

July 1, 2011- June 30, 2014
Comprehensive Juvenile Services and Violence Prevention Plan
For
Nebraska's Panhandle

**Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball,
Morrill, Scotts Bluff, Sheridan, Sioux Counties**

Chairpersons and contact information found on the following page.

Community Team Chairpersons
(Project Management Team)

Sandy Roes
Dawes County Juvenile
Justice Task Force

821 Morehead
Chadron NE
308.432.2747
director@wchr.net

Kim Engel
Director Panhandle Public
Health District

808 Box Butte Ave.
Hemingford, NE 69348
308.487. 3600
kengel@pphd.org

Faith Mills
Region I Behavior Health
Prevention System
Coordinator
3707 Ave D
Scottsbluff NE 69361
308.633.2070 ext: 2123
fmills@region1bhs.net

Facilitating and Recording the Plan

Joan Frances
Contracted Coordinator
342 Frenn Ave.
Red Wing MN
NE: Office 308.487.5626
joanontheroad@gmail.com

I County Board Chairpersons

Dawes County applied for and received Comprehensive Community Juvenile Services Planning Funds on behalf of the eleven counties. Prior to commencement of the planning process agreements for collaborative plan development were entered into by between Dawes County and. County Boards in the other ten counties. The following counties have passed resolutions to adopt the plan.

County	Chairman	Address	Phone	E-mail
Banner	Bob Gifford	3720 Road 34 Gering NE 60341	308.436.5946	n/a
Box Butte	Sandra McCarthy	306 W 29 th Alliance NE 69301	308.762.2153	n/a
Cheyenne	Harold Winkleman	6018 Road 93 Dalton NE 69131	308.377.2221	
Dawes	Webb L. Johnson	12427 Hwy 2-71 Crawford NE 69339	308.665.1305	
Deuel	Clint Bailey	2410 RD 195 Big Springs 69122	308.889.3650	
Garden	Robert Radke	4685 Rd 199 Lewellen NE 69147	308.778.5516	
Kimball	David Bashaw	6115 Road 26 South Dix NE 69113	308.682.5532	
Morrill	Steve Erdman	8527 L62A Bayard NE 69334	308.586.1007	
Scotts Bluff	Mark J Masterson	2410 4 th Avenue Scottsbluff NE 69361	308.436.6600	mmasterson@scottsbluffcounty.org
Sheridan	James Krotz	3484 520 th RD Rushville NE 69360	308.327.2110	
Sioux	Joshua Skavdahl	961 River Road Harrison NE 69346	308.665.2558	

II COMMUNITY TEAM

Description

The Panhandle Partnership for Health and Human Services (PPHHS) is the overarching collaboration for this Community Team. PPHHS was formed as a 501 (c) 3 in 1998. Membership is open to any individual or agency located in or serving the Panhandle of Nebraska. PPHHS does not provide services but rather exists to provide infrastructure for enhancement of effective regional collaboration.

Mission

Mission of PPHHS is to build collaboration among agencies, networks and the broader community to find innovative solutions to improve the quality of life of people and communities in the Panhandle

Purpose

The purpose of PPHHS is:

- Promote communication of area data, services and opportunities
- Conduct regional assessments
- Share resources and training
- Collaborate in creative planning
- Evaluate for regional impact and outcomes
- Prioritize and create regional goodwill
- Advocate for policy changes to meet the needs of our rural area

In recent years this work includes the ongoing collaboration for assessment, planning, and evaluation of regional efforts for children and youth including:

- Regional SPF SIG (Substance Use) Assessment and Plan (2009)
- Child Well Being Assessment and Plan (2010)
- Comprehensive Juvenile Services and Violence Prevention Assessment and Plan (2011)
- ACA Home Visiting (2011)

This continual development and refinement of prevention and early intervention systems is essential to rural sustainability. PPHHS currently manages the following grants as part of regional efforts:

- Safe and Drug Free Communities
- Respite and Lifespan Respite
- Foster Youth Council
- Child Well Being (Healthy Communities Healthy Youth)
- Child Abuse Prevention

Board of Directors

The Board of Directors of the member driven organization meets monthly. Board representatives currently include representatives of: Panhandle Public Health District,

Rural Nebraska Healthcare Network (all hospitals and health systems), Region I Mental Health, Region I Behavioral Health, Region I Area Office on Aging, Region I Office of Human Development, Area Health Education Center, Western Nebraska Community College, University of Nebraska Extension, Educational Service Unit #13, Western Community Health Resources, McConaughy Discovery Center(DHHS Contractor), and Community Action Agency of Western NE (CAPWN).

Membership Meetings

PPHHS general membership initially met monthly. However as the complexity and span of partnership activities has increased and participant time has decreased, taskforces and special project workgroups have become more active and general membership meetings where all work is brought together occur at least three times a year.

Structure for Juvenile Justice Assessment and Planning

The Regional Prevention Coalition, whose primary focus is substance use prevention, provided the structure for the comprehensive Juvenile Services and Violence Prevention Assessment and Planning process. This link was logical as there is a direct linkage between substance use and juvenile crime in the region. The coalition met monthly. This braiding of resources afforded the opportunity to reduce time and cost of travel for persons from around the Panhandle. Meeting costs were also covered by the Regional Prevention Coalition.

Structure for Comprehensive Juvenile Services and Violence Prevention System

PPHHS is now at the point of restructuring collaborative work to better meet the 2011 reality of the region. Many schools and agencies can no longer afford to send staff to meetings, many youth projects and grants are being cut. To promote sustainability of efforts, and enhance opportunities for improved outcomes for youth the braiding of regional youth plans has been proposed. Key project leaders are coming together in early June to identify ways in which a consistent regional approach to youth can be achieved through shared resources.

