

AMENDMENTS TO LB48
(Amendments to Final Reading copy)

Introduced by McKinney, 11.

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

3 **Section 1.** (1)(a) The Department of Health and Human Services shall
4 establish a Family Resource and Juvenile Assessment Center Pilot Program
5 in cities of the metropolitan class areas.

6 (b) The pilot program shall: (i) Operate twenty-four hours a day,
7 seven days a week, (ii) be developed in partnership with local grassroots
8 organizations, community stakeholders, and advisors representing youth
9 and families impacted by the juvenile justice system, and (iii) terminate
10 five years after the operative date of this act.

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

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

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

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

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

1 **Sec. 3.** (1) The Department of Health and Human Services shall
2 establish a designation process for family resource and juvenile
3 assessment centers to ensure adherence to high-quality standards in
4 service delivery, staff qualifications, and organizational effectiveness.

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

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

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

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

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

1 for youth and families, ensuring program adjustments based on feedback.

2 **Sec. 5.** (1) Each family resource and juvenile assessment center
3 shall host multiple community providers, grassroots organizations, and
4 embedded community navigators to assess and serve the immediate and
5 ongoing needs of youth and families.

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

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

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

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

28 **Sec. 7.** Each family resource and juvenile assessment center shall
29 (1) have a youth advisory council and parent advisory board composed of
30 community members to provide ongoing feedback to ensure services remain
31 relevant, effective, and responsive, (2) host regular outreach events,

1 workshops, and open houses in partnership with schools, faith-based
2 groups, and community organizations, to create a bridge for preventive
3 engagement with at-risk youth and their families, and (3) employ
4 individuals with established community ties and lived experience to guide
5 youth and families through available services, act as mentors, and assist
6 with follow-up to ensure sustained engagement.

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

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

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

29 **Sec. 11.** The Department of Health and Human Services shall conduct
30 an annual evaluation of the Family Resource and Juvenile Assessment
31 Center Pilot Program's impact on youth and family well-being, community

1 trust, and reduction in juvenile justice system involvement to inform
2 future program developments under sections 1 to 11 of this act.

3 **Sec. 12.** Section 68-996, Revised Statutes Cumulative Supplement,
4 2024, is amended to read:

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

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

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

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

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

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