

AMENDMENTS TO LB48

Introduced by Health and Human Services.

1 1. Strike the original sections and insert the following new
2 sections:

3 **Section 1.** (1) The Department of Health and Human Services shall
4 establish a Family Resource and Juvenile Assessment Center Pilot Program
5 for a period of five years in cities of the metropolitan class areas,
6 that shall operate twenty-four hours a day, seven days a week. The pilot
7 program shall be developed in partnership with local grassroots
8 organizations, community stakeholders, and advisors representing youth
9 and families impacted by the juvenile justice system.

10 (2) A Family Resource and Juvenile Assessment Center means a
11 facility designed to provide support, assessment, and intervention
12 services for youth and families involved in, or at risk of, entering the
13 juvenile justice system. The goal of the centers is to offer
14 comprehensive, community-based solutions that address underlying issues
15 contributing to juvenile delinquency, including family dynamics, mental
16 health, substance abuse, and educational challenges.

17 **Sec. 2.** The pilot program established pursuant to section 1 of this
18 act shall:

19 (1) Provide comprehensive support resources to prevent youth from
20 entering or escalating within the juvenile justice system;

21 (2) Minimize individual and community harm by addressing issues
22 before they lead to greater involvement with social services, family
23 services, and adult criminal justice systems; and

24 (3) Foster community trust and engagement by integrating culturally
25 relevant services delivered by, and for, the communities served.

26 **Sec. 3.** (1) The Department of Health and Human Services shall
27 establish a designation process for family resource and juvenile

1 assessment centers to ensure adherence to high-quality standards in
2 service delivery, staff qualifications, and organizational effectiveness.

3 (2) A center seeking designation shall complete a comprehensive
4 self-assessment based on the national Standards of Quality for Family
5 Strengthening and Support or a similar benchmark framework and shall
6 submit an application and the self-assessment to the department for
7 review.

8 (3) The department shall conduct site visits and staff interviews as
9 part of the review process to verify self-assessment findings and confirm
10 compliance with designation standards.

11 (4) A center that meets the designation criteria will receive
12 official designation. A center that does not meet the designation
13 criteria shall receive feedback and technical assistance so that such
14 center may improve and reapply for designation.

15 (5) Two centers shall be selected for the pilot program established
16 pursuant to section 1 of this act.

17 **Sec. 4.** To receive designation as a family resource and juvenile
18 assessment center under section 3 of this act, an applicant shall meet
19 the following criteria: (1) Offer a range of core services, including
20 parenting support, youth counseling, economic success initiatives, early
21 childhood programs, conflict resolution, mental health services, and
22 substance abuse prevention; (2) employ professionals trained in family
23 support principles, cultural competency, trauma-informed care, and the
24 strengthening families framework; (3) develop partnerships with local
25 grassroots organizations to provide culturally relevant services,
26 outreach, and trust-building within the community; (4) demonstrate a
27 clear, effective organizational framework that supports service delivery,
28 continuous quality improvement, and sustainable operations; and (5)
29 implement data collection processes to assess service impact and outcomes
30 for youth and families, ensuring program adjustments based on feedback.

31 **Sec. 5.** (1) Each family resource and juvenile assessment center

1 shall host multiple community providers, grassroots organizations, and
2 embedded community navigators to assess and serve the immediate and
3 ongoing needs of youth and families.

4 (2) Each center shall provide assessments and services free of
5 charge to families and maintain active membership in the National
6 Assessment Center Association.

7 (3) The purpose of the assessment shall be to (a) enable youth and
8 families to discuss a family's unique dynamic, challenges, and goals in a
9 safe, culturally respectful environment, (b) identify the origin of
10 presenting issues and provide comprehensive service referrals in
11 partnership with local organizations and businesses, and (c) engage youth
12 and families in creating tailored action plans for long-term success.

13 **Sec. 6.** (1) Each family resource and juvenile assessment center
14 shall integrate culturally relevant and trauma-informed services,
15 including (a) tutoring, (b) mentoring from community leaders, including
16 those with lived experience in the justice system, (c) conflict
17 resolution and anger management training, (d) mental health and wellness
18 services provided by culturally sensitive professionals, (e) social
19 skills and job-readiness training, (f) financial literacy programs, (g)
20 youth and family counseling, (h) cognitive behavioral therapy, (i) drug
21 and substance abuse prevention and intervention, and (j) food and
22 clothing assistance and resource navigation.

