

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

Eleventh Meeting
September 10, 2013
9:00AM-4:30PM
Child Advocacy Center
5025 Garland Street, Lincoln, NE

Call to Order

Ellen Brokofsky and Marty Klein called the meeting to order at 9:15am 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, Cindy Gans, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dr. Ken Zoucha.

Acting as resources to the committee: Jim Bennett, Tony Green, Liz Hruska, Doug Koebernick, Jerall Moreland, Liz Neeley, Jenn Piatt, Dan Scarborough, and Amy Williams.

Subcommittee Member(s) absent: Judge Larry Gendler, Kim Hawekotte, Anne Hobbs, Tina Marroquin, Pastor Tony Sanders, and Dalene Walker.

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

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

Approval of Agenda

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

Approval of August 13, 2013, Minutes

A motion was made by Jana Petersen to approve the minutes of the August 13, 2013, meeting, seconded by Sarah Forrest. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb

Fitzgerald, Sarah Forrest, Cindy Gans, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Corey Steel, Monica Miles Steffens, and Dr. Ken Zoucha. Voting no: none. Judge Larry Gendler, Kim Hawekotte, Anne Hobbs, Tina Marroquin, Pastor Tony Sanders, 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 Cindy Gans to the committee at the August Children's Commission meeting. Ellen made open comments about the facilitation process. Ellen informed the group that three facilitator proposals were received. The selection committee decided upon Schmeackle Research Inc. Ellen and Marty provided an overview of the facilitation activities for the day. The rest of the meeting was devoted to the facilitation discussion.

Strategic Planning Discussion

Joyce Schmeackle, Joan Frances, and Will Schmeackle introduced themselves to the group. Joan then began the facilitation process by giving the group an overview of the work plan framework as noted in the agenda.

The group agreed upon the following suggestions in response to the question "What are the ideal outcomes you see for youth in the next 5-10 years?":

Ideal Outcomes for Youth

- In their own community
- Educated and employed
- Built for success
- Healthy relationships
- Healthy youth: physically, emotionally, spiritually
- Safe
- Parental involvement and family attachment

What needs to change in order to reach these outcomes?

- Intervention and models of support
- Limit access to the juvenile justice system
- Establish a medical home for youth with a comprehensive system of care (physical and emotional)
- Close the gaps of services
- Early intervention (reach youth before problems occur)
- Legal representation for youth
- Fix the disproportionate minority representation

- Mechanism with safeguards to reduce disproportionate minority involvement in juvenile justice
- Effective practices that reduce further involvement
- Reliable and consistent data
- Reliance on data for decision making
- Address community norms
 - Educate and inform the community with effective messaging and communication
 - Messaging needs to be around economic impact, measuring tool, and cost
- Integrated resources (breaking down silos)
- Effective use of financial resources
- Accountability and responsibility for youth
 - Counties vs. state system
- Involvement of community partnerships
- Awareness of the political agenda
 - Long-term investments vs. short-term fix
- Toleration of risk
- Conduct evaluation of the change
 - Identify measures and provide adequate resources
- Engaging families throughout the continuum of services
- Maintain fluidity with responsiveness to system changes (continuous quality improvement)
- Evidence based/evidence-informed practice
- Incorporate the youth voice
 - Youth participation
 - Youth-centered
 - Youth/adult partnerships
- Quality/trained staff and professionals
 - Trained in evidence based and evidence informed practices
 - Trained in medication management
 - Trained in child and adolescent mental health
- Analysis of cost/benefits and economic impact assessments
- System has to be fluid and responsive
- Communities need to do self-examination
- Partnerships with a culture of inclusion
- Change circle
- Common definitions and a common language
- Match treatment by needs not by money

The group then provided information on the elements for the ideal juvenile treatment system. The ideas discussed and agreed upon are recorded in the following chart.

The Ideal Juvenile Treatment System

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

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

The committee recessed at 11:54a.m.

The committee reconvened at 1:08p.m.

