

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

Thirteenth Meeting
November 12, 2013
9:00AM-4:30PM
Country Inns & Suites, Lighthouse Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Ellen Brokofsky and Marty Klein called the meeting to order at 9:09am 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, Judge Larry Gendler, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Pastor Tony Sanders, Corey Steel, and Dr. Ken Zoucha.

Acting as resources to the committee: Jim Bennett, Tony Green, Liz Hruska, Doug Koebernick, Jerall Moreland, Julie Rogers, and Dan Scarborough.

Subcommittee Member(s) absent: Tina Marroquin, Monica Miles Steffens, and Dalene Walker.

Resource members absent: Senator Kathy Campbell, Senator Colby Coash, Liz Neeley, Jenn Piatt, Hank Robinson, and Amy Williams.

Also attending: Bethany Connor and Leesa Sorensen.

Approval of Agenda

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

Approval of October 8, 2013, Minutes

A motion was made by Nick Juliano to approve the minutes of the October 8, 2013, meeting, seconded by Sarah Forrest. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Cindy Gans, Kim Hawekotte, Ron Johns, Nick Juliano, Mark Mason,

Jana Peterson, Corey Steel, and Dr. Ken Zoucha. Voting no: none. Judge Larry Gendler, Anne Hobbs, Tina Marroquin, Pastor Tony Sanders, 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. Ellen and Marty started the meeting by asking everyone what their assessment was of the draft report. Several committee members expressed a concern that the recommendations were not strong enough and that the language needed to be changed to make the recommendations more specific. Ellen also noted that Leesa Sorensen had written a summary for the beginning of the report that gives an overview of the Committee's work. The Ideal Treatment chart and Continuum of Service chart was also handed out for consideration by the committee. The remainder of the meeting was devoted to the discussion of the report.

Draft Report Review and Discussion

The committee discussed further the general outline of the report and how the report relates to the work of the Nebraska Children's Commission. A suggestion was made that oversight for the final report was needed as the recommendations move to the implementation phase. It was suggested that the committee consider using the same set up that Georgia is using. Additional information was gathered during the meeting and the committee determined that the Georgia model for oversight did not include enough state representatives. A suggestion was then made to create a list of the parties that would be needed on an oversight group. The committee began creating a list and then tabled the discussion until later in the meeting.

The committee then discussed a variety of recommendations to consider adding to the report. One committee member recommended utilizing assessment based decisions by adding a recommendation to the report that when an assessment is done that the assessment results should be utilized. Several committee members recommended making changes to the community aid process through the Crime Commission. A recommendation was made to consider using those funds to incentivize counties to create programs that keep kids out of the juvenile justice system.

The committee also discussed the recommendations related to the YRTC's. A suggestion was made that the committee may not be able to make clear cut recommendations on the YRTC's as it is still unclear how the changes made by LB561 will impact the number of youth who get sent to the YRTC's. The committee recommended making comments that the data on commitment numbers should be reviewed to see what changes need to be made to the YRTC's. The committee also had a brief discussion of how important community-based services are to the process, especially for after care for youth that are released from the YRTC's. The committee also discussed the need for enhanced programs to address substance abuse issues.

The committee then discussed a variety of issues related to the structure of the report and the recommendations that related to the Nebraska Children's Commission. A motion was made by

Anne Hobbs to have the Juvenile Services (OJS) report as a stand-alone report from the Nebraska Children's Commission. The motion was seconded by Ellen Brokofsky. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Sarah Forrest, Cindy Gans, Judge Larry Gendler, Kim Hawekotte, Anne Hobbs, Ron Johns, Nick Juliano, Mark Mason, Jana Peterson, Pastor Tony Sanders, Corey Steel, and Dr. Ken Zoucha. Voting no: none. Tina Marroquin, Monica Miles Steffens, and Dalene Walker were absent. Motion carried.

