

**Nebraska Planning Council on Developmental Disabilities
Task Force Final Report
June 14, 2018**

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Introduction

From mid-June of 2017 to mid-June of 2018, Ferrone Associates (Ferrone) worked with a group of 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 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.

Work products from this contract were provided to Kristen Larsen (Executive Director of the Nebraska Planning Council on Developmental Disabilities) during the course of the contract as deliverables were completed. This Final Report, then, includes the remaining deliverables, #'s 8-10, as summarized below:

Remaining Contract Deliverables	Status
8. Discuss and articulate a framework and vision of solutions to address the key challenges.	The framework and vision took the form of the Classroom to Courtroom Pathway and related Recommendations. Recommendations were finalized and prioritized, along with a high level approach to pursue them. All are included in the Final Report.
9. Lead the Task Force to perform a gap analysis between the current situation and the framework and vision, and provide a written summary to DHHS.	Using the Pathway/Pipeline flow-chart, the Nucleus Team was able to identify gaps and reflect them in the Recommendations. Therefore, this deliverable is accounted for in the Recommendations and Final Report.
10. Using the results of the gap analysis assist the Task Force to develop a road map and project plan with timelines, tasks and milestones to pursue the framework and vision. Summarize this in a written document to submit to DHHS.	The Road Map and Project Plan are included in the Final Report.

This Final Report, then, includes the work product for Deliverables 8, 9, and 10 based on the table above. Although the contract is completed, the Task Force members will remain in communication with each other. If an initiative is undertaken to continue this work, the Task Force will pick up where it left off, and additional stakeholders will be engaged in other parts of the state.

Regarding the nature of how this Final Report can and should be used, the Final Report is a collection of the insights that were shared by dozens of stakeholders across the course of a year-long exploratory and discovery initiative. Although there was significant consensus among the stakeholders regarding the final recommendations, this document is not intended to serve as a mandate for change, but rather 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.

Additionally, some of the recommendations are immediately actionable, but that does not mean that they will be implemented, now or ever—instead, the recommendations with corresponding approaches and work plans are only intended to stimulate continued discussion. The Final Report is considered a dynamic, working document that will 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 Force accomplished some exciting milestones and established a collaborative rapport that will serve youth and families well.



John M. Ferrone

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Part 1: The Task Force

The 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. Those highlighted in yellow are members of the Nucleus Team, described below the list. Not all people attended every meeting. On average, 25 people were in attendance. The **List of Participants** includes:

First Name	Last Name	Agency/Entity
1. Jim	Bennett	Administration of Probation
2. Keri	Bennett	Nebraska VR
3. Nicole	Berggren	NDE
4. Kate	Bolz	State Senator and/or representative
5. Michelle	Borg	NDE - FCLN State Education Liaison / Education of Systems-Involved Students (ESIS) Coordinator
6. James	Bowers	LPS Dawes Middle School Social Worker
7. Cindy	Brunken	Contractor w/Dept. of Education to lead BIRSST (Brain Injury School Support Team Grant) Efforts
8. Sue	Crawford	State Senator and/or representative
9. Vicki	Depenbusch	The Arc of Lincoln and Autism Family Network of Lincoln
10. Tania	Diaz	Disability Rights Nebraska
11. Renee	Dozier	Behavioral Health Region V
12. Mark	Draper	Nebraska Department of Education
13. Pat	Frost	Title I Part A, Part D Neglected Delinquent; Federal Programs Staff with NDE
14. Theresa	Goley	KVC Behavioral Health Nebraska, Director of Permanency
15. Bernie	Hascall	DHHS, Division of Behavioral Health
16. Lorena	Hernandez	Workforce Services Administrator with Dept. of Labor
17. Anne	Hobbs	UNO Mentoring Program
18. Heather	Jackson	Catalyst Behavioral Specialists
19. Shawna	Keller	League of Human Dignity
20. Melissa	Koch	Probation Administration
21. Kristen	Larsen	Director, Planning Council on Developmental Disabilities
22. Danielle	Larson	YRTC (Female facility Programs Manager)
23. Amy	Latshaw	Probation - Juvenile Justice Programs Specialist
24. Matt	Lewis	Nebraska Court Improvement Project
25. Tom	McBride	Executive Director, NJJA
26. Brooke	Murtaugh	Madonna Hospital
27. LaShawnda	Nimox	Behavioral Health Region V Services
28. Jennifer	Papproth	Nebraska VR
29. Amy	Peters	Nebraska Appleseed, Staff Attorney-Child Welfare Program
30. Brenda	Petersen	Cervelle Consulting - Owner
31. Sandy	Peterson	PTI Nebraska, Outreach Coordinator - Transition
32. Peggy	Reisher	Director, Brain Injury Alliance of Nebraska
33. Amy	Rhone	Department of Education, Special Population Offices

34. Dawn	Rockey	CASA for Lancaster County
35. Mary	Shada	Nebraska Lifespan Respite Network
36. Julie	Smith	Administration of Probation
37. Joyful	Stoves	DHHS, Division of Developmental Disabilities
38. Juliet	Summers	Voices for Children
39. Cheryl	Turner	Center on Children, Families, and the Law - UNL, Training Specialist
40. Deb	Vandyke-Ries	Director Of Court Improvement Project

The **Nucleus Team (NT)** is comprised of the people highlighted in yellow, above. The NT is a core group of stakeholders who provide direction and leadership for the overall Task Force. Much like an Executive Committee of a non-profit Board of Directors, the NT is responsible for the following:

1. Setting agendas for Task Force meetings
2. Providing leadership for committees and action items
3. Ensuring that effective notes are captured and distributed
4. Thinking strategically on behalf of the Task Force to ensure effective navigation of situational dynamics
5. Engaging all stakeholders to ensure a representative voice is achieved
6. Champion the notion of consensus
7. Work behind the scenes to ensure the overall quality of the Task Force's work product
8. Other tasks as they arise

Part 2: Deliverable 8

Deliverable 8 includes the follow components:

- Classroom to Courtroom Pathway (CCP) Flow-Chart: Framework for a Vision
- Insight Regarding Cognitive Disability (CD)/Brain Injury (BI)/Learning Disability (LD)/Behavioral Health (BH)
- Final Recommendations

Classroom to Courtroom Pathway (CCP) Flow-Chart: Framework for a Vision

A very useful work product was created that allowed all of the stakeholders to see where they were in relation to each other along the CCP. This tool was the CCP Flow-Chart. For the first time, stakeholders were able to ask new questions that they did not know they needed to ask, and to hear questions from others that they did not know they needed to answer. Once the CCP Flow-Chart was created, the level of understanding, communication, and problem-solving increased dramatically.