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

Acting as resources to the committee: Jim Bennett, Liz Hruska, Doug Koebernick, Jerall Moreland, Liz Neeley, Jenn Piatt, Dan Scarborough, and Amy Williams.

Subcommittee Member(s) absent: Judge Larry Gendler, Anne Hobbs, Tina Marroquin, Pastor Tony Sanders, and Dalene Walker.

Resource members absent: Senator Kathy Campbell, Senator Colby Coash, Tony Green, Hank Robinson, and Julie Rogers.

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

Strategic Planning Discussion (continued)

The group continued its discussion of the various aspects of the juvenile justice process. All strategic planning notes are reflected above.

YRTC Information

Jana Peterson and Dan Scarbrough provided written reports with information on the Kearney and Geneva YRTCs. The reports provide information on school enrollment, special programs, upcoming events, and statistical information on each of the facilities. The group reviewed the data in each of the reports and asked Jana and Dan questions to inform the strategic planning process.

New Business

Next Meeting Date

The next meeting is scheduled for October 8, 2013 from 9:00a.m. to 4:30p.m.

Adjourn

A motion was made by Nick Juliano to adjourn the meeting, seconded by Jana Peterson. The meeting adjourned at 3:27p.m.

Youth Rehabilitation and Treatment Centers (YRTC) Kearney and Geneva

Data Summary

October 2013

The YRTCs Role within the Nebraska Juvenile Justice System

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

Cost

In FY 2009-2010 the total cost appropriated to the two YRTCs was \$17,122,474.

- In 2010, it cost an average of \$58,963 per youth in Geneva and \$29,298 per youth in Kearney.
- The average cost per day per youth was \$247 in Geneva and \$193 in Kearney in 2010-2011.

Population

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

Offenses

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

Assaults

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

YLS Scores

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

Behavioral Health

- Youth at Geneva exhibited the following behavioral health issues/diagnoses in FY 2012-2013: elevated suicidal/self-harm risk identification (42%), depression (37%), conduct disorder (35%), oppositional behavior (34%), self-injurious behavior (32%), substance abuse (23%), mood disorders (19%), and antisocial behaviors (14%), among others.
- Youth at Kearney exhibited the following behavioral health issues/diagnoses in FY 2012-2013: conduct disorder (64%), ADHD (45%), cannabis abuse (39%), alcohol abuse (31%), impulse control disorder (25%), oppositional defiant disorder (21%), mood disorder (19%), a history of self-harm behaviors (11%), depressive disorder (8%), bipolar disorder (8%), and PTSD (6%), among others.

Recommitments

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

References

- Hobbs, A. (2012). Youth Re-entering Lancaster County after commitment to a state youth rehabilitation center.
- Juvenile Services Committee (2013). LR 196 Review.
- Platte Institute for Economic Research (2011). Policy Study: Right-Sizing the Cornhusker State's Juvenile Justice System.
- YRTC Geneva Annual Report (2011-2012).
- YRTC Geneva OJS-Subcommittee Update (2013).
- YRTC Kearney Annual Report (2011-2012).
- YRTC Kearney OJS-Subcommittee Update (2013).
- Voices for Children in Nebraska (2012a). Issue Brief: Nebraska's Youth Rehabilitation and Treatment Centers.
- Voices for Children in Nebraska (2012b). Kids Count in Nebraska Report.

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?

Nebraska Children’s Commission
Juvenile Services (OJS) Committee
Report and Recommendations Outline
DRAFT 10/8

Overview

- Charge to commission- “statewide strategic plan”
- Examining the structure and responsibilities of the Office of Juvenile Services as they exist on April 12, 2012.
- Consultation with state and national experts - including the review of national system redesign and service components best practices.
- Reviewing the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice systems and make recommendations on the future role the juvenile justice continuum of care
 - Populations they should serve
 - What treatment services should be provided in order to appropriately serve
 - Mental and behavioral health services provided in secure placements and throughout Nebraska- recommendations relating to those systems of care
 - Consultation
 - If recommendations include maintaining YRTC Kearney the recommendations should include a plan for implementing a rehabilitation and treatment model by upgrading the center’s physical structure, staff, and staff training and the incorporation of evidence based treatment and programs.

