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

Eighth Meeting
June 11, 2013
9:00AM-4:30PM
Country Inn and Suites, Board Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Ellen Brokofsky and Marty Klein called the meeting to order at 9:14am and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Subcommittee Members present: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Kim Hawekotte, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker.

Acting as resources to the committee: Stacey Conroy, Doug Koebernick, Tony Green, Jerall Moreland, Liz Neeley, Dan Scarborough, and Amy Williams.

Subcommittee Member(s) absent: Kim Culp, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders.

Resource members absent: Senator Kathy Campbell, Senator Colby Coash, and Hank Robinson.

Also attending: Liz Hruska, Legislative Fiscal Analyst; Julie Rogers, Inspector General for Nebraska Child Welfare; and Leesa Sorensen, Nebraska Children's Commission

Approval of Agenda

A motion was made by Corey Steel to approve the agenda as written, seconded by Sarah Forrest. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

Approval of May 14, 2013, Minutes

A motion was made by Monica Miles Steffens to approve the minutes of the May 14, 2013, meeting, seconded by Jana Peterson. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest,

Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

Chair's Report

Ellen Brokofsky and Marty Klein gave a chair's report. They reminded the committee that the role and responsibility of the Juvenile Services (OJS) committee changed due to LB561. Ellen gave a brief overview of the reporting processes required by LB561 and the timing of when youth will begin transitioning into the new process. A copy of LB561 was provided for committee members. The committee briefly discussed LB561 and how the proposed changes would impact families and youth.

YRTC Update

Jana Peterson and Dan Scarbrough provided information on the Kearney and Geneva YRTCs. Dan reported that YRTC-Geneva had eleven girls graduate from high school and would have an additional three graduating in July. He also reported on the equine program that is being done at a neighboring ranch. The girls in this program learn about general care of the horses, safety with horses, and training of the horses. Dan also reported that they are currently revising the drug and alcohol counseling.

Jana reported that YRTC-Kearney also has an equine project to do therapy with some individuals. YRTC-K is also looking at the installation of a confidence/ropes course to use for training and counseling. Jana also reported that one of the housing units was under construction for a heating and air-conditioning upgrade project. The housing unit is to be completed and re-opened in mid-July.

Introduction/Discussion of Nominees for Open Committee Position

Nominees for the open committee positions were asked to attend the meeting to meet committee members and to get an idea of the type of issues that will be addressed at meetings. Barb Fitzgerald, Mark Mason, and Dr. Ken Zoucha were able to attend the meeting in person. Jana Peterson introduced Mark Mason and Dr. Ken Zoucha to the group. Marty Klein introduced Barb Fitzgerald. Liz Neeley provided information about Tina Marroquin's qualifications. Each nominee present was given a few minutes to provide additional information on their current employment and other related activities. Committee members were also allowed to ask questions of each of the nominees.

A motion was made by Ron Johns to recommend to the Nebraska Children's Commission that Tina Marroquin be added as a voting member of the Juvenile Services (OJS) Committee. The motion was seconded by Monica Miles Steffens. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles

Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

A motion was made by Marty Klein to recommend to the Nebraska Children's Commission that Barb Fitzgerald be added as a voting member of the Juvenile Services (OJS) Committee. The motion was seconded by Corey Steel. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

A motion was made by Ellen Brokofsky to recommend to the Nebraska Children's Commission that Mark Mason be added as a voting member of the Juvenile Services (OJS) Committee. The motion was seconded by Jana Peterson. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

A motion was made by Dalene Walker to recommend to the Nebraska Children's Commission that Dr. Ken Zoucha be added as a voting member of the Juvenile Services (OJS) Committee. The motion was seconded by Ellen Brokofsky. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Ron Johns, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Kim Hawekotte, Anne Hobbs, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

Committee members were reminded that a position still remains open on the committee and that nominations are still being accepted. Any nominee suggestions should continue to be sent to Leesa Sorensen at Leesa.Sorensen@Nebraska.gov.

The "Deep End" of the Juvenile Justice System

Sarah Forrest provided a presentation entitled *A look at the "Deep End" of the juvenile justice system*. The presentation provided information on the history of the YRTCs in Nebraska; juvenile incarceration rates of the United States versus other nations; and research on youth outcomes. Sarah also provided information on national youth incarceration trends, with specific statistical information about Redeploy Illinois and RECLAIM Ohio.

Strategic Recommendations Facilitated Discussion

The OJS committee continued their review of the juvenile justice system through a facilitated discussion. The committee began the discussion by reviewing the planning notes from May 14, 2013. The committee reviewed the focus question and agreed that the following question to guide the strategic recommendations process should remain as written: "What changes (or things to remain the same) will effectively improve and support a comprehensive, culturally competent, continuum of care; and accountability for youth and families involved in the juvenile justice system, while maintaining public safety?"

The committee further agreed that the following vision elements should be slightly revised:

1. Right youth, right services, right time
2. Consistent, stable, skilled work force
3. Transparent system collaboration with shared partnerships and ownership
4. Family ~~focused~~ centered/youth ~~centered~~ focused
5. Data driven decision making
6. Reducing social and system disparity

Committee members then reviewed the goal statements for each vision element that were created by the sub-groups on May 14. The committee reviewed, discussed, and added or revised items as needed. Notes from the June 11 meeting are noted in blue text.

Sub-group 1: Right youth, right services, right time –

- Appropriate screening/assessment and TARGETED systematic response, based on that assessment
    - Validated/evidenced-based screening tool
    - Develop concept – Juvenile Intake Assessment Center (JIAC)
    - Criteria for referral
- Continuum of care, close to home, that is accessible (finances) to all youth being served
    - Analysis of current systems and holes in those systems
    - Identify what system responses should include (see diagram)
        - No system response "out the door"
        - Diversion
        - Court involvement
    - Identify services available and holes in each of these systems
- Getting screening/assessment and services in place in an expedited, age-appropriate, timely manner
    - Develop/research guidelines for each system response
    - Educate system "players"
    - Change law

June 11 Notes: The OJS Committee recommendations need to further clarify "accessible (finances)":

- means that services aren't delayed because money is an issue; work with the family to ensure there is equal access/pooling resources/cost sharing
- need to connect the dots between county funding, state funding, behavioral health regions, etc.
- ability to access services without having to get involved in the system
    - (we need to identify what we mean by "system" and when the "system" begins – engaging new partners = local physicians, education, behavioral health, Senator McGill Pilot project)

On 3rd bullet, 3rd sub-bullet – not only change statute, but also change/develop policy and procedures.

Sub-group 2: Consistent, stable, skilled work force

- Foster working with youth as a professional and career choice
    - Incentivizing college students to enter the profession by offering tuition remission and/or reimbursement
    - 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
    - Encourage continuing education to be in best practices that will enhance abilities of employees to serve youth and families
- Provide adequate support, training and mentoring that allows for success and career advancement.
    - Strong supervision and mentoring translates into higher quality services for youth and families
    - Development of strong, formal mentoring programs to enhance transfer of education and skills into competencies in working with youth and families
- Ensure the highest skilled and most experienced employees case commensurate equal to their abilities and compensated accordingly
    - Identify core skills and abilities needed to work with specific populations
    - Provide incentives for employees who have specialized, high risk caseloads (e.g. – speak certain language)
- Ensure cultural competency, reasonable caseload sizes and measure the quality of service and supervision provided
    - Investigate and adopt standards appropriate to relative caseload size
    - Develop internal controls that define quality of service utilizing EBP/best practices models
    - Set standards for competency expectations of supervisory personnel
    - As part of the mission, focus on developing cultural competency at all levels

June 11 Notes:

- Make stronger recommendations on adequate compensation
    - Loan repayment - partner with student loan organizations (Leesa)
    - South Dakota model with attorneys (Liz)
- Emphasis on filing gaps in rural areas
- Formalize Continuing Education Unit (CEU) requirements/expectations for continuing education
- Does this require statute change?
    - Maintaining/keeping good people
        - Retention data driven (CCFL study)
    - Getting rid of the bad people

- Leadership/management development

Sub-group 3: Transparent system collaboration with shared partnerships and ownership

- Developing and sustaining public/private partnerships for strategic planning efforts
- 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 juvenile justice leadership academy
- Information sharing
    - Common definitions of key system points (i.e. – entry, exit, etc.)
    - Develop and define common outcome measures (i.e. – recidivism, case processing, etc)
    - Work with Nebraska Children's Commission data efforts to include juvenile justice
    - Develop information sharing agreements across systems (education, justice, etc)
    - Utilize technical assistance from national experts
- 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
    - Uniform way of informing the state on this work

June 11 Notes:

- Public/private partnerships (4th bullet)
    - Educate juvenile justice to get involved
    - Juvenile justice needs to be at the table during community planning/strategic planning work
- Coordination across commissions & boards
    - Judge Inbody is starting to coordinate
    - Emphasize this is really needed
    - Somehow streamlining the committees work & that are all doing similar work
- Enhance county and state partnerships
- Replicate what the Panhandle Partnership has done with collective impact (Children's Commission has a workgroup on this)

Sub-group 4: Family focused/youth centered or Family-centered/youth-focused

- Youth & family (broad definition) involvement (engagement) at every juncture and throughout the case
    - Workforce trained and educated on importance of family and tools to engage them

    - Agency, placement, facility and court policies that actively encourage family involvement and supportive relationships
    - Youth and family knowledge of rights and responsibilities
    - Family and youth involved in decision making pre-filing onwards
    - Family finding
- Developmentally appropriate approach to youth, services and programs
    - Workforce training (staff, providers, judges) on adolescent behavior and development (trauma?)
    - Access to legal representation/quality counsel
    - Juvenile cases start in juvenile court
- System responses ensure the safety, permanency and well-being of families and youth
    - Aftercare and re-entry planning
    - Investment in prevention and supports to families outside of juvenile justice system
    - Correct referral of families and youth to services outside system
    - Services and case plans, etc. address needs of whole family, not just youth

June 11 Notes:

- Change heading to Family-centered/youth-focused
- Plans and services
    - Always individualized based on needs of youth and family
        - Need flexible funding
        - Stakeholders need to welcome innovation and creative approaches
    - Families have an opportunity to tell their story and are listened to
        - Courts should insist on this
        - Youth and family both have opportunity separately and together to tell their story
- Families are engaged through their own history (3rd bullet)
    - Build trust with families
- Add Restorative Justice

Sub-group 5: <u>Data driven decision making</u>

- Information should follow a youth/family through timely common data sharing system
- Data is accessible at the individual level and policy level
    - Review current statutes and agency policy to determine what can be shared
    - Educate/explain to family and youth why we want to share data (prevent duplication-increase coordination)
    - Explore legislative responses to sharing data for public policy/research
- Build a workforce culture that relies on data
    - Inform staff on reasons for quality data
    - Increase accountability/quality assurance
    - Use data on a daily basis in agencies

June 11 Notes:

- Don't overburden frontline staff with data collection
  - Minimize duplication of data recording
  - Adequate case load standards
- A focus on meaningful data
- Make data easily accessible, use technology
- Disseminate to placements, service providers, etc.

Sub-group 6: Reducing social/racial and system disparity

- Data driven approach to identifying/understanding disparities
- A commitment to evaluating to what extent assessment tools, policies and procedures are implemented equitably
- Juvenile justice workforce is educated about social inequalities (race, class, gender, language, etc.) and cumulative disadvantage

June 11 Notes:

- Diverse workforce
  - Evaluate standards that prevent this
  - Leadership and frontline staff
- Broad education on disparities

Parking Lot Strategies:

- Education – as a system
- Education – provided to youth
- Consumer Representation on boards/commissions
- Quality Assurance
- Collaboration across state level boards/Commissions/agencies
- Prevention
  - Coordination with coordinated case processing/management
- Cost savings reinvestment
- Definitions for systems work (i.e. – collaboration, juvenile justice, etc.)

June 11 Notes:

- Consider providing more information or training on:
  - Medicaid
  - IV-E
- What's happening at NCYF, YRTCs, and Hastings
  - what do they look like?
  - Information on programming
- Perspectives from youth and families (rural and urban)
- Characteristics of what works in incarceration
- Lancaster re-entry report/Anne Hobbs
  - Can we do this for other counties?

    - Characteristics of kids in the system
- Key Points
    - Rehabilitative
    - Needs Based
    - Community Based
    - Access to Services
    - Deliberate Implementation of Changes
- Rehabilitative and Needs Based (not facility based)
    - Numerous failed IOP and OP
    - Increased levels of substance abuse; chronic criminal behavior to support substance use; weapons; gang involvement: intensive long term txt is needed for healing and sobriety – careful transition back into community is needed

Who are the right youth for the higher/highest level of care?

versus

How do we serve youth with highest needs?

- Kids currently in deep end of adult system (detention/NCYF)
    - Who are these youth?
- Kids who are a risk to public safety?
- Repeat offenders?
- People we're scared of vs people we're mad at?

The committee discussed the process that will be needed going forward to finalize the recommendations and get a report completed for the Nebraska Children's Commission and for the Judiciary committee of the Legislature.

A motion was made by Corey Steel to have the OJS Committee work with the Nebraska Children's Commission to find a facilitator that can help the OJS Committee with the LB561 evaluation process. The motion was seconded by Sarah Forrest. Voting yes: Martin Klein, Ellen Brokofsky, Sarah Forrest, Judge Larry Gendler, Kim Hawekotte, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dalene Walker. Voting no: none. Kim Culp, Anne Hobbs, Ron Johns, Nick Juliano, and Pastor Tony Sanders were absent. Motion carried.

The committee then discussed the need for additional information from DHHS concerning the youth being served at the YRTCs. Tony Green, Jana Peterson, and Dan Scarborough were then asked to prepare information for the next meeting that will provide the committee with details about the youth at YRTC-Kearney and YRTC – Geneva.

New Business

Next Meeting Date

The next meeting is scheduled for August 13, 2013 from 9:00am to 4:30PM.

Adjourn

A motion was made by Dalene Walker to adjourn the meeting, seconded by Corey Steel. The meeting adjourned at 4:35pm.

Children's Commission
OJS Sub-Committee
YRTC Update
August 13, 2013

Highlights:

Geneva:

Physical Plant Enhancements

Numerous physical plant improvements have occurred. These include the boiler plant renovation and boiler replacements, renovations of Sacajawea Cottage restrooms to make them ADA compliant, water tower demolition and removal, removal of 80 trees, major concrete replacement projects campus-wide, the remodeling of living unit kitchens and kitchenettes, security camera upgrades and additions, and fire equipment upgrades. Future projects scheduled include the installation of additional security cameras and upgrading of the servers, replacement of apartment roofs and continued fire safety equipment upgrades, the installation of new water valves, underground sprinklers around Dunbar Cottage, and continued cement projects.

Expansion of Substance Abuse Treatment Program

We are in the process of moving away from our old drug and alcohol treatment program (Living in Balance) to an evidenced-based program called Prime for Life/Prime Solutions. The program is progressing well, youth feedback has generally been positive, and four YRTC-Geneva treatment staff were sent to Wyoming for training on the program and will again attend training in Iowa in September.

