

**Juvenile Services (OJS) Committee**  
Thirty-Second Meeting  
November 10, 2015

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**Nebraska Children's Commission  
Juvenile Services Committee**

Thirty-First Meeting

August 11, 2015

9:00 AM – 3:00 PM

Country Inn & Suites

5353 N. 27<sup>th</sup> Street

Lincoln, NE 68512

**I. Call to Order**

Kim Hawekotte, Co-Chair of the Juvenile Services Committee, called the meeting to order at 9:07 a.m.

**II. Roll Call**

***Committee Members present (14):***

Nicole Bruno	Dr. Anne Hobbs	Cassy Rockwell
Kim Culp	Ron Johns	Juliet Summers
Barb Fitzgerald	Nick Juliano	Dr. Richard Wiener
Tony Green	Tom McBride	Dr. Ken Zoucha
Kim Hawekotte	Jana Peterson	

***Committee Members absent (3):***

Jeanne Brander	Judge Larry Gendler	Cynthia Kennedy
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***Committee Resource Members present (10):***

Jim Bennett	Mark Mason	Judge Linda Porter
Dannie Elwood	Katie McLeese Stephenson	Adam Proctor (10:02)
Christine Henningsen	Monica Miles-Steffens	
Liz Hruska	Jerall Moreland (9:57)	

***Committee Resource Members absent (6):***

Senator Kathy Campbell	Catherine Gekas Steeby	Julie Rogers
Senator Colby Coash	Hank Robinson	Dan Scarborough

A quorum was established.

***Guests in Attendance (23):***

Katie Bass.....	Nebraska Court Improvement Project
Beth Baxter.....	Behavioral Health Region 3
Phyllis Becker.....	Missouri Division of Youth Services
Raevin Bigelow.....	Project Everlast
Courtney Collier.....	Missouri Division of Youth Services
Bethany Connor Allen.....	Nebraska Children's Commission
Monica DeMent.....	DHHS, Division of Children and Family Services
Jeff DeWisepelare.....	Omaha Home for Boys
Michael Fargen.....	Foster Care Review Office

Amanda Felton	Nebraska Children's Commission
Sarah Forrest	Office of the Inspector General
Mary Ann Harvey	Court Improvement Project
Josh Henningsen	Nebraska Legislative Council
Kylie Homan	Heartland Family Service
Richard Johnston	Nebraska Total Care
Timoree Klinger	Nebraska Legislative Council
Joselyn Luedtke	Nebraska Legislative Council
Steve Milliken	Nebraska Department of Education
Deb O'Brien	Foster Care Review Board Member
Senator Patty Pansing-Brooks	Nebraska Legislative Council
Dale Shotkoski	City of Fremont
Deb VanDyke-Ries	Court Improvement Project
Rico Zavala	CEDARS

a. *Notice of Publication*

Co-Chair Hawekotte, indicated that the notice of publication for this meeting was posted on the Nebraska Public Meetings Calendar website in accordance with the Nebraska Open Meetings Act.

b. *Announcement of the placement of Open Meetings Act information*

A copy of the Open Meetings Act was available for public inspection and was located on the sign in table near the entrance of the meeting room.

### **III. Approval of Agenda**

Co-Chair Hawekotte entertained a motion to approve the Agenda. A motion was made by Tony Green to approve the agenda as written. The motion was seconded by Ron Johns. No further discussion ensued. Roll Call vote as follows:

#### **FOR (14):**

Nicole Bruno  
Kim Culp  
Barb Fitzgerald  
Tony Green  
Kim Hawekotte

Dr. Anne Hobbs  
Ron Johns  
Nick Juliano  
Tom McBride  
Jana Peterson

Cassy Rockwell  
Juliet Summers  
Dr. Richard Wiener  
Dr. Ken Zoucha

#### **AGAINST (0):**

#### **ABSTAINED (0)**

#### **ABSENT (3):**

Jeanne Brander

Judge Larry Gendler

Cynthia Kennedy

### **MOTION CARRIED**

### **IV. Approval of the Minutes**

Cassy Rockwell moved to approve the minutes of the August 11, 2015 minutes as presented. Ron Johns seconded the motion. There was no further discussion. Roll Call vote as follows:

**FOR (14):**

Nicole Brundo  
Kim Culp  
Barb Fitzgerald  
Tony Green  
Kim Hawekotte

Dr. Anne Hobbs  
Ron Johns  
Nick Juliano  
Tom McBride  
Jana Peterson

Cassy Rockwell  
Juliet Summers  
Dr. Richard Wiener  
Dr. Ken Zoucha

**AGAINST (0):**

**ABSTAINED (0)**

**ABSENT (3):**

Jeanne Brander

Judge Larry Gendler

Cynthia Kennedy

**MOTION CARRIED**

**V. Co-Chair Report**

Co-Chairs, Nicole Brundo and Kim Hawekotte, indicated that they had no report to present and gave the floor to the guest presenters, Phyllis Becker and Courtney Collier, from the Missouri Division of Youth Services (DYS).

**VI. Presentation from the Missouri Youth Services Division**

Guest speakers, Phyllis Becker and Courtney Collier introduced themselves to the members. Both women gave a summary of their history with the division beginning as a front line staff members. Ms. Becker welcomed the members of the Committee to share what has brought them to work with youth and be a part of the Juvenile Services Committee. Several members talked about what had influenced them to work with youth in the juvenile justice system. Answers ranged from being involved in the system as youth to a desire to inspire positivity in the lives of the youth involved in the juvenile justice system.

Ms. Becker noted that while the philosophies of the Missouri systems would be shared, that every system will have different needs. A large number of rehabilitation models are emerging, making it an exciting time for juvenile justice.

DYS was described as the “deep end” of the system as there are 45 juvenile courts on the front line who make referrals to the DYS. The youth who are being referred have almost always exhausted all other options, leading courts to place youth in DYS facilities. Ms. Becker explained, however, that in rural communities where services are limited, traditionally low risk offenders are committed at a higher rate.

Ms. Becker shared some of the early steps the division took in its reform efforts. These included moving DYS from the umbrella of Corrections to the Department of Social Services, switching from two central institutions to smaller community based groups, and focusing on the culture of the system by addressing how the youth and their families were viewed by the staff.

The guest speakers went on to review the beliefs, practices, and philosophies of the DYS. Elements included making the youth and their families the center of the work done, ensuring that staff is engaged

and appreciated, and shifting focus from a correctional treatment perspective to a rehabilitative perspective.

The members of the Committee were asked to share some of the strengths and challenges currently facing Nebraska. One sentiment that was shared was that while we have the desire to change, it is always difficult to implement it. While the child welfare system can get caught up in the complications of financial responsibility, the community of the system is built of compassionate and committed individuals.

Ms. Collier described for the Committee the structure of the DYS. An important role in the process is played by the Service Coordinators. Often, they are the first and the final face that a committed youth and their families will see. They are responsible for performing risk assessments and providing any necessary services to the youth and their family. Once an assessment has been performed by the Service Coordinator, the youth is placed into one of four Levels of Care. These include Day Treatment, Community Based, Moderate, and Secure Levels of Care.

Discussion arose regarding the relationship of the DYS and the Missouri county courts. The counties serve as the frontline of the Juvenile Justice system. Once all other diversionary efforts have been exhausted, the courts often refer the youth to DYS. DYS is usually involved in the decision process of determining if a youth should be placed in their serves. They also provide grant funding to the county courts to establish juvenile diversion programs. Through this partnership, the two entities ensure that the youth receive the appropriate services.

Mark Mason inquired about the educator staff and the role that they play. Ms. Collier explained that while it depends on the program, a number of their educators will teach all subjects. Even when the programs are departmentalized, all of the teaching staff come to the students, as opposed to uprooting the students. She also explained that since the DYS is an accredited school district, they require all of their frontline staff to become certified substitute teachers. Once the youth complete their education, a graduation ceremony is held in which they receive their diploma from the Missouri Department of Elementary and Secondary Education.

Group discussion helped to realize that Nebraska is only in the beginning stages of finding a system that will work, and that it will take time to get to a place of similar success as Missouri. The guest speakers also noted the important roles that the Committees and Councils play in the success of DYS and their youth. The Missouri Advisory Committee has a similar makeup and role in decision making as Nebraska's Children's Commission. Missouri, however, has additional Liaison Councils in each region. These Councils consist of community members who advocate on behalf of the youth, provide needed items, host events, and assist in fundraising for the programs.

The Committee suspended business for lunch at 11:48 a.m.

The meeting resumed at 12:45 p.m.

The meeting resumed with the guest speakers sharing a short clip that gave a glimpse into the DYS facilities. The group talked over the treatment process used by DYS. Questions were raised over consequences if an incident were to escalate past the group process. Ms. Baker and Ms. Collier explained that rather than punishment, they seek to implement natural consequences. Ideally, conflict would be caught at the first signs by using the group process to address and resolve any issues.

Looking at the individual and their circumstances was a big part in solving why a conflict occurred. They noted that situations of escalation may also become an opportunity to examine the staff and leadership as the youth behavior is often a reflection of their surroundings.

Treatment used by DYS is evaluated by asking four questions: Is it harmful? Is it legal? Is it appropriate? Is it optimal? Ms. Baker and Ms. Collier covered the importance of building a foundation of safety for the youth. This process included elements such as ensuring that basic needs of the youth were met, having an engaged supervision staff, having a staff that is both knowledgeable of and accountable for their work, and operating under unconditional positive regard for both youth and staff.

The speakers informed the members of the several components of their fully integrated treatment approach. They discussed the need for a comprehensive and trauma informed process. Another focus is the educational aspect of the DYS. This includes assisting youth in attaining their degrees, but also acts as a resource for family members in their education. The inclusion of the family is seen as very important in the rehabilitation process.

Risk assessment was another topic that Ms. Becker and Ms. Phillips reviewed for the Committee. The risk assessment used in Missouri was formulated specifically for their use by Paul Romero. The assessment uses a grid that uses the risk along with the needs of the youth to determine the level of care necessary.

The group offered several questions to the speakers. The issue of transportation was brought up. In Missouri, the farthest a youth and their family would have to travel to get to their DYS facility is around 2 hours. Through researching the population, the DYS has created programs and facilities that reflect the needs of the surrounding population, limiting the amount of travel necessary. When travel is needed by the families, DYS provides this for them to ensure they remain involved in the youth's rehabilitation process.

Discussion moved to treatment plans. Every staff member of the DYS received training on the elements of Comprehensive Strengths Based Assessment, treatment planning, and community transactions. The speakers educated the Committee on the Five Domains of Wellbeing. They included Social Connectedness, Stability, Safety, Mastery, and Meaningful Access to Relevant Resources. These domains are not always easy to establish for the youth. An example given was that the youth may get accepted to college, but after moving away to school, they may lose their social connections and resources which often undermines their success.

This lead to talk about the importance of transitions for the youth. The emphasis to prepare the youth to reenter their community begins from their first day with DYS. The staff works to build knowledge of the community resources for when they are released from their care. Community partnerships are established with local mentors, businesses, and even local law enforcement. Just as important as preparing the youth for returning home, the DYS works to prepare the family for the youth to return home.

Ms. Baker and Ms. Collier opened the floor for any questions from the members and guests. Topics covered included partnerships with Vocational Rehabilitation, staff recruiting and retention, the use of long-term data outcomes, mental health services, and substance abuse services. The speakers ended with noting that even with a successful model, there are always challenges. Ms. Collier mentioned that

it can be difficult to get all regions of a state to function consistently with one another. Ms. Baker noted that there is a constant need to ensure that the staff are the best healthy people they can be.

Co-Chair Hawekotte thanked the guest speakers for sharing their time with the Committee.

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### **VII. Public Comment**

Co-Chair Hawekotte invited any members of the public forward. No public comment was offered.

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### **VIII. New Business**

There was no New Business to present at this time.

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### **IX. Upcoming Meeting Planning**

Co-Chair Hawekotte suggested that the next OJS Committee meeting on November 10, 2015 be used to review the information present. Recorder for the meeting, Amanda Felton, will send out meeting notes to the members summarizing the key points of the meeting along with the documents requested by member to review for the next meeting.

Another item that will need to be addressed at the November meeting is the report due to the Nebraska Children's Commission for their November 17<sup>th</sup> meeting. Discussion on that report will take place with Policy Analyst, Bethany Connor Allen, creating the final report for submission to the Commission.

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### **X. Future Meeting Dates**

- November 10, 2015

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### **XI. Adjourn**

Co-Chair Hawekotte entertained a motion to adjourn. Katie McLeese Stephenson moved to adjourn. Kim Culp seconded the motion. There was no discussion. Motion carried by unanimous voice vote. The meeting adjourned at 3:11 p.m.

11/02/2015

AF

**Strengths**

**Weaknesses**

**SWOT**

**Opportunities**

**Threats**

**Juvenile Services Committee Meeting**  
**Key Points of Discussion**  
**October 20, 2015**

- Phyllis Becker Background
  - Phyllis is the Director of the Division of Youth Services. She began her time with DYS in the 1980s as a front line staff member.
  - Has experience working with juvenile justice (JJ) in several states.
  - Had a passion to work with kids and an interest in research which lead her to work with DYS.
- Courtney Collier Background
  - Courtney is a Deputy Director of the Division of Youth Services. Began in 1993 as a frontline staffing specialist.
  - Over-sees operations for 3/5 regions.
  - Began working with youth after father opened a group home which lead her to respond to a newspaper add placed by DYS.
- Reasons why OJS Members became involved in JJ.
  - Involvement with the child welfare/JJ system as children
  - Want the youth in the system know they have a place in the community
  - Experience working with JJ youth in their profession
  - Desire to improve the situations/options of the children involved in the JJ system
- DYS Basics (PP Slides 2-3)
  - Every system has different needs – what works for MO may not fit for every JJ system.
    - MO doesn't see itself as a “model” necessarily, but more of a philosophy or approach.
    - It's a good time for positive growth in JJ systems; there are a lot of emerging rehabilitation models.
  - DYS serves as the “deep end” of the JJ system.
    - County courts serve on the frontlines and make recommendations and commitments to DYS.
    - Serve the most chronic offenders – often have been in other out-of-home placement options that didn't provide positive outcomes.
    - Acknowledged that rural areas may not have as many services to offer youth. This leads to children who would otherwise be considered low risk getting referred to DYS facilities.
    - Provided statistics for the youth served.
- DYS History (PP Slide 4; History Handout)
  - Had central institutions placed in rural communities
    - One institution for boys and one for girls
    - Made family involvement difficult
  - 1960s-70s began to convert from large institutions to smaller community based facilities.
  - 1970s – Moved from a Parole Board structure to an Advisory Board structure.
    - Statewide advisory Board appointed by the Department of Social Services, through the Governor's office. Serves as a bridge between legislative community and DYS.
  - 1980s saw the closing of the larger institutions.
- Changing Systems (PP Slide 5)
  - Biggest effort was to change how the children and families were viewed within the system.
  - A shift in thought and culture needed to happen.

- Judgement needed to be withheld. The families of the youth have hardships like anyone else.
  - The culture of the system needed to remove the negativity and corruption.
  - Courtney became involved in the culture shift.
    - Wanted to diversify the staff in order to be more representative of the youth served.
- Beliefs/Practices/Philosophies (PP Slides 6-9; Belief Handout)
  - Would use the philosophy of if the next child to walk into the system was someone beloved to them, what would they want to happen to them in the JJ system?
  - Incoming staff, including Courtney when she began, are often skeptical of the beliefs and philosophies.
    - Don't force staff to let go of their personal beliefs, but ask that they prescribe to the agency philosophies while at work. After time, the positive effects of the philosophies on the youth become apparent and it spills over into the lives of everyone involved.
  - Making the youth people and their families the central focus can be difficult.
    - Examples:
      - Just to replace plastic chairs with a traditional couch and chairs was difficult. Held to the belief that the youth being served deserved these amenities.
      - Getting caps and gowns for the youth graduating caused controversy.
  - Ensuring that the staff feels like they are appreciated.
    - Investing in the staff with training
    - Phyllis offered to provide the training materials
    - 140 hours of training during the first year for frontline staff
  - Correctional vs. Rehabilitative
    - Went from how to keep kids from acting out to how to help them change/grow.
    - Safety for the youth involved needed to include mental safety as well as physical safety.
  - Leadership Culture Change
    - To change the system, you must change the culture.
    - The collective vision must be revisited regularly
      - Worked to have leaders take information down the hierarchy to ensure that a collective vision was established.
    - Leadership must emulate the type of staff they want.
- Operating Principles (PP Slides 10-16; Operating Principle Handout)
  - When a new treatment or program is introduced, it has to be examined as to how it will work with what's already in place. Crosswalks and integration are necessary to ensure success.
  - DYS has a continuum of care that children are categorized into.
    - A risk and needs assessment is given to each child entering the system to know where to place them within the continuum of care.
- Committee member input on the strengths and challenges of the current system in NE
  - Strengths
    - No matter the role within the system, there is compassion and commitment to do the right thing for NE youth.
    - The desire to change.
    - There is a culture of collaboration amongst the stakeholders

- The advantage of our unicameral. Bipartisan efforts allow for legislation to progress at a faster pace.
- Challenges
  - Settling on a structural model for the state that makes sense for the population.
    - How does it look? Who is serving the kids? Where will it be housed? Who will administer?
  - The various entities involved in the process are still figuring out the roles that everyone plays
  - The act of actually changing.
  - Funding – who is paying for what? The issue of money can get in the way of ensuring a positive outcome for the youth.
  - The culture of the communities
- Treatment Beliefs (PP Slides 17-19)
  - The treatments and beliefs must be constantly reassessed.
  - If left be, the field practices will start to drift.
- DYS Structure (PP Slides 20-22)
  - 5 regions within the State
    - RA = Regional Administrator
    - SCS = Service Coordinator Supervisor
    - SC = Service Coordinators
      - Perform risk & needs assessments, providing services for the youth and families, and will be with the youth through their whole time involved with the DYS.
    - ASA = Assistant Regional Administrators
    - FM = Facility Managers
    - YS = Youth Specialist
  - 4 Levels of Care
    - Not all services are available in each region. The services available reflect the need of the population in the region.
      - Have had to transition centers from one level of care to another based on this need.
      - This required a huge retraining over the course of two years. The change in hardware (no longer locks on all of the doors) was a difficult to adjust to.
    - DYS does occasionally contract with private facilities for youth with more challenging mental health needs. Will send these youth to have needs met at mental health facilities to help stabilize and prepare to come back and be a part of the group process at DYS facilities.
- Group Discussion
  - The counties are responsible for the frontline in-home diversion services.
    - Courts make the final decision as to who is committed to DYS. The goal of the courts is to exhaust all other resources before commitment. Some areas have no other resources, leading to a higher rate of commitment.
    - DYS encourages these county courts to become involved in the juvenile diversion programs.

- A positive relationship has been established between DYS and the county courts where discussion of the youth at risk for commitment can occur between the parties.
- DYS also provides grant funds to the county courts for providing diversionary services.
  - This helps encourage collaboration and minimize the likelihood of counties committing youth to avoid the fiscal responsibilities.
  - DYS also accepts county court youth into their day programs at no cost to the county.
  - Ultimately, the Judge has the final say on what course is best for the youth.
  - If committed to DYS, the courts relinquish their jurisdiction.
- DYS also provides education for judicial staff, work with the advisory committees, and encourage transparency by inviting judges and legislators to visit their facilities.
- Discussed where funding comes from: general revenue dollars, designated as a Medicaid treatment provider, funds from Department of Elementary and Secondary Education (DESE) since DYS is an accredited school district, and other small pockets.
- It is rare, but does occasionally happen that children will be placed out of their region. Only in cases of group crimes, gang involvement, etc.
  - They do not place children out of State – they are able to provide all of the necessary services within the DYS facilities.
  - There is the underlying principle of keeping youth close to home to encourage family engagement. Placing out of state would go against this.
- Service Structure (PP Slides 23-24)
  - Programs are not co-ed.
    - Some facilities have both genders, but housed in separate wings/buildings.
    - They function only in groups of the same gender.
  - Depending on the program, educators may teach all subjects. There are special education teachers who are in support positions.
    - Even when education is departmentalized, it functions in the group setting.
    - The teachers come to the kids as opposed to the students moving to the teachers.
    - All frontline staff on the day shifts are certified substitute teachers which is paid for by DYS if necessary.
    - Diplomas issued indicate State of Missouri Department of Elementary and Secondary Education.
    - Specific financial information can be found in the annual report on the DYS website: <http://dss.mo.gov/re/dysar.htm>.
  - Do work with a dual jurisdiction program that allows DYS to serve the youth until age 21. This prevents youth from entering the adult corrections system.
    - Used to only be offered in one region limiting the involvement of family for youth placed outside of their home region. Just this year, integrated this program in 2 more regions to reduce this issue.
  - Specialized services are provided in the group process at every facility. This includes substance abuse issues as well as gang involved youth.
    - Sex offences that require more intensive work is typically the only time pull-outs happen.