The committee then returned to the discussion on the oversight committee that was needed and who should be on the committee. A motion was made that a recommendation be made to the Legislature to create an independent non-code Commission that would be charged with overseeing and coordinating all state wide juvenile justice continuum of services activities that keep kids out of the juvenile justice system. The motion was seconded by Kim Hawekotte. Voting yes: Kim Culp, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Mark Mason, and Dr. Ken Zoucha. Voting no: Ellen Brokofsky, Barb Fitzgerald, Judge Larry Gendler, Ron Johns, Nick Juliano, and Corey Steel. Abstaining: Martin Klein, Cindy Gans, and Jana Peterson. Tina Marroquin, Monica Miles Steffens, and Dalene Walker were absent. Motion failed.

The committee then discussed using the Juvenile Services (OJS) committee as the oversight committee for the juvenile justice recommendations since all entities that were added to the list are the same as the membership of the current committee. The committee also discussed the need to incorporate into that some oversight of the distribution of SAG funds to communities. A suggestion was made that the committee might want to consider structuring itself after the Foster Care Reimbursement Rate committee that was established as a committee that will continue even if the Nebraska Children's Commission sunsets. Ellen Brokofsky made a motion to create the Juvenile Services (OJS) committee as a permanent standing committee of the Nebraska Children's Commission that would continue even if the Nebraska Children's Commission sunsets; and that the legislature would empower SAG as an independent entity. The motion was seconded by Nick Juliano. Voting yes: Martin Klein, Ellen Brokofsky, Kim Culp, Barb Fitzgerald, Cindy Gans, Judge Larry Gendler, Ron Johns, Nick Juliano, Mark Mason, Corey Steel, and Dr. Ken Zoucha. Voting no: Sarah Forrest, Kim Hawekotte, and Jana Peterson. Anne Hobbs, Tina Marroquin, Pastor Tony Sanders, Monica Miles Steffens, and Dalene Walker were absent. Motion carried.

New Business

None.

Next Meeting Date

The next meeting is scheduled for December 10, 2013 from 9:00a.m. to 4:30p.m.

Adjourn

A motion was made by Corey Steel to adjourn the meeting, seconded by Barb Fitzgerald. The meeting adjourned at 4:17p.m.

Juvenile Services (OJS) Committee
Strategic Recommendations Report Review Questions

Note: The following questions have been compiled to help guide the December meeting discussion. We hope that having Committee members prepared with answers to these preliminary questions will help expedite the process of finalizing the recommendations report at the December meeting.

YRTC Questions:

- 1) Does the report adequately address what populations should be served at the YRTCs?
 - a. How would you define "high risk"?
 - i. YLS score only
 - ii. Failing at other interventions only
 - iii. YLS Score + Failing at other interventions
 - iv. Other
 - b. Should a serious charge be considered in the decision to commit a youth to a YRTC?

- 2) Does the report adequately address what treatment services should be provided at the YRTCs in order to appropriately serve those populations?
 - a. What core elements should be included in the treatment model provided in both YRTCs?
 - i. Evidence-based practices
 - ii. Trauma informed care
 - iii. Behavioral health
 - iv. Mental health
 - v. Substance abuse
 - vi. Cognitive Behavioral Treatment Approach
 - vii. Dialectical Behavior Therapy
 - viii. Integrated Treatment
 - ix. Family-based
 - x. Other

- 3) Does the report adequately include a plan to implement a rehabilitation and treatment model at the YRTCs by upgrading the center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs?

- 4) For the recommendations on the YRTCs - what do you mean by regional?
 - a. CFS Services areas?

 - b. Behavioral Health regions?

 - c. Other?

- 5) As Probation Administrator, Ellen would like to recommend moving oversight of the YRTCs from DHHS CFS to DHHS Behavioral Health.
 - a. Would you be supportive of this recommendation as a committee member?
 - b. What concerns would you have with this recommendation?
 - c. What issues might this move resolve?

