

Howard County
Comprehensive Youth Services Plan
July 1, 2025 – June 30, 2030

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Section I: Executive Summary

Instructions: This section should include the main issues facing the community and what activities will be prioritized to address these issues. Provide a brief (no more than two pages) summary of the crime/need analysis, priorities identified, and strategies to be put in place.

Priority#1: *Mental health challenges among youth are increasing and becoming more complex. There is a need for more resources/services to meet the demands.*

Strategy #1. Continue implementation of the On-Site Mental Health Therapy Program at all three school districts in Howard County. This program offers weekly therapy sessions with trained therapists employed by Live Well Counseling Center who travel to each school to meet on-site with enrolled students (increasing access to services by reducing transportation & time barriers). Key activities include weekly therapy sessions with each youth enrolled where barriers, challenges, as well as strengths are identified and goals created for each youth. Multiple evidence-based practices are utilized with each youth as appropriate. Skills and knowledge to be gained include expanded/improved coping skills, self-regulation skills, communication skills, identification of personal supports (inside and outside of school/home), and if/where appropriate, information about alcohol, other drugs, and addiction and how it affects individuals and families. Making healthy decisions is worked on throughout the therapeutic process. **Strategy #2. Continue implementation of the School Interventionist position**, currently active in St Paul Public Schools and Elba Public Schools. Centura Public Schools opted out this year (reported to have adequate resources on-site). The School Interventionist provides direct support to school personnel, students, and families. This position helps to connect individuals to resources (inside and outside of school), help with case management details, attend IEP meetings, provide additional resources and support for students. The interventionist identifies students through data gathering and referrals before skill gaps widen. Customized aid is then coordinated leveraging community partners, online tools, and evidence-based strategies matched to the child's unique difficulties. Ongoing progress monitoring ensures that supports adapt as needed. **Strategy #3. Implement classroom or after-school programs** utilizing evidence-based programs and practices targeting elementary students in an effort to build life skills (earlier) and prevent alcohol, tobacco or other drug use. These programs and practices also provide education related to resiliency and mental health promotion. **Strategy #4. Social Media Safety and ScreenTime.** Provide education for adults and youth about social media use and safety. Anecdotal data supports the many concerns related to screen time and youth mental health challenges, online bullying, and increased youth stress. This education would be open to all age groups, however specifically targeting parents, helping them to understand the importance of and how to set screen time limits, what apps kids are using and associated risks for health and safety. A second focus of this education could include assisting schools with review and revision (as necessary) related to in-school cell phone use/social media safety policies and procedures.

Data to support this priority includes information from the St Paul Police Department, 2023 Nebraska Risk and Protective Factors Student Survey, and Suicide Screener Survey data from St Paul Public Schools.

Priority #2. *Absenteeism/Truancy issues with many of the same families each year.*

Strategy #1. Continue implementation of the School Interventionist position, currently active in St Paul Public Schools and Elba Public Schools. Centura Public Schools opted out this year (reported to have adequate resources on-site). The School Interventionist provides direct support to school personnel, students, and families. This position helps to identify the barriers and challenges related to attending school and being on time and works to connect individuals to resources (inside and outside of school) that may help alleviate these challenges. Ongoing progress monitoring ensures that supports adapt as needed. **Strategy #2. Collaborate with other community partners** to identify other transportation options for youth where transportation is identified as a major barrier to attending school and collaborate to create a workable plan; this may include

involvement with the PTA and/or parents to create a car pooling roster, working with churches who may have a van, or the local senior center. **Data to support this priority** is school-specific and anecdotal. In many discussions within Coalition meetings where school representatives and/or the school interventionist are present, transportation comes up as an issue of concern. Busing is available for Howard County students, however no busing is available for St Paul Public Schools students living within City limits.

Priority #3. *The use of alcohol and all tobacco products by youth remains a major concern. Many youth report drug use as a coping mechanism for stress, depression, and anxiety.*

Strategy #1. Continue implementation of the On-Site Mental Health Therapy Program at all three school districts in Howard County. This program offers weekly therapy sessions with trained therapists employed by Live Well Counseling Center who travel to each school to meet on-site with enrolled students (increasing access to services by reducing transportation & time barriers). Key activities include weekly therapy sessions with each youth enrolled where barriers, challenges, as well as strengths are identified and goals created for each youth. Multiple evidence-based practices are utilized with each youth as appropriate. Skills and knowledge to be gained include expanded/improved coping skills, self-regulation skills, communication skills, identification of personal supports (inside and outside of school/home), and if/where appropriate, information about alcohol, other drugs, and addiction and how it affects individuals and families. As necessary, referrals may be made to a Licensed Alcohol/Drug Counselor for an alcohol/drug assessment. **Strategy #2.** Continue implementation of the School Interventionist position, currently active in St Paul Public Schools and Elba Public Schools. Centura Public Schools opted out this year (reported to have adequate resources on-site). The School Interventionist provides direct support to school personnel, students, and families. **Strategy #3. Host speakers/experts to educate middle and high school youth** about health and safety risks associated with the use of alcohol, tobacco and other drugs. **Strategy #4. Work with Schools to identify** current curriculum and explore additional resources/curriculum in an effort to create a comprehensive prevention plan for K-12. **Strategy #5. Implement classroom or after-school programs** utilizing evidence-based programs and practices targeting elementary students in an effort to build life skills (earlier) and prevent alcohol, tobacco or other drug use. These programs and practices also provide education related to resiliency and mental health promotion. **Strategy #6. Work with each school district to review current policies** related to drug possession, use, and/or distribution at school and update as necessary, identifying opportunities to enhance and/or expand current educational opportunities for youth who violate those policies. **Data to support this priority** includes the 2023 Nebraska Risk and Protective Factors Student Survey, Diversion Statistics, and anecdotal data shared at Coalition meetings.

Priority #4. *Data Collection. We have identified that data collection and reporting of data needs to be improved across all sectors of the community.*

Strategy #1. Reach out to Howard County Schools to encourage them to participate in the 2025 Nebraska Risk and Protective Factor Student Survey (local youth data source). **Strategy #2. Request assistance from the Nebraska Crime Commission;** invite them to a Coalition meeting to help us find/analyze data. **Strategy #3. Meet with local law enforcement** related to data they collect related to youth ages 11-18; what's being collected? Who's responsibility to report? Anything being reported out? How best to get data specific to our Plan/Goals? What data is missing?

Section II: Introduction

Community Team: Background, Formation, and Purpose

Description of Team: *Provide a brief history of the establishment of the community team, including its role and responsibilities for supervising the preparation and administration of the 5-year community plan.*

Description of the Planning Process: *Describe this plan's 5-year plan **process** including information such as when planning began, how data were provided and who selected the data to collect and provide, number of planning meetings held and whether the entire committee was in attendance, how priorities were determined and how the strategies, objectives, and activities were developed.*

In the fall and winter of 2009, Celeste Heavilin-Penner and Connie Holmes with the Central Nebraska Council on Alcoholism and Addictions, Inc. (CNCAA) whose service area includes Howard County, began a drug and alcohol prevention assessment process in Howard County, utilizing the Strategic Prevention Framework. This included multiple community informational (town hall) meetings, key informant interviews, youth specific focus groups, and other small focus groups of key community leaders meeting for the purpose of assessment. Alcohol use/abuse by minors, alcohol abuse by adults, easy access to alcohol for youth, low perceived risk of harm and consequences for drinking by youth and underage drinking as an accepted social norm in Howard County all arose as the issues needing to be addressed. Those who participated in the town hall meetings have met almost monthly since this initial process (Howard County Community Prevention Team). This team meets monthly throughout the year, facilitated by Celeste Heavilin Penner or Connie Holmes.

Current planning team representation includes St Paul Public Schools, Elba Public Schools, Centura Public Schools, St Paul Police Department, Howard County Commissioners, Howard County Clerk, Loup Basin Health Department, Department of Health and Human Services, Howard County Medical Center, Howard County Emergency Management, Central Nebraska Council on Alcoholism and Addictions, Region 3 Behavioral Health Services, Live Well Counseling Center, Howard County Attorney's Office, Howard County Sheriff's Department, Juvenile Probation, Veterans Administration Suicide Prevention Program, Brain Injury Alliance, and therapists in private practice.