Creation of Equine Program

In June 2013, our new Equine program began. Five youth have been trained on equine psychology, equine safety, and have experienced hands-on training with yearlings under the supervision of a certified volunteer and a YRTC-Geneva staff member. Program participants attend two to three times per week.

Community Involvement

YRTC youth continue to volunteer off-campus at a local theater, Heritage Crossings Retirement Home, Adopt-A-Highway, and at off-campus work sites. Recently, ten youth ran the inflatable stations at the community 4th of July activities on the Geneva courthouse lawn. The Geneva community continues to be highly supportive of the YRTC and its youth and during the past year our number of volunteers reached an all-time high of 70.

Expansion of YRTC-Geneva School Program

We are graduating an increased number of youth during their stay. Eleven youth received their high school diplomas in May 2013 and four graduated in July 2013. We continue to have youth involved in on-line college classes, to assist older youth in completing the FAFSA, and continue to assist them with college registration. Last school year, we created a youth student council. Our PbS data from April 2013 reflects that WRAT testing (pre and post) indicate that 87% of the youth have shown an increase in their reading scores and that 67% have shown an increase in their math scores. This is well above the PbS field averages of 53% and 51% respectively.

PbS Data from the April 2013 Data Collection

The PbS data from the April 2013 data collection indicates:

- The YRTC's use of mechanical restraints (per 100 person days of youth confinement was .09 which was well below the field average of .79.

- The YRTC's use of physical restraints (per 100 person days of confinement) was .09. Again, well below the field average of .80.
- The YRTC's use of isolation, room confinement, and segregation/special management unit use (per 100 person days of confinement) continues to decline. The April 2013 data collection found our rate to be .374 as compared to the field average of 3.93.

Our trends in this area are positive as well.

Programming

The YRTC continues to offer many meaningful programs for its youth. Those include three Improvisational theater (IMPROV) programs during the year, Timberlake Wilderness Camp (ropes course, Leap of Faith, horseback riding, and outdoor team building exercises), annual involvement in the state Trap Shoot in Doniphan, and speaking at a York, Nebraska diversion program. The Project Everlast Youth Council program continues to provide a meaningful program opportunity for youth. Our contractual arrangement with Christian Heritage allows us to offer all youth on campus an 8-week course on healthy relationships, training for YRTC staff on relationships, and a daylong session with youth families on enhanced relationships.

The YRTC-Geneva continues to utilize evidenced-based youth assessments which include the MASYI-2 (Massachusetts Youth Screening Instrument), the DISC-IV (Diagnostic Interview Schedule for Children), VISA, various cognitive behavioral assessments, the CASI (Comprehensive Adolescent Severity Inventory), as well as the MAC-I (Millon Adolescent Clinical Inventory). Evidenced-based treatment programs include cognitive behavioral interventions, motivational interviewing, dialectical behavioral therapy, YLSI as well as several other models.

Staff Tenure

The average YRTC staff member has worked at the facility 11.44 years. Last year we had four retirements, and these four employees each worked at YRTC for 44 years, 20 years, 23 years, and 25 years. The YRTC at Geneva continues to be a good place to work and as reflected by these numbers, a career for many.

Kearney:

Maintenance

Numerous improvements have been made around the YRTC-Kearney campus. Some of the more mentionable projects include:

- New exterior doors were installed in Bryant, Creighton, Lincoln, Washington, and Morton Living Units.
- The maintenance department installed the road behind the chapel.
- The Washington Living Unit part of the HVAC and remodel was completed and started on the Lincoln Living Unit HVAC and remodel.
- Installed new youth lockers in all 6 living units.
- Installed new cooling units in the two walk in coolers and the walk in meat freezer at the Boys Dining Room.
- Converted the swimming pool from chlorine to bromine.
- Installed seven new doors at the boiler plant, gym, school, and at BDR.
- Replaced the building signage on all the buildings from wood signs to reflective signs that attach to the buildings.

Chemical Dependency Programming

The Chemical Dependency Programming staff provided an average of 3.0 weekly group therapy sessions to 22 youth. These sessions were 45-minutes long focusing on allowing youth to begin processing their chemical dependency issues. These youth were identified as needing additional chemical dependency intervention while at YRTC-K. The weekly group therapy sessions prepare youth to transition to a more intensive and specific chemical dependency treatment at the community level of care, such as outpatient or inpatient services. All of

the youth who participated in the Chemical Dependency therapy groups received referral recommendations for follow-up services upon their return to the community.

There were 43 youth paroled to the Hastings Chemical Dependency Program this past fiscal year. There were meetings between Dr. Zoucha, HJCD's Administrator, and the YRTC-K about the Chemical Dependency programming that is provided to youth while at the YRTC-K. He concluded that the YRTC-K does a great job with providing Chemical Dependency counseling, support and education to the youth that are served at the facility. A volunteer comes to the facility to provide an AA support group to youth on a regular basis.

Therapeutic Horseback Riding Program

In June, two youth groups participated in weekly interaction with the program. They learned how to properly groom, ride and care for the horses. This program has been ongoing for the past three years and the youth learn the value of respecting animals and the individuals that benefit from the program.

Community Involvement

The YRTC-K is involved a variety community service projects. The following are a few of the activities/community service that they have been involved in:

- Several YRTC-K youth groups attended UNK wrestling meets, football, basketball, and volleyball games as well as concerts held at the Health and Fitness Center. The youth assisted with cleaning following the events.
- For the 18th year, YRTC-K youth have been involved in the set up and tear down of the UNK Blue-Gold Day at the beginning of the fall semester. Three YRTC-K youth groups participated in this celebration by helping to set up and then taking part in the food and activities offered.
- Four youth groups helped the local Habitat for Humanity lay sod and landscape for homes being built. This is an annual partnership.
- One YRTC-K youth group helped set up and tear down for the Prince of Peace Catholic Church's Fall Festival. This is in its 2nd year.
- Three YRTC-K youth groups set up for concerts held at the Museum of Nebraska Art in downtown Kearney. This is the 7th year for Creighton Living Unit to complete this project.
- YRTC-K helped the Kearney Volunteer Fire Department with their annual pancake feed. This is an annual partnership.
- Three truckloads of clothing bales were loaded by YRTC-K youth groups for the Salvation Army. This is the 19th year for this partnership. Youth and staff also helped with food baskets and bell ringing during the holidays.
- One youth group helped with the Kearney Community Thanksgiving dinner at the Knights of Columbus. This was the 15th year for Lincoln Living Unit to donate their assistance.
- Two YRTC-K youth groups helped with the Elks Hoop Shoot held in December. This was the 18th year YRTC-K helped with this event.
- One youth group helped clean up the exhibition building at the Buffalo County Fairgrounds following the Kearney Good Fellows Holiday gift wrapping extravaganza on December 25th. This is the 17th year of YRTC's involvement.
- Three youth groups participated in the Kearney Therapeutic Horseback Riding program.

Education

The school's staff, 22 teachers and school principal, all hold professional certificates from the Nebraska Department of Education. This school year the staff authored 334 Individualized Educational Plans (IEP) and Education Plans (EP).

Thirteen (13) students earned their General Equivalency Diplomas (GED) through a cooperative effort with Central Community College (CCC). There were 3 GED graduations. Twenty-five (25) family members attended.

Six (6) students earned their High School Diploma through West Kearney High School. There were 4 graduation ceremonies. Eighteen (18) family members attended.

Performance based Standards (PbS)

The facility is one of 161 facilities across 29 states in PbS that is sponsored by the Council for Juvenile Correctional Administrators. YRTC-K is currently at level 2. This level assignment means that the facility has met the required PbS process and methodology. The levels are from 1-4, with 4 being the highest possible level of performance. During our last data collection in April 2013, the PbS Coach complimented the facility on all the Health standards and stated our Safety standards 2-10 look good. He reviewed the Youth Climate Survey's and complimented the facility for making sure that the youth understand the facility rules and their legal right and they are educated in the treatment program and know what is expected of them.

Programming

In 2011/2012 YRTC-K fully implemented the Evidence Based Program, EQUIP program across campus. The philosophy of EQUIP is to motivate and equip youth to help each other to become productive citizens. During this process youth attend Mutual Help meetings 5 times a week led by Youth Counselors and they attend Equipment meetings 2 times a week led by LMHP. In Equipment meetings the youth go through a series of exercises to help correct their way of thinking. Anger Management, Social Skills and Social Decision Making meetings help guide them to change their way of thinking and correct the errors that have gotten them in trouble. The youth learns how to identify, own and replace (IOR) their negative thinking errors and behavior problems. This program is staff directed.

The facility is working closely with the Lancaster Re-entry Grant and the Transition Specialists. They are currently working with 19 youth to assist them in their transition into the community.

Youth Discipline Model:

If youth are placed in the security unit for a major rule violation, the facility is taking a therapeutic approach to working with each youth individually on an hourly basis to have them return to the general population as soon as they complete a "Thinking Error" and contract for safety of themselves and others. If a youth remains in security up to 24 hours they are visited by a therapist within 24 hours and every day after.

Today's Father

YRTC-Kearney has incorporated the Fatherhood initiative. The class is called Today's Father. We offer youth a curriculum filled with education and hands on learning techniques of how to care for a child. We also have a support group for the fathers that are at the YRTC-Kearney campus.

Youth Representative Council

YRTC-Kearney has developed a Youth Council at the facility. One youth from every youth group participates and is involved with discussing and problem solving around issues at the facility. The youth also suggest events that should occur at the facility.

Creation of the Viking Confidence Course

The mission of the Viking Confidence Course at YRTC-K is to provide groups with opportunities to accomplish new and exciting adventures together. Whether you want to improve self-awareness and self-confidence, build trust or just have a fun experience, the Viking Confidence Course can meet those needs.

Viking Boot Camp/Intramural Sports

The youth participate in the Viking Boot Camp and intramural sports throughout their stay at YRTC-K. During these sporting events youth are given the opportunity to accomplish internal success. Like the Confidence Course, these activities improve and build self-awareness and self-confidence, build trust and are fun activities.

Training of Staff:

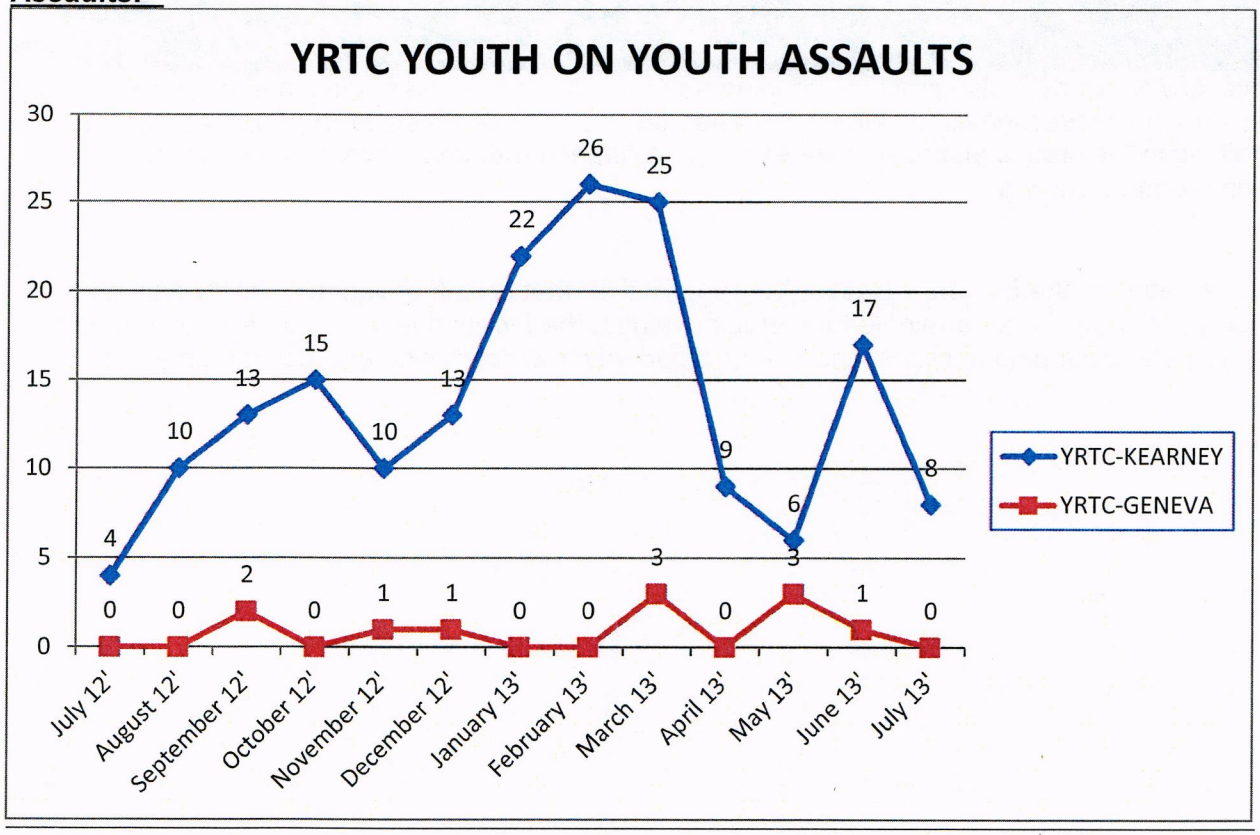
YRTC-K has sought outside assistance through Region 3 Behavioral Health Services to assist with locating or providing training to facility employees on trauma informed care, trauma screens and assessment, trauma oriented specialized training for the Mental Health Department, and compassion fatigue and vicarious trauma. The Family Advocacy Network is also providing training around child abuse and neglect and proper protocols and procedures during an investigation of allegations and how to preserve the evidence. Internally we have incorporated training in restorative justice and are seeking assistance with conflict resolution training and grudge reduction program training.

Staff Tenure

Since the implementation of the Evidence Based Program, EQUIP that is staff driven, the facility has seen an increase of employees choosing to terminate their employment at the facility due to this profession not being suited for them. We are continuing to recruit and hire qualified staff members who are focused on youth treatment.