LR 196 Review

- 6) Does the report contain all the recommendations needed to address issues identified during the LR196 review and discussion process? (see recommendations below) *Note: Strikethrough indicates items that have been addressed by LB561 or some other change.*
 - ~~a. Develop Single Point of Entry into State Custody~~
 - ~~b. Review Risk Assessment Process and Validate Instrument~~
 - ~~i. National Council on Crime and Delinquency study~~
 - ~~ii. Doane College is reviewing the tool~~
 - ~~c. Revise Evaluation Process and Enforce Procedures~~
 - i. CCAA – need to look at Medicaid funding – unbundle CCAA
 - ii. Secure vs Non-Secure evaluations
 - d. Expand Levels of Care Available to Youth in State Custody
 - i. YRTC-Kearney did not build a “secure care- level 5” building
 - ~~e. Expand Probation Services for Youth Committed to Local Supervision~~
 - ~~f. Improve Case Management and Coordination Process and Procedures~~
 - g. Develop Capabilities to Separate Information and Database for Youth Offender Services
 - i. Information sharing between DHHS, Probation, Crime Commission, and Education through NCJIS/NDEN
 - ii. Capstone Project
 - ~~h. Expand Office of Juvenile Services Administrative, Management, and Oversight Capability~~
 - i. Expand Contracting Levels with Private Providers
 - i. Report (Hobbs, 2012) indicates that 131 youth of the 150 youth in the sample had a history of CPS contact as a victim of abuse and/or neglect.
 - ii. Probation Project/Cross-over Project/Lancaster County Re-entry Project (March 2013 data)
 - j. Monitor Program Outcome and Costs
 - i. Results Based Accountability (RBA) starts July 1, 2013 (note – the implementation date has been delayed by DHHS)
 - k. Enforce Uniformity in Process and Procedures
 - i. See Table 4
 - l. Review Managed Care Provider Services and Definitions of Care
 - i. Medical necessity model vs Behavioral health model
 - ii. Medicaid & Magellan
 - iii. \$6 million of CHIP funds returned each year
 - ~~m. Expand Staffing at YRTC Kearney~~
 - ~~n. Expand Staffing at YRTC Geneva~~

- ~~o. Lower Treatment Group Size at YRTC's~~
 - ~~i. No renovation of buildings or the building of new units has occurred at YRTC-K~~
- ~~p. Integrate Cognitive Skills Curriculum into the Positive Peer Culture Model at the YRTC's~~
 - i. EQUIP (Kearney)
- q. Develop Gender Specific Programs for Girls
 - i. YRTC Geneva is using Dialectical Behavioral Therapy (DBT)
 - 1. My Journey
 - 2. Mothers & Babies Program
 - ii. My Journey – is trauma central focus?
- r. Develop Secure Residential Sex Offender Treatment Program
 - i. Whitehall (PRTF)
 - ii. Child Guidance (Therapeutic Treatment Group Home)
 - iii. Community based sex offender individual counseling by private providers, in some areas
 - 1. Is the need for treatment beds or other placements?
- s. Expand Substance Abuse and Mental Health Treatment Programs
 - i. YRTC-Geneva (Sandoz)
 - ii. No PRTF-SA specific or Therapeutic Treatment Group Home – SA specific facilities in Nebraska
 - iii. YRTC – Kearney (substance abuse education)
 - iv. Do we need to systemically look at the current population needs instead of just looking at the offense?
- t. Expand Average Length of Stay in Residential and Community Based Programs
- u. Outline Specific Goals and Target Population for all Programs and Services
- v. Educate Case Managers About Services Available and Encourage Utilization of Programs
- w. Develop Parole Revocation Program
- x. Facilities Recommendations (see Red LB196 book – tab 24)
 - i. See level five housing and sex offender housing recommendations
 - ii. YRTC-Kearney: 150 is the best number of youth – if there are more youth in the facility than 150 the youth-to-staff ratio is off and have issues with assaults

Other LB561 Questions

- 7) Does the report adequately address how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such systems of care services in the juvenile justice system throughout Nebraska?
- 8) Did the report reflect that the committee collaborated with the University of Nebraska at Omaha, the Juvenile Justice Institute, the University of Nebraska Medical Center, the

Center for Health Policy, the behavioral health regions as established in section 71-807, and state and national juvenile justice experts to develop recommendations?

- 9) If full implementation of LB561 is successful, what additional juvenile justice system needs require additional legislative support during this legislative session?
 - a. Has your suggestion been adequately addressed in the report?

- 10) If you could make only 3 strong recommendations in this report, what would those recommendations be?
 - a.

 - b.

 - c.

- 11) What topics are missing?

- 12) Does the report need an executive summary?

- 13) Do you have any suggestions about the report flow?
 - a. Items that need moved?