Restructuring will include a regional committee to oversee task forces and subgroups on: Braided Youth Plan, System of Care for High Risk Youth (as per the Comprehensive Juvenile Services Plan), Youth Leadership Institute and Healthy Communities Healthy Youth Training and Education. Part of this work will be to determine effective structure. A key component of this work will be to develop work plans for regional actions (multi-county diversion and system of care) and establish the regional Juvenile Justice meetings (at least twice per year) structure.

The extent to which work can be braided will in large part depend on funding availability from various sectors.

This action is especially important to the 2011- 2014 Comprehensive Juvenile Services Plan Implementation. For the first time the plan outlines actions to be undertaken

through regional collaboration. These include addressing systemic processes such as a System of Care Approach for high risk youth, and multicounty diversion programs. Throughout the region community leaders noted that while there is a strong desire and intent to collaborate. However coordination is essential to assure forward progress. Yet there are limited resources in the region for such work.

Comprehensive Assessment and Plan Process

Schedule of Regional Assessment and Planning Events:

DATE	EVENT	ACTION
July – September	County Agreements Signed	Kim Engel, Director, Panhandle Public Health District attended all County Commissioner meetings to have agreements signed approving a regional comprehensive planning process.
September 16, 2010	Regional Prevention Coalition	Joan Frances, Regional Comprehensive Assessment and Planning Coordinator presented opportunity for process and braiding work and requested to use Regional Prevention Coalition time for the process. Consensus Agreement
October 7, 2010	Save the Dates Notices	Notices with Assessment and planning process and dates for regional meetings from November through April sent to Panhandle Partnership for Health and Human Services, Regional Prevention Coalition, and Region I Youth System of Care List Serves. State Patrol Teleprompter forwarded the message to Judges, County Attorneys, and all law enforcement. Notices included first notice of Capacity Assessment.
November , 2010	Press Release	Mary Wernke, Panhandle Public Health District Media Relations released a press announcement of meetings and process to all news papers and radio stations in the region.
November 19, 2010	Community Capacity Survey	Notices sent via above list serves for the opening of the Community Capacity Survey.
November 19, 2010	System Analysis	Julie Rogers Juvenile Justice Institute conducted the System Analysis at the Regional Prevention Coalition.
January 21, 2011	Community Stabilizing Review	Julie Rogers presented the Graduated Response, Community Capacity Inventory Review and the Community Stabilizing Review at the Regional Prevention Coalition. Dawes County 1184 Team presented ideas and processes for using 1184 teams for front end High Risk Youth assessments.
February 18, 2011	Priority and Strategy Planning Process	Team Members reviewed data and Community Stabilizing reports, reviewed recent assessment and planning (SPF SIG and Child Well Being) broke into small groups to identify priorities and strategies for each step of the Graduated Response and Prevention System infrastructure. After

		reporting back and consensus, the team divided into small groups by tiers of the region and assessed capacity and plans for implementing Healthy Communities Healthy Youth (Developmental Assets).
March 17, 2011	Priority and Strategy Review and Revisions	Team reviewed and revised (with Consensus) the draft Priorities and Strategies.
April 1, 2011	Media Release	Mary Wernke PPHHD media release regarding Tier Meetings and Comprehensive Juvenile Services Plan. Local organizers also asked to assist in messaging.
April 8, 2011	Northern Tier Meeting Prairie Pines Community Room Chadron NE	Funded through PPHHS CWB Funds and Nebraska Children and Families Foundation Resources Tier Meetings included: <ul style="list-style-type: none"> • Review of the Regional Comprehensive Juvenile Services and Violence Prevention Plan • Community Comment and Concerns • Dialogue on current concerns for At Risk Youth and Runaway Homeless Youth • Introduction of Healthy Community Healthy Youth 25 people attended. Attendance Sheets and participant evaluations completed and summary attached
April 18 , 2011	Southern Tier Meeting Sidney Community Center	Same Process as above 11 attended
April 20, 2011	Central Tier Meeting Alliance NN	Same Process as Above 8 persons attended
April 27, 2011	Scotts Bluff County (Central Tier Meeting)	Same Process as Above 22 Attended.

Regional Team Members

Participation in this process was open to any person in the Panhandle. As noted above meetings were advertised in the newspaper and through list serves. The following people participated in the Regional Assessment and Planning meetings in Bridgeport NE.

Name	Title	Agency	Address	Email
Bahan, Dawn	Prevention Specialist	Region I Behavior Health Authority	3707 Ave. D Scottsbluff NE 69361	dbahan@region1bhs.net
Brassfield, Rose	Garden County Coalition Organizer	Volunteers of America	PO Box 128 Lewellen, NE 69147	rabrassfield@yahoo.com
Browne, Charlie	Probation Officer	Probation District 12		
Burr, Melissa	Probation Officer	Probation District 12	Administration Building 1825 10th Street Gering, NE 69341	melissa.buhr@nebraska.gov
Callburg, Cassie	Cheyenne County Prevention Organizer	Director Kids Plus Inc	P.O. Box 296 Sidney, NE 69162	cdchallburg@hotmail.com
Engel, Kim	Director	Panhandle Public Health District	PO Box 337 Hemingford, NE 69348	kengel@pphd.org
Ferguson, Stacy	Scotts Bluff County Prevention Organizer	Region 1 Behavioral Health Authority	3707 Avenue D, Scottsbluff, NE, 69361	paulstaceyf@earthlink.net
Flores, Daniel	Deputy	Morrill County Sherriff's Department	PO Box 858 Bridgeport NE	
Hanson, Janelle	Box Butte County Prevention Organizer	Panhandle Public Health District	PO Box 337 Hemingford, NE 69348	hansenj@pphd.org
Hinrichs, Carolyn	Counselor	Chadron Public Schools	551 East 6th St Chadron, NE 69337	carolyn.hinrichs@chadronschoools.net
Hofrock, Curtis	School Resource Officer	Sidney Police Department	1715 Illinois St Sidney NE 69162	chofrock@cityofsidney.org 308.254.5515
Langdon, Coleen	Cool Kids Club Cool Kids / No Limits After School / Summer Program Director	Sidney Public Schools	2640 Alvarado Rd Sidney NE 69162	clangdon@charter.net
Lawler, Jann	Prevention Grants Manager	Region I Behavior Health Authority	3707 Ave. D Scottsbluff NE 69361	jannlawler@gmail.com
Lawton, Vicki	Director Youth Services,	Community Action of Western Nebraska	335010 th Street Gering NE	vlawton@capwn.org
Lehr, Ken	Captain	Kimball Police Department	225 South Chestnut Kimball 69145	
Leisy Melody	Morrill County Prevention Organizer	Panhandle Public Health District	PO Box 1115 Bridgeport, NE 69336	mleisy@pphd.org
Lyon, Linda	RISE, Probation District 12	State Probation, District 12	1825 10th Street Gering, NE 69341	linda.lyonblack@nebraska.gov
McGowan, Kathleen	CASA	Theophany Center	911 18 th Avenue Sidney NE 69162	kcarolmcg@yahoo.com
Martinez, Susan	Mediator/ Counselor	Mediation West	1524 Broadway Scottsbluff, NE 69361	smartinez@conflictresolutioncenter.com