- The specialists are brought to the youth, and then the youth comes back to the group process. Limits the feelings of isolation.
  - There are individualized plans for each youth that are addressed in the group meetings as well as activities throughout the treatment with the group.
- Average length of stay
  - Secure care – 6-9 or 9-12 months
  - Moderate – 6-9 months
  - Group Home – 4-6 months
  - The youth's progress is the deciding factor for when they are released from DYS
- Law Abiding rate – look out three years – 69% have no other system involvement with the department of corrections and no further involvement with the JJ system.
  - Occasionally a law abiding rate is given in the ninetieth percent range, but this does not include those still on probation or undergoing shock treatment therapy.
- Once youth is to be released from care, SC submits release to aftercare forms and the courts are notified of the youth's pending release.
  - Aftercare program occurs for an average of 4 months.
  - Courts can dispute the release of the youth, but it is a very rare occurrence.
- New cases are only given to DYS up to age 17
  - DYS can petition annually to hold youth up to age 21
  - The courts typically only allow this with the agreement of the youth and family
    - Usually for educational reasons – the youth will be more likely to finish their education while involved with DYS
  - Youth can have legal counsel represent if the extension of services is involuntary.
- Group Discussion (PP Slide 25)
  - Committee members recognize that we are only at the early stages of addressing a change in our system. MO has been at it since the 70's and while we may want to get to a similar position with a system that fits our needs, we have a long way to go to get there.
  - Change is constant. Whatever system is used will need to be adaptable.
  - Members expressed concern over the difficulty of providing all services across the state.
    - Will need to assess the population – what are the needs of each area?
  - DYS Advisory Committee
    - Appointed by the Department director who vets member nominations through the Governor's office.
    - Must be balanced politically, regionally, and functionally.
    - It is a statutorily required group with 15 members that meets quarterly.
    - Every few years the Board performs an assessment of work by visiting programs.
  - Liaison Councils
    - Additional regional councils in place made up of community members.
    - Advocate on behalf of the youth
    - Provide needed items, host events for the youth, help to form scholarships for youth, and assist with incidents.
  - Process for runaway youth
    - A calling tree is in place for each program. Tree includes local businesses, neighbors, family of the youth, Juvenile Courts, and the police department. Once a warrant is issued, staff go out on foot to locate the youth.
    - Family involvement is especially important for when youth return home. The family will ensure that they are returned to the DYS facility.

- Once youth is found the warrant is cancelled.
- MO doesn't send kids out of state
  - DYS has an obligation to help the youth
  - In NE, privatized facilities can choose if they will accept youth.
    - All other placement options must be exhausted, so if it is not available in state, the child is referred out.
    - In MO, placement prior to DYS is controlled by the counties, but a majority are handled by the counties. Since DYS doesn't work with that population, the numbers of private to public facilities is unknown.
- NE has lost two levels of care in the last five years
  - The state is only running the secure care facilities.
    - This leads to questioning if the kids placed there are appropriately placed.
- Lunch 11:48 – 12:45
- Showed short clip about the DYS facilities and the youth committed.
- Review of Clip
  - If a “circle up” doesn't resolve an issue and it escalates, what happens?
    - Training is given to staff on de-escalation techniques. Will return to the issue when calm is restored.
    - It's rare for escalation to occur with peers encouraging the youth to work through the issue.
  - If escalation occurs what is the consequence?
    - Rather than punishment, natural consequences are used.
- Effect of various approaches to recidivism (PP Slides 26-29)
- Treatment Building Blocks (PP Slides 30-35)
  - Circle of Treatment (PP Slide 30)
    - Is it harmful – abuse
    - Is it legal – juvenile rights such as phone calls, education, medicine, basic needs
    - Is it appropriate – can be tricky. Are they getting appropriate treatment? Found that a lot of treatments were actually punishments.
    - Is it optimal – how to treat kids to get the best results?
  - Correctional vs. Treatment (PP Slide 31-32)
    - Treatment
      - Consequences – explaining the natural consequences rather than punishment.
        - Catch it at the first signs. Use it as a way to teach conflict resolution as opposed to acting out.
        - Addressed in terms of readiness
          - Ex: “you're not emotionally ready for a home pass”
      - For each instance, they look at the individual youth and the circumstances. Needs and consequences are addressed in the group process.
      - After reasoning what caused the issue, then they come to a natural level of consequence.
        - Ex: being moved to a new program; moving the youth to a more appropriate team
      - Also take the opportunity to address the staff, as the youth are a reflection of the adults involved.

- Foundation of Safety (PP Slide 33-36)
    - The orderly environment allows for staff to see when something is amiss.
      - Warning signs such as hoarding, stealing, and bartering often mean needs are not being met.
    - Engaged supervision ensures that staff is engaged with the youth in order to be proactive in addressing issues.
    - Basic needs
      - Clothing from home
      - Purchase clothing for them if needed
      - Teaching them appropriateness of clothing; work, school, meetings, home, etc.
        - Assists in making the transition back into daily life easier.
  - Boundaries/Communication (PP Slide 37-38)
    - The staff has to walk the talk
    - As a system, it is easy to blame the youth behavior on the youth. How did leadership help staff realize that they may have role in their behavior?
      - Training and selecting those with experience in the necessary culture. Ensure staff that do not comply are spoken to.
    - Have created a built in an accountability system which is uncommon. Stable assigned teams are used.
      - Staff meets regularly to go over all work items – schedule, responsibilities, with the staff having the flexibility to facilitate as needed.
      - Role modeling is emphasized in its importance.
    - Operate under unconditional positive regard
      - Inherent dignity of all within the system – maintenance, finance staff, food staff, etc.
      - Everyone involved in the program is treated with respect and as a part of the team no matter their role.
  - Fully Integrated Treatment Approach (PP Slide 39-47)
    - Shared some research done by Dick Mendel who integrated himself in the system for over a year.
    - Comprehensive and trauma-informed process
      - Cognitive approaches are used and can be great, but are only effective once emotional stability has been achieved.
    - Treatment plans are structured as a map, as opposed to a point system to assist the youth in their development
  - Education and Treatment (PP Slides 49-50)
    - Reviewed information previously discussed – accredited school district; youth specialists are certified substitute teachers.
  - Family & Community (PP Slide 50)
    - Responsive to visitation
      - FAST program to help with family bonding
      - Have set visiting hours but will work with parents schedules
  - Non-Residential Services (PP Slides 51)
    - Comprehensive family engagement
    - Youth development opportunities.

- Ex: Local police force having a basketball game with the youth
    - Helps to build relationships
- Allow for family members who need resources to get assistance as well. GED attainment is an example
- Contrasting Approaches (PP Slides 52-53)
  - Family is involved from day one
  - Surveillance and monitoring is secondary to human involvement
  - Service coordinator rather than case manager, probation officer, etc.
  - Neighborhood associations are used as positive resources
- Case management (PP Slide 54-56)
  - Risk Assessment
    - Formulated specifically for MO. Paul Romero, consultant, helped to create an individualized assessment
    - Tool allows for moving up or down one level for SC
    - Have a grid that measures risk and assessment to find the appropriate level of care.
      - Will provide a copy of the risk needs assessment and the grid mentioned.
    - Borrowed elements from validated tools, but have yet to collect data to validate their own assessment
    - Re-assess the youth annually with a risk/needs assessment.
  - Service Coordinators are so important in getting things off to a positive start
- Group Discussion (PP Slide 57)
  - It has taken MO so many years to evolve into their current system.
    - Reminiscent of elements of the NE Office of Juvenile Services model from a few years ago.
  - It will be a challenge, but NE must determine how to unify the multiple partners involved.
    - Gave an example from MO where prior to reform, youth were transported to mental health facilities. Moved mental health clinic into the centers and integrated the clinicians into the daily group process.
  - What would be the farthest a parent would need to travel in MO to see a child?
    - 2 hours would be the longest drive for a parent
    - Are there resources for the families to reach the youth?
      - Yes. DYS coordinates transportation and any necessary lodging.
      - Day treatment programs pick up all of the youth.
  - Are DYS regions aligned with any court districts?
    - No. They were created by DYS specifically.
    - Will be reevaluating the regions soon.
  - Humanizing is such an important element in making the MO model successful.
- Comprehensive individual treatment plans (PP Slides 58-65)
  - Every staff in the regions received training on the elements of Comprehensive Strengths Based Assessment, Treatment Planning, and Community Transitions.
  - Five domains of well-being
    - Social rejection – studies show this is experienced as physical pain in youth
    - Isolation can cause further trauma
  - Mastery
    - Have found that sending youth to college does not always prove successful. Moving to a new location for school can cause them to lose their social connections and undermine their success at school.

- Trauma Informed Principles
- Treatment Plans (PP Slides 66-71)
  - First focus is the strength of the youth and family
    - Will provide a copy of the Treatment Planning Tool Worksheet and Self Care Plan.
  - Mapping/artwork helps the youth to express the scars, emotionally and physically, that they have.
- Transitions (PP Slides 72-76)
  - Transition back into the community starts at day one
  - Family included at all levels
  - The treatment Planning tool is completed with the SC prior to commitment to get the youth and family to begin to assess what will need to change.
  - Family/home passes are issues as part of the transition process
    - SC make sure the home environment is suitable for the youth
    - Slow transition from day pass to overnight pass
  - Work to build up knowledge of community resources while still in the facility
    - Provide knowledge of medical services, community activities, locations of bus routes, job/employment resources
  - Community partnerships
    - Work to find mentors for the youth. Mentors will participate in home visits, help youth with job hunting, and assist with transportation needs. This allows for a second adult to offer support.
- Outcomes and Performance (PP Slides 77-79)
- Group Discussion (PP Slide 80)
  - Does DYS connect with Vocational Rehabilitation?
    - Not as much as they would like to
    - Do refer youth to their VR if applicable.
  - Staff recruiting and retention
    - Frontline staff has a higher turnover rate, particularly in the urban areas. Pay is low comparable to other jobs in the community.
    - Offer nice benefit packages.
    - In rural regions, positions are seen as better jobs.
    - Can be difficult in areas where job pool is slim.
    - Beginning salary YS I \$29,000
    - YS II \$30,000
    - 140 hours of training is provided by DYS
  - Is there a complete map of position hierarchy?
    - Yes. Will provide organizational chart.
  - How is long term outcome data used?
    - Critical incident management system to collect data.
    - Track educational outcomes.
    - Audit/review system to assess treatment plans is in the process of reassessment.
      - Working on how to track positive youth outcomes
    - Support services have built in measure to see basic information such as who and how many youth are being served, which staff are due for training, fiscal management of system, etc.
      - Deputy Director and Regional Administrators are the ones to track this information.

- Recidivism, educational outcomes, satisfaction, fiscal information – happening on a quarterly basis.
- Administer community grants
  - Juv. Courts put forth proposal on diversion numbers and strategies. Funds are provided, evaluation is completed, and reapplication occurs every three years.
- NE has first time offence diversion program where charges are dismissed with completion of program.
  - MO does this, but funds can be used in a variety of ways on various programs.
- Does DYS hire their own mental health professionals?
  - Frontline staff is trained to provide this support. Staff is put through Dialectical Behavior Therapy (DBT) training.
  - Each youth has an advocate, not a psychologist, who assist them with treatment. A clinical coordinator with some type of licensure. One region has a psychologist on staff that can be used statewide.
  - If the need is great, DYS contracts with mental health division. Psychiatric services are provided via telehealth with MU.
- Does DYS have an analysis of needs such as substance abuse problems?
  - Treated within group process. For serious cases, will contract out with mental health providers. Once committed, DYS is responsible for meeting the needs of the youth. Use treatment plan to find where the youth is on the spectrum of substance abuse. Most of the time, service is brought to the youth.
- What is greatest hurdle for DYS?
  - Courtney – getting all five regions on the same page regarding consistency, continuity, and system approach.
  - Phyllis – have to work with staff on training and individual processes. The staff have to be the best healthy person they can be.



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## Mo. Juvenile Justice 101

- 45 separate juvenile circuits and 24 locally operated juvenile detention centers handling 38,000 delinquency referrals yearly
- DYS is one of four program divisions of the State Department of Social Services.
- DYS serves the most chronic or serious offenders; courts relinquish jurisdiction upon commitment to DYS.
- A youth is considered an adult for new law violations at age 17.
- DYS typically retains jurisdiction of juvenile offenders for an indeterminate time based on youth's progress, or until the youth reaches age 18.
- DYS may petition the court to retain/extend jurisdiction until age 21 for dual jurisdiction youth or others as deemed necessary.
- Juvenile Court Diversion program administered by DYS to strengthen local systems and reduce commitments.

# Mo.DYS Statistical Overview

- **879 youth committed annually (SFY 12-14 average) and 1,435 served daily in residential and aftercare:**
  - 83% Male; 17% Female
  - 82% between 14 - 16 years of age, 9% - 13 and younger
  - 37% minority youth (compared to 23% youth ages 10 – 17 in Missouri)
  - 68% from metro areas
- **Committing offenses:**
  - 49% felonies (69% with felony history)
  - 37% misdemeanors
  - 14% status offenses
- **Educational Disability, Mental Health Conditions, Prior System Involvement:**
  - 27% educational disability
  - 37% have a history of prior mental health treatment
  - 52% involved in prior substance abuse involvement
  - 22% with prior placement in DSS CD alternative care

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**These articles appeared in the *Columbia Daily Tribune* and the *Jefferson City News Tribune* in 1978 at a time when the systematic de-emphasis of large rural institutions to smaller treatment facilities was taking place.**



# Changing Systems for Youth and Families

Changing systems often involves starting from a fundamentally different place ...

**Philosophy/Culture x Proven Practices x Focus = Quality and Results**

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**Mo.DYS Beliefs and Philosophies**  
**values driven ←→ what works**  
**"If your child was the next one in the door?"**

- **People desire to do well and succeed** - even the most resistant youth hunger for approval and acceptance.
- **We are more alike than different** - everyone has fears, insecurities, and basic needs including safety, attention, and belonging.
- **All behavior has a purpose** - behavior is often a symptom of unmet needs.
- **People do the best they can with the resources available to them** – given limited behavioral and emotional options and resources and situations they have experienced, their behavior may seem logical.
- **The family is vital in the treatment process** - family expertise and participation is essential in the youth's treatment process, and can also help facilitate system change within family.

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# **Our Journey: From Correctional to Therapeutic and Developmental**

- Fundamentally changing our view of young people and families, moving beyond behavior and stereotypes (youth and families)
- Values/mission as our foundation - unrelenting compassion, determined to find what works (e.g. hard heads, soft hearts)
- Young people and families in the “center” of everything we do
- Program fits youth (family); not the youth fits the program – implemented a continuum of options based on data, and risk/need assessments.
- Quality and engaged frontline staff (non-custodial); with consistent team assignments, low ratios, team standards/accountability
- Systemic perspective, beyond programmatic/best practice model
- Focused on internalized change, long-term results, continuous improvement

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## **Correctional      Vs.      Rehabilitative**

- External Controls
- Lock-up
- External control
- Positional Power, Autocratic, No Relationship
- Inmates
- Majors, Lieutenants, Sergeants
- Correctional Officers, Security Workers, Security
- Family/Community as problem
- Regiment, rules
- Custodial supervision
- Behavioral Compliance

- Safety 1st
- Continuum of Services
- Facilitation
- Healthy Hierarchy, Boundaries, Relationship
- Young people
- Leaders, Managers, Directors
- Youth Workers, Service Coordinators, Counselors
- Family/Community as partners
- Structure, order
- Engaged interaction
- Internalized Change

**TRADITIONAL**

**TREATMENT**

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# **Leadership & Culture Change**

**"To change a system, you must change the culture"**

- **Create a collective vision**, build on existing strengths, belief system/values, and proven effective practices
- **Engaged management, systemic leadership** necessary to support and sustain the change, **no “silver bullets”**
  - Neutrality - avoid “symptom chasing”
  - Comprehensive approach – structural, human, symbolic, and political
- **Quality Staff and Team Approach** – get the “right people on the bus”, prepare and develop them constantly
- **Teach, Expect, Model, and Monitor** (TEMM Approach)
- **Accountable/ Determined** – “do what it takes” philosophy; proud, hopeful, and dissatisfied

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## **Optimal Organizational/Program Operating Principles**

- Humane Environment
- Least Restrictive Environment
- Small Programs, Close to Home
- Values Driven
- Comprehensive and Integrated Approach
- Systems Approach and Neutrality

# **Optimal Organizational/Program Operating Principles**

- Group Approach/Process
- Developmental/Strengths Based Approach
- Continuity of Services and Relationships
- Family Voice, Choice, and Engagement
- Community Engagement
- Diversity

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## **Correctional vs. Humane and Developmental Environments**

**Traditional Youth Corrections**

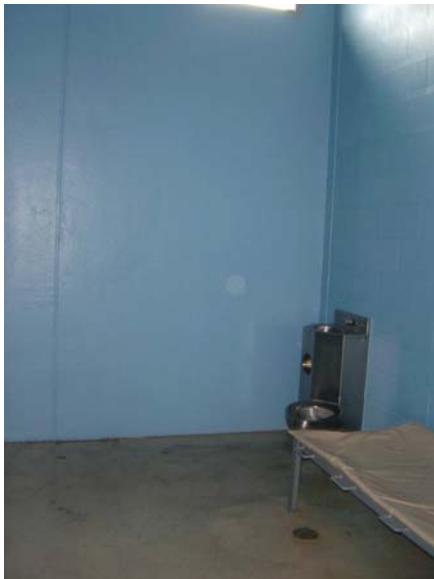


**Therapeutic & Developmental**



# **Correctional vs. Humane and Developmental Environments**

**Traditional Youth Corrections**



**Therapeutic & Developmental**



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# **Correctional vs. Humane and Developmental Environments**

**Traditional Youth Corrections**



**Therapeutic & Developmental**



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# Correctional vs. Humane and Developmental Environments

## Traditional Youth Corrections



## Therapeutic & Developmental



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**These articles appeared in 2008 editions of the *Kansas City Star* and *St. Louis Post-Dispatch* reflecting the results of years of innovation and reform by the Division's leaders and partners.**



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# **What are the key elements of Missouri's Approach?**

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## **Starts with a Compelling and Ambitious Vision & Mission**

***Every young person served by Missouri DYS will become a productive citizen and lead a fulfilling life.***

# Key Research Findings

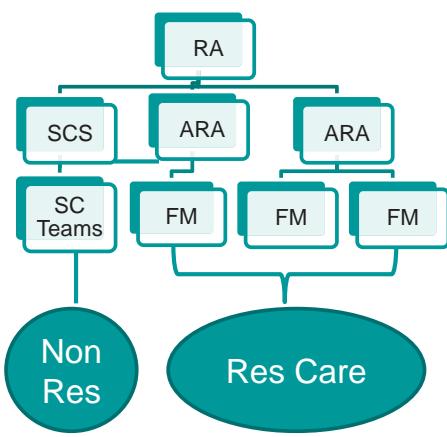
**"Improving Effectiveness of Juvenile Justice Programs: A New Perspective on Evidenced Based Practice", Lipsey, Howell, Kelly, Chapman, & Carver, 2010**

- Juvenile justice systems will generally get more delinquency reduction benefits by focusing their most effective and costly interventions on higher risk and providing less intensive and costly interventions to low risk juveniles.
- Programs with a therapeutic philosophy and group approach were notably more effective than those with a control philosophy.
- Most family counseling programs had a positive impact.
- A sufficient amount of program service is important.
- Multiple coordinated services and quality implementation magnifies the impact.