- 14) Are there reference documents that need to be added to the Appendix?

- 15) Under Screening and Assessments, page 7:
 - a. Can items 6 and 7 be combined?
 - b. Does item 8 belong in this section? If not, where should it be located?

- 16) Under Continuum of Care pages 7 & 8:
 - a. Should the chart be included?
 - b. What words belong in the 3rd box under "Court"?

- 17) Under Family-Centered and Youth-Focused, page 11:
 - a. Is there a Core Framework that needs to be recommended?
Note: other sections use Core Principle, Core Framework, and Strategic Recommendations as the section structure.

- 18) Under Consistent, Stable, Skilled, Effective Workforce, page 16 – does recommendation 22 need to be expanded to explain why it is being recommended to "grandfather in" existing staff?

- 19) Under Address Social, Racial and Ethnic Disparities, page 16:
- a. Is there a Core Framework that needs to be recommended?
- 20) Under Transparent System Collaboration with Shared Partnerships and Ownership, pages 17-22:
- a. Primary Prevention, page 19, item 3 – see phrase **without “system” involvement** - does this recommendation need to be revised?
 - i. From June 11 Notes: (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)
 - b. Under Collaborative Efforts on pages 20 & 21:
 - i. Should item 2 and 6 be combined?
 - ii. Should item 13 be moved to the Funding section?
- 21) Under Data Driven Decision-making, pages 22 & 23:
- a. Is there a Core Framework that needs to be recommended?
- 22) Under Funding is Fundamental, page 23:
- a. Do you have a section heading suggestion?
 - b. Items 1 and 4 make reference to “services in the Continuum of Care” – what Continuum of Care is this recommendation referencing?
 - c. If it is the Continuum of Care matrix in Appendix E, how does the chart need to be updated to finalize it for the report?
- 23) Under Appendix A, page 26:
- a. Is your name and title correct?
- 24) Does Appendix B need the original language from LB 821?
- 25) Is Appendix C missing any statistical information that is critical to the recommendations made in the report?
- 26) Does Appendix D contain a complete list of documents and references?
- 27) Should the chart in Appendix E be included in the report?
- a. If the chart is deleted, is there any recommendations that need to be created to capture the information from the chart?
 - b. Has the report fully captured the intent of the Continuum of Services chart?

November 22, 2013

Senator Brad Ashford
Judiciary Committee
PO Box 94604
Lincoln, NE 68509

RE: Legislative Bill 561

Dear Senator Ashford and members of the Judiciary Committee:

As you know, Legislative Bill 561 of the 103rd Legislative Session of 2013 requires the Juvenile Services (OJS) Committee of the Nebraska Children's Commission to provide recommendations on the future role of the youth rehabilitation and treatment centers (YRTC) to the commission and electronically to the Judiciary Committee of the Legislature by December 1, 2013. The committee has been working diligently on the review of the YRTCs and the assessment of the juvenile justice continuum of care to provide meaningful recommendations to the Judiciary Committee. Although the report is nearing completion, I regret to inform you that we will not have the recommendations document completed by the December 1, 2013 deadline. Therefore, the committee is respectfully asking for a slight extension of the deadline to December 15, 2013.


The committee has worked to ensure that our recommendations complement the Nebraska Children's Commission Phase 1 Strategic Plan and the other initiatives put in place by the 103rd Legislative Session. Delaying delivery of the report until December 15 will allow the committee one more monthly meeting time to finalize the recommendations and ensure that all aspects of the juvenile justice reform recommendations have been fully contemplated and coordinated with other reform efforts. We anticipate that the final recommendations will provide a good structure for continued reform of the juvenile justice system and will address the role and effectiveness of the youth rehabilitation and treatment centers. We will also be making recommendations on YRTC populations, treatment services, mental and behavioral health services, and a general framework for systems of care in the juvenile justice system.

Thank you for your consideration of this request. Please let me know if you have any questions or need any additional information from the Juvenile Services (OJS) Committee.

