flowchart. We need to be able to deliver resources sooner. The premise is that an early thorough assessment for various challenges can help prevent a child from going down the path. But there is a roadblock. The school has the MDT (various professionals) that can perform assessments, but there is no authority to require tests/assessments (until after an expulsion—which is a State statute). The Nebraska Discipline Act is very strict... maybe it needs to be revisited to create a middle-ground that positions schools to help families. In the County Attorney’s office, they see parents who will never choose to make use of resources, and those parents who have an acute need and who value the resources.

There are students who have CD/BI/LD/BH challenges who never enter the Juvenile Justice system because the resources were available to the family—and the family was aware and chose to make use of the resources. It is imperative that we create awareness in the parents and among the adults who interface with the students... awareness of symptoms and manifestations of challenges. If we can identify the students and their challenges as early as possible, we can help prevent a challenge from resulting in the child going down the courtroom path. Mental Health First Aid training would be good to make available, as an example of proactive skill-building. Maybe train school staff to understand and use the ACE’s tool, too?

Initiative: We may not be able to change State statute, but if we can frontload the services such that the parents make use of the resources, then we may prevent the interface with juvenile justice. Our teachers need to know about the Adverse Childhood Experience (ACE’s) tool... a 10 question tool that seeks to identify the potential trauma(s) a person has experienced as a youth. The higher the score, the more positive the correlation between your ACE score and your behaviors that could lead to the pathway to the courtroom. Schuyler Community Schools is considering training its staff with respect to the ACE’s tool. The concept, here, is to equip the faculty and staff with a uniform perspective (the ACE’s framework) and to use this perspective to be “eyes and ears”, and as knowledge of potential trauma is learned informally, alert the Counselor who can then potentially consider proactively reaching out to the student and family. In other words, when faculty and staff uniformly know what to look and listen for, it creates the opportunity to be proactive. This does not assume that faculty and staff are not already doing this—this concept is simply suggesting a way to collectively improve such efforts.

4. **Need:** Identify parents who have been there, done that, and position them to help parents who are new to the system and are trying to understand their situation with respect to their child, no

matter where the child is in on the flowchart. In other words, we need to create a cadre of trusted parents to be role models, coaches, navigators, supporters, mentors, etc. to families. Focus on parents and empowering parents to be able to effectively support their children. If we can get parents to understand our system and to choose to engage in the proper assessments and resources, that will help prevent possibly going down the courtroom path.

Initiative: So, we need to first map out our system, and then figure out how best to communicate it. Does each member of the system engage the parents in a way that helps the parents understand at what point in the system they are currently in, and understand the context? Or is it just a moment in time, out of context? Can we form a Committee to explore this and ultimately come up with an approach that would accomplish this? Maybe conduct a Focus Group of parents to ask them what they would want? Can we ask parents who have been there done that what they would have valued? What is the answer to, "I wish I had..." Possibly utilize Cargill's employee round tables. Youth focus group possible at the detention center. CHI and Region 4 can help, too. Community and Family Partnership is the point agency to lead the focus group initiative.

- a. First step: identify the families we have helped and who can talk about what worked, what didn't, and what they wish they had in hindsight. Each stakeholder in this planning group should look to identify such families, and potentially be the one to invite based on Sarah's plan for a focus group. Get potential attendees to Sarah by August 31st.
- b. Conduct this first focus group (barriers: babysitting, food, travel, etc.) Target date of first half of October. Sarah will collaborate with Denise to distribute data/insights at the October Juvenile Services Community Team meeting on October 21st.
- c. With the information from the first focus group, prepare Susana to invite families to participate in the next focus group, letting them know that families from the first focus group will be in attendance.

Additional Miscellaneous Insights

5. Regarding resources... there are many different offerings that exist (Hope Squad, Youth on the Run, Peer to Peer supports, TeamMates, PALS, etc.), but is there a central entity that helps the different organizations know what all is available? How does the synthesis of resources occur? CHI Behavioral Health has a mental health services guide that is online and in print, and this guide aggregates resources. At the Juvenile Services Meeting, resource sharing is accomplished. The Community and Family Partnership orchestrates community resource sharing as well. Representatives at these meetings bring the info back to their organizations and distribute the information.
6. We have parents with Serious Mental Illness (SMI) who are not receiving treatment, and who are not able to participate in the resources we provide for our students. This presents a major roadblock to helping the students.
7. There is a need for bilingual therapy, and the provider needs to be trained in mental health.

8. Diversion Subcommittee is putting together a Training Academy... good channel to share new diversion programs and best practices. Current status as of August: State level discussion as how this will unfold within the next year.
9. We have an opportunity to educate parents about being proactive in sharing information with first responder agencies.
10. Parents in the Hispanic community may not understand the magnitude of going through the juvenile justice system. And, the word “diversion” means “fun” among the Hispanic community, so that causes confusion.

Schuyler Task Force Framework for Possible Next Steps

There are several initiatives mentioned in the above notes. The leader, Denise Kracl, Colfax County Attorney, orchestrates a multi-stakeholder meeting on regular basis and this group has a proven track record of identifying and responding to needs—it can therefore provide ongoing oversight for the initiatives described above. Generally speaking, the following framework can be used repeatedly to address the above needs and priorities:

1. Determine which, if any, of the above initiatives will continue forward as action items.
2. Assign a point person for each action item, and determine a high level timeline for completion.
3. The point person should then create a list of milestones that can be completed within that timeline, resulting in the completion of the action item.
4. The group can review the milestones and discuss how to assist the point person to complete them. This step is important, as it continues to engage the entire group.
5. The group should then be able to think about next steps so that an action item never becomes an end in and of itself, but rather results in continued progress by rolling the momentum forward in the form of next steps and action items.

Ferrone Associates Additional Considerations

This section is provided merely as a catalyst for further thinking and consideration about the unique assets, dynamics and challenges at play in the Schuyler community with respect to the Classroom to Courtroom Pathway. These thoughts/insights are not intended to imply any type of judgment, but are rather a collection of insights based on the consultant’s familiarity with complex community initiatives and both the opportunities and pitfalls inherent in them. These insights are unique to the Schuyler community and are offered on a personal note in the spirit of fostering continued proactive engagement.

1. **Leadership and Sustainability of the Initiative:** The first thought that occurs to me is that the Schuyler community is very fortunate to have a County Attorney who is more than a County Attorney—Denise Kracl is a well-known and well-respected leader and convener of stakeholders, and she leverages her authority and role towards bringing the right partners to the table to discuss needs and solutions. She empowers and supports the members of the coalition that meets regularly. The group dynamic is evenly distributed—all participants feel comfortable participating.

I would encourage the group to think about a more formal structure of leadership, akin to an Executive Committee of a non-profit Board of Directors. This is a comment about leadership succession, then, and the promulgation of the group and process that exists today, and that needs to be sustained beyond the tenure of any one person. I don't think a Treasurer is necessary... but I do recommend that the role and responsibility of leadership be taken up by others in the group so as to institutionalize (in the good sense of that word/concept) all of the positive aspects of the coalition. In the worst case scenario, Denise could suddenly be gone from the group—everyone's hope would be that the coalition has a leadership structure such that it continues to do the important work that it has been doing.

This could be as simple as borrowing a play from the Chamber of Commerce playbook and identifying a Chair, Vice Chair, and Vice-Chair-to-be. The Chair could become the Past Chair, creating a group of 4 people who have an ongoing responsibility to plan and orchestrate the leadership of the coalition. The roles could be one year. This structure does not create unnecessary power over others—instead, it would be designed to facilitate the good will and collaborative dynamic among the participants.

2. **Parental Engagement:** Similar to the other communities, the Schuyler community places a high value on parents and parental engagement—yet it is difficult to accomplish such engagement. There seems to be a gap between the available resources (including the heartfelt and genuine desire among professionals to provide supports and resources) and the parent's decision to engage those resources (if they are aware of them). Resource awareness among parents is certainly the first hurdle, but the second hurdle—having parents choose to engage those resources—is far more difficult. Cultural barriers, stigma and related embarrassment, and disbelief and denial are common factors that create the gap between awareness of a resource and the parent's choice to engage such resource on behalf of the child. And, this challenge is not unique to the Schuyler community.

What the Schuyler community uniquely possesses, though, are two specific assets (among many) that could possibly be leveraged further. I am speaking of the Community and Family Partnership and its funded position for family outreach, and Cargill as a corporate leader in the community. The two are already collaborating, and I wanted to suggest that Cargill might be able as a corporate leader to work through the economic development agency and the Chamber of Commerce (both partners in the coalition) to communicate to and encourage other employers to become channels of information regarding available resources to families, as well as to encourage and support families to make use of such resources. Additionally, there could be a private-public partnership in which donations/grants are made from the private sector to help fund additional family outreach positions within the Community and Family Partnership.

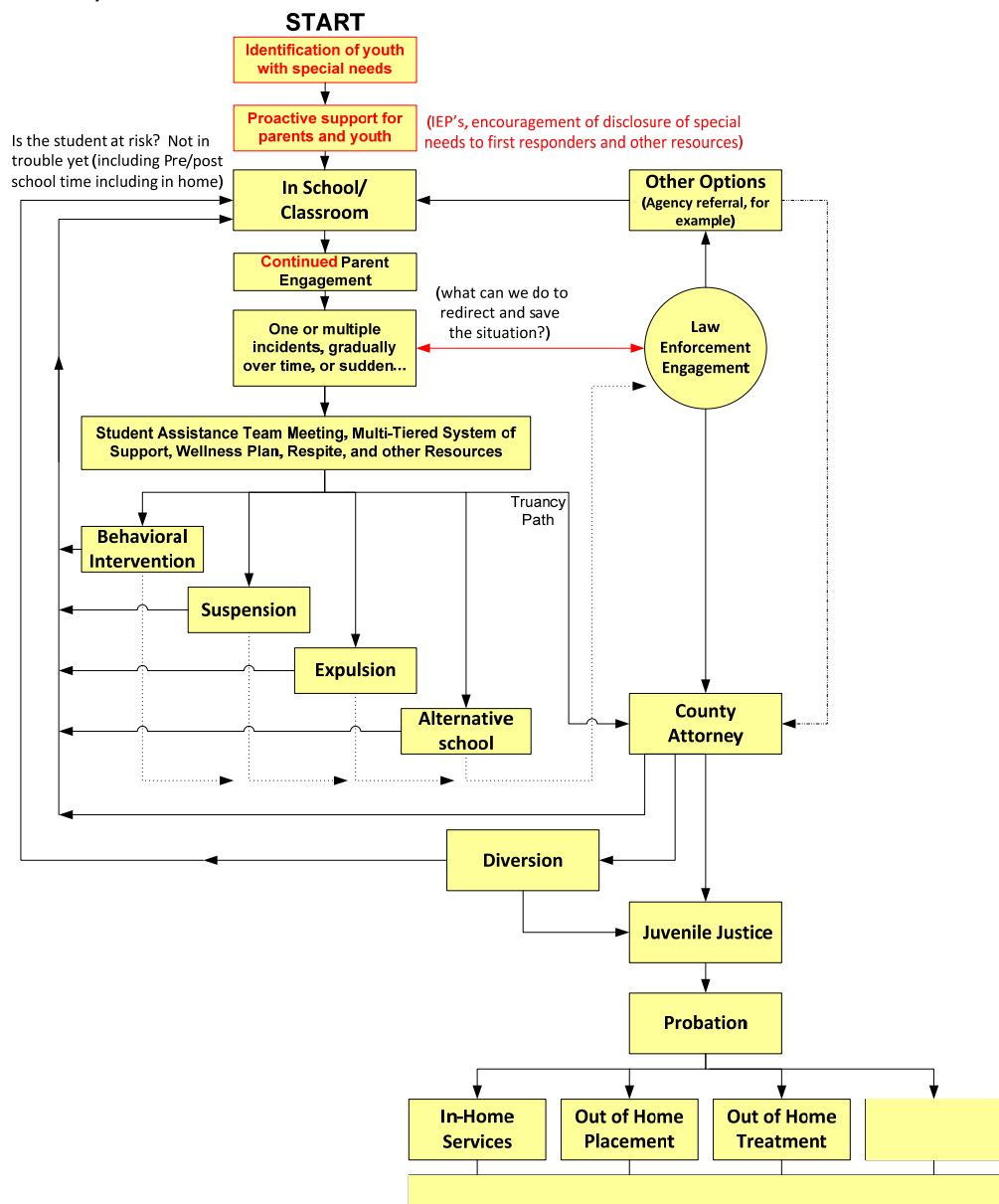
Part 3: The North Platte Task Force

The North Platte Task Force was comprised of the following people representing a diverse array of stakeholders having critical experience and insight with respect to the challenge at hand. Not all people attended every meeting. On average, 20 people were in attendance. Each meeting lasted 3 hours. The **List of Participants** included:

	Name	Organization
1	Beverly Duran	NPOC (no longer with this agency)
2	Bonnie Bauer	Region II - Behavioral Health
3	Brandon Wengler	Guardian Light Family Services (President)
4	Brandy Buscher	NPPS
5	Brittany Hicken	Independence Rising-Intern
6	Brian Scusa	CASA/Advocate
7	Calida Olguin	Independence Rising
8	Carolina Sabin	Families First
9	Cheryl Bales	DHHS Dev Disabilities Service Coordination (Supervisor)
10	Helena Beyer	Independence Rising (Quality Coordinator)
11	Irene Britt	Independence Rising (Director)
12	Jennifer Bekke	Ogallala Public Schools
13	Jennifer Havlovick	Guardian Light Family Services
14	Jeremiah Johnson	NPPS - School Resource Officer
15	Jessie Spencer	Region II- Behavioral Health
16	Joel Fisher	Region II - Behavioral Health (Youth Care)
17	Joyce Muir	Independence Rising
18	Kathy Scusa	NE Commision for Deaf and Hard of Hearing
19	Katie Groves	Probation
20	Kelly Nelson	DHHS-CFS
21	Kristen Larsen	Dev Disabilities Council
22	Kylie Joyce	SCDS - Dev Disabilities (Administrator)
23	Laurie Vak	ESU #16 - NP (Transition)
24	Linda Shaw	CASA-Dawson County
25	Makayla Crawford	Region II - Behavioral Health
26	Margot Dainowski	DHHS - Family Focused Case Management
27	Mariah Reeves	Independence Rising
28	Mary Lambing	ESU #15 - McCook
29	Mary Lawson	PAKS - Dev Disabilities (Administrator)
30	Maryra Avalos	Region II - Behavioral Health
31	Mason Manley	Independence Rising
32	Melissa Misegadis	Guardian Light
33	Nicole Witthuhn	DHHS Developmental Disabilities (Community Coordination Specialist)
34	Pamela Mann	Region II - Dev. Disabilities (Director)
35	Robyn Schulteiss	Region II - Behavioral Health
36	Sarah White	Region II - Behavioral Health

37	Shir Smith	Rape and Domestic Abuse
38	Shirley Alberts	SWATS-Dev Disabilities (Administrator)
39	Signe Assels	Brady Public Schools (SPED Teacher)
40	Sue Britt	Independence Rising
41	Tina Gastineau	NPOC (Administrator)

Below is the CCP flowchart, with customizations indicated from the North Platte group indicated in red. This flowchart is not intended to capture every possible permutation or series of events with respect to a student's progression along the Pathway; instead, it is a high level model that assists all stakeholders to see where they fit in the Pathway such that they can begin to better understand how best to collaborate with each other towards improving the Pathway and assisting students to not travel too far down the Pathway.



