

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

Tenth Meeting
August 13, 2013
9:00AM-4:30PM
Country Inn and Suites, Lincoln Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Ellen Brokofsky and Marty Klein called the meeting to order at 9:05am 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, Kim Culp, Barb Fitzgerald, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Pastor Tony Sanders, Corey Steel, Monica Miles Steffens, and Dr. Ken Zoucha.

Acting as resources to the committee: Tony Green, Doug Koebernick, Julie Rogers, Dan Scarborough, and Amy Williams.

Subcommittee Member(s) absent: Judge Larry Gendler, Tina Marroquin, and Dalene Walker.

Resource members absent: Senator Kathy Campbell, Senator Colby Coash, Jerall Moreland, Liz Neeley, and Hank Robinson.

Also attending: Leesa Sorensen, Nebraska Children's Commission.

Approval of Agenda

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

Approval of June 11, 2013, Minutes

A motion was made by Kim Hawekotte to approve the minutes of the June 11, 2013, meeting, seconded by Sarah Forrest. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason,

Jana Peterson, Pastor Tony Sanders, and Dr. Ken Zoucha. Voting no: none. Judge Larry Gendler, Tina Marroquin, Corey Steel, Monica Miles Steffens, and Dalene Walker were absent. Motion carried.

Co-chair's Report

Ellen Brokofsky and Marty Klein gave a co-chair's report. Marty informed the committee that the Nebraska Children's Commission had confirmed the addition of Barb Fitzgerald, Tina Marroquin, Mark Mason, and Dr. Ken Zoucha as the four new members to the committee at the July Children's Commission meeting. Ellen made opening comments about the Nebraska Juvenile Justice System Evaluation report written by Dr. Terry Lee. Ellen and Marty then led a discussion on the content of the report. The following points were highlighted for discussion:

- Marty Klein highlighted that on page 12, the report noted that only 50% of youth in juvenile court and only 26% of youth in criminal court are represented by counsel. Marty noted that this issue has been brought up as needing to be address in previous discussions.
- Kim Hawekotte highlighted the information on page 8 and 9 related to assessments. Kim indicated that she thought it would be helpful for the committee to learn more about the various assessments listed in the report and to research what other states might be using for the juvenile justice population.
- Kim Culp highlighted the information related to community based services noting that it was recommended that services should be family oriented in the least restrictive setting possible.
- Ken Zoucha called attention to the over-assessment of youth noted in the report. Ken indicated that he would like to see training and documentation created so that everyone understands the usefulness and purpose of each assessment.
- Ron Johns indicated that he would like to see recommendations related to the youth evaluations. He expressed his frustration that youth wait a long time to get evaluations only to end up with a three day assessment being administered with no family involvement and no assessment of the youth's home situation or parents. Ron indicated that he would like to see more family involvement in the assessment process and enhanced assessment of the home and parents.
- Marty Klein underscored the need to have families more engaged and accountable. He noted that parental buy in; family engagement; and adequate supervision by parents or a trusted adult are all very critical to the process of helping youth.
- Nick Juliano highlighted the information on page 15 through 17 on Evidence Based Practices and recommended that the group use the broader definition.
- Marty Klein emphasized the need to consider funding a process for evaluation of current programs that are not yet evidence based practices.
- Tony Green highlighted the information on page 13 concerning Disproportionate Minority Contact including implementing more uniform processes at each decision point of the juvenile justice system.
- Amy Williams noted the facilities information on the YRTC's and the need to identify a clear direction for family involvement.

- Page 6 and 7 were also noted as including important information about engaging stakeholders at all levels and reviewing blended funding and braided funding opportunities.
- Several committee members noted the information on page 24, related to “Potential Next Steps for Facilities”, provides a good road map for items to consider related to the YRTC facilities.
- Mark Mason and Barb Fitzgerald also provided information on the need to look at education outcomes for youth. It was noted that youth may have credits lost due to moves between school systems.

Committee Nomination

Marty Klein introduced Cindy Gans to the group. Cindy Gans from the Nebraska Commission on Law Enforcement and Criminal Justice was invited to provide information on her current employment and other related activities. Cindy provided information about community based aid that will be available in the future, including the need to create guidelines for the distribution of the funds. Committee members were then allowed to ask any questions of Cindy related to her position and her nomination for the open committee position.

A motion was made by Marty Klein to nominate Cindy Gans as a voting member of the Juvenile Services (OJS) committee and recommend her appointment to the Nebraska Children’s Commission for confirmation. The motion was seconded by Ron Johns. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Pastor Tony Sanders, and Dr. Ken Zoucha. Voting no: none. Judge Larry Gendler, Kim Hawekotte, Tina Marroquin, Corey Steel, Monica Miles Steffens, and Dalene Walker were absent. Motion carried.

A motion was made by Ron Johns to recess the committee meeting for lunch. The motion was seconded by Dr. Ken Zoucha. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Anne Hobbs, Ron Johns, Nick Juliano, Jana Peterson, Pastor Tony Sanders, and Dr. Ken Zoucha. Voting no: none. Judge Larry Gendler, Kim Hawekotte, Tina Marroquin, Mark Mason, Corey Steel, Monica Miles Steffens, and Dalene Walker were absent. Motion carried.

The committee recessed for lunch at 12:10pm.

The committee reconvened at 1:20pm.

Subcommittee Members present: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Pastor Tony Sanders, Corey Steel, Monica Miles Steffens, and Dr. Ken Zoucha.

Acting as resources to the committee: Tony Green, Doug Koebernick, Dan Scarborough, and Amy Williams.

Subcommittee Member(s) absent: Judge Larry Gendler, Tina Marroquin, and Dalene Walker.

Resource members absent: Senator Kathy Campbell, Senator Colby Coash, Jerall Moreland, Liz Neeley, Hank Robinson, and Julie Rogers.

Also attending: Leesa Sorensen, Nebraska Children's Commission

YRTC Update

Tony Green, Jana Peterson and Dan Scarbrough provided information on the Kearney and Geneva YRTCs. A written report was provided to the committee with information on physical plan enhancements, changes in programming, and community service projects. YRTC data was also reviewed including information on monthly counts, youth profiles, and assaults. The committee discussed evaluation scores and the recent process of changing the culture of the YRTCs and how that has impacted staffing. Tony indicated that the YRTC written report would be provided to the committee on an ongoing basis.

Georgetown/Capstone Project Report

Corey Steel provided information on the Georgetown/Capstone project. A group from Probation, DHHS, and Education has been looking at the Federal and Nebraska laws concerning data and information sharing. A matrix has been created that notes key issues to be considered. A copy of the matrix will be sent to committee members. The matrix has also been shared with the IT workgroup of the Nebraska Children's Commission.

Technical Consultant/Facilitator/Writer – Solicitation of Proposals

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. A Solicitation of Proposals document was provided to committee members for the review and input.