Medeiros, Julio	Chief	Bridgeport Police Department	809 Main St. Bridgeport 69336	jmedeiros@cityofbport.com
Miller, Dave	Superintendent	Bridgeport Schools	800 Q Street Bridgeport, NE 69336	dave.miller@panesu.org
Mills, Faith	Coordinator	Region I Behavior Health Authority	3707 Ave. D Scottsbluff NE 69361	fmills@region1bhas.net
Napier, Rebecca	Advocate	CASA, Cheyenne County	PO Box 647 Sidney, NE 69162	casasidney@gmail.com
Otto, Tami	Investigator	Nebraska State Patrol		tami.otto@nebraska.gov
Parker Marie	Banner County Prevention Organizer	Banner County Schools	1910 East 32nd Street Scottsbluff, NE, 69361	mparker@panesu.org
Peden, Lisa		Doves		Lisa@dovesprogram.com
Prochazka, Tabi	Tobacco Free NE	Panhandle Public Health District	PO Box 337 Hemingford, NE 69348	tprochazka@pphd.org
Retzlaff, Sherry	Human Needs Network of Sheridan County Prevention Organizer	Western Community Health Resources Early Development Network	821 Morehead Chadron NE 69337	edndir@wchr.net
Richards, Lannette	Director	Project Extra Mile	115 Railway Avenue Scottsbluff, NE 69361	scottsbluff@projectextramile.org
Roes, Sandy	Dawes/Sioux Prevention Organizer	Director Western Community Health Resources	821 Morehead Chadron NE 69337	director@wchr.net
Rogers, Pam	Counselor	Chadron Public Schools	551 East 6th St, Chadron, NE 69337	pam.rogers@chadronschools.net
Roose, Betsy	Youth Services,	Community Action of Western Nebraska	335010 th Street Gering	broose@capwn.org
Simmons, Joe	Director	Chadron Native American Center	502 W 2 nd Street Chadron NE 69347	simmonsjoe30@hotmail.com
Simpson, Mark	Chief	Kimball Police Department	223 S Chestnut Kimball 69145	
Shaul, Krista	Assistant County Attorney	Cheyenne County Attorney Office	PO Box 217 Sidney, NE 69162	krista@39cty.com
Soper, Judy	Deuel County Prevention Organizer	Deuel County	20725 Road 4 Big Springs, NE 69122	jsoper@atcjet.net
Swiney, Stacey	Commissioner	Dawes County	636 Dead Horse RD Chadron NE 69337	BRIDGES@BBC.net
Thompson, Drue	OJS	DHHS Western Service Area	PO Box 540 Gering, NE 69341	drue.thompson@nebraska.gov
Walker, Troy	Probation Officer	Probation District 12		twalker@scottsbluffcounty.org
Wernke, Mary	Coordinator	PPHHS Training Academy and PPHD	PO Box 337 Hemingford, NE 69348	marywernke@letterperfect.net

Wess, Roger	Board Member	Dawes County Boys and Girls Club	1001 Maples St Chadron NE 69337	Roger_Wess@yahoo.com
Wineman, Bill	Director	Scotts Bluff County Public Health Department	1825 10th Street Gering, NE 69341	bwineman@scottsbluffcounty.org

Community Comment

As noted, once the regional team had completed the draft four meetings were held through the region (Chadron, Alliance, Sidney, and Scottsbluff). Attendance lists for these meetings are attached in Appendix D. This process offered participation for those who could not attend meetings. Key themes in the comments included:

Agreement that the plan would meet the needs of the region, People liked:

- “Menu” selection to meet county needs.
- Braiding all youth plans into one.
- Regional collaborative efforts such as multi county diversion to reduce costs and improve services.

However, participants strongly felt that the plan would not be not effective without the following:

- Collaborative leadership
- Shared resources
- Evidence based and influenced practices
- DHHS must get to the table. Youth need assessments and evaluations for effective plans, if families cannot pay or do not have insurance we cannot get them.
- Accountability to each other and decreased competition between agencies.

Suggested First Year Priority Areas:

- Multi County Diversion
- Day Reporting (Sidney and Scottsbluff)
- Alternative Education with a Day Reporting function (northern tier)
- High Risk Youth System of Care process (Scottsbluff and Dawes Counties)

Meeting participants(66 not including presenting team members) completed evaluations(55). Most notable in this compiled information:

- 98% highly agree to strongly agree that the plan will help their community for the next 3 years.
- 59% strongly felt that youth are not treated equally in Panhandle communities.
- 92% highly to strongly agree that youth should be at planning tables.