The primary focus of the North Platte Task Force was on parent education and engagement. This was both a need and a concern based on the Task Force’s discussion. The need reflected the Task Force members’ concern that more information needed to be provided to parents regarding available resources and the need for parents and schools to proactively collaborate. The concern reflected the challenge of communicating with the parents who would benefit from the information.

In the chart above, the focus on parent, family and youth engagement is highlighted by the Task Force’s addition of the initial steps to identify youth with special needs, and the imperative to proactively support youth and families. Additionally, it was important to the Task Force to add “continued” to the language of the flow chart with respect to parent and youth support. This priority was consistently the main focus through the series of discussions.

Two other process refinements were added to the CCP: making the arrow between the school and law enforcement double-sided to indicate that there is collaboration between the school and law enforcement, and that when a law enforcement officer is called to the school it does not automatically mean that a student will be removed from the school—especially if law enforcement officers are both trained in de-escalation techniques and have specific knowledge about the youth with whom the law enforcement officer is about to engage. The second notation is related to the first: Any time a family is willing to share Individual Education Plan (IEP) information with first responders, it can prove valuable in a crisis situation by shaping how the first responders will engage the youth and school officials.

North Platte Task Force’s Unique Insights, Needs and Initiatives:

The following list of priorities and initiatives surfaced during the four discussions. Some have initiatives attached to them at this point in time. *These notes are in the words of the participants.*

1. **Need:** School officials need to figure out how to overcome communication and connection barriers that prevent effective contact with parents such that they self-identify and access resources that are needed. It seems that no matter how often the information about resources are made available, the parents (and thus the youth) who need it the most don’t receive it or respond to it.

Additionally, such barriers to connecting with parents result in the parents not self-identifying and accessing resources that are needed. Unfortunately, it seems that too many parents don’t know what they don’t know.

Initiatives: The need identified above is very significant; it is also from one perspective—the perspective of the school officials and agency leaders who are trying to assist parents and youth. When asked if the parents had ever been engaged and asked how they might like to be approached, there was a sudden awareness that such a listening activity had not been accomplished. Listening to the parents could lead to the creation of a brochure using their words to help parents identify, understand and buy-in to taking action. The brochure could explain the resources in a way that helps parents understand their situation and that helps them know that they can pursue resources without stigma to help with their situation. We discussed the possibility of Ferrone conducting a focus group among parents to gain insights that might

help school and agency leaders shape their resource offerings and approaches to better connect with parents. (Ferrone did conduct a focus group and the details are offered in Part 5 of this report.)

We also theorized that within the flowchart there are not enough stakeholders who understand the perspective of parents with children who have challenges, or the perspective of youth themselves when inside the system. To that end, Signe Assels (one of the participants) volunteered to write a personal story that could become a teaching tool to foster understanding, awareness and discussion among all people involved in the Classroom to Courtroom Pathway. Signe's story will be shared by Signe when she is ready.

Within the Task Force, though, Signe shared her personal, powerful story. Her project is an effort to create a mechanism to help people understand the system, and the many variables that a person with challenges encounters. The goal is to help people who do not work within the system to understand and thus sympathize with those who are in the system and their needs. Some ideas mentioned as feedback included:

- a) Asking people "What was okay in this story?" with the aim of pointing out that that paradigm is flawed to begin with—zero percent of what happened should have happened!
 - b) Possibly include discussion questions inside the story.
 - c) Provide an overview of the system (including the gaps and the cracks) and to show case how the flow-chart works. Need to include the flow-chart.
 - d) Designed to create understanding and empathy.
 - e) Showcase ACE's and provide an explanation of that tool.
 - f) Show cause and effect relationships to drive the point home.
2. **Need:** The members of the Task Force discussed how they would like to do a better job of expanding and increasing their collaboration and resource-sharing in the region. There is a need for a mechanism with policies and procedures to encourage and support resource sharing. This is particularly important in rural areas.

Collaboration and resource-sharing occur in context. The group noted that they need to recognize when it makes sense to reach out and collaborate, and then have a way to mobilize.

Additionally, we talked about the idea of a Public/Private Partnership to find local discretionary funding to help with some of these initiatives that have to do with infrastructure-building, which in this case means funding to create a resource-sharing mechanism, or to possibly pay for a position for someone to mine our thought leadership and the tools we develop, collect them, organize them, and make them accessible using an existing platform—but this position costs money that we don't have, and it would not be a program-delivery position, so it is even harder to find funding for it. Too often the tax-payer funding comes with very strict boundaries, so discretionary funding is needed to help fill in the gaps and hand-offs. What's needed is a local champion to understand and help take the message to other local leaders. Community Foundations could be fiduciary agents/partners.

Initiative: As the discussion continued over the course of the meetings, the Task Force acknowledged that there are many resources, tools, approaches, etc. that exist within specific entities and that can be shared as good ideas for others to consider implementing. This further emphasized the need to create a forum/means for doing sharing and accessing resources consistently and effectively. This priority is all about mining the excellence that is developed by individuals in the area, and showcasing/sharing it with others. The Task Force discussed how the ADRC's potentially have an infrastructure that could support this. A Committee was formed and organized a presentation by the ADRC. The Task Force evaluated the resource platform that the regional ADRC uses. The software was going through a redesign, but fundamentally it looked like it could serve the purpose if people made use of it.

Coincidentally, the Region 2 System of Care Team is exploring a resource-sharing platform as well. Ferrone made a trip to North Platte to attend the System of Care regional meeting in December to share an update and to participate in the discussion about a technology platform being built by a third-party vendor to assist with resource sharing. Looking forward, and as long as there is a point person from the Task Force to continue to push this initiative forward, there should be a tool that can support resource-sharing and that can be widely implemented across the region.

Regarding the adoption and widespread utilization of an online resource sharing tool (which is the most difficult challenge when it comes to software implementation), the Task Force noted that reaching out to champions among the communities is the best way to push information out as well as encourage the usage of the platform—because those champions will take the info and know how to utilize it in their communities. The Task Force mentioned that the ministerial association could be a good channel for sharing information about the resource, especially since faith-based leaders are trusted among their congregations, and they would be good champions.

3. **Need:** In general, understanding of the unique perspective of students with a disability or combination of disabilities needs to be elevated among those who are stakeholders along the Classroom to Courtroom Pathway, and all entities on the Pathway need tools to use with this new understanding.

Most notably there was a collective “ah-ha” moment when different professionals first identified where they fit on the Pathway, and then recognized where other professionals fit on the Pathway, and subsequently everyone recognized the relationship to each other in terms of a process, or Pathway. This new perspective underscored the fact that most professionals are so busy focused on the critical nature of their own role that they are not always cognizant of the “hand off” or transition between professionals on the Pathway, nor were they always aware of the “downstream” needs of professionals that, if understood, could affect how a professional performed his or her role “upstream”. Even more importantly, a sense of empathy began to develop as stakeholders realized that if they were just now seeing the complexity of the Pathway, what it must look like from the student and family perspective.

Initiative: The North Platte regional area stakeholders made it a priority to understand not only their own role within the Pathway, but to also become familiar with how the other roles were implemented and the types of interfaces that could help the Pathway could be an easier journey

for everyone involved, including the student and family. To accomplish that, though, requires that each stakeholder develop a quick overview of the important aspects of that stakeholder's role.

A simple one-page summary could suffice in which each stakeholder fills out the following information: name of the agency/provider and its location/position on the Pathway; what role this stakeholder plays in the Pathway; what this stakeholder needs from other stakeholders in order to do its role effectively; what expectations this stakeholder has of other stakeholders; what data this stakeholder is able to collect and contribute to the understanding of the youth/family's needs.

Additionally, a supporting narrative document can be written to explain the flow-chart's processes and patterns as they exist in the North Platte region. Then, the narrative document and flow-chart need to be sent to as many stakeholders as possible, and it might make sense to try to schedule small group discussions to help people understand the importance of the document. When people see themselves and their roles in the flow-chart, they begin to understand that they are not in a vacuum and that their understanding of the whole flow-chart will help them do their role more effectively.

Additional Miscellaneous Insights

1. Training is welcomed, and there are opportunities to provide more training, especially to bridge the paradigms of school personnel and law enforcement representatives. Note: This topic is "on hold" until we know how the school districts will respond to the new state statute. It is possible that we can partner with ESU's and with BHECN if these entities play a role. And, we can figure out how to provide thought leadership, as well.
2. Opportunities to expand/increase collaboration and resource-sharing among agencies and regionally (Administrative and Leadership).

North Platte Task Force Framework for Possible Next Steps

There are several initiatives mentioned in the above notes. The stakeholders who collaborated in the North Platte region committed to continuing to meet and advance their concepts and initiatives towards improving the Classroom to Courtroom Pathway. Just as with the Schuyler community, the following framework is recommended to be used repeatedly to address the above needs and priorities:

1. Determine which, if any, of the above initiatives will continue forward as action items.
2. Assign a point person for each action item, and determine a high level timeline for completion.
3. The point person should then create a list of milestones that can be completed within that timeline, resulting in the completion of the action item.

4. The group can review the milestones and discuss how to assist the point person to complete them. This step is important, as it continues to engage the entire group.
5. The group should then be able to think about next steps so that an action item never becomes an end in and of itself, but rather results in continued progress by rolling the momentum forward in the form of next steps and action items.

Ferrone Associates Additional Considerations

This section is provided merely as a catalyst for further thinking and consideration about the unique assets, dynamics and challenges at play in the North Platte region with respect to the Classroom to Courtroom Pathway. These thoughts/insights are not intended to imply any type of judgment, but are rather a collection of insights based on the consultant's familiarity with complex community initiatives and both the opportunities and pitfalls inherent in them. These insights are unique to the North Platte region stakeholders and are offered on a personal note in the spirit of fostering continued proactive engagement.

1. **Leadership and Sustainability of the Initiative:** The North Platte Task Force stakeholders would not have come together and collaborated so effectively had it not been for Pamela Mann, Irene Britt, and Bonnie Bauer—my thanks goes out to them for spearheading the initiative! They brought credibility, purpose and focus to the initiative, just as Denise Kracl did so for the Schuyler Task Force. The same challenge exists, however; if the leaders do not continue to drive the initiative forward, what will happen? Additionally—and adding to the challenge—the North Platte Task Force convened for this initiative on a temporary basis. In other words, this Task Force did not exist, nor was it planned to exist; however, the stakeholders expressed an interest in continuing to meet and move the initiatives forward.

To assist the diverse group of stakeholders to sustain the Task Force, I encourage the group to think about a more formal structure of leadership, akin to an Executive Committee of a non-profit Board of Directors. This is a comment about leadership succession, then, and the promulgation of the group and process that exists today, and that needs to be sustained beyond the tenure of any one person. I don't think a Treasurer is necessary... but I do recommend that the role and responsibility of leadership be taken up by others in the group so as to institutionalize (in the good sense of that word/concept) all of the positive aspects of the coalition.

This could be as simple as borrowing a play from the Chamber of Commerce playbook and identifying a Chair, Vice Chair, and Vice-Chair-to-be. The Chair could become the Past Chair, creating a group of 4 people who have an ongoing responsibility to plan and orchestrate the leadership of the coalition. The roles could be one year. This structure does not create unnecessary power over others—instead, it would be designed to facilitate the good will and collaborative dynamic among the participants.

Additionally, given the fact that the North Platte Task Force did not exist prior to this initiative, it might be helpful to consider a tight committee structure that groups stakeholders according to

their passion and relevance to each initiative. Committee progress can sustain the overall Task Force.

2. **Private Partnerships:** One of the most important moments that occurred in North Platte (in my opinion) was the moment we discussed the possibility of creating public-private partnerships to provide new funding to complement the less-than-adequate tax dollars at work across all of the agencies. With the right story, or pitch, the leaders of the North Platte Task Force might be able to find employers as well as individual philanthropists who would understand the need to pursue the above initiatives, and support them financially. Drafting concept papers and corresponding budgets, identifying unique stakeholders who might benefit from the initiative and recruiting them to become champions, and pursuing broader support from there is the approach I recommend. It is very similar to starting a non-profit: a person with a passion for a mission finds supporters who will get behind the mission—but instead of a new non-profit, just apply this same model to each initiative.
3. **Parental Engagement:** Similar to the other communities, the North Platte stakeholders place a high value on parents and parental engagement—yet it is difficult to accomplish such engagement. There seems to be a gap between the available resources (including the heartfelt and genuine desire among professionals to provide supports and resources) and the parent’s decision to engage those resources (if they are aware of them). Resource awareness among parents is certainly the first hurdle, but the second hurdle—having parents choose to engage those resources—is far more difficult. Cultural barriers, stigma and related embarrassment, and disbelief and denial are common factors that create the gap between awareness of a resource and the parent’s choice to engage such resource on behalf of the child.

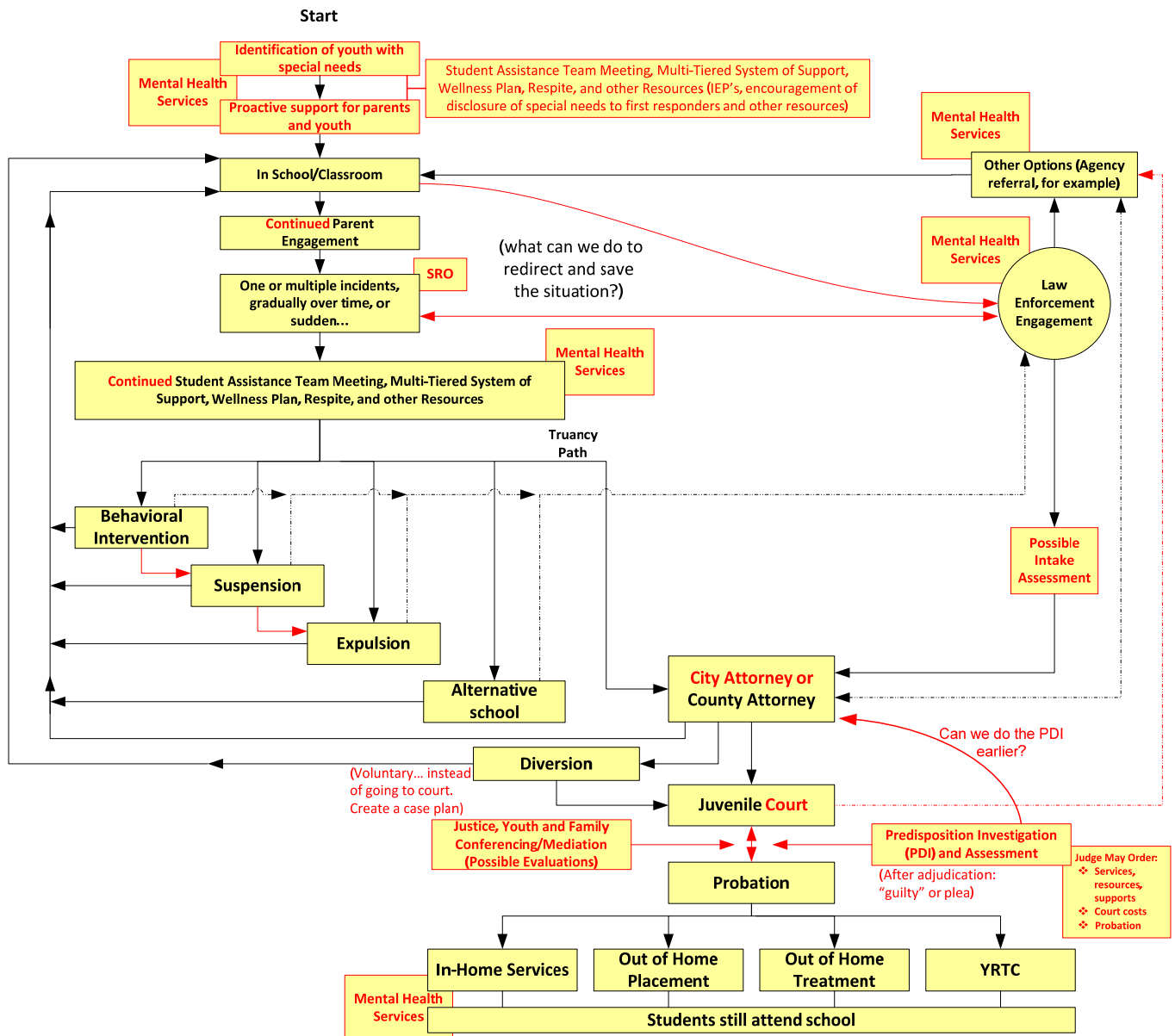
Independence Rising, a family-run organization in Region 2 (and very active in North Platte) is providing strong leadership towards building bridges between families and the service providers they interact with (including schools). I encourage the Task Force stakeholders to support the efforts of Independence Rising to facilitate family and parent engagement.