A motion was made by Monica Miles Steffens to adopt the Solicitation of Proposals as written and to appoint Marty Klein, Ellen Brokofsky, Kim Hawekotte and the Chair or Vice-chair of the Nebraska Children's Commission as the selection committee. The motion was seconded by Ron Johns. Voting yes: Ellen Brokofsky, Barb Fitzgerald, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dr. Ken Zoucha. Voting no: none. Abstaining: Marty Klein. Kim Culp, Judge Larry Gendler, Tina Marroquin, Pastor Tony Sanders, and Dalene Walker were absent. Motion carried.

Review of LB561 Requirements

Ellen Brokofsky and Corey Steel provided information on the LB561 transition. The changes made by LB561 created 191 new jobs, 26 of which are administrative. All but one higher level position have been filed. The hiring process was conducted in shifts to allow for proper training and the setup of work space. There has been a lot of collaboration with OJS to ensure that a good transition plan is in place.

Nebraska Correctional Youth Facility (NCYF) Visit Update

Marty Klein and Ellen Brokofsky reported on the visit to the NCYF. Committee members who went of the site visit also provided input. The group was able to speak with 3 young people after they toured the facility. It was noted that the youth in this facility do not really receive family visits. The members of the youth panel were sentenced to 8-12 years, 50-90 years, and one was scheduled to be released within the next year. Marty noted that the youth all seemed to be very distrustful of the full system; however each youth noted that there was one person they had trusted and received help from along the way. None of the youth they spoke with had child welfare involvement.

Strategic Recommendations Review and Discussion

The committee concluded the day by reviewing some of the recommendations that were identified during the discussion of the Dr. Terry Lee report. The group identified the need to review the: 1) detention of youth; 2) assessments; 3) Community-based services; 4) Focus on family engagement; 5) broad definition of evidence-based practice; and 6) gender considerations and disproportionate minority contact.

New Business

Next Meeting Date

The next meeting is scheduled for September 10, 2013 from 9:00am to 4:30PM.

Adjourn

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

Juveniles Services (OJS) Committee

Eleventh Meeting
September 10, 2013

- ### Overview of Process
- Check in on key documents and final report.
 - Review and utilization of the current system.
 - Create the ideal system (best case scenario).
 - How does the current system fit within the ideal system?
 - What is the impact of the decisions that were made today and where do we go from here? (next steps)

- ### Committee Responsibilities LB 561, Sec. 56 (b)
- Review the role and effectiveness of YRTCs.
 - Make recommendations to the commission on the future role of YRTCs in the juvenile justice continuum of care with regard to populations to be served and treatment service to be provided.
 - Review how mental and behavioral health services are provided to juveniles and identify the need for services throughout Nebraska.
 - Collaborate with other experts to develop recommendations.
 - If the committee recommends maintaining YRTC – Kearney, then the recommendation will include a plan to implement a rehabilitation and treatment model by upgrading the center's physical structure, staff, staff training, and use of evidence-based treatment programs.

- ### Check In
- Recommendations
 - Continuum of Services
 - Relevant Documents and Data
 - Missing data, documentation, evidence based practices
 - Final Report Process

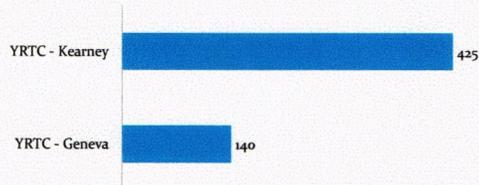
YRTC Data Summary

Figure 1. Youth Residing in Juvenile Detention and Correctional Facilities (2010)

Rank	State	Rate per 100,000 youth under the age of 21
1	South Dakota	575
2	Wyoming	440
3	Nebraska	378
4	Alaska	342
5	Oregon	319
6	West Virginia	316
7	Pennsylvania	316
8	Colorado	287
9	Indiana	276
10	California	271
-	United States Total	225

Source: Kids Count Data Center (2010)

Figure 2. Admissions to YRTC's (2011/2012)



Source: YRTC Kearney and Geneva Annual Reports (2011/2012)

Figure 3. Admission Type at YRTC's (point in time – July 1, 2013)

Admission Type	Facility	Number and Percentage
Commitments	YRTC - Kearney	101 (75.4%)
	YRTC - Geneva	34 (57.6%)
Direct Commitments	YRTC - Kearney	0 (0.0%)
	YRTC - Geneva	12 (20.3%)
Parole Violators	YRTC - Kearney	19 (14.1%)
	YRTC - Geneva	9 (15.3%)
Recommitments	YRTC - Kearney	14 (10.4%)
	YRTC - Geneva	4 (6.8%)

Source: Children's Commission – OJS Subcommittee YRTC Update (2013)

Figure 4. Admissions by Service Area (2011/2012)

Service Area	Facility	Number and Percentage
Central Service Area	YRTC - Kearney	61 (14.4%)
	YRTC - Geneva	13 (9.3%)
Eastern Service Area	YRTC - Kearney	105 (24.7%)
	YRTC - Geneva	42 (30.0%)
Northern Service Area	YRTC - Kearney	73 (17.2%)
	YRTC - Geneva	24 (17.4%)
Southeastern Service Area	YRTC - Kearney	133 (31.3%)
	YRTC - Geneva	48 (34.3%)
Western Service Area	YRTC - Kearney	51 (12.5%)
	YRTC - Geneva	13 (9.3%)

Source: YRTC Kearney and Geneva Annual Reports (2011/2012)

Figure 5. Average Daily Population at YRTC's (2010/2011)



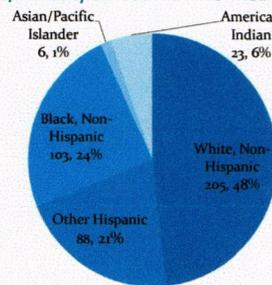
Source: Kids Count in Nebraska Report (2012)

Figure 6. Age of Youth at YRTC's (point in time – July 1, 2013)

Age	YRTC - Kearney	YRTC - Geneva
13	2	0
14	14	1
15	22	15
16	34	11
17	45	20
18	17	12
Average Age	16.2	16.5

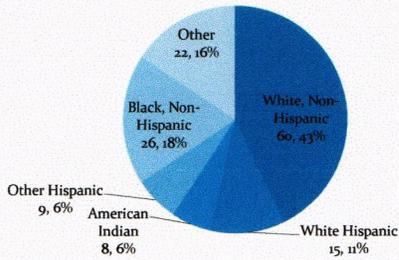
Source: Children's Commission – OJS Subcommittee YRTC Update (2013)

Figure 7. Race/Ethnicity of Youth in YRTC - Kearney (2011/2012)



Source: YRTC Kearney Annual Report (2011/2012)

Figure 8. Race/Ethnicity of Youth in YRTC – Geneva (2011/2012)



Source: YRTC Geneva Annual Report (2011/2012)

Figure 9. Average Cost per Youth at YRTCs (2010/2011)



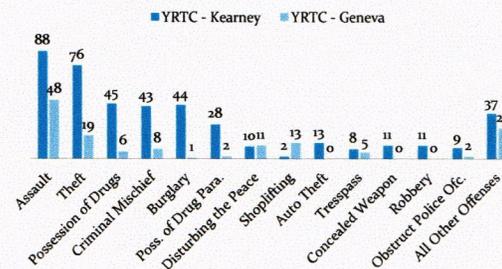
Source: Kids Count in Nebraska Report (2012)

Figure 10. Average Length of Stay at YRTCs (2010/2011)



Source: Kids Count in Nebraska Report (2012)

Figure 11. Leading Offenses of Youth in YRTCs (2011/2012)



Source: YRTC Kearney and Geneva Annual Reports (2011/2012)

In an Ideal World....