The Howard County Community Team has been working on the 2025-2030 Plan since January 2024 using the monthly meeting times (10 meetings) to review the current plan, gather and review qualitative (situations/stories) and quantitative data, facilitate discussions (one-on-one and group) to identify and gather additional information/data that's needed to update the priorities and create a comprehensive community plan for Howard County for 2025-30. Monthly meetings were held via Zoom with between 8-14 community team members present and led by either Celeste Heavilin Penner or Connie Holmes. Individual meetings were scheduled as needed to ask questions and gather additional data/information (i.e. County Attorney's Office, St Paul Police Department, Howard County Sheriff's Department, Probation, County Court Judge).

Priorities were determined after reviewing and discussing the current comprehensive plan, progress made, challenges impeding progress, reviewing what's working, what's not, what services are available, what services are needed, available data (as well as what data are we missing), and potential impact on the youth and families in Howard County. After the Howard County Community Team came to consensus on the priority areas and related strategies and activities that would be included in the action plan, this plan was taken to the Howard County Board of Commissioners for their approval on Tuesday, December 10, 2024.

List of Team Members/Contributors (title, address, phone numbers, email): *Include which part of the system each member represents (i.e., courts, schools, health officials). **See checklist for required membership.*

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Community Description

Instructions: Provide a description of the county/counties/tribe (community), such as main transportation routes that run through the county/counties/tribe, main economies within the community (i.e. industry, farming, etc.), historic and natural attractions that affect the community (lakes, state parks, landmarks, etc.) and any other dynamics significant to the social and economic make-up of the community. Provide local data that demonstrates issues youth and families are facing in the community. Include racial and ethnic disparities.

Statistical Summaries: Such as population, race/ethnic makeup of the community, age breakdown within community, socioeconomic data (household income, median income, primary industry, household earner's education level and occupation, educational opportunities (i.e. number of schools, colleges, trade schools).

Howard County Nebraska is a very rural community covering 569.3 square miles in central Nebraska with a total population of 6,475. The County Seat is St. Paul surrounded by the communities of Boelus, Cotesfield, Cushing, Dannebrog, Elba, Farwell, and St. Libory.

Howard County Schools include Centura Public Schools located near Cairo, Elba Public Schools in Elba, and St. Paul Public Schools in St. Paul. Transportation by school bus to/from schools is utilized in all three school districts, however no busing is available to students living within the city limits of St. Paul.

Highway 281 is a major highway that runs north and south through St. Paul with Grand Island just 22 miles south of St. Paul. Many adults work in Grand Island for employment with an average commute time of 28 minutes.

The top three employment/business sectors are represented by Education (24.4%), Retail Business (13.2%), and Agriculture (10.8%). Employment within private companies reflects 62.4%, self-employment with an incorporated business reflects 7.1%, self-employment with a non-incorporated business reflects 7.7%, 13.2% work in government (city/county), and 9.6% work in the non-profit sector.

22.3% of adults in Howard County have a Bachelor's degree or higher, with the nearest college located in Grand Island (Central Community College and College Park).

The median household income is \$70,766. Total number of persons living in poverty is at 8.4% (1.1% of youth under the age of 18; 4.8% of 18-64 year-olds; and 9.2% of individuals ages 65+ are living in poverty).

The total population of Howard County is 6475, with 6154 self-reporting as Non-Hispanic/Latino; 146 self-reported as Hispanic/Latino, 27 American Indian or Native Alaskan, 12 Asian, and 14 Black/African American. The primary language spoken at home is English reflected by 96.4% followed by only 2.7% of homes where Spanish is the primary language spoken at home. *(Taken from www.census.gov)*

Identify Risk Factors: *Discuss some known drivers behind increased risks for juvenile justice system involvement. Include the services needed to address these risk factors. Refer to the Comprehensive Youth Services Plan Manual for a list of example Risk Factors and Indicators of Influence.*

Community Risk Factors

- Availability of alcohol, tobacco and other drugs. Underage drinking (smaller communities, not a lot to do, social norm accepts as a “right of passage” – all kids will do it; Community norms accepting alcohol use by youth; parties are okay parents are present; Alcohol and vaping approved by parents (not using “hard” drugs); “kids will be kids;” Vaping – easy access (mostly accessing at home); kids are dumpster-diving business dumpsters retrieving expired/tossed out vapes; youth don’t know/understand health risks/harms of vaping;

Services needed to address these risk factors may include:

- *Media messages to challenge the social norms*
- *Primary prevention education with youth in elementary and middle school*
- *Education and early intervention programming in high school youth*
- *Parent education and parent engagement*
- *Alcohol and tobacco compliance checks (for retailers)*
- *Strengthening Families Program (youth ages 7-17)*
- *Boystown Common Sense Parenting (available online only)*

- Economic Deprivation
Children/families living in poverty impacts family stress level, abuse/neglect, transportation, lifeskills development, access to services
- Transportation (access to school and services); Busing to school is available for kids who live outside city limits; can be more challenging for kids inside city limits, especially in the winter months

Services needed to address these risk factors may include:

- *Explore other transportation options within city limits (i.e., senior center bus, church vans, parent car-pooling)*

- Lack of resources in community (limited counseling, available counseling/therapy is at capacity; diversion is not local, no local public transportation)

Services needed to address these risk factors may include:

- *Continue with on-site mental health therapy programming*
- *Complete asset-mapping of therapy resources available in Howard County to include telehealth; share with community*
- *Explore who may have capacity to do more (therapy/counseling)*
- *Promote and/or expand telehealth*
- *Consensus is that local diversion program is not financially feasible due to numbers of youth referred to diversion annually*
- *Brainstorm ways to engage churches/faith communities in prevention*

- Lack of summer programming for kids

Services needed to address these risk factors may include:

- *Organize and host a meeting with all summer program leaders; Review/research what’s currently happening and identify ways to strengthen;*
- *Survey youth/parents about what is needed/wanted; Will parents contribute financially to expanded services? If so, how much?? Where would financial burden land?*
- *Utilize the new civic/community center space for activities*

- *Increase number and availability of pro-social activities for youth*
- *Reach out to Laura Berthelson (community contact)*
- *Reach out to Jennifer Ostendorf related to 4-H programming opportunities for youth*

- *Summer access to food/food insecurity?*

Services needed to address these risk factors may include:

- *Assess need within communities*
- *Work with food pantry to recruit food; host food collection events; how best to publicize about services and how best to distribute throughout communities in Howard County;*
- *Utilize churches for food collection and distribution*
- *Expand school food service opportunities during the summer if possible*
- *Create community gardens*

- *Smoke shops are selling vaping sticks “say they don’t have nicotine”; Kids are dumpster diving after hours for “expired” unused vaping devices*

Services needed to address these risk factors may include:

- *Regular tobacco compliance checks/law enforcement*
- *Educate local retailers (and community) on safe disposal of vapes*

- *More prevalence of drugs/use (especially vaping)*

Services needed to address these risk factors may include:

- *More/better communication amongst law enforcement to*
- *Utilize an anonymous reporting/tip line*
- *Schools: Install detectors/sensors in bathrooms*
- *Schools: More/Expand random drug testing in schools*
- *Schools: Increase number of locker checks with dogs to detect drugs*

School Risk Factors

- *Chronic absenteeism*

Services needed to address these risk factors may include:

- *Review data; report out main root causes of truancy/absenteeism; how many repeat offenders?*
- *Review school policies*
- *Utilize the School Interventionist to assist with connections to helping resources*

- *Kids are leaving school earlier and earlier (not finishing high school to opt to work); 10 cases where kids and families chose not to finish high school; trying to leave in their junior year (saying “I can always get my GED later”) Seems to be a lack of the value of school/good education and just focus on career/getting a job; diploma doesn’t seem to have same value anymore*
- *Transportation (access to school and services); Busing to school is available for kids who live outside city limits; can be more challenging for kids inside city limits, especially in the winter months*

Services needed to address these risk factors may include:

- *Explore other transportation options within city limits (i.e., senior center bus, church vans, parent car-pooling)*

- *Lack of resiliency/coping skills (youth and adults)*

Services needed to address these risk factors may include:

- *Continue the on-site mental health therapy programming*
- *40 Developmental Assets training for parents*
- *Strengthening Families Program for parents*

- Review current school curriculum for elementary, middle and high school students; is there additional and up-to-date curriculum available to enhance current education so that drug education happens in all grade levels, consistently;
- Research/Focus Groups: Is there a need for support groups? Is there a need for tutoring? Is there a need for after-school clubs?
- Utilize the School Interventionist to connect youth (and adults) with resources
- Host community enrichment opportunities
- HOPE Squad is a peer-to-peer intervention program for mental health issues – research this opportunity; utilize the school interventionist to implement?
- Research SOS, another suicide prevention program for students; utilize the school interventionist to implement?
- Utilize retired teacher groups for homework/tutoring assistance (at library or school?)
- Department of Education confirmed that there are more youth being home-schooled since COVID; data isn't available after 2020-21 yet.

