

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 855

Introduced by McKinney, 11.

Read first time January 08, 2026

Committee: Education

- 1 A BILL FOR AN ACT relating to child welfare; to adopt the Youth Early
- 2 Intervention and Support Act.
- 3 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Sections 1 to 8 of this act shall be known and may be
2 cited as the Youth Early Intervention and Support Act.

3 **Sec. 2.** (1) The Legislature finds that: (a) Early signs of trauma,
4 neglect, or instability in youth often manifest through patterns of
5 school disengagement, academic decline, and unmet physical needs; (b)
6 research on adverse childhood experiences confirms a direct link between
7 early trauma and negative outcomes in education, health, and justice
8 system involvement; (c) effective early intervention can be achieved when
9 schools, families, community health workers, and public systems work
10 together in a coordinated and trauma-informed manner; and (d) many
11 schools and communities already possess networks of support professionals
12 and organizations who, if connected through a formal system, can identify
13 and respond to student needs without requiring additional full-time
14 employees.

15 (2) It is the intent of the Legislature to: (a) Establish a
16 standardized framework for early identification and support using
17 existing school and community data; and (b) promote cross-sector
18 collaboration to reduce juvenile justice and child welfare involvement.

19 **Sec. 3.** (1) The State Department of Education, in consultation with
20 the Department of Health and Human Services, shall develop and administer
21 an early support system to be implemented in all Nebraska public school
22 districts.

23 (2) The early support system shall identify students who exhibit two
24 or more of the following early warning indicators: (a) Chronic or sudden
25 changes in school attendance; (b) declining academic performance or
26 incomplete work; (c) persistent or unusual behavior challenges; (d) lack
27 of engagement or participation in class; (e) observable hygiene concerns,
28 including body odor or unwashed clothing; or (f) documented or disclosed
29 exposure to adverse childhood experiences.

30 (3) The goal of the early support system is not punitive, but is to
31 facilitate early, compassionate, trauma-informed interventions through

1 collaborative planning and service coordination.

2 **Sec. 4.** (1) Each school district shall convene a youth support
3 coordination team to implement the early support system. This team may
4 include, but is not limited to: (a) School counselors or social workers;
5 (b) teachers and administrators; (c) community health workers from public
6 health agencies or nonprofit organizations; (d) representatives from
7 community-based organizations; (e) public health or behavioral health
8 liaisons; and (f) parents or family and community advocates.

9 (2) Each youth support coordination team shall: (a) Develop
10 protocols for reviewing flagged student data; (b) conduct trauma-informed
11 needs assessments; (c) engage families in support planning; (d)
12 coordinate referrals to mental health, academic, and basic needs
13 resources; and (e) document and monitor interventions using secure
14 systems.

15 (3) The team shall designate a lead agency or coordinator which may
16 be a school district, nonprofit organization, local public health
17 department, or educational service unit.

18 **Sec. 5.** (1) Each school district shall include one or more
19 community health workers on the school district's youth support
20 coordinating team, using existing partnerships with (a) federally
21 qualified health centers, (b) local public health departments, (c)
22 behavioral health organizations, and (d) community-based nonprofit
23 organizations.

24 (2) Community health workers shall support (a) family outreach and
25 trust-building, (b) social determinants of health screening, (c)
26 referrals and linkage to resources, and (d) culturally responsive and
27 trauma-informed care.

28 **Sec. 6.** (1) The State Department of Education shall: (a) Provide
29 standardized protocols and training materials on trauma-informed care,
30 adverse childhood experiences, community health worker integration, the
31 federal Family Educational Rights and Privacy Act of 1974, as amended, 20

1 U.S.C. 1232g, the federal Health Insurance Portability and Accountability
2 Act of 1996, and cultural responsiveness; (b) offer technical assistance
3 to school districts for implementation, team formation, and referral
4 coordination; and (c) maintain or enhance secure data systems to enable
5 districts to flag and track student indicators.

6 (2) The Department of Health and Human Services shall support cross-
7 agency collaboration, including: (a) Participation in training efforts;
8 (b) integration of relevant health and behavioral health resources; and
9 (c) promotion of community health worker workforce support and
10 deployment.

11 **Sec. 7.** (1) All data collected shall comply with the federal Family
12 Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g
13 and the federal Health Insurance Portability and Accountability Act of
14 1996.

15 (2) No student shall be referred to law enforcement or child welfare
16 based solely on early support system indicators unless legally required
17 due to imminent risk.

18 (3) The Department of Health and Human Services shall monitor
19 implementation to prevent disproportionate impact based on race,
20 disability, income, or language.

21 **Sec. 8.** Each school district shall submit an annual implementation
22 report to the State Department of Education. The department shall compile
23 such implementation data and electronically submit an annual report to
24 the Legislature that evaluates (1) the number of students identified and
25 supported, (2) the interventions provided, (3) stakeholder feedback, and
26 (4) outcomes related to attendance, achievement, and system involvement.