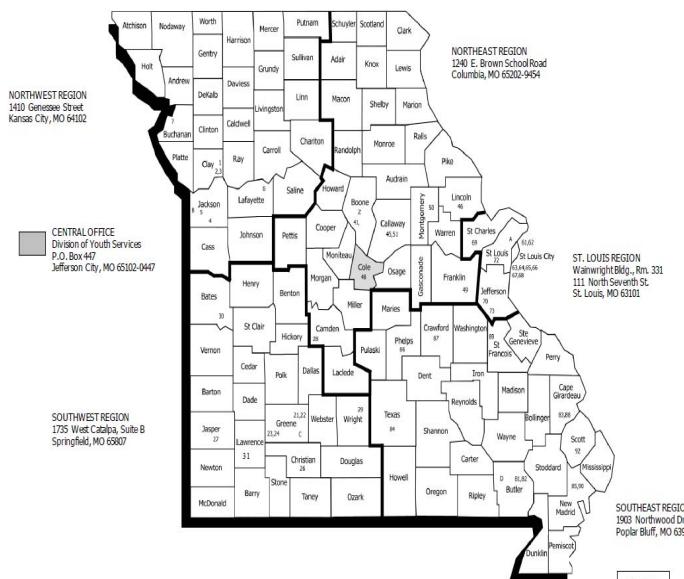
## DYS Structure

### Approach & Structure

## Regional Approach Partial Structure



## Decentralized Approach



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## Levels of Care



Day Treatment



Community Based



Moderate



Secure

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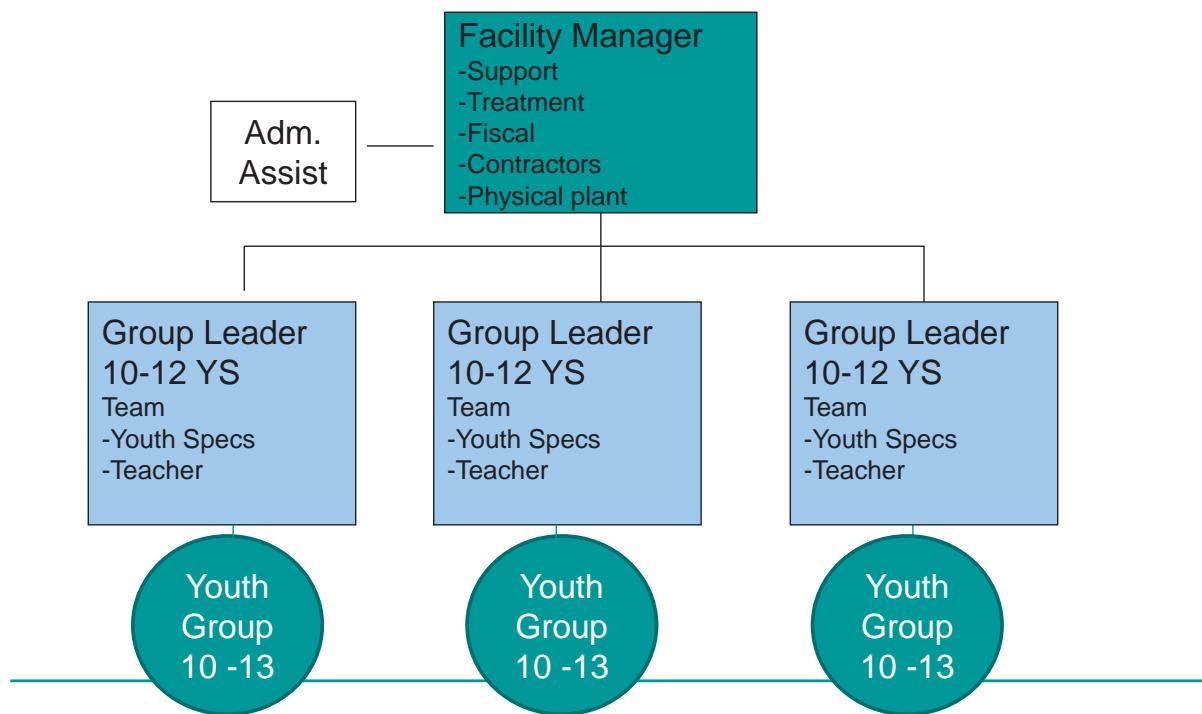
# DYS Program & Services Structure

## Service Structures/Programs

- **Staffing**
  - Youth Specialists
    - No Corrections Officers
  - Flat Hierarchy & Keep Staff Close to Kids
  - High Ratios & High Levels of Supervision
  - 8 Hour Shifts (highest treatment leverage)
  - Stable Staffing Assignments
- **Team Process**
  - Teams assigned to small group (10 -13)
  - Group Leader supervises the team
  - Weekly team meetings

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## Missouri: Basic Facility Structure



# Group Discussion

- Missouri's Evolution
- Key Elements of the Approach/Research Findings
- DYS Structure
  - 1. What stood out to you in regard to the above topics in the presentation?
  - 2. What potential implications (if any) for Nebraska Juvenile Justice System?
  - 3. What further questions do you have?

# Integrated Treatment Approach

- Research
- MO Approach

# Key Research Findings

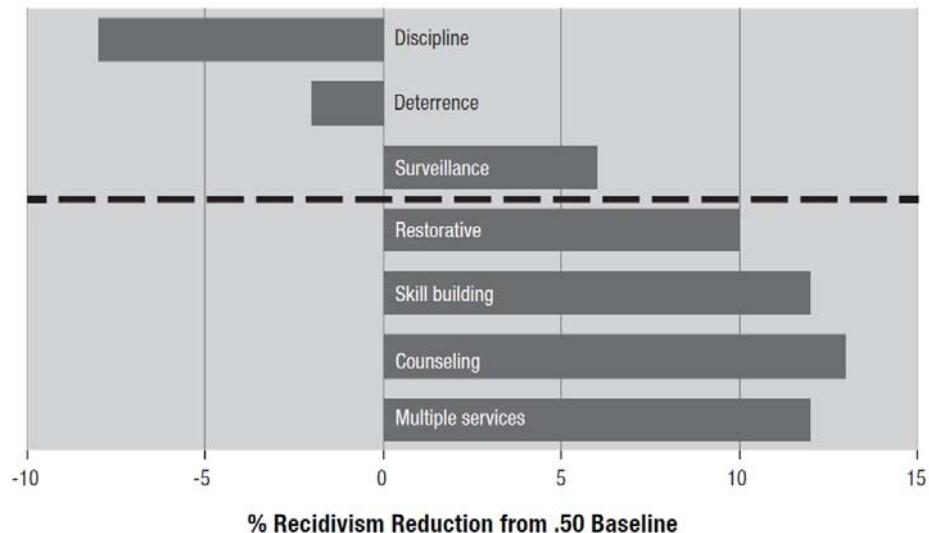
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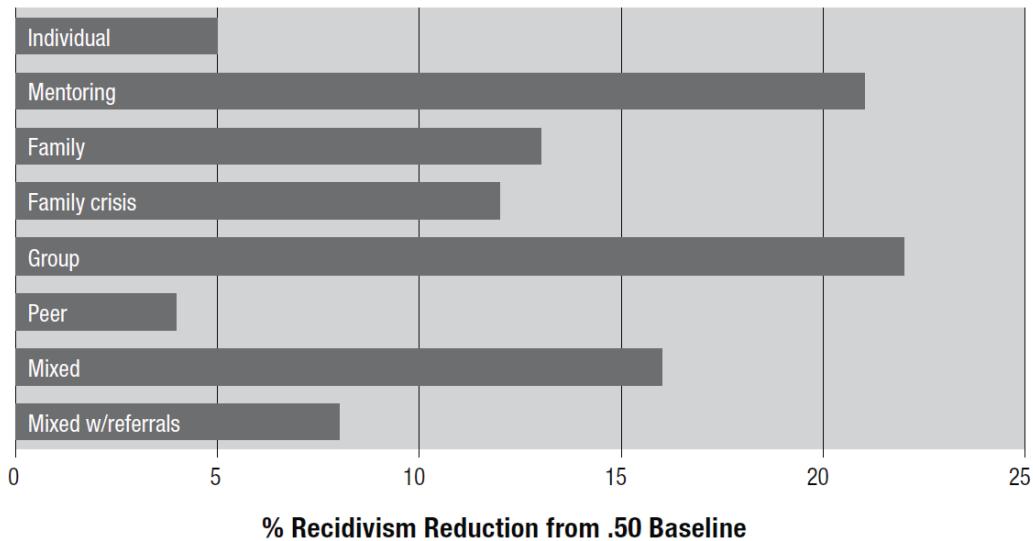
## Control versus Therapeutic Philosophies

**Figure 1.** Mean recidivism effects for the program categories representing control and therapeutic philosophies



# Recidivism by Program Type

Figure 2. Mean recidivism effects for the generic program types within the counseling category



CIRCLE OF TREATMENT

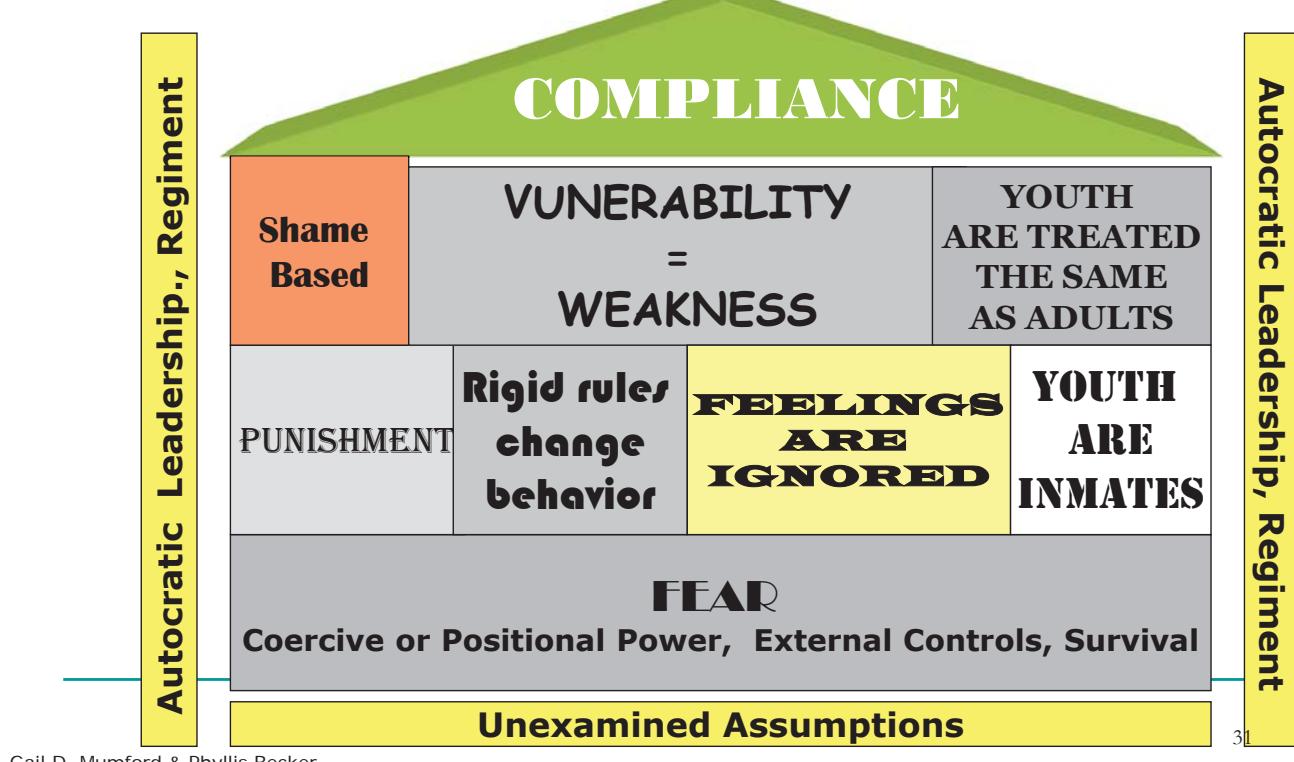
Is it Optimal?

Is it Appropriate?

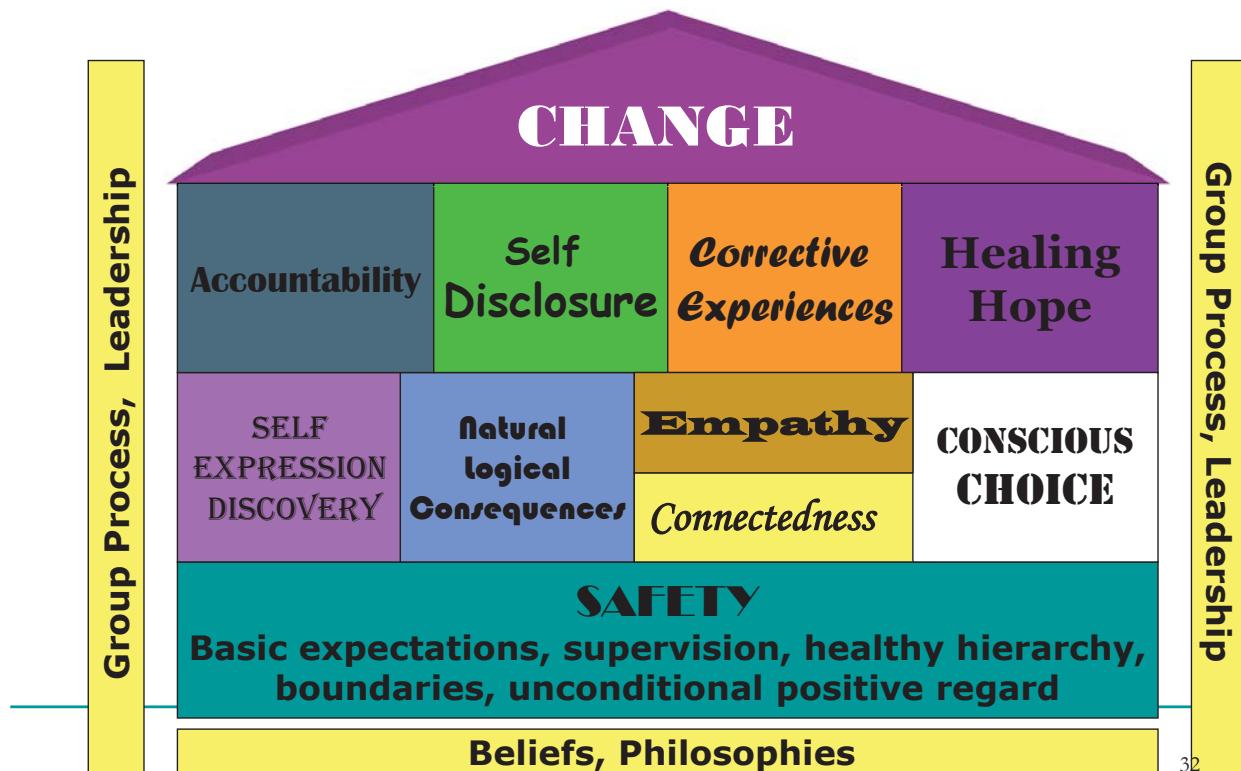
Is it Legal?

Is it Harmful?

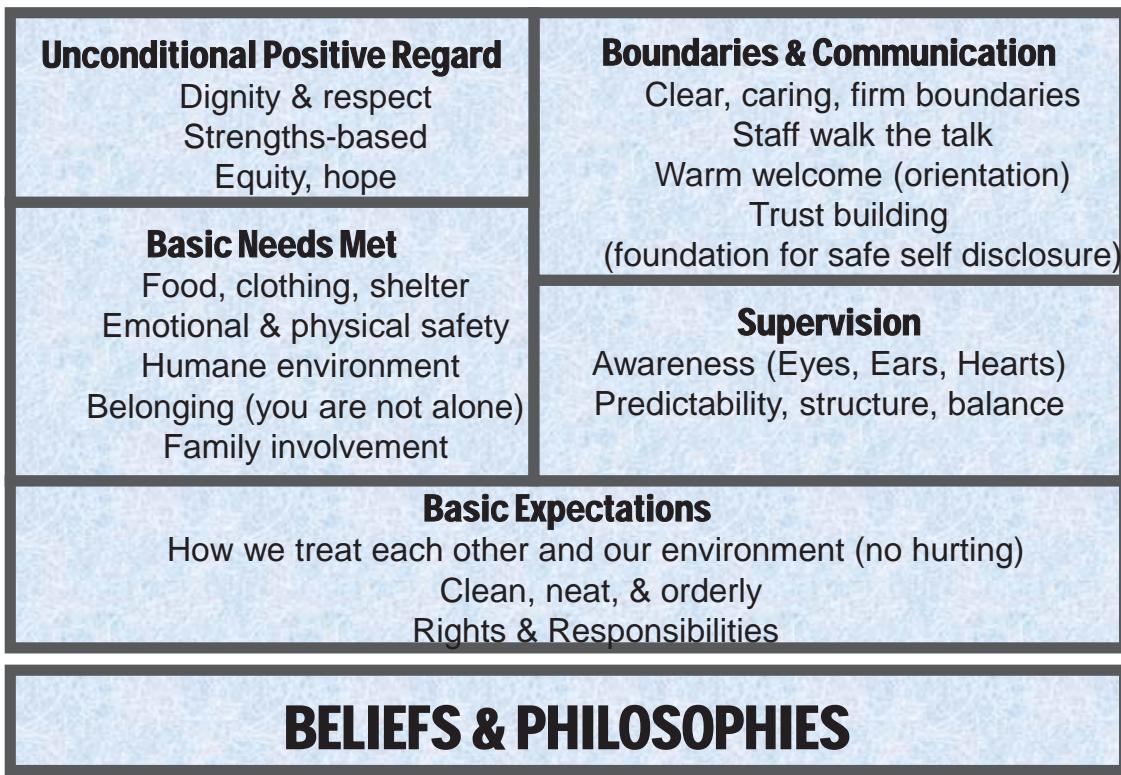
# Correctional/Traditional



# Treatment/Developmental



# Safety Building Blocks



## Basic Expectations

- **Creates Positive Norms**
  - Core Program Practice
  - Youth Rights and Responsibilities
  - Staff Practices
  - Clean, Neat, and Organized
- **Indicators**
  - You hear compassionate tone of voice/kind firmness and direction as needed
  - Clean, neat, and organized
  - No hurting is demonstrated in actions and words – conflict dealt with/addresses prior to it escalating into harm
  - Youth understand their rights and responsibilities
  - Youth and Staff know what the basic expectations are and follow thru on them

# Basic Needs

## ■ Meeting Basic Needs Contributes to Safety

- Maslow
- Self Care/Self Esteem

## ■ Indicators

- Medical needs are being met
- Tasty and nutritious food
- Youth have decent clothing and shoes
- Youth have good bedding
- Youth have healthy adequate hygiene products

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# Engaged Supervision

## ■ Engaged Supervision Builds Positive Safe Relationships

- Eyes on, ears on, hearts on
- Interacting vs babysitting
- Highly structured programming

## ■ Indicators

- Staff actively engage youth/group by leading and guiding
- Staff participate in activities, meals and conversations with the youth/group
- Balance of treatment, education, recreation
- Student success celebrated
- Youth know schedules, routines & staff reinforce

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# Boundaries & Communication

- **Healthy communication and clear boundaries maintains safety (youth & staff)**
  - “Good fences makes good neighbors”
  - Professional Boundaries
  - The value of feedback
  - Repairing violated boundaries
- **Indicators**
  - Staff at all levels are effectively communicating
  - Appropriate youth/staff interactions (personal boundaries respected – not too rigid or close)
  - Youth and staff are honest and genuine in their communication

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# Unconditional Positive Regard

- **Tap into the inherent dignity of all within the system**
  - Modeling
  - Do not get stuck on symptoms (negative control loop)
  - Getting to core
  - Respecting and respectful people – people who care do not hurt themselves or others
- **Indicators**
  - Hope for the future
  - Success celebrated by youth and staff
  - Everyone is accepted/belongs
  - No scapegoats or favorites

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# Humane and Developmental Approaches Increase Safety

## Safe and Humane Environments

- Youth are 4 ½ times more likely to be assaulted in other youth correctional programs than in Missouri DYS.
- Staff members are 13 times more likely to be assaulted in other youth correctional programs than in Missouri DYS.

Source: Research by Dick Mendel (2008) comparing Missouri DYS to youth correctional programs participating in the Performance Based Standards (PbS) process.

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## Fully Integrated Treatment Approach

- **Comprehensive and trauma-informed process** focused on emotional healing, self-awareness and cognitive-behavioral, youth development, family systems.



