

July 1, 2015 to June 30, 2018
**Nebraska's Panhandle Comprehensive Youth Services, Juvenile
Justice and Violence Prevention Plan**

For the counties of:

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

Chairpersons and contact information found on the following page.

Facilitated and completed through collaboration of the Panhandle
Partnership for Health and Human Services

I County Board Chairpersons

County	Chairman	County Address	County Phone
Banner	Robert Gifford	3720 Road 34 Gering NE 60341	308.436.5946
Box Butte	Doug Hashman	1550 CR 63 Alliance, NE 69301	308.762.6905
Cheyenne	Harold Winkleman	6018 Road 93 Dalton NE 69131	308.377.2221
Dawes	Jake Stewart	451 Main Street Chadron NE 69337	308.432.5179
Deuel			
Garden	Robert Radke	4685 Rd 199 Lewellen NE 69147	308.778.5516
Kimball	Larry Engstrom	5310 Rd 52 N Kimball NE 69145	308. 682.5629
Morrill	Steve Erdman	8527 L62A Bayard NE 69334	308.586.1007
Scotts Bluff	Mark Masterton	2410 4 th Avenue Scottsbluff NE 69361	308.436.6600
Sheridan	Dan Cling	1487 690th Road Gordon, NE 69343	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. Membership is not required to participate in activities.

Purpose

The purpose of PPHHS is:

- Promote communication of area data, services and opportunities
- Conduct regional assessments and planning
- 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:

- Community Health Improvement Plan through the Panhandle Public Health District (2014)
- Transitional Youth Services for Older Youth 16-24 (2013-14)
- Panhandle Early Learning Connections Partnership Training Plan 2013, 2014)
- Circle of Security Parenting Education- Regional Plan and Implementation (2013-2014)
- Community Response System Plan and Implementation (2013-14)
- SPFPFS Strategic Prevention Framework Partnership for Success (2013)
- Alternative Response Assessment and Local Plan in conjunction with DHHS (2014)
- Social Enterprise Foundations Plan (2013-14)

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:

- School Community Partnerships
- Community Response
- Youth Entrepreneurship
- Together for Kids and Families
- Child Well Being –Circle of Security Parenting
- Lifespan Respite Services

- Social Enterprise
- Youth Enterprise
- Transitional Youth Services

Board of Directors

The 17 member 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.

During the past two years PPHHS has been restructured to promote a “system” approach to regional development. These work groups are as follows:

- Prevention System of Care for Children 0-8 and Families
- System of Care for Children and Youth 9- 16 and Families
- System of Care for Older Youth 16-24
- Lifespan Respite Committee
- Regional Substance Use Prevention Coalition
- Social Entrepreneurship

Structure for Juvenile Justice Assessment and Planning

The Regional Prevention Coalition, whose primary focus is substance use prevention, provided the structure for the Comprehensive Youth Services, Juvenile Justice and Violence Prevention Plan assessment and planning process. This link was used in previous assessments and planning as a mechanism to bring diverse groups together without duplicating meeting travel or personnel. The meeting schedule is listed below. It is noted that continued action for regional implementation will occur through the above noted work groups. The Panhandle Partnership provided the facilitation and documentation for the planning process.

Comprehensive Assessment and Plan Process

The following schedule of events occurred in conjunction with the assessment and planning processes.

DATE	EVENT	ACTION
January – February	Preparation for Assessment and Planning	<ul style="list-style-type: none"> • Review and compile documents • Contact JJI for data • Contact Panhandle evaluator for additional regional data • Meeting schedule and announcements • Develop planning tools and formats
February 21, 2014	1 st Assessment Session Prairie Winds Community Center Bridgeport NE	<ul style="list-style-type: none"> • 3 hour meeting with overview and review of past plan, • update of changes to the field of youth services since that plan • Introduce “ A framework for Change” Improving the effectiveness.... • Consensus to develop a more robust “youth services plan” that provides opportunity for aligning resources towards regional outcomes. • Affirm role of Panhandle Partnership as Backbone Organization. • Identify priorities for Backbone development for Youth Services for next 3 years. • Group process to establish Guiding Principles • Began regional services assessment
March 21, 2014	2 nd 3 hour planning session Prairie Winds Community Center Bridgeport NE	<ul style="list-style-type: none"> • Review of Data • Affirm plan sections • Review Youth Systems definitions and Guiding Principles • Beginning discussion of role of detention center • Review PPHS (backbone organization) draft plan

		<ul style="list-style-type: none"> • Break Out groups for Prevention, Secondary Prevention, Community Intervention, Intensive Intervention to review data, establish at least one Priority Statement and 2-3 Strategies • Continued regional services assessment by categories.
March 21- April 1, 2014	Documentation	<ul style="list-style-type: none"> • Drafting plan sections based on work groups. • Draft community messaging documents and process. • Continued to update and revise regional services assessment.
April 1, 2014	Conference Call for those messaging in counties	<ul style="list-style-type: none"> • Reviewed documents and messaging for County Boards, Judges and others
April 1, 2014 – April 30, 2014	Messaging in Counties by community leaders	<ul style="list-style-type: none"> • Presentations, communication and feedback to and from County Boards, Eyes of the Child, 1184 teams and community members
May 16, 2014	3 rd 3 hour planning session Prairie Winds Community Center Bridgeport NE	<ul style="list-style-type: none"> • Report back on county meetings • Review draft plan • Develop regional work plan for priorities.
May – August 2014	Final Plan Writing	<ul style="list-style-type: none"> • Determined that services and community capacity assessment needs to be ongoing. • Determined capacity is needed to track all agencies and service addresses.
September 2014	Conversation between Joan Frances and Cindy Gans	<ul style="list-style-type: none"> • Confirmed that PPHHS is, and has been a year ahead of the state planning process and that if signed by counties and filed by December 31, 2014 this plan can be used for the 2015 Community Based Funds Application

October – December 20, 2014	Community members present plan to county boards.	<ul style="list-style-type: none">• County Board review and sign Letters of Agreement adopting the plan.
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Regional Team Members

Participation in this process was open to any person in the Panhandle. Meetings were advertised through numerous list serves. A total of 50 people dedicated over 1400 hours to the completion of this plan through the meetings in Bridgeport and in conference calls for sub – group meetings. The Regional Team members included.