Possible Definitions

1. Altering the life trajectories of juveniles to not only reduce further criminal behavior but to improve their chances to prosper as productive citizens.
2. Providing treatment to the offender with the assumption that interventions will change behavior and reduce the frequency of juvenile offenses

Juvenile Services (OJS) Committee Strategic Recommendations

Focus Question:

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?

Vision Elements

- 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

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
 - 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.

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 filling 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

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)

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

Data driven decision making

- Information should follow a youth/family through timely common data sharing system
- Data is accessible at the individual and policy levels
 - 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

- 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.

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:

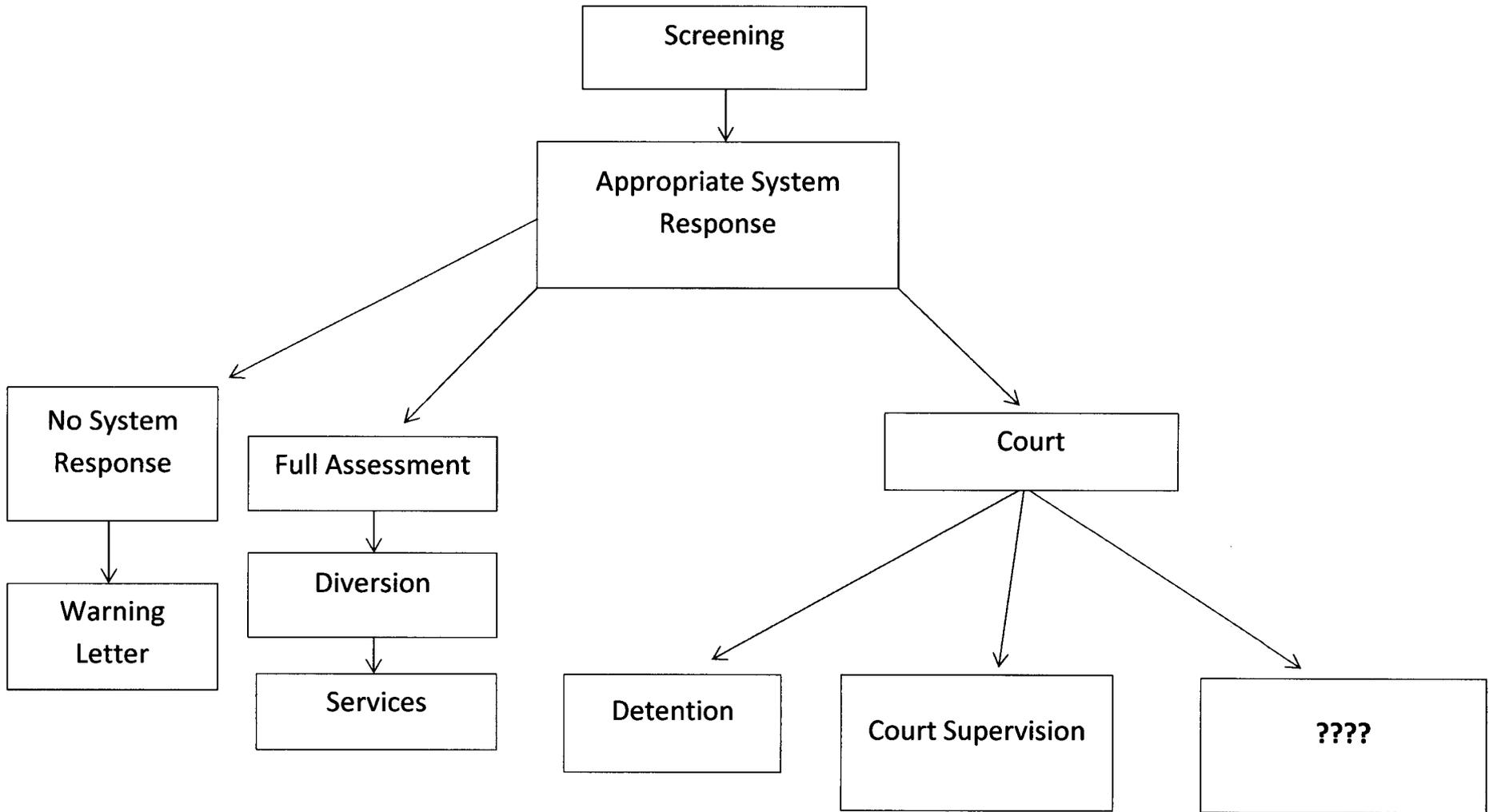
- Medicaid
- IV-E
- What's happening at NCYF, YRTC's, and Hastings
 - What do they look like?
 - Information on programming
- Perspectives from youth and families (rural and urban)
- Characteristics of what works in incarceration
- Lancaster re-entry report/Anne Hobbs
 - Can we do this for other counties?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