The OJS Committee discussions and finding focused on the following seven categories

- A Quality, Effective Juvenile Services System
- Role of Existing Youth Rehabilitation and Treatment Centers within the System
- Mental and Behavioral Health Access and Services
- Addressing Social, Racial and Ethnic Disparities
- Transparent Collaboration Between Youth Serving Systems, Communities and Public/ Private Partnerships
- Data Systems and Decisions
- Consistent, Stable, Effective Workforce

The work of the OJS Committee was guided by the shared vision elements of the Children’s Commission to support a prevention/intervention system of care to improve safety, permanency, and well –being of children and families across the state. Recommendations include these vision elements.

Process Section

- *Data , written and verbal reports*
- *Facilitated discussion*
- *Fact Finding ?*

Quality, Effective Juvenile Services System

1. Primary Prevention for Youth Well Being

The OJS Committee believes that ideally Nebraska youth should reach adulthood built for success. That is, that they are educated, employed, physically and emotionally healthy, enjoy positive personal relationships and have a sense of purpose. These outcomes are best attained in safe environments, with parental involvement, family attachment and supports within their home communities.

A consistent sustained focus on primary prevention for all youth not only addresses the long term goals for well-being but provides a continuum of community based resources for higher risk youth and families within the community setting. These resources also support re-entry for those few youth who may need a higher level of rehabilitative or treatment services.

Recommendations:

- a. In conjunction with varying prevention programs, public health, education, community agencies, and public private partnerships, commit to and sustain an array of community based primary prevention resources accessible for all youth which influence multiple youth well-being indicators and are sustained through braided funding. (joan)
- b. Implement early identification of youth risks and needs and community based response through screenings in schools and through primary caregivers. (9/13)
- c. Assure access to needed mental health and health services without “system” involvement through the availability of community resources for early response as indicating by screenings before a youth or family comes is referred to or cited in a system. (9/13)
- d. Expand Medicaid eligibility and Medicaid support of Evidence Based Practices to mitigate the number of court cases required to access services. (Lee)
- e. Establish educational systems policies which encourage schools to retain high risk, abused, and neglected youth without *penalty for achievement levels*. 9/13-joan
- f. Policies and practices which enhance and encourage community and family acceptance of responsibility for youth. 9/13
- g. Every youth in the state of Nebraska has a medical home. 9/13
- h. Develop common “cross systems” evaluation measures to reduce administrative impact on communities while assuring measurement of agreed upon well-being indicators. joan

2. System Vision, Values and Principals

Achieving these outcomes requires community ownership of the well-being of youth and fluidity of systems with which the youth may come in contact during the developmental process. At the heart of this work is a common set of core values and principals which guide the decision, development and process of caring for youth, especially those youth involved with a juvenile justice system.

Recommendations

- a. The Child and Adolescent Service System of Program (CASSP) principals should serve as the foundation for all youth services of Nebraska including those contracted to provide services in the juvenile justice system. Therefore services provided and contracted should be child/youth centered, family focused, strengths based, culturally competent, individualized to each youth and family, and provided in the least restrictive setting.

CC/6/13-9/13

- b. *Dr. Lee Report p.4 ?*

3. Youth Centered and Family Focused

“Youth” applies to young people outside of the system, currently in the juvenile justice system or other state systems, and those young people to the age of 26 who have been in any state systems. “Family” is used broadly to include biological relatives, close family friends, foster and adoptive families where biological family members are not present, and for some youth those person of trust who have formed bonds with the youth. For the purpose of legal proceedings “parents” refers to legal guardians.

Youth and family members must be partners at every juncture throughout the system. Inclusion follows the spectrum from individual case circumstances to system/service design, policy development , continuous quality improvement, and evaluation. This work can be achieved by partnering with existing youth councils, such as those being enhanced through Project Everlast, and parent organizations such as the Federation of Families for Children’s Mental Health. Activities undertaken to shift to “youth centered” and “family focused” services or a system need not add additional levels of work to these partner organizations but should enhance an overall youth serving system of care at the local and state levels.