Linda	Buehler	District 12 Probation	11 counties
Katherine	Batt	NE DHHS	11 counties
Gail	Beyer	Bridgeport Public Schools	Morrill County
Holly	Brandt	CAPstone- Child Advocacy Center	11 counties
Rose	Brassfield	Garden County Coalition	Garden County
		Community Action of Western Nebraska –Project	Scotts Bluff County
Chasity	Buck	Everlast	
Lori	Bueno	Community Action of Western Nebraska Volunteer	Scotts Bluff County
Veronica	Camarillo	Scotts Bluff Detention Center	Scotts Bluff County
Tim	Cody	Superintendent Minatare Schools	Scotts Bluff County
		Region I Behavioral Health- Professional Partner	11 counties
Phil	Darley	Program	
Ashley	De los Santos	District #12 Probation	11 counties
		Community Action Partnership of Western Nebraska	Cheyenne County
Brenda	Dickinson	– Sidney NE Youth Worker	
Darren	Duncan	DHHS	11 counties
Kim	Engel	Director, Panhandle Public Health District	10 counties
		Executive Director Community Action of Western	Scotts Bluff County
Jan	Fitts	Nebraska	
		Box Butte Family Focus Coalition Coordinator and	Box Butte County
		Panhandle Public Health District Community	
Janelle	Hansen	Educator	
Ron	Johns	Director, Scottsbluff Detention Center	Scotts Bluff County
Wendy	Kemling	Special Education, Scottsbluff Public Schools	Scotts Bluff County
Coleen	Langdon	Cool Kids Club, Sidney Public Schools	Cheyenne County
Brenda	McDonald	YMCA Alliance	Box Butte County
Dan	Meinert	Teen Challenge Alliance NE	Box Butte County
Faith	Mills	Region 1 Behavior Prevention Coordinator	11 counties
Mindy	Nepper	Disability Rights Nebraska	11 counties
		NE-Federation of Families for Children’s Mental	State
Sara	Nicholson	Health	
Tami	Otto	Nebraska State Patrol	11 counties
Marie	Parker	Banner County Schools	Banner County
Lisa	Peden	The Doves Program	11 counties
Elden	Plettner	Panhandle Independent Living and PPHHS Board	11 counties
Tabi	Prochazka	Tobacco Free Nebraska – Panhandle Public Health	11 counties
Sandra	Raney	Open Door Counseling	Scotts Bluff County
Brook	Raschke	Panhandle Partnership for Health and Human	11 counties

		Services	
Sherry	Retzlaff	Gordon Rushville Public Schools, Sheridan County Community Organizer	Sheridan County
Laura	Richards	Executive Director Region 1 Behavioral Health Authority	11 counties
Lanette	Richards	Coordinator Monument Prevention Coalition , Scotts Bluff.	Scotts Bluff County
Gabriel	Rodriguez	Scotts Bluff County Detention Center (SBCDC) Director, Western Community Health Resources , Chadron	Scotts Bluff County Dawes/Sioux Counties
Sandy	Roes	Community Action Partnership of Western NE (CAPWN)	Scotts Bluff County
Julia	Roy	Educational Services Unit #13- Youth Education Programs	Scotts Bluff County
Georgi	Schlothauer	CAPWN-Youth Shelter	Scotts Bluff County
Deb	Shuck	CAPWN-Community Bridges- Financial Services, Community Response Coordinator, Individual Development Accountants.	11 counties and Scotts Bluff Counties
Jennifer	Sibal	Chadron Native American Center	Dawes County
Joe	Simmons	SBCDC	Scotts Bluff County
Steve	Smith	Deuel County Prevention Coalition	Deuel County
Judy	Soper	CAPWN Youth Program-Transitional LivingProgram	Scotts Bluff County
Sabrina	Sosa	MLCS Family & Youth Services- Alliance NE	Box Butte County
Maria	Swenson	Director CAPWN Youth Programs	11 counties
Betsy	Vidlak	Region I Behavioral Health Professional Partner	Scotts Bluff County
Lisa	Vrbas Hart	Director, SPEAKOUT Parent Advocacy Organization	11 counties
Mandee	Walter	Probation Dist #12	11 counties
Jeralee	Wangler	PPHHS Board	Dawes ,11 counties
Roger	Wess	Chadron Native American and CAPWN Youth Services	Scotts Bluff and Dawes counties
Carrie	Wolfe		

III COMMUNITY 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).

Regional Data

Three main data sets were used in the development of the plan.

County Juvenile Justice Data provided by the Juvenile Justice Institute is found in Appendix A: County Juvenile Justice Data. This data is not comparative county to county due to incomplete reporting by counties. This gap in data is of concern since neither unmet need nor quality can be measured. Regional progress requires comparable regional data. It is noted that since the last Comprehensive Juvenile Services Planning processes some of the counties have determined not to report Juvenile Arrest rates.

The data elements contained in the County Juvenile Justice Statistics include:

- Youth by Ages
- Calendar Year 2012 Juvenile Arrests
- Calendar Year 2013 (CY 2013) Referrals to Diversion
- CY 2013 Youth Enrolled in Diversion
- CY 2013 Reason for Non Enrollment
- CY 2013 Outcomes for Juvenile Diversion
- CY 2013 Youth in Detention Arrested in the County
- CY 2013 Youth in Kearny and Geneva

The Scotts Bluff County report also contains detailed information about youth in the detention center from all referral sources, in and out of region. This information is needed on a county basis within the Panhandle.

Schmeekle Research Inc. provided a foundational demographic document which included the Child Well Being Indicator, Youth Risk and Protective Factor data, and additional Educational data which may all be used to measure the well-being of youth in the Panhandle. As the Child Well Being Indicators were determined by a statewide interagency group the data elements,

including trend data, are comparative between counties. The following are included in this report. This data is found in Appendix B Child Well Being Data.