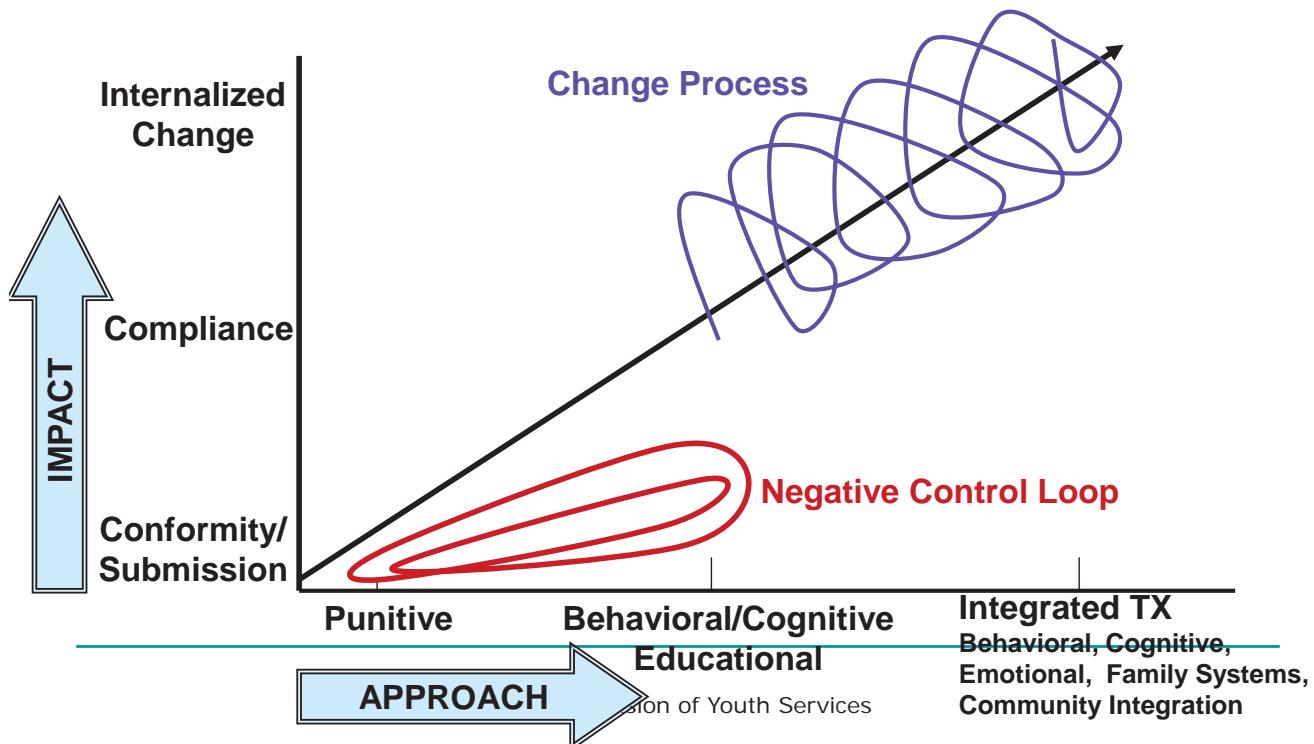
Penalizing

Educational

Holistic

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# Reshaping Behavior: *Completing the Puzzle*



## Integrated Treatment Approach

- **Individualized treatment and education planning** based on asset, risk, and needs assessment
- **Focused on youth and family development**
  - healthy peer-to-peer and adult-child relationships
  - self-awareness and insight
  - skill development
  - resolution of core issues
  - behavioral change
  - family and community connections, natural support networks

# Integrated Treatment Approach

## ■ Key Components

- “**Holistic**” approach - perceptions (cognitions), feelings/emotions, decisions and behavioral choices
- “**Group Systems**” – integration of group process, developmental, and family systems
- **Individual Treatment Planning and Level systems** - that reflect the change process and provide an individualized “roadmap”
- **Purposeful and Intentional Use of Time** - structured planning including education, treatment, experiential learning, skill building, connections to family and community

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# Integrated Treatment Approach

## Purposeful and Intentional Use of Time

- **Individualized and integrated educational approach** (“therapeutic one-room schoolhouse”)
- **Predictable Daily group meetings** (sacred time, emotional safety, trauma work, self acceptance and accountability)
- **Ongoing treatment activities** and group “circles” (educational, conflict resolution, problem solving)
- **Regular engagement with family and community** (empathy and giving back)
- **Leadership (Positive Youth Development)** and recreational opportunities

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# Group Approach

- **Therapeutic Intervention, Youth Development, and Social-Emotional Competence** through:
  - Assessing group dynamics and systemic needs
  - Group “circles” for facilitating peer to peer feedback, and conflict resolutions
  - Daily group meetings to address treatment needs.
  - Experiential group projects including youth team building, outdoor education and other opportunities to learn and practice social-emotional competence.

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## Social Intelligence – The New Science of Human Relationships

“Half a dozen times a day the members form into a circle to check in with each other to say how they feel.... They meet for activities that are designed to enhance camaraderie and cooperation, foster empathy and accurate perceptions of each other, and build communication skills and trust. All of that constructs a secure base and provides them with the social abilities they so desperately need.” – **Daniel Goleman, 2006**



# Treatment Approaches & Theories

## ■ Primary Treatment Approaches

- Systems Approach and Group Process
- Individual Treatment Planning
- Levels System/Change Theory
- Intensive Structured Daily Schedule
- Integration of Treatment and Education
- Service Coordination
- Family Involvement/Engagement
- Community Involvement/Engagement

## ■ Foundational Treatment Theories:

- Developmental Approaches, Gestalt, Adlerian, Rogerian, family systems, Yalom's Therapeutic Factors, Positive Youth Development, Maslow, Group Process and Dynamics, adolescent development, Trauma Informed approaches, Well Being research, Positive Youth Development

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## Education and Treatment



# Mo.DYS Educational Approach

- Fully accredited as a free-standing school district with collaborative relationships and access to federal, state, and local funding that “follows the student”
- Small class sizes and individualized learning plans
- Teachers and youth specialists working side-by-side and with common professional development and treatment planning (healthy marriage - education and treatment).
- Transition supports (e.g. virtual academy, case management, mentors and learning coaches)
- Individualized learning plans or every student and differentiated instruction, individualized learning in a group context.
- Social-emotional competence is an essential component of learning, healthy development, and navigating life.

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## Family and Community Engagement and Partnership

- **Core philosophy** anchored by “*the family is vital to the treatment process*” and “*families as experts*”.
- **Universal Case Management** providing continuity, youth and family advocacy – start to finish.
- **Outreach** through home visits.
- **Responsive facility visitation policies** that are flexible based on family interests, customs, convenience.
- **Interface with Community Partners and Community Liaison Councils** to build a caring community of support for family.
- **Implementing multi-family group process and governance** opportunities for families.

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## **Non- Residential Services**

### **A Broader Vision**

### **From Programs to Systems**

- Comprehensive family engagement and support (e.g. resource centers, multi-family groups, volunteer opportunities/reciprocity, health/wellness, emergency assistance)
- Enhanced integration with Family Courts and Juvenile Court Diversion
- Youth development opportunities (e.g. youth boards/leadership, afterschool activities, productive involvement)
- Post-secondary and vocational education and career services for youth and families

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### **Contrasting Approaches: Transition**

<b>Developmental/ Rehabilitative</b>	<b>Institutional</b>
Goal is for youth & families to be productively involved and contributing to community	Goal is for youth to stay out of trouble
Family at the table day 1	Family secondary
Build positive relationships, reduce isolation	Create barriers, limit peer contagion
“Humanware” engaged supervision and mentoring	Surveillance/Monitoring Programs

## Contrasting Approaches: Transition

Developmental/ Rehabilitative	Institutional
Service Coordinator (community organizer, resource developer, connections and support)	Case manager; probation, parole, staff positioned as enforcers and monitors
Focus on achieving stability	Focus on locating a placement
Community/neighborhoods as a resource	“Bad” neighborhoods

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## Universal Case Management

- **Continuity, youth and family advocacy** from start to finish
- **Low ratios** of 1 service coordinator for every 18 youth
- **Comprehensive assessment** guided by risk, seriousness, strengths and needs assessment
- **Individualized treatment planning** with significant youth/family involvement

# Risk Assessment Variables

- Seriousness of committing offense
- Prior delinquent adjudications and age of 1<sup>st</sup> delinquent referral
- Individual conditions such as aggression, anti-social attitudes and beliefs, risk-taking
- Placement history, adjustment, and stability
- Peer relationships and pro-social supports
- Mental Health and Substance Abuse history
- Family disruption and parental control

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# Needs Assessment Areas

- **Individual** including social and emotional development, peer relationships, child abuse and neglect, sexual adjustment
- **Family** including placement, family engagement and stability
- **Health and Medical** including health/medical, substance abuse, mental health
- **Education** including school attendance, disabilities, school behavior, academic performance
- **Vocation** including technical skills, employment
- **Community** including community response and resources

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# Group Discussion

- **Integrated Treatment Approach**
- **Non-Residential Services /Case Management**
  1. **What stood out to you in regard to the above topics in the presentation?**
  2. **What potential implications (if any) for Nebraska Juvenile Justice System ?**
  3. **What further questions do you have?**

## Comprehensive Individual Treatment Plan

## Philosophy & Frameworks

# Comprehensive Treatment Planning

## KEY CONCEPTS & FOUNDATION

1. Strengths Based
2. Well-Being (Five Domains)
3. Treatment Focus (systemic, integrated)
4. Trauma Informed Approach
5. Community Assets
6. Positive Youth Development

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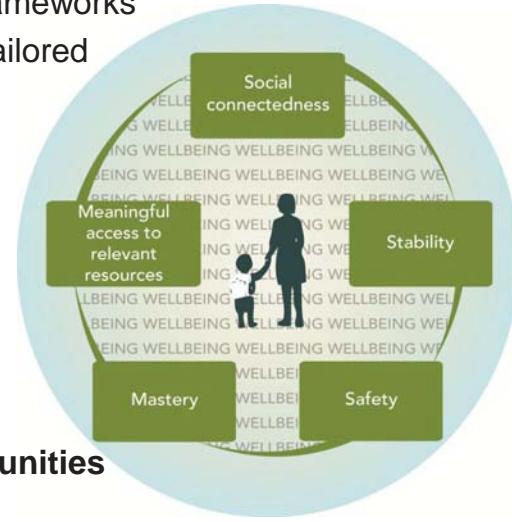
## Comprehensive Strengths Based Assessment, Treatment Planning, and Community Transitions

Process	Comprehensive/ Strengths Based	Traditional/ Problem Focus
<b>Purpose of Plan</b>	-Framework to guide -Map/Domains/Pathways	-List of problems -Address behavior
<b>View of Strengths</b>	-Upfront -Resilience/Recovery	- Minimized - At the end of the plan
<b>Presenting Problem</b>	-Behavior has a purpose -Systemic/trauma aware	-What they did -Pathology/crimes
<b>Treatment Goals</b>	-Positive Outcomes -Inclusive	-Symptoms/Compliance -Staff Driven
<b>Role of the Youth/Family in the Plan</b>	-Youth guided & family driven	-Little to no input
<b>Role of Community in the Plan</b>	-Involved at the table -Natural supports -Domains, Positive Youth Development	-Underutilized -Not thought about until release from program

# The Five Domains of Wellbeing

## Universally needed, individually experienced

- Helps to tie together many other tools and frameworks
- Allows us to be both generalized and really tailored



## Asset-based, reality driven

- Helps identify the purpose of behavior
- Surfaces what's working that could be used to overcome challenges
- Illuminates how something that seems negative could become something good

## Applicable to individuals, families and communities

- Common language, framework
- Helps incorporate ecological, systems perspective

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# The Five Domains of Wellbeing

## Interdependent

- Helps identify and anticipate trade-offs

*People won't sustain  
change unless we talk  
about the tradeoffs and  
do our best to plan for them.*



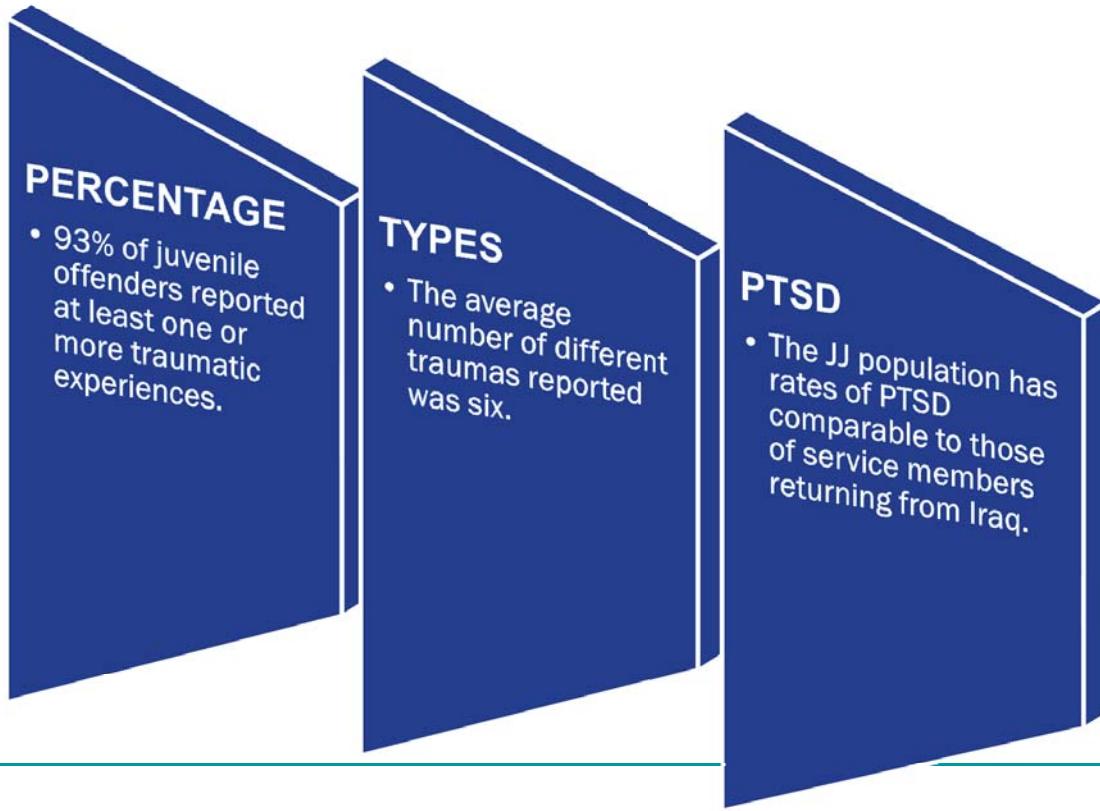
## Non-hierarchical

- Helps identify when the back door may be the best door

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## Rates of Trauma in Youth in Juvenile Justice System



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## Trauma Informed Principles

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing developmentally appropriate choice and control for children, youth, families
- Collaboration: Maximizing collaboration and sharing of power with children, youth, families
- Empowerment: Prioritizing child, youth, family empowerment and skill-building

# Trauma Informed Model Emphasis

## Symptoms are Adaptations

- A trauma model frames survivors' symptoms as adaptations, rather than as pathology.
- Every symptom helped a survivor in the past and continues to help in the present — in some way.
- Emphasizes resiliency in human responses to stress.
- It reduces shame.
- It engenders hope for clients and providers alike.

# DYS Youth Treatment Plan Template and Treatment Work

# Missouri Division of Youth Services

## Comprehensive Individual Treatment Plan

Youth Name		DOB		DYS Case File #	
DOA		DOC		Region	<input type="button" value="▼"/>

### Part A: Assessment and Goals

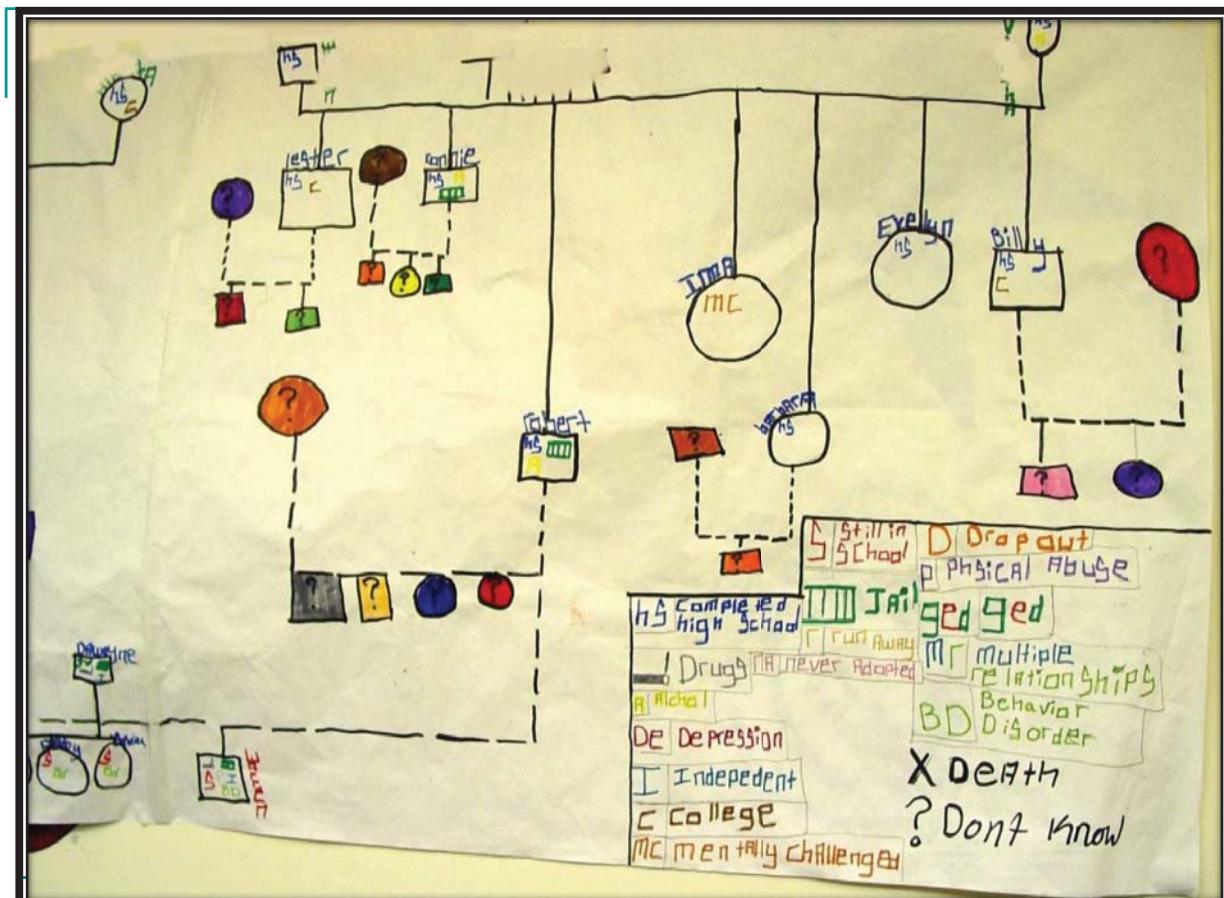
#### I. Youth and Family Strengths

A1. What are the key strengths and developmental assets of the youth?

A2. What are the key strengths and developmental assets of the family?

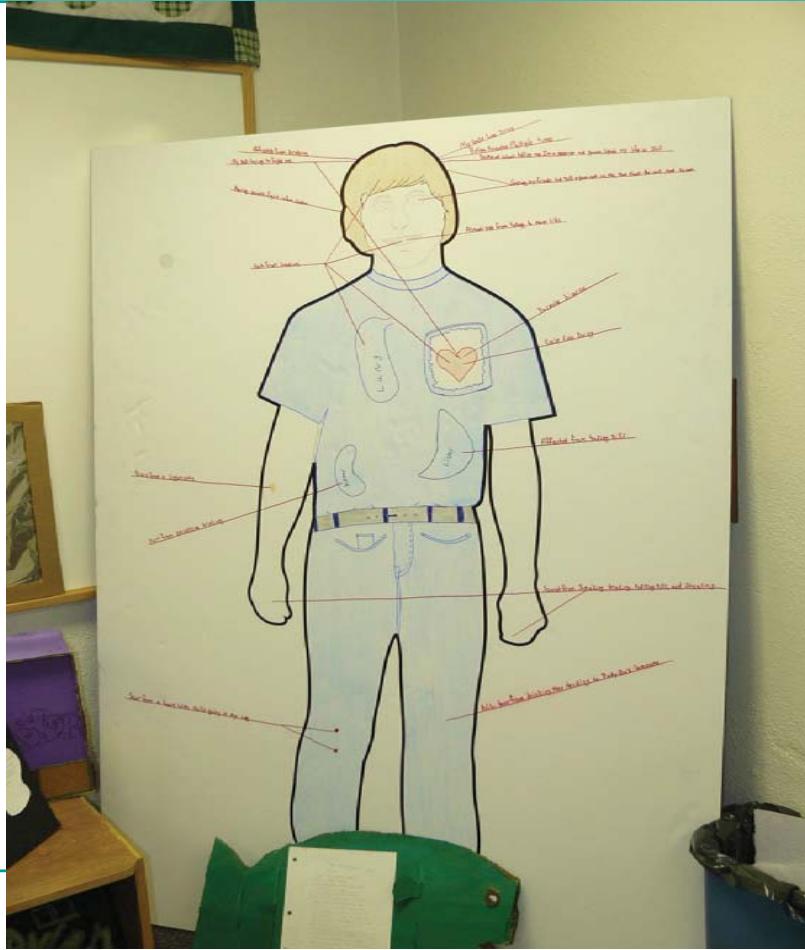
B1. What are the interests, hopes and dreams of the youth?