Recommendations

- a. Strengthen and assure youth and family voice in community based and residential milieus through existing youth councils and family partner organizations. Lee &6/13
- b. Develop alumni opportunities to mentor and support youth. Lee
- c. Develop family centered and person centered policies and practices for assessment, goal and objective planning, service selection, treatment and evaluation which are compatible with other systems such as mental health and child protective services to assure a cross trained work force and enhanced family engagement through knowledge and skills. 6/13-9/13
- d. Train workforce in evidence based family centered assessment, planning and engagement tools and practices. 6/13 & Lee
- e. Develop and assure accountability to policies and practice which assure that families are fully involved in decision making from pre –filing onwards. 6/13 +

- f. If a youth must be placed outside of the home community locus assure continual family involvement **on an at least weekly basis** through family meetings, treatment team meetings, phone calls, and video conferencing technology.
- g. Provide assistance and support in arranging transportation for family members to visit youth who may need to reside outside of a reasonable distance for visitation or for whom family circumstances preclude ability to travel.

4. Community Based Continuum of Care

The OJS Committee concurs with research findings cited by Terry Lee, MD (May, 2013) that the best outcomes for Nebraska will be attained by providing the appropriate level of care within the least disruptive setting. Further, that the most effective treatments involve youth in their natural ecology and involve the youth's family. Utilization of the natural ecology infers that they youth is participating in community activities in an environment similar to the one in which he resides.

Core elements of a juvenile justice continuum are recommended. It is noted that Nebraska is currently undergoing a robust Behavioral Health System of Care planning process. Nebraska's youth move between systems but within their local communities the providers to the systems remain the same. Therefore, while specific recommendations are made at this juncture, these must be incorporated into the ongoing discussions for the Behavioral Health Systems of Care as well. Failure to have an inclusive partnership at this level will result in the ongoing fracturing of services and resources for youth.

The OJS committee also concurs that outcomes for youth are best when services and resources as being "community based". The large geographic size of the state will require designation of "community" parameters for the purpose of identifying Continua of Care and assessing resources. For the sake of cost effectiveness and evidence based requirements, such as natural ecology, school completion and family involvement, it is suggested that a community based service provision be defined by level of service and the evidence based practice efficacy for family and community involvement.

Finally, it is noted that states which have successfully implemented juvenile justice systems reform have required robust planning to assure positive outcomes and insightful decisions. Nebraska must continue forward with juvenile justice reform. However, this work needs to be tempered with an inclusive process to assure that investment in change occurs in an effective manner and can be sustained, both through shared resources and commitment of those involved.

Recommendations:

- a. An interagency System Reform Framework, should be developed which oversees the assessment, development, utilization and continuous quality improvement of a

community based Continuum of Care for juvenile services includes: **Improving the Effectiveness ...p.38 – will this suffice for the Continuum model**