Sincerely,



Ellen Fabian Brokofsky
Co-Chairperson
Juvenile Services (OJS) Committee



Martin R. Klein
Co-Chairperson

Nebraska Children's Commission Juvenile Services (OJS) Committee

Strategic Recommendations December 2013

OVERVIEW

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

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

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

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

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

- reviewing and updating the LR196 interim study findings of the Nebraska Juvenile Correctional Facilities Master Plan Update;

- reviewing statistical information on both YRTC-Kearney and YRTC-Geneva;
- touring YRTC-Kearney and the Nebraska Correctional Youth Facility (NCYF);
- speaking with youth that were committed to the YRTC-Kearney or incarcerated at the NCYF; and
- creating a proposed Juvenile Justice System Continuum of Service document.

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

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

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

Introduction to Recommendations

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

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

This report details the committee work and findings through December 2013 in completing the tasks assigned originally in LB821 and more currently in LB561. Although the committee’s total assessment of all facets of the juvenile justice system is not complete, the committee offers the following recommendations to the Nebraska Children’s Commission and the Judiciary Committee of the Legislature on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care and proposed changes for system wide juvenile justice reform.

After the review of LR 196, the Juvenile Services (OJS) committee began its strategic recommendation framing process by answering the following 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?

Eight elements form the answer to the focus question and create the frame work for this report and the strategic recommendations that were endorsed as essential to achieving these goals.

Key Elements

- 1) Right Youth, Right Services, Right Time
- 2) Family Centered and Youth Focused
- 3) Consistent, Stable, Skilled, Effective Workforce

- 4) Address Social, Racial, and Ethnic Disparities
- 5) Transparent System Collaboration with Shared Partnerships and Ownership
- 6) Data Driven Decision-making
- 7) Enhance funding. . .braided funding. . . something about funding. . . Funding is Fundamental
- 8) Continuous Leadership and Oversight

The Juvenile Services (OJS) Committee also outlined the recommended key components for the ideal juvenile treatment system. This visioning chart helped create the framework for the juvenile justice system recommendations in this report.

The Ideal Juvenile Treatment System

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

These Juvenile Services (OJS) Committee strategic recommendations have been designed to enhance the work of the Nebraska Children’s Commission and should be implemented as a part of the comprehensive juvenile justice system reform. Recommendations with citations indicate that the recommendation came from the work of the committee as well as from the other reports either for Nebraska specific changes or as a best practice in juvenile justice system re-design. Supporting documents and background for these recommendations are located in the appendices as follows:

- Appendix A – Committee Members
- Appendix B – LB 561 Committee Responsibilities
- Appendix C – YRTC Data Summary
- Appendix D – Planning Documents and References
- Appendix E – Proposed Nebraska Juvenile Justice System Continuum of Services – DRAFT
- Appendix F – Open

GOAL: Right Youth, Right Service, Right Time

Core Principle

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

Core Framework

Utilize the Child and Adolescent Service System Program (CASSP) Principles as the core framework for all juvenile justice services provided in the state of Nebraska.

CASSP Principles

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

Source: Pennsylvania Child and Adolescent Service System Program

Strategic Recommendations

Screening and Assessments

1. Assure screening/assessment and services are in place in an expedited, age-appropriate, timely manner.
 - Develop/research guidelines for each system response.
 - Educate system “players”.
2. Assure the range of instruments address initial screening, general screening, risks and needs, adaptive functioning in multiple domains, mental health concerns, substance use disorders, and family functioning.
3. Establish standardized evidence based screening and assessment tools to be used which reflect strengths and needs (Lee, 2013).
4. Establish use of a common validated instrument to identify the most violent offenders, felony recidivists, and potential chronic offenders among second time offenders.
5. Establish a paradigm shift of “assessment before action” at the first contact with law enforcement and/or schools through the creation of assessment centers.
6. Youth receive appropriate screening and assessment and a timely targeted response based on that assessment.
7. Ensure appropriate screening/assessment and a targeted systematic response, based on that assessment.
 - Utilize validated/evidenced-based screening tools
 - Develop concept of a Juvenile Intake Assessment Center (JIAC)
 - Develop criteria for referral
8. In the charging decision assure access to N-Focus.