B2. What are the interests, hopes and dreams of the family?





Youth Treatment Work<sup>9</sup>





# Community Integration

# Optimal Transition Practices

1. Plan transitions from the start
2. Help family & youth own the transition
3. Community integration – walk into success

Missouri Division of Youth Services

## Treatment Planning Tools

### PART C: TRANSITION WORKSHEET

#### TRANSITION MEETING: YOUTH AND FAMILY WORKSHEET

This worksheet should be completed prior to and in the transition meeting by the youth and family with help from the program and SC. This will be reviewed in the meeting to finalize transition goals.

	<b>Here's the progress we've made in...</b>  What we have learned and accomplished, and how we have grown	<b>Here's where we are going... Goals</b>  What we need to do to maintain our progress and what we need to do (or need help with!) to continue growing and moving forward.	<b>These are the people and groups that can help us in...</b>  What agencies and people we will work with to meet our needs and move forward.
Dealing with our personal and family issues. (our treatment, program and other counseling)			
Being positively connected with other people— having people we can count on, and being someone other people can count on.			

# **PATHWAYS TO THE COMMUNITY**

***Creating Positive Transitions for Young People***



**Artwork by Jorge Alvarez, Omega Group, Sears Youth Center  
Missouri Division of Youth Services  
Community Integration Conference SE Region**

**Are outcomes sustained  
long-term?**

# Law-Abiding Behavior and Productive Involvement in Communities

## Law-Abiding Behavior

- 3 years after discharge 93% of DYS youth have avoided further incarceration, and 69% have avoided further involvement with juvenile justice or adult corrections.

## Productive Involvement

- Over 90% of DYS youth are productively involved in their communities through school or work.

Source: Missouri Department of Social Service, Center for Management Information

MO Division of Youth Services

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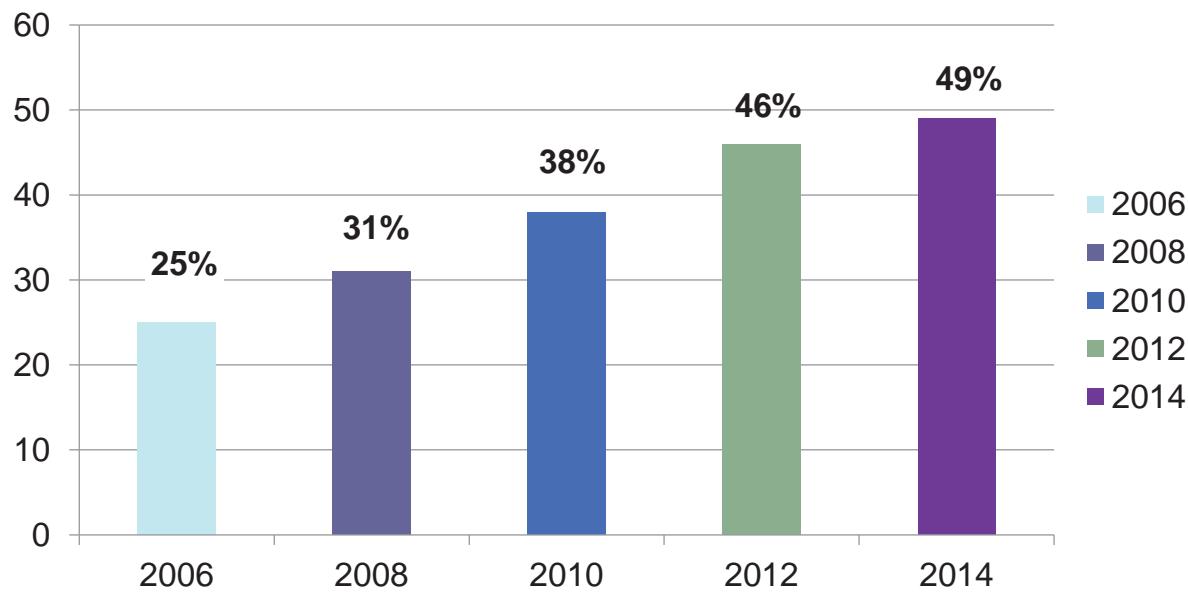
## DYS Educational Performance

- Since 2000, over 4500 young people graduated from MO DYS educational programs (HS diploma or GED/HISET)
- In State Fiscal Year 2014, 46% of sixteen year olds, and 49% of 17 year olds who were discharged from DYS had obtained their high school diploma or high school equivalency. Compared to national statistics, only 9% of youth in juvenile justice obtained a high school diploma or high school equivalency.
- In addition to this, 79% of youth in DYS earn high school credits and 31% return to public school. Nationwide, these figures are 47% and 25% respectively.
- Along with their progress toward high school completion, 27% of DYS youth apply and are accepted to post-secondary learning institutions. Nationally, only 2% of youth who have been involved in juvenile justice education systems further their education past high school or high school equivalency.
- In FY 2014 - 89% of our youth have improved in reading, writing and math

MO Division of Youth Services

78

# Missouri DYS School Completion Rates 17 year old Students



MO Division of Youth Services

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## Group Discussion

- **Comprehensive Individual Treatment Plans**
- **Community Integration**
- **Outcomes**
  1. **What stood out to you in regard to the above topics in the presentation?**
  2. **What potential implications (if any) for Nebraska Juvenile Justice System ?**
  3. **What further questions do you have?**

## **Missouri Division of Youth Services ADOLESCENT CARE TREATMENT**

The following is a brief description of the Adolescent Care Treatment Training Package that is presented to treatment staff in Missouri Division of Youth Services trainings.

### **0-3 months**

**Facility Manual Review:** All supervisors will ensure that all new employees familiarize themselves with DSS, DYS, and facility policies.

**Observation with Senior Staff:** All new employees will spend at least 40 hours observing co-workers, supervisors and senior staff doing the duties required for their particular position and others assigned.

**Beliefs and Philosophies:** A 4 hour session where employees are introduced to the DYS Beliefs and Philosophies. They are not only presented, but also discussed at length how we put these into our everyday practices.

### **Trauma Informed Care and Fully Integrated Treatment**

A 4-6 hour workshop exploring the importance of being aware of the many aspects of trauma and how DYS implements an integrated treatment approach.

**First Aid/CPR:** An 8-hour workshop, which certifies participants as basic responders in CPR and First Aid emergencies.

**Youth Health & Medication Training:** A 16 hour workshop, which is done by DYS nursing staff. It educates participants on various health related topics. This training will also enable participants to learn policies and procedures, and how to handle medication. A post-test will be given.

**Professional Boundaries :** An 8 hour workshop, which covers the importance of learning, recognizing, and establishing professional boundaries with youth and co-workers. It covers the areas of: healthy appropriate boundaries, increasing our understanding of adolescent development as it relates to boundaries, discussion of "slippery slopes", red flags warning signs and gray areas. Also discusses the importance of team accountability and best practices.

**Physical Crisis Prevention & Intervention (PCPI):** A 16 hour workshop, which covers stages of crisis escalation and appropriate staff response, with most of the time being spent on verbal de-escalation, nonverbal, body positioning and creating an overall SAFE environment. Optimal care is discussed as an expectation of DYS. Also covers DYS policy & procedure, practice in safe, group restraint methods.

**Suicide Prevention, Intervention & Postvention:** An 8 hour workshop, which covers verbal and behavioral clues or risk factors, DYS policy & procedures about what to do at all times, and maintaining engaged supervision with every youth.

## **0-12months**

**Assessing and Moving Groups:** An 8 hour workshop, which covers group development and how to support and address developmental needs. Covers the Tuckman Model of Group Development, (Forming, Storming, Norming, Performing, Adjourning). Also covers styles of leadership, flexibility, and influencing change, being able to meet the youth where they are at developmentally with the right amount of direction and support.

**Group Dynamics:** A 16 hour workshop, which covers factors which influence group process, identification and assessment of group development, (more in depth coverage of Tuckman Model); diagnoses or identification of roles and/or problems, suggestions for leadership styles and/or intervention techniques.

**Systems Theory:** An 8 hour workshop that covers basic terms and definitions of a "Systems Approach" type of therapy/counseling. The training covers how to recognize and work with and through systems to best help the youth. It will help staff teach youth to explore the systems in their lives and how they affect them. We discuss Genograms, eco maps, hierarchy, etc.

**Facilitating For Change:** A 16 hour workshop. Participants learn and develop a mind-set and gain skills in the following areas: theories of Change, DYS Treatment Beliefs that relate to the change process, Safety Building Blocks that are the foundation of change, the difference between responding vs. reacting to behavior, and understand tools for responding including REDS & OARS. They learn how "resistance" is a normal part of the change process, see beyond youth's behavior to underlying needs, understand the differences between problem versus symptoms. The importance of safety nets in self disclosure will be discussed, as well as the use of healing transition tools such as journaling, centering, quiet time, predicting/normalizing. Participants learn how to assess and verbalize the goals of youth's behavior, verbally identify how youth's perception and feelings impact behavioral choices, and facilitate a group discussion utilizing the treatment wheel process (a group facilitation tool.) They learn how to assess youths behavior using the line of movement and also learn to use and model responding effectively vs. reacting to youth's behavior (using REDS ; roll with resistance , express empathy, develop congruency, support self efficacy and OARS- open ended questions, affirming, reflective listening, summarizing.)

## **0-24 months**

**Phase I/ Needs Based Training:** This 24-32 hour workshop is a culmination of several different topic areas, and it is required during the first two years of employment (typically after all of the other training sessions have been taken). Topics include: Group orientation, Correctional vs. Therapeutic approaches, basic needs, adolescent development, trauma, defense layers, attachment disorder theories, safety building blocks, invitational model, therapeutic approaches, and self-care.

**Phase II/Needs Based Training:** This is the second week (another 24 to 32 hours) of Phase training which includes topics: working with trauma survivors, individual impact of trauma, Trauma Outcome Process theories, Line of Movement (Problems vs. symptoms), treatment strategies, positive asset search, and relapse prevention strategies.

### **Other training sessions offered:**

**Advanced Group Facilitator Certification:** extensive 40 –60 hour competency-based group facilitator training usually offered to Managers, Group Leaders, and Senior Youth Specialists. Includes didactic content combined with experiential sessions and demonstrated skills reviewed by a certification committee

**Group Leader training/ Team Building and Roles:** A 12-16 hour training for Group Leaders to teach them ways to build their staff teams, including working on visions for their teams and communication styles. The participants will learn about and discuss the many roles they play in this position and how to balance these roles and appropriately assess and supervise both their staff teams and the youth.

*Note: Other training sessions are also available; including training for all supervisors, training specific for Group Leaders, support staff, Service Coordinators, Family Specialists, and others.*

My Name:

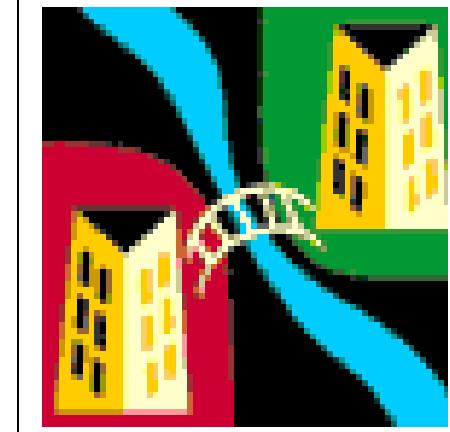
My Family Members:

Group Leader:

Advocate:

Service Coordinator:

## YOUTH AND FAMILY TRANSITION WORKSHEET



# TRANSITION MEETING: YOUTH AND FAMILY WORKSHEET

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This worksheet should be completed prior to and in the transition meeting by the youth and family with help from the program and SC. This will be reviewed in the meeting to finalize transition goals.

	<b>Here's the progress we've made in...</b>	<b>Here's where we are going... Goals</b>	<b>These are the people and groups that can help us in...</b>
	What we have learned and accomplished, and how we have grown	What we need to do to maintain our progress and what we need to do (or need help with!) to continue growing and moving forward.	What agencies and people we will work with to meet our needs and move forward.
Dealing with our personal and family issues. (our treatment, program and other counseling)			
Being positively connected with other people—having people we can count on, and being someone other people can count on.			

## PART C: TRANSITION WORKSHEET

	<b>Here's the progress we've made in...</b>	<b>Here's where we are going... Goals</b>	<b>These are the people and groups that can help us in...</b>
	What we have learned and accomplished, and how we have grown	What we need to do to maintain our progress and what we need to do (or need help with!) to continue growing and moving forward.	What agencies and people we will work with to meet our needs and move forward.
<b>Being and feeling safe at home, at school, at work and in our community</b>			
<b>Things being stable enough that a little thing won't create a huge problem.</b>			
<b>Developing our skills and confidence, and knowing we can shape our own future</b>			
<b>Being able to meet our basic needs in ways that aren't dangerous or hurtful to us (getting the resources we need)</b>			

## PART C: TRANSITION WORKSHEET

	<b>Here's the progress we've made in...</b>	<b>Here's where we are going... Goals</b>	<b>These are the people and groups that can help us in...</b>
	What we have learned and accomplished, and how we have grown	What we need to do to maintain our progress and what we need to do (or need help with!) to continue growing and moving forward.	What agencies and people we will work with to meet our needs and move forward.
<b>Our education, training or work</b>			
<b>Our mental and physical health</b>			

My Name:

Group:

Group Leader:

Advocate:

Service Coordinator:

# MY SELF CARE PLAN



# MY SELF CARE PLAN

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This worksheet is to be filled out prior to your transition meeting by you. You will discuss/present this in your transition meeting. You can use words, pictures, or other creative tools to share your plan. You can bring in examples of your work on yourself and with your family to share, too.

## My Support Team is:

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## Myself

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- My strengths
- What I have learned about myself and my progress on my treatment goals
- My goals for life and my dreams
- How I meet my needs before /How I meet them now
- What triggers me
- My warning signs
- How I will cope with my triggers
- My safe places and people are

## My Home & Family:

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- What I am most proud of about my family and myself
- What I have learned about my family and what they have learned about me
- What I am going to do to be helpful at home
- Our challenges

## Rules & Structure At Home

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- Where I will live
- Who I will live with
- My responsibilities at home
- Rules/Expectations (chores, curfew, check ins)

## My Friends

---

- What I need in my friends to reach my positive goals
- Friends I can count on to help me reach my positive goals
- Friends who may not be supportive of my goals and/or I have gotten into trouble with
- How I will cope with friends and others who are not supportive and may get me off track of my positive goals
- How I support my friends to reach their positive goals
- Who I will talk to if I feel or think I want to make a poor choice about my friends or others

## My Education & Career

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- What I have done to further my education and/or career goals
- What I will do to continue to further my education and/or career goals when I go home (what school, when, grade)
- What my concerns are about my education and/or career goals
- My families concerns and wishes for me about my education and/or career goals

## My Health

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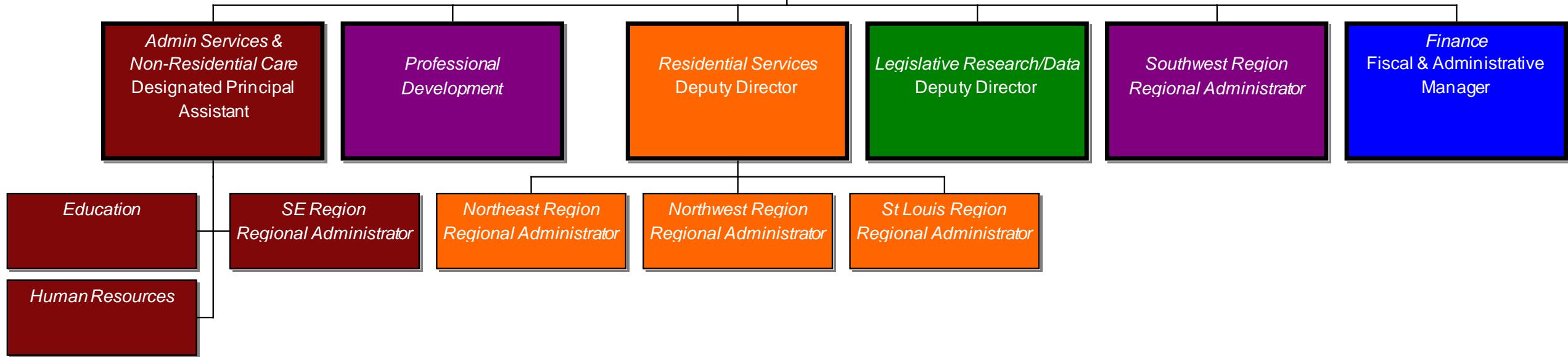
- What I have done to stay healthy and progress made
- My concerns about my health
- What I am going to do to stay mental, physically, emotionally healthy when I go home
- What medications am I on that I need to continue to take when I get home

## PART C: TRANSITION WORKSHEETS

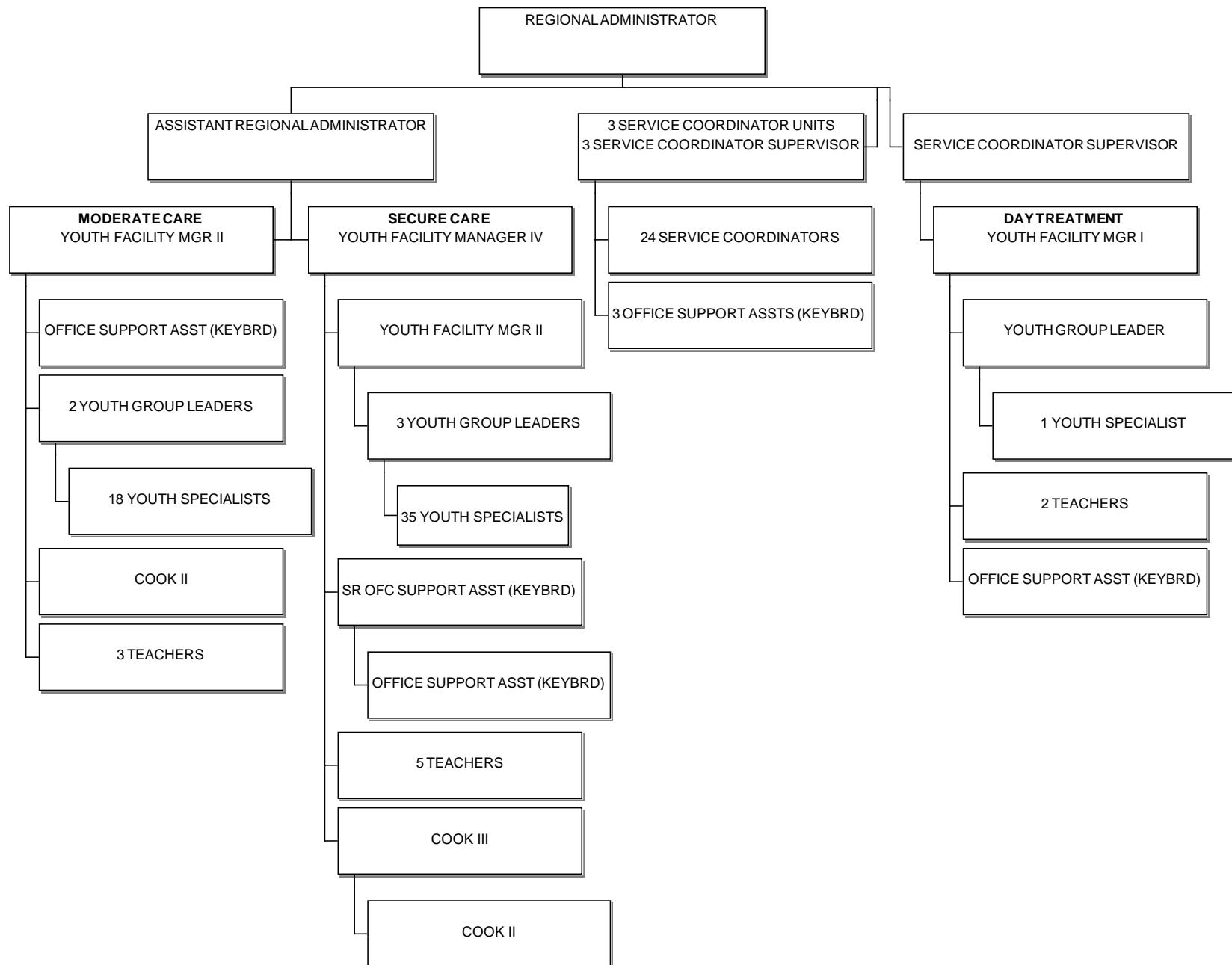
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**Division Director**

**Youth Services**  
**November 1, 2015**



DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF YOUTH SERVICES  
ST. LOUIS REGION



NOVEMBER 2015

Nebraska Children's Commission

# Juvenile Services (OJS) Committee

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## Phase I Strategic Recommendations

### December 2013

## Nebraska Children's Commission Juvenile Services (OJS) Committee

# Phase I Strategic Recommendations December 2013

### **EXECUTIVE SUMMARY**

The Legislature passed Legislative Bill 821 (LB 821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare and juvenile justice programs and services. LB 821 also created the Juvenile Services (OJS) Committee as a subcommittee of the Nebraska Children's Commission to:

- examine the structure and responsibilities of the Office of Juvenile Services as they existed on April 12, 2012;
- review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the Nebraska Children's Commission on the future role of the YRTCs in the juvenile justice continuum of care; and
- review the responsibilities of the Administrator of the Office of Juvenile Services (OJS administrator), including oversight of the Youth Rehabilitation and Treatment Centers (YRTCs) and juvenile parole, and make recommendations to the Nebraska Children's Commission relating to the future responsibilities of the administrator.