Part 4: The Scottsbluff Area Task Force

The Scottsbluff Area Task Force was comprised of the following people representing a diverse array of stakeholders having critical experience and insight with respect to the challenge at hand. Not all people attended every meeting. On average, 15 people were in attendance. Each meeting lasted 3 hours. The **List of Participants** included:

	Name	Organization
1	Mark Overman	Scottsbluff County Sheriff's Office
2	Mandee Walter	Optimal Family Preservation
3	Denise Wright	NDE, Office of Special Education
4	Pam Brezenski	ESU 13 Special Services
5	Laura Barrett	ESU 13 Special Services
6	Jason Rogers	Gering Police Department
7	Wendy Kemling	Scottsbluff Public Schools
8	Kevin Spencer	Scottsbluff Police Department
9	Mindy Baird	Disability Rights Nebraska
10	Mandy Fertig	ADRC
11	Andee Hernandez	District 12 Probation
12	Bailey Greenman	Region 1 BHA
13	Mary Stockwell	Independence Rising
14	Katie Carrizales	ESU 13
15	Robert Davis	Region 1 OHD
16	Stacey Murphy	Diversion—SBCAO
17	Chris Wilson	Valley Youth Connections
18	Shelley Hall	Valley Youth Connections
19	Diane Reinhardt	ESU 13
20	Laura Barrett	Gering Public Schools
21	Liz MacDonald	Juvenile Assessment Center
22	Missy Koenen	Creek Valley School
23	Jessica Broderick	ESU 13

On the following page is the CCP flowchart, with customizations indicated from the Scottsbluff group indicated in red. This flowchart is not intended to capture every possible permutation or series of events with respect to a student's progression along the Pathway; instead, it is a high level model that assists all stakeholders to see where they fit in the Pathway such that they can begin to better understand how best to collaborate with each other towards improving the Pathway and assisting students to not travel too far down the Pathway. The Scottsbluff Task Force made quite a few additions which will generate discussion among the other communities.



A differentiating factor in the Scottsbluff area’s Pathway is the proactive identification of students with special needs, and the follow-up engagement via the Student Assistance Team Meeting, Multi-Tiered System of Support (MTSS), Wellness Plan, and Respite. Parental engagement is a very high priority within this ecosystem of stakeholders.

Furthermore, the Scottsbluff Task Force explained that mental health services were present at the top of the flow chart. Stakeholders commented on the concerted effort to identify and engage students and families to support their behavioral health challenges. School faculty and administrators have taken a proactive stance towards supporting students who are in need of mental health services. Mental Health Services are also “down-path” after a youth is in Probation.

Additionally, within Juvenile Justice the Predisposition Investigation and Assessment has been leveraged to positive effect. Judges can more easily order services, resources and supports to be made available to the student and family. Most notably, the Task Force wondered if it was possible to conduct an Intake Assessment, and/or conduct the Predisposition Investigation (PDI)* to provide more information for the County Attorney to consider prior to action? This is similar to the concept of creating a set of screening tools for the County Attorney to implement to assist in discerning the situation accurately and thus recommending the best course of action.

* Prior to pronouncing the disposition, the judge consults the predisposition report, prepared by a probation officer. The predisposition report is a presentence investigation that includes the social history of the juvenile. Many factors in the report are presented to the judge, including the nature of the offense, the delinquency record, school record, family history, and psychological evaluation, and the probation officer's assessment of the juvenile's amenability to treatment. The report can also include mitigating and aggravating factors, such as gang involvement or premeditation. Not surprisingly, there is wide variation in the amount of information and scope of such reports.

Scottsbluff Task Force's Unique Insights, Needs and Initiatives:

The following list of priorities and initiatives surfaced during the four discussions. Some have initiatives attached to them at this point in time. *These notes are in the words of the participants.*

1. **Need:** Regarding assessment tools and the timing and permissions for conducting assessments, state and federal guidelines for identifying disabilities and challenges make it difficult to accurately assess and identify such disabilities and challenges at an early age. Additionally, the diagnostic world is too prescriptive. We need to get rid of the discrepancy paradigm/system of diagnosing youth with a disability and/or challenge. This means that we currently test a student in various areas (intellectual and academic) and if there is a large enough discrepancy, then the child qualifies for a disability; but the Multi-Tiered System of Support (MTSS) provides supports for students who are struggling academically and/or behaviorally in school, regardless of testing—it puts supports in place before they are failing. MTSS is currently a statewide initiative.

Initiative: It is possible to replace the discrepancy model with MTSS, but it is a long path that requires a lot of administrative alignment and retooling and training. The Task Force did not delve into this complex topic, but identified the need for this paradigm shift as a long-term priority.

2. **Need:** We need to be able to share information across schools, agencies and service providers. Sharing more information would serve many purposes, one of which is to provide more context for inbound first-responders. The need is more complex than simply sharing more information. As the discuss evolved, the Task Force understood the need to see and understand the situation from the unique perspective of students with a disability or combination of disabilities—i.e., foster more empathy. All entities along the pathway need training and tools to help facilitate such empathy, as well as to learn how to employ the empathy.

Initiative: The Task Force focused on the first part of the need, specifically how to share information such that inbound first-responders would be better prepared to engage in a given situation. (It is important to note that a lot of discussion occurred regarding the challenge related to how law enforcement's priorities shape response protocols, and how such protocols might not be a good fit with a situation with a student who has a unique set of challenges. Such

instances often require the responding officer to improvise, for better or for worse. Sharing more information sooner can assist the officer to improvise towards a healthy outcome more consistently for all involved.)

What can the school have in place (releases, for example) that will help the school prepare inbound first responders with better context? We discussed an initiative to engage all school districts in this opportunity. This is probably a larger endeavor over a longer period of time and that would be approached as a regional initiative (not a Scottsbluff initiative). Maybe create a committee to strategize about how to bring this to fruition? This could be a way to establish a regional network of inter-school communication among the 20+ Panhandle school districts within which many of the above concepts can be addressed. Maybe ESU13 would be the best leader for this discussion. Additional comments on the topic included:

- a. Can the SRO training be used as a forum to create the processes that will help prepare first responders and school personnel to deal with a situation more effectively by using prior info?
 - b. Training is welcomed, and there are opportunities to provide more training, especially to bridge the paradigms of school personnel and law enforcement representatives.
 - c. What is happening with SRO policy and training and new statute?
 - d. Can we make sure that any new training is for all officers and all school staff? Who decides what the training will be, and what is needed to begin with? We also need to think outside Scottsbluff/Gering and include the broader region.
 - e. When deciding what training, can an agency/entity ask local partners what they recommend? For example, can the law enforcement agency that is going to receive training converse with the Disability Rights Nebraska, for example, receive recommendations?
 - f. Can the school provide contextual information when calling law enforcement?
3. **Need:** There are many resources, tools, approaches, etc. that exist within specific entities and that can be shared as good ideas for others to consider implementing; linked to this, is there a forum/means for doing this consistently and effectively? This priority is all about mining the excellence that is developed by individuals in the area, and showcasing/sharing it with others. There is a need to bridge across entities to share resources and new/effective approaches. Is the Panhandle Partnership working on this? Is there a database being created?

ESU13 has hired a person to be a bridger/connector, etc. But is there a central, searchable collection of innovations, best practices, services, etc.? If best practices are documented, what is the mechanism for sharing it? Panhandle Partnership has an infrastructure for searching for existing services and resources—but it is a challenge to keep it up to date, and it is not viewed by people as a “library” of available tools, ideas, innovations, etc. Jessica Lecher with Panhandle Partnership could be a point person on this idea.

Initiative: We can identify opportunities to expand/increase collaboration and resource-sharing among agencies and regionally. There is a strong network of funding sources in the area, and this Task Force can provide thought leadership to invite funding sources to invest in new programs or expanded programs to help the youth and families that fall outside our guidelines and funding-related restrictions. Most government funding requires evidence-based practices, but private funding can be used to support innovative pilot concepts that would eventually lead to evidence. Can we create promising practices?

Scottsbluff schools do a great job of recognizing challenges among youth. Maybe our focus in the short term is for those who have been part of this discussion to practice reaching outside their area of expertise to hear and share other perspectives from partner agencies. Who will commit to doing that? And when this is successful, it can be described and shared as public relations content with a healthy message that then encourages others to do the same. Perhaps United Way might be interested to support public relations/communications.

4. **Need:** The stakeholders who play a role on the Pathway need to understand their unique contribution to the Pathway, and just as importantly understand the roles of the others stakeholders—with more mutual understanding, the Pathway can be improved in many ways, especially from the perspective of the youth and family.

Initiative: By the fourth meeting, the Task Force decided to approach this need via the Special Education Directors/Supervisors who meet monthly, with the goal of having them be the messengers/liasons with their districts. We have to prepare an overview packet of the Pathway info to then share with the Special Ed Directors/Supervisors at their monthly forum. This approach would allow for the development of a survey. ESU can be a development leader and engage stakeholders as needed. The Task Force agreed on the following steps:

- Step 1: Develop the information packet summarizing the Pathway training opportunity, and have the Special Education Directors/Supervisors discuss prepare to share it.
 - Step 2: Identify the interested schools (the ones that will participate in the initial training)... identify one or a handful of schools that would be interested to participate, and that can be a 'pilot'.
 - Step 3: Within the participating schools create a cross-functional committee/team to engage in the initial approach to training and understanding the Pathway. This team will engage the local community stakeholders who are part of the Pathway (it's not just about training within the school—it's a community effort).
 - Step 4: Deliver training to help teams understand the Pathway, and to develop a system perspective.
 - Step 5: Conduct an "assessment" to help the teams understand where they have strengths and where they have barriers and areas of needed improvement within the Pathway. Also use this as an opportunity to share new ideas.
 - Step 6: Assist schools with specific training based on the assessment, and address needs and barriers. Explore the Pathway, and provide deeper training about other components of the Pathway as needed, and conduct implementation planning for new ideas.
5. **Need:** More parent education is needed about the empowerment that comes from self-reporting/identifying youth with disabilities and/or challenges, and how this self-reporting results in many proactive benefits via services, resources, etc.

Initiative: There are many barriers to connecting with parents such that they self-identify and access resources that are needed. Additionally, there is a high need to support parents who themselves are substance users. Our parents need to know that they have a voice, and that there are resources available to them and that they can step in and engage. This is a complex

collection of topics requiring a multi-faceted approach. The Task Force is considering forming a Committee to design and pursue the right approach to address the need.

6. **Need:** An “assessment playbook” is needed in the County Attorney’s office so he/she can engage a youth in the most effective and appropriate manner. (This concept originated in the Scottsbluff Task Force discussions, and the Schuyler Task Force added to the discussion, especially since Denise Kracl is the County Attorney—it is a good example of cross-pollination of ideas among the Task Forces).

Initiative: Creating a County Attorney Assessment Playbook... this means changing the process/flowchart to engage youth before they are charged. Scottsbluff County has much of this in place. Juvenile Assessment Center... pre-adjudication screenings and tools to help inform the process, although there are some eligibility restrictions. Sharing of confidential information is potentially a barrier and this effort will need to figure out how to navigate info-sharing (can we get new legislation that allows the sharing of info between schools and law enforcement, like in Colorado). Can a post-adjudication reevaluation be conducted, resulted in a possible expungement of the record based on the new information? How many youth are we talking about on annual basis? How many youth score 3+ on the ACES? Current estimate is 50% of students score 3 or 4+ on ACES.

Perhaps create a Committee of the right people who would have the ability to change the system/process. First, form a committee to frame up this approach, and then form a committee of the right decision-makers to consider the topic and possibly make changes.

Additional Miscellaneous Insights

1. We are not using the same words to mean the same things. We need a common lexicon among professionals across agencies and services.

Scottsbluff Task Force Framework for Possible Next Steps

There are several initiatives mentioned in the above notes. There is a regular multi-stakeholder meeting that can provide ongoing oversight for the initiatives described above, if the Task Force chooses to place its initiatives within the scope of that group. Similar to Schuyler and North Platte, it is suggested that the following next steps occur:

1. Determine which, if any, of the above initiatives will continue forward as action items.
2. Assign a point person for each action item, and determine a high level timeline for completion.
3. The point person should then create a list of milestones that can be completed within that timeline, resulting in the completion of the action item.
4. The group can review the milestones and discuss how to assist the point person to complete them. This step is important, as it continues to engage the entire group.
5. The group should then be able to think about next steps so that an action item never becomes an end in and of itself, but rather results in continued progress by rolling the momentum forward in the form of next steps and action items.

Ferrone Associates Additional Considerations

This section is provided merely as a catalyst for further thinking and consideration about the unique assets, dynamics and challenges at play in the Scottsbluff area with respect to the Classroom to Courtroom Pathway. These thoughts/insights are not intended to imply any type of judgment, but are rather a collection of insights based on the consultant's familiarity with complex community initiatives and both the opportunities and pitfalls inherent in them. These insights are unique to the Scottsbluff region stakeholders and are offered on a personal note in the spirit of fostering continued proactive engagement.

1. **Leadership and Sustainability of the Initiative:** The Scottsbluff Task Force members are familiar with collaboration. The Panhandle Partnership is a role model organization that fosters collaborative initiatives and has done so successfully for a long time. The Scottsbluff Task Force has the advantage of deciding whether it will invite the Panhandle Partnership to consider providing leadership for some of the initiatives, or the existing multi-stakeholder meeting forum, or potentially manage some of the initiatives via new Committees.

There was a high level of interest in continuing to focus on the Pathway and the related initiatives, and my recommendation is that the orchestrators of the Scottsbluff Task Force, Mindy Baird and Wendy Kemling (thank you to both of them for making the Task Force possible) discuss the topic of initiative ownership and get commitments from people to provide leadership of the initiatives. Without such commitments, the initiatives will potentially fade as good ideas that were never implemented.