Demographic Data

Total Population
Under 18 Populations
Population by Age Category and Percent of Total (2012)
Poverty Rates for the Under 18 Population

Nebraska Children and Families Foundation Child Well-Being Indicators

Number and Rate of infant deaths per 1,000 live births
Number and Percent of births to teen mothers
Number and rate of juvenile arrests per 1,000 population
Number and Rate of substantiated cases of child abuse/neglect per 1,000 population
Number and Rate in Foster Care per 1,000 population
High school graduation rate
Percent households with children ages 5 and over speaking a language other than English at home
Percent of Population below Poverty
Percent of children living in single parent households
Percent of third grade children proficient in reading at grade level

Risk and Protective Factor Data

Past 30-Day Alcohol Use: Panhandle and Nebraska Youth
Past 30-Day Binge Drinking: Panhandle and Nebraska Youth
Past 30-Day Cigarette Use: Panhandle and Nebraska Youth
Past 30-Day Marijuana Use: Panhandle and Nebraska Youth
Past 30-Day Prescription Drug Use: Panhandle and Nebraska Youth
Lifetime Prescription Drug Use: Panhandle and Nebraska Youth
Lifetime Hallucinogenic Drug Use: Panhandle and Nebraska Youth
Lifetime Cocaine Use: Panhandle and Nebraska Youth
Lifetime Meth Use: Panhandle and Nebraska Youth
Past Year Alcohol Impaired Driving: Panhandle and Nebraska Youth
Rode in a Vehicle Driven by Someone Who Had been Drinking Alcohol in the Past 30 Days: Panhandle and Nebraska Youth
Youth Reporting Instances of Bullying During the Past 12 Months: Panhandle and Nebraska Youth (2012)

Public Schools Statistics

- Student Population Totals
- Percent Minority
- Percent Receiving Free/Reduced Price Meals
- School Mobility Rate
- English Language Learners
- Students Receiving Special Education Services
- Attendance Rate
- Dropout Rate
- Four-Year Graduation Rate

Age of Foster Care Youth

The full Region I Nebraska Risk and Protective Factor Survey Report for 2012 is contained in Appendix C: Region I 2012 NERPFS.

Community Service Assessment

An assessment of an array of youth services was begun during the planning process. It quickly became clear that compiling and maintaining an accurate assessment is going to require extensive resources and effort. However, the process of identifying the areas of youth services and the components of those areas was invaluable to educating the team members as to the scope and type of resources needed in each area of the youth system spectrum. This exercise also helped partners see the inter-related nature of component of the system. For example, Primary Prevention and Secondary Prevention services are essential for comprehensive Diversion programs and for youth in Probation. The assessment, completed to this point, is contained in Appendix D: Youth Service Array.

Community Collaborative Capacity

The Panhandle enjoys extensive community collaboration as a result of years of regional development through the Panhandle Partnership for Health and Human Services. The Panhandle Partnership has adhered to the tenants of Collective Impact long before the Stanford Research was published. The five areas of Collective Impact are addressed as follows:

Common Agenda

In 2013 PPHHS adopted a new overarching vision statement.

Collective impact for thriving and equitable communities

Each project of the Panhandle Partnership is similarly defined with a mission statement, guiding principles or defining topics. Such definition was provided for the Comprehensive Youth

Services, Juvenile Justice and Violence Prevention Plan and is found at the beginning of the plan.

Shared Measurement Systems

The Panhandle has been collecting and utilizing common data sets for years. National, State, and regional data is collected and used in assessments and plans such as:

- Child Well Being Indicators (trend data)
- Youth Risk and Protective Factors (trend data)
- Public Health: County Health Rankings, Health Risk Data
- Juvenile Services Plans

In addition Panhandle Partnership undertakes robust evaluations including those for:

- Circle of Security Parenting
- School – Community Partnerships
- Community Response
- SPF SIG: Substance Use Prevention
- Systems of Care for Older Youth (SSRHY)
- Collaborative Capacity (Collective Impact Factors)

In 2014 PPHHS launched the use of a common case management/data collection system for Community Response and Transitional Services for Older Youth. Training is now occurring on Pyramid which will provide online access for ease of reports and common evaluation information. The system is based on the Protective Factors. Work is being undertaken to incorporate the Youth Thriving indicators as well.

Continuous Communication

PPHHS has a robust communication system including a 300 person list serve, a Training Academy list serve, a Partnership website and a Training Academy website.

Mutually Reinforcing Activities

A significant factor in the on-going strength of the Panhandle Partnership is the member commitment to aligning resources toward common goals. For example:

- In 2013-14 the Training Academy held 63 different trainings (some with more than one class) which were provided to 2,463 enrollees using over \$89,000 in leveraged and shared cash resources and not including the dedication of agency expertise (shared human resources) to provide many of the trainings.
- During the same time frame Panhandle Partnership obtained \$472,893 in leveraged resources to be used collaboratively by partners toward common outcomes.

- An additional \$735,970 in aligned resources was designated by partners toward these common objectives.
- A firm practice of the region is to not develop any initiative or project that cannot be sustained. As a result that region has developed shared practices for cross training, a focus on system change and policy change for more effective outcomes at a lower cost, and continuous quality improvement imbedded in each project.
- In 2014 the region was awarded a privately funded Transitional Services for Older Youth grant aimed at successfully transition youth 16-24 who are isolated and have been served by the DHHS system to adulthood. A foundational piece of this work is a Central Navigator. A similar role was funded through the Community Response project. These two positions, housed in partner agencies, are seen as a framework for ease of access for other projects.
- Resource Directory: It is also hoped that this role will maintain a current services list for referrals. Other statewide efforts, such as the 211 system, did not remain current and quickly fell out of use.

Backbone Organization

Within the collective impact framework the Panhandle Partnership for Health and Human Services serves as a regional backbone organization. Panhandle Partnership does not provide services. It does however serve a hub for assessing and planning initiatives which enhance the region.

- The 45 member organizations and agencies – schools, non-profits, healthcare, public health, community action, colleges, community groups whose staff and directors (over 150 people) provide 2,300 hours of volunteer time each year to effective regional collaboration on Respite Care, Training and Community Education, Children 0-8 emotional wellbeing, Substance Use Prevention , Juvenile Justice, Transition services for Older Youth, Board of Directors, Finance Committee and the latest topic- Social Enterprise.
- Panhandle Partnership Training Academy is operated in conjunction with Western Nebraska Community College. The mission of the academy is *“To build an upwardly mobile workforce with local talent, by providing credible, meaningful, consistent and affordable education/training which results in an extraordinary service system.”* In 2013-14 over 23,000 contact hours of training were provided on topics such as Early

Learning Guidelines, Responsible Beverage Servers, Family Centered Practice, Trauma Informed Care, Fair Housing, and Motivational Interviewing.

- Prevention Coalition Prevention Coalition, a committee of the Panhandle Partnership, consists of regional partners and county based coalitions (Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Morrill, Sheridan, Sioux, Scotts Bluff) working to create tobacco free places and to reduce adolescent use of alcohol and drugs, binge drinking, and drinking a driving through enforcement in laws and change in local policies.
- During 2013-14 Panhandle Partnership provided support to Community based funds applications. Seven (Box Butte, Cheyenne, Dawes, Deuel, Kimball, Sheridan, Scotts Bluff) of the eleven counties completed applications for 2014. The remaining counties have been provided additional information in preparation for the upcoming applications.