Children's Commission
OJS Sub-Committee
YRTC-Geneva Update
September 10, 2013

HIGHLIGHTS

School

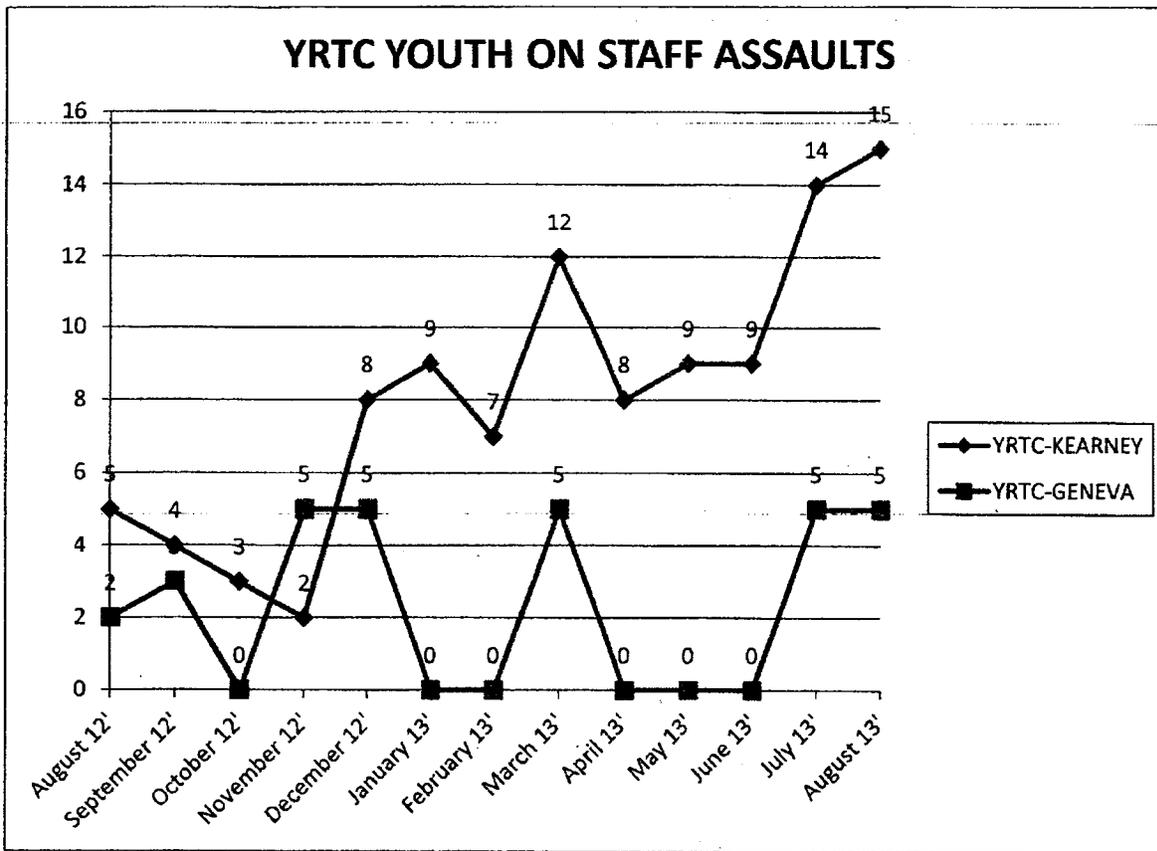
The fall school session began on August 14, 2013. Thirty-seven youth are enrolled in a full-time school program and seven youth attend school in LaFlesche Cottage. Four youth have their GED or high school diploma and have employment either on or off-grounds.

Special Programs

- On Tuesday, August 13, 2013, Ms. Shirley Deethardt with Tobacco-Free Nebraska gave informational presentations to all facility youth throughout the day. Ms. Deethardt's presentations included the harmful side effects of smoking, an overview of smoking related cancers, information relating to chewing tobacco, and a meaningful close-out which incorporated the use of storytelling and a question/answer session. Facility youth were surprisingly receptive and felt that the presentations were worthwhile. One youth called her mother after her session indicating that she (the youth) will never be using cigarettes again.
- On August 16, 2013, contractual Christian Heritage staff began an eight-week series of classes on healthy relationships with two treatment groups. These sessions will conclude on September 27, 2013. Youth feedback on these classes continues to be positive.
- On August 17, 2013, eight YRTC youth began officiating a community youth soccer league off-grounds. A representative from Geneva trained the youth on soccer rules and went over referee expectations with them. These youth will officiate soccer games through September 28, 2013. In previous years, youth have learned valuable lessons on managing parents who take the soccer games a little too seriously.

Upcoming Events

- Four staff members from the substance abuse program at the YRTC-Geneva will travel to Iowa September 23rd to 25th to receive a second round of training on the new substance abuse treatment program being implemented.
- Four YRTC-Geneva therapists will attend DSM-5 training in Lincoln, Nebraska on September 26, 2013.
- Three new master's level Doane College interns began working at the YRTC-Geneva in August, making the total number of interns six. These interns supplement the work done by YRTC-Geneva therapists and assist the youth with their journeys.



Injury Severity Rating

	#1	#2	#3	#4	#5	#6
August 2013	12	2	0	1	0	0
	2	1	0	2	0	0

YRTC-Kearney
 YRTC-Geneva

INJURY SEVERITY RATING

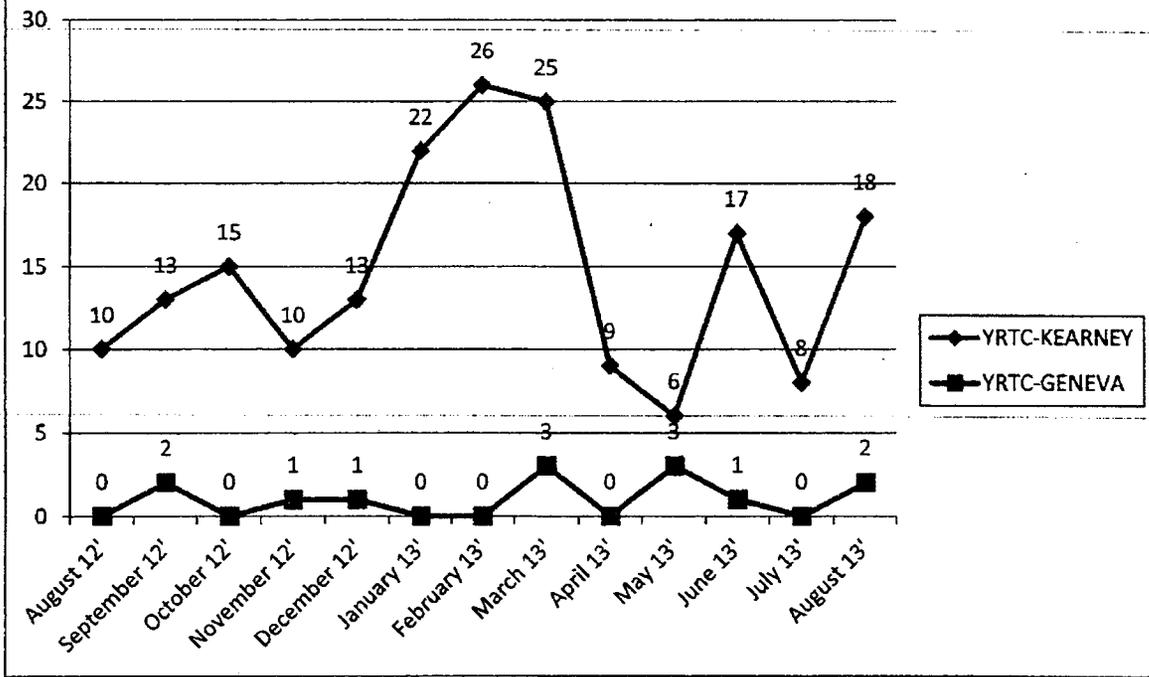
RATING	DEFINITION
#1	No visible injury or pain
#2	Injury or pain requiring first aid treatment only
#3	Injury or pain requiring on-campus medical treatment beyond first aid
#4	Injury or pain requiring assessment/treatment as an outpatient off-campus
#5	Injury or pain requiring assessment/treatment as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

AVERAGE MONTHLY COUNT

	YRTC Kearney	YRTC Geneva
August 2013	130	54

***YRTC-Geneva reported 4 youth on staff assaults in July; however, this has been corrected to 5 youth on staff assaults.