2. **Elevated Pathway Priority and Follow-Through:** First, it is obvious that the Scottsbluff stakeholders (the Task Force and beyond) are well-versed in multi-stakeholder collaboration. Quite frankly, the Panhandle Partnership is a model that all communities—rural and metro—would benefit to learn about and emulate. In an interesting twist, community leaders and stakeholders are so engaged via the existing collaborative initiatives that it may be difficult to add one or more of the Pathway initiatives to the mix. Resources (human capital and funding) may be stretched too thin as it is.

How do the stakeholders in the Scottsbluff area determine what initiative to focus on? Is there a set of prioritization criteria used to evaluate whether or not a new initiative concept leaps ahead of other initiatives? There are important initiative possibilities listed above, and everyone on the Task Force wanted to see the initiatives come to fruition. But, without elevated priority status, the initiatives may be at risk of being placed on the shelf. My suggestion is for the Task Force to pick the initiatives that they can commit to completing, or at least move through initial phases of planning and implementation to demonstrate the viability of the initiative.

Part 5: Additional Activities and Insights

This section includes information and discussion from two activities conducted outside the scope of the contract. Early on in the engagement of the three additional communities it was determined that it would be useful to engage parents in parents-only focus groups, as well as conduct a survey of the original Lincoln Task Force recommendations to determine where there might be consensus across all Task Forces with respect to relevance and priority. Both of those initiatives are summarized in this section.

Parent Focus Groups

There was one sentiment in common among all stakeholders in all three Task Forces: The desire to engage parents more effectively (not to mention the collective frustration that the stakeholders were not able to engage parents as effectively as they hoped). In fact, in each of the 3 Task Forces some version of the following statement was made: “We have many resources available to parents, but we can’t seem to get the parents who would benefit from these resources to learn about them and use them.”

The question was then asked in each of the Task Forces: Have you asked parents how they would like to be engaged, and for that matter, do they want to be engaged, and what keeps them from engaging?

The stakeholders within the Task Forces acknowledged that they had not asked parents these questions, and they (the Task Force members) also then provided insights as to why they thought it was difficult to engage parents—in other words, the Task Force members contributed their ideas about the barriers that prevented parents from engaging the available resources. Consider the following list of variables aggregated from comments made by Task Force members across all communities, illustrating the barriers that school leaders feel they are up against when trying to engage parents:

	Barriers that Prevent Parent Engagement: <i>The parents think/say...</i>
1	The school is trying to label my child, and labels are forever.
2	Things in the home are not good, and I don’t want people to find out.
3	If I agree, then that is a reflection on me.
4	It’s the way it was for me, and I’m okay, so it will be okay for him/her.
5	Fear of other people judging me and my family.
6	Fear that my child will fall behind the class.
7	Too many stereotypes about special education and special needs students, and I don’t want my child associated with this.

Barriers that Prevent Parent Engagement: <i>The parents think/say...</i>	
8	I am ashamed of my child’s lack of performance, or behaviors.
9	My child can do no wrong.
10	It’s not my child’s fault... it’s the kids he hangs out with.
11	The school and other agencies are the government, and they are trying to take my child.
12	Fear of breach of confidentiality, especially relevant in a small community.

With this list in mind, the following question was asked of the Task Forces: ***Can we pioneer a better approach to informing parents about an issue with their child, so that parents hear the offering, and choose to engage the resources (i.e., they overcome the barriers that we believe exist)?***

The question, although important, is still one-sided. Part of answering it, then, is learning what the parents actually think, which goes back to the question originally asked of the Task Forces: Have you asked parents...?

In an effort to shed light on the importance of adding the perspective of parents to this discussion, Ferrone Associates conducted two parent focus groups totaling 11 parents. It is important to note that these focus groups do not offer empirical evidence of any sort, but rather underscore the need to listen to more parents more frequently, to include them in policy and initiative design and implementation, and to encourage them to become champions to one another.

The comments shared by parents were at times heart-breaking, and at the very least cause for concern. These comments are nearly verbatim. No effort was made to validate the claims, as that was not the purpose of the focus group. Ferrone Associates only asked, listened, and recorded (often asking permission to capture the note, as well as reading notes back to ask if they accurately reflected what was said). The comments included the following:

1. Behavioral challenges started as early as kindergarten... tried everything. School was so supportive.
2. Admitting my child needed so much help was hard.
3. My child does way better at the special school—I would love to learn their techniques. Does the school offer parent skill-building classes? Perhaps training with parents and children, practicing together, etc.
4. Disconnect between teachers and doctors, leads to a feeling of helplessness as a parent. Doctors are not present at the meetings. What if the school nurse, or a special nurse liaison, provides a bridge to the medical professionals. Or, maybe it’s the therapist who attends the meeting and can then advocate to the doctor. The main issue is that there can be a primary

resource (in this example, the doctor) who is not pulling the same direction as the team of resources.

5. Even my family has told me I'm a bad parent... so we hide.
6. It wasn't until my children were older that my family finally realized that my child had special challenges, and that it wasn't me being a bad parent.
7. Youth, young adults who are out of high school... who really don't have a path, and their special need is a barrier to discerning that path. They sit home all day. No work opportunities. Not socializing. Not moving forward and building skills. Lack of a network and pathways for these individuals.
8. Youth and young adult suicide rates have dramatically increased over the last 5 years.
9. Mental health challenges and high intelligence is a difficult combination, but it happens often.
10. Our biggest struggle was the school system's lack of understanding about mental health issues, and traumatic brain injury. School administrators were non-responsive to our efforts to be preventative about bullying and self-defense.
11. "He doesn't have a disability... he's just spoiled."
12. Injustices... when kids bully a youth with a disability, but there's recourse, there's no justice... the blame is put on the child with the disability—how is this possible???
13. We used to have a parent support group. Peer support for parents and families. Professional Partners does a part of this. SPEAK OUT was a great resource, but it faded. It had helped reduce isolation, and it provided support and guidance.
14. I've asked for testing... but the system has not provided test. The only way to get tests and the pursuant services is to press charges against your child!!!
15. Insurance companies are a barrier to getting the services we need.
16. Even when a parent wanted the tests, couldn't get the tests until it was court ordered. Insurance (again) will not allow the full spectrum of tests. Judges can order the full gamut of tests.
17. The only way to get my child into Boys Town or other services is to press charges against your child so that your child is adjudicated, and finally get to probation where services are finally then available.
18. Counselors put pressure on parents to press charges, because it's the only way to eventually get access to services (while in probation)
19. Insurance companies fight against the process to get a child services... denial after denial, forcing parents to place charges on the child....
20. In NP there's a referral program... school or police department can make a referral to services.
21. Every time my child was transported he had to be sedated... traumatic for him and the parent.
22. Doctors just think what they want... they don't listen to the parents.
23. Telehealth is a very useful tool to access resources typically not available in our geography.
24. I have to something... I can't take him home... you're not listening to me that I cannot handle him...
25. Kids often are well-behaved in school, and then melt down at home and create major issues.
26. It's so hard when you're trying to do everything you can for your child, and no one is helping you as the parent.
27. Suicide attempts, rage fits, running away, punching and kicking, foaming at the mouth, brain switched into a different person, steal, never-ending energy and then crash, violent towards siblings,
28. Kids will say "I don't know what I'm doing when I do that."

29. Doubts about what the causes are for why my child was suddenly different... doubts about my parenting skills... doubts about our household... judged by everyone—professionals and friends... I feel guilty with what I had to do to get services for my child... ignoring other children because I have to pay so much attention to the other child... even my own family was not supportive and judged me...
30. Mental health inpatient resources (not talking community-based... talking hospital inpatient) are so lacking everywhere... there are no beds for youth and young adults—kids are mixed in with adults, so we don't take them to the ER. And if they're old enough, they go to YRTC and learn really bad habits.
31. Kids are too often institutionalized until they age out... and then mostly end up incarcerated.
32. Schools are disconnected with what is going on with kids with disabilities. Classroom culture and teacher to student ratio are not helpful.
33. How is it that kids are able to leave the school?
34. Why do different schools not know about the same resources?
35. What do we need?
 - a. Parenting class built around kids who have mental health challenges and disabilities.
 - b. More help in my home... helping me understand different alternatives and tools for stabilizing my household could have helped.
 - c. Don't assume I don't know how to parent just because my child—who has special needs—is causing problems.
 - d. The best resource for me as a parent is another parent who has been there, done that... parental peer support.
 - e. We don't like others to know... we feel judged... we feel ashamed...
 - f. Don't ask me what I did wrong... ask me what help I need.
 - g. Don't ostracize me, or ignore me, because I'm having challenges... it's when I'm challenged that I need you to ask how I'm doing and what kind of help I need.
 - h. I need respite. I need rest.
 - i. I need easier access to resources before it gets too bad.
 - j. I need communication between the components on the flowchart... if they're not communicating, then the best decisions and resources are not made or available.
 - k. My kids have to have hope... they need to know that I'm there, and that we are a family.
 - l. We need "step-downs" from the total control to back at home with the parents.
 - m. When I'm in crisis with my family, I am stressed, and I do not have the time and capacity to be rational or to engage professionals and stakeholders in the system the way I would normally be able to do so.
 - n. As a parent, I am probably traumatized and I may or may not know it.

These comments paint a heart-wrenching perspective of the Pathway from a different perspective. Let's assume that the Task Force members' comments about barriers are true, and let's assume that the parent comments are true (not just as perceptions, but in reality for both lists). There is obviously a gap between the two perspectives. But the gap does not indicate a paradigm of one being right and the other wrong. Although there is a gap, the two lists have many underlying themes in common. It would be well worth the effort to pull together a group of parents and members from the Task Forces into a joint Committee to mesh these two lists and ultimately answer the question, together, as to how best to empower parents to learn about and access the resources they need.

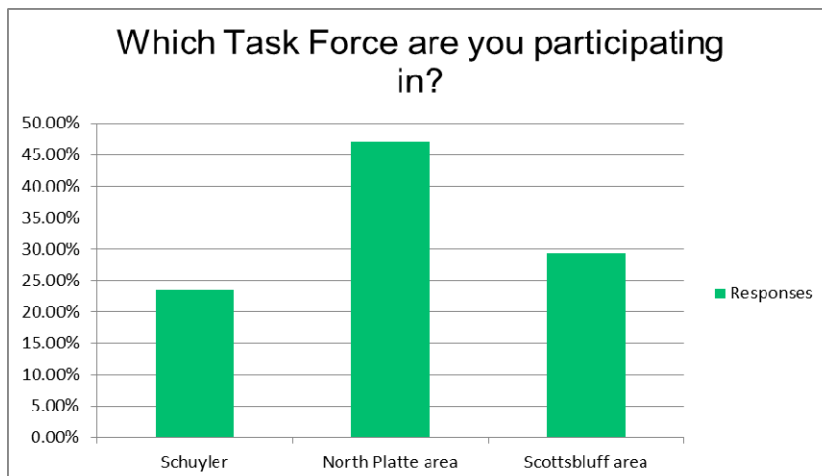
Survey of Lincoln Task Force Recommendations

The Lincoln Task Force (LTF) identified 38 recommendations during the first year of this initiative. The LTF members recognized that the number of recommendations was large and potentially overwhelming. As part of the engagement with the three new communities during the second year of the project, the LTF hoped to learn which of their original recommendations might resonate with the three communities.

After the first meeting with each of the three communities, Ferrone Associates offered to create a survey to attempt to identify where there might consensus on a statewide basis (among the 4 communities: Lincoln, Schuyler, North Platte area, Scottsbluff area). This survey was not in the scope of work of the project, but it offered an opportunity to potentially create leverage-via-consensus and was well worth the extra effort. Kristen Larsen provide authorization.

There were 34 participants who completed the survey. The breakdown was as follows:

Schuyler: 8
North Platte: 16
Scottsbluff: 10



Each of the 38 recommendations was presented and the respondents were asked to rate the recommendation according to the following scale of Levels 1 through 6:

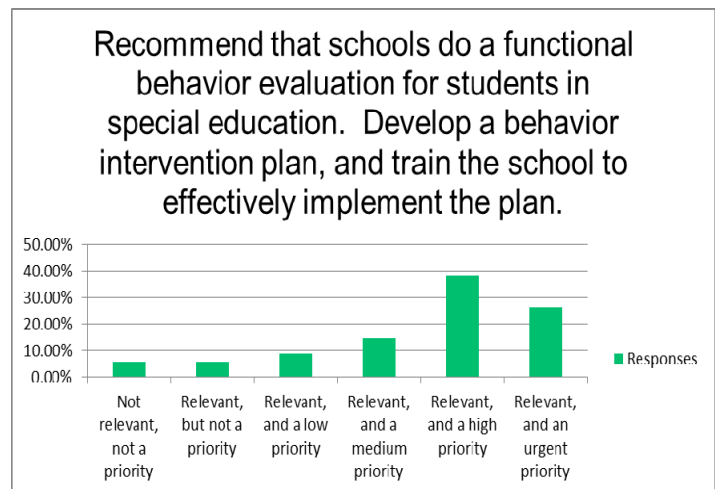
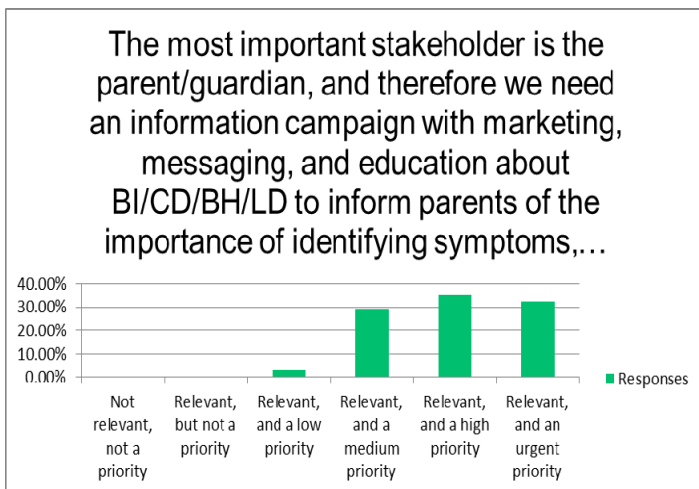
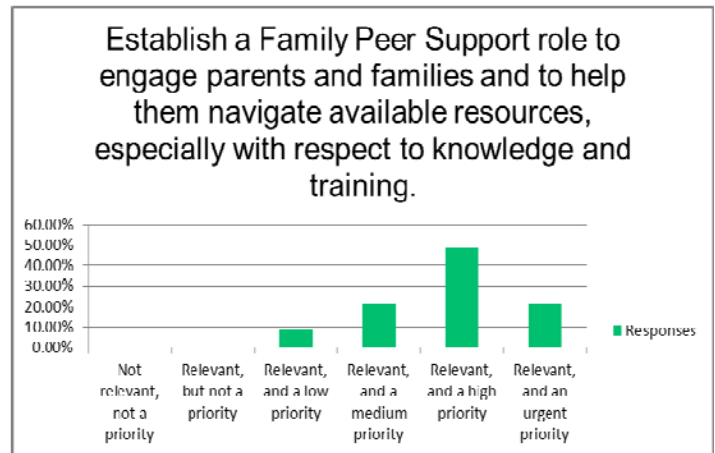
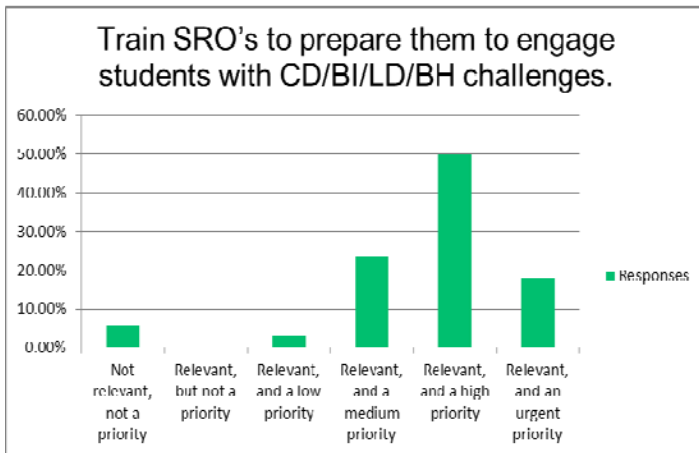
1. Not relevant, not a priority
2. Relevant, but not a priority
3. Relevant, and a low priority
4. Relevant, and a medium priority
5. Relevant, and a high priority
6. Relevant, and an urgent priority