1. Community primary prevention programs oriented toward reducing risk and enhancing strengths for all youth **available in local communities and schools.**
2. Focused secondary prevention programs for youth in the community at greatest risk but not involved with the juvenile justice system or, perhaps, diverted from the juvenile justice system **available in local communities and schools**
3. Intervention programs tailored to identified risk and need factors, if appropriate, for first-time minor delinquent offenders provided under minimal sanctions, e.g., diversion or administrative probation **available in local communities and counties**
4. Intervention programs tailored to identified risk and need factors for non-serious repeat offenders and moderately serious first-time offenders provided under intermediate sanctions, e.g., regular probation **available in local communities and counties**
5. Intensive intervention programs tailored to identified risk and need factors for first-time serious or violent offenders provided under stringent sanctions, e.g., intensive probation supervision or residential facilities **available within the community /county.**
6. Multicomponent intensive intervention programs in secure correctional facilities for the most serious, violent, and chronic offenders **available within a ? radius of the home community**
7. Post-release supervision and transitional aftercare programs for offenders released from residential and correctional facilities **available in the community/county.**
 - a. Before proceeding with any significant systems changes partners with community collaborations, youth and families in the change process.
 - b. In conjunction with counties, collaborative groups, other systems (behavioral health, child protective services) identify geographic **natural ecologies** for the development of youth services.
 - c. Conduct assessments of an array of services in each of these counties, communities and larger natural ecology which include utilizations need, gaps, and quality evaluations, mapping of evidence based practices, cultural responsiveness and staffing requirements.
 - d. Utilize the Standardized Program Evaluation Protocol (SPEP) to assess local capacity for effective treatment programs including type of program, amount of treatment, and quality of treatment, and efficacy for youth risk level. (**joan Improving Effectiveness p30**)
 - e. As part of the assessment of the array of services, identify those resources which can be re-designed within the levels of the Continuum of Care such as staff secure and detention facilities. **6/13.9/13**
 - f. Develop a foundation for change by implementing development in each area in a manner which assures a step down from high needs with complementary community capacity. **9/13**
 - g. Utilizing a public health model which reduces risk and enhances protective factors, and braided funding, develop and sustain universal evidence based prevention programs which target all youth and secondary prevention programs which target pre-delinquent

youth who are assessed for risk factors but have not yet appeared in the juvenile justice system or youth who have been referred to the system, judged to be at risk and diverted to the prevention program in schools and communities. (*Improving the Effectiveness of JJ Programs: A New Perspective* p.38)

- h. Employ evidence based practices such as Trauma Informed Care to reduce the utilization of “out the door” practices with youth. 6/13 + joan
- i. Develop targeted criteria for a systematic response based on assessments which assure that the right youth, receives the right services at the right time 6/13
- j. Develop an implementation plan for systems change that measures impact of implemented sections before moving forward and yet assures a continual progression of change. Joan
- k. Develop and implement an information package on the systems change theory and best practices to be provided to community and state stakeholders/ 9/13
- l. At all junctures within the system services should be individualized, based on the needs of the youth and family. 6/13
- m. Funding of the system should be flexible based on the needs of the youth and family. 6/13

5. Evidence Based Best Practices

Recommendations

- a. Lee entire sections reviewed
- b. *Improving Effectiveness of the Juvenile Justice Programs- A New Perspective on Evidence Based Practice*

6. Screening and Assessment

In order to provide the appropriate level of services in a timely reliable screening tools are needed to identify those who require additional testing or clinical evaluation. Individualized services require quality assessments in an efficient manner. A range of instruments are needed based on the circumstances and setting of the youth. These instruments must be standardized, validated and normed as well as culturally and gender specific.

Like many places in the nation Nebraska has a limited number of mental health practitioners to conduct assessments. As a result timely intervention with young people can be thwarted while awaiting assessments. The OJS Committee also noted reports of discrepancies in the consistent use of levels of types and numbers of assessments administered.

As with other intersections with the Behavioral Health sector within this report, the question of assessments should be finalized in collaboration with the state Behavioral Health System of Care

efforts. The following recommendations should guide the inclusion of the juvenile justice system within this larger framework.

Recommendations

- a. Develop an interagency task force to review and standardize screening and assessment procedures within the juvenile justice system. This process should include: **9/13**
 1. Standardized evidence based screening and assessment tools to be used which reflect strengths and needs.
 2. Include the utilization of valid risk assessments where needed to identify the most violent offenders including instruments which have been validated for serious violent offenders, felony recidivists and potential chronic offenders among second time offenders. **Improving the effectiveness...p40**
 - b. **Which of the Lee document (p7-11) ?**
- 7. Structured Decision Making (Is this the right title for this section?)**