Family Risk Factors

- Family History of Problem Behavior. Alcohol/drug addiction (many times generational)
Services needed to address these risk factors may include:
 - Education for community about addiction and resources available to help
 - Intervention Education Program available from CNCAA (in Grand Island)
 - Kids Power and Teen Power programming for youth affected by addiction from CNCAA (in Grand Island)
 - Education about trauma and generational trauma
- Family Management Problems. Lack of parental supervision/monitoring (lots of parents commuting to GI or Kearney for work)
Services needed to address these risk factors may include:
 - After school education programs and/or clubs on-site at school to reduce time when kids might be home alone/no supervision
 - More childcare resources needed (seems to be a statewide concern)
 - Utilize churches/church groups for after school care
 - Need education for parents/caregivers about what is allowed as discipline and what isn't allowed (difference between discipline and child abuse/neglect)
 - Parenting classes/Strengthening Families Program/Common Sense Parenting/Circle of Security
 - Ray of Hope's online parenting series (free, once per month)
- Summer access to food/food insecurity?
Services needed to address these risk factors may include:
 - Assess community needs
 - Work with food pantry to recruit food; host food collection events; how best to publicize about services and how best to distribute throughout communities in Howard County;
 - Utilized churches for food collection and distribution
 - Expand school food service opportunities during the summer if possible
 - Create community gardens
- Child Victimization and Maltreatment/Family Conflict. Child abuse/neglect cases and domestic violence is present in community (15 out of home placements in 2023); shortage of foster care placement homes
Services needed to address these risk factors may include:

- *Need education for parents/caregivers about what is allowed as discipline and what isn't allowed (difference between discipline and child abuse)*
- *Need more education about trauma in all facets of community*
- *Father present in home vs. homes where father is not present/available*
Services needed to address these risk factors may include:
 - *Explore the Fatherhood Initiative (Lutheran Family Services)*

Peer Risk Factors

Peer alcohol/drug use and delinquency.

- *Underage drinking is becoming less prevalent with social media taking the place of youth gathering at alcohol parties; youth report not a lot to do; Community norms accepting alcohol use by youth; parties are okay if parents are present; Alcohol and vaping approved by parents (not using “hard” drugs); “kids will be kids;” Vaping is socially acceptable and sometimes used as a “social activity” or way to fit in with peers; youth don’t know/understand health risks/harms of vaping;*

Services needed to address these risk factors may include:

- *Media messages to challenge the social norms*
- *Primary prevention education with youth in elementary and middle school*
- *Education and early intervention programming in high school youth*
- *Parent education and parent engagement*
- *Alcohol and tobacco compliance checks (for retailers)*
- *Strengthening Families Program*
- *Vaping education for all school students*
- *Identify and create more pro-social opportunities for youth*
 - *Church youth groups, FCA, FFA, Afterschool Clubs, Volunteer Opportunities*
- *Social Media leads to problems; too much screen time, takes away from social skills development, real social interaction, ability to communicate; easy access to pornography;*

Services needed to address these risk factors may include:

- *Review and revised as necessary school policies related to cell phone possession and use while in school*
- *Parents set healthy boundaries with cell phone usage/screen time*
- *Education for youth and adults/parents about screen safety, healthy limits for screen time*
- *Parents to model healthy boundaries for youth*

Section III: Youth Crime Analysis and Needs

Instructions: Using the most recent data available, provide an **analysis of the juvenile delinquency problems (youth crime) of the community**. Describe the **findings** of your community's youth crime analysis and **identified delinquency prevention and intervention needs, including educational needs**. Include a summary of local data at key decision points by **race and ethnicity**. The larger set of data used in this planning process can also be provided in an appendix which allows you to **highlight only data relevant to your selected priorities** in this section. Refer to the comprehensive youth services plan manual for additional information on completing this section.

Howard County, like other communities in Nebraska, is experiencing an increase in mental health challenges among youth and are increasingly more complex since the pandemic, and are affecting youth at a younger age. Many youth report that they vape or use other drugs to self-medicate – to cope with stress, depression, or anxiety putting them at increased risk for behavior and health problems. Although the Arrests by Arrest Offense and Arrestee Age for the State Report shows an overall decrease in drug violations for youth under age 18, there is still reason for concern, especially considering the developing brain of our youth and that many report turning to drugs/vaping as a coping mechanism.

The data collected from the St Paul Police Department reflects the community's concern about and growing need to address mental health issues in youth, noting that mental health issues are affecting youth at a younger age, especially suicidality. "Out of control youth" is the most common report to the Police Department.

Staff at St Paul Public Schools were recently training in Signs of Suicide (SOS). An exit screener was completed with their 5-8th grade students. Numbers from this survey also reflects much concern related to mental health challenges for youth noting that 21% of these students scored as high risk; 45 students or 40% reported that they wanted to talk to someone (about life concerns); and 11 students or 10% reported having serious thoughts about suicide. Additionally, Jaime Camden, Counselor at St Paul Public Schools shared that during the past school year 2023-24 she met with 205 students related to the following topics: Academic challenges, personal issues (family/peer relationships), safety/success plan check-ins, anxiety/coping issues, safety risks, and conflict resolution among peers or with teachers/staff.

Thirty-three cases were referred to Hall County Diversion from July 2021 to June 2024 and all but one elected to enroll in the Diversion Program (32 of 33 youth = 97%).

- July 2021 – June 2022
 - 9 youth referred, 9 enrolled. (9 white, non-latino; ages 15-19; 7 male, 2 female; 8 MIP/MIC alcohol; 1 Possession of Marijuana) 100% successful completion.
- July 2022 – June 2023
 - 13 youth referred, 12 enrolled. (13 white, non-latino; ages 13-20; 8 male, 5 female; 11 MIP/MIC alcohol; 1 Possession of Marijuana; 1 Theft) 100% successful completion.
- July 2023 – June 2024
 - 11 youth referred, 11 enrolled. (10 white, non-latino; 1 American Indian/Native Alaskan; ages 15-19; 7 male, 4 female; 11 MIP/MIC alcohol) 8 of 11 successful completion = 73%; 2 referred back to Howard County Attorney for failure to comply/complete; 1 case still open.

Data taken from the Nebraska Judicial Branch – County Court Annual Caseload Report, Fiscal Year July 1, 2023 -June 30, 2024. Howard County Court Cases filed included 3 Juvenile 3A cases for neglect & abuse, 14

Juvenile Delinquency filings, and 3 Juvenile Interstate Compact filings (youth are sent to another state or come to DHHS/Probation from another state).

The 2023 Nebraska Risk and Protective Factor Student Survey reflects youth reported data and shows trend data. The report used for Howard County reflects the Loup Basin Health Department area as Howard County wasn't able to get a county-level data report. 8th graders are reporting lifetime substance use at a rate higher than the state for alcohol, cigarettes, vaping and inhalants. The good news is that since 2018, reported use has decreased. Reported Past 30-day use for 8th graders for alcohol, cigarettes, and vaping are lower than the state and again, the good news is that since 2018 these numbers too are decreasing. It is concerning that only 32.4 percent of 8th graders report that using a vape device 1-2 times per week is perceived as great risk for harm and only 32.1 percent report that binge drinking 1-2 times per week is perceived as great risk for harm. These same 8th graders perception of using marijuana or smoking a pack of cigarettes per day shows a bit more risk for harm, at 50.8% and 54.6% respectively. 8th graders reporting bullying in the past 12 months is trending downward as well with verbal bullying being reported as highest (49.7% in 2023), socially bullied as second-highest (41.1% in 2023), electronically bullied as 17.8% in 2023, and physically bullied at 17.3% in 2023.

Data collection will continue to be a focus for Howard County.