IV 2014- 2018 Comprehensive Youth Services, Juvenile Justice and Violence Prevention Plan

Foundations

The 2014-2018 Panhandle Comprehensive Youth Service, Juvenile Justice and Violence Prevention Plan (Youth Services Plan) represents a systems approach to youth services. It was developed to cut across agencies and domains and address the system needs of youth in rural Nebraska communities. The plan ranges from Prevention Services, which are the front line in strengthening resilience for all youth, through to Youth Transition Services for youth 16-24 who have been in systems and are on their own trying to reach successful adulthood.

Some participants in the planning process strongly felt that prevention must begin at a younger age than 12. In this region, there is a robust prevention system (the System of Care for Children 0-8 and their Families) which plans and provides for early childhood approaches including:

- Home Visiting Programs for children 0-3 through 0-5 (depending on the program) and their parents.
- Circle of Security Parent Education which is an international reflecting parenting course recognized as a promising practice. This regional approach to parenting is led by a team of trained parent educators and Dr. Mark Hald.
- Community Response for parents at risk of neglect or higher system involvement. Community Response is a voluntary service that supports families to meet basic needs and strengthen protective factors.
- Community School Partnerships including Families and Schools Together (FAST) pilot in Dawes County which transitions pre-school children and their families to kindergarten, and TEAMS for first generation Hispanic youth and their families to assure high school completion and access to higher education.
- Panhandle Early Learning Connections which plans and implements training for childcare providers to improve the quality and response of the child care system and which offers three early childhood conferences each year.

The SOC 0-8 continues to assess and develop resources to meet the needs of the region. Certainly the long term successes of these resources will impact the Youth Services System.

The System of Care for Older Youth 16-24 does similar detailed work at the back end of the Youth Services continuum. This group focuses on Transition Services for youth. An outline of the currently funded system is attached in [Appendix E: Transitional Services for Youth 16-24 Framework](#). Many of the youth in this service sector are young parents.

For the front end part of the Youth Services 12- 18 System it is the desired intent that these services can be accessed without a youth having to enter the Juvenile Justice system or DHHS. Mental Health services for youth are especially important.

There are service sections in the plan which are very high end and would not necessarily be developed in an individual county or perhaps even the region- based due to volume and cost. However, the capacity to serve these youth in a timely effective manner impacts the entire system.

The Panhandle desires to be involved in statewide development of these higher end services and in policy which impacts, and hopefully improves access to youth service including the change of policies for access to youth specialist mental health services.

It is important to note that not this plan requires funding by multiple systems. However, the spectrum of the plan, from Prevention to Transitional Services is inter-related, requires braided and aligned funding, and is essential in providing youth with front end opportunities which deters youth from higher end system involvement.

In completing the assessment and planning process the team utilized and drew from Improving the Effectiveness of Juvenile Justice Programs (Lipsey et al 2010) for a structure both to the assessment and the plan.

Guiding Principles

During the assessment and planning process the team developed and affirmed the following:

Panhandle youth services adhere to the Child and Adolescent Service System of Program (CASSP) principles that youth services are:

- ▶ child-centered,
- ▶ family focused,
- ▶ strengths-based,
- ▶ culturally competent
- ▶ provided in the least restrictive appropriate setting

The Panhandle Youth Services System works between service sectors to provide a continuum of youth services for young people 12- 24. The Panhandle Youth Services System envisions a system which:

- ▶ Provides strengths and assets based services.
- ▶ Where youth flow seamlessly between systems without falling through the cracks.
- ▶ Provides the right services at the right time.
- ▶ Is a continuum of services which is accessible geographically?
- ▶ Assures that services are evidence based and evidence informed.
- ▶ Promotes policy that decreases barriers so that youth may be served without having to enter high end systems.
- ▶ Values community ownership

- ▶ Demonstrates accountability through shared data, assessments, planning and evaluation.
- ▶ Uses Continuous Quality Improvement (CQI) to improve outcomes and processes
- ▶ Believes that the best outcomes for youth will occur through a system of flexible funding that follows the youth.
- ▶ Promotes safety and inclusion for the most vulnerable of youth by race, ethnicity, gender, socio- economic status, and gender identity.
- ▶ Promotes the professionalism of youth services workers through shared training.
- ▶ Has a central referral and navigation component regardless of referral source.
- ▶ Is vibrant, adaptable and current.

Youth Indicators

The assessment and planning team also reviewed outcomes for successful youth transitions to adulthood and adapted concepts from the following:

The Center for the Study of Social Policy *Youth Thrive Protective and Promotive Factors for Well Being* has been developed as a framework for addressing trauma and adverse childhood experiences. The one page diagram and additional explanations clearly outline avenues for working with youth who have been victims of trauma and adverse childhood experiences. This model would serve well as a foundation for cross system goals and evaluations for outcomes for individual youth services.

The Jim Casey and Nebraska Children and Families Foundation framework for the Transitional Services for Youth as a focus for what every youth requires an opportunity to become successful as adults. The domains for development are an important focus for youth services, especially for youth without family supports. The eight domains are:

Housing:

- Result Indicator: Youth resides in housing that is safe and stable.
- Result Indicator: Housing is able to be retained by youth.

Education:

- Result Indicator: Youth has minimally received a GED or High School Diploma at exit from program. We encourage and support youth to aim higher.

Employment:

- Result Indicator: Youth has held a job for 90 days. The aim is that the job has a living wage and support for healthcare.

Daily Living Skills/Resources:

- Result Indicator: Youth has obtained and demonstrated the skills to thrive independently.

Health Care and Mental Health Care:

- Result Indicator: Youth has the capacity to access needed health and mental health resources.
- Result Indicator: Youth understands and places priority on wellness, basic health and needed mental health services.

Permanence and Belonging:

- Result Indicator: Youth has at least three trusted, informal supports that can be relied on in times of crises and positive celebration.
- Result Indicator: Youth has informal supports capable of providing guidance and legitimate supports to meet physical, emotional, and spiritual needs.

Economic Stability:

- Result Indicator: Youth has skills and resources available to meet daily living requirements for ongoing education or work.

These two efforts provide additional evidence based framework for the system development in the Panhandle and will be used in the ongoing design of data collection and evaluation.