The Juvenile Services (OJS) Committee held its first meeting on September 26, 2012. The committee began its thoughtful examination of the juvenile justice system by reviewing previous juvenile justice reform recommendations to determine what future changes, if any, needed to be recommended for the juvenile justice continuum of care.

On May 29, 2013, the committee's legislative charge was revised with the passage of Legislative Bill (LB 561) which implemented initial juvenile justice reform. Due to the system restructuring that was legislated in LB 561, the committee's charge to review the responsibilities of the OJS administrator was eliminated and the review of the YRTCs was expanded to include:

- what populations should be served;
- what treatment services should be provided at the centers in order to appropriately serve those populations; and
- how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such systems of care services in the juvenile justice system throughout Nebraska.

The recommendations that the Juvenile Services (OJS) Committee offers to the Nebraska Children's Commission and the Judiciary Committee of the Legislature (Judiciary Committee) in

this Phase I document are the recommendations that the committee considers foundational to creating the ideal juvenile justice treatment system. The full report contains all recommendations that were agreed upon by the committee since it began working in September of 2012. The list of recommendations the committee is making to the Judiciary committee for consideration by the legislature during the 2014 legislative session and in response to the tasks assigned in both LB 821 (2012) and LB 561 (2013) are listed in this executive summary. The full report includes background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. A reference has been included after each recommendation to note where additional information in the report is located.

These Juvenile Services (OJS) Committee strategic recommendations have been designed to build on the legislature's work in LB 561 and enhance the work of the Nebraska Children's Commission. The Committee recommends that the recommendations be implemented as a part of the comprehensive juvenile justice system reform. Recommendations with citations indicate that the recommendation came from the work of the committee as well as from the other reports either for Nebraska specific changes or as a best practice in juvenile justice system re-design.

#### Legislative Recommendations (2014 Legislative Session)

#### FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
- B. Create legislation that children in the juvenile justice system should be a priority.

#### LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
- D. Change statutory language to require that all youth have legal counsel and appropriate adequate funding for that requirement. (See pages 10-12)
- E. Consider changing statutory language to establish separate juvenile court districts statewide. (See pages 10-12)

## CORE DESIGN FRAMEWORK

- F. Utilize the Child and Adolescent Service System Program (CASSP) Principles as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 11)
- G. Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 12)
- H. Utilize Juvenile Justice Services that are Evidence-based. (See page 12)
- I. Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

## YRTC RELATED RECOMMENDATIONS (LB 561)

- J. Create legislation that:
  - Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
  - Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility. (See pages 18-23)
  - Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
  - Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
  - Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
  - Requires development of regionally based treatment facilities including the feasibility of transitioning redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

## NEBRASKA CHILDREN'S COMMISSION RELATED RECOMMENDATIONS

- K. Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children's Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 24-35 )
- L. Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based programs; 3) SPEP

design; 4) YRTC Transition/Level 5 creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 24-35)

- M. Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 24-35)
- N. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)
- O. Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 26 & 30-33)
- P. Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 18-23; 26-27; & 34)
- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
- S. Begin to address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 28 & 37-39)

- T. Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children's Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement and have been in the juvenile justice system. (See page 28)
- U. Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children's Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children's Commission sunsets. (See pages 28 &39)

#### **SYSTEM OF CARE RECOMMENDATIONS**

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)
- W. Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 40-41)
- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

Additional information about this report is located in the appendices as follows:

- Appendix A – Committee Members
- Appendix B – LB 821 and LB 561 Committee Responsibilities
- Appendix C –Planning Documents and References

## JUVENILE SERVICES (OJS) COMMITTEE MISSION, VISION, AND GOALS

The Legislature passed Legislative Bill 821 (LB 821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare and juvenile justice programs and services. The intent of the Legislature in creating the Nebraska Children's Commission was to establish the group as a high-level leadership body with membership from legislative, executive and judicial branches along with system stakeholders, to improve the safety and well-being of children and families in Nebraska, by ensuring:

- integration, coordination, and accessibility of all services provided by the state, whether directly or pursuant to contract;
- reasonable access to appropriate services statewide;
- efficiency in service delivery; and
- availability of accurate and complete data as well as ongoing data analysis to identify important trends and problems as they arise.

LB 821 also created the Juvenile Services (OJS) Committee as a subcommittee of the Nebraska Children's Commission to:

- examine the structure and responsibilities of the Office of Juvenile Services as they existed on April 12, 2012;
- review the role and effectiveness of the Youth Rehabilitation and Treatment Centers (YRTCs) in the juvenile justice system and make recommendations to the Nebraska Children's Commission on the future role of the YRTCs in the juvenile justice continuum of care; and
- review the responsibilities of the Administrator of the Office of Juvenile Services (OJS administrator), including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the Nebraska Children's Commission relating to the future responsibilities of the administrator.

The Juvenile Services (OJS) Committee held its first meeting on September 26, 2012. The committee began its thoughtful examination of the juvenile justice system by reviewing previous juvenile justice reform recommendations to determine what future changes, if any, needed to be recommended for the juvenile justice continuum of care. The committee's examination of the Nebraska Juvenile Justice system included:

- reviewing and updating the Legislative Resolution 196 (LR 196) interim study findings of the Nebraska Juvenile Correctional Facilities Master Plan Update;
- reviewing statistical information on both YRTC-Kearney and YRTC-Geneva;
- touring YRTC-Kearney and the Nebraska Correctional Youth Facility (NCYF);
- speaking with youth that were committed to the YRTC-Kearney or incarcerated at the NCYF;
- creating a proposed Juvenile Justice System Continuum of Service document; and
- creating an Ideal Juvenile Justice Treatment System matrix.

On May 29, 2013, the committee's legislative charge was revised with the passage of LB 561 which implemented initial juvenile justice reform. Due to the system restructuring that was legislated in LB 561, the committee's charge to review the responsibilities of the OJS administrator was eliminated and the review of the YRTCs was expanded to include:

- what populations should be served;
- what treatment services should be provided at the centers in order to appropriately serve those populations; and
- how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such systems of care services in the juvenile justice system throughout Nebraska.

The committee was also charged with collaborating with the University of Nebraska at Omaha, the Juvenile Justice Institute, the University of Nebraska Medical Center, the Center for Health Policy, the behavioral health regions as established in section 71-807, and state and national juvenile justice experts to develop recommendations. In addition, if the committee's recommendations include maintaining the Youth Rehabilitation and Treatment Center-Kearney, the recommendations shall include a plan to implement a rehabilitation and treatment model by upgrading the center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs. The committee's recommendations are to be delivered to the Nebraska Children's Commission and electronically to the Judiciary Committee of the Legislature by December 1, 2013.

The recommendations in this report are the product of a variety of strategic planning processes on the important work of reforming the juvenile justice system. The information is intended to be used in collaborative concert with the other child welfare reform efforts being undertaken by Department of Health and Human Services, the Nebraska Children's Commission, and the legislature. Therefore, the Juvenile Services (OJS) Committee would like to voice its continued support of the Nebraska Children's Commission vision to develop collaborative recommendations that strengthens both the child welfare and the juvenile justice systems by:

- creating a consistent, stable, skilled workforce that serves children and families;
- creating a family driven, child focused and flexible system of care that includes transparent system collaboration with shared partnerships and ownership that contemplate the needs of the juvenile justice continuum of care;
- developing community ownership of child well-being;
- enhancing timely access to services; and
- collaborating on the development of technological solutions that properly enhance information exchange and create measured results across all systems of care.

This report details the committee work and findings through December 2013 in completing the tasks assigned originally in LB 821 and more currently in LB 561. Although the committee's total assessment of all facets of the juvenile justice system is not complete, the committee offers the following recommendations to the Department of Health and Human Services (DHHS), the juvenile justice community, the Nebraska Children's Commission, and the Judiciary Committee of the Legislature on the future role of the youth rehabilitation and treatment

centers in the juvenile justice continuum of care and proposed changes for system wide juvenile justice reform.

After the review of LR 196, the Juvenile Services (OJS) committee began its strategic recommendation framing and planning process by crafting the committee's mission, vision and goals. The mission, vision and goals then formed the framework for the creation of the Ideal Juvenile Justice Treatment System matrix (see page 10).

**MISSION:**

Design a comprehensive, culturally competent, continuum of care in the juvenile justice system that provides accountability for youth and families, while maintaining public safety.

**VISION:**

- Continuous Leadership and Oversight
- Transparent System Collaboration with Shared Partnerships and Ownership
- Right Youth, Right Services, Right Time
- Family Centered and Youth Focused
- Consistent, Stable, Skilled, Effective Workforce
- Address Social, Racial, and Ethnic Disparities
- Data Driven Decision-making
- Consistent and Sustainable Funding

**GOAL:**

The Juvenile Services (OJS) Committee's goal is to work collaboratively with the executive, legislative, judicial and county branches of government; the Nebraska Children's Commission; and other key stakeholders to establish and support the development of the Ideal Juvenile Justice Treatment System that will prevent children and youth from entering or becoming more deeply involved in the juvenile justice system. (See Ideal Juvenile Justice Treatment System matrix on page 10)

## The Ideal Juvenile Justice Treatment System

<b>Core Principles:</b> •Family inclusive    •Community based    •Needs based    •Safe    •Client centered    •Evidence based •Adjustable						
Community Systems	Stakeholder Education	Screening and Assessments	Provider Capacity	Core Service Components	Service Quality	Re-entry Planning
Comprehensive effective prevention	Educate on treatment options to the Bar Association and others	Timely and effective use of consistent tools across systems	Licensed providers for youth	Maintain family contact and involvement during treatment	Matching services to correct provider and correct location	Discharge planning and after care supports
Access to needed services without court involvement	Engage judicial bench and legal parties in system design and evaluation	Strength based: family involved and youth identify needs	Adequate provider compensation	Treatment that is developmentally and culturally appropriate	Fidelity to models	Review of students returning to education system and timeliness of returns
Early identification through screenings, schools, primary care providers	Prosecutor role and education	Culturally and gender validated	Grow qualified professional providers	Gender specific programming	Resources to train and measure fidelity	Based on treatment goals and objectives
	Law enforcement role and education	Evaluations occur in a safe and therapeutic environment	Skilled providers for the population they are serving	Treatment model to include substance abuse, mental illness, and behavioral health	Levels of services needed	
		Fluid process for selection of tools: make changes as needed	Culturally and linguistically competent		No eject, no reject	
			Training for the workforce		Regular assessment of service plans and adjustments as necessary	
					Incentivize evidence based/best practice	

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### Core Design Framework

After review of current juvenile justice literature, the Juvenile Services (OJS) Committee identified core design framework elements to guide future service development processes and to aid in the assessment of the YRTCs. The Juvenile Services (OJS) Committee recommends utilizing the Child and Adolescent Service System Program (CASSP) Principles, the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, and evidence-based practices as core design framework principles for all juvenile justice services created and provided in the state of Nebraska.

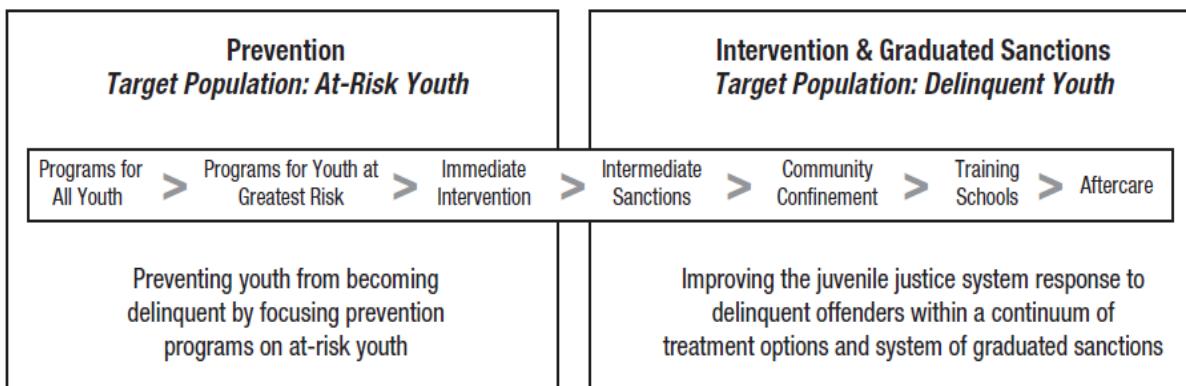
## CASSP Principles

1. **Youth-centered:** Services are planned to meet the individual needs of the youth, rather than to fit the youth into an existing service. Services consider the youth's family and community contexts, are developmentally appropriate and youth-specific, and also build on the strengths of the youth and family to meet the mental health, social, spiritual, and physical needs of the youth.
2. **Family –focused:** Services recognize that the family is the primary support system for the youth. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the youth. The development of mental health policy at state and local levels includes family representation.
3. **Community-based:** Whenever possible, services are delivered in the youth's home community, drawing on formal and informal resources to promote the youth's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.
4. **Multi-system:** Services are planned in collaboration with all the youth-serving systems involved in the youth's life. Representatives from all these systems and the family collaborate to define the goals for the youth, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the youth and family, and evaluate progress.
5. **Culturally competent:** Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.
6. **Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the youth and family and are the least restrictive and intrusive available to meet the needs of the youth and family, while maintaining public safety.

Adapted from Pennsylvania Child and Adolescent Service System Program

## Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders

*Problem Behavior > Noncriminal Misbehavior > Delinquency > Serious, Violent, and Chronic Offending*



Sources: Wilson & Howell (1993, 1994); Howell (2003a, 2003b, 2009)

1. Community primary prevention programs oriented toward reducing risk and enhancing strengths for all youth.
2. Focused secondary prevention programs for youth in the community at greatest risk who are not involved with the juvenile justice system or, perhaps diverted from the juvenile justice system.
3. Intervention programs tailored to identified risk and need factors, if appropriate, for first-time minor delinquent offenders provided under minimal sanctions, e.g., diversion or administrative probation.
4. Intervention programs tailored to identified risk and need factors for non-serious repeat offenders and moderately serious first-time offenders provided under intermediate sanctions, such as regular probation.
5. Intensive intervention programs tailored to identified risk and need factors for first-time serious or violent offenders provided under stringent sanctions, e.g., intensive probation supervision or residential facilities.
6. Multi-component intensive intervention programs in secure correctional facilities for the most serious, violent, and chronic offenders.
7. Post-release supervision and transitional aftercare programs for offenders released from residential and correctional facilities. (Lipsey, Howell, Kelly, Chapman, Carver 2010)

*Source: Improving the Effectiveness of Juvenile Justice Programs – Center for Juvenile Justice Reform*

Note: The term “evidence-based” in this document defines one of four levels: evidence-based, research-based, theory-based, and pilot program which may be used for services for youth and families.

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## **Core Evaluation Framework**

After review of current juvenile justice literature, the Juvenile Services (OJS) Committee determined that it was also important to establish a method of evaluating programs and services, as well as creating a process for Continuous Quality Improvement (CQI). Therefore, the Juvenile Services (OJS) Committee recommends utilizing the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice programs. The SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with the best recidivism outcomes for similar programs as identified in Lipsey's large (2009) meta-analysis of evaluation studies. Although the SPEP is focused on recidivism, the programs found in the meta-analysis to be effective for reducing recidivism also had positive effects on other outcomes such as family and peer relations, mental health symptoms, and school attendance.

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## **Recommendations Report Framework**

The following pages of the report provide background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice Systems reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. The Juvenile Services (OJS) Committee has attempted in this report to suggest a group that should be tasked with further developing the recommendations and ideas in this report. It is not the committee's intent to imply that these are the only initiatives or entities in the State of Nebraska to whom the recommendations or ideas in the report may apply.

## JUDICIARY COMMITTEE RECOMMENDATIONS

### Legislative Recommendations (2014 Legislative Session)

#### FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
- B. Create legislation that children in the juvenile justice system should be a priority.

#### LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
- D. Change statutory language to require that all youth have legal counsel and appropriate adequate funding for that requirement. (See pages 10-12)
- E. Consider changing statutory language to establish separate juvenile court districts statewide. (See pages 10-12)

#### CORE DESIGN FRAMEWORK

- F. Utilize the Child and Adolescent Service System Program (CASSP) Principles as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 11)
- G. Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 12)
- H. Utilize Juvenile Justice Services that are Evidence-based. (See page 12)
- I. Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

### YRTC RELATED RECOMMENDATIONS (LB 561)

J. Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
- Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility. (See pages 18-23)
- Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
- Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
- Requires development of regionally based treatment facilities including the feasibility of transitioning redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

### NEBRASKA CHILDREN'S COMMISSION RELATED RECOMMENDATIONS

- K. Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children's Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 24-35)
- L. Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based programs; 3) SPEP design; 4) YRTC Transition/Level 5 creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 24-35)
- M. Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 24-35)
- N. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information

obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)

- O. Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 26 & 30-33)
- P. Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 18-23; 26-27; & 34)
- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
- S. Address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 28 & 37-39)
- T. Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children's Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement as a result of the juvenile justice system. (See page 28)
- U. Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children's Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children's Commission sunsets. (See pages 28 & 39)

### **SYSTEM OF CARE RECOMMENDATIONS**

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)
- W. Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 40-41)
- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

## YRTC RELATED RECOMMENDATIONS AND BACKGROUND INFORMATION

### Recommendation: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.
- Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility.
- Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitioning redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

As noted above, the Juvenile Services (OJS) Committee is recommending that the juvenile justice system be transformed to a community-based system of care. In making this recommendation, the committee chose to consider how both YRTC- Kearney and YRTC – Geneva would function within the overall system recommendations. The Committee noted that the two programs differ significantly in the services offered and the populations they are serving. During the course of the committee deliberations, both facilities were engaged in the implementation of treatment and evidence-based services, staff training and program changes.

Based on the research that was done and extensive discussions, the committee has concluded that Nebraska will always have a need for facilities for the highest risk youth with significant treatment needs. However, the committee strongly believes that the role of the YRTCs will transition over time as the system is modified based on the reform efforts already implemented by passage of LB 561 and as new community-based systems are implemented. Kearney and Geneva YRTCs will be needed as a more regional, community-based system of care is implemented. However, it is anticipated that the role and population of both facilities will change.

Therefore, the committee believes that the future role cannot be fully projected until a continuum of community-based resources and therapeutic services are implemented regionally. Closure of either YRTC at the onset of system reform would be irresponsible. This must be a data-driven decision based on utilization and the assessed need of youth as community based Continua of Care are implemented and enhanced. During this process the committee believes the YRTCs must continue to move to a therapeutic modality.

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## The YRTCs Role within the Nebraska Juvenile Justice System

- In 2011, 13,143 Nebraska juveniles were taken into custody and charged with a felony, misdemeanor, or status offense.
- In FY 2011-2012, YRTC Kearney admitted 425 young men and YRTC Geneva admitted 140 young women. Thus, the two YRTCs provided services for around 3% of all juvenile arrests in 2011-2012.