Section IV: Services and Programs

Available Services: *Identify services available within the community. Include services such as diversion, detention, prevention programs, family support, and assessment. Refer to the checklist for the statutory required services that must be included.*

Close Proximity Services: *Identify any services that are available within close proximity to the county/counties/tribe if they are not available within your community. Include the distance that would need to be traveled to attend these services.*

Programs for Assessment and Evaluation

- On-Site Mental Health Therapy Program is available at all three school districts in Howard County
- Local Mental Health Therapists and Providers
 - Howard County Medical Center's Behavioral Health Clinic
 - Katie Donahoo, Blue Elephant Counseling Center (telehealth only)
- Live Well Counseling Center, Grand Island (25 miles)

The Prevention of Delinquent Behavior

- On-Site Mental Health Therapy Program is available at all three school districts in Howard County
- School Interventionist is utilized at St Paul Public Schools and Elba Public Schools
- Second Step and other school curriculum
- Community education programming (i.e. C.A.R.E. Team quarterly programs)
- TeamMates Mentoring Program
- Faith-based services and programming
- Referrals are made to the Hall County Juvenile Services office (Grand Island – 25 miles)
- Central Mediation
- BoysTown In-Home Family Services (Grand Island – 25 miles)
- Day-Reporting Services with Owens Educational Services (Grand Island – 25 miles)
- Families CARE (Kearney, serving Howard County within Region 3)

Diversion

- Referrals are made to the Hall County Juvenile Services Office (Grand Island – 25 miles)

Detention, Shelter Care

- Neither shelter care nor detention is available in Howard County or in near proximity. Youth who are detained will go wherever we can find a bed which can be Lincoln/Omaha area, Madison, Papillion, NE or Iowa. Detention youth have to be transported by law enforcement (huge challenge, time consuming).

Intensive Juvenile Probation Services

- District 8 Probation serves Howard County (home office is in O'Neill), Tara Sprigler-Price is Chief Probation Officer.
- Utilize individual mental health/substance abuse providers out of Grand Island (25 miles) and Kearney (50 miles)
- Region III Behavioral Health Services (Kearney – 50 miles)
- MST (Mid-Plains Behavioral Health, Grand Island – 25 miles)(long wait list)
- Electronic Monitoring/GPS by Probation contract (Norfolk – 107 miles)
- Central Mediation (is available but we have not used)
- NOVA for residential treatment (Omaha – 137 miles)
- BoysTown In-Home Family Services (Grand Island)(available and responsive)
- Day-Reporting Services with Owens Educational Services (Grand Island – 25 miles)
- Families CARE (Kearney, serving Howard County within Region 3)
- Crossover youth (youth involved both with DHHS and Juvenile Probation) can utilize family support and family-centered treatment from the above mentioned providers

Restitution

- Restitution has to be ordered and paid as determined by the court. All money is paid to the court who sends it to the victim. Community service hours are also utilized as ordered by the court.

Family Support Services

- Nebraska Department of Health and Human Services
- Boystown In-Home Family Services (Grand Island)
- Families CARE (Kearney, serves Howard County)

Community Centers for the Care and Treatment of Juveniles in Need of Services

- NOVA for residential treatment (Omaha – 137 miles)
- BoysTown In-Home Family Services (Grand Island)(available and responsive)
- Day-Reporting Services with Owens Educational Services (Grand Island – 25 miles)

Detention and Alternatives to Detention: *Identify the detention and alternatives to detention that your community utilizes, including facilities and providers. If they are in other close proximity counties, please indicate this. Include the cost associated with the use of these providers, including transportation if that is a component.*

Juvenile Detention and Alternatives to Detention Programs, Services, Facilities, and Providers;

- Electronic Monitoring/GPS tracking (Norfolk per Probation contract)
- Emergency & Professional Foster Care (Omaha)

- Shelter Care (Omaha, Scottsbluff, Maxwell, North Platte, Norfolk, NE)
- Crisis Stabilization (Lincoln/Omaha, Minatare, NE)
- Mid Plains Center for Behavioral Health is expanding services (Grand Island)
- Grand Island Regional/Bryan Health using telehealth
- Richard Young (Kearney)

Youth who are detained will go wherever we can find a bed/space which can be in the Lincoln/Omaha area, Papillion, or Madison, NE, or in Iowa.

Needed Programs: *Identify those programs that are needed within the community that are not available in your county/counties/tribe or are in close proximity to your county/counties/tribe.*

Detention, Shelter Care

- Neither shelter care nor detention is available in Howard County or in near proximity. Youth who are detained will go wherever we can find a bed which can be Lincoln/Omaha area, Madison, Papillion, NE or Iowa. Detention youth have to be transported by law enforcement (huge challenge, time consuming).

Juvenile Detention and Alternatives to Detention Programs, Services, Facilities, and Providers;

- Electronic Monitoring/GPS tracking (Norfolk per Probation contract)
- Emergency & Professional Foster Care (Omaha)
- Shelter Care (emergency placement for stabilization/cooling off/community safety risk)
- Crisis Stabilization (Lincoln/Omaha, Minatare, NE)

Community Centers for the Care and Treatment of Juveniles in Need of Services

- Residential treatment for youth
- Therapeutic Group Home (for youth who may be developmentally disabled and/or high need; have huge mental health needs)
- Support services for kids who are low functioning (perhaps on a spectrum) who struggle with behavioral health but not on probation (fall through the cracks)
- Psych Residential Treatment Facilities (PRTF) (2 in Nebraska); currently have to send youth out of the state for treatment
- Trauma Screening with youth on Probation (will begin December 1, 2024)

Coordination Plan: *The coordination plan must include an enhancement, development, and expansion plan of community services within the county, counties, or region to help prevent delinquency by providing intervention services when behavior that leads to delinquency is first exhibited. Refer to the checklist for the statutory required services that must be included.*

Currently, the youth and families in Howard County have access to services related to *Family Preservation and Counseling* from the Department of Health and Human Services, Boystown In-Home Family Services, and Families CARE programming. Drug and Alcohol Counseling is available but limited via telehealth (Katie Donahoo with Blue Elephant Counseling in Dannebrog) and in person at the Howard County Medical Center (Nekita Powell). Many more options are available in nearby Grand Island, twenty-five miles south of St. Paul. And with funds granted from the Nebraska Crime Commission, mental health therapy is available to students in Howard County on-site at each school throughout the school year.

Howard County contracts with Hall County Juvenile Services for *Diversion* programming and 97% of those enrolled between July 2021 and June 2024 successfully completed the program. The consensus of the planning team in Howard County is that it is not financially feasible to have a local diversion program due to the low numbers of youth referred annually.

Alternative Schooling is not available in Howard County. Day reporting services are available in nearby Grand Island.

Parents Anonymous programming or group meetings are not available in Howard County, however parents can connect with a counselor 24 hours per day, 7 days per week -- 855-427-2736 or email help@nationalparentyouthhelpline.org. It's free, confidential, and in the language of the caller.

Howard County Schools are concerned with *truancy and chronic absenteeism*, like so many other communities in Nebraska. Although there are not any specific school truancy programs in place in Howard County, the School Interventionist position we have in place helps deal with truancy, absenteeism, and connecting with community supports that may help alleviate the root causes of truancy. This work continues into the next five-year community plan.

Volunteerism is an important aspect of any healthy community. Our planning team is not aware of any specific volunteer programs, however we will explore this in 2026. And, we can help to publicize the opportunity to utilize the Go2volunteer.org website to recruit volunteers and to volunteer to help others. The Heartland United Way and its partner agencies utilize this site quite successfully.

Delinquency prevention efforts and system improvement efforts designed to reduce the disproportionate number of youth members of minority groups who come into contact with the youth justice system. The Coalition overseeing the development of this Plan will make it a priority to meet with the points of contact within the justice system to review data more closely in the coming year. We've identified that data collection (and reporting out) is lacking in Howard County – we will be working to address this need in the coming year(s).

Section V: Priorities and Strategies

Identify 3-5 priorities based on the analyses in Sections III and IV above.