In response to the statement *Our community has the programs, policies, practices and people to work effectively with high risk youth.*

- Regionally 44% of participants disagreed to strongly disagreed with the statement (did not feel they had programs, policies and practices)
- In Scottsbluff County 68% of participants disagreed to strongly disagreed with the statement (did not feel they had programs, policies and practices.)
- However, 83% in the northern tier meetings agreed to highly agree that they had the programs, policies and practices.

III COMMUNITY SOCIO ECONOMIC INDICATORS

Geographic Area

The Panhandle of Nebraska consists of the 11 rural and frontier counties in the far west one-third of the state. They include Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan and Sioux counties and the communities of Harrisburg, Alliance, Hemingford, Sidney, Dalton, Potter, Lodgepole, Chappell, Crawford, Chadron, Marsland, Big Springs, Oshkosh, Lisco, Lewellen, Kimball, Bushnell, Dix, Bridgeport, Bayard, Redington, Henry, Morrill, Mitchell, Scottsbluff, Gering, Minatare, Hay Springs, Rushville, Gordon, Whiteclay and Harrison.

The 14,810 square mile area is bordered by equally remote areas of South Dakota (north), Wyoming (west) and Colorado (south).

<i>Demographic Characteristics Area</i>	2009	2008	2007	2006	2005	2000
Nebraska	1,796,619	1,781,949	1,769,912	1,760,435	1,751,721	1,711,263
Banner County	647	673	711	730	729	819
Box Butte County	10,891	11,084	11,040	11,012	11,130	12,158
Cheyenne County	9,720	9,871	9,892	9,726	9,938	9,830
Dawes County	8,735	8,692	8,772	8,688	8,791	9,060
Deuel County	1,839	1,873	1,886	1,887	1,932	2,098
Garden County	1,739	1,783	1,843	1,934	1,954	2,292
Kimball County	3,576	3,548	3,609	3,708	3,778	4,089
Morrill County	4,911	4,961	5,002	4,996	5,032	5,440
Scotts Bluff County	36,865	36,625	36,390	36,245	36,289	36,951
Sheridan County	5,264	5,290	5,402	5,478	5,579	6,198
Sioux County	1,281	1,311	1,359	1,369	1,402	1,475
Panhandle	85,468	85,711	85,906	85,773	86,554	90,410

Demographics

There are 85,468 persons living in the region (U.S. Census estimates for 2009), down nearly 5,000 individuals from the last census in 2000. More than 43% of the population (36,865) resides in one county.

Racial and ethnic minorities make up 16.2% of the Panhandle residents. Overall, Hispanic Americans account for 12.16% of the area population. In Scotts Bluff County, Hispanic Americans account for 25.2% of the population. The Panhandle has the largest population of Native Americans in Nebraska (2.7 % of the Panhandle). The

predominantly Lakota people residing in four Panhandle counties (Box Butte 3.26%, Dawes 4.02%, Scotts Bluff 2.35%, Sheridan 10.99%) are not federally recognized within Nebraska.

It is unknown what percentage of the Hispanic population is Spanish speaking only. The Native American population is almost entirely English speaking. Only a small number of refugees from other countries settle in the Panhandle.

The arrest rate for all crime in the area (56.4 arrest/1,000 population) was somewhat higher than the overall rate for Nebraska (54.2), but the arrest rate for juveniles (46.7) was much higher than the statewide rate of 33.3. In the 2009 SPF SIG (Substance Use) assessment process, interviews with law enforcement personnel in nine counties indicated that alcohol was a factor in “at least 90% “ of all juvenile arrests. (Additional Juvenile Arrest Data in Appendix A).

The low, predominately aging, population and the number of adults working multiple jobs results in a limited volunteer resource pool for committees and projects.

Socio Economic

Panhandle residents are poorer than those living in other parts of Nebraska and the nation. Forty-one percent of area children live in poverty in single-parent homes; 58% of those in poverty in the region live in families with two parents. Nearly 14% of Panhandle residents have incomes at/or below the federally defined poverty level. One of the 11 counties has one of the nation’s 10 lowest per capita personal incomes. The proportion of residents living in poverty was generally higher for racial/ethnic minority groups than for whites.

There are no current statistics that can adequately demonstrate the impact of the economic recession on the region. Free and Reduced Lunch rates are generally recognized as an indicator of poverty. However, in many communities in the Panhandle families will not complete forms for FRL due to stigma, perceived lack of community confidentiality. As a result, there is not only the inability to accurately assess the impact of the recession on children, but school districts are financially impacted by reductions in funding. In at least one community, this factor resulted in a loss of funding for an after school program.

Education

Preschools and child care facilities in the Panhandle vary widely, with some estimates that more than 50% of the daycare homes being unlicensed. There are 73 Family Child Care Home I providers, 48 family Child Care Home II providers, 57 child care centers and 16 licensed preschools. Because of the high number of single parents and parents working two jobs, day care is an extremely difficult issue for many in this area.

In the public school system, the Panhandle has 473 students in 16 preschools, 7,497 students in 37 K-6 schools, 2,211 students in 23 grade 7-8 schools and 4,680 students in 21 high schools for a total of 14,861 students. In addition, there are 480 students in private schools in the Panhandle and 327 students who are home-schooled.

The Pine Ridge Job Corps located near Chadron is a no-cost education and vocational training program administered by the U.S. Department of Labor, helps young people ages 16 through 24 improve employment and living skills..Their enrollment includes 224 students, all of whom are residents at the center. They offer vocational training in union construction trades (carpentry, bricklaying and painting) and non-union trades such as business, warehouse and maintenance.

The Panhandle also has one state college, one community college and offers a vast number of services from the University of Nebraska in the Panhandle. Chadron State College served 2,287 undergraduate students in the 2007-08 term, an increase from both previous years. Enrollment for the current school year has also increased. There were 439 grad students enrolled at CSC in 2007-08.