The programmatic and youth specialist foundations of thriving youth and the policies and practices which lead to such success must be integrated into the system from the onset. Practices and skills such as a commitment to youth thriving, positive youth development, and trauma informed care, and developmental assets must be the foundations for prevention and be sustained through to transition services.

Definitions

One of the challenges encountered in the development of a cross system plan is establishing common definitions. Throughout the assessment and planning process team members educated each other on the language within their system.

A goal of the next two years is to develop a full glossary of terms and putting more common definitions in writing.

Some of this work has been undertaken in establishing the framework for this plan. Definitions that are provided have been agreed upon by the diverse team.

2015- 2018 System and Services Priorities and Strategies

PRIORITY AREA: PREVENTION

Definition: Community based primary prevention efforts (programs, policies and practices) aimed at reducing risks and promoting strengths for all youth. These resources are evidence based or evidence influenced services which facilitate resilience, promote healthy lifestyles, informal support systems, educational, and employment skills.

Array of Programs, Policies and Practices

The array of programs, policies and practices which pertain to this area address the following:

<ul style="list-style-type: none"> • Access to Community Recreation • Adolescent Pregnancy Prevention • Basic Personal Finance • Bullying Prevention • Community Recreation Opportunities • Dating and Relationships 	<ul style="list-style-type: none"> • Employment Readiness • Faith Based Youth Groups • Financial Fitness • Healthy Living: Nutrition • Healthy Living: Physical Activity • Individual Development Accounts (18+) 	<ul style="list-style-type: none"> • Out of (After) School Time Programs • Positive Youth Development/Youth Leadership • Rental Education • Resume Building • Substance Use Prevention • Suicide Prevention
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Priority 1: An array of accessible strength centered, evidence based or evidence informed programs, polices or practices which promote resiliency and youth thriving indicators.

Strategy 1: Resources and scholarships are available to assist youth in participating in an array of community activities and recreational resources.

Strategy 2: Regional educational campaign to increase awareness of the importance of inclusion of lesbian, gay, bi-sexual and transgender youth in communities.

Strategy 3: Encourage parenting education for parents of teens, especially young teens.

Actions:

3.1 Address local need for age appropriate parenting programs and for a method to implement including best times, days and locations to meet needs of parents.

3.2 Expand COS-Parent Education for families of teens through agreement with the creators and including a research component for further evidence documentation.

Strategy 4: Promote community assessment, dialogue, and awareness of weapons safety pertaining to school, community, and self-harm situations.

Strategy 5: Encourage mental health and wellness promotion through school and community partnerships initiative for development of conflict resolution, self-awareness and personal responsibility skills.

Strategy 6: Partner with schools in assuring resources for mental health and behavioral education and training for educators.

Strategy 7: Implement prevention programs, policies and practices based on local community plans and data.

Actions:

7.1 Local communities/counties develop a priority action plan from the Priorities and Strategies in the Comprehensive Youth Services Plan.

7.2 Communities/Counties share the local action plan with the Regional Youth Services Team in or to support regional tracking and common efforts.

Strategy 8: Provide training for agencies, systems, and schools which supports the needs of youth.

Actions:

8.1 Mental Health First Aid

8.2 Evidence based programs, policies and practices.

8.3 Autism Spectrum Disorder

8.4 Darkness to Light

8.5 Adverse Childhood Experiences

8.6 Substance Use Prevention

8.7 Adolescent Brain Development

PRIORITY AREA: SECONDARY PREVENTION

Definition: Focused secondary prevention programs for youth in the community at greatest risk but not involved with the juvenile justice system or, perhaps, diverted from the juvenile justice system. These strength based resources enhance resilience and protective factors.

Array of Programs, Policies and Practices

The array of programs, policies and practices which pertain to this area address the following:

<ul style="list-style-type: none"> • Activity Memberships • Adolescent Mental Health Counselors • Alternative Schools • Anger Management Classes • Daily Living Skills • Diversion • Employment Readiness Skills • Gang Prevention Programs • General Education Classes • GED Testing Fees 	<ul style="list-style-type: none"> • Educational Supports • Family Support • Job Coaching • Mental/Behavioral Health Assessments • Mentors • Navigators • Peer Support Families • Peer Support Youth • Relationship Violence Supports • School Resource Officers 	<ul style="list-style-type: none"> • Safe Place Designations • Substance Use Assessments/Tests • Substance Use Education and Support • Suicide Prevention Services • Teen Parenting Programs • Transportation • Truancy Programs • Tutoring • Youth Crisis Alternatives
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Priority 1: Coordinated and integrated youth driven, family centered Secondary Prevention programs, policies, and practices are available through multiple funding sources and without requiring access to higher end systems.

Strategy 1: Maintain and utilize a common data base of high risk youth populations by county to identify and address gaps and needs for evidence based practices and resources.

Actions:

- 1.1 Review data to identify groups of children, youth who may be falling between the cracks.
- 1.2 Prioritize the use of a relevant portion of braided prevention and community funds for secondary prevention for at risk populations.

Strategy 2: Develop group based secondary prevention services to increase positive peer cultures and support behavior change and be cost effective.

Strategy 3: Develop and enhance local diversion programs to provide individualized secondary prevention services based on the screened risks and strengths of youth.

Actions:

- 3.1 Provide regional training and local support to enhance diversion programs.
- 3.2 Provide regional templates for documentation of individualized diversion programs.
- 3.3 Encourage the use of a portion of Community Based funds for individualized diversion services fees where such fees are prohibitive to families.
- 3.4 Assure that youth who are referred to community service diversion can function in and benefit from this resource.
- 3.5 Prior to commencing community service meet with community service entity to establish expectations and special requirements with the youth.

Strategy 4: Common basic training and skill sets for Youth Specialists working with high risk youth in community based settings.

Actions:

- 4.1 Establish the 40 hour core curriculum within the Training Academy using web-based training as able to improve access for all new employees.
- 4.2 Provide Trauma Informed Care training for Youth Specialists

Strategy 5: Implement wrap around services with fidelity for any youth/family receiving individualized services from more than one agency, or programs within one agency.

Actions:

- 5.1 Provide regional Wrap Around training.
- 5.2 Establish a regional Wrap Around fidelity process.

Strategy 6: Establish regional Information and referral system infrastructure to maximize timely use of services, track utilization and referral data, and improve outcomes for youth.

Strategy 7: Implement prevention programs, policies and practices based on local community plans and data.