Priority Area #1: Mental Health challenges among youth are increasing and becoming more complex. Within this priority area, we intend to increase access to services, connect youth/families to helping resources, and increase personal, academic, and community supports.						
Strategies	Action Steps	Responsible Party	Timeline	Resources Needed	Expected Results	Measurements of Impact
1A. The On-Site Mental Health Therapy Program will be offered at Howard County Schools to identified youth.	<ul style="list-style-type: none"> -Create MOU with schools -Live Well Counseling Center of Grand Island will provide therapists who will travel to each of the three school districts in Howard County -Identify students who would benefit from program -Get program enrollment paperwork completed by parents/school -Create therapy schedule with therapy staff and students -Meet weekly with enrolled students -Assess progress/challenges; adapt -Complete necessary reports 	Live Well Counseling Center, Howard County Schools, Parents	Ongoing Year 1 – Year 5	Community-Based Aid funding; Support from Howard County Commissioners; trained therapists; Coordination and oversight by Live Well Counseling Center; partnership with Schools; youth and parent cooperation and participation	Increased access to mental health services Decreased number of student referrals to principal or counselor for behavior Increased emotional well-being	Reduced # of referrals to the principal or counselor office Reduced # of student “melt downs” Positive growth, stability reflected at 6 months and again at the end of the school year if it applies Youth does not enter justice system Reduced # of truancy cases referred to CA
1B. Employ a School Interventionist who will engage with Howard County youth to address personal, academic, and behavioral health challenges.	<ul style="list-style-type: none"> -Create MOU with schools -Live Well Counseling Center employs the School Interventionist -Create a schedule that shares SI time in Elba PS and St Paul PS 	Live Well Counseling Center, School Interventionist, Howard County Schools	Ongoing Year 1 – Year 5	Community-Based Aid funding; School funding support; School Interventionist; Partnership with Howard County Schools; Support from Howard	Increased personal, school, and community supports	Reduced # of referrals to the principal or counselor office Reduced # of truancy cases referred to the County Attorney Increased # of

<p>classroom education presentations about specific topics Youth does not enter the juvenile justice system</p>		<p>County Commissioners; Coordination and oversight by Live Well Counseling Center;</p>		<p>February-March 2026, October-November 2027, February-March 2028</p>	<p>Howard County Schools, Central NE Council on Alcoholism & Addictions, Jenny Roush with CHI Health St Francis Cancer Center</p>	<p>-Identify potential after school programs available and related costs -Work with schools to gauge interest and explore capacity to offer after-school programming for 3-5 grade youth -Create MOU with program facilitators -Arrange site/space for program -Promote program and recruit youth participants with parent permission -Implement program</p>	<p>IC. Implement classroom or after-school prevention programs that focus on mental health promotion and healthy lifestyle choices (i.e. Discovery Kids)</p>
<p>classroom education presentations about specific topics Youth does not enter the juvenile justice system</p>	<p>Increase knowledge about alcohol, tobacco, marijuana, and opioids Increased awareness of feelings and how to better cope with them Increased knowledge of coping skills and ability to access/use them Increased ability to resist peer pressure</p>	<p>Partnership with participating Schools; Parent & youth cooperation and participation; Central NE Council on Alcoholism & Addictions trained staff and program; travel time; funding support from the Heartland United Way and/or Howard County, CHI Health St Francis partnership</p>					<p>Youth Participant Pre and Post Surveys to measure knowledge and skills gain Parent Surveys to measure impact from parent perspective Increased knowledge of additional support resources</p>

<p>1D. Offer Social Media Safety education for youth and adults.</p>	<ul style="list-style-type: none"> -Contact Smart Gen Society https://www.smartgensociety.org/ to find out costs and availability for presentations to students and to parents -Recruit necessary funding -Work with Howard County Schools to schedule presentations -Promote presentations via school websites, newsletters and social media (newspaper and radio for adults) -Schedule and host presentations 	<p>Howard County Schools, Smart Gen Society</p>	<p>Calendar Year 2027</p>	<p>Howard County Schools; Smart Gen Society expert presenters; time and space for presentations; Parents & youth participation; funding support; promotion of the scheduled events</p>	<p>Increased knowledge of social media safety Increased knowledge of internet safety features for parents Increased understanding of emotional toll that social media can have on youth Increased knowledge of the importance of screen time limits Youth are safer from predators?</p>	<p>Pre and Post Surveys for attendees to measure knowledge gain and personal impact</p>
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Priority Area #2: Chronic absenteeism and/or truancy is a major concern for Howard County affecting many of the same individuals and families each year. Within this priority area we intend to explore this issue and identify the most common root causes of this issue and explore options for change.						
Strategies	Action Steps	Responsible Party	Timeline	Resources Needed	Expected Results	Measurements of Impact
2A. Employ a School Interventionist to engage with Howard County youth and parents to identify and problem-solve life challenges that are making it difficult to attend school on-time and as expected (increased personal, school, and community supports).	<ul style="list-style-type: none"> -Review school policy -Meet with school to identify youth most at risk for truancy -Review identified students' attendance history -Meet with identified students to discuss current concerns/challenges/barriers -Monitor attendance -Collect data and report out at least quarterly 	Live Well Counseling Center, School Interventionist, Howard County Schools	Ongoing Year 1 – Year 5	Community-Based Aid funding; School Interventionist; Partnership with Howard County Schools; Support from Howard County Commissioners; Coordination and oversight by Live Well Counseling Center; Assistance from Law Enforcement Agencies;	Increased personal, school, and community supports Increased attendance, decrease in truancy incidences More academic success	Attendance records of each student Reduced # of absences Increased academic success
2B. Collaborate with other community partners to identify other transportation options for youth where transportation is identified as a major barrier for attending school.	<ul style="list-style-type: none"> -Identify potential community partners, including parents -Set up individual meetings or a group meeting to review/share the needs -Identify opportunities and challenges for collaboration within the group, i.e. costs involved -Create plan 	Coalition leadership, Howard County Schools, School Interventionist	July 2025 – June 2030	Coalition leadership, Howard County Schools, School Interventionist, Parents, Community Partners (i.e., City of St Paul, Churches, Senior Center), Law Enforcement	Increased community collaboration Transportation options for students in Howard County (outside of personal transportation or school busing)	Reduced # of absences/truancy cases

<p>Priority Area #3: Underage use of alcohol and tobacco products is a concern for Howard County. Many youth report using drugs as a coping mechanism for stress, depression, and anxiety. Within this priority area we intend to explore and implement additional prevention strategies for primary prevention, to include implementation of such strategies for elementary-age youth through high school.</p>						
Strategies	Action Steps	Responsible Party	Timeline	Resources Needed	Expected Results	Measurements of Impact
<p>3A. The On-Site Mental Health Therapy Program will be offered at Howard County Schools to identified youth.</p>	<ul style="list-style-type: none"> -Create MOU with schools -Live Well Counseling Center of Grand Island will provide therapists who will travel to each of the three school districts in Howard County -Identify students who would benefit from program -Get program enrollment paperwork completed by parents/school -Create therapy schedule with therapy staff and students -Meet weekly with enrolled students -Assess progress/challenges; adapt -Complete necessary reports 	<p>Live Well Counseling Center, Howard County Schools, Parents</p>	<p>Ongoing Year 1 – Year 5</p>	<p>Community-Based Aid funding; Support from Howard County Commissioners; trained therapists; Coordination and oversight by Live Well Counseling Center; partnership with Schools; youth and parent cooperation and participation</p>	<p>Increased access to mental health services Increased emotional well-being Increased number of coping skills Reduced alcohol/drug use by youth</p>	<p>Reduced # of referrals to the principal or counselor office Reduced # of student “melt downs” Positive growth, stability reflected at 6 months and again at the end of the school year if it applies</p>

<p>3B. Employ a School Interventionist who will engage with Howard County youth to address personal, academic, and behavioral health challenges.</p>	<ul style="list-style-type: none"> -Create MOU with schools -Live Well Counseling Center employs the School Interventionist -Create a schedule that shares SI time in Elba PS and St Paul PS -Work with each school responding to specific needs and requests 	<p>Live Well Counseling Center, School Interventionist, Howard County Schools</p>	<p>Ongoing Year 1 – Year 5</p>	<p>Community-Based Aid funding; School funding support; School Interventionist; Partnership with Howard County Schools; Support from Howard County Commissioners; Coordination and oversight by Live Well Counseling Center;</p>	<p>Increased personal, school, and community supports</p>	<p>Reduced # of referrals to the principal or counselor office Increased # of classroom education presentations about specific topics related to emotional health and drug prevention Youth does not enter the juvenile justice system</p>
<p>3C. Host guest experts to educate middle and high school students about the risks associated with use of alcohol, tobacco and other drugs</p>	<ul style="list-style-type: none"> -Identify topics for additional education and for which grade levels -Explore options, related costs, time commitment -Identify funding to pay for guest presenters -Schedule event(s) 	<p>Howard County Schools, School Interventionist</p>	<p>Ongoing beginning January 2026 – June 2030</p>	<p>Partnership with schools, Financial support as needed for implementation; Time allocation for each presentation</p>	<p>Increased knowledge by youth attending presentation(s) Increased knowledge by adults attending presentation(s)</p>	<p>Student participant Pre and Post surveys to measure impact</p>