The CCP Flow-Chart also provided the framework for the Vision. Using the CCP Flow-Chart, the stakeholders were able to articulate futuristic recommendations that became the Vision, and that became the basis for the Final Recommendations. One of the main visionary insights is in relation to the next section: a perspective that blends CD/BI/LD/BH.

The CCP Flow-Chart is included on the following page, as well as in the form of a separate PDF.

Explanation of the Flow

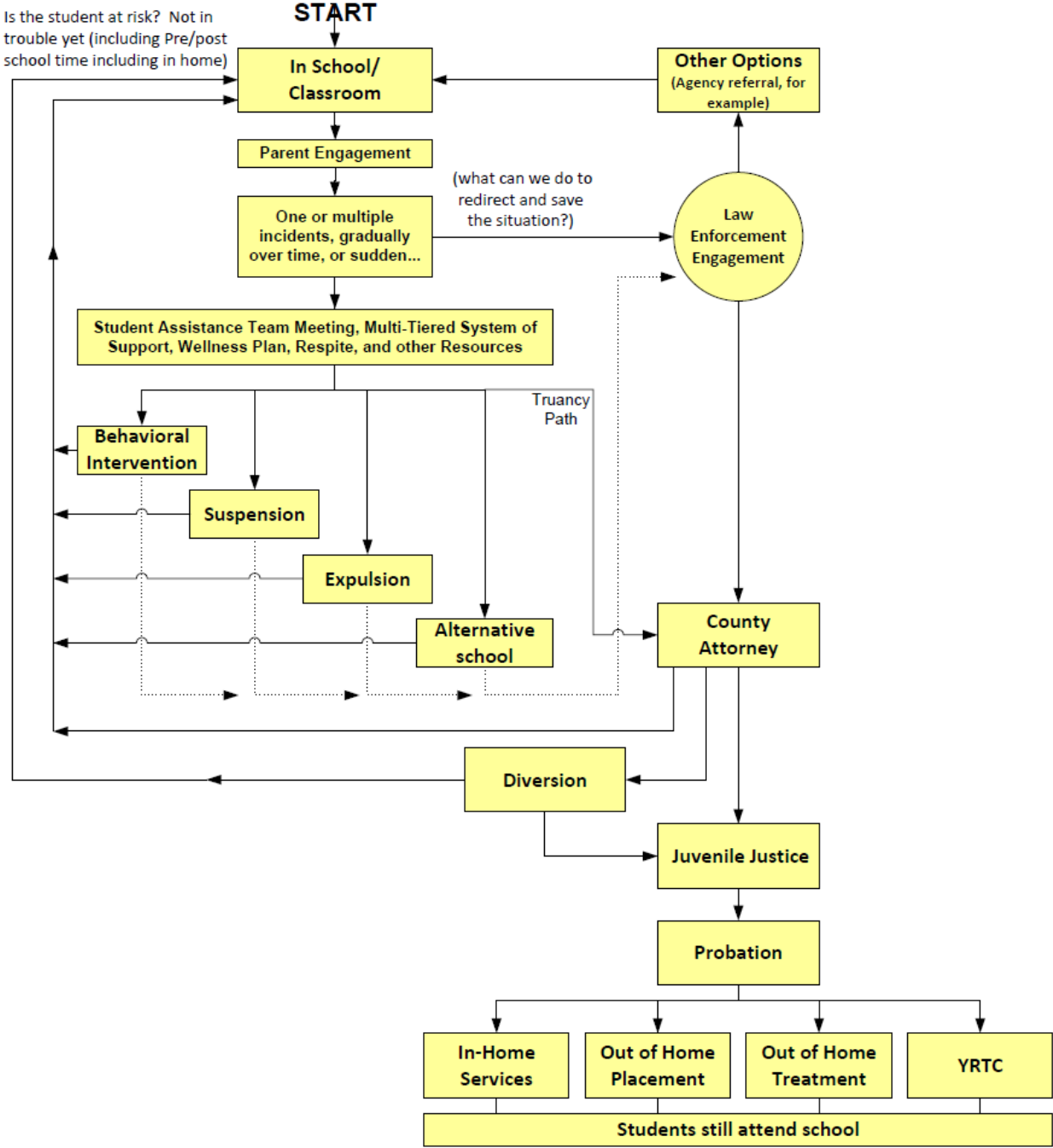
The Flow-Chart begins at START. The student for whom this Pathway is particularly relevant is a student with a Cognitive Disability, and/or Brain Injury, and/or Learning Disability, and/or Behavioral Health challenge—whose actions/behaviors (as manifestations of these conditions) results in the student entering the Pathway.

The most important perspective regarding this Flow-Chart is that it illustrates both the many supports and opportunities to assist the student to successfully remain in school, as well as the path to Juvenile Justice if behaviors warrant that path.

First there is parental engagement, which is the initial response to trying to help a student remain successfully in school. If the severity and/or number of incidences grows, other supports are engaged, such as the Multi-Tiered System of Support. The nature of the behavior may result in policy-dictated school responses (such as detention, or suspension), but the student remains in school.

Unfortunately, the nature of the behavior may require law enforcement engagement, which could return the student to school, or could result in continuation along the Pathway to the Juvenile Justice system.

Classroom to Courtroom Pathway



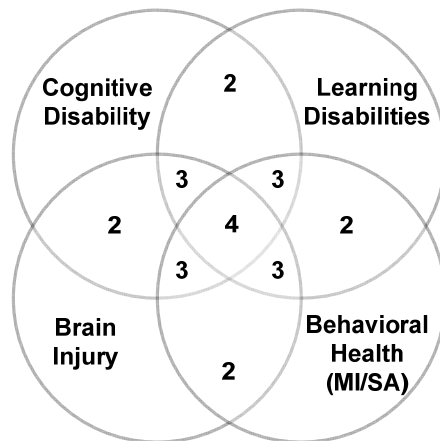
Insight Regarding Cognitive Disability (CD) / Brain Injury (BI) / Learning Disability (LD) / Behavioral Health (BH)

The Task Force was organized to focus on a niche group of students who have a Cognitive Disability (CD) and/or Brain Injury (BI) and who are at risk of or are proceeding along the Classroom-to-Courtroom Pathway. As the Recommendation Committee considered the recommendations, discussions kept leading back to one word: “behaviors”. We took a moment to discuss the significance of this word, and we agreed that a student enters the Classroom-to-Courtroom Pathway in relation to his or her behaviors and the responses of professionals to those behaviors. Additionally, those behaviors continue to exist along the Pathway, and professionals continue to respond to the behaviors.