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### Cost

- In FY 2009-2010 the total cost appropriated to the two YRTCs was \$17,122,474.
- In 2010, it cost an average of \$58,963 per youth in Geneva and \$29,298 per youth in Kearney.
- The average cost per day per youth was \$247 in Geneva and \$193 in Kearney in 2010-2011.

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### Population

- In August 2013 there were 130 youth in Kearney and 54 in Geneva on average.
- In FY 2012-2013, a total of 349 youth were admitted to Kearney and 110 to Geneva, which was a notable decline from FY 2011-2012 when there were 425 youth at Kearney and 140 at Geneva.
- In FY 2011-2012, the average daily population was 81 in Geneva and 160 in Kearney, which was at or above the capacity for both centers (82 for Geneva and 150 for Kearney).
- The average length of stay was 5.1 months in Kearney and 6.6 months in Geneva.
- In FY 2010-2011, the average age was 16 at both centers.
- White, non-Hispanic youth made up 43% of the population in Geneva and 46% in Kearney.
- Hispanic Youth made up 21% of the population at Geneva and 22% at Kearney.
- Black, non-Hispanic youth made up 18% of the population at Geneva and 24% at Kearney.
- American Indian youth made up 10% of the population in Geneva and 7% in Kearney.
- Lastly, 1% of the youth in Kearney were of Asian/Pacific Islander descent and 8% of the youth in Geneva were of "other" descent.
- The majority of the youth at Geneva and Kearney came from the Eastern or Southeastern Services (i.e., Lincoln and Omaha areas). In FY 2011-2012, 56% of the Youth in Kearney and 64% of the Youth in Geneva came from these two service areas.

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### Offenses

- In FY 2011-2012 the top five offenses of youth at YRTC Kearney were assault (88), theft (76), possession of drugs (45), burglary (44), and criminal mischief (43). The top five offenses among youth at Geneva were assault (48), theft (19), shoplifting (13), disturbing the peace (11), and criminal mischief (8).
- From FY 2007-2008 to FY 2009-2010, 27% of youth in both YRTCs were admitted for violent crimes, 10% for drug crimes, 41% from property crimes, 14% from public order offenses, 7% for probation offenses and 1% for status offenses.

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## Assaults

- In August 2012 through July 2013, there were 90 youth-on-staff assaults in Kearney and 22 in Geneva.
  - In that same year, there were 174 youth-on-youth assaults in Kearney and 11 in Geneva.
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## YLS Scores

- The Youth Level of Service (YLS) is a risk/needs assessment and case management tool used to define the level of risk for youth entering the juvenile justice system.
  - Of the 349 youth admitted to Kearney in FY 2012-2013, 3 (0.9%) scored very high on the YLS, 282 (80.8%) scored high, 58 (16.6%) scored moderate, and 6 (1.7%) scored low.
  - Of the 110 youth admitted to Geneva in FY 2012-2013, 2 (1.8%) scored very high on the YLS, 69 (62.7%) scored high, and 39 (35.5%) scored moderate.
- 

## Behavioral Health

- Youth at Geneva exhibited the following behavioral health issues/diagnoses in FY 2012-2013 on the Mental Health Assessment (MHA): depression (28%), conduct disorder (28%), oppositional behavior (22%), substance abuse (59%), mood disorders (10%), and antisocial behaviors (14%), among others. In addition, 42% of Geneva youth had an elevated suicidal/self-harm risk identified at admission based on the Massachusetts Youth Screening Instrument (MAYSI), and 32% had been self-injurious prior to admission based on the Voiced Inventory of Self-Injurious Actions (VISA).
  - Youth at Kearney exhibited the following behavioral health issues/diagnoses in FY 2012-2013 on the MHA: conduct disorder (64%), ADHD (45%), cannabis abuse (39%), alcohol abuse (31%), impulse control disorder (25%), oppositional defiant disorder (21%), mood disorder (19%), a history of self-harm behaviors (11%), depressive disorder (8%), bipolar disorder (8%), and PTSD (6%), among others.
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## Recommitments

- On July 1, 2013 there were 134 youth at Kearney and 59 at Geneva, of these 14 (10%) youth at Kearney were recommitments and 4 (7%) youth at Geneva were recommitments.
  - In a study conducted of Lancaster County youth admitted to the YRTCs it was found that 29% of youth released from Kearney were eventually readmitted to the same facility and 11% of youth released from Geneva were readmitted back to Geneva (Hobbs, 2012).
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## YRTC Data Summary

Following is a summary of the data that was reviewed in consideration of the review of the role and function of YRTC's.

In FY 2012-2013, a total of 350 youth were admitted to YRTC-Kearney and 110 to YRTC-Geneva, which was a notable decline from FY 2011-2012 when there were 425 youth at Kearney and 140 at Geneva. Youth at the centers stayed for an average of 5.1 months at Kearney and 6.6 months in Geneva. Ethnic and racial minorities comprise 54% of the population at Kearney and

57% of the population at Geneva. The leading offense for youth at both centers is assault and violent behaviors are common at the centers, especially at Kearney. From August 2012 through July 2013, there were 90 youth-on-staff assaults at Kearney and 22 in Geneva. In that same time period, there were 174 youth-on-youth assaults in Kearney and 11 in Geneva.

Youth at both centers appear to be in need of a variety of services and treatment modalities. In FY 2012-2013, the vast majority of youth (81% at Kearney and 63% at Geneva) scored "high" on the Youth Level of Service (YLS) assessment. However, a very low percentage scored "very high" on the YLS (0.9% at Kearney and 1.8% at Geneva). The vast majority of youth exhibit an issue with substance abuse, albeit at varying levels. In Kearney cannabis abuse was assessed among 39% of the population, and alcohol abuse in 31% of the population in FY 2012-2013, among numerous other substance-related issues.

Overall, it was reported by YRTC leadership that 91% of the population at Kearney has some form of substance issue. At Geneva, 59% of the population was assessed as having a substance abuse issue. In addition to these substance abuse related issues, conduct disorder (64% at Kearney and 28% at Geneva) and oppositional defiant disorder (21% at Kearney and 22% at Geneva) were assessed with notable frequency among the youth. Lastly, 42% of Geneva youth had an elevated suicidal/self-harm risk identified at admission.

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### Recommended Next Steps

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*If our goal is to create a juvenile justice system that is truly rehabilitative and gives young people the tools they need to contribute to society, we must reform and restructure the YRTCs. While reform is never easy, implementing national best practice will benefit youth, communities, and state as a whole. (YRTC Issue Brief, Voices for Children in Nebraska)*

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#### Recommended YRTC Treatment Services Transition:

**Residential Juvenile Justice Services should be provided within a Therapeutic Milieu** –A therapeutic milieu views every interaction between a youth and staff as an opportunity for therapy and skills training. In order to provide consistent treatment to all youth, all staff who interact with youth, including staff that may not view themselves as therapists in the traditional sense are trained in the therapeutic model (Lee, 2013).

#### Recommended DHHS Actions:

1. Continue to establish a therapeutic milieu treatment culture in the YRTCs.
2. Provide staff with initial and ongoing training in foundational evidence-based practices, including behavioral analysis; contingency management; cognitive-behavioral therapy; effective behavioral management techniques and delivering skills training in social,

problem solving, and anger management skills, with a goal of implementing Dialectical Behavior Therapy (DBT) (see Lee, 2013, page 23).

3. Prioritize and support a rehabilitation culture in the YRTCs through partnering with direct care staff leaders, proper resources, ongoing training, continuous program improvement efforts, incentives for targeting outcomes, and administrative backing (Lee, 2013).
4. Assure YTRC staffing meets national norms for implementing rehabilitation services (Lee, 2013).
5. Increase organization, intensity, and range of treatment services in both facilities (Lee, 2013).
6. Modify classification and programming to align youth risk levels with intensity and type of treatment, and reinforce positive youth behavior (Lee, 2013).
7. Update policies addressing self-harm and aggressive behavior to align administrative procedures with effective clinical management (Lee, 2013).
8. Implement instruments and tools to measure youth functioning and progress (Lee, 2013).
9. Facilitate increased family involvement and family and youth voice (Lee, 2013).
10. Significantly increase non-contingent telephone contact between youth and family (Lee, 2013).
11. Use technology such as video conferencing for more frequent youth/family contact.
12. Enhance and maintain the role of youth councils and youth voice in changes within the YRTCs.

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## YRTC Facilities

### **Recommended DHHS Actions:**

1. Continue to invest in renovation of the YRTC facilities, especially Kearney, to transform the facility in a manner that enhances and supports the selected treatment model.
2. Maintain YRTC facilities to meet safety and service standards while the transition process occurs but do not make major changes during the implementation of the system.
3. On an annual basis review utilization data and close cottages, as needed.
4. If it is determined to use YRTC for a high-risk/high-need population, based on the treatment needs and best practices for serving that population, build or renovate the campus structure to meet those needs.

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## YRTC Population

### **Recommended Juvenile Services Committee (JSC) Assignments:**

1. Monitor the population trend each year as the regional system is implemented for impact on the YRTCs utilization and treatment program requirements.
2. Work with DHHS to identify the actual number of youth statewide who are at high risk of violent crimes against other persons and require a high-level of treatment.
3. Provide annual updates to the Nebraska Children's Commission and the Judiciary Committee of the Legislature on the progress towards transitioning the YRTCs into a statewide, regionally based rehabilitation and treatment framework.

## NEBRASKA CHILDREN'S COMMISSION RECOMMENDATIONS

### Core Principle

*"Leadership is a key underpinning requirement for success in achieving all of the strategic recommendations in order to meet the defined goals."*  
(Nebraska Children's Commission, Phase I Strategic Plan)

This report was created as a broad consensus document that provides a framework and structure for development of more detailed and specific recommendations and strategies in 2014 and beyond. The legislature's charge to the Juvenile Services (OJS) Committee was originally broad and far-reaching. Committee members undertook development of this plan for state-wide child welfare and juvenile justice reform with awareness of the importance of arriving at a shared vision and goals as an underpinning for subsequent discussion and decision making regarding myriad substantive issues.

Comprehensive system reform and the implementation of the recommendations in this document require continuous leadership and oversight. The Juvenile Services (OJS) committee members are committed to continuing the leadership journey that was started in 2012 and to taking ownership for a successful outcome to this reform effort. However, the optimal structure would include leadership from state and private entities with the decision making authority for system reform. There are many entities charged with portions of this work but no one entity with overarching system decision making. The long term framework requires input and consensus from many entities.

Should there be political will to allow the Juvenile Services Committee to continue, subsequent work by this committee will include further study of complex issues and additional recommendations for child welfare and juvenile justice system reform that is responsive to needs, dynamic in nature, and effective in delivering services in all geographic areas of a state with both urban and rural challenges.

The committee looks forward to expanding the collaborative efforts as outlined in this document.

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### Juvenile Services Committee and Sub-committees:

#### Recommendations:

Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children's Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 4 &15 – Item K)

Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 5 & 15 – Item M)

The Juvenile Services (OJS) Committee is recommending that the Juvenile Services Committee be comprised of, but not limited to, the following representatives:

- Department of Education
- Courts
- Department of Health and Human Services
- Legislative Representatives
- Probation
- Diversion
- Advocacy Groups
- Universities
- Crime Commission
- Providers
- Law Enforcement
- Behavioral Health Physicians
- Ombudsman
- NAACO
- Consumers
- Foster Care Review
- Corrections
- Special Education
- County Attorney
- Advisory Council
- Juvenile Justice
- Vocational Rehabilitation

It is anticipated that the JSC would work with the federal expert to enhance oversight of the juvenile services system reform efforts.

**Recommendation:**

Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based Programs; 3) SPEP Design; 4) YRTC Transition/Level 5 Creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 4, 5, & 15 – Item L)

The Screening and Assessment Tools sub-committee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.

**Recommendation:**

Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained

must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 5, 15-16 – Item N)

The Community-based Programs sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children's Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services. The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 5 & 16 – Item O)

The SPEP Design sub-committee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool. The sub-committee would give priority to implementation of the following recommendations:

Recommendations:

Utilize Juvenile Justice Services that are Evidence-based. (See page 12)

Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

The YRTC Transition/Level 5 Creation sub-committee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation. The sub-committee would give priority to implementation of the following recommendations:

Recommendations: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.

- Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility.
- Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitioning redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 5 & 16 – Item P)

The Social, Racial, and Ethnic Disparities sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC). The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 5 & 16 – Item Q)

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### **Nebraska Children's Commission – Technology Workgroup:**

Recommendation:

Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 5 & 16 – Item R)

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### **Nebraska Children's Commission – Workforce Workgroup:**

Recommendation:

Address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 5 & 16 – Item S)

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### **Nebraska Children's Commission – Young Adult Voluntary Services and Supports Advisory Committee:**

Recommendation:

Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children's Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement as a result of the juvenile justice system. (See pages 6 & 16 – Item T)

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### **Nebraska Children's Commission – Education Committee for At-Risk Youth (proposed new committee):**

Recommendation:

Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children's Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children's Commission sunsets. (See pages 6 & 16 – Item U)

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## Recommended Next Steps

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### **Juvenile Services Committee:**

1. Increase capacity for leadership development in the juvenile justice system.
  - Identify current juvenile justice leaders and develop network opportunities.
  - Partner with NJJA and other stakeholders to develop a juvenile justice leadership academy.
2. Establish an interagency prevention-centered collaborative group to create a shared framework of primary and secondary prevention services through community based collaboration, use of evidence based programs, policies and practices, and public private partnerships with braided federal, state, and community resources, which includes representation from and opportunities for participation by family members, youth and advocates.
3. Require concrete processes for assuring the partnerships with youth, families, communities, and diverse racial and ethnic groups in the development of the system.
4. Develop a formula to reduce “deep-end” and high-end utilization.

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### **Juvenile Services Committee - Screening and Assessment Tools Sub-committee:**

*Note: This subcommittee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.*

*“In addition to providing superior outcomes, matching youth needs with service and placement levels is the most efficient use of public resources.” (Lee, 2013)*

### **Proposed Sub-committee Action Items:**

1. Establish standardized evidence based screening and assessment tools to be used which reflect strengths and needs (Lee, 2013).
2. Assure the range of instruments address initial screening, general screening, risks and needs, adaptive functioning in multiple domains, mental health concerns, substance use disorders, and family functioning.
3. Establish use of a common validated instrument to identify the most violent offenders, felony recidivists, and potential chronic offenders among second time offenders.
4. Design a method for creating a paradigm shift of “assessment before action” at the first contact with law enforcement and/or schools through the creation of assessment centers.
5. Assure screening/assessment and services are in place in an expedited, age-appropriate, timely manner and result in a timely, targeted, systematic response based on that assessment.

- Develop/research guidelines for each system response.
  - Educate system “players”
  - Utilize validated/evidenced-based screening tools
  - Develop concept of a Juvenile Intake Assessment Center (JIAC)
  - Develop criteria for referral
6. Develop family-centered and person-centered policies and practices for assessment, goal and objective planning; service selection; treatment and evaluation that are compatible with other systems, such as mental health and child protective services to assure a cross trained work force and enhanced family engagement through knowledge and skills.

#### **Juvenile Services Committee – Community –based Programs Sub-committee:**

*Note: This sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children’s Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services.*

*“In addition to providing superior outcomes, matching youth needs with service and placement levels is the most efficient use of public resources.” (Lee, 2013)*

*“Youth with complex needs require coordinated efforts to be maintained in the community because multiple individuals and systems are often involved, and problems in one area of the treatment plan can jeopardize the viability of the entire community placement.” (Lee, 2013)*

*“Expand youth and family voice and choice, including partner and mentor programs throughout the Nebraska juvenile justice systems.” (Lee, 2013)*

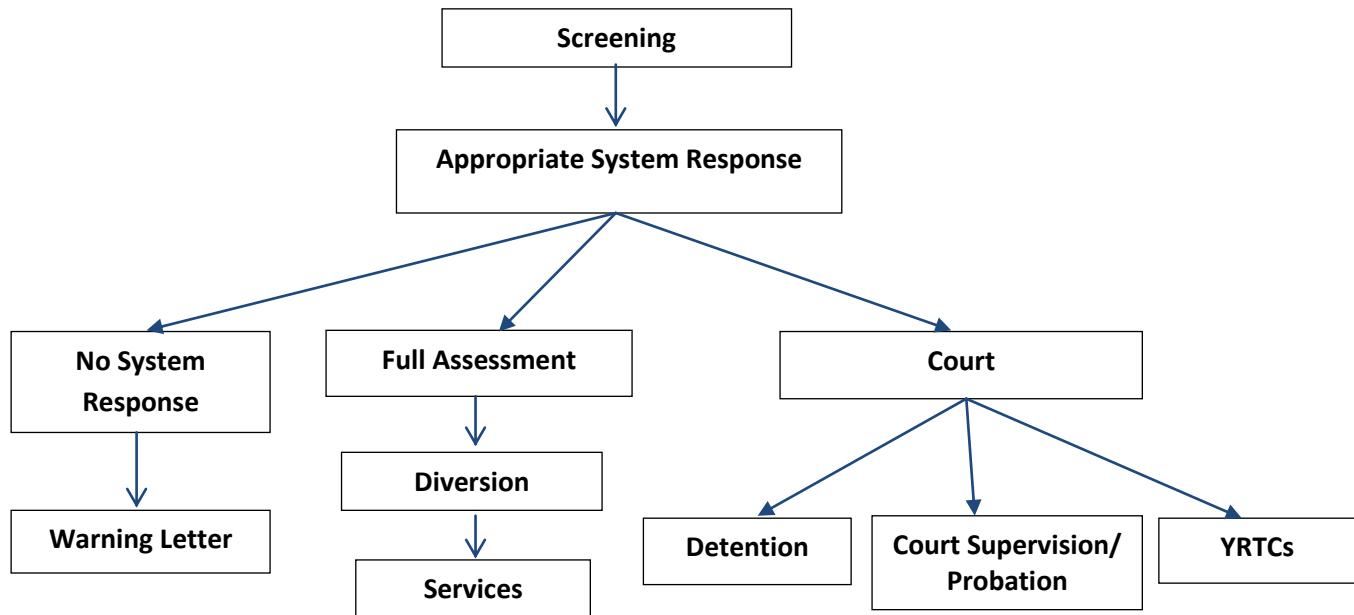
#### **Proposed Sub-committee Action Items:**

1. Work with the Community Ownership of Child Well-being workgroup to consider giving priority to the development of primary prevention programs for all youth that have shown promising trends in helping youth at higher risk of entering the juvenile justice system.
2. Develop public/private partnerships.
  - Identify and document existing collaborations and initiatives at state and local level.
  - Partner with Nebraska Children’s Commission Community Ownership workgroup.
  - Educate juvenile justice to get involved.
  - Create a uniform way of informing the state on this work.
3. Enhance emphasis on, and training for broad based community collaborations to play prominent roles in community assessment, planning and change especially in regard to collective impact (Lee, 2013).

4. In conjunction with public and private partners identify a common process for evaluating collaborative capacity and collective impact to inform practice of collaborative groups.
5. Services will be community-based. In conjunction with counties, collaborative groups, and other systems (e.g., behavioral health, child protective services) identify geographic natural ecologies (county and groups of counties) for the development of youth services.
6. Conduct assessments of the array of services in each of these counties/multi-county areas, which include utilization, need, gaps, and quality evaluations; mapping of evidence based practices; cultural responsiveness; and staffing requirements.
7. As part of the assessment of the array of services, identify those resources which can be re-designed within the levels of the Continuum of Care such as staff-secure and detention facilities.
8. Employ evidence-based practices such as Trauma Informed Care to reduce the utilization of “out-the-door” practices with youth.
9. Develop and implement an information package on the systems change theory and best practices to be provided to community and state stakeholders.
10. Based on population size, develop a continuum of county or multi-county community-based resources from prevention to treatment that are cost shared by the county and the state.
11. Based on population size, develop a continuum of county or regional services community-based treatment.
12. Strengthen and assure youth and family voice in community-based and residential milieus through existing youth councils and family partner organizations (Lee, 2013).
13. Develop alumni opportunities to mentor and support youth (Lee, 2013).
14. Provide assistance and support in arranging transportation for family members to visit youth who may need to reside outside of a reasonable distance for visitation or for whom family circumstances preclude ability to travel.

15. Further develop the continuum of care concept for services close to home that are accessible financially and geographically to all youth being served.

- a. Conduct an analysis of current systems and identify holes in those systems
- b. Identify what the ideal system responses should include
  - No system response “out-the-door”
  - Diversion
  - Court involvement



16. Collaborate on developing all aspects of Primary Prevention, Secondary Prevention, Interventions and Graduation Sanctions.