<p>3D. Work with each school in Howard County to identify current curricula/resources and explore additional resources/curricula that will enhance current prevention efforts, appropriate for each grade level.</p>	<p>-Meet with each school to review current curriculum and identify gaps -Identify potential curricula that will enhance or expand current efforts -Explore capacity to implement new strategies (human and financial)</p>	<p>School Interventionist, Connie Holmes, Celeste Heavilin Penner</p>	<p>January 2026 – Dec 2026</p>	<p>Howard County Schools, time to meet with Connie, Celeste, and School Interventionist</p>	<p>Clear picture of current drug prevention curriculum/strategies And identified areas of improvement/need</p>	<p>Comprehensive plan for drug prevention for K-12 in Howard County Schools</p>
<p>3E. Implement classroom or after-school prevention programs (as able with available staff/funding support) targeting elementary-age students.</p>	<p>-Purchase identified curriculum/program -Train teaching staff/facilitators -Schedule and implement curriculum to fidelity</p>	<p>Howard County Schools, School Interventionist, Trained teaching staff/facilitators</p>	<p>Ongoing beginning January 2027 – June 2030</p>	<p>Partnership with schools, identified/purchased evidence-based prevention curricula and any supporting materials/supplies; Classroom time; Trained teaching staff/facilitators; Financial support as needed for purchase, training, and implementation</p>	<p>Drug prevention for elementary-age youth in Howard County Schools Youth hearing consistent prevention messaging at an earlier age resulting in reduced use of alcohol and tobacco by youth</p>	<p>Reduction in alcohol and drug use by youth (NRPFS)</p>

<p>3F. Work with each school district in Howard County to review current school policies related to drug possession, use, and/or distribution and update/revise as necessary.</p>	<ul style="list-style-type: none"> -Meet with each school administration to review current policies -Identify any necessary policy changes needed -Write/Re-write policy -Get approval from administration and School Board -Educate students and parents about any policy changes -Implement policies -Identify any necessary supports for students who violate policy 	<p>Howard County Schools, School Interventionist, School Board, Celeste Heavilin Penner, Connie Holmes</p>	<p>August 2026 – May 2027</p>	<p>Partnership with schools, (administration, school board, attorneys), time to meet with Connie, Celeste, and School Interventionist</p>	<p>Updated, comprehensive drug and drug violation policies for each school district and identified supports for students who violate policy</p> <p>Updated, comprehensive drug and drug violation policies for each school district and identified supports for students who violate policy</p> <p>Collect data related to policy violations</p>
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Priority Area #4: Data Collection. We have identified that data collection and reporting of data needs to be improved across all sectors of the community.

<p>4A. Contact Howard County Schools to encourage them to participate in the 2025 NRPFFS.</p>	<ul style="list-style-type: none"> -Call or meet with each school administrator -Discuss the importance of this survey and access to local data -Offer assistance and support with implementation of student surveys 	<p>Howard County Substance Use Prevention Coalition leadership, School Interventionist</p>	<p>August 2025</p>	<p>Howard County Schools, time to meet with Connie, Celeste, and School Interventionist, support from SHARP</p>	<p>All Howard County Schools conduct the NRPFFS to 8th, 10th, 12th graders in the fall of 2025</p>
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<p>4B. Invite representative from the Nebraska Crime Commission or JJI to local coalition meeting to assist with data collection, missing data, and analyzing available data by September 30, 2025.</p>	<p>-call Crime Commission and/or JJI -schedule visit to Coalition meeting</p>	<p>Howard County Substance Use Prevention Coalition leadership</p>	<p>By September 30, 2025</p>	<p>Data expert from NE Crime Commission or JJI, Coalition membership, Meeting space</p>	<p>Increase in knowledge about data collection, importance of data collection, and how to better analyze data for informed, data-driven decision-making</p>	<p>Coalition meeting minutes; Increase in knowledge Development of Data subcommittee</p>
<p>4C. Meet with local law enforcement officials to review data collected; identify challenges in collecting data.</p>	<p>-invite local law enforcement agencies to meet quarterly -review available data at scheduled meetings</p>	<p>Howard County Substance Use Prevention Coalition leadership or subcommittee</p>	<p>Quarterly meetings in October, January, April, and July, ongoing through 2030</p>	<p>St Paul Police Department, Howard County Sheriff's Department, Coalition leadership or subcommittee</p>	<p>Better data collection and knowledge of trending data More informed decisions based on local data</p>	<p>Data collection meeting minutes; Increased knowledge of local trends</p>

Appendix

- A. Comprehensive Youth Services Plan Checklist
- B. *Memorandum of Understanding (non-applicable)*
- C. Approval Letter/minutes from County Board
- D. Youth Crime Systems Analysis
- E. *Other Appendix as identified by the community team (non-applicable)*

Appendix A: Comprehensive Youth Services Plan Checklist

Comprehensive Youth Services Plan Checklist

Each county shall develop a Comprehensive Youth Services Plan (Community Plan). Plans may be developed by individual counties, multiple counties, federally or state-recognized Indian tribes, or by any combination of the three. Plans must be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice and must be updated no less than every five years.

Pursuant to Neb. Rev. Stats. §43-3504, §43-3505, and §43-2404.01, and Title 75, Chapter 1, 005.02, these are the elements that must be included in a Community Plan.

Community Team Members (§43-3505):

Juvenile justice system stakeholder representation, including but not limited to:

Stakeholder Representation:	Name(s):
<input type="checkbox"/> Courts	Judge Tami Schendt
<input type="checkbox"/> Law enforcement	Police Chief Dan Howard, Sheriff Mike Hoff
<input type="checkbox"/> Community service providers	Jesica Vickers, Megan Staple, Nekita Powell, Sarah Raiford
<input type="checkbox"/> Schools	Ashley Tomjack, Jaime Camden, Richard Moore, Jason Folkers
<input type="checkbox"/> Detention or shelter care	Karina Robles, Owens Educational Services
<input type="checkbox"/> County elected and administrative officials	Kathy Hirschman, David Schroeder, Allen Wilshusen
<input type="checkbox"/> Probation officials	Tara Sprigler-Price, Kiela Richards
<input type="checkbox"/> Health and human services representatives	KaCee Zimmerman, Jacie Boelts
<input type="checkbox"/> State officials or agency representatives	Shyanne Adams, Sarah Godejohn (Region 3 BHS)
<input type="checkbox"/> Similar committee or group of individuals	Nekita Powell, C.A.R.E. Team
<input type="checkbox"/> Other	Mayor Mike Feeken, City of St Paul
Page number(s) in the plan: 5-6	

Plan Components

1. Data (43-2404.01)		
Notes:		
<input type="checkbox"/>	Data is relevant to juvenile and family issues	yes
<input type="checkbox"/>	Includes an examination of racial and ethnic disparities	yes
Page number(s) in the plan:		
2. Identification of the County Risk Factors (43-3504)		
Notes:		
<input type="checkbox"/>	Risk factors for delinquency that exist in the county or counties	yes
<input type="checkbox"/>	Services needed to address risk factors	yes
Page number(s) in the plan: 8 - 11		
3. Identification of juvenile services available within the county or counties, including, but not limited to (§43-3504):		
Notes:		
<input type="checkbox"/>	Programs for assessment and evaluation	yes
<input type="checkbox"/>	The prevention of delinquent behavior	yes
<input type="checkbox"/>	Diversion	Referrals are made to Hall County Juvenile Services
<input type="checkbox"/>	Detention	Not available in Howard County
<input type="checkbox"/>	Shelter care	Not available in Howard County
<input type="checkbox"/>	Intensive juvenile probation services	yes, District 8 Probation
<input type="checkbox"/>	Restitution	Ordered and Determined by the Court
<input type="checkbox"/>	Family support services	Yes
<input type="checkbox"/>	Community centers for the care and treatment of juveniles in need of services	Not available in Howard County, in close proximity
<input type="checkbox"/>	Other:	n/a
Page number(s) in the plan: 13-15		
4. Identification of Services in close proximity of the county or counties that may be utilized if community-based programs are not available within the county or counties (§43-3504):		

Regina Gray

Notes:		
Page number(s) in the plan: 13-15		
5. Identification of juvenile detention or alternatives to detention the county primarily uses (§43-3504):		
Notes:		
<input type="checkbox"/>	Juvenile Detention programs, services, facilities, and providers	Not in Howard County
<input type="checkbox"/>	Alternative to detention programs, services, facilities, providers	Not in Howard County
<input type="checkbox"/>	Costs associated with use of such programs, services, facilities, and providers	Not in Howard County
Page number(s) in the plan: 15		
6. Identify needed community-based programs not available within, or in close proximity to, the county or counties.		
Notes:		
Page number(s) in the plan: 13-15		

Coordination Plan and Priorities

The coordination plan must include an enhancement, development, and expansion plan of community services within the county, counties, or region to help prevent delinquency by providing intervention services when behavior that leads to delinquency is first exhibited.