We asked two important questions: Are the behaviors that lead to the Pathway only caused by a CD or BI? And, what if behaviors caused by a different challenge such as a Learning Disability (LD) or Behavioral Health challenge (BH) are similar to those caused by a CD or BI?

Isn't it interesting that we have an infrastructure of agencies, providers and services for each of these types of challenges? Yet very often the behaviors related to each challenge and that lead to the Pathway are similar, if not the same. This is one of the main premises for establishing a System of Care Model.

The following diagram illustrates the further complexity of the situation, because often students have more than one challenge that is affecting their behavior: an overlapping of 2, or 3, and possibly 4.



With this in mind, the Recommendations Committee acknowledged that a CD and/or BI are not the only causes of behaviors that lead to the Pathway; therefore, a recommendation focused on CD/BI most likely will also be relevant to LD and BH. For example, training a School Resource Officer to effectively engage a student exhibiting negative behaviors due to a CD/BI will prepare that SRO to engage a student exhibiting behaviors manifesting due to a Learning Disability (LD) or a Behavioral Health (BH) challenge. What if the student does not have a CD or BI, but has a BH challenge (for example, a mental health challenge), and is exhibiting behaviors that result in his entrance to the Pathway, when the Pathway is not the best way to respond to this student's needs and situation?

Conclusion

What the Recommendation Committee realized is that our focus on the niche group of students with CD/BI has brought to light the dire need to develop and deliver training, shape policies and procedures among stakeholders, and create capacity to support not just CD/BI students, but any student exhibiting a behavior that will introduce them to the Pathway. Not only will this perspective help more students successfully remain in the classroom, but it will engage more partners in the effort to effectively evolve the Pathway so that it can accommodate the needs of students with a challenge that requires unique resources.

What do we do with this insight?

As a system and network of professionals with a desire to attend to the unique needs of each student, we must ask this question with respect to negative behaviors: What is the underlying cause of the behavior. Understanding and addressing the causes is one key way to help prevent our target youth (DC/BI) from entering the Pathway, and chances are, other students with different challenges but similar behaviors can also be helped to avoid the Pathway.

Training and policies related to helping a youth redirect/channel their behavior manifestations towards a positive outcome is the most important preventative strategy we can take. This strategy would benefit a student with a CD, or a BI, or a LD, or BH challenges, or any combination thereof and who is therefore exhibiting behaviors that lead to the Pathway.

Finally, this broader perspective does not dilute the original mission of the Task Force, but rather illustrates that when we focused on students with CD/BI, it resulted in something important in a different way: It brought together multiple stakeholders to understand how they can complement each other to prevent students who don't belong on the Pathway from entering it. The effort also drew attention to the need to improve the Pathway itself in order to identify and exit students when they don't belong there, or to provide services if students need to remain on the Pathway. Ultimately, the strategies will not only be relevant for the CD/BI population, but for students with a LD or BH challenge, as well—and this realization and perspective will lend credence to engaging additional agencies and partners to assist in implementing the recommendations.

Final Recommendations

The Recommendations Committee met in person twice to discuss and refine the list of Recommendations that the Task Force compiled over the length of the course of the year. (Special thanks to: Kristen, Keri, Amy, Tania, Jenn, Tom, Mark, Peggy, and Anne for serving on this Committee.)

The **Committee's goals** were to:

- 1) Refine the list so that the recommendations were inclusive of the Task Force's discussions, clearly articulated, and ordered in a manner that made sense.
- 2) Prioritize the recommendations to indicate which recommendations are the highest priority. The criteria used to establish priority included the following, although not every criterion needed to be met in order for a priority recommendation to be identified as such:
 - a. The recommendation is important/critical in the context of the discussion.
 - b. The recommendation is topical/relevant to current needs and focuses.
 - c. The recommendation may need to happen first in relation to other recommendations.
 - d. The recommendation is related to what's in motion and therefore would be advantageous to add/pursue.
 - e. The recommendation will have a complementary and exponential impact in relation to other recommendations and or priorities.
 - f. The recommendation will position stakeholders to influence future policies.
 - g. The recommendation, if related to training, is a match with needed stakeholder core competencies, does not duplicate existing training, and/or achieves a complementary effect with existing trainings.

Recommendations

The following Recommendations represent the current discussion among the Task Force members. Although this document is the final version of the Recommendations for the current contract, these Recommendations will continue to be massaged and refined during ongoing meetings of the Task Force.

It is important to note that this document is not a judgment or indictment of any existing services or providers! Nebraska leaders are always striving to deliver services that better the lives of our children, and this collection of Recommendations is an effort to stimulate discussion regarding possible strategies to improve our systems and services.

These Recommendations, for which there is strong consensus among the Task Force members, were discerned and crafted by a multi-disciplinary collaboration of professionals spanning the education system to the juvenile justice system and everyone in-between.

The Recommendations are organized into three categories, including the following:

1. **Training and Education**—as a category represents a thread that cuts across all stakeholders, therefore all training-related recommendations are placed in this category.
2. **Information/Communication Campaign**—as a category includes recommendations regarding information and communication initiatives that would be advantageous to consider implementing.
3. **Stakeholders**—as a category includes the key stakeholders that are represented on the pipeline diagram, with recommendations grouped according to stakeholders.

Those Recommendations at the top of each category and noted as a Priority were selected by the Recommendation Committee based on an application of the priority criteria described above. A Priority Recommendation is one that the Recommendation Committee believes must be pursued immediately and/or ahead of other Recommendations in the list. Furthermore, Recommendations that are not a Priority are still valid and will be included in the final report.

Category 1: Training and Education Recommendations

1. **Priority:** With more School Resource Officers being hired, these SRO's will require specific training to prepare them to engage students with CD/BI/LD/BH challenges (and prepare them to not be a funnel into juvenile justice).
2. **Priority:** There is not enough education about CD/BI/LD/BH challenges among juvenile justice stakeholders. Comments from the 2018 Annual Juvenile Justice Conference suggest that professionals in Juvenile Justice, Probation, Therapists, Attorneys, Public Defenders, Law Enforcement, Education Professionals, etc. have a general need more training regarding mental health, substance abuse, disabilities, etc. We need to provide education as to how to accommodate a disability. We recommend designing and implementing a training strategy for Juvenile Justice stakeholders that builds upon the current efforts of the BIA-NE.
3. **Priority:** Craft a strategy to shape the education and certification of educators. Possibly invite/require colleges in Nebraska to implement curriculum enhancements.
4. **Priority:** Parent Focus. Too often parents don't know what they don't know regarding their child who has a CD or BI. 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. Topics of training for parents:
 - a. Support parents to be a supportive parent, and provide tools to assist them to be supportive parents.
 - b. Provide education to parents and students as to the many causes and levels of brain injury.
 - c. 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.
 - d. 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.
 - e. 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.