YRTC YOUTH ON YOUTH ASSAULTS



Injury Severity Rating

	#1	#2	#3	#4	#5	#6
August 2013	15	3	0	0	0	0
	0	2	0	0	0	0

YRTC-Kearney
 YRTC-Geneva

INJURY SEVERITY RATING

RATING	DEFINITION
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AVERAGE MONTHLY COUNT

	YRTC Kearney	YRTC Geneva
August 2013	130	54

YRTC-GENEVA

YLS SCORES/PERCENTAGES ACCORDING TO COUNTY

VERY HIGH

Douglas	2	100.00%
TOTAL VERY HIGH SCORES	2	

HIGH

Box Butte	1	1.45%
Buffalo	2	2.90%
Douglas	28	40.58%
Gage	2	2.90%
Garfield	1	1.45%
Hall	3	4.35%
Harlan	1	1.45%
Jefferson	1	1.45%
Lancaster	12	17.39%
Lincoln	2	2.90%
Madison	2	2.90%
Nance	1	1.45%
Nemaha	1	1.45%
Perkins	1	1.45%
Pierce	1	1.45%
Platte	4	5.80%
Sarpy	2	2.90%
Scotts Bluff	2	2.90%
Thurston	1	1.45%
Washington	1	1.45%
TOTAL HIGH SCORES	69	

MODERATE

Adams	1	2.56%
Antelope	1	2.56%
Buffalo	1	2.56%
Colfax	1	2.56%
Custer	1	2.56%
Dawson	1	2.56%
Dawson	1	2.56%
Douglas	9	23.08%
Fillmore	1	2.56%
Hall	2	5.13%
Lancaster	13	33.33%
Lincoln	1	2.56%
Madison	1	2.56%
Nemaha	1	2.56%
Platte	2	5.13%
Red Willow	1	2.56%
Saline	1	2.56%
Scotts Bluff	1	2.56%
TOTAL MODERATE SCORES	39	

YRTC-GENEVA YOUTH MENTAL HEALTH PROFILE

Fiscal Year (July 1, 2012—June 30, 2013)

110 admissions

This data was compiled using standardized self-report measures, and mental health appraisals by trained staff. All 110 youth (100%) of all girls admitted qualified for a DSM IV Axis I or Axis II diagnosis. In summary, the profile of the typical girl is a girl who began smoking at a young age, and, likely used both cannabis and alcohol often to the point of meeting dependence criteria. She is also likely to have experienced posttraumatic stress as a result of experiencing sexual and/or physical abuse, and has had a history of conduct/oppositional behavior.

Forty-five percent report some type of cutting, burning, etc. upon admission. Forty-two percent of girls admitted meet the criteria for elevated supervision as result of high risk to engage in self-harm and/or suicidal behaviors. Approximately 30% of the girls meet the criteria for ADHD (Attention Deficit Disorder with Hyperactivity).

Vulnerability assessments developed in the past four months have identified girls as being victimized by experiencing bullying via physical attacks, on-line and texting threats.

Family dynamics of the typical girl will have a major influence upon her development. For example, 35% of all girls admitted have had no contact with parents in the preceding year of admission. Twenty-seven % have had no contact with their fathers. Ten per cent have no idea who their father is.

In that the YRTC-GENEVA utilizes an individualized approach focusing upon individual as well as life outcomes, YRTC-GENEVA treatment programming is able to address the multiple needs that she presents. It is generally held that the MHA which is completed by trained staff is the most reliable and valid of the assessments utilized.

Substance Abuse History

Diagnoses	MACI	MHA	CDISC
Substance abuse	23%	59%	15%
Cannabis abuse	n/a	28%	10%
Cannabis dependence	n/a	36%	21%
Alcohol abuse	n/a	31%	15%
Alcohol dependence	n/a	13%	
Nicotine abuse/dependence	n/a	47%	22%
Inhalant abuse & dependency	N/A	5%	N/A

Mental Health Disorder/illness History (Mental health disorders are emotional or behavior syndromes that are disrupting adjustment. Mental illness conditions are conditions where relationships are endangered, and/or whose actions present harm to themselves and/or others)

Diagnoses	MACI	MHA	CDISC
Depression	37%	28%	10%
Anxiety disorder	7%	22%	85%
Bipolar	5%	27%	N/A
Mood Disorders	19%	10%	N/A
PTSD	N/A	31%	12%

Behavioral diagnoses

Diagnoses	MACI	CDISC	MHA
Oppositional	34%	22%	30%
Conduct Disorder	35%	28%	74%
Antisocial behaviors	14%	N/A	N/A
Childhood antisocial behaviors	33%	N/A	N/A
Personality disorder traits	30%	N/A	10%
Disruptive	10%	N/A	10%
ADHD	n/a	22%	31%

Self-Injurious behavior history identified by the VISA (Voiced Inventory of Self-Injurious Actions)

Self-injurious prior to admission at any time	32%
Self-injurious within the past year	14%
Percentage of girls who reengaged in self-injurious behavior after admission	50%

Initial Assessment of suicidal/self-harm risk

Diagnoses	MAYSI
Elevated Suicidal/self-harm risk identified at admission	42%

Children's Commission
OJS Sub-Committee
YRTC-Kearney Update
September 17, 2013

HIGHLIGHTS:

School:

The fall school session began on August 19, 2013. One Hundred and Twenty Seven (127) youth are enrolled in the full time school program. Six of these youth are being served in our Dickson Security Unit in a class room school setting. One youth has earned their GED and 2 youth have earned their high school diploma and continue with their education program at the facility or work through a vocational program at the facility.

Special Programs:

The YRTC- Kearney Citizen Advisory Board ate dinner with the youth and the youth group – Morton 2 demonstrated how they utilize team work to maneuver through the Vikings Confidence Course.

Deputy Director Tony Green was at the facility on August 7, 8, 9 and 15. He spent time communicating with staff and the youth and listening to what they had to say. He participated in the Vikings Confidence Course Challenge with the youth participating as a group and working their way through the stations on the course. There was a staff led BBQ for the youth and employees at YRTC-K. The day was a big success and youth showed how they could improve their communication skills, work together to problem solve and build as a team. We observed youth build on their self-confidence and they gained on their self – awareness and built trust with others. It was a rewarding and fun day for all.

On August 15, 2013, the Leadership Team with Deputy Director Tony Green in attendance had a daylong meeting with Angela Weis from DHHS - Operations. She revealed each individual's Emergencies profile. We gained self-awareness as well as insight into where each person fits and what their make-up brings to the Leadership Team.

The facilities Prison Rape Elimination Act (PREA) team have been meeting on a consistent basis and preparing and delivering training to all staff and youth at the facility during the month of August. Staff members attended training on Child Abuse and Neglect 101 training provided by the Family Advocacy Network – per PREA Standards.

YRTC-K Youth, Staff Help with "Color for a Cause" Fun Run

Youth with the Bryant Living Unit at the Youth Rehabilitation and Treatment Center in Kearney along with **Bradley Stolcpart**, YRTC-K Youth Counselor, and **Jana Peterson**, YRTC-K Administrator, helped with the "Color for a Cause" Fun Run on Saturday, August 17, 2013. The fun run was a fundraiser for the Family Advocacy Network.