Seclusion/Restraint/Assault Data
YRTC's Geneva & Kearney

Assaults:



Injury Severity Rating

	#1	#2	#3	#4	#5	#6
July	8	0	0	0	0	0
2013	0	0	0	0	0	0

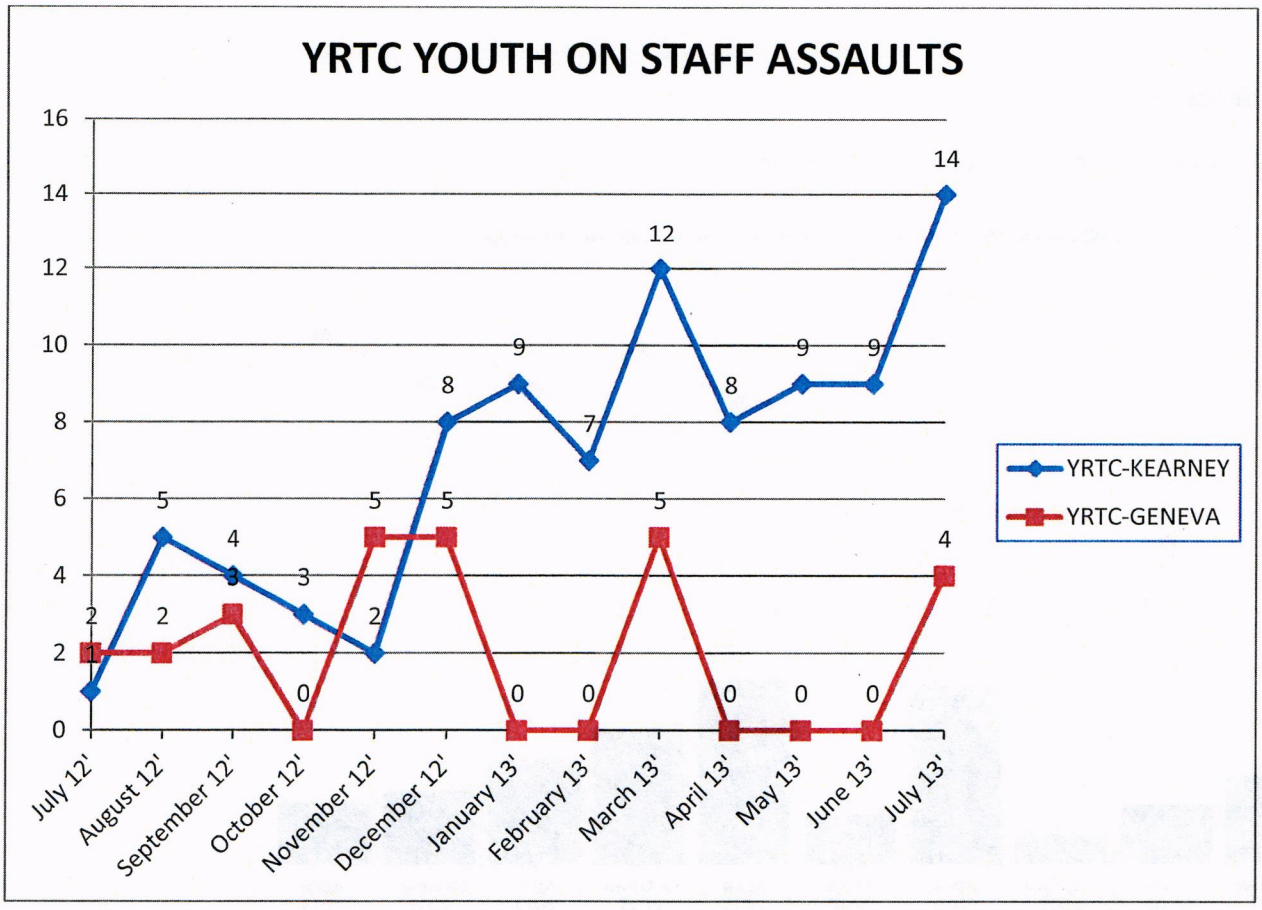
YRTC-Kearney
YRTC-Geneva

INJURY SEVERITY RATING

RATING	DEFINITION
#1	No visible injury or pain
#2	Injury or pain requiring first aid treatment only
#3	Injury or pain requiring on-campus medical treatment beyond first aid
#4	Injury or pain requiring assessment/treatment as an outpatient off-campus
#5	Injury or pain requiring assessment/treatment as an inpatient off-campus
#6	Injury resulting in death

AVERAGE MONTHLY COUNT

	YRTC Kearney	YRTC Geneva
July 2013	132	61



Injury Severity Rating

	#1	#2	#3	#4	#5	#6
July 2013	11	2	0	1	0	0
	1	3	0	0	0	0

YRTC-Kearney
YRTC-Geneva

INJURY SEVERITY RATING

RATING	DEFINITION
#1	No visible injury or pain
#2	Injury or pain requiring first aid treatment only
#3	Injury or pain requiring on-campus medical treatment beyond first aid
#4	Injury or pain requiring assessment/treatment as an outpatient off-campus
#5	Injury or pain requiring assessment/treatment as an inpatient off-campus
#6	Injury resulting in death

AVERAGE MONTHLY COUNT

	YRTC Kearney	YRTC Geneva
July 2013	132	61

Injury Severity Rating

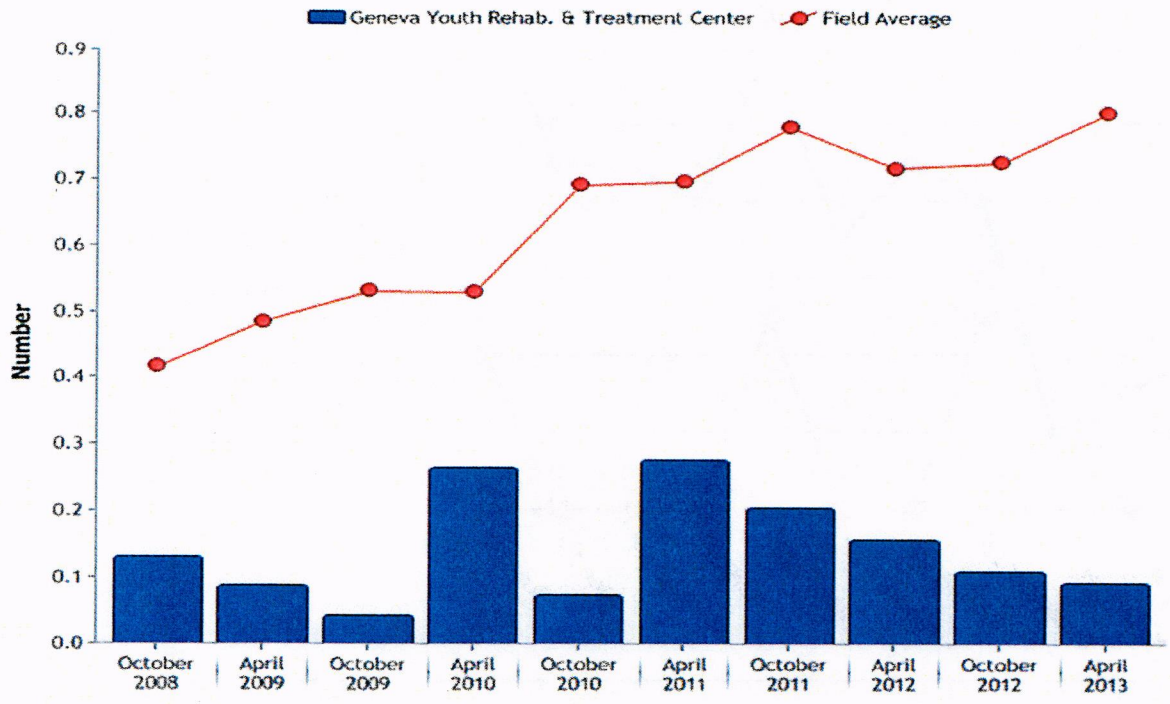
	#1	#2	#3	#4	#5	#6
June 2013	7	1	0	1	0	0
	0	0	0	0	0	0

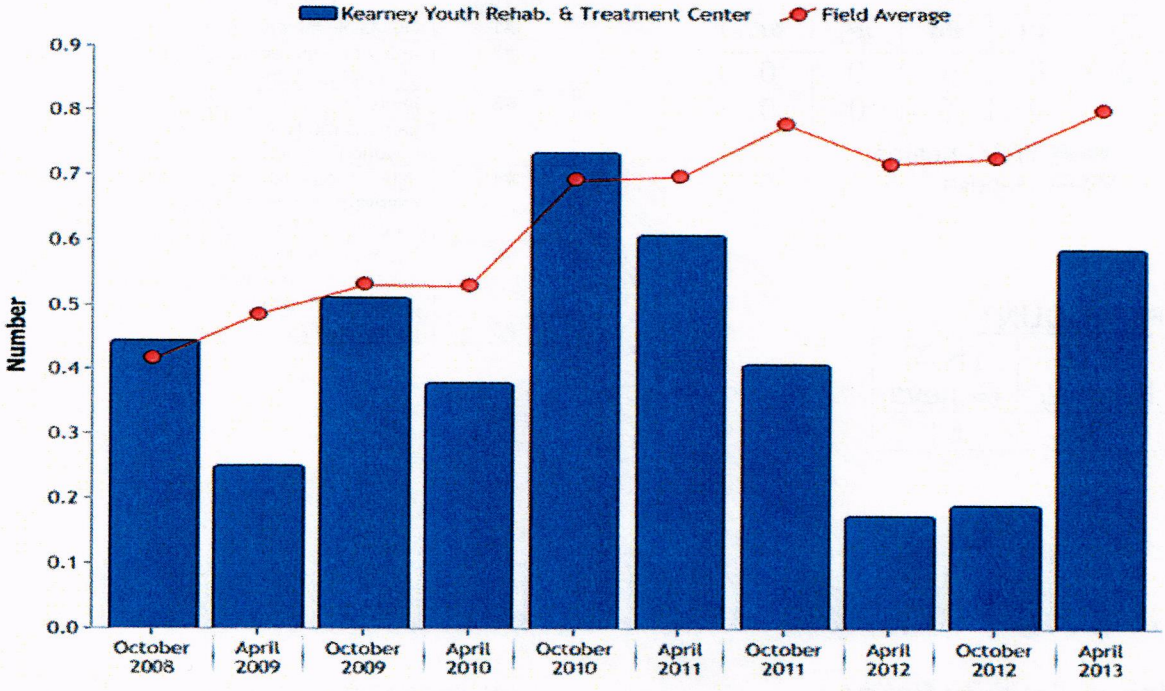
INJURY SEVERITY RATING

RATING	DEFINITION
#1	No visible injury or pain
#2	Injury or pain requiring first aid treatment only
#3	Injury or pain requiring on-campus medical treatment beyond first aid

Physical Restraints:

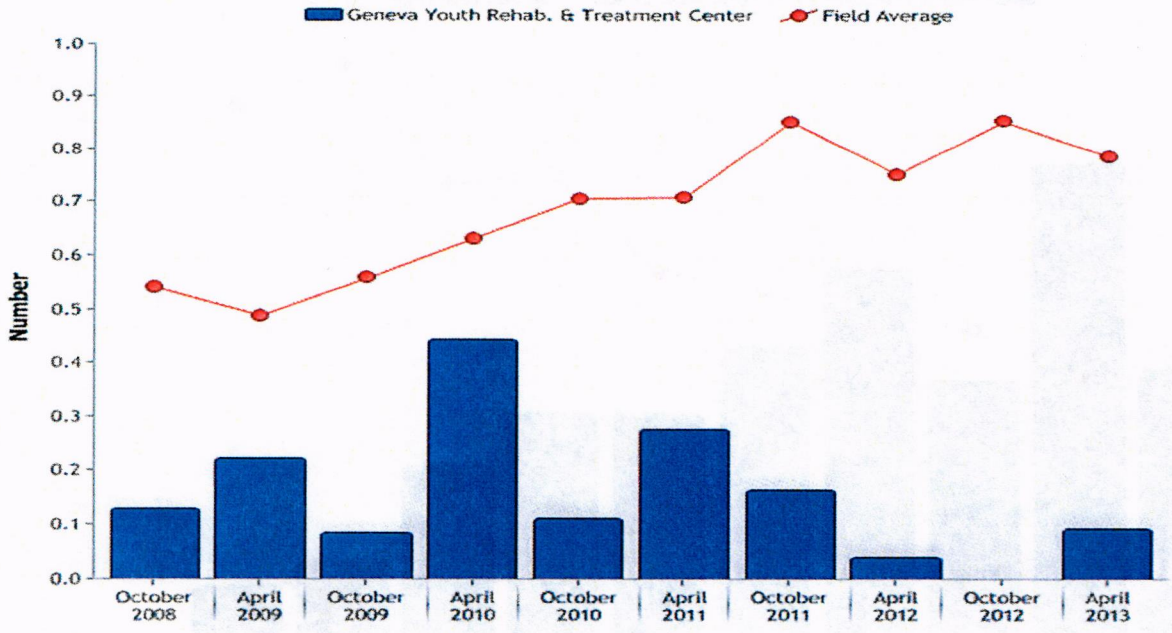
Physical restraint use per 100 person-days of youth confinement

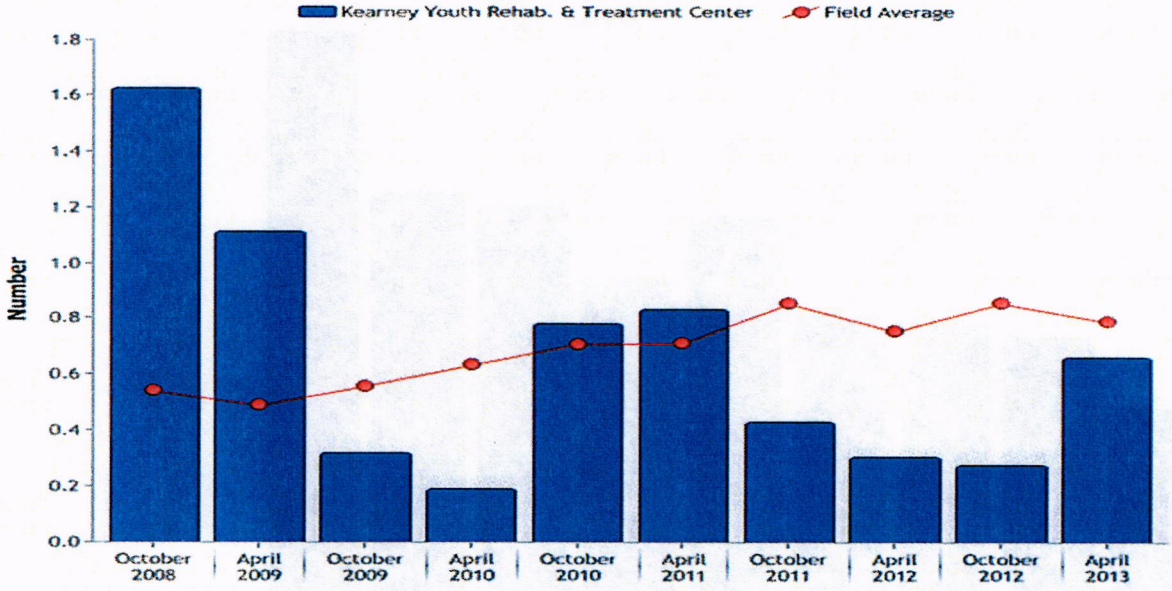




Mechanical Restraints:

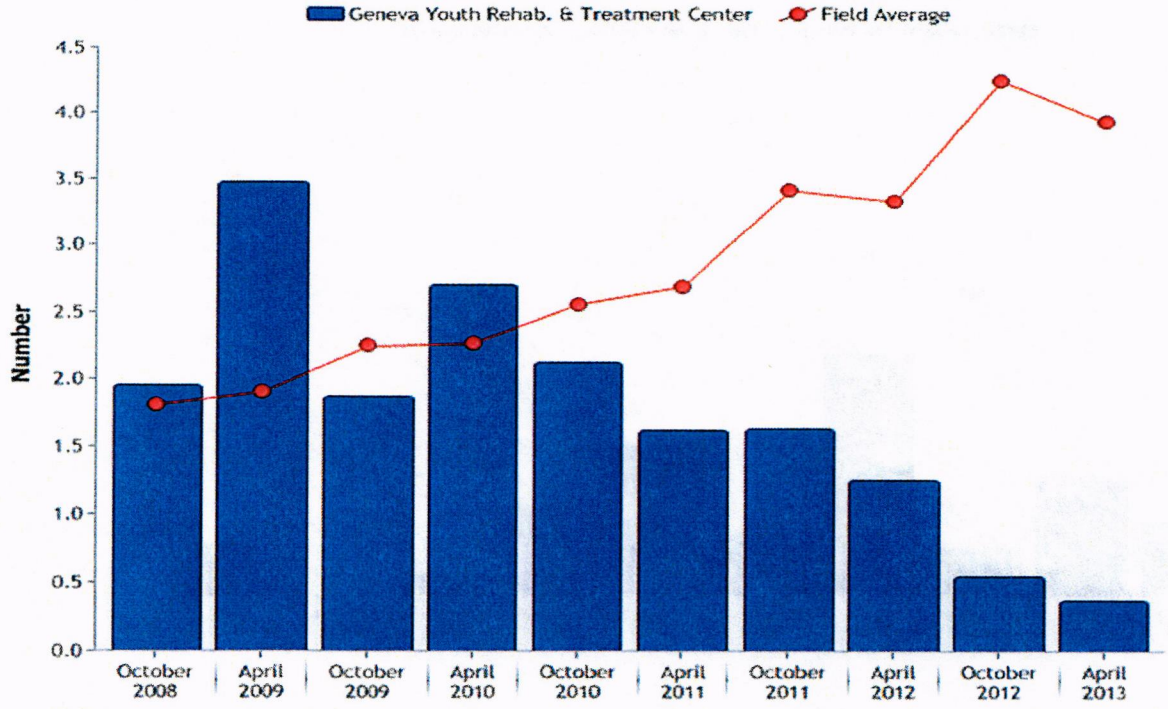
Mechanical restraint use per 100 person-days of youth confinement.

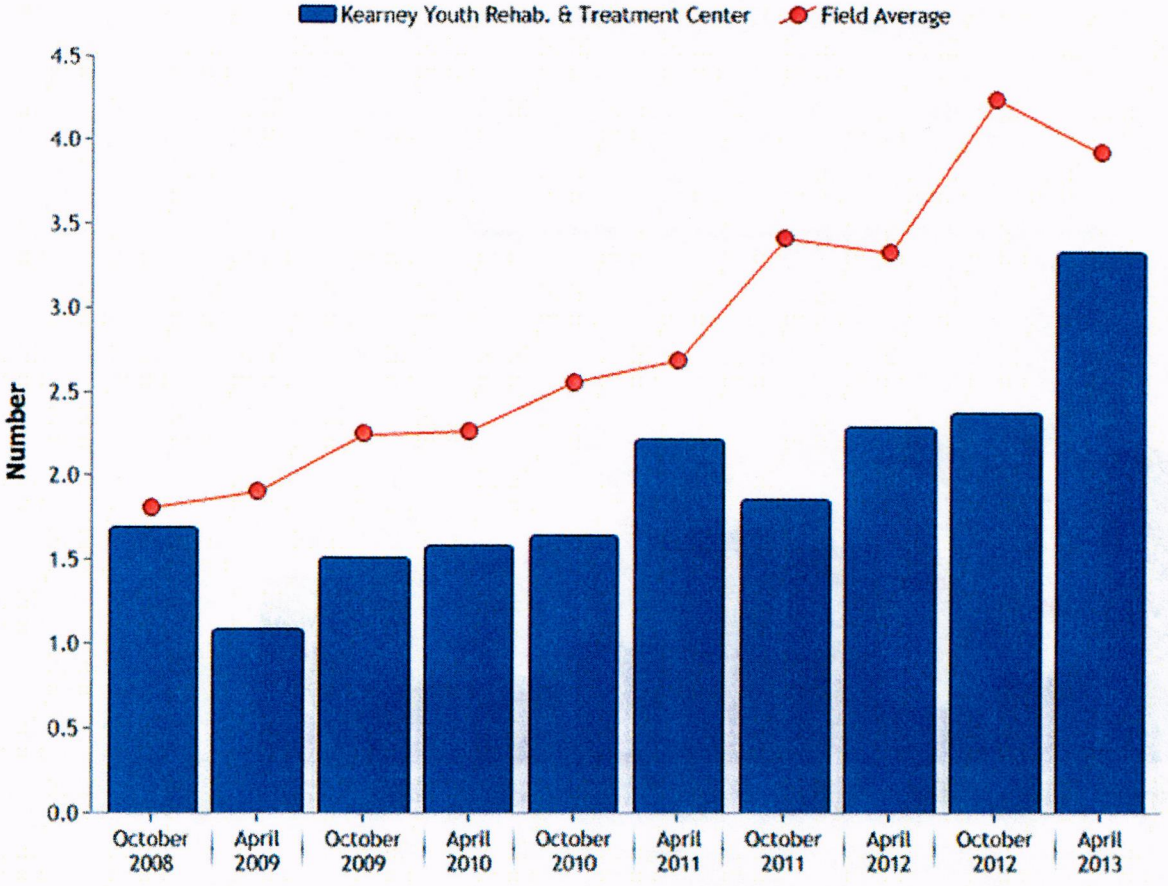




Seclusion:

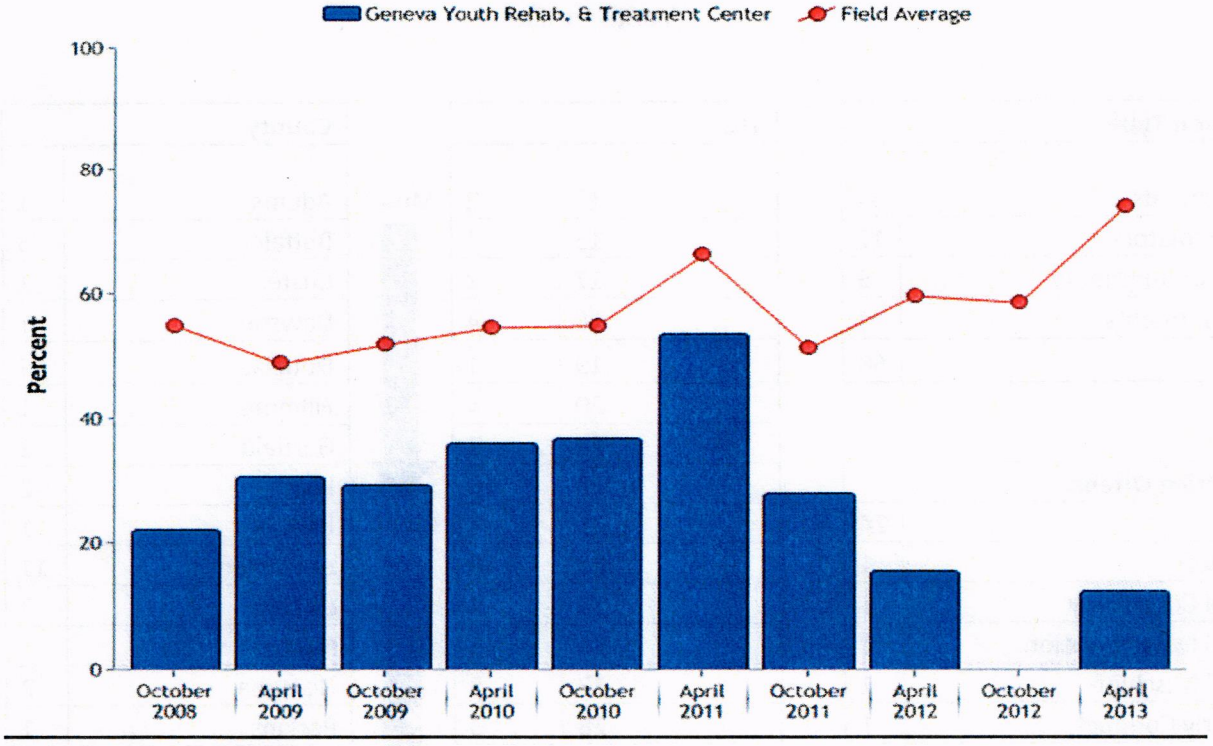
Isolation, room confinement, segregation/special management unit use per 100 person-days of youth confinement.

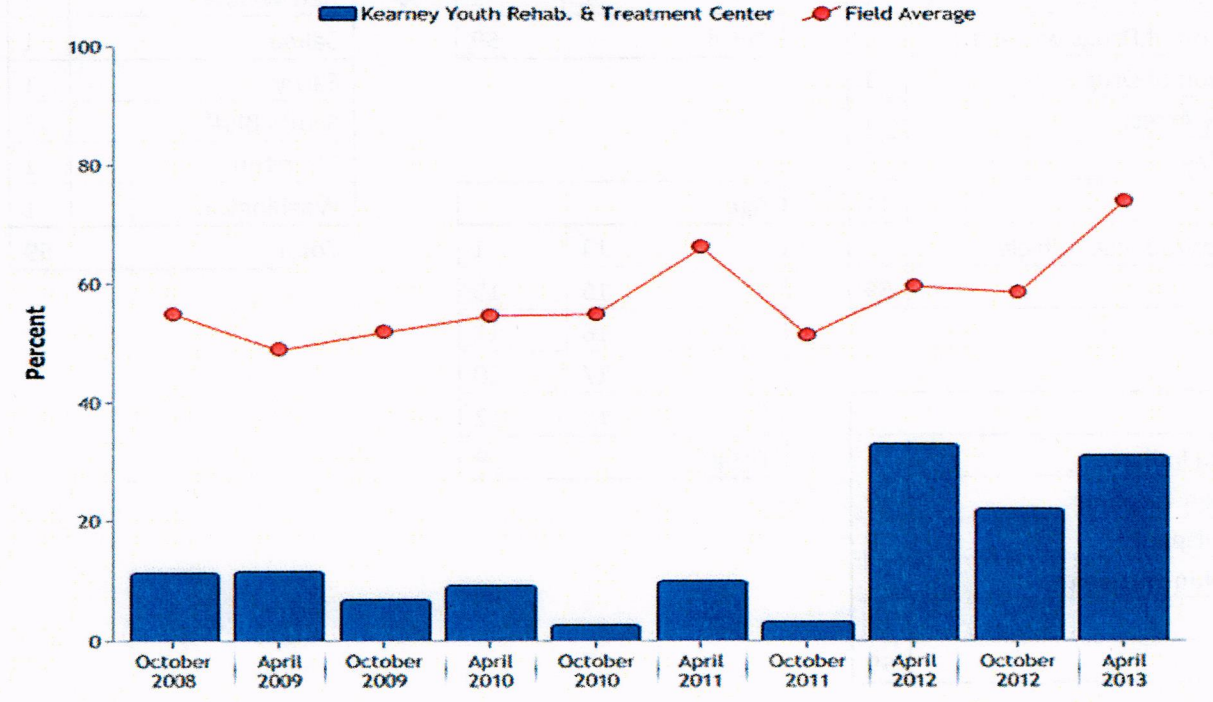




Seclusion in ending in less than 4 hrs.:

Percent of isolation, room confinement, and segregation/special management unit cases terminated in four hours or less.





YRTC – Geneva
July 1, 2013
Youth Profile

Admission Type	
Commitments	34
Parole Violators	12
Direct Commitments	9
Recommitments	4
Total	**59**

Committing Offense	
Assault	24
Auto Theft	1
Criminal Conspiracy	1
Criminal Impersonation	1
Criminal Mischief	1
Disorderly Conduct	1
Disturbing the Peace	1
Obstructing a Police Officer	2
Possession of Drugs	2
Possession of Drugs w/ Intent	1
Possession of Drug Para	1
Resisting Arrest	1
Shoplifting	9
Theft	11
Unauthorized use Vehicle	2
Total	**59**

Race	
American Indian	4
Black, Non-Hispanic	10
White, Hispanic	6
White, Non-Hispanic	27
Other	12
Total	**59**

YLS		
13	2	Mod
15	1	
17	2	
18	4	
19	1	
20	4	
21	3	
22	6	
23	3	High
24	8	
25	4	
26	5	
27	5	
28	3	
29	5	
30	2	
32	1	
Total	**59**	

Age	
14	1
15	15
16	11
17	20
18	12
Total	**59**

County	
Adams	1
Buffalo	3
Custer	1
Dawson	1
Douglas	19
Fillmore	1
Garfield	1
Hall	2
Harlan	1
Lancaster	11
Lincoln	3
Nance	1
Nemaha	2
Perkins	1
Pierce	1
Platte	2
Red Willow	1
Saline	1
Sarpy	1
Scotts Bluff	3
Thurston	1
Washington	1
Total	**59**

YRTC – Kearney
July 1, 2013
Youth Profile

Admission Type	
Commitments	101
Parole Violators	19
Recommitments	14
Total	134

Committing Offense	
Arson	2
Assault	39
Auto Theft	5
Burglary	10
Concealed Weapon	6
Criminal Mischief	8
Disorderly Conduct	1
Disturbing the Peace	5
False Imprisonment	1
False Information	1
Obstructing a Police Officer	1
Possession of Drugs	14
Resisting Arrest	3
Robbery	5
Sexual Assault	1
Shoplifting	1
Terroristic Threats	3
Theft	28
Total	134

Race	
American Indian	6
Black	32
Hispanic	33
White	63
Total	**134**

YLS		
6	2	Low
10	1	Mod
12	1	
16	2	
17	3	
20	6	
21	4	
22	4	
23	22	High
24	17	
25	17	
26	17	
27	10	
28	12	
29	3	
30	5	
31	2	
32	1	
33	1	
34	1	
35	1	VH
36	1	
37	1	
Total	134	

Age	
13	2
14	14
15	22
16	34
17	45
18	17
Total	**134**

County	
Adams	7
Buffalo	2
Butler	1
Chase	1
Cherry	1
Cheyenne	1
Colfax	1
Cuming	1
Dakota	7
Dawson	2
Dodge	2
Douglas	34
Fillmore	1
Furnas	1
Gage	1
Garden	1
Hall	4
Hamilton	1
Jefferson	1
Kearney	1
Keith	1
Kimball	1
Lancaster	36
Lincoln	3
Madison	1
Phelps	1
Pierce	2
Platte	2
Red Willow	1
Saline	1
Sarpy	2
Scotts Bluff	8
Seward	1
Stanton	1
Washington	2
Total	**134**

Nebraska Children's Commission – Juvenile Services (OJS) Committee
Technical Consultant/Facilitator/Writer
Solicitation of Proposals
August 20, 2013

Overview:

The Juvenile Services (OJS) Committee was created as a subcommittee of the Nebraska Children's Commission by passage of LB821 on April 11, 2012. The committee responsibilities were then updated by passage of LB561 on May 29, 2013. This committee is responsible for:

- Examining the structure and responsibilities of the Office of Juvenile Services as they exist on April 12, 2012.
- Reviewing the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and making recommendations to the Nebraska Children's 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.
- Reviewing how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such services throughout Nebraska and making recommendations to the Nebraska Children's Commission relating to those systems of care in the juvenile justice system.
- Collaborating with the University of Nebraska at Omaha, Juvenile Justice Institute, the University of Nebraska Medical Center, Center for Health Policy, the behavioral health regions, and state and national juvenile justice experts to develop recommendations.
- Making recommendations that include a plan to implement a rehabilitation and treatment model by upgrading the Youth Rehabilitation and Treatment Center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs, if the committee's recommendations include maintaining the Youth Rehabilitation and Treatment Centers.