Non-Priority Recommendations for Category 1:

5. We need a seamless approach to resource-sharing (What Works Clearinghouse, and other resources). Catalog the existing training opportunities (programs and dates), and create a central database of training 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.
 - a. Find out what training is being offered, and assess the content/curricula that are offered so that we can enhance/complement, etc.

- b. Is what is out there evidence-based?
6. Develop a plan for statewide delivery (especially in rural areas), with centralized management, control, and tracking to monitor who has been trained and to what level. This needs to be a sustainable and up-to-date tool.
 - a. Consider the Nebraska Division of Behavioral Health System of Care (SOC) crisis response training as a training model to build upon and/or leverage with all recommendations. Bernie says, "Yes, the training infrastructure and delivery channels within SOC can be leveraged to deliver different types of training. The SOC has a work group on this topic. Possible models to emulate found within behavioral health. BHECoN. Behavioral Health Education Center of Nebraska."
7. Identify additional types of training that are needed. Possible types of additional training:
 - a. Offer more crisis response training, specifically with regard to students with disabilities. Anyone who interfaces with students should be trained to achieve de-escalation and positive redirection.
 - i. Specifically, Crisis Intervention Support is a competency that law enforcement agencies across the state can be trained to access/engage/deploy (depending on that agency's capacity). Perhaps develop a tool to help a law enforcement agency develop the best policies and procedures (and related training) to leverage the Crisis Intervention Support that may be available to them.
 - b. 911 Tele-communicator Disability Awareness Training... addresses multiple perspectives. 50% of individuals killed by law enforcement have a disability. Niagara University First Responder Disability Awareness Training. Nebraska has not brought this model or anything like it to Nebraska. Since it is cross-disability, maybe collaborate with multiple agencies to offset the cost. Focus on train the trainer.
 - c. Training regarding youth with a disability and/or CD/BI, how to engage such youth.
 - d. Engage juvenile justice stakeholders to inform them about Positive Behavior Intervention Support (PBIS) as a potential option and recommendation for the court. Training needs to occur on a regular basis because there is turnover in the juvenile justice system.
 - e. Each school in and of itself has the skills (among its professionals) to address the needs of students with a CD/BI, but the schools are so dependent upon few staff members for such skills, and are quickly overwhelmed, and are unable to provide the depth of their skills due to the need to serve so many students. More faculty and administrators can learn the necessary skills. Also, parents, faculty assistants, para educators, etc., can be trained. Possibly recommend cross-training and an approach broadening the skills among all staff. In general, enhance the training offerings to educators statewide, with attractive training offerings, CEU's, etc., and develop the type of training that we need educators to receive. Teachers are hungry for this type of training and support.
 - f. Value of screenings: We need to train the first tier of people who interact with students, and equip those professionals with the knowledge, insight and tools (such as screening tools) they need to prepare them to engage students successfully. Additionally, can we train professionals to take a holistic/contextual perspective regarding a student's behavior?
8. Creation of a substitute teacher fund to allow faculty to be absent to receive training.
9. Recommendation to include private/parochial schools in the implementation of initiatives related to other recommendations.

Category 2: Information/Communication Campaign Recommendations

1. **Priority:** Recommend assisting in the development of new diversion programs and opportunities, and to at least share existing diversion programs with County Attorneys across the state. County Attorney's design diversion programs, and diversion can vary greatly from county to county. NACO (Nebraska Association of County Officials) is a possible channel for info dissemination.
 - a. The Director of Diversion with the Nebraska Crime Commission is responsible for working with diversion programs. The Juvenile Justice Institute advises the Director and the Diversion Subcommittee on recommendations for best practices. There is also currently a diversion training group that can disseminate information.
2. **Priority:** 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.
3. **Priority:** 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.

Non-Priority Recommendations for Category 2:

4. Public information and branding campaign may be needed to elevate the challenge to a higher status of need.
5. The most important stakeholder is the parent/guardian, and therefore we need an information campaign with marketing, messaging, and education about BI/CD and the importance of identifying symptoms, 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.
6. What about pediatricians as a channel for communication and information dissemination? For example, if we end up with a brochure that explains a plethora of early intervention supports and programs, can we provide this to pediatricians through various channels (conferences, training, etc.) so they can help with early identification and coaching toward diversion? Are they trained to recognize symptoms? BI studies were completed a few years ago with pediatricians in Lincoln and York, and a brain injury screen was administered in the waiting room, with information distributed about symptoms, etc. The pediatricians were excited about it. Could State Legislature be passed to require pediatricians to investigate brain injury history and/or cognitive disability and if present, follow a protocol of referral and supports?

Category 3: Recommendations by Stakeholder Group

System of Care (SOC)

1. **Priority:** Recommend that System of Care Training regarding mission, philosophy, principles and approaches be delivered to all Task Force members, and other agency leaders and stakeholders.
2. **Priority:** Implement a role-modeling program within schools for students and their families. Possibly along the lines of Peer support/student support, and family peer support. An available resource is the Nebraska Family Help Line (access to Family Navigators). Recommendation to promote this resource among parents and families and schools. Possibly train staff who answer calls to ask about presence of CD/BI/LD/BH challenge.

Non-Priority Recommendations Related to SOC:

3. NeSOC has a work team focused on cross systems of support. We can learn what they are doing and see if there are best practices that we can leverage, especially with crisis response. We also don't want to reinvent what they're already doing. Continue to foster collaborations/partnerships among agencies resulting in supports to schools.
4. The System of Care Model already integrates services at all levels towards assisting youth and families with various challenges. We need to understand how the solutions we are suggesting can be interwoven with the existing SOC framework.
5. SOC is attempting to design and implement an inclusive screening tool that would be relevant to all system partners. In process... Potential recommendation to help this work group. Several parallel attempts to create screening tools, so an opportunity to collaborate.
6. Region 2: SOC model... possible model to emulate, and the principle of engaging and empowering the parents to engage in other resources.