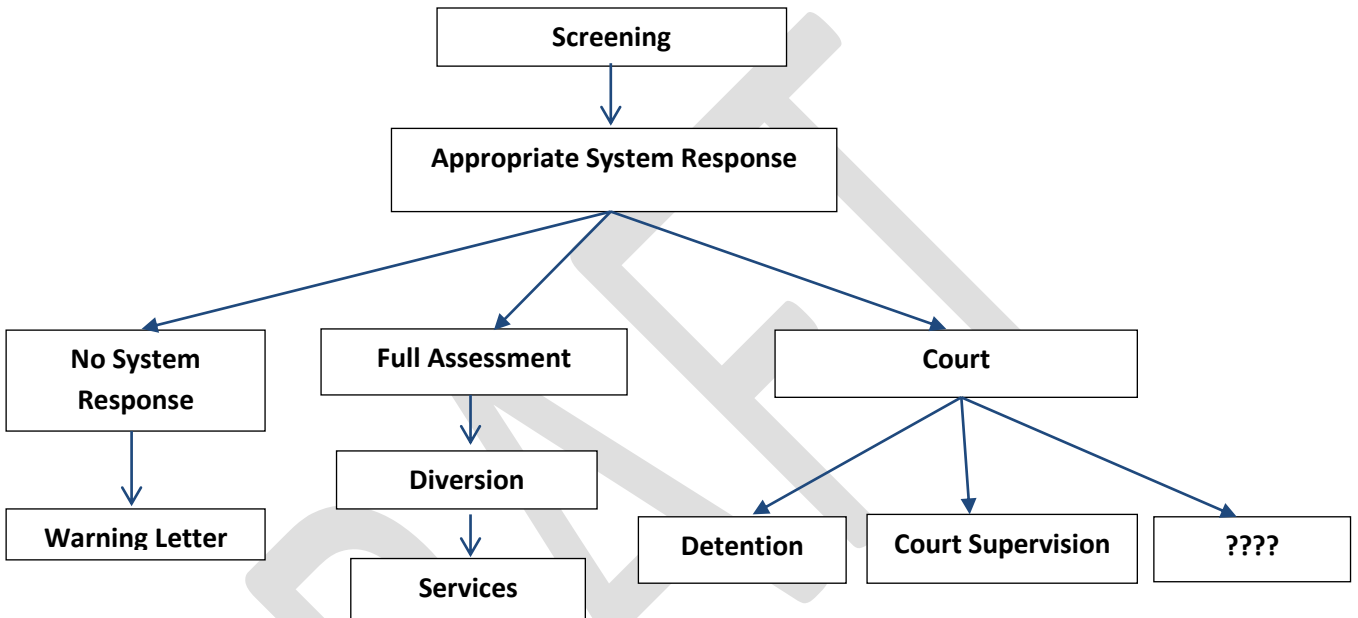
Juvenile Court

1. Establish policy and practice to assure that all youth cases start in juvenile court.
2. Establish policy and practice to assure that all youth have access to counsel and are fully apprised of implications from waiving access.

Continuum of Care

A continuum of services should be located within counties or groups of counties so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services.

1. Create a continuum of care, close to home, that is accessible financially and geographically to all youth being served.
 - a. Conduct an analysis of current systems and identify holes in those systems
 - b. Identify what the ideal system responses should include
 - No system response “out-the-door”
 - Diversion
 - Court involvement



Youth Rehabilitation and Treatment Centers (YRTC)

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

Insert top YRTC Recommendations HERE that address LB561 questions:

1. Begin immediately enhancing the treatment options provided at the Youth Rehabilitation and Treatment Centers.
2. In the next 5 years, transition the YRTCs into regionally based facilities and create other regionally based facilities within the other identified regions.
3. Continue to establish a therapeutic milieu treatment culture in YRTC.

Recommendations Rationale:

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

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

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

YRTC Treatment Services

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

1. Continue to establish a therapeutic milieu treatment culture in the YRTCs.
2. Provide staff with initial and ongoing training in foundational evidence-based practices, including behavioral analysis; contingency management; cognitive-behavioral therapy; effective behavioral management techniques and delivering skills training in social, problem solving, and anger management skills, with a goal of implementing Dialectical Behavior Therapy (DBT) (see Lee, 2013, page 23).
3. Prioritize and support a rehabilitation culture in the YRTCs through partnering with direct care staff leaders, proper resources, ongoing training, continuous program

improvement efforts, incentives for targeting outcomes, and administrative backing (Lee, 2013).