Western Nebraska Community College has campuses in Scottsbluff, Alliance and Sidney. With 4,083 students enrolled in the fall of 2008, the college offers more than 80 degree and certificate plans.

The University of Nebraska has offices in each of the 11 counties, with one to three educators in each location. In addition, the Panhandle Research & Education Center in Scottsbluff houses 19 faculty with appointments in agriculture and family consumer sciences. Most of the faculty holds joint appointments in research and extension.

Overall, 16.6% of area residents age 25 and older have less than a high school education, compared to 13.4% statewide. The proportion of area residents in this age group that had not completed high school was higher among Hispanic Americans (51.9%), African Americans (31.4%) and Native Americans (30.4%) than it was among whites (14.9%).

Economic

The economic bases for most communities in western Nebraska are agriculture or the railroad, with limited manufacturing and retail programs. One in three Nebraska jobs is tied to agriculture. In the past year, the demand for agricultural products and the continued growth of this industry helped limit the effects of the national economic slowdown in our communities.

However, while agriculture has enjoyed a recent upswing in commodity prices, the number of farmers supporting families with off-farm jobs and two family members working full time continues to increase.

K-12 schools are also major employers in the smaller towns. In recent times, the economy has hit manufacturing and the railroad especially hard, with one community experiencing layoffs of 15-20% of railroad employees overnight. Railroad layoffs prompted by the recession have brought people, some from as far away as California and New Mexico, to Nebraska rail hubs in Alliance and North Platte as union workers claim jobs held by people with less seniority.

Unemployment rates for Nebraska are generally lower than the national trends. However in many greater Nebraska communities people work more than one part time job. In one county, 60% of the high school students indicated they would like to live in the county as adults if they could have an adequate income.

Child Well Being Indicators

In 2010 the region began to look at interrelated factors for youth outcomes through the Child Well Being indicator data provided by the Nebraska Children and Families Foundation as part of the state wide efforts to plan and track for a core set of common data. Child Well Being indicators include: Infant Mortality, Low Birth Weight, Child Abuse and Neglect Rates, Juvenile Justice Rates, Substance Use, High School Completion, Adolescent Pregnancy, and Suicide rates.

The Child Well Being Indicator list began the regional dialogue on the possibility of braiding plans and resources which address a number of these risk factors to assure more effective outcomes and sustainability of efforts.

In 2011 this data was updated and reformatted as part of the state response to the Affordable Care Act Home Visiting grant applications. At that time Scotts Bluff County was identified as having the highest number of risk factors in the state for children and families. After further review process Morrill County and Box Butte County were added to the targeted areas to receive the funds for this initiative.

Of significance to the Juvenile Justice Planning process is that the Juvenile Arrest Rate was the common denominator in all three counties, and a key factor in determination of the Evidence Based Strategy selected to address the issues.

The State data summaries for all eleven Panhandle counties are included in [Appendix C](#).

Community Collaborative Capacity

In addition to the online survey conducted as part of the Juvenile Justice Capacity Assessment, for nearly fifteen years the region has been working to develop and sustain infrastructure and relationships for a regional prevention system as a foundation for change. In addition to PPHHS the Regional Prevention System includes:

Public Health

The Panhandle Public Health District includes ten counties (all but Scotts Bluff) and Scotts Bluff County Public Health Department partner on numerous prevention projects within the region. Both departments take a broad view of the role of public health in prevention. Both organizations have a limited number of staff and provide few direct public health services. Instead the organizations use the CDC model for implementation of programs, policies and practices through the development of Local Public Health Systems and partnerships. This process includes the use of MAPP (Mobilizing for Action through Planning and Partnerships) process of assessment, planning, implementation, evaluation, sustainability similar to the SPF SIG assessment process.

PPHD is currently implementing Worksite Wellness throughout ten counties. This program includes a confidential employee survey on broad health issues including alcohol, drug and tobacco use. The program approximates Wellness Outreach at Work.

The Boards of both Public Health departments include County Commissioners, providing an effective link to government in each county.

Rural Nebraska Healthcare Network and Trauma Network

The Rural Nebraska Healthcare Network is comprised of nine hospitals and their associated Rural Health Clinics. Eight of these are within the region plus Perkins County Health Services. RNHN has a long history of development of collaborative endeavors to enhance a quality health system for the area. The current major project of RNHN is the installation of a regional fiber optic network to assure redundancy for electronic health information. The network collaborated to access \$18 M in FCC funds for the system.

RNHN also focuses, and works collaboratively, on the health role in prevention. Emergency rooms bear a direct burden for alcohol and substance misuse, intentional injuries (violence and child abuse), and motor vehicle accidents related to alcohol and substance use.

Region I Behavioral Health

While Region I is a member of PPHS it is also a key element of the regional Prevention System. Region I not only provides technical assistance and support to the prevention system but also braids funding within the system.

Regional Training Academy

Public Health, PPHS, and RNHN have entered into agreement with Western Nebraska Community College to develop and operate a unique resource, the Regional Training Academy. The Training Academy is separate from the two year college system and affords the partners the opportunity to develop courses and curriculum to increase upward mobility within organizations through on the job education and training, and to enhance quality of services through standardized fields of study.

Prevention trainings and skill development areas include:

- TOPS Facilitation
- Substance abuse
- 40 Developmental Assets, (6 trainings in 2011)
- Adverse Childhood Experiences
- Bridges Out of Poverty
- Enforcing underage drinking laws
- Love & Logic parenting
- Federal funds management
- Fetal Alcohol Spectrum Disorder
- School Refusal Behavior
- QPR (Question, Persuade & Refer) suicide prevention gatekeepers
- Sustainability Planning
- Stress management (for parents and other caregivers)
- Adolescent Brain Development
- YLS/CMI for Agencies (planned)
- Wrap Around/Family Centered Practice

Safe Communities Designation

The Panhandle received a Safe Communities Designation in 2011. This designation includes areas related to the regional prevention coalition efforts on alcohol misuse, particularly MVA's and the reduction of injury. Therefore the work is interrelated in these sectors.