Nebraska Department of Education

1. **Priority:** Recommend supporting the expansion of PBIS (Positive Behavior Intervention System), which is offered by DOE and is a Multi-tier System of Support. Currently teachers are being trained, and this topic is on the radar. Tier 1: Students beginning to exhibit concerns; Tier 2: Basic interventions are not working; Tier 3: Students with highest needs, IEP's, etc. PBIS is the umbrella, and each district and each school can customize its services by accessing specialized services (e.g., Trauma Sensitive Practices, Restorative Practices). School districts across the state are making progress, but a lot more needs to be done: more training and education is needed, requiring more time and financial support.

Non-Priority Recommendations Related to NDE:

2. Look at model policies in other States regarding diversion of youth with disabilities away from juvenile justice, and then introduce policies for consideration in Nebraska school districts using Department of Education as a best 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.
3. Law (Nebraska Concussion Awareness Act, 2013; Return to Learn added in 2014): Schools must have a policy to meet the needs of students with a brain injury. Based on 2016 survey, not all schools have met this legal 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?

Local Schools (Policies and Procedures)

1. **Priority:** 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.

Non-Priority Recommendations Related to Local Schools:

2. Usually the school will know if the child has a CD, but schools may not know about TBI. So, screening for TBI/BI would be helpful. Milder brain injuries are not being identified, so students are not getting the support and services they need. Is there a way to identify those students who are falling through the crack?
3. If the child is in special education, review the IEP to make sure it is capturing what it needs to capture. Are any new strategies needed to address what happened? Is a new assessment needed? For students in special education, an incident results in the question of whether or not the trouble is an outcome of the disability, or if an unidentified disability needs to be identified. It's a safety-net for the student in special education. Recommend a review of this policy among all schools. How do we create more positive behavior supports? Provide a training offering to ESU's regarding positive behavior supports, possibly cross-train.
4. Kids who are in special education: Is the school doing a functional behavior evaluation; is there a behavior intervention plan; does the school know how to effectively implement the plan?
5. Can schools implement a student incentive-based program (like AR) that is focused on participation and behavior?
6. 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.
7. After expulsion, there is a concern that students who are at home during suspension may not have the supports to successfully navigate that time and return to school. What's needed is coordinated support planning once suspension is levied, possibly provided by a point person in the school to plan and coordinate the out-of-school engagement of the youth. Maybe a school counselor can do this, or resource officer, etc.? The goal is to help the child feel supported. Is there a program to assess the situation and provide consulting and leadership to help the student/family develop a vision and goals, a plan, and then adjust? Who helps with this? A community-based service? Someone from the school? Possibly the mentor, or peer support, or family support network. How do we help a student identify goals and continue to pursue education? Are there other opportunities for re-enrolling?
8. Without community-based supports, recidivism will occur. What community-based supports are we recommending? People with BI need access to TBI specialized care, and we need to increase awareness and services related to BI. It's not a mental health challenge (usually). Cross-pollination of training needs to occur, too.

Related to Juvenile Justice

1. **Priority:** 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?
2. **Priority:** Recommend the design and implementation of a process that allows the court to reassess a case based on new findings related to CD/BI.

Non-Priority Recommendations Related to Juvenile Justice:

3. 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.
4. 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 place (and the capacity and funding) that would be on the “receiving end” when youth are diverted from juvenile justice or exit the system? Answering this question is a key part of the Vision.
 - a. Developmental Diversion (rather than regular Diversion), for youth with CD/BI? Any time a professional recognizes that there might be something unique about a youth, then Developmental Diversion could be an option. Need to provide training as to how to identify youth who would be well-served by such a program.
 - b. There needs to be discussion among judges and relevant education provided to them as to revisiting decisions based on new information (i.e., discovery of a CD/BI)? Is there a process to do this? Can we retroactively employ diversion? What would be the criteria? How does this approach, if it is taken, mesh with the public’s sense of accountability and justice (a lot of messaging would be needed)? No system is perfect, and so could we introduce a process for allowing for reassessment of the case management approach, and possibly make changes?
5. As youth exit the Juvenile Justice system, we need to administer a risk assessment to attempt to understand the probability of reoccurrence, and plan the supports accordingly.
6. Once a youth is at the YRTC, they are considered in the “deep end” of the JJ spectrum. Do we know if the student has a disability, or CD/BI? Are assessments needed? Do we have a plan for when we identify a student with a CD/BI? Recommend CD/BI screening of youth who are in or enter YRTC.
7. What types of requirements for program engagement can the judge place upon the youth in probation? For example, “You are required to participate in a mentoring program.” Could a program be court-ordered? Need to create a menu of options for judges to consider. Additionally, need to clarify how much leeway judges have in a given case, and to create guidelines and guidance for judges to consider. Need to provide support to the family to follow through on the court-ordered mandate. Possibly include DHHS as a leader and coordinator. Behavioral Health Regions as a possible resource. The recommendation is to encourage more individualized options to be considered among judges, and then provide supports to families to follow through with options.
8. Outside the 3 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. For example, calling for an investigation will help—the resources exist to perform full investigations.

9. Recommend the implementation of a post-YRTC risk assessment to attempt to understand the probability of reoccurrence.
10. 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.
11. Typically, traditional probation approaches may not be effective with youth who have CD/BI. Recommend that we try to develop innovative programs. Training for probation professionals to identify better options for the judge to consider regarding what's best for the youth... i.e., probation officers becoming better advocates for the youth.

Part 3: Deliverable 9

The contract called for a Gap Analysis between the current situation and the new Vision. The way this project unfolded provided an opportunity to turn every meeting of the Task Force (of which there were 6), and meetings of the Subcommittees (there were 4 Subcommittees that each met 4 times), and the meetings of the Nucleus Team (of which there were 5) into gap analysis discussions to form one large, ongoing gap analysis. With every meeting, another layer of the onion was peeled off, leading to new insights and recommendations.

By creating the Classroom-to-Courtroom Pathway Flow-Chart (see above) we were able to map out the existing framework of agencies and services that collaborate to serve the needs of youth in this particular situation. Given that it was not the goal of this Task Force to change the Pathway (nor does it have any authority to do so), the Pathway became the “current situation” and baseline for recommendations.

The Task Force members/stakeholders were able to “see” themselves on the Pathway in relation to the other members of the Task Force—and this particular perspective allowed effective discussion and visioning to occur at each meeting of Task Force members, the result being the dynamic list of recommendations grew as the project proceeded.