Actions:

- 7.1 Local community councils develop plans to apply for funding and sustain need prevention programs.

Strategy 8: Partner with like entities to address access disparities for Behavioral Health services due to insurance coverage and reimbursements.

Actions:

8.1 Develop data base to identify populations and estimate needs.

Strategy 9: Increase the number of counties which utilize an individualized diversion program which enhances youth strengths and resilience.

Actions:

9.1 Develop a mechanism to engage Eyes of the Child Teams, County Attorneys, and Justices in developing timely individualized diversion as a more effective manner of addressing youth behaviors and reducing entry into high end system.

PRIORITY AREA: COMMUNITY INTERVENTION

Definition: Intervention services tailored to the individuals’ identified strengths, needs and risk factors.

Array of Programs, Policies and Practices

The array of programs, policies and practices which pertain to this area include the following:

<ul style="list-style-type: none">• Day/Evening Reporting Center• Community Treatment Aides• Community Youth Specialists• Family Support• Functional Family Therapy	<ul style="list-style-type: none">• Intensive Family Intervention• Outpatient Counseling• Cognitive Behavioral Therapy• Offender Resolution• Peer Support• Psychological Evaluations	<ul style="list-style-type: none">• Residential Short Term Stabilization• Restitution Programs• Restorative Justice• Trackers• Transportation for Individuals Receiving these Services
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Priority 1: An array of accessible community intervention programs, policies and practices increase youth resilience and strengths and improve youth outcomes within their home, school and community.

Strategy 1: Common screening tools are used throughout the region to identify youth in need of community intervention.

Action:

1.1 Review risk and asset screening tools used for Transition Youth for adoption or possible revision.

Strategy 2: Common data collection process to track screenings results, identified risk areas, behaviors which resulted in diversion or high end systems.

Action:

2.1 Develop process with key partners to collect accurate, non-duplicative data for high for youth with significant social and emotional concerns including but not limited to: Schools, Mental and Behavioral Health, Juvenile Justice.

2.2 Use data to determine service needs.

Strategy 3: Implement wrap around services with fidelity for any youth/family receiving individualized services from more than one agency, or programs within one agency.

Actions:

3.1 Provide regional Wrap Around training.

3.2 Establish regional Wrap Around fidelity process.

Strategy 4: Training and education on co-occurring disorders, developmental disabilities and autism spectrum.

PRIORITY AREA: INTENSIVE INTERVENTION SERVICES

Definition: Intensive use of probation supervision or residential facilities tailored to individual identified risk and need factors.

Array of Programs, Policies and Practices

The array of programs, policies and practices which pertain to this area address the following:

<ul style="list-style-type: none"> • Acute Inpatient Hospitalization • Day Treatment • Group Home(s) 	<ul style="list-style-type: none"> • Medical Detox • Multi-systemic Therapy • Intensive Outpatient Counseling 	<ul style="list-style-type: none"> • Psychiatric Evaluations • Substance Use Treatment Centers (Youth) • Therapeutic Group Home
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Priority 1: An effective use of youth centered Intensive Intervention Services based on assessed risk and strengths.

Strategies:

Strategy 1: An array of Intensive Intervention Services is collaboratively planned and available within counties and the Panhandle based on regional data.

Actions:

- 1.1 Utilization and outcome data is collected and shared for planning and assessment purposes.
- 1.2 The plan maximizes the use of existing agencies, personnel and fiscal resources without duplication wherever possible.
- 1.3 The “system” is collaboratively messaged to judges, senators, county attorney, and county commissioners.
- 1.4 A central information and referral process is available to assist in the process.

Strategy 2: Intensive Intervention Services are provided through a coordinated plan to maximize the outcomes for youth.

- 2.1 Standardized assessments, evaluations and assessments of risk are completed within (how many?) days of placement.
- 2.2 Intensive Intervention Services have established policies and practices for parent /family Involvement as an essential component of service delivery.

Strategy 3: Adolescent substance use assessment, residential and day treatment resources are available in the Panhandle for youth from the Panhandle.

- 3.1 Substance use programs are available as part of diversion as well as Intensive Intervention.
- 3.2 Substance use programs are accessible through multiple public and private payment sources.
- 3.3 Parents and families are actively involved in the treatment of the youth substance use concern.

Strategy 4: Intensive Intervention Services are available to youth who have been assessed through standardized assessments and evaluations without involvement in the Juvenile Services system or the Child Protective Services System.

Actions:

- 4.1 Data is collected on the utilization needs and early identification of youth requiring Intensive Intervention to identify potential policy and funding changes which would promote availability of services without high end intervention, particularly for youth requiring treatment for alcohol, substance use, and behavioral health disorders.
- 4.2 The Panhandle levels of governments and agencies collaborate with statewide partners to identify and address policy and funding changes required to address the treatment needs of youth prior to involvement in systems.

Strategy 5: Enhance the mental/behavioral youth serving workforce, and access to services.

Actions:

- 5.1 Support partner efforts within the state to change reimbursement rates as an incentive for those who provide specialty care.
- 5.2 Address access to psychiatrists through distance medicine.
- 5.3 Develop mechanisms for youth to be able to select the counselor of choice and have assistance/choice with payment.

Strategy 6: Youth Specialists working in Intensive Intervention have a common set of basic core level of training.

Actions:

- 6.1 The Basic Youth Specialist curriculum is agreed upon by partner agencies and provided through the Panhandle Partnership/ Western Nebraska Community College Training Academy.
- 6.2 Additional skills and tools are provided through common the Training Academy.
- 6.3 Panhandle Partnership members continue to promote and discuss the need, opportunities, and benefits of a statewide Youth Services worker certification and a professional association of Youth Services Workers to help move such efforts forward.

Strategy 7: The Intensive Intervention Services systems shared a Continuous Quality Improvement process to review and address program, policy, and practice items and to improve outcomes for youth.

Actions:

- 7.1 The CQI team is comprised of the directors and or selected representatives of DHHS, Probation, Region I Mental/Behavioral Health, and agencies which provide Intensive Intervention Services.

PRIORITY AREA: MULTI-COMPONENT INTENSIVE INTERVENTION PROGRAMS

Definition: Youth 12-18 who are the most serious, violent, and chronic offenders based on a valid risk assessment

Array of Services:

The array of services required for this area needs to be determined based on data and assessed client need. Given the low volume of youth from the Panhandle that are anticipated to be in need of these services it is not recommended at this time that any services be developed.