The Safe Communities work was a collaborative effort of the two public health entities, RNHN, Trauma Network, Region I and local community teams (leaders, elected officials, Chambers of Commerce, faith communities, local law enforcement, health providers, and representatives from a few of the County Prevention Coalitions).

Education

The 37 elementary, 23 middle/junior and 21 high schools listed in the Education section above are included in the prevention system. The Superintendents of these school districts meet as a group on a regular basis.

Post Secondary Education

Chadron State College and Western Nebraska Community College (Scottsbluff, Sidney and Alliance) are an essential component of the system in addressing binge drinking among 18-25 year olds. In addition, Pine Ridge Job Corps, which serves 16-24 year olds, is included in the system.

Law Enforcement

The Nebraska State Patrol, county sheriff offices and local police departments are part of the prevention system.

Businesses and Employers

Businesses and employers are considered part of the prevention system, especially in the increasing Worksite Wellness efforts with PPHD. Levels of government (counties and cities), health services, and education are the largest employers in the region. As such they are not only engaged within the coalition as partners but also as employers.

Minority Groups

The Chadron Native American Center has long been a partner in many local and regional activities. While located in Chadron (Dawes) CNAC also works with Native American (primarily Lakota) people and programs in Box Butte, Scotts Bluff and Sheridan counties. A major component of this work has been work with youth through the Positive Youth Development funded Circle of Courage, youth conferences, and youth leadership within communities to improve the community view toward Native Americans.

In some instances CNAC contracts with local agencies to provide culturally competent services such as the agreement with Western Community Health Resources for public health services offered on site. CNAC also assures Native American involvement in ongoing community assessment through dialogue and survey interviews and in the development and implementation of culturally adapted programs.

Faith Community

Faith community leaders are part of the prevention system as direct providers of youth services, family and individual counseling and as community leaders. As many of the faith leaders are from outside of the region they can often assist in reflecting the circumstances of community norms.

Faith leaders are usually engaged at the local level (county coalitions). However some have been able to attend the regional meetings. Working collaboratively at the regional level may provide the support needed for others who are interested but may encounter community resistance.

Local Prevention Coalitions

There are eleven county prevention coalitions as part of the regional prevention system. Two of these are in Scotts Bluff County (Scotts Bluff County Prevention Coalition and Project Extra Mile). There is no prevention coalition in Kimball County. These coalitions are comprised of individuals and organizations at the local level. The level of development and the scope of work vary with each coalition. Some counties work in broad based prevention while others focus primarily on alcohol and substance use.

IV IDENTIFIED PRIORITY AREAS

The plan has been developed to meet the diverse needs of Panhandle counties by outlining a template of recommended programs, policies and practices to provide effective juvenile justice services within the region. It is believed that by beginning to develop common language and actions we will better serve our youth and support the courts, county attorneys and law enforcement.

In the development of the priorities and strategies the planning team was charged with responsibility to the County Commissioners and the community to develop a plan which:

- Provides for a graduated response system
- Improves outcomes for youth (process and best and promising practices)
- Is increasingly cost effective
- Allows each county to participate at the appropriate level
- Braids with other resources for sustainability

The resulting plan has been structured with two primary implementation points.

- Regional strategies are recommended. These are strategies for services which by and large do not exist in a number of communities (such as diversion) and for which the planning team feels that a collaborative effort (either by judgeship or regionally) would be most cost efficient. These strategies have timelines and work groups attached to them. The vast majority of these efforts will need detailed work plans in order to proceed.

The Panhandle has a history of developing regional efforts on a pilot basis. This process supports those with the interest and skill in developing and initiating the new service. Once the action/service is operational and effective then the protocol and cross training with other counties or groups occurs. This assures consistent, effective regional initiatives which are more easily evaluated.

Some actions, such as reinstating the Day Reporting Center or alternatives, are beyond the scope of this group. Inclusion in the plan is to provide the process to enter into dialogue with DHHS and others to assure that this service is on the agenda as part of the system.

- Local efforts are to be enhanced or sustained. These are components of the Juvenile Justice system which are seen to be essential to the success of the overall efforts. Each county needs to determine which of these are enhanced or sustained based on population, utilization, effectiveness and success rates.

While the list of these resources is in some places quite extensive (especially in Priority 3) this does not imply that all are required in each county. But where there are highly successful resources, especially those which address multiple youth indicators (Academic Performance, High School Graduation, Juvenile

Justice, Child Protective Services, Suicide, and Adolescent Pregnancy) then community efforts need to sustain these programs where at all possible. In these instances counties may choose to designate resources or enhancement applications to sustain these efforts.

The planning team was clear however that any use of funds needs to be for evidence based and evidence influenced programs and services. The region has consistently worked toward the use of such practices and cross training to increase skills for effectiveness.

PRIORITY 1: Improve outcomes for youth and reduce recidivism in the Juvenile Justice system through a coordinated, effective Juvenile Justice System that reflects the Graduated Response assessment.

The Graduated Response provided a good foundation for examining how more effective front end efforts should reduce entry into higher levels of the juvenile justice system. As the planning team reviewed current programs and data recommendations surfaced in each of the Levels of the Graduated Response assessment.

In each area there are regional strategies to initiate. These are strategies that do not fully exist at this time in the Panhandle. There is a section in each level for Local Strategies to Enhance or Sustain. It was felt that even if a county had not previously had the service/resource, because these exist in other counties it is seen as an enhancement to the regional system. Counties are also encouraged to use the existing expertise to develop these efforts in their communities. This practice has been successfully used before. For example, Random Drug Testing began in Scottsbluff schools. Once the protocol had been developed and community acceptance achieved it was more easily replicated in other school districts in the Panhandle.