The Juvenile Services (OJS) Committee must submit recommendations to the Nebraska Children's Commission and to the Judiciary Committee of the Legislature by December 1, 2013.

Scope of Work:

The Juvenile Services (OJS) Committee is seeking to engage a contractor to provide independent assistance to the Juvenile Services (OJS) Committee to: 1) lead facilitated discussions; 2) assist the committee in continued development of strategic recommendations for juvenile justice reform; and 3) write the report that will be submitted by the Juvenile Services (OJS) Committee to the Nebraska Children's Commission and the Judiciary Committee of the Legislature by December 1, 2013.

The contractor will be expected to:

1. Review LB821 and LB561 to structure the strategic planning process to meet the requirements of that legislation;
2. Review the Nebraska Children's Commission Phase I Strategic Plan, the LR196 Report Manual, the Juvenile Services Continuum of Care matrix, and other work products of the committee to enhance the strategic planning process;

3. Meet and facilitate discussion with the Juvenile Services (OJS) Committee to obtain input for the strategic recommendations.
4. Provide a professional report that is congruent with the work of the Nebraska Children's Commission Phase I Strategic Plan.
5. Provide neutral and independent assistance with the development of the strategic recommendations for juvenile justice reform.

Contractor Requirements:

1. An independent entity with experience in facilitating strategic planning efforts and writing professional reports;
2. Availability to attend and facilitate at committee meetings in Lincoln, Nebraska on September 10 and October 8 and other committee or designated group meetings as scheduled;
3. Ability to begin work on the contract by September 3, 2013.
4. Ability to deliver a final written draft report by November 5, 2013.
5. Ability to deliver a presentation on the report at the November 19, 2013, Nebraska Children's Commission meeting.
6. Three references familiar with the consultant's work.

Selection Process:

Interested individuals should submit a resume and a 2 page summary providing:

1. A brief summary of a work plan
2. 3 references
3. Cost proposal

Submit the required materials electronically to Leesa Sorensen at the following email address: Leesa.Sorensen@nebraska.gov by 5:00 P.M., **August 30, 2013**.

Nebraska Juvenile Justice System Evaluation

May 3, 2013

Prepared by
Terry Lee, MD

Table of Contents

Section 1
Background and Overview

On February 6, 2013, the Nebraska Administration of Probation and this writer entered into an agreement for this writer to evaluate the Nebraska juvenile justice system and make recommendations to improve the system of care. The Nebraska juvenile justice system is a group of services designed to address youth behavior associated with contact with law enforcement and/or juvenile court. The State of Nebraska is commended for proactively pursuing improvements in its juvenile justice system. Many jurisdictions only address juvenile justice system of care and conditions of confinement concerns under external pressure. By proactively seeking juvenile justice reform, Nebraska will retain control over change efforts.

The evaluation process consisted of interviews of Nebraska stakeholders, facility site visits, and review of previous evaluations, reports and recommendations. The evaluation time frame did not permit an ideal amount of time for site visits, or an optimal number of interviews or site visits. However, with some exceptions, which will be noted, stakeholders generally agreed in their views of current problems and proposed solutions. In addition, stakeholder views were usually consistent with stakeholder comments from previous evaluations and recommendations. Given the common concerns and suggestions from interviewees and previous reports, this evaluation will emphasize recommendations for potential next steps to improve outcomes for youth and families involved with the juvenile justice system.

This writer is aware of proposed legislation pertaining to Nebraska juvenile justice services. Many aspects of proposed legislation are addressed in this evaluation, such as partnering with families and local stakeholders, prioritizing spending on programs with empirical support, providing more guidance on court practices, and using data to inform program and policy development. However, this evaluation did not focus on some of the more strictly administrative matters under consideration, such as which state agency should oversee which specific juvenile justice functions. In these more administrative matters, this evaluation is neutral; the State of Nebraska should proceed with any administrative modifications that will support system responsiveness, positive youth and family outcomes and fiscal efficiencies.

Section 2
Child and Adolescent Service System Program and Juvenile Justice Core System Values and Principles

In 1986, Stroul and Friedman described core values for a system of care for youth with serious and emotional disturbance, which are applicable to youth and families involved with the juvenile justice system. The Child and Adolescent Service System of Program (CASSP) principles specify that services should be child-centered, family focused, strengths-based, culturally competent and provided in the least restrictive appropriate setting. In addition, the system should involve youth and families as full partners, include a comprehensive array of services, individualize to each youth and family, stress early identification and intervention, and coordinate among service providers and systems. Most Nebraska child-serving agencies embrace

principles and values similar to CASSP principles and unprompted during interviews, a large majority of stakeholders described endorsement of many of these values and principles.

The Office of Juvenile Services (OJS) mission statement also highlights many values and goals shared among other child-serving agencies. It reads:
It is the intent of the Legislature that the juvenile justice system provides individualized accountability and individualized treatment for juvenile in a manner consistent with public safety to those juveniles who violate the law. The juvenile system shall also promote prevention efforts through the support of programs and services designed to meet the needs of those juveniles who are identified as being at risk of violating the law and those whose behavior is such that they endanger themselves or others. The goal of the juvenile justice system shall be to provide a range of programs and services which:

1. Retain and support juveniles within their homes whenever possible and appropriate;
2. Provide the least restrictive and most appropriate setting for juveniles while adequately protecting them and the community;
3. Are community-based and are provided in as close proximity to the juvenile's community as possible and appropriate;
4. Provide humane secure, and therapeutic confinement to those juvenile who present a danger to the community;
5. Provide follow-up and aftercare services to juveniles when returned to their families or communities to ensure that progress made and behaviors learned are integrated and continued;
6. Hold juveniles accountable for their unlawful behavior in a manner consistent with their long-term needs;
7. Base treatment planning and service provision upon an individual evaluation of the juvenile's needs;
8. Are family focused and include the juvenile's family in assessment, case planning, treatment and service provision as appropriate;
9. Provide supervision and service coordination, as appropriate, to implement and monitor treatment plans and to prevent reoffending;
10. Provide integrated service delivery through appropriate linkages to other human service agencies, and,
11. Promote the development and implementation of community-based programs designed to prevent unlawful behavior and to effectively minimize the depth and duration of the juvenile's involvement in the juvenile justice system.

Section 3
Youth and Family Voice

In this document, the use of the term "family" is used in a broad sense to include relatives and close family friends. When discussing court-related matters, the term "parents" refers to legal guardians. Child-serving systems value family involvement and prioritize youth and family decision-making in the treatment of youth. Affirming parent roles in youth treatment will facilitate family engagement. Family engagement in treatment and providing treatment consistent with family values will improve youth outcomes.

A culturally-informed approach understands youth and families involved with the juvenile justice system in the context of their culture. Clinicians should be aware of and responsive to youth and family cultural, ethnic, racial, language, sexual orientation, gender identity and spiritual backgrounds. Provider sensitivity to cultural differences will facilitate engagement with youth and families and promote culturally acceptable decision-making. A culturally-informed approach will help address and decrease Disproportionate Minority Contact (DMC).

Potential Next Steps for Youth and Family Voice:

- Expand youth and family voice and choice, including partner and mentor programs, throughout the Nebraska juvenile justice systems.
- Strengthen family partner organizations, including at the Youth Rehabilitation and Treatment Centers (YRTCs).
- Train case managers and care coordinators, including probation and parole personnel, in evidence-based family engagement strategies.
- Develop policies to assure family involvement in assessment and treatment.
- Assure youth and family roles in setting goals, designing and selecting programs, developing policies, identifying outcome measures, program evaluation, and funding decisions.
- Facilitate culturally-informed approaches, and promote youth cultural identity when youth are placed in out-of-home treatment services.
- Support family involvement by providing services in the home community, or as close to the home community as possible.
- When youth are placed out-of-home, regularly scheduled family meetings and visits, and frequent and regular telephone contact should be supported.
- To the extent possible, Nebraska should provide assistance in arranging or facilitating transportation for family members. This may involve collaboration with community and/or advocacy groups, assistance with forming car pools, or direct assistance if funding is available.
- Out-of-home treatment services should pursue the use of videoconferencing technology in situations when family members are not able to travel for visits and treatment team meetings.
- Further develop youth councils and youth alumni programs, with support and mentoring functions.
- See Section 6, Treatment Planning for discussion and recommendations relating to DMC.

Section 4
Inclusive Community Collaboration and Consensus

Inclusive and transparent system collaboration and partnership are critical for developing responsive and accountable child-serving systems. Aligning goals and agreeing on procedures will facilitate communication and improve the efficiency of efforts. Collaborative relationships exist on many levels and among multiple interested parties. Developing effective community-based services requires stakeholder consensus on community needs and solutions, and indicators to provide feedback on reform efforts. There is widespread agreement on the need to further develop the array of community-based services. 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.

Protective community qualities include stable and organized members, strong and supportive institutions, open community communication, accessible social supports, and availability of prosocial activities for youth.

Nebraska enjoys a number of marvelous assets for assisting youth and families involved with the juvenile justice system. There are a number of caring, dedicated and hardworking individuals in Nebraska working with youth and families involved with the juvenile justice system or at risk for juvenile justice system involvement. Nebraskans want the best for youth, and are open to new methods that may improve youths' lives. These assets are spread throughout the state, and situated in various agencies and organizations. Taking measure of all pertinent resources, partnering with relevant entities, and building on existing resources will support the efficient expansion of youth and family services.

Although the sponsors, primary focus and membership make-up may vary; many communities in Nebraska have some type of apparatus for family members, stakeholders and government personnel to meet, collaborate and discuss concerns relating to youth in their community. Many of the youth who are the foci of attention are either involved with the juvenile justice system or at risk for involvement. Some of these stakeholder groups have developed a mature collaboration, while others are earlier in their partnership process.

When approached to provide input for this evaluation, some stakeholders voiced great apprehension over any state efforts to restructure the juvenile justice system. These stakeholders described substantial frustration with the status quo, but cited negative consumer and system outcomes resulting from other recent state agency reorganizations. Interviewed legislators validated the stakeholders' experiences and negative connotations associated with previous reform, and underscored the importance of effective project management in this effort.

Potential Next Steps in Inclusive Community Collaboration and Consensus:

- Assure meaningful family and youth involvement in community stakeholder collaboratives.
- Before proceeding with any significant juvenile justice system changes, the state must:
    - Partner with local community stakeholder collaboratives.
    - Develop change plans with clear delineation of responsibilities for change oversight and accountability.
    - Explicitly detail any monetary or financial shifts.
    - Ensure data systems are in place to monitor change processes, service delivery, clinical indicators, juvenile justice and safety measures, functional outcomes and fiscal performance.
    - Ensure open and responsive systems and processes are in place to solicit and receive feedback from youth, family and other stakeholders; and develop and coordinate appropriate modifications to change plans.
- When possible, place juvenile justice reform efforts within existing community stakeholder collaboratives, such as the Panhandle Partnership, Citizens Alcohol and Drug

Forum, Through the Eyes of a Child and the Annie E. Casey Juvenile Detention Alternative Initiatives (JDAI); and align goals and efforts.
    - Collaboratives not specifically focused on juvenile justice reform should assure that all appropriate community members are present when addressing juvenile justice change.
    - Juvenile court personnel must be part of the stakeholder group.
- In communities that do not have a community collaboration process, develop an inclusive stakeholder structure. Existing collaborations can serve as potential models and provide information on "lessons learned." Communities may also benefit from systematic approaches to developing community collaboratives, such as Communities that Care (http://www.sdrg.org/ctcresource/index.htm).
- 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.
- Explore utility and feasibility of developing additional accessible prosocial community activities for youth.
- Explore community supports and incentives to facilitate parent/caregiver participation of treatment of youth involved with the juvenile justice system.
- Identify community mentors for youth involved with the juvenile justice system.
- Explore utility, acceptability and feasibility of adopting prevention programs in local school districts or communities.
- Use stakeholder meetings as a forum to:
    - Educate and remind stakeholders of core values Child and Adolescent Service System Programs and the Mission of the Office of Juvenile Services, and any other juvenile justice-related agency the State of Nebraska may create.
    - Emphasize purpose and philosophy of juvenile court (see Section 6, Treatment Planning).
    - Educate community members about evidence-based and best juvenile justice practices (Section 8, Evidence-Based Practices).
    - Develop community plans for juvenile justice reform (see Section 9, Continuums of Care).
    - Identify desired data items to inform system change efforts.
- Discuss the implementation of effective case coordination procedures and processes (see below in Section 7, Case Management) and processes for decreasing the inappropriate use of detention and restrictive placements.

Section 5
Screening and Assessment

In order to provide appropriate individualized treatment in the appropriate level of care, treatment plans must be based on high quality assessment of risks and needs. In order to provide high quality assessments in an efficient manner, reliable screening tools are needed to identify those youth who need additional testing and/or clinical evaluation.

Screening and assessment should 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 also be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. As much as possible, instruments should be standardized, validated and normed; and take into account culture, gender and developmental levels. Youth who screen or score positively should receive further and more comprehensive assessment. Youth entering juvenile detention settings are at risk for suicide and self-harm, and must be screened for suicide risk. Programs screening for suicide risk must have procedures for immediately responding to youth indicating potential suicide risk.

Timely assessment will facilitate movement through the juvenile justice system, promote placement of youth in the least restricted appropriate settings. Nearly all stakeholders interviewed reported that access to clinicians is limited and youth are sometimes inappropriately detained, including for long periods of time, while awaiting clinical assessments. The shortage of child mental health professionals is a national problem, including in Nebraska. While access is more problematic in rural and western Nebraska, access is also limited for youth involved with the juvenile justice system in the most populated areas of Nebraska. While face-to-face interactions are preferred, most all stakeholders in underserved areas of Nebraska expressed an openness and willingness to use videoconferencing technology to access mental health services.

Some stakeholders expressed concern that some youth were "over-evaluated," meaning some parts of the evaluation seemed overly extensive given a particular youth's presentation and history, while other interviewees questioned whether some evaluators inappropriately referred youth to the some specific services or agencies. This writer did not have the time or resources to evaluate the validity of these concerns. At the same time, many stakeholders reported requesting or wanting additional evaluations when youth did not respond to treatment or when placements were disrupted. Given the limited use of evidence-based services in Nebraska, in many cases relating to youth aggression, precious resources should be devoted to developing and providing effective services, rather than additional evaluation.