Here is a thank you note from a staff member at the Family Advocacy Network thanking YRTC-K for helping to make the fun run successful. This was the Family Advocacy Network's first "Color for a Cause" event. Jamie Vetter, Director/Forensic Interview Specialist at the Family Advocacy Network, said around 250 runner/walkers participated in the color fun with about 40 people volunteering. Around \$5,000 was raised during the event. "Overall I think we had a good turnout and everyone had a good time," Vetter said.

On August 30, 2013 a tour led by Matt Christiancy – Youth Security Supervisor was given to Mandy Gruhlkey with the Sarpy County Public Defender office. She toured the facility, spoke with staff and the youth and attended a part of a GED ceremony. Mandy commented upon her departure that the facility was not what she had expected when she arrived based on what she has read in the papers. She stated the facility looked nice and the youth were well behaved.

Project Everlast – Cassandra Rockwell prepared youth at the facility to present to the Nebraska Coalition for Juvenile Justice Committee. Their meeting was held on September 6, 2013 at the YRTC-Kearney facility. The youth learned what Project Everlast and the Speakers' Bureau III training was and the 5 P's of Public Speaking (Passion, Purpose, Perspective, Personality and Positivity) they then completed an exercise called "My Journey" an activity which requires the youth to express on paper their journey through the system. These identified youth received the training, gave the committee a tour of the facility and sat on a Youth Panel and communicated to the group their journey through the system.

Upcoming Events:

YRTC-Kearney is preparing for an internal audit that is being led by Steven King from the Department of Correctional Services. He is leading a team of 13 individuals that will complete the audit on October 3, 2013.

A radio remote site – Career Fair is set to take place on September 30, 2013. There will be youth and staff guided tours, staff on sight to answer any facility questions, food and a time for potential employees to utilize a computer to go on line to place a job application and we will set up interviews with potential employees. Currently, we have 12 YSSII, 1 YSSI, 1 YSS, 1 YCI and 1 Cook positions open = 16 vacancies.

YRTC-K Employees are attending the training being offered by The Division of Children and Family Services, the Division of Behavioral Health, the University of Nebraska Public Policy Center and the Early Development Network "Trauma Across the Lifespan Conference" September 12-13, 2013, in Lincoln, Nebraska.

YRTC-Kearney

YLS SCORES/PERCENTAGES ACCORDING TO COUNTY

VERY HIGH

Lancaster	2	66.67%
Scotts Bluff	1	33.33%
TOTAL VERY HIGH SCORES	3	

HIGH

Adams	8	2.84%
Box Butte	3	1.06%
Buffalo	3	1.06%
Butler	1	0.35%
Chase	1	0.35%
Cherry	3	1.06%
Cheyenne	1	0.35%
Clay	2	0.71%
Colfax	2	0.71%
Cuming	2	0.71%
Dakota	11	3.90%
Dawson	6	2.13%
Dodge	4	1.42%
Douglas	81	28.72%
Fillmore	2	0.71%
Gage	5	1.77%
Garden	1	0.35%
Hall	16	5.67%
Hamilton	1	0.35%
Jefferson	3	1.06%
Keith	4	1.42%
Kimball	1	0.35%
Lancaster	63	22.34%
Lincoln	6	2.13%
Madison	7	2.48%
Merrick	1	0.35%
Otoe	1	0.35%
Phelps	2	0.71%
Pierce	1	0.35%
Platte	8	2.84%
Red Willow	1	0.35%
Saline	1	0.35%
Sarpy	6	2.13%
Saunders	4	1.42%
Scotts Bluff	13	4.61%
Seward	1	0.35%
Stanton	2	0.71%
Washington	3	1.06%
York	1	0.35%
TOTAL HIGH SCORES	282	

MODERATE

Adams	1	1.72%
Buffalo	1	1.72%
Cheyenne	1	1.72%
Colfax	1	1.72%
Dakota	1	1.72%
Deuel	1	1.72%
Douglas	10	17.24%
Furnas	1	1.72%
Garden	1	1.72%
Hall	2	3.45%
Kearney	1	1.72%
Lancaster	24	41.38%
Lincoln	2	3.45%
Madison	2	3.45%
Otoe	1	1.72%
Phelps	1	1.72%
Pierce	1	1.72%
Saline	3	5.17%
Seward	3	5.17%
TOTAL MODERATE SCORES	58	

LOW

Dakota	1	16.67%
Douglas	1	16.67%
Knox	1	16.67%
Lancaster	2	33.33%
Madison	1	16.67%
TOTAL LOW SCORES	6	

**One youth was only here 5 days before he was institutionally discharged due to his age. YRTC-K record destroyed when turned 19 & no record of YLS on NFOCUS.

September 17, 2013
OJS Sub Committee
YRTC-Kearney Report

The diagnoses noted in the report were taken from the YRTC-K Mental Health Appraisal (MHA). A diagnosis is not done upon admission, but rather the Mental Health Assessments notes the most recent diagnoses. These are typically obtained by reviewing the most recent CCAA. In some cases, CCAA's are not current (e.g., within the past 2-3 years); therefore, it is possible that there have been changes in diagnoses since that time. The number of youth with a diagnosis of abuse of a child is low. However, they may have been abused and simply not given the diagnosis. The Mental Health Assessment often notes a history of abuse; however, Dr. Buchta only noted those who have been given an actual diagnosis. With regard to suicide/self-harm history, again, she only noted those that the Mental Health Assessment indicated had attempted suicide/made a serious gesture, and those who reported self-harm (e.g., cutting, burning). Several others were noted to have experienced ideation.

Mood Disorders:

Diagnosis (per records):	Diagnosis (per records):	Percentage
Mood Disorder	66	19
Depressive Disorder	29	8
Bipolar Disorder	28	8
Dysthymic Disorder	16	5
Sexual Abuse (victim)	4	
Neglect of a Child (victim)	8	
Physical Abuse of a Child (victim)	2	
Sexual Abuse of a Child (Perpetrator)	3	

Anxiety Disorders:

Diagnosis (per records):	# of youth	Percentage
PTSD	21	6
Generalized Anxiety Disorder/Anxiety Disorder, NOS	10	3
Obsessive Compulsive Disorder	1	.3
Specific Phobia	1	.3

Adjustment Disorders:

Diagnosis (per records):	# of youth	Percentage
Adjustment D/O	10	3

Schizophrenia and Other Psychotic Disorders:

Diagnosis (per records):	# of youth	Percentage
Psychosis NOS/Psychotic Disorder	2	.6
Schizophrenia	1	.3

Sexual and Gender Identity Disorders:

Diagnosis (per records):	# of youth	Percentage
Transvestic Fetishism	1	.3

Eating Disorders:

Diagnosis (per records):	# of youth	Percentage
Eating Disorder, NOS	1	.3

Substance-Related Disorders:

Diagnosis (per records):	# of youth	Percentage
Cannabis Abuse	135	39
Alcohol Abuse	107	31
Cannabis Dependence	96	29
Nicotine Dependence	36	10
Alcohol Dependence	18	5
Opioid Abuse	10	3
Amphetamine Abuse	7	2
Other Substance Abuse (K2, Prescription meds)	6	2
Polysubstance Dependence	5	1
Sedative, Hypnotic, or Anxiolytic Abuse	3	1
Cocaine Abuse	2	.6
Hallucinogen Abuse	2	.6
Inhalant Abuse	2	.6
Cocaine Dependence	1	.3
Hallucinogen Dependence	1	.3

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence:

Diagnosis (per records):	# of youth	Percentage
Conduct Disorder	220	64
ADHD	157	45
Oppositional Defiant Disorder	74	21
Disruptive Behavior Disorder	8	2
Reactive Attachment Disorder	5	1
Enuresis	1	.3
Pervasive Developmental Disorder	1	.3

Impulse Control Disorders Not Otherwise Classified:

Diagnosis (per records):	# of youth	Percentage
Impulse Control Disorder	85	25
Pyromania	1	.3

Other:

Diagnosis (per records):	# of youth	Percentage
Neglect of a Child (Victim)	8	2
Sexual Abuse of a Child (Victim)	4	1
Sexual Abuse of a Child (Perpetrator)	3	.9
Physical Abuse of a Child (Victim)	2	.6

History of Suicide attempts/Self-harm behaviors:

Noted in Mental Health Appraisal:	# of youth	Percentage
History of self-harm behaviors	37	11
History of suicide attempt(s)/gestures (e.g., holding weapon to head/neck)	15	4

September 17, 2013
OJS Sub-Committee
YRTC-Kearney Report

Evidence Based Models of therapy utilized at YRTC-K:

Cognitive Behavioral Therapy (CBT)
Solution-Focused
Motivational Interviewing
Rational Emotional Behavior Therapy
Reality Therapy
Interpersonal Process
DBT

Assessments currently available in the Mental Health Department:

Juvenile Sex Offender Assessment Protocol (J-SOAP – II) - checklist to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed to be used with boys in the age range of 12 to 18 who have been adjudicated for sexual offenses, as well as non-adjudicated youths with a history of sexually coercive behavior.

Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) - an empirically-guided checklist to assist evaluators to estimate the short-term risk of a sexual re-offense for youth aged 12-18.

Adolescent Substance Abuse Subtle Screening Inventory (SASSI –A2) — identifies high or low probability of substance use disorders for clients 12 to 18 years of age. The SASSI-A2 also provides clinical insight into family and social risk factors, level of defensive responding, and consequences of substance misuse.

Marijuana Use Inventory (MUI) – yes/no questionnaire about the youth's marijuana use.

Wechsler Abbreviated Scale of Intelligence (WASI) - an individually administered assessment screening measure of verbal, non-verbal and general intelligence

*Recently ordered the WASI-II, but it is still acceptable to use the WASI, so am using these forms before I begin using the newer version.

Wechsler Adult Intelligence Scale (WAIS-4) - measure of cognitive ability (more comprehensive than the WASI, which is a screener)

Test of Non-Verbal Intelligence-4 (TONI-4) - assessment of intelligence, aptitude, abstract reasoning, and problem solving; language-free test for evaluating those with questionable or limited language ability

Millon Adolescent Clinical Inventory (MACI) - helps assess personality patterns as well as self-reported concerns and clinical symptoms; can assist practitioners in constructing treatment plans customized to individual needs

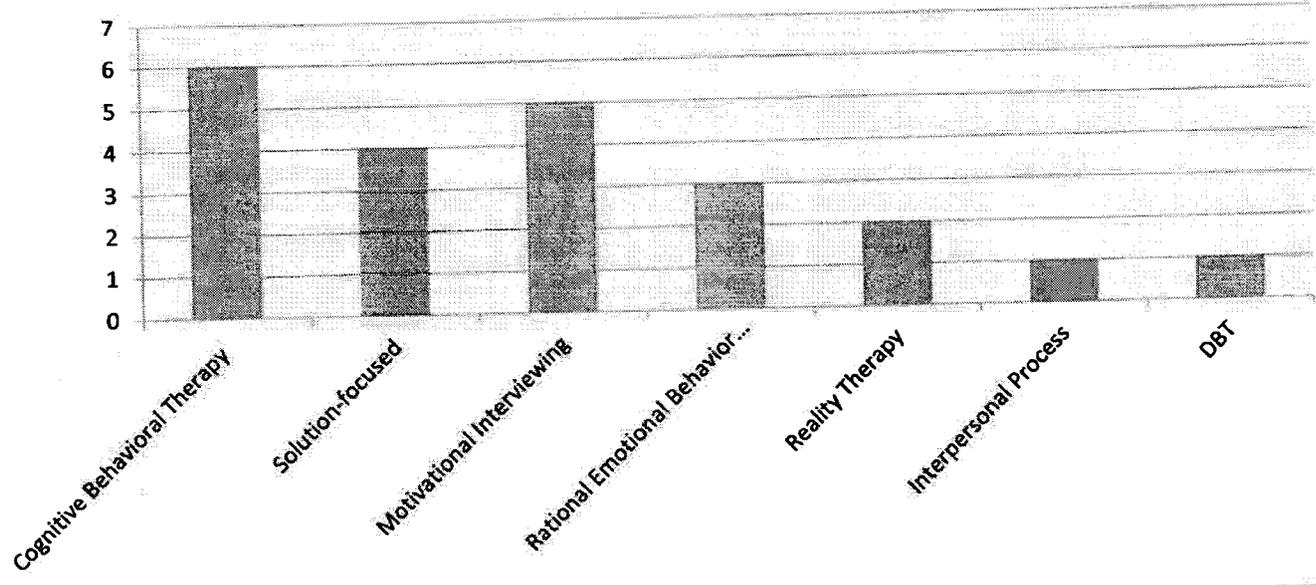
Jesness Inventory – Revised (JI-R) - a comprehensive, self-report measure of personality and psychopathology that is applicable to children and adolescents with more severe behavioral problems, and with whom violence potential is a concern; conventional scores are provided for the 11 subtypes, while classification scores are provided for the 9 personality subtypes. An Asocial Index score is also provided. Results from the JI-R provide insight into the potential causes of certain behaviors. It is particularly useful when differentiating between social maladjustment and emotional disturbance.