A significant amount of discussion was given to the effective provision of services to high risk youth and their families prior to them coming into contact with law enforcement, or becoming truant, or dropping out of school. Most communities believe they can identify truancy patterns as early as kindergarten. The linkage between child protective investigations and later juvenile justice concerns has been affirmed by those working in the system. In many communities there are numbers of families with generational histories of abuse, neglect, poverty, and offenses.

Breaking these cycles must start with early identification of problems, such as truancy, and the provision of an assessment of the youth, establishing a plan with the family, and working collaboratively with the youth and family to address the concerns. For families from racial and ethnic minorities services need to be adapted and provided from within the cultural context.

The Graduated Response Plan and Strategies identify the development of a Prevention System of Care process to become more effective at this work with high risk youths. The SOC concept is derived from System of Care templates provided by Timothy “Hank” Robinson. These define specific components/actions which need to be undertaken to assure effective efforts. A protocol will be developed which addresses:

- Process for engaging family in a strength based process that enhances protective factors
- Use of a common assessment tool (YLS)
- A process and protocol for planning services and resources with youth and families
- Measurable objectives
- Re- assessment timeframes
- Revision of service plan and allocation of resources.
- Evaluation , including family /youth evaluation of services
- It is suggested that use of a common protocol and tools across the Panhandle would facilitate effective implementation through training and common work groups to share and affirm best practices. Community consensus is required since the YLS is not seen in all circles to be an impartial tool, as those who currently use it across the state indicate that manipulation of the results is easily achieved.

There has been some discussion about using the existing LB 1184 teams for this process. While in many communities these are the same people who work with families in all capacities, a different overarching body is required. The 1184, as established, functions specifically related to child protection investigations. Some counties have both and investigative and treatment teams. Without a child welfare referral these teams cannot fully undertake a “prevention” or “at risk function”.

Separate protocols are needed, even if the same group of people works together, to address this population. The most notable difference is probably the inclusion of the family and youth from the onset. The goal at this stage is of course to enhance family protective factors to reduce youth risks. It is also noted that 1184 teams by their mandate for child abuse cases must be closed entities. However, when working in the high risk and prevention stages inclusion of agencies, family, extended family, cultural liaisons, mentors and supports is critical to success.

Final determinations need to be made by a protocol task force and perhaps legal review. Linkages with the ongoing development of out of home care reform is essential to avoid duplication. As well review of current programs effectiveness and identification of new evidence influenced innovations, especially for generational issues, will need to be undertaken. It is clearly not enough to provide an assessment and then continue to do the same things we have been doing for years.

PRIORITY 2: Regional collaboration to plan, implement, evaluate and sustain quality, cost effective needed juvenile services.

As discussed in the Socio Economic section and above in Priority 1, the Panhandle has a strong history of effective collaboration, including braiding resources and initiatives to meet effective outcomes. As county budgets, state and federal funds become more limited, and the regional population declines, such collaboration will be invaluable in assuring a juvenile justice system.

The areas where collaboration is recommended center on improving the system as a whole (such as regional training), in developing new services that are not required in each county simply due to volume, or where cost may be prohibitive on a county basis. In these instances the group recommends regional actions.

It should be noted that the region is finding that coordination is needed to plan and develop such efforts. As people are increasingly busy there is not the volunteer capacity to effectively undertake this work. This does not imply that once structured, ongoing coordination will be needed at the same level. Merely that the upfront costs assure project starts and save many hours of problem solving later.

The development of a Regional Youth Plan which braids resources from a number of sources may assist in funding the development of new initiatives, as well as sustaining and enhancing what exists.

There are also a number of collaborative endeavors that are listed as needing to be enhanced or sustained. Again, in many instances these relate to a number of program and funding sources. For example, during the SPF SIG assessment in 2009 the need for a community dialogue and planning process regarding inclusion of minority persons in communities (and the disproportionate contact) arose. This topic again surfaced in the Child Well Being Assessment and planning process, and in another variation at the recent MAPP process. Therefore, the actions needed are related to multiple groups, and do not need to be duplicated.

The success of regional efforts and the overall goal of improving outcomes for youth while reducing costs require effective programs and resources at the county level as well. The resources (process, fiscal and personnel) needed to implement this plan, are based on effective collaboration at the local level especially in this time of diminishing resources. The regional planning team recommends that counties, cities, schools, advanced education meet regularly and work effectively, to plan together to maintain effective resources.

Priority 3: Maintain local and regional prevention system activities to improve youth outcomes, maintain public safety and decrease entry into high end systems.

In addition to the steps included in the Graduated Response the team identified the need for focus on the local prevention system in each community. The prevention system is the array of services for children, youth and families which, when providing quality programs, policies and practices enhance protective factors and reduce risk of higher ends of care.

The prevention system is the foundation for all child, youth, family and community development and safety. As such it provides programs, policies and practices which impact Juvenile Justice, Child Well Being, P-16, Substance Use/Abuse prevention, and Child Protective Services. Each of the areas above has its own plan. At the same time there are intersections within plans that impact multiple domains. Afterschool programs for example, have been shown to increase academic achievement, and high school graduation rates. But afterschool programs have also been shown to be a conduit for programs and policies which decrease substance use, juvenile justice arrests rates, and adolescent pregnancy rates.

The Child Well Being assessment and planning process resulted in a regional emphasis on Healthy Communities Healthy Youth (HCHY). HCHY is an initiative of the Search Institute. While not a formal program, HCHY does have three interlocking components which provide a solid foundation for all youth and family serving programs in the region. These are:

- Meeting basic human needs
- Target and reduce if not eliminate the risks and deficits that diminish healthy development of children and adolescents (guns, predators, relationship violence, substance use/abuse, etc)
- Unleash the extraordinary power of a community of people when they unite people around a widely shared vision of healthy adolescent development both through grass roots and top down change.