Rather than simply list the recommendations and their corresponding responses in order, the questions have been grouped and ordered according to the level of relevance and priority, with those scoring higher relevance and priority listed first. The recommendations are grouped according to the following:

- Recommendations with at least 60% of responses in Levels 5 and 6 (Highest Relevance and Priority)
- Recommendations with at least 60% of responses in Levels 4, 5 and 6 (High Relevance and Priority)
- Recommendations with majority of responses in Levels 3, 4 and 5 (Average Relevance and Priority)
- Recommendations with majority of responses below Level 3 (Lower Relevance and Priority)

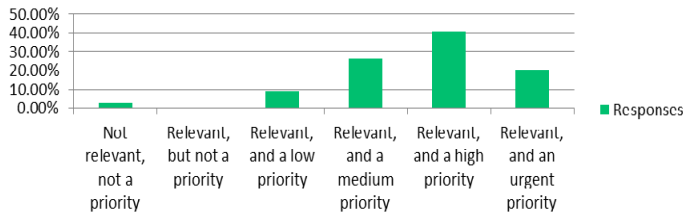
[Note: Where question displays end with (...) due to Survey Monkey’s display graphic, the missing recommendation after the (...) is included below the graphic.]

Recommendations with at least 60% of responses in Levels 5 and 6 (Highest Relevance and Priority):



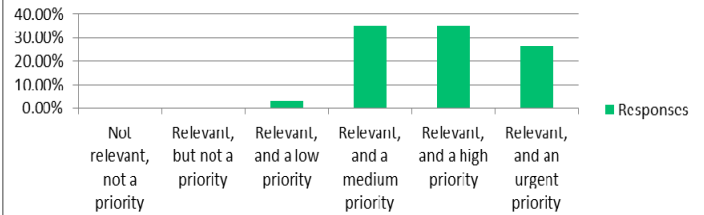
...speaking with a physician, and understanding the future path and related supports (not to mention the consequence of ignoring and not addressing the challenges). Engaging the public/parents and motivating them to advocate for system change is a powerful strategy.

Level 3 Schools do not have the capacity to work with the youth who have been identified as needing supports, and so the youth are on a waiting list. Therefore, youth with special needs and who are difficult to manage are not receiving...



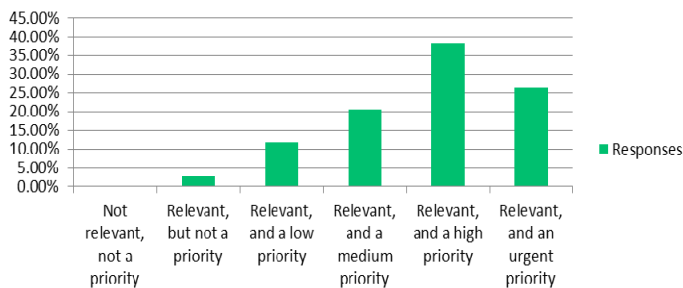
...supports in school—the referral to law enforcement and probation is too quick! The schools need a better understanding of referral paths, and need more options. In many cases the school administration may not know what it does not know with respect to supporting students with exceptional needs, and what referral options may be available. The Nebraska system needs a safety net for when this situation occurs.

Recommend the creation and implementation of a common CD/BI/LD/BH assessment tool and/or resource (that can lead to understanding what information the school already has) that can help County Attorneys to...

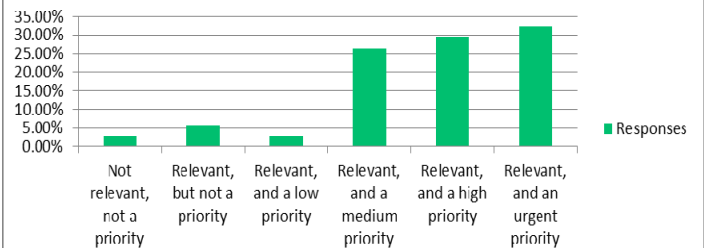


...identify and accommodate youth with a CD/BI/LD/BH.

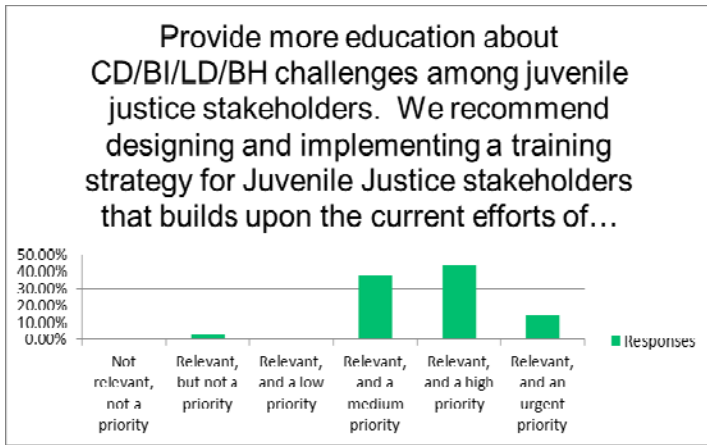
Recommend the design and implementation of a process that allows the court to reassess a case based on new findings related to CD/BI/LD/BH.



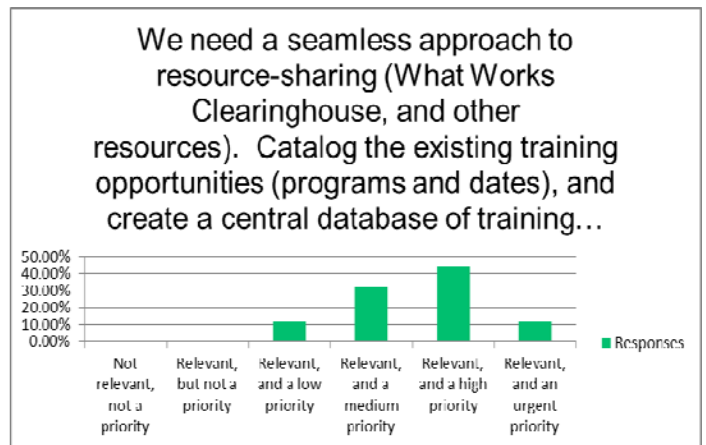
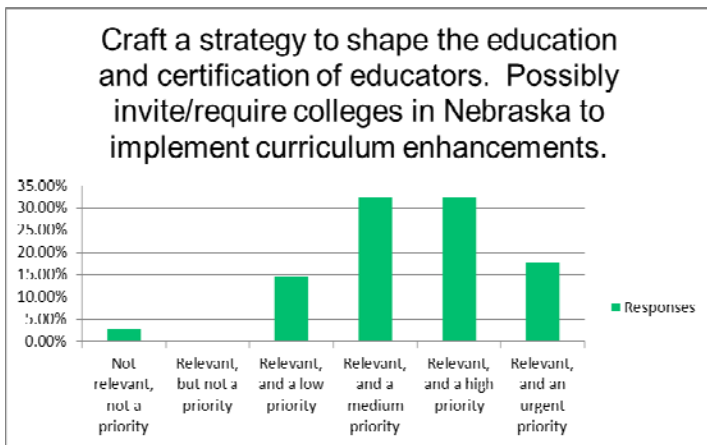
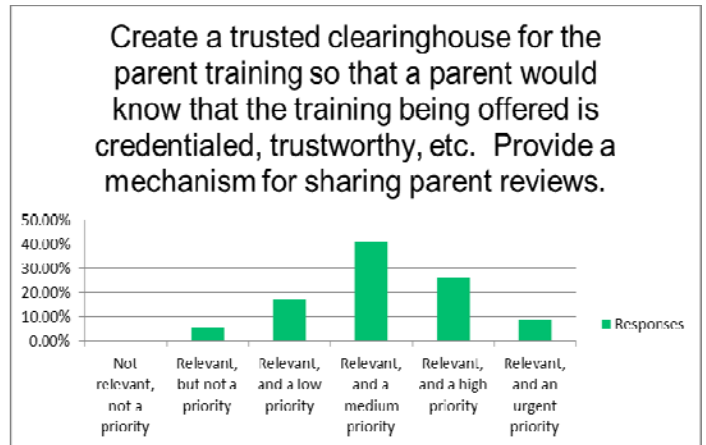
Once a youth is at the YRTC, they are considered in the “deep end” of the JJ spectrum. Recommend screening to determine if the student has a disability, or CD/BI/LD/BH?



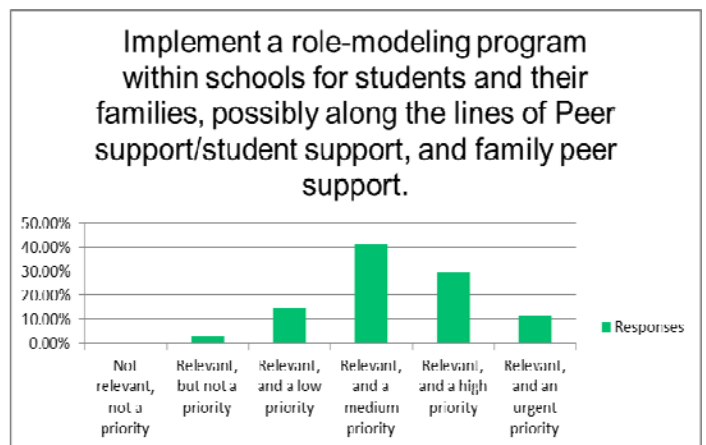
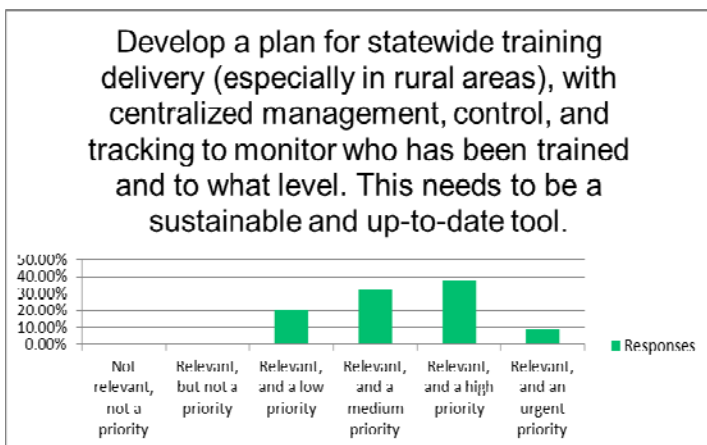
Recommendations with at least 60% of responses in Levels 4, 5 and 6 (High Relevance and Priority)

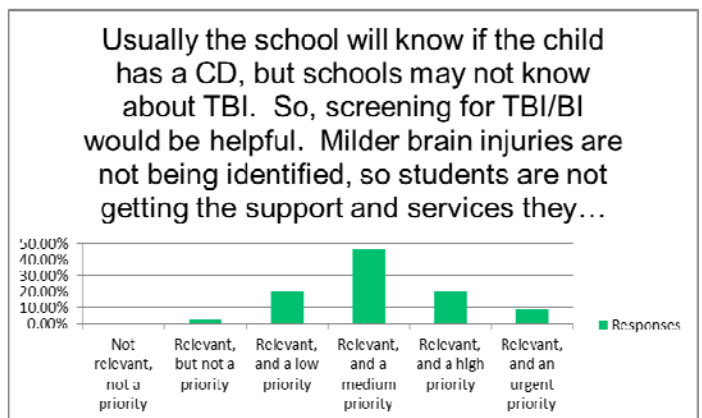
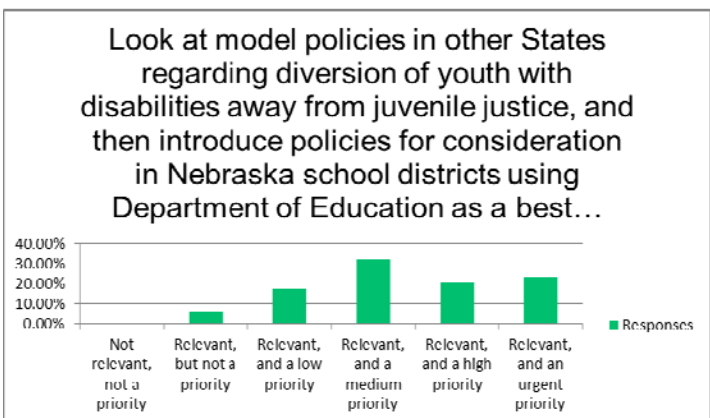
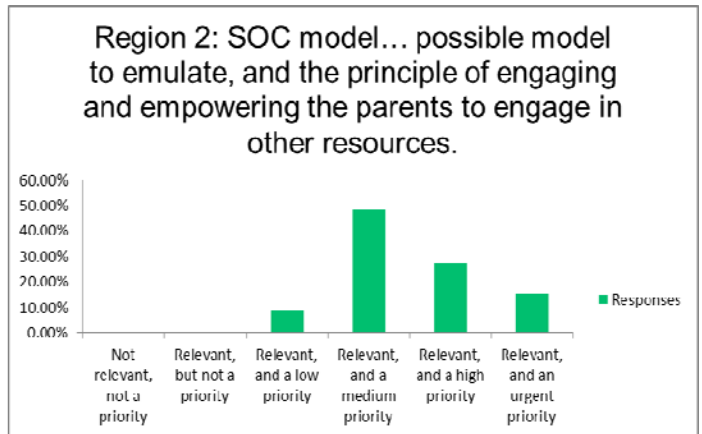
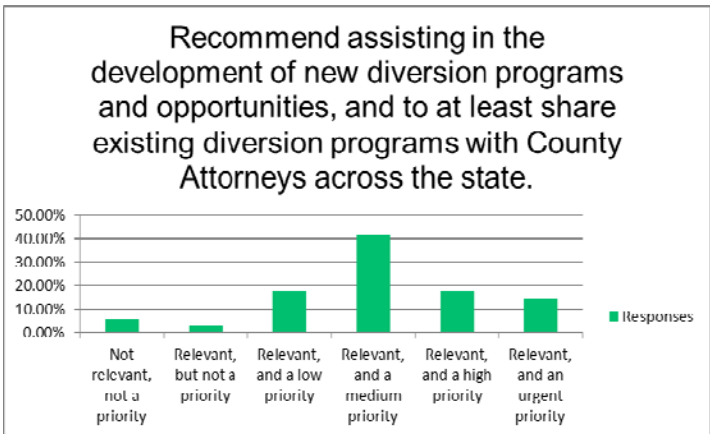


...the BIA-NE.