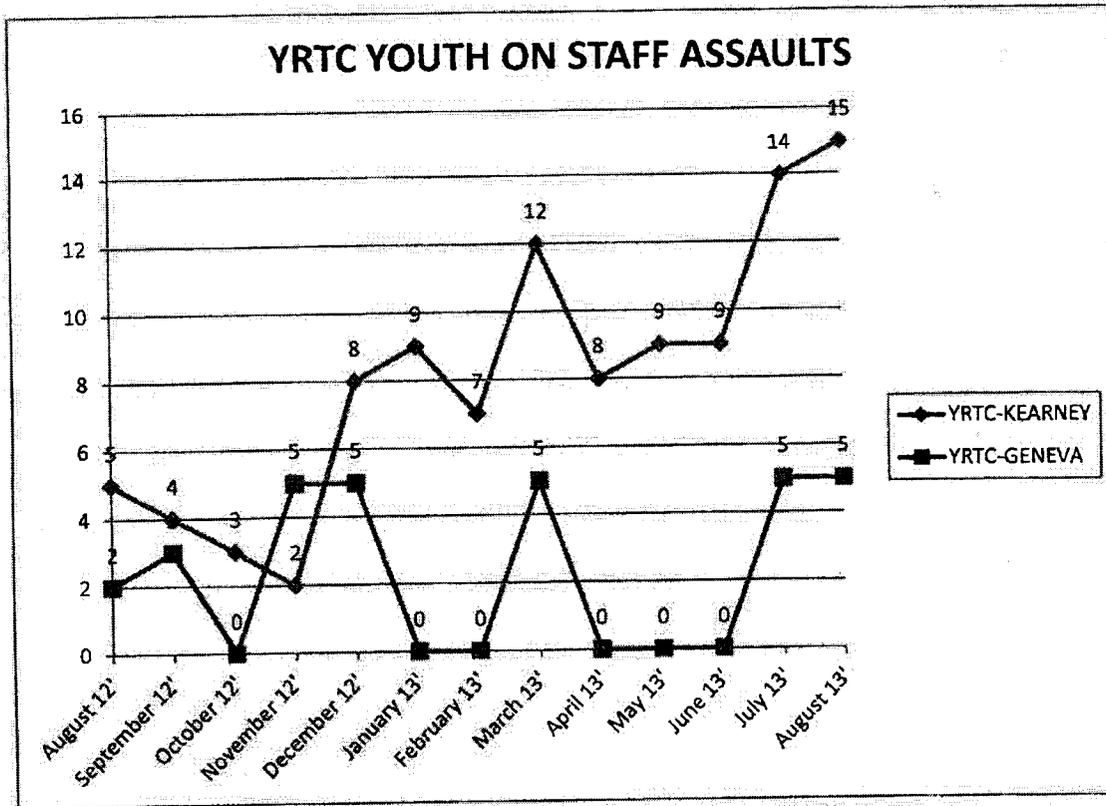
Brief Symptom Inventory (BSI) - provides patient-reported data to help support clinical decision-making at intake and during the course of treatment in multiple settings.

Hare Psychopathy Checklist: Youth Version (HARE PCL:YV) - helps identify potential patterns of cheating, fighting, bullying, and other antisocial acts in youth; a clinician-rated instrument that uses a structured interview and collateral information to assess psychopathic traits in youth

Vineland Adaptive Behavior Scales, Second Edition, (Vineland-II) Parent/Caregiver Rating Form - evaluates the personal and social behaviors in individuals from birth through adulthood

Models of Therapy
of LMHP's at YRTC-K who use each type of model
(YRTC-K has 9 LMHP's)





Injury Severity Rating

	#1	#2	#3	#4	#5	#6
August 2013	12	2	0	1	0	0
	2	1	0	2	0	0

YRTC-Kearney
 YRTC-Geneva

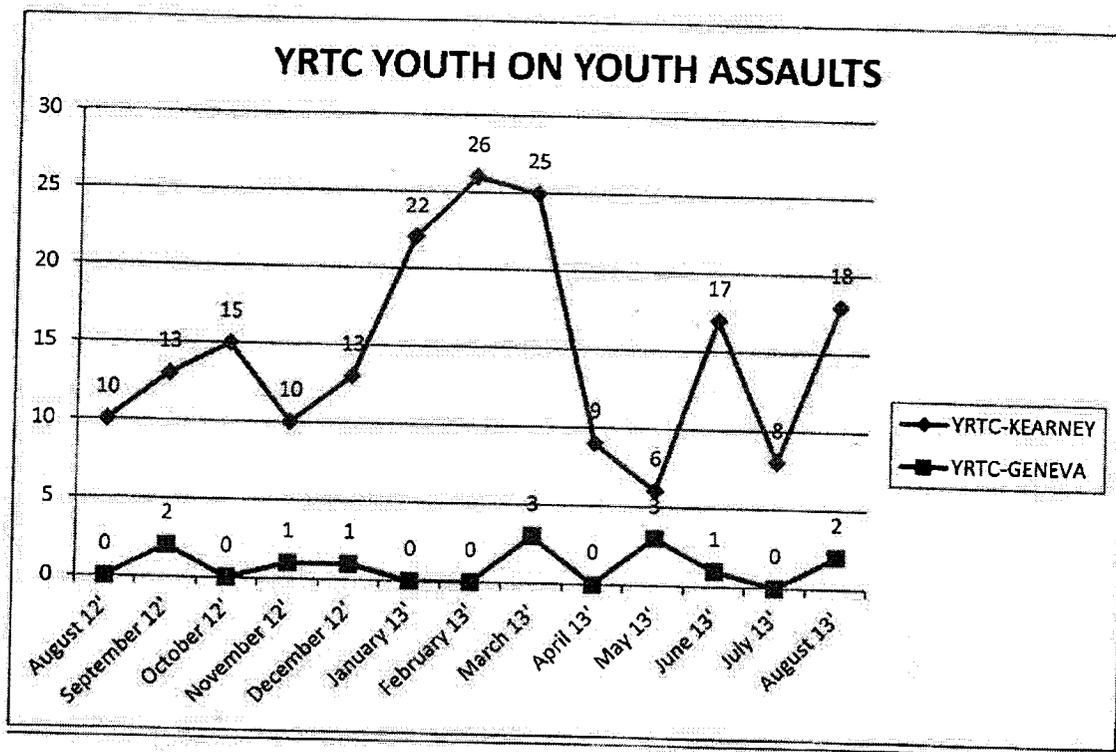
INJURY SEVERITY RATING

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
August 2013	130	54

***YRTC-Geneva reported 4 youth on staff assaults in July; however, this has been corrected to 5 youth on staff assaults.



Injury Severity Rating

	#1	#2	#3	#4	#5	#6
August 2013	15	3	0	0	0	0
	0	2	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
August 2013	130	54

Nebraska Residential Facilities in the Continuum of Care for Juvenile Services

Decision Process

QUESTION 1 : What types of residential facilities will be needed in the continuum of services?
What population will be served by these residential facilities?
What criteria are used to make these decisions?

Decision Point:

Questions 2: In the next 5-10 years will YRTC Kearney and YRTC Geneva be part of the residential facilities in this system?
What criteria are used to make this decision?

YES

NO

What populations should they serve?
What treatment services should be provided at the centers?

If it is decided to maintain YRTC-Kearney . . .

What is the plan to implement a rehabilitation and treatment model by upgrading the center:

1. Physical structure
2. Staff,
3. Staff Training
4. Incorporation of evidence based programs

What is the phase out timeline?

What population needs to be addressed in a different kind of treatment?
What actions need to occur to phase into another section of the system?

What bench marks need to be reached?

Is there a population of youth we have not planned for in Question 1 that will need a special layer of treatment?