Recommendations

- a. Establish a paradigm shift of “assessment before action” at the first contact with law enforcement and or schools **8/12** through creating assessment centers.
- b. In the charging decision assure access to N-Focus.
- c. Through legislation, policy and practice assure that all youth cases start in juvenile court.
- d. Through legislation, policy and practice assure that all youth have access to counsel and that parents or youth are fully apprised of implications from waiving access.
- e. Provider refresher trainings on the purpose and philosophy of juvenile court **Lee**
- f. Establish guidelines, policies/procedures, structure decision making tools, and or statutes for decisions relating to:
 1. Assuring that treatment and placement are based on the youth need and risk.
 2. Detaining youth only when there are at risk to fail to appear in court or commit a new crime
 3. Using graduated sanctions
 4. Placing youth in the least restrictive treatment settings.
 5. Use of restrictive treatment settings only after non-response to intensive community based services, demonstrated needs or a youth represents a community safety concern.
 6. Placing youth in a YRTC only when community safety concerns exist or after non response to less restrictive settings. Develop guidelines to restrict YRTC placement to only those youth adjudicated of the most serious offenses or who present a danger to the community.
 7. Placing youth in out of state treatment programs should be reserved for demonstrated treatment needs or where to do so is economically viable and places the child in closer proximity to the family. Review of out of state

placements should occur annual to determine need for developing services within Nebraska. LEE

- g. Post filing decisions? 8/13
- h. Disposition (Decision) – 8/13
- i. Post Disposition 8/13

Residential Treatment and the Role of Existing Youth Rehabilitation and Treatment Centers within the System

- *Decision points for 10/8*

Recommendations

- a. Develop evidence based youth problem sexual behaviors treatments
- b. How much of Lee Section 9?
- c. Lee Section 10?
- d. System Re-entry planning

Mental and Behavioral Health Access and Services

Recommendations

- a. See Lee on evidence based practices and services Specific styles of service and recommendations for Mental Health in Continuum of Care.

Addressing Social, Racial and Ethnic Disparities

Social and cultural considerations have been noted throughout the document. The Disproportionate Minority Contact report indicates that a concerted emphasis must be placed on eliminating racial and ethnic disparities and the

Recommendations:

- a. Enter into partnerships with and support local child well-being collaborations in developing and employing evidence based practices to address “community context” and the development of inclusive communities. joan
- b. Expand the usage of the Juvenile Detentions Alternatives curriculum for reviewing minority contact and in the juvenile detention system. 6/13
- c. Implement a more uniform process at each decision point of the juvenile justice system to promote fairness for all youth and help address DMC including, implementing standardized assessment tools, structured decision making tools, and standard sentencing guidelines. Lee
- d. Implement recommendations from the Nebraska DMC Assessment (Hobbs, 2012). Lee
- e. Assure that transfer of minority youth to criminal court is reserved for specifically defined most serious of crimes. Lee
- f. Include minority youth and families in the system design and ongoing system assessment, including access to legal counsel, through processes that promote safety and support in speaking publicly. joan
- g. Implement utilization of resources from the Office of Juvenile Justice and Delinquency Prevention DMC Virtual Resource Center as part of on-going training. Lee

- h. Using the public health model for building protective factors and outcomes, train and employ navigators from within cultures to work with their own racial and ethnic group from the onset of identification at the community prevention level and throughout the system. (joan)

Transparent Collaboration Between Youth Serving Systems, Communities and Public/ Private Partnerships

The needs of youth, and the best practices for addressing those needs cut across all systems. Sustaining of youth outcomes through evidence based programs, policies and practices will require collaboration between youth serving systems. Cutting edge public private partnerships will provide opportunities to move beyond existing resources to find new evidence informed initiatives for youth. At the heart of these relationships is an increasing emphasis on the role of community and community collaborations as a means of realizing meaningful collective impact for youth, and in creating communities where all youth find a sense of belonging.