23 (2) Each center shall establish community partnerships to provide
24 apprenticeships, vocational training, and mentorship opportunities with
25 local businesses, trades, and community organizations.

26 **Sec. 7.** Each family resource and juvenile assessment center shall
27 (1) have a youth advisory council and parent advisory board composed of
28 community members to provide ongoing feedback to ensure services remain
29 relevant, effective, and responsive, (2) host regular outreach events,
30 workshops, and open houses in partnership with schools, faith-based
31 groups, and community organizations, to create a bridge for preventive

1 engagement with at-risk youth and their families, and (3) employ
2 individuals with established community ties and lived experience to guide
3 youth and families through available services, act as mentors, and assist
4 with follow-up to ensure sustained engagement.

5 **Sec. 8.** Each family resource and juvenile assessment center shall
6 implement a data collection system to assess program effectiveness, track
7 youth and family outcomes, and incorporate feedback directly from those
8 served. The data collected shall be used to adjust and refine services,
9 with a focus on measuring progress toward keeping youth out of the
10 juvenile justice system and achieving positive life outcomes.

11 **Sec. 9.** Each family resource and juvenile assessment center shall
12 offer ongoing support to youth after they complete the initial service
13 period. This support may include alumni mentoring programs, periodic
14 check-ins, or additional family resources as youth transition into
15 adulthood or exit from other systems of care.

16 **Sec. 10.** Funding for family resource and juvenile assessment
17 centers shall be allocated to prioritize partnerships with local
18 grassroots organizations and businesses to sustain services and provide
19 direct community investment. Subject to available funds, each designated
20 center shall receive up to five hundred thousand dollars annually from
21 the Medicaid Managed Care Excess Profit Fund. If such funds are not
22 available from the Medicaid Managed Care Excess Profit Fund, no General
23 Funds may be used. No more than ten percent of funds appropriated for the
24 Family Resource and Juvenile Assessment Center Pilot Program, up to one
25 hundred thousand dollars per year, shall be used to administer the pilot
26 program.

27 **Sec. 11.** The Department of Health and Human Services shall conduct
28 an annual evaluation of the Family Resource and Juvenile Assessment
29 Center Pilot Program's impact on youth and family well-being, community
30 trust, and reduction in juvenile justice system involvement to inform
31 future program developments under sections 1 to 11 of this act.

1 **Sec. 12.** Section 68-996, Revised Statutes Cumulative Supplement,
2 2024, is amended to read:

3 68-996 (1) The Medicaid Managed Care Excess Profit Fund is created.
4 The fund shall contain money returned to the State Treasurer pursuant to
5 subdivision (3) of section 68-995.

6 (2) The fund shall first be used to offset any losses under
7 subdivision (2) of section 68-995 and then to provide for (a) services
8 addressing the health needs of adults and children under the Medical
9 Assistance Act, including filling service gaps, (b) providing system
10 improvements, (c) providing evidence-based early intervention home
11 visitation programs, (d) providing medical respite services, (e)
12 translation and interpretation services, (f) providing coverage for
13 continuous glucose monitors as described in section 68-911, (g) providing
14 other services sustaining access to care, (h) services under the Nebraska
15 Prenatal Plus Program, (i) and providing grants pursuant to the
16 Intergenerational Care Facility Incentive Grant Program, and (j) the
17 Family Resource and Juvenile Assessment Center Pilot Program as
18 determined by the Legislature. The fund shall only be used for the
19 purposes described in this section.

20 (3) Any money in the fund available for investment shall be invested
21 by the state investment officer pursuant to the Nebraska Capital
22 Expansion Act and the Nebraska State Funds Investment Act. Beginning
23 October 1, 2024, any investment earnings from investment of money in the
24 fund shall be credited to the General Fund.

25 **Sec. 13.** This act becomes operative on September 1, 2025.

26 **Sec. 14.** Original section 68-996, Revised Statutes Cumulative
27 Supplement, 2024, is repealed.

28 **Sec. 15.** Since an emergency exists, this act takes effect when
29 passed and approved according to law.