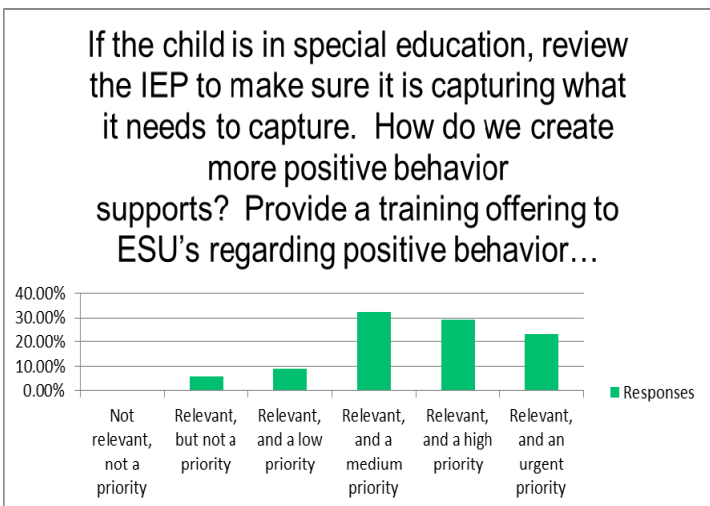
...offerings. Publicize these through all available channels. Make sure that training has been approved by the appropriate entity, and that CEU's are arranged. This needs to be a sustainable and up-to-date tool.



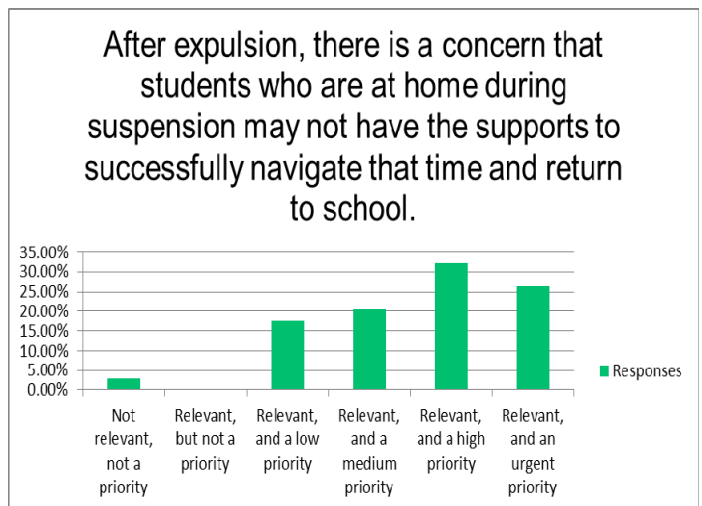


...practice pipeline. Can the Nebraska Department of Education play a leading role? Every school district is its own entity, but perhaps the State Board of Education can help push out information and best practice/model policies that can be helpful locally.

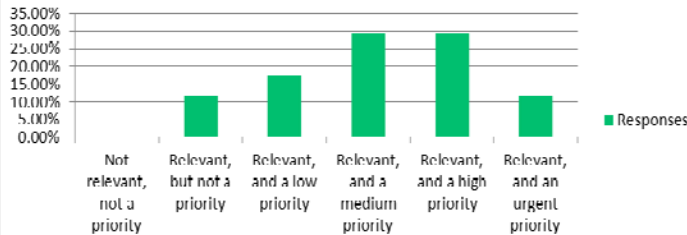
...need.



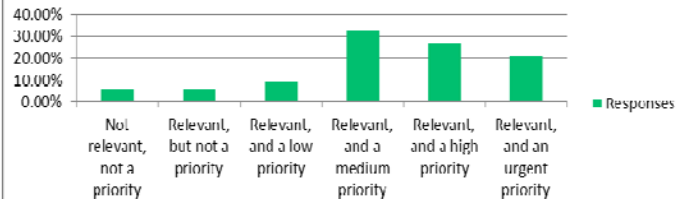
...supports, possibly cross-train.



There needs to be a central list of grant initiatives and pursuits shared among agencies and organizations, so that we can collaborate as well as avoid duplication.

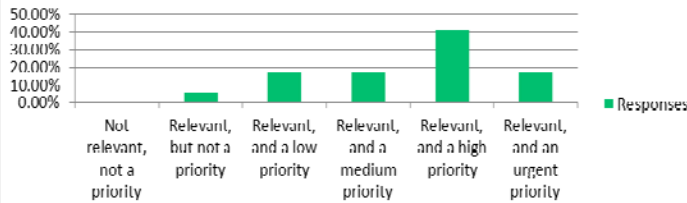


What can we do before the 20-day absence rule kicks in and the County Attorney is notified? And what programs can exist to support the County Attorney after the 20-day absence occurs to pursue some sort of diversion if...



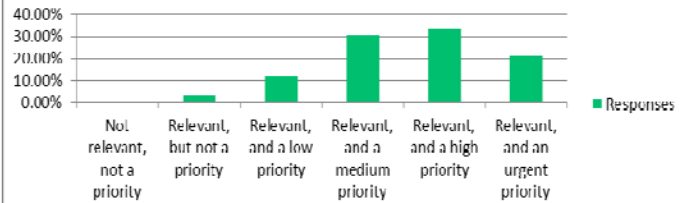
...appropriate? Recommend the identification and design of options. Also recommend that we work with schools to enhance their capacity to deliver options.

Information campaign to encourage parents to be proactive by sharing information with first responder agencies. And, encouraging local first responders and community leaders to do their own, local messaging and...



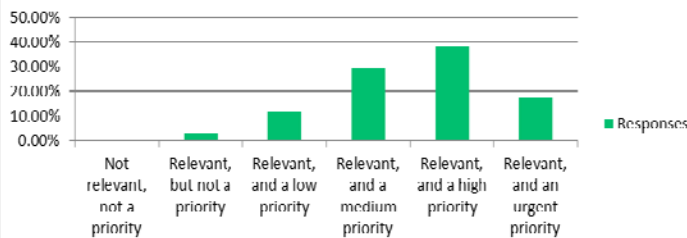
...encouragement of people to share information.

What types of requirements for program engagement can the judge place upon the youth in probation? The recommendation is to encourage more individualized options to be considered among judges, and then provide...

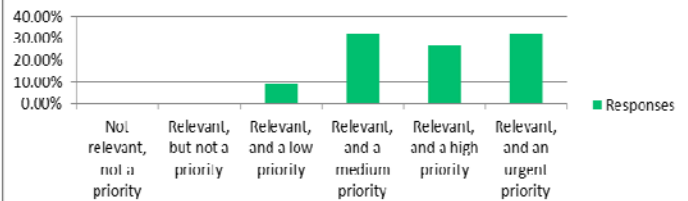


...supports to families to follow through with options.

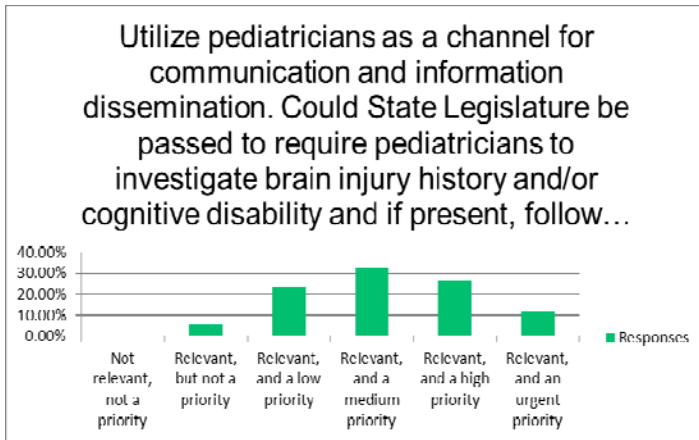
As youth exit the Juvenile Justice system, we need to administer a risk assessment to attempt to understand the probability of re-occurrence, and plan the supports accordingly.



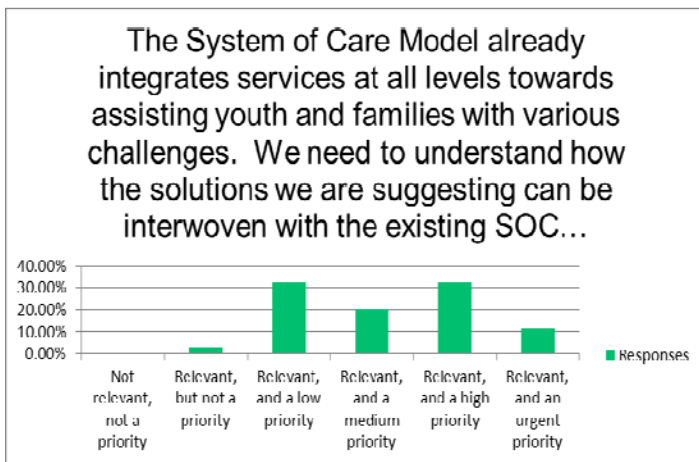
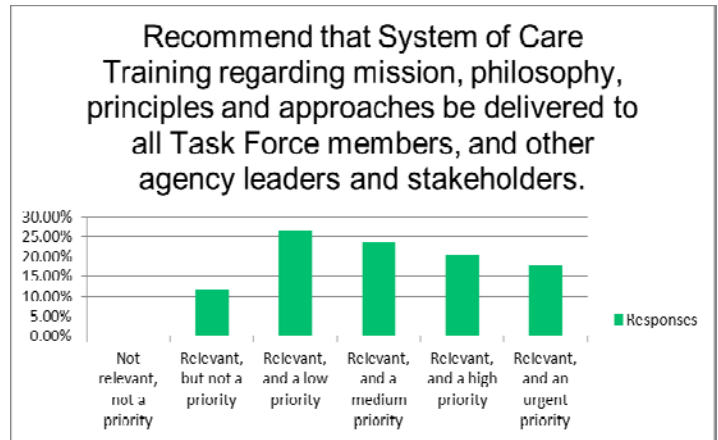
Outside the 2 metro areas, judges need to wear many hats. In the metro areas, there are judges who specialize in the juvenile justice area. Recommend the sharing of innovative programs and best practices with rural judicial districts.



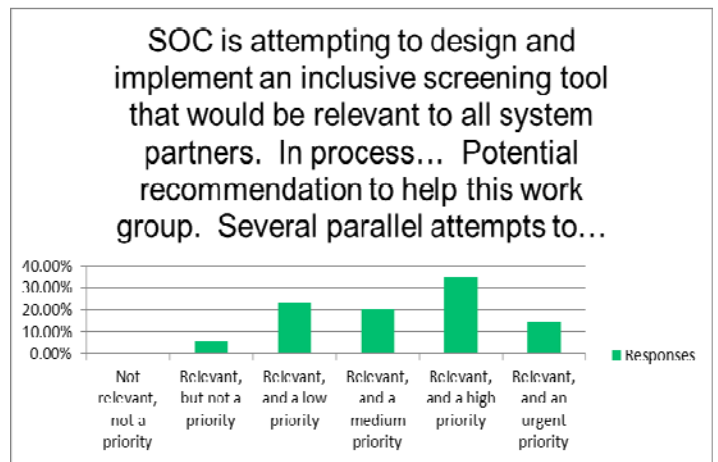
Recommendations with majority of responses in Levels 3, 4 and 5 (Average Relevance and Priority)



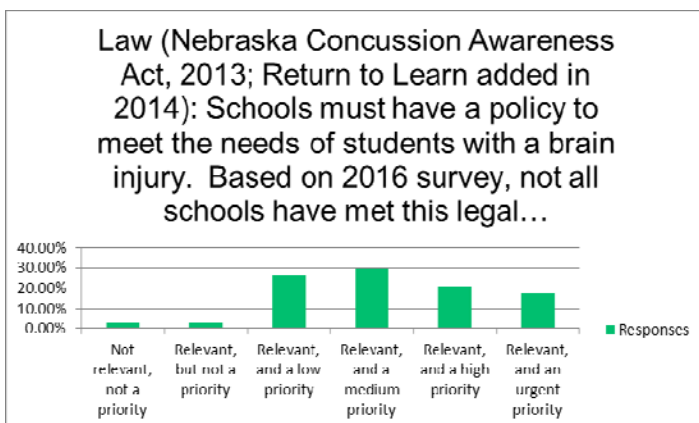
...a protocol of referral and supports?



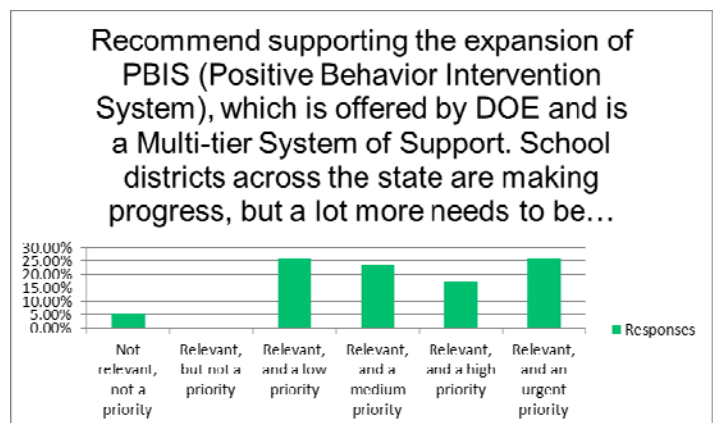
...framework



...create screening tools, so an opportunity to collaborate.

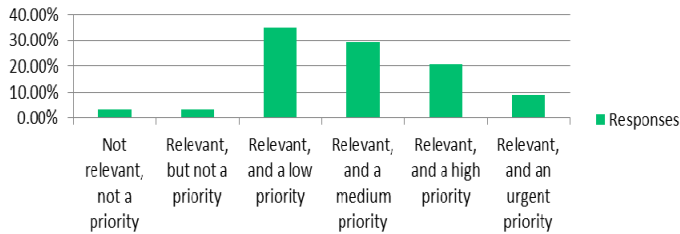


...requirement, and even if they have, the content of the policy is usually limited to athletes. There is a need to assist schools to develop the policy that will satisfy the legal requirement. Could NDE play a stronger role in supporting schools to craft a policy for the Nebraska Concussion Awareness Act of 2013?



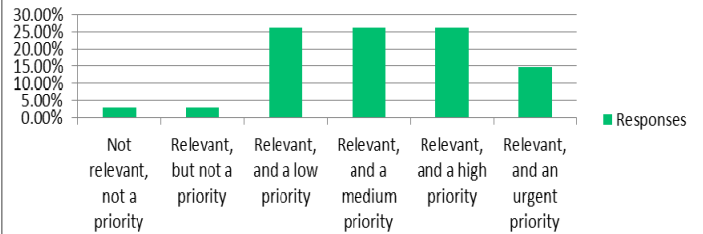
...done: more training and education is needed, requiring more time and financial support.

Recommend the creation of a method for sharing great things our schools are doing, so our other schools can benefit. Possibly create statewide awards, and invite proposals, etc. Possibly part of the NCSA's...