Depending on the setting, a range of instruments should be selected to address initial screening, general screening, risks and needs, adaptive functioning in multiple domains, mental health concerns, substance use disorders, and family functioning. In addition, youth must be screened and assessed for learning disorders and developmental disabilities; typically, education systems evaluated or at least initially assess for these conditions. The following are some mental health screens and instruments that Nebraska should consider using (some programs are already using some instruments, the following list is not meant to preclude the use of other validated instruments):

- Brief Initial Screens
    - Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2): scales are alcohol/drug use, anger-irritability, depressed-anxious, somatic complaints, suicide ideation, thought disturbance (boys only) and traumatic experiences.
    - Inventory of Suicide Orientation-30 (ISO-30): assessment normed for adolescents that provides overall suicide risk classification based on hopelessness and suicidal ideation.
    - UCLA PTSD Index (adolescent and parent report versions): screens for both history of traumatic events and frequency of symptoms.

    - Trauma Symptom Checklist for Children (TSCC): evaluates acute and chronic symptomatology for youth 8-16 years-old.
    - Adolescent Substance Abuse subtle Screening Inventory (SASSI-A2): identifies high or low probability of substance use disorders for youth 12-18 years-old.
- General Screens
    - Child and Adolescent Functional Assessment Scale (CAFAS): assesses youth's day-to-day functioning and tracks changes over time; youth subscales are school, home, community, behavior towards others, moods, self-harm, substance use and thinking; caregiver subscales are material needs and social support.
    - Child Behavior Checklist (CBCL) (parent, teacher and youth report versions): assesses youth competencies (youth activities, social relations and school performance) and behavioral (externalizing and attention symptoms) and emotional (internalizing) problems.
    - Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) assesses psychological and social factors in domains are general symptomology, risk behaviors, developmental functioning, personal/interpersonal functioning and family functioning.
    - Strength and Difficulties Questionnaire (SDQ) (parent and teacher report versions): behavioral screen for youth 3-16 years-old; subscales are emotional symptoms, conduct problems, hyperactivity/inattention, peer relation problems and prosocial behavior.
    - Pediatric Symptoms Checklist-35 (PSC-35) (youth and parent report versions): psychosocial screen designed to facilitate the recognition of cognitive, emotional and behavioral problems.
- Diagnostic screens
    - Voice-Diagnostic Interview Schedule for Children (V-DISC) (youth report): mental health screening assessment for youth 9-17 years-old, administered via computer—questions read to youth over headphones and youth can follow on monitor on screen; youth responds on computer); provisionally assesses over 30 DSM-IV disorders and suicidality.
    - DISC Predictive Scales (DPS) (parent and youth report versions): mental health screening assessment for youth 9-17 years-old, administered via computer, to identify youth who are likely to meet criteria for common DSM-IIIR disorders.
- Global Appraisal of Individual Needs Initial (GAIN-I): instrument with sections covering background, substance use, physical health, risk behaviors and disease prevention.
- Juvenile Justice Strengths-Needs Assessments
    - Youth Level of Service/Case Management Inventory (YLS/CMI)—this instrument is used extensively in Nebraska juvenile justice systems; version 2.0 is gender- and culturally-informed; risk/needs assessment and case management tool for youth 12-17 (18 in version 2.0) years-old involved with the juvenile justice system; subscales are prior and current offenses, education, substance abuse, family, personality/behavior, peers, leisure/recreation, attitudes/orientation.
    - Positive Achievement Change Tool (PACT): in-depth (126 items) assessment of static and dynamic risk and protective factors in multiple domains—criminal history, school, use of free time, employment, relationships, family, living arrangements, alcohol and drugs, mental health, attitudes/behavior, aggression

and skills—the inclusion of this instrument is for information purposes, not a recommendation that Nebraska change to or add this instrument.

- No cost symptom specific screens
  - Attention-Deficit/Hyperactivity
    - Vanderbilt ADHD Diagnostic Rating Scale
    - SNAP-IV
  - Anxiety
    - Self-Report for Childhood Anxiety Related Disorders (SCARED)
    - Spence Children's Anxiety Scale (SCAS)
  - Depression
    - Center for Epidemiological Studies Depression Scale Modified for Children (CES-DC)
    - Moods and Feelings Questionnaire (MFQ)
    - PHQ-9 Modified for Teens

Potential Next Steps in Screening and Assessment:

- Review screening and assessment procedures. As much as possible and appropriate, procedures and instruments should be harmonized throughout the state and at different levels of care.
- Assessment results need to be summarized and communicated to a youth's case manager (e.g. probation) in order to seek timely interventions to address identified needs.
- When possible, parents/caregivers should be involved in the assessment process, and receive feedback on assessment results.
- Review the gender, cultural and developmental appropriateness of instruments.
- Upon initial contact with the juvenile justice system, all youth should be screened for possible mental health and substance use disorders. Youth screening positively should be further assessed and evaluated.
- Subsequent evaluation and assessments should be based on results of screening, initial assessments, and history and information gathered. Conversely, if there is no evidence or suspicion of concerns by stakeholders and initial screenings and assessments in a specific domain (such as substance use), further comprehensive in-depth evaluations should not be sought.
- Periodic screening and assessment should be conducted when youth transition between levels of care, or when there is a change in clinical status or presentation.
- Youth entering residential programs including county juvenile detention facilities and YRTCs must be screened for suicide and self-harm risk.
- When youth enter the YRTC, they should be rescreened. Additional evaluations should only be conducted after reviewing previous assessments and evaluations, and clinical assessment.
- While it is always prudent to consider the possibility of missed factors contributing to poor treatment response; stakeholders must be aware that insufficient treatment response is more likely due to ineffective treatment, rather than inadequate assessment or an unidentified problem.
- Nebraska courts should evaluate the pros and cons of creating a court assessment team, either directly or through contracting, whose primary function is to provide timely evaluations and impartial and evenhanded treatment recommendations to the court.

Under such a system, county attorneys and public defenders would retain the option of requesting additional evaluation.

- In willing and motivated communities, pilot the use of videoconferencing technologies for behavioral health and other assessments and evaluations.

Section 6
Treatment Planning

Treatment planning is the process of identifying hypotheses as to why a youth is involved with the juvenile justice system and developing an effective approach to address the youth's behavior, and any related mental health, substance use, developmental, academic, peer and/or family concerns. Treatment planning will be based on information provided by youth, family and other collateral sources of information, formal assessments and any additional pertinent information. This applies whether a youth is residing at home, elsewhere in the community or in a residential treatment setting.

Treatment plans require setting specific goals for treatment in a coherent and objective manner. Engaging youth and families and supporting family voice and choice will boost family engagement and motivation in treatment. Plans must identify targets for intervention, methods to accomplish those goals, and ways to measure treatment effectiveness. Specific strategies need to be clearly identified to address, integrate and/or coordinate the approach when common co-existing multi-system problems are present, such as substance use and learning disabilities. When developing treatment plans, team members must be familiar with treatment outcome research, which treatments are effective for specific concerns, and the potential negative effects of treatments.

Treatment planning in juvenile court is more complex because of the inherent legal processes of the court and additional court team members. The purpose of juvenile court is to rehabilitate youth in a manner that maintains public safety while pursuing the best interests of the child. Juvenile court is intended to be less formal and adversarial, and more collaborative and supportive than criminal court. Punishment is not the goal of juvenile court. Mindfulness of the philosophy underlying juvenile court will facilitate the treatment planning process.

Currently, treatment planning in Nebraska juvenile courts is compromised by the incomplete array of services, limited availability of effective community-based services, and lack of capacity to maintain and effectively treat youth with the most intense and complex needs. In some areas of the state, some interviewees perceived a lack of uniformity of behavior by some court personnel, and that some actions seemed to be arbitrary and not in the best interests of the youth. For instance, data from one juvenile court indicated that over half the youth scoring appropriate for a detention alternative on the risk assessment inventory were detained. There may be appropriate reasons to supersede the tool recommendation in some cases and lack of access to appropriate services likely contribute; but detaining youth at low risk for failure to appear in court or commit a new crime inappropriately deprives youth of their liberty and squanders resources. In addition, placing youth at low risk to offend with high risk youth will have negative effects on the low risk youth.

Disproportionate Minority Contact (DMC) refers the overrepresentation of certain ethnic and racial groups at various steps of the juvenile and criminal justice systems. By federal statute, states are required to assess for and reduce DMC. According to the Nebraska State DMC Assessment (Hobbs, 2012), African-American, Latino and Native American Indian youth in Nebraska are overrepresented at different stages of the Nebraska juvenile and criminal justice systems.

Although not a formal treatment decision, filing petitions on youth in (adult) criminal court and petitioning to transfer to criminal court have serious implications for youth well-being, long-term outcomes, recidivism rates and fiscal resources. Youth transferred to criminal court have higher rates of recidivism. According to the Nebraska State DMC Assessment (Hobbs, 2012) in FY 2011 nearly 50% of court-involved youth in Nebraska were processed in criminal court. The transfer of youth to criminal court is an established procedure; however, this procedure should be reserved for youth accused of the most serious crimes.

Using standardized instruments and clearly defined and consistently applied decision-making throughout the juvenile court process will promote fair and consistent decision, help decrease DMC, and utilize resources more efficiently. Developing an accessible continuum of juvenile justice services, including assessment services, intensive community-based services and residential treatment programs that can maintain and treat youth with complex needs and difficult-to-manage behavior will help decrease the inappropriate detention of youth.

The Nebraska State DMC Assessment also found that only 50% of youth in juvenile court and only 26% of youth in criminal court are represented by counsel.

Potential Next Steps in Treatment Planning:

- Educate stakeholders on evidence-based and cost-effective practices in juvenile justice and youth behavioral and mental treatment; including evaluating youth behavior and emotional concerns; effective interventions for non-compliant behavior, aggression, substance use disorders, sex behavior problems; and intensive community-based treatments.
- For those areas of the state where stakeholder surveys suggest possible drift, provide refresher trainings on the purpose and philosophy of juvenile court.
- Establish guidelines, policies/procedures, structured decision-making tools, and/or statutes for decisions related to:
    - Assuring that treatment and placement decisions are based on youth need and risk.
    - Detaining youth—youth should only be detained when they are at risk to fail to appear in court or commit a new crime
    - Using graduated sanctions.
    - Placing youth in the least restrictive appropriate treatment setting. Restrictive treatment settings should only be used after non-response to intensive community-based services, demonstrated treatment needs, or a youth represents a community safety concern.
    - Placing youth in YRTC—should only be used when community safety concerns exist, or after non-response to treatments in less restrictive settings. Develop

guidelines to restrict YRTC placement to only those youth adjudicated of the most serious offenses and who present a danger to the community.
    - Placing youth in out-of-state treatment program; this should be reserved for demonstrated treatment needs that can only be addressed by the out-of-state program.
        - Out-of-state placements should be systematically studied to determine whether additional specific services should be developed within Nebraska.
        - (To facilitate family participation in residential treatment, a case can be made for permitting out-of-state placements for programs that are closer than the nearest Nebraska program.)
- Implementing more uniform processes at each decision point of the juvenile justice system will promote fairness for all youth, and help address DMC. This includes using and/or implementing standardized instruments, structured decision-making tools, and standard sentencing guidelines. Implement recommendations from the Nebraska State DMC Assessment (Hobbs, 2012) and resources from the Office for Juvenile Justice and Delinquency Prevention DMC Virtual Resource Center (http://www.ojjdp.gov/dmc/) to address DMC.
- Address high rates of transfers of youth to criminal court; consider modifying statutes for petitioning and transferring youth to adult court
    - Remind court personnel of criteria to be considered for transferring youth to criminal court in Nebraska Revised Statute 43-276 and Kent v. United States, 383 U.S. 541 (1966)
    - All petitions on youth should be initially filed in juvenile court
    - Transfers to criminal court should be reserved for youth accused of committing the most serious crimes.
    - All youth should be managed in juvenile court unless county attorneys make compelling cases to transfer youth to criminal court
- Modify policies, procedures and statutes to increase legal representation of youth in the legal system.
- Develop a juvenile justice continuum of care (see Section 9, Continuums of Care).
- Evaluate the pros and cons of adopting determinant sentencing.

Section 7
Case Management

Case management entails the coordination and monitoring of all rehabilitative needs identified in the findings of the court, treatment and educational needs noted through screenings and assessments, and any other pertinent history and information. For youth involved in the juvenile justice system, case management is more complex because of the inherent legal procedures and additional team members. Juvenile justice case management functions can fall under probation, parole and/or treatment program personnel; and is especially critical in intensive and residential treatments. Juvenile probation and parole services are more complex than their adult counterparts because of the emphasis on rehabilitation, the need to collaborate and coordinate with more people and systems, and the nature of adolescent brain development. Ensuring consistent communication among families, court personnel, treatment providers, education and custody staff is a key component of case management. In out-of-home treatments, developing transition

plans with families/caregivers, court personnel, school districts, community providers or other treatment facilities is also a core function of case management.

Many stakeholders reported concerns regarding fragmentation, probation caseload numbers, turnover and training in care coordination. Parole services, provided by the Office of Juvenile Services, are delivered for a fixed period of time, and were sometimes described by interviewees as lacking intensity. The state is considering and experimenting with expanding parole services.

Court practices regarding court oversight of youth treatment appear to vary around the state. In some jurisdictions, stakeholders described a practice of returning to court and obtaining a court order for all changes in the treatment plan. It is not clear whether this is required by statute or a local procedure or custom. In other jurisdictions, stakeholders reported that probation personnel and service providers, when in agreement with youth and families, have some room to modify treatment plans without returning to court, resulting in more timely responsiveness in treatment delivery.

Potential Next Steps:

- Establish a new job classification of Juvenile Probation Counselor (JPC).
    - In addition to criminal justice or corrections, JPC education backgrounds can include degrees in social work, psychology, counseling, substance use, child and family therapy, and education.
    - JPCs should have prior experience in working with adolescents and families.
    - JPCs should have a limited number of youth on their caseload, taking into account youth risk level and stage in juvenile court process; specific numbers can be determined through job analysis and information from other jurisdictions.
    - Compensation must be competitive with other child service care managers.
- Parole practices should be reexamined and modified as appropriate.
    - Consider establishing different types and lengths of parole based youth risks and needs. The highest risk youth should have the most intense oversight, and will require more case management. The length of parole oversight should be adjusted to youth behavior
    - Increase collaboration between Juvenile Service Officers and YRTC personnel.
    - Consider renaming or reestablishing the position to reflect counseling, case management and/or care coordination functions
- Develop trainings for JPCs, and as appropriate parole personnel. Areas of training can include:
    - CASSP and juvenile justice core principles and values.
    - Child and youth development.
    - Family systems theory.
    - Risk and protective factors for juvenile justice involvement.
    - Evidence-based family engagement strategies.
    - Motivational interviewing.
    - Relapse prevention.
    - Trauma.
    - Promising practices in case management. Care coordination and case management efforts should be informed by emerging practices such as wraparound. For

information purposes, resources on high quality wraparound can be found at the National Wraparound Initiative website (http://www.nwi.pdx.edu).
    - Evidence-based practices for youth involved with the juvenile justice system (see Section 8 Evidence-Based Practices
- Establish guidelines, or if needed statutes, for specifying what type of decisions stakeholders and treatment providers (when youth and families are in agreement) can make without obtaining additional orders from the court.
- Consider examining the roles, functions and services provided by probation and parole to identify potential opportunities to increase efficiencies.