The current situation, then, can be characterized by the Flow-Chart as well as the opposite of the Recommendations. For example, the first Recommendation is as follows:

- **Priority:** With more School Resource Officers being hired, these SRO’s will require specific training to prepare them to engage students with CD/BI/LD/BH challenges (and prepare them to not be a funnel into juvenile justice).
 - The opposite of this Recommendation is that SRO’s are not well-versed enough (i.e., due to lack of training) to engage students with one or more behaviors due to CD/BI/LD/BH challenges. This is a not a fact, *per se*, but rather a conclusion that all members of the Task Force were comfortable asserting.

From this perspective, the gap analysis becomes very clear. Looking at the Pathway and considering the Recommendations, we can discern the current situation and the changes that need to occur to move towards the Task Force’s collective Vision of a better process.

Part 4: Deliverable 10

The Task Force agreed that it needed to identify and focus on priorities within the Recommendations. The Task Force and its Recommendations Committee spent the last 45 days of the initiative discerning which of the Recommendations would be the priorities. Below is a list of the Priority Recommendations, each with an approach that the Nucleus Team developed.

It is important to note that the System of Care for Behavioral Health has many assets and resources in place that may be able to be leveraged towards advancing and/or accomplishing some or all of the Priority Recommendations below. **The first order of business**, then, is to share Deliverable 10 with Bernie Hascall and to ask him to engage his team of System of Care leaders to review the Priority Recommendations and their respective Approaches, Project Plans and Timelines to see if there are ways to collaborate with System of Care resources in the pursuit of the Priority Recommendations.

One additional consideration is that there is no way to undertake all (or perhaps any) of the Recommendations below at this time. Timelines are offered as an example, and not as a recommendation. The initiatives will require project leadership and ownership, which implies a possible cost unless agencies can take on the delivery of various Approaches and Project Plans. That being said, the Steps provide a realistic approach, and the Timeline offers realistic elapsed time considerations. *When* the Steps actually happen is yet to be determined.

Category 1: Training and Education Recommendations

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: With more School Resource Officers being hired, these SRO’s will require specific training to prepare them to engage students with CD/BI/LD/BH challenges (and prepare them to not be a funnel into juvenile justice).</p>	<p>Approach: The Developmental Disability Planning Council has allocated funding to support the training of SRO’s. This funding does not need to be the only funding, however it is the focus of this Approach.</p> <p>The training will be delivered in either Omaha or Lincoln. The Nucleus Team will choose a location. Lincoln is hiring more SRO’s, so the initial focus is Lincoln. There is no guarantee that law enforcement will accept the offer of additional training, even if it’s paid. Omaha is using a best practice (Operation Youth Success).</p> <p>Project Plan</p> <p>Step 1: Learn about the Omaha program. Ensure that the SRO training that they’re receiving is “advanced” compared to LPD’s training, specifically with respect to CD/BI/LD/BH. We hypothesize that the Omaha training (National Best Practice “Gold Standard” Training) will enhance the LPD training offering.</p> <p>Step 2: Learn what the LPD training entails and compare to what we found in Omaha, which provides a rationale for Step 3.</p> <p>Step 3: Approach LPD with the offer to pay for the Omaha training to be implemented in Lincoln.</p> <p>Step 4: If LPD says “Yes”, then create an RFA or Sole Source Contract for delivery of the training. If LPD says “No”, then change the RFA scope to pay for more Omaha Gold Standard Training.</p> <p>Timeline</p> <p>Steps 1-3 need to occur before mid-July.</p> <p>Step 4 needs to occur so that a contractor can be hired by September 1.</p>

Priority Recommendation	Roadmap/Approach and Project Plan
<p>2. Priority: There is not enough education about CD/BI/LD/BH challenges among juvenile justice stakeholders; therefore, more education needs to be designed and delivered.</p>	<p>Approach: Comments from the 2018 Annual Nebraska Juvenile Justice Conference suggest that professionals in Juvenile Justice, Probation, Therapists, Attorneys, Public Defenders, Law Enforcement, Education Professionals, etc. have a general need more training regarding mental health, substance abuse, disabilities, etc.</p> <p>The suggested approach will be to work through the Nebraska Juvenile Justice Association to develop an overarching training and education plan.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team will make an appointment with Tom McBride to discuss the best way to deliver an overarching training program for this topic.</p> <p>Step 2: The training program may involve the first step of understanding what it is needed, so that an appropriate curriculum can be assembled, and commitment from target audiences to receive the training can be secured.</p> <p>Step 3: Once the approach, including curriculum, target audiences, delivery budget, and timeline is created, the approach needs to be shared with potential funding sources to secure the necessary funding.</p> <p>Step 4: With funding secured, issue an RFP, select a training contractor, and implement the training program.</p> <p>Timeline</p> <p>Steps 1-3 could occur between August and November, requiring 3-4 months.</p> <p>Step 4 could occur shortly after the first of the year, 2019, requiring 12-18 months, depending on the scope.</p>
<p>3. Priority: Craft a strategy to shape the education and certification of educators. Possibly invite/require colleges in Nebraska to implement curriculum enhancements.</p>	<p>Approach: Changing post-secondary education curriculum is a major challenge/endeavor. The key to this approach will be finding a partner that is willing discuss the topic and help the Nucleus Team figure out a plan for the future.</p> <p>Project Plan</p> <p>Step 1: Create a summary of the concept being proposed, and attempt to secure an appointment with a college office of curriculum design and oversight for teacher training. The college to approach will be determined by relationships, to begin with.</p> <p>Step 2: At the appointment, provide the information and attempt to build interest. The goal of the appointment is to advance to the next level of discussion. Identifying the stakeholders who would need to be involved would also be critical.</p> <p>Step 3: Formulate a detailed approach with the post-secondary partner, including a budget, timeline, curriculum/content details, etc.</p> <p>Step 4: Depending on the approach, a funding partner may be necessary. If so, attempt to secure a funding partner.</p> <p>Step 5: Implement the plan in collaboration with the post-secondary partner.</p> <p>Timeline</p> <p>Steps 1-3 will probably require 2-3 months of elapsed time.</p> <p>Steps 4-5 would occur in 2019 according to the post-secondary institution’s availability.</p>
<p>4. Priority: Parent Focus.</p>	<p>Approach: Engaging parents, youth and families (i.e., the Voice) is critical. There are many needs and</p>