Priority 1: Accurate data of needs, utilization, and effectiveness of services for youth in this area regionally and on a state level.

Strategy 1: Collect local data.

Strategy 2: Determine if there is an interest statewide in developing a process and mechanism to identify the needs for this population.

PRIORITY AREA: DETENTION

The Detention Center in Scottsbluff is in a transition phase as the systems under-go change. The result is systemic concern for the center regarding purpose and population. Based on the individual needs of the youth and the referring source the center is seen as a juvenile holding facility, day treatment, staff- secure services. Frequently the concerns for the youth are more related to mental health than juvenile justice. To be truly effective with youth, and fiscally responsible to the county, there needs to be a regional process to define and support the role of the Detention Center.

Priority 1: Develop a regional consensus plan for the role of the Scotts Bluff Detention Center in the Youth Services system.

Strategy 1: Maintain and distribute utilization data and needs data from Detention and agencies.

Strategy 2: Engage diverse partners through education about the entire system and the options for Detention.

Strategy 3: Develop a regional plan which promotes a centralized focus to meet the gaps in the system.

PRIORITY AREA: TRANSITION SERVICES

Definition: Community based services for youth 16-24 who are on their own, have received services from DHHS and are transitioning from systems, or are not currently receiving supports, to independent or community based living situations.

Array of Programs, Policies and Services

<ul style="list-style-type: none"> • Safe and Stable Housing • Education Services and Supports • Employment Readiness and Supports • Daily Living Skills/Resources 	<ul style="list-style-type: none"> • Health Care and Mental Health Care • Economic Stability/Financial Counseling • Credit Recovery • Permanence and Belonging • Individual Development Accounts 	<ul style="list-style-type: none"> • Central Navigator/Intake • Youth Leadership Institute • Regional Youth Council • Policy Team/CQI Process • Online case management system • Youth Services Work Certification Training
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Priority 1: Collaboratively implement the regional Transitional Services for Older Youth project as established in the written grant application and through the ongoing development of Implementation Policies and Practices.

Strategy 1: Implementation of system infrastructure including Central Navigation, Youth Council, Youth Leadership Institute and direct youth driven services through collaborative leadership and training.

Strategy 2: Disseminate data and lessons learned to partners on a six month basis.

Strategy 3: Identify potential for expansion of specific services and resources, such as central navigation to other youth system priority areas.

PRIORITY AREA: Backbone Organization for Regional Collaboration

Priority 1: An effective backbone organization enhances regional youth services through collaborative processes such as assessments, planning, implementation, evaluation and sustainability of quality, cost effective youth service system.

STRATEGY	RESPONSIBLE	WHEN
<p>Strategy 1: Regional meetings for communication, updates, education, and plan revision.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Plan meetings in conjunction with the Prevention Coalition wherever possible to 	PPHHS	Quarterly
<p>Strategy 2: Support County Community Based Fund Applications</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Assure all counties apply for funds or designate another county to apply. Provide a written summary of the collaborative activities for grant applications. Provide technical assistance to county grant writers. 	PPHHS	Annually Dec-Jan And as required
<p>Strategy 3: Ongoing Assessment and Data Collection</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Maintain up to date data reports Data reports available on website 	PPHHS	At least annually
<p>Strategy 4: Braid resources and efforts across systems, and leverage new resources, to enhance and sustain prevention resources and accessible services.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Develop and implement an ongoing practice of identifying and documenting resources from multiple sources which support components of the system and the impact of those funds. Identify new resources and opportunities for additional funding. Explore and engage in public private partnerships and social entrepreneurship to enhance opportunities for all youth in their communities. 	PPHHS	12/14 Ongoing Ongoing
<p>Strategy 5: A regional training plan which enhances the spectrum of the youth serving system.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> Complete and implement the Basic Youth Specialist 	PPHHS	7/1/2014

<p>Training including a Peer Support Component.</p> <ul style="list-style-type: none"> • Identify additional skills and tools required for the system and provide as able. • Assure each course provided with regional resources, including the training academy, provides certificates for CEU's , criminogenic hours and other recognitions as needed. 	<p>PPHHS Training Academy</p>	<p>Ongoing</p> <p>ongoing</p>
<p>Strategy 6: A CQI Oversight Committee for all collaborative youth systems comprised of agency and organizational leadership.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Committee is minimally comprised of decision makers from DHHS, Probation, Region I Behavioral Health, Advocacy Groups, and Agency Directors. • Committee provides oversight to all systems and collective processes. • Committee identifies and addresses fiscal, policy and practice issues within the youth system. 	<p>PPHHS</p> <p>CQI Committee</p>	<p>7/1/2014</p> <p>At least 6 meetings per year</p>
<p>Strategy 7: A regional Disproportionate Minority Committee</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Reinvigorate and sustain. • Establish meeting schedule • Utilize the Casey Model developed for JDAC to develop a regional process. 	<p>PPHHS</p> <p>DMC Committee</p>	<p>7/1/2014 and ongoing</p>
<p>Strategy 8: Communicate Plans and Findings</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Develop and maintain an ongoing process for dialogues with Judges to ensure an open exchange of information. • Develop and maintain an ongoing information exchange with County Attorney offices. • Update partners and the communities on the actions and impacts of this work 	<p>PPHHS</p> <p>Designated team</p>	<p>7/1/2014</p>
<p>Strategy 9: System and Service Evaluation</p> <ul style="list-style-type: none"> • On an annual basis participate in regional Collective impact evaluation. • Identify and utilize some common service/participant evaluations for regional data. • Reporting all evaluation findings to the larger collaborative. 	<p>PPHHS</p>	<p>Annually and ongoing</p>

Panhandle Youth Services Regional Work Plan 2014- 2017

Please note: While each county may choose from the previous priorities and strategies for community based funds, this work plan is specific to the regional activities to be under taken. Communities may choose to align with this work plan, however the intent is assure a regional view. Counties may choose from priorities that are not included in this work plan.