Section 8
Evidence-Based Practices

Different definitions of evidence-based practice (EBP) exist. Evidence-based practice is sometimes described as a described or manualized treatment for a defined problem in a specific population, resulting in desired measurable outcomes; the treatment will have adherence or fidelity measures to help determine whether the treatment was provided as intended, treatment fidelity should correlate with outcomes, and the treatment and outcomes are replicated by independent groups. Sackett defined EBP as an: "Approach that integrates clinical expertise, patient values and best research evidence into the decision-making process of patient care. Knowledge of evidence informs the approach, but the approach is not predetermined." Others describe EBP as an approach that emphasizes a logic model and outcomes.

Studies have shown that many treatments provided to youth and families in "real world" settings outside of research protocols have limited or no effect.[1] However, effective and cost-effective treatments do exist.[2] In order to provide the most effective treatments, juvenile justice rehabilitation must use available evidence-based services and approaches. The range of evidence-based treatments meeting the first definition of EBPs is limited—EBPs do not exist for all of the concerns presented by youth involved with juvenile court. In addition, all youth do not respond to EBPs provided with high fidelity. In such cases, treatments with lower levels of evidence should then be used, and the evidence-based approaches of the other EBP definitions will provide for an evidence-based approach to treatment planning.

There are several important principles to keep in mind regarding the topic of evidence-based psychosocial and psychopharmacological treatments within the juvenile justice population. Treatment providers must participate in ongoing training and receive ongoing feedback in order to become proficient in delivering EBPs; attending a one-time training alone will not improve a treatment provider's ability to provide effective treatment. Most evidence-based psychosocial interventions use cognitive behavioral techniques and skills training. Many effective treatments for disruptive behavior (such as non-compliance, anger control problems or aggression) include structuring the environment around the youth and organizing interactions with the youth. Thus, family participation is often a critical component of EBPs, including in residential treatment

[1] Weisz JR, Donnenberg GR, Han SS, et al (1995). Bridging the gap between laboratory and clinic in child and adolescent psychotherapy. Journal of Consulting and Clinical Psychology; 63:688-701

[2] Lee S, Aos S, Drake E, et al (2012). Return on investment: Evidence-based options to improve statewide outcomes (Document No. 12-04-1201). Olympia: Washington State Institute for Public Policy. Accessed 4/28/12 at http://www.wsipp.wa.gov.rptfiles/a2-04-1201.pdf

settings if the youth is to return home. It is the responsibility of treatment providers to engage parents and promote parent participation in treatment. If parents or guardians are not available, treatment teams must individualize solutions to a youth's particular situation. This may involve identifying other supportive adults from the youth's ecology, developing alternative long-term living arrangements or involving child welfare. Stakeholders including court personnel must understand that parent and youth skills training are forms of learning; they require active practice and multiple trials; mistakes are expected when learning new skills and behaviors.

The evidence-base for youth psychopharmacologic interventions is also limited, but the most support exists for treating attention-deficit/hyperactivity disorder (ADHD), anxiety disorders and depression with medications. The evidenced-base of treating disruptive behavior with medications is relatively limited and treating aggression by youth involved with the juvenile justice system with medication alone or with multiple medications is not well-supported. For some disorders, including ADHD with co-occurring disruptive behavior disorders, combining psychosocial with psychopharmacological treatments will result in better outcomes than either treatment alone.

Potential Next Steps for Evidence-Based Practices:

- Stakeholders should be trained in EBPs in order to become more informed consumers and youth advocates.
- Develop EBP workforce training strategies to develop state-wide accessibility to effective treatments promote continuity of care when youth move around the state and among programs.
    - Engage and partner with the main institutions of higher learning to explore the development of State-University partnerships; possible activities:
        - Encourage and incentivize undergraduate and graduate level courses on foundational EBPs, such as motivational interviewing, care coordination, behavioral analysis, contingency management, behavioral modification and cognitive-behavioral therapy basics.
        - Recruit faculty members skilled in EBPs to train students and provide training and consultation to treatment providers and programs.
        - Jointly develop and fund faculty positions to provide direct service and supervise trainees in:
            - clinical assessments for court
            - ongoing clinical care for youth involved with the juvenile justice system
            - child psychiatry evaluations and treatment
    - Provide introductory trainings for community providers to raise provider interest in seeking further training.
    - Sponsor initial and ongoing EBP trainings.
    - Develop the capacity to provide initial and ongoing training to community providers on foundational EBPs (listed above).
    - Develop the internal capacity to train YRTC staff on EBPs.
    - Develop and/or incentivize clinical sites that deliver EBPs.
    - Develop internships and training sites where EBPs are provided.
- Provide incentives and expectations for clinicians to provide EBPs.

- For youth with concerns for which EBPs exist, develop policies for state case managers to refer to EBPs first
- As more EBPs become more available, develop policies and procedures to preferentially fund EBPs first.
- Hold treatment providers accountable for youth and family outcomes.
- As information systems are developed that allow measurement of meaningful outcomes, expand effective programs and descale ineffective programs.
- See Section 9, Continuums of Care and Section 10, Facilities for additional Evidence-Based Practices next steps.

Section 9
Continuums of Care

A juvenile justice continuum of care refers to a range of detention services and/or restrictiveness, including diversion, release to parents/caregivers, electronic home monitoring, reporting centers, shelters, staff secure facilities, county juvenile detention, and long-term secure detention. Douglas and Sarpy Counties are Annie E. Casey Juvenile Detention Alternatives Initiative sites (JDAI). JDAI is an excellent platform for developing juvenile justice and behavioral health continuums of care. Some stakeholders reported that the juvenile justice continuum of care is actually contracting in their community, with the loss of reporting centers, more limited access to electronic home monitoring, and the Department of Health and Human Services (DHHS) reported plans to more closely mange the use of shelter beds.

A behavioral health continuum of care for youth involved with juvenile court refers to a range of behavioral health (mental health, substance use disorders and co-occurring disorders) services with a range of intensities of services and treatment settings. This will include outpatient services, school-based services, intensive outpatient services, day treatment programs, intensive in-home services, therapeutic foster homes, group homes, residential treatment, and long-term secure detention. The most effective treatments for youth involved with the juvenile justice system treat youth in their natural ecology, and involve the youth's family. Some youth require out-of-home treatment; in these situations, attention must be devoted to the generalization of gains to the youth's home and community and transition.

Nebraska has one of the highest rates of placement of youth in juvenile detention and correctional facilities (http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=2&by=v&order=a&ind=42&dtm=320&tf=133). Multiple factors likely contribute, including the limited juvenile justice and behavioral health continuums of care. Developing continua of care and providing effective treatments in appropriate levels of care and oversight will deliver the best outcomes for Nebraska youth and families. Treating youth in less restrictive settings is less disruptive to development. Mixing high and low risk youth in outpatient groups or residential settings may increase disruptive behavior in low risk youth and compromise the treatment of high risk youth. Placing youth in residential setting with inadequate oversight and programming may increase youth antisocial behavior. In addition to providing superior outcomes, matching youth needs with service and placement levels is the most efficient use of public resources.

Successful development of a responsive and accessible evidence-based continuum of care will improve outcomes, decrease crimes and crime victims; and should offer savings to taxpayers over time by improving outcomes and not expending resources on ineffective and unnecessary services. However, potential scenarios that may increase costs include:

- Less crowding, enhanced treatment services and developing standardized admission and release procedures at YRTC-Kearney may result in appropriate longer lengths of stay.
- Decreasing transfers to criminal court and retaining youth in juvenile justice system may result in increased juvenile justice costs.
- Developing effective services in juvenile justice may lead to increases in the practice of involving youth in juvenile court to access service if some effective services are only available through juvenile court. This effect can be mitigated by expanding Medicaid eligibility and Medicaid support for EBPs.

All interviewed stakeholders expressed frustration over the lack of intensive community-based and residential services, and the limited capacity of residential treatment programs to maintain youth with complex emotional needs and challenging behaviors. Out-of-home treatment programs are described by stakeholders as not accepting youth with complex emotional needs and challenging behaviors. When high-needs youth are accepted, they are sometimes administratively discharged when they are disruptive. Psychiatric residential treatment facilities admissions and lengths of stay are managed by a managed care company, not the treatment team.

Potential Next Steps for Continuums of Care (COC):

- Nebraska must develop continuums of care for juvenile justice and behavioral health care.
- Expand juvenile justice continuum of care, including diversion, electronic home monitoring, reporting centers and staff secure settings. If the COC is contracting, explore and address drivers to contraction.
- Consider expanding drug courts.
- Develop behavioral health services to meet the needs of youth and families, as opposed to trying to fit youth into existing services that may not meet their needs.
- Select effective treatments which include components of family engagement and motivation enhancement; and hold therapists accountable for achieving positive outcomes.
- Continue to explore funding options with CMS and Magellan managed care to expand EBPs and the COC.
- Develop accessible residential treatment services with the capacity to retain and treat youth with high-end complex emotional needs, including mental health and substance use disorders, and challenging behaviors; these services can be developed by:
    - Providing adequate funding to support programming and services for high-needs youth.
    - Requiring residential treatment models to be based on evidence-based cognitive-behavioral treatments—see Section 10, Facilities.
    - Training YRTCs and residential treatment services on similar models will facilitate youth transition through continuum of care, and focus workforce training efforts.

    - Partnering with contracted providers to develop needed capabilities, and "no reject, no eject policies," or developing services directly run and managed by the State of Nebraska with the capacity and readiness to serve this population
- In partnership with mental health and other community-serving organizations, develop community-based crisis intervention services.
- Develop substance use disorder and co-occurring disorder treatment arrays.
- Develop evidence-based youth problem sexual behavior treatments.
- Encourage hiring and contracting practices that promote cultural and linguistic diversity.
- Concrete steps for expanding behavioral health COC:
    - Partner with local community (including youth and family) stakeholder groups in an authentic, inclusive and transparent manner to address local and state juvenile justice system concerns.
    - Recognize and develop services to address differences among rural, urban and suburban settings.
    - With community stakeholder groups; identify process, service, clinical, juvenile justice, functional outcome, and fiscal data elements to inform change process.
    - Develop data systems to measure agreed upon data. This should include making use of local expertise in evaluation and analysis and/or extending existing State-University partnerships.
    - Develop responsive feedback system for youth, family and other stakeholder feedback on change efforts; and solicit feedback at regular intervals.
    - Identify and dedicate resources for expansion of COC; restrict use of new funds to treatments with empirical support.
    - Partner with local community stakeholder groups to identify community service needs.
    - Identify evidence-based and cost-effective treatments to address concerns community stakeholders wish to address (see Section 8, Evidence-Based Practices). These may include the following well-supported and relatively widely-disseminated (in other states) services (some of these services are currently provided in Nebraska, or have been in the past):
        - Aggression Replacement Training (ART) is a classroom cognitive-behavioral and skills training curriculum that targets emotional and social factors contributing to youth aggressive behavior. ART provides one hour of training, 3-times-per week for 10 weeks, for 8-12 students. Completing homework is an expectation. The components of ART are social skills training, anger control training and moral reasoning. ART can be provided by juvenile probation counselors and residential staff, as well as counseling professionals. It can serve as an earlier intervention for youth with aggressive behavior in the COC, but can also be provided to youth in more intensive treatment settings.
        - Functional Family Therapy (FFT) is a family-based treatment for youth with early or intermediate delinquency and/or substance use risks. It focuses on risk and protective factors that impact the youth and the youth's ecology; with a focus on intra-familial and extra-familial factors. It is typically provided in the family's home, but therapists can meet wherever the family wishes. The phases of treatment are pretreatment,

engagement phase, motivation phase, relational assessment, behavior change phase and generalization phase.

- Multisystemic Treatment (MST) is an intense, community-based treatment for chronic and violent juveniles. MST focuses on risk and protective factors in the youth's ecology. A recent review concluded that MST has the most compelling evidence for treating substance use disorders in youth with conduct problems.[3] MST commonly targets increasing parent and adult monitoring of youth, increasing parent-child emotional warmth, encouraging socialization with prosocial peers and discouraging socialization with antisocial peers, and school attendance. MST also emphasizes support and supervision for therapists, and has well-developed treatment fidelity tools. MST is an intense treatment with low therapist caseloads, and typically provides treatment for 3-5 months. The treatment intensity and low caseloads of MST enables its use in rural settings, and studies support the use of MST in rural areas. MST is also appropriate for urban and suburban settings. MST has also been modified to address more specific concerns such as Problem Sexual Behavior.
- Multidimensional Treatment Foster Care (MTFC) is an intensive community-based treatment effective for youth involved with conduct and substance use concerns. MTFC emphasizes:
    - providing youth with a consistent reinforcing environment where they are mentored and encouraged to develop academic and positive living skills,
    - providing daily structure,
    - providing close supervision, and
    - facilitating prosocial relationships while discouraging antisocial peer relationships.

  Youth are placed with a therapeutic foster family with extensive training and ongoing program support. MTFC typically lasts 6-9 months, and the youth's family is involved throughout MTFC placement in order prepare the family for the youth's return home. MTFC is well-suited for dissemination to Nebraska's rural areas that do not have ready access to intensive out-of-home treatments, and studies support the use of MTFC in rural settings. It is also appropriate for urban and suburban areas.