Priority Recommendation	Roadmap/Approach and Project Plan
<p>Topics of training for parents:</p> <ul style="list-style-type: none"> a. Support parents to be a supportive parent, and provide tools to assist them to be supportive parents. b. Provide education to parents and students as to the many causes and levels of brain injury. c. 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. d. 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. e. 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. 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." 	<p>possibilities. Too often parents don't know what they don't know regarding their child who has a CD or BI. Possibly need to 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.</p> <p>In general, there are many parent-focused initiatives that need to be considered. The first step in the approach, though, is to engage the parent and youth Voice to position parents and families to drive this initiative forward.</p> <p>Project Plan</p> <p>Step 1: Identify, invite, and engage a group of parents and youth to become the primary guiding stakeholder of this initiative. During initial meetings, establish the mission and purpose, goals, approaches, timelines, etc. In other words, assist the group of parents and youth to formulate the plan that they desire with respect to the specific training possibilities listed in the Priority Recommendation.</p> <p>Step 2: Many other stakeholders could assist the group of parents and youth; therefore, once the group has taken shape, it will need to identify and collaborate with key stakeholders.</p> <p>Step 3: Use the multi-stakeholder forum of parents and youth along with key stakeholders to identify specific approaches to each of the suggested components of the Priority Recommendation (as well as other ideas identified by parents and youth).</p> <p>Step 4: Implement approaches based on feasibility.</p> <p>Timeline</p> <p>Steps 1 requires 6-10 months.</p> <p>Step 2 requires 5 months</p> <p>Step 3 requires 6-8 months</p>

Category 2: Information/Communication Campaign Recommendations

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: Recommend assisting in the development of new diversion programs and opportunities, and to at least share existing diversion programs with County Attorneys across the state.</p>	<p>Approach: County Attorney’s design diversion programs, and diversion can vary greatly from county to county. NACO (Nebraska Association of County Officials) is a possible channel for info dissemination. The Director of Diversion with the Nebraska Crime Commission is responsible for working with diversion programs. The Juvenile Justice Institute advises the Director and the Diversion Subcommittee on recommendations for best practices. There is also currently a diversion training group that can disseminate information.</p> <p>Given this context, the Nucleus Team determined it would be most advantageous to approach the Juvenile Justice Institute to raise the topic and explore the possibilities.</p> <p>Project Plan</p> <p>Step 1: Determine the best way to approach the JJI. Is there a relationship that can be leveraged? The Nucleus Team will determine how best to engage the JJI.</p> <p>Step 2: Create a presentation and messaging to support the general request of the JJI to engage in the topic.</p> <p>Step 3: If the JJI is interested to explore the topic further, identify the stakeholders that should be part of the discussion and form a Committee.</p> <p>Step 4: The Committee should define its purpose and goals, and then create a work plan to attempt to accomplish those goals.</p> <p>Timeline</p> <p>Steps 1-3 will require 3-4 months.</p> <p>Step 4 requires 2-3 months.</p>
<p>2. Priority: 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.</p>	<p>Approach: Collaboration among agencies and entities is critical to success. One of the rationales supporting more effective collaboration (which itself will have a cost) is that the traditional model of spending \$1 to deliver \$1 of value has a better chance of evolving to the model of spending \$2 to return \$4 of value. Such exponential impact is only possible with effective collaboration.</p> <p>The suggested approach is for the Nucleus Team to spearhead this effort, focusing at first on the creation of a concept paper and detailed approach that all stakeholders could consider and discuss.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team will meet and discuss what collaboration tools and efforts currently exist (whatever can be built upon should be leveraged). Additional stakeholders should be identified and added to this initiative.</p> <p>Step 2: A detailed concept paper with a summary of the process, stakeholder participants, supporting tools, expected outcomes, implementation and sustainability budget, etc. will be developed.</p> <p>Step 3: Once the concept paper is developed, it needs to be shared with stakeholders, and a review, feedback and consensus-building endeavor needs to be undertaken.</p> <p>Step 4: When there is strong consensus among stakeholders, the concept paper can then be enhanced and shared with potential funding partners.</p> <p>Timeline</p> <p>Steps 1-3 should begin sooner than later, and may require 8-10 months to complete.</p> <p>Step 4 would be targeted to begin in the summer of 2019.</p>

Priority Recommendation	Roadmap/Approach and Project Plan
<p>3. Priority: 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.</p>	<p>Approach: There has been some discussion among professionals, providers, first responders, legislative representatives, etc. about this topic. The approach today needs to be an invitation, rather than a mandate. An invitation is only as good as the value it proposes to deliver, so the messaging needs to focus on the potential value. A key stakeholder needs to take up this initiative and attempt to bring it to fruition.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team needs to identify a lead agency/stakeholder(s). Perhaps a Committee of interested stakeholders would be more advantageous for this initiative.</p> <p>Step 2: Assuming a leader(s) has been identified, gather the historical and contextual information regarding this topic and create a summary document to use to inform others and to build consensus and support.</p> <p>Step 3: With the information documented for Step 2, discuss and identify the best options for proceeding forward. Identify key people who can assist with various options and test the options with those people.</p> <p>Timeline</p> <p>Steps 1-2 would require 4-6 months and could begin after the 1st of the year in 2019.</p> <p>Step 3 is a planning activity that could be accomplished in 3-6 months during the middle to second half of 2019.</p>

Category 3: Recommendations by Stakeholder Group

System of Care (SOC)