Clearly for the Search Institute and the Panhandle, the foundation for undertaking the third component of this model is infused with the 40 Developmental Assets message in a way that engages all segments of the community in meeting the needs of youth through the development of assets.

The Prevention System, with the foundation of Healthy Community Healthy Youth is essential to the reduction of community violence and youth in higher levels of the Juvenile Justice System.

Specific actions related directly to the Juvenile Justice System are included in the strategies for this plan. Again these efforts provide opportunities to braid funding and resources.

Regional Strategies To Initiate	Date	Lead	Local Strategies to Enhance or Sustain
Level 4: YRTC			
Strategy 1: Research and pilot if advisable effective alternatives to sending youth out of region. <ul style="list-style-type: none"> • Engage state and local partners. • Review nature of offenses leading to YRTC. • Review DMC in YRTC Placements • Review options for YRTC placements and maintain community safety • Develop and Affirm Plan 	Year I and II	Coalition Task Force of Leaders	

PRIORITY 2: Regional collaboration to plan, implement, evaluate and sustain quality, cost effective needed juvenile services.

Regional Strategies To Initiate	Date	Lead	Local Strategies to Enhance or Sustain
Strategy 1: Coordination <ul style="list-style-type: none"> • Assure sufficient regional coordination resources 	Year I	Coalition	<ul style="list-style-type: none"> • Braiding resources to enhance outcomes. • Cross training • Shared staffing • Regional accountability to each other for outcomes • Regional Prevention Coalition • Community guided leadership and dialogue on inclusion to assure that all youth have equal opportunities and safety regardless of race, ethnicity, sexual orientation, and socio economic status.
Strategy 2 : Regional Youth Plan <ul style="list-style-type: none"> • Braids assessments and plans to sustain resources toward more effective youth outcomes for Juvenile Justice, High School Completion, Substance Use, Child Well Being, Runaway Homeless Youth, Foster Youth, Child Abuse Rates, Adolescent Pregnancy, and Suicide Prevention. 	June 30, 2011 and annual revision	Coalition	
Strategy 3: Enhance County Participation <ul style="list-style-type: none"> • Develop county agreements which allow smaller counties to apply for County Aide funds to be designated to a central source. 	Year I	Counties Coalition And Coordinator	
Strategy 3: Opportunity for County Attorneys to meet on a regular basis. <ul style="list-style-type: none"> • Survey Attorneys for interest, process and time. • Determine process and coordination lead 	Year I ongoing	County Attorneys	
Strategy 4: Regional Youth Coalition Meetings <ul style="list-style-type: none"> • Continue to braid resources and meeting content to affect ease of meeting and shared dialogue. • At least twice per year review JJ implementation process and reports from task forces. 	Year I ongoing	Coalition	
Strategy 5: Inclusive Community <ul style="list-style-type: none"> • Regional and local dialogues and process on intolerance, community context and DMC. • Support and enhance cultural led resources for youth. 	ongoing	Public health Coalitions	

Priority 3: Maintain local and regional Prevention System activities to improve youth outcomes, maintain public safety and decrease entry into high end systems.

Regional Strategies To Initiate	Date	Lead	Local Strategies to Enhance or Sustain
<p>Strategy 1: Enhanced community and workforce skills and knowledge.</p> <p>Continue to braid funds and resources to provide meaningful skill and knowledge development including but not limited to: 40 Developmental Assets, Love and Logic Parenting, School Refusal Behavior, YLS, Bridges Out of Poverty, Outcome Accountability, and Cultural Competence.</p>	Ongoing	<p>Regional Training Academy</p> <p>and CWB Healthy Youth Task Force</p>	<p>Basic needs met for family and youth.</p> <p>Mentoring</p> <p>Youth serving organizations (4-H, Scouts)</p> <p>Faith based and spiritual resources</p> <p>After school programs/ Boys and Girls Clubs (Sidney, Scottsbluff, Chadron, Garden, Minatare, Rushville, Gordon, Crawford)</p>
<p>Strategy 2: Youth Leadership/Positive Youth Development</p> <ul style="list-style-type: none"> • Determine common curriculum content. • Determine feasibility of connecting with college to promote upward mobility. • Implement for all youth locally • Encourage inclusion of all youth especially those least likely to be engaged. 	Year I	<p>Healthy youth Task force and Youth</p> <p>RHY FY</p>	<p>Back Pack Programs</p> <p>Early Head Start/Preschool</p> <p>Parenting programs</p> <p>Parent /community support programs</p> <p>Expand Worksite Wellness</p> <p>Expand number of school resource officers</p>
<p>Strategy 3: Resilient youth and families</p> <ul style="list-style-type: none"> • Review and recommend effective practices for addressing high needs generational concerns of substance use, criminal activity, system dependency. • Determine feasibility of funded programs and protocols. • Cross train interested providers if feasible • Implement and evaluate 	Year I	Coalition, PPHHS partners DHHS	<p>Service and civic organizations support of youth</p> <p>Athletics</p> <p>Random Drug Testing</p> <p>“One on Ones”</p> <p>Compliance checks</p> <p>Responsible Beverage Server Training</p> <p>Camps</p>
<p>Strategy 4: Evaluate 40 Assets impact</p> <ul style="list-style-type: none"> • With JJI determine process for implementing DAPS throughout the region to assess youth perception of the community assets capacity. 	Year I and ongoing	Coalition	<p>Regional Substance Abuse Actions</p>

APPENDIX A JUVENILE JUSTICE SYSTEM ANALYSIS TOOL

APPENDIX B COMMUNITY STABILIZING EFFORTS REVIEW

APPENDIX C CHILD WELL BEING /HOME VISITATION DATA

APPENDIX D TIER MEETING PARTICIPANTS