- The treatments listed above do not cover the entire range of services needed in a behavioral health continuum of care; rather they represent a first step. In addition to being the most effective and cost-effective, they have relatively well-developed dissemination mechanisms. As new evidence-based programs are implemented, communities should continue to characterize service gaps, and target additional programs for implementation. Public funds should prioritize choosing programs with the most evidence to treat a specific problem, but because of the limited number of evidence-based treatments, in some cases, promising programs may have the most empirical support.
- Develop mechanism for support dissemination of pilots, such as:

[3] Spas J, Ramsey S, Paiva AL, et al (2012). All might have won, but not all have the prize: Optimal treatment for substance abuse among adolescents with conduct problems. Substance Abuse: Research and Treatment; 6:141-155

        - Providing fiscal and any other needed support for communities to develop plan to implement 1-2 local EBPs.
        - Using a Request for Proposals (RFP) process.
        - Note: community implementation of EBP pilot(s) must be voluntary.
        - Consider social impact bonds (for discussion/article, see http://opinionator.blogs.nytimes.com/2012/06/20/the-promise-of-social-impact-bonds/?hp)

    Develop dissemination plan based on the strength of community plans, community consensus, motivation and commitment, and resource allocation considerations; choose urban and rural sites and provide more high-end service pilots to underserved areas.
        - When appropriate, Nebraska should develop an internal capacity to train on new EBPs through a train the trainers process.
        - See Section 8, EBPs for suggestions for training on foundational EBPs
        - Use data and stakeholder feedback to assess change process and modify accordingly.
        - Share lessons learned among all pilot sites.
        - Partner with universities in using data to seek external funds to further study and modify systems.
- The scale of startup and dissemination will depend in part on the EBPs chosen and the recommendations of the EBP dissemination consultants, which will take into account preconditions and resources needed for implementation, and the complexity of learning the EBP.
- Pilot the use of videoconferencing technologies to provide behavioral health treatment, including psychiatric care, to underserved and/or remote areas of Nebraska.
- While this section emphasizes formal services, youth outcomes will be enhanced by processes that increase natural and informal supports for youth and families, and increase youth involvement in prosocial activities.
- Longer term options:
    - Invest in early childhood prevention and early intervention services.
    - Partner with other child-serving agencies, including education, child welfare and mental health services to develop prevention and early intervention services for elementary school age.
    - Develop child and adolescent public behavioral health services, and allocate funds accordingly. Effective services should be available to all youth; youth and families should not have to become involved with child welfare or juvenile justice to access services. Earlier intervention efforts in the child and adolescent public behavioral health system can make use of Medicaid and federal dollars.
    - Consider exploring the pros and cons of aligning mental health regions, child welfare service areas, and juvenile court and (juvenile) probation districts.

Section 10
Facilities

There will always be a need for long-term secure detention treatment services in a juvenile justice system of care. The Youth Rehabilitation and Treatment Centers (YRTCs) at Kearney and

Geneva represent the most intensive juvenile treatment programs as well as the most restrictive settings in the Nebraska juvenile justice system of care. As such, remarks from other sections of this evaluation often apply to the YRTCs, including youth and family voice, inclusive collaboration, assessment and screening, treatment planning, case management and care coordination, evidence-based practices, and continuums of care. Similarly, many of the comments in this Facilities section are applicable to other levels of residential treatment and out-of-home placement.

In some ways, expectations are higher for the YRTCs, given their role in the continuum of care, level of resources and self-contained nature. The YRTCs must have the capacity to address the most common and challenging needs of youth requiring intensive treatment and restrictive placement. Common treatment needs include engagement and motivation, self-harm, aggression, escape behavior, substance use, emotional dysregulation, low interpersonal and problem-solving skills, academic difficulties, and family and peer risk factors. For individual youth needs, the most effective treatments are cognitive-behavioral therapy and skills training.

When asked about their impressions of the YRTCs, most stakeholders spontaneously differentiated YRTC-Kearney from YRTC-Geneva, noting differences in staff cultures, treatment approaches, censuses, lengths of stay and pressures associated with the latter two factors. There are a number of caring staff at both YRTCs who are motivated to provide good care for the youth in their care. Both YRTCs continue to develop and modify programming to address youth with aggressive behavior.

YRTC-Kearney staff report their youth participate in a number of community activities and service projects. The school is described as stable. YRTC-Kearney adopted the EQUIP program approximately 2½ years ago as one response to a previous recommendation to provide more evidence-based programming. Prior to EQUIP, YRTC-Kearney used the Positive Peer Culture Program. Longer-serving YRTC-Kearney staff described fluctuating directives regarding the missions and approaches over the years, including an earlier corrections model with emphasis on control and a more recent shift to emphasize rehabilitation. Seclusion/isolation policies were recently changed.

YRTC-Geneva described using multiple treatments to create individualized programs. Treatments include My Journey, a gender-responsive skills training program which serves as the base program, substance use disorder curricula from Hazelden, a limited Dialectical Behavioral Therapy (DBT) program and the "Green Line" program for youth with suicide and self-harm concerns. They also participate in Project Everlast, a community-based program for transition-age youth. YRTC-Geneva also has a program targeting the approximately 1 in 7 girls who are either pregnant or have a child, which provides pregnancy and parenting education and promotes mother-child bonding.

In residential treatment services, the entire environment should be therapeutic. This approach, sometimes called "milieu" therapy," views any and every interaction between a youth and staff member as an opportunity for treatment and skills training. In order to support and provide consistent treatment to youth, all staff who interact with youth, including staff that may not view themselves as therapists in the traditional sense (such as administrators, plant managers, teachers,

kitchen personnel, etc) are trained in the treatment model. All staff members are expected to be therapeutic in their interactions with youth. More treatment will occur in the milieu than in formal individual and group sessions; while the qualities of individual and group sessions remain critical. Effective milieu therapy requires continuous training for direct care staff and supervisors, ongoing feedback from youths and staff peers, and adherence monitoring. Given the complexity of youth and family needs, using a flexible and broad model will streamline training efforts.

Dialectical Behavior Therapy (DBT) is a type of cognitive-behavior therapy (CBT) which was initially developed for adult women with self-harm behavior, and is a research-based practice for youth in juvenile justice. DBT is currently provided in a limited manner at YRTC-Geneva. DBT is a complex treatment, but staff trained on this single model will be able to address a wide range of treatment needs, including engagement and motivation, suicidal thinking and behavior, non-suicidal self-harm, aggression, mindfulness, emotional dysregulation, distress tolerance and interpersonal effectiveness. DBT has been adapted to address substance use.

YRTC-Kearney was toured briefly. Staff noted that one building was undergoing HVAC renovation, creating higher population densities on the remaining units. In the 2007 Nebraska Juvenile Correctional Facilities Master Plan Update, it was noted that "The buildings that function as the Housing units do not contain floor plan layouts that are consistent with current practice regarding juveniles. Nearly seventy percent (70%) of the rated housing capacity consists of open dormitory sleeping units. These 120 beds are subdivided into four 30-bed units, 2 in each building. Dayroom and support services are located at a different level from the sleeping space. Both of these buildings, Bryant-Creighton and Lincoln-Washington are over fifty years old. The least desirable building on campus is Morton Hall. This Building is over sixty years old and contains an outdated linear style housing design which is still in use today. Although it contains forty-two (42) sleeping rooms, its capacity is limited to (30) beds due to dayroom and support space limitations." Modifications since 2007 were not specifically reviewed during the site visit, but the general layout of rooms, including large dormitory rooms, remain. Dickson Hall, which also has individual rooms, functions both as an intake unit and a secure care pilot unit for youth with aggressive behavior.

Individual youth rooms increase classification and programming flexibility, allowing levels of youth privileges and liberty to be adjusted to youth responsibility. Conversely, the lack of individual rooms and separate spaces makes it more difficult to separate youth who are acting aggressively from other youth who are behaving responsibly. Some of the boys interviewed at YRTC-Kearney reported feeling unsafe at YRTC-Kearney because of the levels of violence and aggression among youth. They also noted that any type of incident at night in the dorm room was problematic because of the number of youth and limited numbers of staff to immediately intervene. The boys also consistently reported frustration over receiving consequences for the disruptive behavior of their peers in a group.

YRTC-Geneva was not visited, but the staff noted their physical plant is more conducive to rehabilitation. The 2007 Master Plan Update review of YRTC-Geneva appears less dire, with the main concerns being age and lack of plumbing in nearly all the sleeping rooms. However, a

number of fire safety and infrastructure improvements were recommended for both facilities in the 2007 Master Plan Update.

Potential Next Steps for Facilities:

- The YRTC culture must prioritize rehabilitation. This culture must be supported through partnering with direct care staff leaders, proper resources, ongoing training, continuous program improvement efforts, incentives for achieving targeted outcomes, and administrative backing.
- Staff-to-youth ratios were not specifically assessed during the YRTC-Kearney visit, but previous reports including the 2007 Master Plan Update suggest increasing staffing to meet national norms. Some mental health clinician positions have been added to YRTC-Kearney, but from staff descriptions of their routine duties, it appears that more direct care staff will be needed to implement effective rehabilitation.
- Recognizing the perceived differences between the YRTCs, both facilities must take steps to increase the organization, intensity and range of treatment services.
- Provide staff with initial and ongoing training in foundational EBPs, including behavioral analysis, contingency management, cognitive-behavioral therapy, and effective behavior management techniques and delivering skills training in social, problem-solving and anger management skills; with a goal of implementing DBT. DBT implementation should include a focus on developing YRTC capacity to manage and treat youth with aggressive behavior while maintaining a safe environment for other youth and staff.
- Implement training and quality improvement measures, including ongoing regular supervision for direct care staff and supervisors; and regular observation and adherence ratings of individual and group sessions and staff-milieu interactions to guide quality improvement efforts.
- Proficiency in providing effective treatment and skills training should be a vital factor in personnel and promotion decisions.
- Employee compensation must be sufficient to recruit and retain qualified staff; and comparable to other analogous state positions.
- As with all other levels of care, YRTC staff must be accountable for achieving positive youth outcomes.
- The YRTCs should develop an internal capacity to train staff on CBT/DBT, monitor treatment adherence, and manage quality improvement measures. The internal trainers will eventually be a resource for training other staff in the continuum of care.
- Contract with a CBT/DBT consultant with experience in training in juvenile justice settings to provide initial and ongoing training. In addition to direct care staff, supervisors, rehabilitation staff, counselors, behavioral health treatment staff, and future internal trainers; administrators and other facility personnel should receive some degree of training proportionate to their role and contact with youth.
- Develop wide-reaching substance use education and treatment services.
- Modify classification and programming to align youth risk levels with intensity and types of treatment, and reinforce positive youth behavior. Policies addressing self-harm and aggressive behavior must be updated to align administrative procedures with effective clinical management.

- Classification must also take into account behavioral health needs; establish specialty treatment programs.
- Implement instruments and tools to measure youth functioning and progress. These tools will provide more objective measures to assess movement between levels of care within YRTCs and readiness for release, and assist with quality improvement efforts.
- Consider sending an array of key YRTC personnel and agency administrators to visit to a juvenile justice facility with an organized milieu treatment program to help convey a cohesive vision for a long-term secure residential treatment model.
- Implement evidence-based psychiatric prescribing practices, and coordinate psychiatric and psychosocial interventions.
- Facilitate family involvement through strategies discussed in Section 3, Youth and Family Voice. Families can help motivate youth, encourage their participation in facility (including academic) services, and help youth focus on short and longer term goals. Limited and inconsistent parent participation can distress a youth and undermine treatment.
- Empower youth councils to make more decisions regarding conditions of confinement that do not represent safety risks.
- Consider greatly increasing non-contingent telephone contact between youth and family.
- Make physical improvements to the YRTCs to support effective rehabilitation and treatment.
- Eliminate the use of collective punishment practices.
- Consider developing regional longer term juvenile justice residential treatment services, perhaps in or near existing county detention facilities. This would allow youth to be kept closer to home, to facilitate family participation in residential treatment services and transition planning.
- Consider seeking further assistance to guide change processes in the YRTCs.

Section 11
Reentry

This term refers to youth transitioning from long-term secure detention back to their home communities. However, many of the comments in this section are applicable to youth transitioning back home from other out-of-home placements. While residential treatment services can improve adaptive functioning and skills, youth potentially face multiple challenges when returning home. In addition, any gains made in residential services may not generalize to their home communities. It is not uncommon to assess the effectiveness of long-term secure detention services by measuring recidivism rates. However, another approach asserts that it is up to the youth's home community and society-at-large to help reduce recidivism. Facilities can work with youth to improve skills, reduce individual youth risk factors, engage families, and attempt to facilitate school transition; but facility staff members have limited access and capacity to affect family, peer, school and community risk factors. Community stakeholders in closer proximity are much better positioned to address the latter risk factors.

Although the transition phase from residential treatment services back to home community is a period of increased risk for negative behaviors and consequences, it also represents an opportune

time for strategic intervention. Studies have shown that systemic transition planning will decrease recidivism rates.

Transition planning must begin at YRTC admission, and include parole services. Families should be engaged at youth admission, and learn the skills that youth are learning to better understand the skills, encourage youth participation in treatment, and coach youth to use skills when youth return home. Parents should also be educated about risk and protective factors relating to parent monitoring and socialization with prosocial peers, and develop monitoring and activity plans for their youth prior to release. Transition planning between facility and home community schools can help mitigate any breaks in academic programming. If youth is in need of outpatient mental health, substance use disorder or psychiatric services; these should be arranged and scheduled before release. The YRTCs typically permit youth to leave the facilities and go into the local communities when appropriate, and arrange for some type of home pass prior to release. Monthly treatment meetings include invitations to families, but participation is variable. Staff members are expected to call parents once-per-month.

Potential Next Steps in Reentry:

- Begin meaningful transition services at admission. This will include engaging families and addressing barriers to participation (see also Section 3, Youth and Family voice).
- Parole must be involved in treatment and transition planning from admission, and increase involvement as release nears.
- Use risk/protective measures (such as YLS/CMI) and clinical assessments of strengths/needs to guide service selection for family and community while youth is in facility.
- Develop transition checklist to systematically address multi-domain needs.
- Increase frequency of staff-parent contact expectations.
- Facilitate more face-to-face, telephone and videoconferencing contacts between youth and parents.
- Use more home passes to assess for any additional treatment needs, and readiness for discharge.
- Evaluate the utility of developing a transition specialist position.
- Evaluate if satisfactory school transition can be achieved through the application of current agreements and statutes, or whether additional legislation is needed.
- Sometime after YRTC enhanced programming and intensive community-based services are established, consider implementing Family Integrated Transitions (FIT) (disclosure: this writer is a developer of FIT), a promising practice for transitioning youth with co-occurring disorders from long term secure detention services back to their home communities. FIT combines MST with DBT, MI and relapse prevention. In a matched control design, FIT lowered recidivism by approximately 30%. FIT recently completed a randomized controlled trial in New York City, and has been disseminated to Connecticut and Cook County, Illinois.

Section 12
Data

Data must be used to evaluate effectiveness at the individual youth and family, case management, treatment program and systems levels. As Nebraska develops new services and treatments, a data-informed approach will help direct program modification and system reform. This will include evaluating functional outcomes and qualitative feedback from youth, families and stakeholders. Stakeholders must have an effective means to communicate feedback to juvenile justice reform. Accounting methods must be able to track costs and cost-savings to agencies and communities, including whether they arise from the juvenile justice, child welfare or mental health systems.

Potential Next Steps for Data:

- Review data suggestions from other sections.
- Build upon JDAI data development efforts.
- Develop data elements in partnership with youth, family, and other stakeholders, including county and state personnel.
- Data systems must be in place to measure collaborative processes, service delivery, clinical indicators, court processes, juvenile justice and safety measures, functional outcomes, fiscal and monetary measures and systems performance.
- Develop and track conformity to structured decision-making tools for court, case management, treatment and treatment team processes. Flexibility in decision-making is expected, but overall trends should be tracked and analyzed.
- Continue transition to performance based contracting—reinforce productivity, quality processes and outcomes; tie compensation to outcomes, support effective programs and descale ineffective programs.