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: Recommend that System of Care Training regarding mission, philosophy, principles and approaches be delivered to all Task Force members, and other agency leaders and stakeholders.</p>	<p>Approach: Bernie Hascall has indicated that an online training opportunity exists for people to learn about the System of Care. Although this is an excellent learning opportunity, the need for inter-agency discussion and engagement is still prevalent. Therefore, the suggested approach is for the Nucleus Team to orchestrate SOC training for the Task Force members, and then facilitate in-person discussion and training in order to allow agency representatives the opportunity to explore the principles of SOC in the context of collaboration.</p> <p>Project Plan</p> <p>Step 1: Create a plan for encouraging and tracking the completion of the SOC online training.</p> <p>Step 2: Implement the online training (meaning advertise and encourage it, and track participation).</p> <p>Step 3: Once the Task Force members have completed the online SOC training, orchestrate in-person group discussions regarding the SOC principles that have been learned online.</p> <p>Step 4: Encourage all Task Force members to become champions of SOC principles.</p> <p>Timeline</p> <p>Steps 1-2 can be completed over the course of 2-3 months.</p> <p>Step 3 would possibly require 4-6 months, with SOC of discussion occurring in small, focused quantities over the course of several meetings.</p> <p>Step 4 would occur indefinitely, hopefully.</p>
<p>2. Priority: Implement a role-modeling program within schools for students and their families. Possibly along the lines of Peer support/student support, and family peer support. An available resource is the Nebraska Family Help Line (access to Family Navigators). Recommendation to promote this resource among parents and families and schools. Possibly train staff who answer calls to ask about presence of CD/BI/LD/BH challenge.</p>	<p>Approach: There are several concepts mentioned in this Priority Recommendation. The main theme is to provide supports to families and youth. The approach is similar to the family and youth Voice approach above. In other words, families and youth should be engaged to participate in and lead the effort to help design what it is that would best serve them.</p> <p>Project Plan</p> <p>Step 1: Identify, invite, and engage a group of parents and youth to become the primary guiding stakeholder of this initiative. During initial meetings, establish the mission and purpose, goals, approaches, timelines, etc. In other words, assist the group of parents and youth to formulate the plan that they desire with respect to the specific training possibilities listed in the Priority Recommendation.</p> <p>Step 2: Many other stakeholders could assist the group of parents and youth; therefore, once the group has taken shape, it will need to identify and collaborate with key stakeholders.</p> <p>Step 3: Use the multi-stakeholder forum of parents and youth along with key stakeholders to identify specific approaches to each of the suggested components of the Priority Recommendation (as well as other ideas identified by parents and youth).</p> <p>Step 4: Implement approaches based on feasibility.</p> <p>Timeline</p> <p>Steps 1 requires 6-10 months.</p> <p>Step 2 requires 5 months.</p> <p>Step 3 requires 6-8 months.</p>

Nebraska Department of Education

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: Recommend supporting the expansion of PBIS (Positive Behavior Intervention System), which is offered by DOE and is a Multi-tier System of Support.</p>	<p>Approach: Currently teachers are being trained, and this topic is on the radar. The Multi-Tier System of Support includes: Tier 1: Students beginning to exhibit concerns; Tier 2: Basic interventions are not working; Tier 3: Students with highest needs, IEP’s, etc. PBIS is the umbrella, and each district and each school can customize its services by accessing specialized services (e.g., Trauma Sensitive Practices, Restorative Practices). School districts across the state are making progress, but a lot more needs to be done: more training and education is needed, requiring more time and financial support.</p> <p>Like many of the Priority Recommendations, the ability to make progress depends upon how well the right stakeholders are identified and engaged. The first phase of this initiative is to explore the feasibility and funding requirements.</p> <p>Project Plan</p> <p>Step 1: Engage the Nebraska Department of Education to invite key professionals to form an exploratory Committee regarding this topic.</p> <p>Step 2: Build the Committee to include the key stakeholders necessary to follow through with the initiative.</p> <p>Step 3: Gather data and write a concept paper that can be used to invite funding partners to consider backing this initiative.</p> <p>Step 4: Attempt to secure funding for the initiative.</p> <p>Timeline</p> <p>Steps 1-2 can be completed over the course of 2-3 months.</p> <p>Step 3 would possibly require 4-6 months.</p> <p>Step 4 would occur over the course of 3-5 months.</p>

Local Schools (Policies and Procedures)

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: 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.</p>	<p>Approach: This is an exciting idea that would benefit many people in the education system. The approach would be to identify a credible champion of this concept to help bring it to the attention of influencers across the state. A Foundation or perhaps a University might be a good home for this type of initiative. Leveraging the credibility of the key champion, the approach would be to create a model along with policies and procedures and then invite school districts to participate. Some will choose to do so, and the goal would be to implement the program so well that others will pursue inclusion.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team would search for and identify an entity to become the key champion. Perhaps it is a collaboration of the State’s universities.</p> <p>Step 2: Write a concept paper to circulate to the potential leader(s).</p> <p>Step 3: Call a meeting of the representatives of the leading organization(s). At this meeting, present and discuss the concept, and strive to build consensus and momentum. The goal is to get to the next step of being asked and encouraged to develop a detailed model and implementation plan.</p> <p>Step 4: Create the detailed model and implementation plan, and pursue funding for it, and then implement it.</p> <p>Timeline</p> <p>Steps 1-2 can be completed over the course of 4-6 months.</p> <p>Step 3 would possibly require 1-2 months.</p> <p>Step 4 would occur over the course of 3-5 months, and then be ongoing.</p>

Related to Juvenile Justice

Priority Recommendation	Roadmap/Approach and Project Plan
<p>1. Priority: 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.</p>	<p>Approach: The juvenile justice system is very complex and has many stakeholders. The recommended approach is to create the concept and the tool, and then share it with key leaders who can become primary influencers. The path for implementation cannot be known until more discovery occurs.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team can work with additional stakeholders to formulate the concept and tool.</p> <p>Step 2: With the concept and tool created, identify potential stakeholders to approach and invite to become champions of the proposed adaptation of the concept and tool. Strive to create a round table discussion to allow for key stakeholders to discuss the concept and tool without feeling threatened or pushed.</p> <p>Step 3: Identify a pilot group of juvenile justice stakeholders to implement the concept and tool, and collaborate with them to create an implementation plan.</p> <p>Step 4: Implement the concept and tool, gather data, discuss, and publicize to build more momentum.</p> <p>Timeline</p> <p>Steps 1-2 can be completed over the course of 4-6 months.</p> <p>Step 3 would possibly require 4-6 months.</p> <p>Step 4 would occur over 12-24 months.</p>
<p>2. Priority: Recommend the design and implementation of a process that allows the court to reassess a case based on new findings related to CD/BI.</p>	<p>Approach: This recommendation is very similar to the one above. The recommended approach is to create the concept and the tool, and then share it with key leaders who can become primary influencers. The path for implementation cannot be known until more discovery occurs.</p> <p>Project Plan</p> <p>Step 1: The Nucleus Team can work with additional stakeholders to formulate the concept and process, and any supporting tools.</p> <p>Step 2: With the concept and tool created, identify potential stakeholders to approach and invite to become champions of the proposed adaptation of the concept and tool. Strive to create a round table discussion to allow for key stakeholders to discuss the concept and tool without feeling threatened or pushed.</p> <p>Step 3: Identify a pilot group of juvenile justice stakeholders to implement the concept and tool, and collaborate with them to create an implementation plan.</p> <p>Step 4: Implement the concept and tool, gather data, discuss, and publicize to build more momentum.</p> <p>Timeline</p> <p>Steps 1-2 can be completed over the course of 4-6 months.</p> <p>Step 3 would possibly require 4-6 months.</p> <p>Step 4 would occur over 12-24 months.</p>