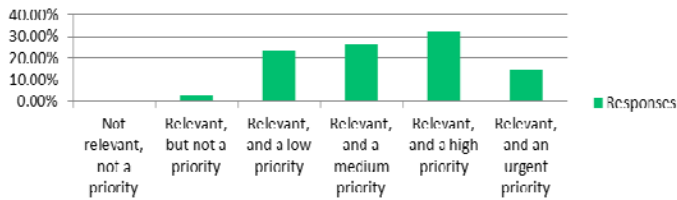
...Administrator's Day. Public kudos is important to help stimulate sharing and inquiry about what people are doing well. Possibly create a form of accreditation that can be awarded by DDPC/BIA-NE/VR/JJ, etc.

Recommend that an effort be made to conceive, design, and share additional diversion program concepts, and to share best practices among County Attorneys. What are the services that must be in places (and the capacity and funding)...

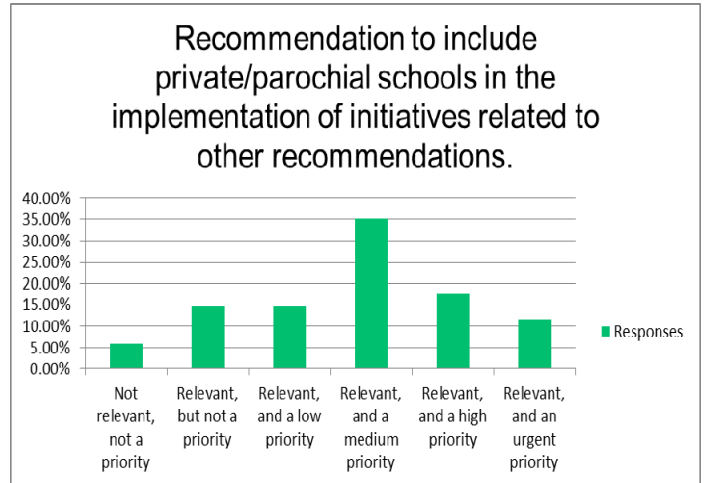
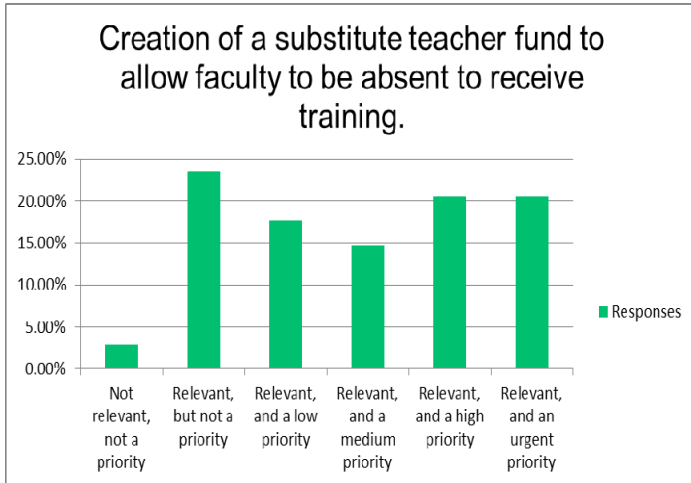


...that would be on the "receiving end" when youth are diverted from juvenile justice or exit the system? Need to provide training as to how to identify youth who would be well-served by such a program.

Somewhere along this pipeline, Voc Rehab could be the right resource to engage depending on the age of the student, and the outlook/path. Recommend matching VR programs with options along the pipeline.



Recommendations with majority of responses at Level 4 or below (Lower Relevance and Priority)



Part 6: Lincoln Task Force Initiatives

Committees

The following Committees of the Lincoln Task Force met during the second year of the initiative to continue to move their priority initiatives forward. Below are the Committees with their notes/summaries. This information is a collection of solid thought leadership generated by the professionals involved in the Lincoln Task Force, and can be used as a resource to either implement specific initiatives or help shape next steps.

1. School Resource Officer (SRO) grant

Committee Notes/Report (from July 2019): The Nebraska Council on Developmental Disabilities provided funding for 35 administrators and SRO's in Lincoln in response to the first year of this initiative. Project kickoff occurred in June 2019. The curriculum is Strategies for Youth, a formal certification... best practice, used in the Omaha schools.

Several questions arose in relation to the new legislation regarding the training of SRO's, including the following:

1. Will this training satisfy the requirement of the legislative bill for SRO training?
2. Who will be tasked with leading the implementation, and overseeing quality, standards, etc.? The Crime Commission may have a role, but there doesn't seem to be a leading entity/agency. The bill may have a challenge with respect to the definition of an SRO as a security guard or a law enforcement officer.
3. To what extent is the ACLU involved, and would they be a good partner in this effort?
4. At what point does this issue (and others) result in a new look at central control (versus local control) of school policy and procedure across the state?

Educating and training are two different things. Education is knowledge, and training is the development of skills to utilize that knowledge. When a teacher does not have the skills to deal with a situation, their first call is to the SRO, and if the SRO is a law enforcement officer, the SRO will shape the moment based on his/her training/paradigm.

Training parents, too, is a critical need. There are some resources that provide training... for parents "who would like" to receive training and support. But will parents choose to receive the training? Individual Service Plan (ISP) and related training... parents don't know how to access it. More training on IEP's, in general, will advance the ball further. Parents often don't know what the schools are mandated to do or provide, so they don't know what to ask, or to demand.

Do we have a clear understanding of the parent community, and the different levels of skills and knowledge, and values systems, cultural diversity, and general ability to effectively engage on behalf of their child? What would the data show if we were to map students in the juvenile justice system back to a matrix of parents with various characteristics? This could be a theoretical model that this LTF could flesh out to advance the discussion. The community liaison model is effective, and there

are many organizations that provide this type of services for unique engagement. How can we elevate the concept of peer to peer liaison that engages families, builds trust, and connects families to needed resources? What are the resources? NE Family Support Line, PTI, Monroe Institute, BIA Resource Facilitation, etc.

2. Education Priority 1: Training about the Classroom to Courtroom Pathway.

Committee Notes/Report: *Training Concept for the Classroom to Courtroom Pathway:* Provide the training in appropriate levels of engagement based on current understanding and knowledge. We would have two kinds of modules:

1. General knowledge and an overview level (vertical threads of knowledge). An example would be What is TBI? Or, How does the Juvenile Justice system work?
2. Specific role and process knowledge (horizontal threads of knowledge). An example would be training to explain what each part of the Pathway is and who is involved, and how it works, and the variables at play, etc. with testimonies/commentary from the “owners” or “participants” of that particular part of the Pathway. Another example: Suspension as the focus... very complex, and differs based on the student, based on the systems involved, etc. –and the purpose of this particular module would be to position leaders to understand their own situation and be motivated to make improvements from a more informed perspective.

Can we create a matrix of Pathway boxes and all roles so that people can see what they are supposed to do any every box, and see what other people do in every box? Focus on roles, impacts, anticipations, etc.

Once we have a framework, we can search for existing training to plug into our framework, the framework being the Classroom to Courtroom Pathway (flowchart).

Purpose of this type of training that we’re trying to scope out: To inform people of the complexities of the Pathway, the interrelated nature of the components/boxes, and to ultimately position them to reexamine and refine policies and procedures towards channeling students in a healthy direction based on what leaders have learned from the training. It’s like we’re exposing leaders to what they think they know but don’t really know. Motivate people to take another look at the systems that they are already comfortable with. We need to facilitate systems thinking... helping a professional understand his/her role in a system.

Information may be delivered differently based on the target audience. This needs to be accounted for when we spec out the concept. Tie it to CEU’s, as well, as an incentive. There is a school behavioral health summit each year at which this training could be rolled out.

Partner with System of Care (SOC) efforts with respect to the development of training. BHECN... Behavioral Health Education Center of Nebraska.

How many people think Juvenile Justice is an issue in their school? Perhaps not a volume issue, but certainly the instances are taking front-center on stage.

Unidentified vs Identified... this adds an additional layer of complexity.

Behaviors and Behavioral Health are different

- Behaviors: the symptoms/manifestations of CD/BI/LD/BH
- Behavioral Health: this is one of the sources of behaviors. All Behavioral Health manifestations are behaviors, but not all behaviors are manifestations of Behavioral Health challenges

Decision points... can we break down the Pathway into decision points and critical questions to help guide understanding and decisions, in relation to next steps?

Key questions:

1. Who are the target populations to educate/train?
 - a. People who work in the various components of the pathway
 - b. Guidance Counselors in the schools: they are informed about students who have a brain injury and/or CD, or LD, or BHC
 - c. Special Education Teachers
 - d. People who are in the schools don't know what it's like to be in the detention center; people in the detention center don't understand the educational environment—how do we communicate the needs of kids who have IEP's, and how those needs can be met within a detention center.
 - e. Identify key groups to support the building of training to implement in their own area, rather than having training originate from us. So the focus would be to ask key questions and to turn people's attention to the issue so they pursue their own training. We can possibly provide resources to be accessed. Helping the various professionals understand our students, and how their unique perspective needs to be enhanced. We want to motivate each component of the pathway to understand the need for more training, and to decide to pursue it... and we can figure out how to support them to do that.
 - f. Level of awareness will differ across the various pathway components. Maybe we can develop an assessment tool to help professionals understand the full pathway from all perspectives, and encourage them to pursue training for further understanding. Remember, the focus would be BI/CD/LD/BHC
 - g. Michelle Borg... a lot of work developing training resources.
 - h. In general, all professionals would be well-served to know what other professionals are developing and implementing.
 - i. We want to activate champions within the various communities.
 - j. Behavioral Health Regions
 - k. Anyone who is represented on the Pathway.
2. How do we access these audiences?
 - a. It's difficult to post things on the NDE website.
 - b. VR staff can conduct live sessions, record sessions, and post links on the internal website
 - c. Tom... continuing webinars and podcasts. If anyone can identify the person who can deliver the training component, Tom can assist in creating the venue to deliver it. 3500 person email list within Tom's Association.

- d. Presentations at conferences, and to specific groups. Start the conversation and follow up with further resources.
 - e. Counseling Association is strong in Nebraska... possible good channel.
 - f. Education Administrators have a conference, too.
 - g. Nebraska State Education Association... possible effective channel.
 - h. Programs at the local level need to come with the blessing of the local School Board; at the higher level, engaging the State School Board would be helpful.
 - i. ESU's are an excellent resource and channel.
 - j. Provider agencies in the state... good channels to engage.
 - k. County-based cross-functional training focus. How well do the stakeholders in your county support students with a BI/CD/LD/BHC who are at risk of or have entered the pathway? Do you know who they are, and where they are in the pathway, and how to help the students. A standalone training-in-a-box concept.
3. What are the pre and post-tests?
- a. We can certainly evaluate the learning about the pathway, while also encouraging groups to define their learning variables.
 - b. Create a self-evaluation (personal and agency) to help people make connections relevant to the pathway. Do the policies and procedures adequately meet the needs?
 - c. We don't really have data about youth in the juvenile justice system. The fact that we expanded our focus to BI/CD/LD/BHC, we are in a better position to extrapolate, as well as to use individual situations, to build consensus to pursue initiatives. How many IEP's exist in Nebraska? Aggregate total? What percent of students with an IEP experience a portion of the pathway?
4. Can we do longitudinal follow up?
5. How can we make it competency-based, meaning resulting in behavior change?
6. Can ESU's be a good channel?

3. Education Priority 2: Parent Focus.

Committee Notes/Report: Too often parents don't know what they don't know regarding their child who has a CD, BI, LD, or BH. Establish a Family Peer Support role to engage parents and families and to help them navigate available resources, especially with respect to knowledge and training. And, create a trusted clearinghouse for the training so that a parent would know that the training being offered is credentialed, trustworthy, etc. Provide a mechanism for sharing parent reviews. This needs to be a sustainable and up-to-date tool.

Possible training topics for parents:

1. Support parents to be a supportive parent, and provide tools to assist them to be supportive parents.
2. Provide education to parents and students as to the many causes and levels of brain injury.

3. Teach parents about available resources. When a youth has challenges that aren't the types of challenges the schools recognize as challenges, there is no programmatic support. A parent needs to know of other available options.
4. When there is a crisis response call, often law enforcement is the first on the scene. It is advantageous to keep the caller on the phone, and this has been helpful for crisis response, and parents could help their child by staying on the phone.
5. Individuals who place information on personal ID's find it helpful. A youth with autism in handcuffs could have been treated differently with an ID. It's a choice, not a mandatory requirement. No stickers on heads! Maybe parents can be informed that they can inform their local first responders about special needs. "It's not about confidentiality... it's about life." Possible barrier: some youth don't have the supportive parent/guardian to engage on their behalf.
6. A lot of what is discussed above is already provided by PTI, but we are not well known. We don't have an online space and resource center. It's a daily effort to deliver services, and we hardly have any time to seek new funds. Too much to do, and not enough people to do it.

PTI is mandated by the federal government, and is a non-profit, and is designated as a parent contact/channel to support parents. PTI is primarily parent-oriented. PTI has some grants from various sources to do specific work. But does PTI have an administrative person whose role is to pursue funding? PTI as the main infrastructure and delivery agent?

PTI is very similar to the family-run organizations for children's mental health. For example Families CARE in Kearney provides the 1:1 family/parent/youth engagement to help parents navigate the system and to advocate for their child. In the case of these family-run, it's a peer support... been there, done that and therefore there's instant rapport and trust. Everyone that works at PTI has a child with a disability, so there is a peer to peer perspective.

Mike Tufte is the ED of PTI, and he provides services while at the same time trying to market PTI and develop funding sources. If PTI had enough funds to create the central resource that parents need, and then create awareness among parents of this resource, that would be a huge win. Is it possible to partner more closely with the Behavioral Health Regions?

PTI's scope is to work with parents who have a child who has a disability. Given the many types of disabilities a child may have, PTI also plays a role finding additional resources if the disability goes beyond the expertise of the PTI staff. Complex combinations of disabilities and challenges quickly outstrips a teacher's expertise and time to manage.

Parents are wiped out and overwhelmed. Is respite a needed form of service? Parents do need time. But providing respite requires a lot of training.

What is the relationship between PTI and the SOC? Maybe we need to pull together the right people to discuss the approaches that PTI and SOC can collaborate on, and the budget, and then create proposal story boards to support the pursuit of funding.

County Attorney Screening Tool (DRAFT)

The information on the following pages is a draft of the Screening Tool that a County Attorney might consider utilizing to help him or her discern whether or not more thorough assessment is warranted prior to determining a course of action relative to a student's situation.

The idea for this tool originated in Scottsbluff and was further discussed in Schuyler. Ferrone Associates convened a Committee and synthesized their input to create this draft tool. Contributors to this tool include Joyful Stoves (DHHS, Division of Developmental Disabilities), Peggy Reiser (Brain Injury Alliance of Nebraska, BIA-NE), Amy Latshaw (Probation), Julie Smith (Probation), Signe Assels (Brady Public Schools), Kristen Larsen (Council on Disabilities), Keri Bennett (Nebraska VR), Bernie Hascall (Nebraska DHHS, System of Care), Mark Draper (Nebraska Department of Education, Office of Special Education Consultant).