1. Coordination Plan: Enhancement, development, and expansion plan of community services, including, but not limited to (§43-3504):		
Notes:		
<input type="checkbox"/>	Alternative schools	
<input type="checkbox"/>	School truancy programs	
<input type="checkbox"/>	Volunteer programs	
<input type="checkbox"/>	Family preservation and counseling	
<input type="checkbox"/>	Drug and alcohol counseling	
<input type="checkbox"/>	Diversion programs	
<input type="checkbox"/>	Parents Anonymous	
<input type="checkbox"/>	Delinquency prevention efforts and system improvement efforts designed to reduce the disproportionate number of youth members of minority groups who come into contact with the youth justice system.	
Page number(s) in the plan: 15-16		
2. Priorities: Identify community priorities that includes defining a problem, or set of problems, that affects juveniles at risk or those already involved in the criminal justice system (Title 75, Chapter 1, 005.02);		
Notes:		
Page number(s) in the plan: 18-25		
3. Strategies: Identify Implementation Strategies (§43-2404.01)		
Notes:		
<input type="checkbox"/>	Identify policies and practices that are research-based or standardized and reliable and are implemented with fidelity and which have been researched and demonstrate positive outcomes.	
<input type="checkbox"/>	Identify clear implementation strategies that are S.M.A.R.T.	
<input type="checkbox"/>	Identify how the impact of the program or service will be measured.	
Page number(s) in the plan: 18-25		

The plan shall be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice. Following or in conjunction with the development of a comprehensive youth services plan, each county may develop regional service plans and establish regional juvenile services boards when appropriate. The regional service plan shall be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice.

Appendix C

Approval Letter/Minutes from County Board

On this 10th day of December 2024, the Howard County Board of Commissioners approve the Howard County Comprehensive Youth Service Plan for July 1, 2025 – June 30, 2030 as presented.

Signed Kathy Hirschman
Kathy Hirschman, Board Chairperson

Dated 12-10-2024

Appendix D

Youth Crime Systems Analysis – Data Collected

- 1. St Paul Police Department (this information was gathered in a one-on-one interview with the St Paul Police Chief)** In general, the St Paul Police Department has seen an increase in mental health crises among younger youth, 5th grade females; suicidality; Schools handle truancy, make referrals to CA; helps parents with kids who won't go to school when asked.

Since January 2023 records with the St Police Department represent the following cases involving youth (not a complete 2023 report):

- Criminal mischief and vandalism (school) citation was given
- Harassment
- Assault (school) – referred to the CA
- Assault (school) citation was given
- 5 incidents with the same youth for violent/out of control behavior (not related use of alcohol/drugs)
- Mental health/Suicide ideation among elementary-age youth (trauma)
- Welfare check related to youth altercation
- Burglary/Criminal Mischief – referred to CA
- Welfare check for suicide threat; referred to hospital for assessment
- Youth reported assault by parent but unfounded; student was out of control
- Welfare check related to suicide threat; referred to hospital for assessment
- Disturbance call; no action taken
- Out of control youth (medical challenge)
- Juvenile sexual harassment by adult
- Out of control youth
- Out of control youth
- --- approx. one of twenty out of control youth calls are female
- Out of control youth
- Disturbance
- Criminal trespassing – citation was given
- Welfare call – suicidal male – youth EPCd, DHHS involved
- Theft by multiple male youth
- Shoplifting/Theft by multiple female youth

- 2. Diversion (Howard County youth are referred to the Hall County Juvenile Diversion Program)**

Thirty-three cases were referred to Hall County Diversion from July 2021 to June 2024; all but one elected to enroll in the Diversion Program (32 of 33 youth = 97%)

- July 2021 – June 2022
 - 9 youth referred, 9 enrolled. (9 white, non-latino; ages 15-19; 7 male, 2 female; 8 MIP/MIC alcohol; 1 Possession of Marijuana) 100% successful completion.
- July 2022 – June 2023
 - 13 youth referred, 12 enrolled. (13 white, non-latino; ages 13-20; 8 male, 5 female; 11 MIP/MIC alcohol; 1 Possession of Marijuana; 1 Theft) 100% successful completion.

- July 2023 – June 2024
 - 11 youth referred, 11 enrolled. (10 white, non-latino; 1 American Indian/Native Alaskan; ages 15-19; 7 male, 4 female; 11 MIP/MIC alcohol) 8 of 11 successful completion = 73%; 2 referred back to Howard County Attorney for failure to comply/complete; 1 case still open.

2020 = 17 youth referred; 2019 = 6 youth referred; 2018 = 24 youth referred; 2017 = 15 youth referred.

3. Howard County Court Cases filed for FY 2024 (taken from NE Judicial Branch – County Court Annual Caseload report, Fiscal Year July 1, 2023 -June 30, 2024.

3 Juvenile 3A filings (neglect/abuse)

14 Juvenile Delinquency filings

3 Juvenile Interstate Compact filings (youth are sent to another state or come to DHHS/Probation from another state)

4. DHHS Data

Calendar year 2023 = 15 out of home placements; foster homes are in short supply; DHHS uses a relative placement whenever possible; most common reasons for referrals include neglect, poverty, and/or uncontrollable behavior.

We are not able to get Howard County stand-alone data; below is statewide.

2022. Reports made: 38,674, but only 1741 reports were substantiated. Out of the 38,674 cases, 2380 were concerns related to physical neglect. 5614 cases statewide came in as Alternative Response (AR) and 5196 of those families were successfully discharged from the Alternative Response programming.

2021. Reports made: 34,213, but only 2080 reports were substantiated. Out of the 34,213 cases, 2769 were concerns related to physical neglect. 3799 cases statewide came in as Alternative Response (AR) and 3016 of those families were successfully discharged from the Alternative Response programming.

2020. Reports made: 32,564, but only 1903 reports were substantiated. Out of the 32,564 cases, 2748 were concerns related to physical neglect. 2154 cases statewide came in as Alternative Response (AR) and 2050 of those families were successfully discharged from the Alternative Response programming.

5. Kids Count Data Report – Howard County

Youth in out of home placement 2018 = 11; 2019 = 9

Juvenile Arrests 2016-1; 2017-0; 2018=6; 2019=5

Children 17 and under in Poverty

2018 = 202 2019 = 91 2020 = 50

6. 2023 Howard County Data Fact Sheet from Voices for Children in Nebraska (data is from 2022)

Child Population (ages 19 and under) = 1692

Health

- 7% children are uninsured
- 14% children are enrolled in public health insurance

Child Welfare

- 6 non-court child welfare system involvement (rate/1000)
- 20 child welfare system involvement (rate/1000)
- 13 children receiving out of home services (rate/1000)

Juvenile Justice

- 0 children on probation (rate/1000)
- 67 fees and fines per juvenile case (rate/1000)

Economic Stability

- 68% food insecure children in households with incomes below 185 federal poverty line
- 23% children in low income families (under 200% of federal poverty line)
- 1% children in poverty
- 9% child food insecurity rate
- 77% families (with children) who own their home
- 0% children of color in poverty

7. Nebraska Department of Education

Elba Public Schools (NDE School Snapshot) 2022-23

Student membership 54, teachers 7

Free and Reduced Lunches 74%

Attendance Rate ** Graduation Rate 100% College-Going rate **

Centura Public Schools (NDE School Snapshot) 2022-23

Student Membership 481, teachers 45

Free and Reduced Lunches 35%

Attendance Rate 95% Graduation Rate 100% College-Going rate 76%

Have been asked to have more drug dogs and do more locker checks; would like consequences to be more punitive; drug tests; Vaping is the number one concern right now (nicotine and THC); random drug testing is quarterly for kids in activities, they would like that to be increase to monthly testing plus the drug dogs doing locker checks at least twice per year.