#### Primary Prevention

A consistent, sustained focus on primary prevention for all youth addresses the long-term outcomes for youth and families within the community setting through braided resources from multiple disciplines. These resources also support re-entry for those few youth who may need a higher level of rehabilitative or treatment services.

1. Utilizing a public health model which reduces risk and enhances protective factors, and braided funding, develop and sustain universal evidence-based prevention programs which target all youth and secondary prevention programs which target pre-delinquent youth who are assessed for risk factors but have not yet appeared in the juvenile justice system or youth who have been referred to the system, judged to be at risk and diverted to the prevention program in schools and communities.

2. Implement early identification of youth risks and needs and community-based response through screenings in schools and through primary caregivers.
3. Assure access to needed mental health and health services without “system” involvement through the availability of community resources for early response.
4. Establish educational systems policies which encourage schools to retain high risk, abused, and neglected youth without performance penalties.
5. Establish policies and practices which enhance and encourage community and family acceptance of responsibility for youth.
6. Assure that every youth in the state of Nebraska has a medical home.
7. Develop common “cross systems” evaluation measures to reduce administrative impact on communities while assuring measurement of agreed upon well-being indicators.

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### **Secondary Prevention, Interventions and Graduated Sanctions**

*“Treating youth in less restrictive settings is less disruptive to development.” (Lee, 2013)*

Establish guidelines, policies/procedures, structured decision-making tools, and/or statutes for decisions relating to:

1. Assuring that treatment and placement are based on the youth need and risk.
2. Detaining youth only when they are at risk to fail to appear in court or commit a new crime.
3. Using graduated sanctions.
4. Placing youth in the least restrictive treatment settings.
5. Use of restrictive treatment settings only after non-response to intensive community-based services, demonstrated needs, or a youth represents a community safety concern.
6. Placing youth in a YRTC only when community safety concerns exist or after non-response to less restrictive settings. Develop guidelines to restrict YRTC placement to only those youth adjudicated of the most serious offenses or who present a danger to the community.
7. Placing youth in out-of-state treatment programs should be reserved for demonstrated treatment needs or where to do so is economically viable and places the child in closer proximity to the family. Review of out-of-state placements should occur annual to determine need for developing services within Nebraska (Lee, 2013).

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**Juvenile Services Committee – SPEP Design Sub-committee:**

*Note: This subcommittee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool.*

**Proposed Sub-committee Action Items:**

1. Identify additional therapeutic program requirements for the Juvenile Justice System based on the findings of the SPEP.
  2. Identify evidence-based, cost effective treatments to address identified needs of youth and community stakeholder concerns and implement these within the local community.
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**Juvenile Services Committee – YRTC Transition/Level 5 Creation Sub-committee:**

*Note: This subcommittee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation.*

**Proposed Sub-committee Action Items:**

See report page 23 – YRTC Population for sub-committee action items. The YRTC section of the report can be found on pages 18 – 23.

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**Juvenile Services Committee – Social, Racial, and Ethnic Disparities Sub-committee:**

*Note: This sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC).*

*“Implementing more uniform processes at each decision point of the juvenile justice system will promote fairness for all youth, and help address DMC.” (Lee, 2013)*

**Proposed Sub-committee Action Items:**

1. Implement recommendations from the Nebraska Disproportionate Minority Contact (DMC) Assessment (Hobbs, 2012).
2. Implement a uniform process at each decision point of the juvenile justice system to promote fairness for all youth and help address DMC including, implementing standardized assessment tools, structured decision making tools, and standard sentencing guidelines (Lee, 2013).
3. Assure that transfer of minority youth to criminal court is reserved for specifically defined most serious of crimes (Lee, 2013).
4. Establish common definitions and data collection practices on race and ethnicity.
5. Ensure cultural competency, reasonable caseload sizes, and measure the quality of service and supervision provided
  - a. Investigate and adopt standards appropriate to relative caseload size.

- b. Develop internal controls that define quality of service utilizing best practices models.
  - c. Set standards for competency expectations of supervisory personnel.
  - d. As part of the mission, focus on developing cultural competency at all levels.
6. Expand the usage of the Juvenile Detentions Alternatives curriculum for reviewing minority contact and in the juvenile detention system.
  7. Include minority youth and families in the system design and ongoing system assessment, including access to legal counsel, through processes that promote safety and support in speaking publicly.
  8. Implement utilization of resources from the Office of Juvenile Justice and Delinquency Prevention DMC Virtual Resource Center as part of on-going training (Lee, 2013).

#### **Nebraska Children's Commission – Technology Workgroup:**

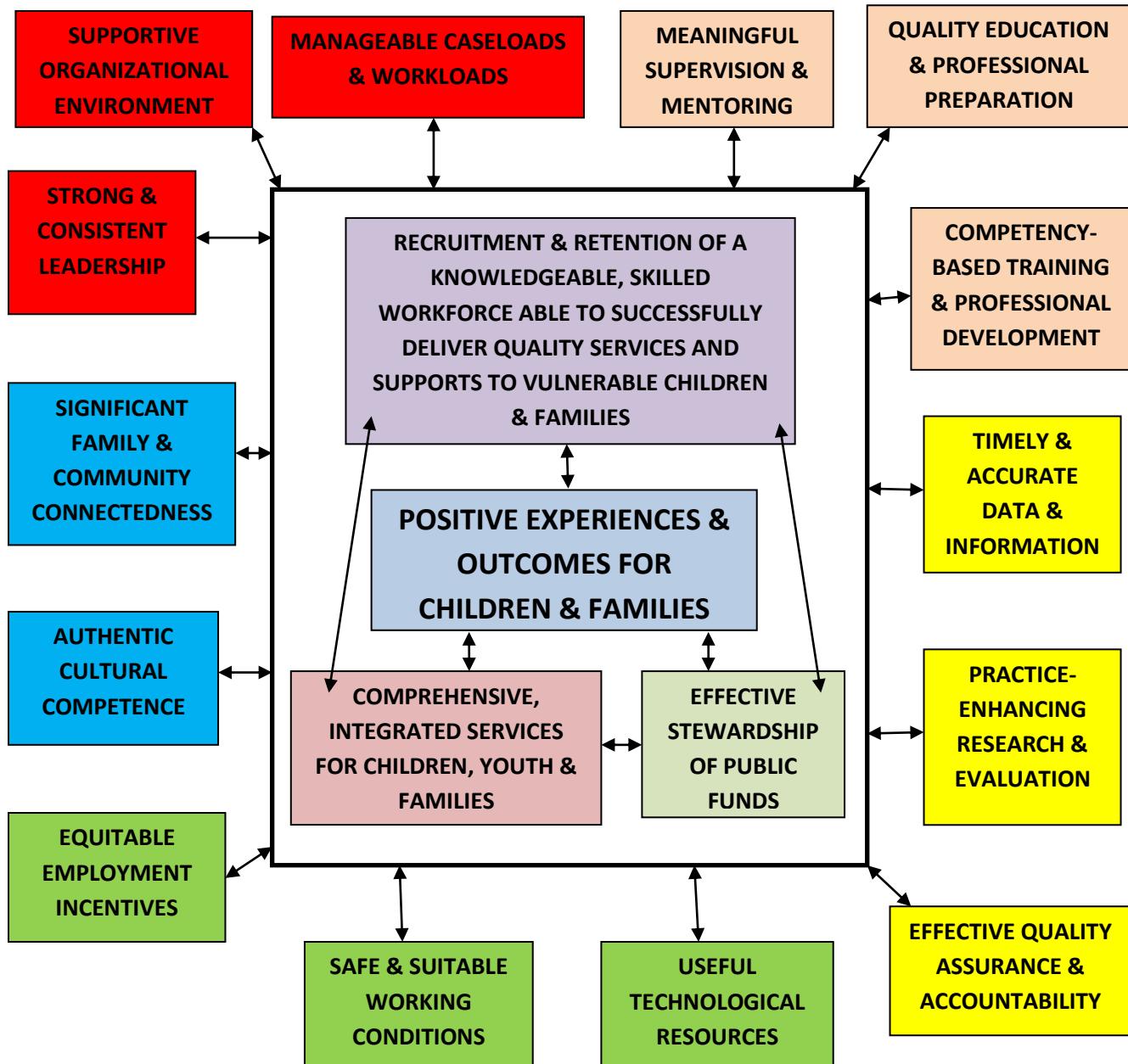
*“. . .data must be collected on critical variables like graduation rates, or GED attainment, employment, programming options, and recidivism rates. This data will help inform future efforts toward a shared data system and will help identify where gaps in services exists.”*  
 (Hobbs, 2012)

#### ***Proposed Workgroup Action Items:***

1. Promote Information sharing:
  - Develop common definitions of key system points (i.e. – entry, exit, etc.).
  - Develop and define common outcome measures (i.e. – recidivism, case processing, etc).
  - Ensure data efforts include juvenile justice.
  - Develop information sharing agreements across systems (education, justice, etc).
  - Utilize technical assistance from national experts.
2. Information should follow a youth/family through a timely common data sharing system.
3. Create a state system that makes data accessible at both the individual and policy levels.
  - a. Review current statutes and agency policy to determine what can be shared.
  - b. Educate/explain to family and youth why we want to share data (prevent duplication-increase coordination).
  - c. Explore legislative responses to sharing data for public policy/research.
  - d. Develop information sharing agreements across systems (education, justice, behavioral health) to monitor and assess outcome indicators.
4. Identify and uniformly collect meaningful data that assists in measuring individual progress and system wide change.

5. Establish training and decision making that assures that the workforce culture relies on data.
  - a. Inform staff on reasons for quality data.
  - b. Increase accountability/quality assurance through the use of data.
  - c. Use data on a daily basis in agencies.
6. Assure recording systems at the front line level benefit from use of electronic systems and do not receive undue burden for recording.

**14 COMPONENTS TO SUPPORT AN EFFECTIVE WORKFORCE**



Source: Children's Defense Fund – Components of an Effective Child Welfare Workforce to Improve Outcomes for Children and Families: What does the Research Tell Us?

***Proposed Workgroup Action Items:***

1. Foster working with youth as a professional and career choice.
  - a. Incentivize college students to enter the profession by offering tuition remission and/or reimbursement.
  - b. Engage private and public colleges as a “front door” to educating employees of the juvenile justice system in best practices in working with youth and families.
  - c. Encourage continuing education to be in best practices that will enhance abilities of employees to serve youth and families.
2. Provide adequate support, training, and mentoring that allows for success and career advancement.
  - a. Strong supervision and mentoring translates into higher quality services for youth and families.
  - b. Development of strong, formal mentoring programs to enhance transfer of education and skills into competencies in working with youth and families.
3. Ensure the highest skilled and most experienced employees receive cases commensurate and equal to their abilities and are compensated accordingly.
  - a. Identify core skills and abilities needed to work with specific populations.
  - b. Provide incentives for employees who have specialized, high risk caseloads (e.g., those who are fluent in certain languages).
  - c. Employee compensation must be adequate to recruit and retain qualified staff in all components of the Continuum of Care.
4. Ensure cultural competency, reasonable caseload sizes, and measure the quality of service and supervision provided
  - a. Investigate and adopt standards appropriate to relative caseload size.
  - b. Develop internal controls that define quality of service utilizing Evidence Based Practice (EBP)/best practices models.
  - c. Set standards for competency expectations of supervisory personnel.
  - d. As part of the mission, focus on developing cultural competency at all levels.
5. Assure that staffing ratios for both public and private youth serving sectors accommodate strong supervision and mentoring capacity.
6. Adopt state competency standards and ensure staff demonstrate competency standards, both prior to employment and ongoing.
7. Assure that the juvenile justice workforce receives ongoing training about social inequalities and cumulative disadvantage.
8. Train on social equality and cumulative disadvantage.
9. Partner with the System of Care planning related to recruitment, retention, and training staff.
10. Recruitment should target retired people and college students.

11. Assure that all staff members are included in planning for and development of the “big picture”.
12. Ensure consistent programming as system moves to a regional structure.
13. Train workforce in evidence-based family-centered assessment, planning and engagement tools and practices (Lee, 2013).
14. Develop and assure accountability to policies and practice which assure that families are fully involved in decision making from pre-filing onwards.
15. Provide refresher trainings on the purpose and philosophy of juvenile court (Lee, 2013).
16. Create a culturally competent workforce by hiring and training individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.
17. Provide ongoing opportunities for prosecutors to understand juvenile justice, adolescent development, and evidence-based practices available in the community.
18. Establish a state recruitment campaign and incentives to address shortage of mental health professionals.
19. Establish statewide competency standards for community and residential front line workers, supervisors, and administrators.
20. Promote employment by persons from racial and ethnic backgrounds representative of the population served.
21. Partner with two and four-year schools to create specific degrees/certifications which respond to the core competencies and can be delivered in the college or workplace settings.
22. Establish a process to grandfather in existing staff.
23. Establish higher education incentives for those entering the youth care profession which allows for low interest and/or loan forgiveness for years of service.

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**Nebraska Children's Commission - Education Committee for At-Risk Youth (new committee):**

1. Review issues related to school attendance and performance and recommend planning for intervention with the youth.
2. Help evaluate educational processes when considering the correct setting for the youth.
3. In whatever role the YRTC facilities will have in the future, evaluation and consideration should be given to the education schedule for the youth and when they return to the community (i.e. the youth is able to return to a school in the community at the beginning of a quarter or semester).

## **SYSTEM OF CARE PLANNING GRANT RECOMMENDATIONS**

Nebraska was awarded a System of Care (SOC) planning grant after the Juvenile Services Committee was charged with reviewing mental and behavioral health services for youth. The SOC planning process will provide a more extensive approach to this component of the Juvenile Services System Reform. The following recommendations are made in response to the charge to the Juvenile Services Committee and for the System of Care planning process.

### Recommendations:

Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 6 & 17 – Item V)

Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 6 & 17 – Item W)

Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 6 & 17 – Item X)

### ***Proposed Planning Committee Action Items:***

1. Establish a spectrum of residential and non-residential behavioral health treatment options, within each behavioral health region, with consistencies for all youth regardless of system of entry (Behavioral Health, Juvenile Justice, or Education).
2. Establish a framework of treatment modalities for various assessed needs including but not limited to: family therapy, multi-systemic family therapy, conduct disorders, behavior management, and trauma informed care.
3. Establish an interagency interdisciplinary Assessment and Treatment Committee charged with establishing, and reviewing on a three-year basis, standardized assessments and treatment modalities to be used within the youth serving systems to assure state of the art services and outcomes.
4. Establish, support, and sustain community-based, youth-specific, drug /alcohol treatment services and mental health services, which are accessible without court process.

5. Expand Medicaid and Medicaid support of Evidence Based Practices to mitigate the number of court cases required to access services.
6. Align the Medicaid payment schedule to service needs, including additional flexibility for evidence-based mental and behavioral health services required for the juvenile service population.
7. Establish minimum standards for treatment provider ratio and frequency.
8. Establish a mechanism for youth who fail diversion due to drug or alcohol use to enter drug/alcohol treatment directly.
9. Conduct a thorough analysis of the allocation of the regional resources for juvenile and family services to determine the level of regional resources required for behavioral health youth in crisis.
10. Allocate unused regional mental and behavioral health funds for juvenile services.
11. Develop wide reaching substance use education and treatment services (Lee, 2013).
12. Coordinate psychiatric and psychosocial treatment services (Lee, 2013).
13. Establish regional sites for longer term regional facilities for mental illness, substance use disorders, and conduct disorders that serve a population ratio that makes them cost effective.
14. Develop or enhance facilities for chronic violent offenders based on assessed needs and risk, within locations that assure family involvement.

## PROGRAM FUNDING RECOMMENDATIONS

### Core Principle

*“Explore “blended funding” options that combine resources from mental health, juvenile justice, child welfare and education, and increase flexibility in the use of blended resources to better meet the needs of youth and families.” (Lee, 2013)*

The State of Nebraska should take steps to access and maximize federal funding. Funding of the system should be flexible based on the needs of the youth and family. Priority should be given to community-based funding for counties, multi-county groups, or tribes to utilize community –based funding for a continuum of evidence-based services in the community to prevent youth coming into secure care and for reentry care. Incentives should be provided for counties (groups of counties) or tribes for development of county or multi-county services which by diverting youth from the juvenile justice system reduce the number of youth in the system.

## Appendix A

### Juvenile Services (OJS) Committee Members and LB 561 Responsibilities

Co-Chairperson: Ellen Brokofsky, Nebraska Children's Commission, State Probation Administrator – Administrative Office of the Courts and Probation

Co-Chairperson: Martin Klein, Nebraska Children's Commission, Deputy Hall County Attorney

#### Committee members:

- Kim Culp, Director -Douglas County Juvenile Assessment Center
- Barbara Fitzgerald, Coordinator - Yankee Hill Programs – Lincoln Public Schools
- Sarah Forrest, Policy Coordinator – Child Welfare and Juvenile Justice – Voices for Children
- Judge Larry Gendler, Separate Juvenile Court Judge for Sarpy County, NE
- Kim Hawekotte, Nebraska Children's Commission, Director – Foster Care Review Office (former CEO – KVC Nebraska)
- Dr. Anne Hobbs, Director – Juvenile Justice Institute, University of Nebraska, Omaha
- Ron Johns, Administrator – Scotts Bluff County Detention Center
- Nick Juliano, Senior Director Community Impact – Boys Town
- Tina Marroquin, Lancaster County Attorney
- Mark Mason, Program Director - Nebraska Vocational Rehabilitation
- Jana Peterson, Facility Administrator – YRTC, Kearney
- Corey Steel, Assistant Deputy Administrator for Juvenile Services, Administrative Office of the Courts and Probation
- Monica Miles-Steffens, Executive Director – Nebraska Juvenile Justice association & Nebraska JDAI Statewide Coordinator
- Pastor Tony Sanders, CEO – Family First: A Call to Action
- Dalene Walker, Parent
- Dr. Ken Zoucha, Medical Director - Hastings Juvenile Chemical Dependency Program

#### Resources to the Committee:

- Senator Kathy Campbell
- Senator Colby Coash
- Jim Bennet, Reentry Program Specialist - State Office of Probation Administration
- Doug Koebernick, Legislative Assistant for Senator Steve Lathrop
- Tony Green, Deputy Director of the Office of Juvenile Services
- Liz Hruska, Legislative Fiscal Office
- Jerall Moreland, Assistant Ombudsman - Nebraska Ombudsman's Office
- Dr. Liz Neeley, Nebraska Bar Association, Supreme Court Minority Justice Committee
- Jenn Piatt, Legal Counsel for Senator Brad Ashford
- Dr. Hank Robinson, Director of Research, Nebraska Department of Corrections
- Julie Rogers, Nebraska Children's Commission, Inspector General of Nebraska Child Welfare
- Dan Scarborough, Facility Administrator – YRTC, Geneva
- Amy Williams, Legislative Assistant for Senator Amanda McGill

## Appendix B

### OJS Committee Responsibilities

LB 821

The [Nebraska Children's] commission shall create a committee to examine the structure and responsibilities of the Office of Juvenile Services as they exist on the effective date of this act. Such committee shall review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care. Such committee shall also review the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the commission relating to the future responsibilities of the administrator.

*LB 561, Sec. 42-4203 (2b)*

The [Nebraska Children's] commission shall create a committee to examine the structure and responsibilities of the Office of Juvenile Services as they exist on April 12, 2012. Such committee shall review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care, including what populations they should serve and what treatment services should be provided at the centers in order to appropriately serve those populations. Such committee shall also review how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such services throughout Nebraska and make recommendations to the commission relating to those systems of care in the juvenile justice system. The committee shall collaborate with the University of Nebraska at Omaha, Juvenile Justice Institute, the University of Nebraska Medical Center, Center for Health Policy, the behavioral health regions as established in section 71-807, and state and national juvenile justice experts to develop recommendations. If the committee's recommendations include maintaining the Youth Rehabilitation and Treatment Center-Kearney, the recommendation shall include a plan to implement a rehabilitation and treatment model by upgrading the center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs. The recommendations shall be delivered to the commission and electronically to the Judiciary Committee of the Legislature by December 1, 2013.

## Appendix C

### **Juvenile Service (OJS) Planning Documents and References**

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YRTC Geneva OJS-Subcommittee Update (2013).

YRTC Kearney Annual Report (2011-2012).

YRTC Kearney OJS-Subcommittee Update (2013).

Voices for Children in Nebraska (2012a). Issue Brief: Nebraska's Youth Rehabilitation and Treatment Centers.

Voices for Children in Nebraska (2012b). Kids Count in Nebraska Report.