Recommendations

- a. Establish statewide infrastructure and shared agreements for partnership between collaborative groups, state systems and public private partnership for the overall system redesign and ongoing quality assurance and evaluation. (joan)
- b. Enhance emphasis on, and training for broad based community collaborations to play prominent roles in community assessment, planning and change especially in regard to collective impact. Lee, 9/13
- c. In conjunction with public and private partners identify a common process for evaluating collaborative capacity and collective impact to inform practice of collaborative groups. (joan)
- d. Enter into public/private partnerships for planning and implementation.
 - 1. Identify and document existing collaborations and initiatives at the state and local level.
 - 2. Identify mechanisms and opportunities for juvenile justice to get involved.
 - 3. Develop a common process between systems for informing state government on the benefits and outcomes of this work. 6/13
- e. Develop information sharing agreements across systems (education, justice, behavioral health) to monitor and assess outcome indicators. 6/13
- f. Assure that a committee from the Children's Commission OJS committee is included in the leadership and planning of the Nebraska Systems of Care planning grant to assure linkages and de-duplication of service and systems. (joan)

County/ state partnerships?- 6/13. Is this really what is needed or do we need to talk about new mechanisms if we are looking to form geographic areas/ natural ecologies?

Data Systems and Decisions

Recommendations:

- a. Data is accessible at the individual and policy levels 6/13

- b. Identify and uniformly collect meaningful data that assists in measuring individual progress and system wide change. 6/13 +
- c. Training and decision making assures that the workforce culture relies on data.
 - 1. Inform staff on reasons for quality data
 - 2. Increase accountability/quality assurance through the use of data
 - 3. Use data on a daily basis in agencies 6/13
- d. Assure recording systems at the front line level benefit from use of electronic systems and do not receive undue burden for recording. 6/13+

Consistent, Stable, Effective Workforce

While common screening and assessments, structured decision making, evidence based practices, and a youth and family centered system will provide a foundation for change for youth, the outcomes for youth will be most impacted by the work force who serves the youth. All sectors of the system require ongoing training to maintain current with policy and practice.

In addition, those who work specifically with the youth in a community or residential milieu require skills, abilities, values and philosophy that promote a strength based rehabilitative approach. The body of knowledge required for effective work with youth has been well researched. An investment in this level of workforce development will help to ease impacts in shortfalls in higher end positions.

Recommendations:

- a. Provide ongoing opportunities for prosecutors to understand juvenile justice, adolescent development and evidence based practices available in the community. Lee
- b. Develop Child and Youth Care Core Competencies such as those established by the Child and Youth Care Certification Board 2010 to promote youth workers as a profession in Nebraska including establishing training and practice standards, a code of ethics, and a culturally competent defined body of knowledge, and a process for grandfathering in existing personnel. joan
- c. Determine competency standards for community and residential front line workers, supervisors, and administrators. (6/13 +joan)
- d. Assure that the development of competencies embraces access to employment by persons from racial and ethnic backgrounds. joan
- e. Enter into partnerships with the community colleges to establish a two year youth worker curriculum that responds to the core competencies and can be delivered in the college or work place settings. (6/13-9/13)
- f. Establish higher education incentives for those entering the youth care profession similar to those established through the Rural Health Systems and Professional Incentive Act of 1991 which allows for low interest and forgivable student loans for Nebraska medical, dental and mental health system practitioners who remain in Nebraska. (joan)
- g. Assure that staffing ratios for both public and private youth serving sectors accommodate strong supervision and mentoring capacity. 6/13
- h. Assure that the juvenile justice workforce receives ongoing training about social inequalities and cumulative disadvantage. 6/13
- i. Formalize an ongoing committee to ongoing evaluation of the equity of the juvenile justice system, including data, application of tools and resources, assuring evidence based practices are

culturally competent, and through involvement of those from diverse backgrounds as employees and youth within the system. 6/13+

Considerations

The OJS Committee acknowledges that specific recommendations and timelines need to be undertaken in conjunction with an ongoing process of system review and impact, specifically as related to recent legislative changes with LB 561. This is not to imply that the overall system redesign and specific recommendations are subject to change. Rather, that ongoing assessment and implementation must account for the impact of change which has been implemented since 2012. A data driven process of this nature will assure effective system outcomes.