Quick Screening for Brain Injury, Developmental Disability, Behavioral Health, and Learning Disability

The following four pages contain a short screening tool that County Attorneys may employ towards discerning whether or not a youth would benefit from additional assessment in any or all of the four areas of Brain Injury (BI), Developmental Disability (DD), Behavioral Health (BH) and Learning Disability (LD).

These screening tools are not to be used for a diagnosis. They are to be utilized at the County Attorney's discretion. The following method is suggested:

[These steps are simply a rough outline in draft form, and those with legal, medical, subject matter and research backgrounds would need to refine these steps to ensure effective information-sharing occurs without placing any stakeholder at risk].

- 1.) Schedule a time to conduct a discussion with the youth
 - a. (One or both parents should be present, although the youth may be more inclined to answer candidly without parents present—therefore, ask parents for permission to discuss the screens alone with the youth; parents would need to sign a permission slip or release.)
 - i. A sample release form can be designed by a County Attorney and shared with others.
- 2.) The County Attorney should be sure to complete all sections of this screening tool, because a youth may have more than one challenge.
- 3.) As the discussion begins, explain to the youth that he or she is encouraged to answer candidly and truthfully—in other words, share as much as he or she can in order to help the County Attorney understand more about the situation towards helping the youth.
 - a. (Key concern: Can information discovered during this interview/discussion be used by the County Attorney for/against the youth? Should an attorney be present?)
- 4.) Evaluate the answers/responses based on the suggested scoring.
- 5.) Consult key subject matter experts/contacts for their opinion if needed
 - a. (Note: Perhaps Nebraska could develop a cadre of experts who would be available to field questions from County Attorneys. And, each County Attorney is encouraged to develop local contacts for this purpose. 1184 Treatment Team can assist/guide).
- 6.) Use available information and insights to discern whether or not to adjust the perspective and direction of the County Attorney with respect to the youth's case.
 - a. Consult with the youth and parents, colleagues, the judge, etc. to collaboratively arrive at the best course of action which may include more thorough assessment.

Brain Injury (Submitted by Peggy Reisher)

H Have you ever **Hit** your **Head** or been **Hit** on the **Head**?

Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the **Emergency** room, hospital, or by a doctor because of an injury to your head?

Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **Lose** consciousness or experience a period of being dazed and confused because of an injury to your head?

Yes No

Note: People with TBI may not lose consciousness but experience an “alteration of consciousness.” This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **Problems** in your daily life since you hit your head?

Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

S Any significant **Sicknesses**?

Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

- 1.)** An event that could have caused a brain injury (yes to H, E **or** S), **and**
- 2.)** A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **and**
- 3.)** The presence of two or more chronic problems listed under P that were not present before the injury.

The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm.

Developmental Disability (Submitted by Joyful Stoves)

- 1) Has there ever been a previous Developmental Disability diagnosis or associated medical condition?
 - a. See the list of diagnoses and medical conditions below. An actual Developmental Disability diagnosis is extremely helpful, but, for some where a medical issue is the root cause of the cognitive abilities, they may be more likely to know and talk about the medical condition. If someone has a medical condition that may be likely to cause a developmental disability, it is worth further evaluation.

- 2) Did the person have an Individualized Education Plan (IEP) in school with a verification of a developmental disability or receive special education services?
 - a. Schools look at verification of a disability rather than a diagnosis, but there is typically some type of diagnostic language in the reason for an IEP.

- 3) Did the person show delays in meeting developmental milestones (sitting, walking, and talking)?
 - a. While this is far from a conclusive question, if an individual had delays in their developmental milestones and continued to have issues, it could be a sign of an underlying developmental disability diagnosis.

Developmental Disabilities:

(Not exhaustive but includes the most commonly seen)

- Intellectual Disability (formerly Mental Retardation)
- Autism Spectrum Disorder (formerly Asperger's Disorder, or Pervasive Developmental Disorder NOS)
- Tourette's Disorder
- Stereotypic Movement Disorder
- **Medical Conditions:**
- (Gene deletion or mutation problems as well as some other medical issues have also been known to lead to developmental disabilities.)
- Down syndrome
- Fragile X Syndrome
- Traumatic Brain Injury during the developmental period (before age 22)
- Fetal Alcohol Spectrum Disorders
- Cerebral Palsy
- Spina Bifida
- Prader Willi Syndrome
- Angelman's syndrome
- Rett syndrome

Behavioral Health (Mental Health)—Adapted from Mayo Clinic

Does the student identify with any of the following typical symptoms of a mental illness?

- 1.) Feeling sad or down
- 2.) Confused thinking or reduced ability to concentrate
- 3.) Change in grades or lower interest in school
- 4.) Excessive fears or worries, or extreme feelings of guilt
- 5.) Extreme mood changes of highs and lows
- 6.) Withdrawal from friends and activities
- 7.) Significant tiredness, low energy or problems sleeping
- 8.) Detachment from reality (delusions), paranoia or hallucinations
- 9.) Inability to cope with daily problems or stress
- 10.) Trouble understanding and relating to situations and to people
- 11.) Problems with alcohol or drug use
- 12.) Major changes in eating habits
- 13.) Increased promiscuity
- 14.) Excessive anger, hostility or violence
- 15.) Suicidal thinking

Any one or a combination of the above could warrant further discussion and assessment. It is a *subjective determination*.

Additional Questions

Does the student identify with any of the following factors that may increase his or her risk of developing a mental illness?	Does the student identify with any of the following situational symptoms?
<ol style="list-style-type: none"> 1.) Have you ever had a mental illness diagnosis? 2.) Does anyone in your immediate family, or grandparents, or aunts and uncles have a mental illness? 3.) Stressful life situations: are you worried about money, a loved one's death or a divorce? 4.) Do you have an ongoing (chronic) medical condition, such as diabetes? 5.) Did you suffer a serious injury to your head, such as a violent blow to the head? 6.) Have you experienced physical trauma, such as an assault? 7.) Have you experienced emotional trauma, such as verbal abuse? 8.) Do you use alcohol or recreational drugs? 9.) Have you experienced abuse or neglect? 10.) Do you have friends and healthy relationships? 	<ol style="list-style-type: none"> 1.) Have you experienced unhappiness and decreased enjoyment of life? 2.) Do you have family conflicts? 3.) Are you having relationship difficulties? 4.) Do you feel socially isolated? 5.) Are you having problems with tobacco, alcohol and other drugs? 6.) Have you missed work or school, or other problems related to work or school? 7.) Are you having money problems? 8.) Are you homeless? 9.) Have you physically hurt yourself or others, or tried to hurt yourself or others? 10.) Do you get sick often? 11.) Do you have medical conditions?

Learning Disability (Submitted by Mark Draper, and adapted from Cappex, an online resource)

The following initial questions can be asked:

1. Have you ever received special education services?
 2. Did you ever have an IEP?
 3. Were you ever suspected of having a need for more services than could be met by just your regular classroom teacher?
 4. Did you ever go to Title I for reading or math?
 5. Can we get your permission to request your education records from your school district?
-

To delve further, the following are 11 signs that a youth or teenager needs a professional evaluation for a learning disability (some items are for high school students, such as #11).

1. **Being disorganized.** It can be puzzling why otherwise smart students seem incapable of keeping themselves on track even when they want to be. For instance, they might do homework but don't turn it in. There can be so much going on in their head that they can't differentiate things that truly matter from those that don't. **QUESTION:** *Do you finish your homework but forget to turn it in? Do you forget to do things often?*
2. **Devoting too much time to school work.** To compensate for a diagnosed or undiagnosed disability, teenagers can spend many hours a day on homework. The effort they are devoting to homework might be out of whack with the time it takes their friends and peers. **QUESTION:** *Do you finish your homework before your friends, or does it take you longer, or about the same time?*
3. **Fruitless studying.** Teenagers might study and seemingly know the information for an exam and the next day they don't perform ideally on the test. **QUESTION:** *Do you feel like you do well on tests that you prepared for? If not, why not?*
4. **Poor handwriting.** Teenagers' writing can be so poor that they can't read their notes. They also can seem clumsy or out of sync with their environment. Some teenagers can have dyspraxia, which is a brain-based condition that can affect their gross and fine motor skills. **QUESTION:** *How does your handwriting compare to how your friends write? What about compared to the teacher?*
5. **Bad spelling.** This might be overlooked or dismissed because of the ubiquitous spell checker, but it could be a sign of a language disorder. **QUESTION:** *Do you typically have zero spelling errors, a few, or a lot?*
6. **Hates reading.** They avoid reading whenever possible. It can be agonizing getting them to do their reading assignments. They might suffer from a reading disorder. **QUESTION:** *How much do you like to read?*
7. **Open-ended questions are difficult.** While they might be able to handle multiple choice questions, abstract concepts are challenging. **QUESTION:** *Do you like when the teacher gives you a blank piece of paper and says "Write whatever you want to write"? If no, why not?*
8. **Short-term memory can be an issue.** While their long-term memory might be fine, they might not remember what you said 10 minutes ago. You shouldn't necessarily dismiss this behavior as a child not paying attention. **QUESTION:** *Do you remember what you told me for questions 1 and 2? (Reread the questions)*
9. **Taking notes.** Some students have issues with auditory processing, which makes it difficult to take notes. **QUESTION:** *Do you take notes in class, and how do your notes compare to your friends' notes?*
10. **Poor social skills.** Teenagers with ADHD can make poor friend choices and have trouble keeping them. **QUESTION:** *What types of friends do you have? How long have you been friends?*
11. **Poor standardized test scores.** A big tip that something is amiss can happen when teenagers take the [PSAT](#), which is the precursor to the SAT, or [ACT Aspire](#), the precursor to the ACT. **QUESTION:** *If you've taken the PSAT, what score did you receive? Was it easy, medium, or hard to take the test?*

Part 7: Summaries, and Overarching Recommendations

Participation and Representation

The total number of attendees across the three communities was 88. There 41 in North Platte, 24 in Schuyler, and 23 in Scottsbluff. Representation was from a diverse set of community perspectives: school faculty and administration, law enforcement, juvenile justice, ESU's, probation, private sector companies, community based programs, state agencies, system of care representatives, families, etc.

Additionally, all attendees shared the information they learned within their respective departments/agencies, etc. Conservatively, another 250 individuals will have seen this information and learned about the key issues as well as the "Pathway Diagram" used to build consensus for key challenges and potential solutions.

Pathway Flowchart Discussion

Each of the three communities was able to reflect upon, discuss and refine the Classroom to Courtroom Pathway Flowchart, customizing it to their own processes and community context. Most notably, the communities added additional elements to the flow-chart. No community removed any part of the flow chart. In fact, the Pathway Flowchart evolved from one community to the next, and different additions from different communities served to plant seeds of ideas in the other communities. For example, Scottsbluff added Behavioral Health Services in multiple places along the Pathway, and this caused the North Platte group to begin to strategize how best to do the same.

Central Theme: Family Engagement

The most predominant theme in all three communities centered on parent and family engagement. In all communities, families and youth were the top priority, and there was frustration among the community participants that they did not know how to assist the families and youth even more. Essentially, there is a gap between the resources and supports that are available, and the families and youth that need those resources and supports the most. Defining the reasons this gap exists is critical to being able to bridge it.

To that end, parental focus groups were conducted in the communities, and interestingly enough the parents felt ostracized, judged, and dismissed by the system and the people in positions of authority (whether it be faculty or administrators within schools, or the local law enforcement officer who in a rural area is the only law enforcement representative to interface with, and who does not change a first impression). Based on these feelings, parents avoid the system and its resources and supports (and may not know about the resources and supports). Additionally, and most tragically, parents indicated that insurance policies and school policies prevented necessary testing from being conducted to determine if their child was eligible for additional resources and supports, and the only way to get the complete suite of testing and assessments administered was for a parent to call the police on their child and have the child arrested. There is an obvious need to review and refine (if not overhaul) the process of administering diagnostic assessments for students early in their student careers.

Survey and Consensus

One of the main goals of the second phase of the initiative was to test for consensus with respect to the initial priority recommendations generated by the Lincoln Task Force. A survey was created based on the Lincoln Task Force's recommendations. Results indicated a strong consensus for family and youth priorities, as well as training, education and general outreach to stakeholders that play a role within the Pathway. The survey, along with the specific concepts generated by each community demonstrate a robust set of recommendations for which the Developmental Disability Council can say that there is strong consensus among diverse communities and diverse stakeholders to pursue.

The recommendations that received the highest level of relevance AND priority are ranked within the following list that places them in order of recommendation with the highest % of Level 6 (high relevance and urgent priority):

1. Screening of Youth within YRTC 32%
2. Behavior Intervention Plan 31%
3. Parent Engagement 26%
4. County Attorney Screening Tool 26%
5. Case Reassessment 26%
6. Family Peer Support/Bridger 20%
7. School Leader Education about Referral Paths 20%
8. Training of SRO's 18%

Overarching Recommendations

The previous pages provide a lot of “raw material” for consideration. Each person/agency/entity involved in this process should read this document and discern the themes that resonate with them. There is strong consensus for certain initiatives as demonstrated by the survey results. In a final effort to be a catalyst for discussion and action, Ferrone Associates provides this final list of overarching recommendations.

The recommendations offer a priority perspective as to the initiatives and positioning that will result in strategies to reduce the number of youth with disabilities from entering the juvenile justice system, as well as the advocacy necessary to ensure that if youth are in the system that they receive adequate services and accommodations.

The numbers do not indicate a priority—instead, three categories of recommendation have been offered, including Process,

Specific Initiative Recommendations

1. Overcome whatever barriers are preventing the screening of youth who are currently at a YRTC, and conduct screenings so as to determine if a youth is in need of additional services (or possibly should not be at the YRTC).
2. Focus on figuring out how to bridge the gap between the resource providers and the parents. Create a Committee of providers and parents, digest the contents in this document, and identify new ways of building trust and removing preconceptions such that parents can finally access the resources they need and that are available. Follow this effort with the funding necessary to grow the family engagement services available through PTI and other family-run organizations.
3. Review the draft County Attorney Screening Tool and finalize it, and then identify where to pilot it and how to measure it.
4. Develop training regarding the Classroom to Courtroom Pathway, and emphasize the many referral options. Deliver this training so as to empower more stakeholders to be able to communicate effectively about the Classroom to Courtroom Pathway.
5. Develop once and for all a database of resources that is easily accessible, updated, and interactive. By making this investment, Nebraska will leverage its most valuable asset: the knowledge and thought leadership of innovative professionals from every corner of the state. Until such a tool and process exists, inequalities will exist and cracks will remain in the Pathway such that students fall through. Accessible information, tools, policies, and templates represent a tremendous watershed of potential benefits to multiple stakeholders, primarily students, faculty and parents.

Process Recommendations

1. When forming Committees, include members from all Task Forces so as to keep the momentum going strong across the four communities that were willing to commit their time and thought leadership to this effort.
2. Each Community should review its own information and choose at least one initiative to undertake, commit to it, and see it through to fruition.
3. Each Community should consider the information from the other Communities and revisit their own discussion to determine how they can advance their own thinking.
4. Each Community should implement a leadership and accountability infrastructure necessary to keep this initiative alive.
5. Public and private partnerships should be fostered in communities in order to complement the restricted tax funds with unrestricted private funding to empower the service providers to meet youth and families in that special context that so often falls outside the stringent guidelines for service that accompany tax dollars, whether state or federal.