PRIORITY AREA: PRIMARY PREVENTION

Priority	Strategy	Actions	By Whom	By When
<p>Priority 1: An array of accessible strength centered, evidence based or evidence informed programs, polices or practices which promote resiliency and youth thriving indicators.</p> <p>Outcome: All youth and families have access to opportunities which promote resiliency, protective factors and the development of thriving indicators.</p>	<p>Strategy 1:Resources and scholarships are available to assist youth in participating in community activities and recreational resources</p>	<ol style="list-style-type: none"> 1. Each county coalition map available resources and costs for community recreation, afterschool, and youth centers, YMCA's, community centers. 2. Each community identify resources for scholarships and incentives for community activities and recreational resources. 	<p>County Coalitions</p>	<p>01/2016</p>
	<p>Strategy 3: Encourage parenting education for parents of teens, especially young teens</p>	<ol style="list-style-type: none"> 1. Expand COS-Parent Education for families of teens through agreement with the creators and including a research component for further evidence documentation 2. Explore feasibility of launching another regional parenting program specifically for parents of adolescents such as Strengthening Families. 	<p>COSP Coordinator and Dr. Mark Hald</p> <p>SOC for Youth</p>	<p>05/ 2015</p> <p>01/2016</p>
	<p>Strategy 5: Encourage mental health and</p>	<ol style="list-style-type: none"> 1. Coordinated School Health Initiative 	<p>Panhandle Public</p>	<p>01/2016 and</p>

	wellness promotion through school and community partnerships initiative for development of conflict resolution, self-awareness and personal responsibility	<p>launched in local schools.</p> <ol style="list-style-type: none"> 2. Research School Community Improvement Teams (SCIP) and feasibility for implementation. 3. Mental Health First Aid Training provided in schools, communities and agencies. 	<p>Health District</p> <p>Mental Health Providers</p>	<p>ongoing</p> <p>01/2016</p> <p>01/2015 on going</p>
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PRIORITY AREA: SECONDARY PREVENTION

Priority	Strategy	Actions	By Whom	By When
<p>Priority 1: Coordinated and integrated youth driven, family centered Secondary Prevention programs, policies, and practices are available through multiple funding sources and without requiring access to higher end systems</p>	<p>Strategy 6: Establish regional Information and referral system infrastructure to maximize timely use of services, track utilization and referral data, and improve outcomes for youth.</p>	<ol style="list-style-type: none"> 1. Explore possibility of expanding System of Care for Older Youth (16-24) central navigator function and data base for all youth 12 – 18. 2. Maintain a common data based from referrals. 	<p>PPHHS SOC Older Youth and Funders</p>	<p>06/2016</p>
<p>Outcome: Youth have timely access to an array of services</p>	<p>Strategy 1: Maintain and utilize a common data base of high risk youth populations by county to identify gaps and needs for evidence based practices and resources</p>	<ol style="list-style-type: none"> 1. Establish common framework of “high risk behaviors” and educate communities. 2. Continue to research and provide trainings on evidence based practices through a regional training plan. 3. Explore options for expanding common data base to schools, communities to determine gaps and barriers. 	<p>PPHHS SOC Youth Services Team</p>	<p>01/2017</p>

PRIORITY AREA: COMMUNITY BASED INTERVENTION

Priority	Strategy	Actions	By Whom	By When
Priority 1: An array of accessible community intervention programs, policies and practices increase youth resilience and strengths and improve youth outcomes within their home, school and community.	Strategy 3: Implement wrap around services with fidelity for any youth/family receiving individualized services from more than one agency, or programs within one agency.	<ol style="list-style-type: none"> 1. Focus on community connection between law enforcement and schools. 2. Format a communications process for same perhaps through advanced SRO training. 3. Explore the need for further youth specialist skills in schools. 4. Connect with 1184's and Eyes of the Child Teams. 5. Provide regional Wrap Around training. 	SOC for Youth and Families and county groups	<p>7/1/2015</p> <p>7/1/2015</p> <p>12/2015</p> <p>1/2015 and ongoing</p>
Outcome: Capacity and skills to identify and meet needs of diverse youth through a trained workforce and common processes.	Strategy 4: Training and education on co-occurring disorders, developmental disabilities and autism spectrum.	<ol style="list-style-type: none"> 1. Connect with Workforce Development, Upward Bound, RE Connect to determine if and how these programs might be expanded in the region. 2. Establish a training plan which includes co-occurring disorders, developmental disabilities and autism. 	SOC Youth and Families	<p>7/1/2015</p> <p>1/2015 and ongoing</p>

PRIORITY AREA: MULTI-COMPONENT INTENSIVE INTERVENTION PROGRAMS

Priority	Strategy	Actions	By Whom	By When
<p>Priority 1: Accurate data of needs, utilization, and effectiveness of services for youth in this area regionally and on a state level.</p> <p>Outcome: Data on number of Panhandle youth in multicomponent intensive intervention programs</p>	<p>Strategy 1: Collect local data.</p>	<p>1. On a six month basis conduct a regional census of youth in multi-component services, identified needs, and location of the service.</p>	<p>SOC Youth</p>	<p>7/1/2015 and 12/1/2015</p>

PRIORITY AREA: DETENTION

Priority	Strategy	Actions	By Whom	By When
<p>Priority 1: Develop a regional consensus plan for the role of the Scotts Bluff Detention Center in the Youth Services system</p> <p>Outcome: Effective use of regional facilities and staffing resources.</p>	<p>Strategy 2: Engage diverse partners through education about the entire system and the options for Detention.</p>	<p>1. Under the leadership of SBDC personnel assure an informed public on the options and uses for SBDC.</p>	<p>SOC Older Youth</p>	<p>1/2015 ongoing</p>

PRIORITY AREA: TRANSITION SERVICES

Priority	Strategy	Actions	By Whom	By When
<p>Priority 1: Collaboratively implement the regional Transitional Services for Older Youth project as established in the written grant application and through the ongoing development of Implementation Policies and Practices.</p> <p>Outcome: An accessible, youth driven system of locally available supports and resources for successful transition to young adulthood.</p>	<p>Strategy 1: Implementation of system infrastructure including Central Navigation, Youth Council, Youth Leadership Institute and direct youth driven services through collaborative leadership and training.</p>	<ol style="list-style-type: none"> 1. Establish collaborative team of providers. 2. Establish common intake form 3. Establish and continually revise policies and practices 4. Enter into contractual shared service agreements. 5. Establish core curriculum for Youth Specialists training 6. Define and launch central navigator position 7. Launch direct services 8. Identify Training plan for 2015 9. Youth Leadership Institute Monthly Commences 10. Youth Council Launches 11. Launch Project Oversight Team for CQI 	<p>SOC for Older Youth</p>	<p>7/2014 7/2014 8/2014 8/2014 8/2014 10/2014 10/2014 07/2014 07/2014 11/2014 and quarterly</p>