St Paul Jr/Sr High School (NDE School Snapshot) 2022-23

Student membership 318, teachers 24

Free and Reduced Lunches 27%

Attendance Rate ** Graduation Rate 92% College-Going rate 77%

8. 2023 NRPFS Loup Basin Health Department Area

Trend Data from 2023 NRPFS Report for Loup Basin Health Department

8th Graders Report	2018	2021	2023	
Lifetime Substance Use				
Alcohol	34.1	30.6	30.6	higher than state
Cigarettes	10.1	6.5	4.9	higher than state
Vaping	18.2	14.6	8.2	higher than state
Smokeless Tobacco	7.2	3.3	2.7	about the same as state
Inhalants	6.1	7.3	5.4	higher than state
Past 30-day Use				
Alcohol	15.1	7.3	6.6	lower than state in 21 & 23
Binge Drinking	2.8	2.4	2.2	higher than state
Cigarettes	1.7	1.6	0.5	lower than state
Vaping	13.8	8.1	2.7	lower than state in 2023
Smokeless Tobacco	5.5	2.4	1.6	higher than state
Inhalants	na	na	na	
Past 30-day Rode in a Car with someone Under the Influence of Alcohol				
	19.1	25	16.9	higher than state; same as state 2023
Age of First Use (12 or younger)				
Cigarettes	4.4	6.5	3.2	mixed bag
Vaping	na	na	4.9	lower than state
Alcohol use	18.9	25	14.6	higher in 2018 & 21; lower in 23
Marijuana	1.7	0.8	2.2	lower than state
Sort or or Very Easy to Obtain Substances				
Alcohol	35.8	34.7	30.2	about same as state
Marijuana	8.2	4.9	4.5	lower than state
Prescription Drugs	19.2	16.1	15.3	lower than state
Cigarettes	na	na	16.2	same as state
Vapes	na	na	16.2	lower than state
Perceived Great Risk of Harm from:				
Using a Vape device 1-2 times per week	na	28.2	32.4	
Binge Drinking 1-2 times per week	38.8	32.3	32.1	
Using Marijuana	54.1	55.6	50.8	
Smoking 1 or more packs of cigs per day	63	58.1	54.6	
Experienced Bullying in past 12 months				
Physically	27.6	29	17.3	higher in 18 & 21; lower in 23
Verbally	58.6	54.8	49.7	about same as state
Socially	51.7	41.1	41.1	about same as state
Electronically	17.8	23.4	17.8	lower than state
Past 12 Months Mental Health				
Depressed	30.9	33.9	33.5	about same as state
Inflicted Self Harm	16.6	12.9	15.2	higher, lower, same
Considered Suicide	17.2	8.9	11.4	higher, lower, lower
Attempted Suicide	5.6	2.4	2.7	higher, lower, lower

Anxiety Depression and Suicide Data

	Depressed	Inflicted Self Harm	Considered Suicide	Attempted Suicide
8th grade	33.5	15.2	11.4	2.7
10th grade	29.4	11.3	11.8	6
12th grade	28	8.4	11.2	1.4

9. St Paul Public Schools, St. Paul Nebraska

2023-24 School Year. Jaime Camden met with 205 youth for the following reasons

57 youth = personal issues (family, peer relationships)

68 youth = academic challenges

31 youth = check in/check out related to a safety/success plan

21 youth = anxiety/coping issues

15 youth = safety/risk

13 youth = conflict resolution (among peers/with teachers/staff)

6.79% of youth in grades 7-12 were failing one or more subjects in school (2023-24)

10. Suicide Screener, St Paul Public Schools, St. Paul Nebraska

Risk Level Distribution:

- Low Risk (0-2 symptoms): 72% of students
- Moderate Risk (3 symptoms): 7% of students
- High Risk (4-7 symptoms): 21% of students

Critical Risk Indicators:

- 11 students (10%) reported having serious thoughts about suicide
- 8 students (7%) reported previous suicide attempts
- 7 students (6%) are currently being treated for depression
- 45 students (40%) indicated they want to talk to someone

Common Symptoms:

- Loss of Interest: 19 students (17%)
- Low Energy: 28 students (25%)
- Low Self-Worth: 32 students (29%)
- Fatigue: 27 students (24%)
- Cognitive Issues: 35 students (32%)

Positive Findings:

- Most students identified at least two trusted adults they could talk to
- Students consistently named school counselors as trusted adults
- Many students indicated they know who to reach out to if needed

Based on these findings, our plan moving forward includes:

- Implement immediate follow-up for the 11 students reporting suicidal thoughts - screening and parent notification
- Create support plans for the 23 students in the high-risk category (4 referrals to Live Well Counseling Center so far) about half of these students already have support plans and School Interventionist collaboration in place
- Small group support sessions for students experiencing similar symptoms
- Continue monitoring students who requested to talk to someone

We plan to complete this training and survey annually with 5th-8th graders as long as grant funds are available through Region 3.

Arrests by Arrest Offense and Arrestee Age

Current date: 12/5/2024 9:15:05 AM (Central Standard Time)

Measures: Number of Arrestees



Arrestee Age	All Arrestee Ages			Under 18			18 and over	
	2022	2023	2022 - 2023 Growth %	2022	2023	2022 - 2023 Growth %	2022	2023
Summary Arrest Date								
Arrest Offense								
Total	40,800	47,287	15.90	5,295	6,576	24.19	35,505	40,711
Murder and Nonnegligent Manslaughter	30	28	-6.67	1	3	200.00	29	25
Manslaughter by Negligence	4	6	50.00				4	6
Rape Total	123	138	12.20	26	20	-23.08	97	118
Robbery Total	70	133	90.00	16	38	137.50	54	95
Aggravated Assault Total	1,403	1,456	3.78	82	84	2.44	1,321	1,372
Burglary Total	243	318	30.86	35	79	125.71	208	239
Larceny-Theft Total	3,049	5,058	65.89	593	1,029	73.52	2,456	4,029
Motor Vehicle Theft Total	249	280	12.45	126	135	7.14	123	145
Other Assaults	4,577	5,327	16.39	1,234	1,439	16.61	3,343	3,888
Arson	61	45	-26.23	37	15	-59.46	24	30
Forgery and Counterfeiting	151	115	-23.84	2	2	0.00	149	113
Fraud	475	480	1.05	43	55	27.91	432	425
Embezzlement	14	22	57.14	6	6	0.00	8	16
Stolen Property; Buying, Receiving, Possessing	316	430	36.08	27	99	266.67	289	331
Vandalism	1,377	1,605	16.56	482	507	5.19	895	1,098
Weapons; Carrying, Possessing, etc.	563	765	35.88	51	87	70.59	512	678
Prostitution	2	3	50.00				2	3
Assisting or Promoting Prostitution	2	6	200.00				2	6
Purchasing Prostitution	2	4	100.00				2	4
Sex Offenses (Except Rape and Prostitution)	106	106	0.00	25	36	44.00	81	70
Drug Violations - Sale/Manufacturing	446	382	-14.35	36	21	-41.67	410	361
Drug Violations - Possession	6,933	6,702	-3.33	747	695	-6.96	6,186	6,007
NIBRS Unable to Classify	74	96	29.73	7	11	57.14	67	85
Gambling		1						1
Offenses Against Family and Children	677	831	22.75	342	379	10.82	335	452
Driving Under the Influence	4,803	5,387	12.16	71	71	0.00	4,732	5,316
Liquor Laws	2,173	2,674	23.06	368	470	27.72	1,805	2,204
Disorderly Conduct	1,537	2,247	46.19	115	310	169.57	1,422	1,937
Vagrancy	753	951	26.29				753	951
All Other Offenses (Except Traffic)	10,531	11,637	10.50	769	936	21.72	9,762	10,701
Curfew and Loitering Law Violations	54	49	-9.26	54	49	-9.26		
Human Trafficking / Commercial Sex Acts	2	5	150.00				2	5