4. Assure YTRC staffing meets national norms for implementing rehabilitation services (Lee, 2013).
5. Increase organization, intensity, and range of treatment services in both facilities (Lee, 2013).
6. Modify classification and programming to align youth risk levels with intensity and type of treatment, and reinforce positive youth behavior (Lee, 2013).
7. Update policies addressing self-harm and aggressive behavior to align administrative procedures with effective clinical management (Lee, 2013).
8. Implement instruments and tools to measure youth functioning and progress (Lee, 2013).
9. Facilitate increased family involvement and family and youth voice (Lee, 2013).
10. Significantly increase non-contingent telephone contact between youth and family (Lee, 2013).
11. Use technology such as video conferencing for more frequent youth/family contact.
12. Enhance and maintain the role of youth councils and youth voice in changes within the YTRCs.

YRTC Population

1. Monitor the population trend each year as the regional system is implemented for impact on the YTRCs utilization and treatment program requirements.
2. Identify the actual number of youth statewide who are at high risk of violent crimes against other persons and require a high-level of treatment.

YRTC Facilities

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

YRTC Data Summary

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

In FY 2012-2013, a total of 350 youth were admitted to YRTC-Kearney and 110 to YRTC-Geneva, which was a notable decline from FY 2011-2012 when there were 425 youth at Kearney and 140 at Geneva. Youth at the centers stayed for an average of 5.1 months at Kearney and 6.6 months in Geneva. Ethnic and racial minorities comprise 54% of the population at Kearney and 57% of the population at Geneva. The leading offense for youth at both centers is assault and violent behaviors are common at the centers, especially at Kearney. From August 2012 through July 2013, there were 90 youth-on-staff assaults at Kearney and 22 in Geneva. In that same time period, there were 174 youth-on-youth assaults in Kearney and 11 in Geneva.

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

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

GOAL: Family-Centered and Youth-Focused

Core Principle

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

Strategic Recommendations

1. Strengthen and assure youth and family voice in community-based and residential milieus through existing youth councils and family partner organizations (Lee, 2013).
2. Develop alumni opportunities to mentor and support youth (Lee, 2013).

3. Develop family-centered and person-centered policies and practices for assessment, goal and objective planning; service selection; treatment and evaluation that are compatible with other systems, such as mental health and child protective services to assure a cross trained work force and enhanced family engagement through knowledge and skills.
4. 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.

Mental and Behavioral Health Access and Services

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

1. Establish a spectrum of residential and non-residential behavioral health treatment options, within each behavioral health region, with consistencies for all youth regardless of system of entry (Behavioral Health, Juvenile Justice, or Education).
2. Establish a framework of treatment modalities for various assessed needs including but not limited to: family therapy, multi-systemic family therapy, conduct disorders, behavior management, and trauma informed care.
3. Establish an interagency interdisciplinary Assessment and Treatment Committee charged with establishing, and reviewing on a three-year basis, standardized assessments and treatment modalities to be used within the youth serving systems to assure state of the art services and outcomes.
4. Establish, support, and sustain community-based, youth-specific, drug /alcohol treatment services and mental health services, which are accessible without court process.
5. Expand Medicaid and Medicaid support of Evidence Based Practices to mitigate the number of court cases required to access services.
6. Align the Medicaid payment schedule to service needs, including additional flexibility for evidence-based mental and behavioral health services required for the juvenile service population.
7. Establish minimum standards for treatment provider ratio and frequency.
8. Establish a mechanism for youth who fail diversion due to drug or alcohol use to enter drug/alcohol treatment directly.
9. Conduct a thorough analysis of the allocation of the regional resources for juvenile and family services to determine the level of regional resources required for behavioral health youth in crisis.
10. Allocate unused regional mental and behavioral health funds for juvenile services.

Treatment Services

1. Identify evidence-based, cost effective treatments to address identified needs of youth and community stakeholder concerns and implement these within the local community.
2. Develop wide reaching substance use education and treatment services (Lee, 2013).
3. Coordinate psychiatric and psychosocial treatment services (Lee, 2013).

DRAFT

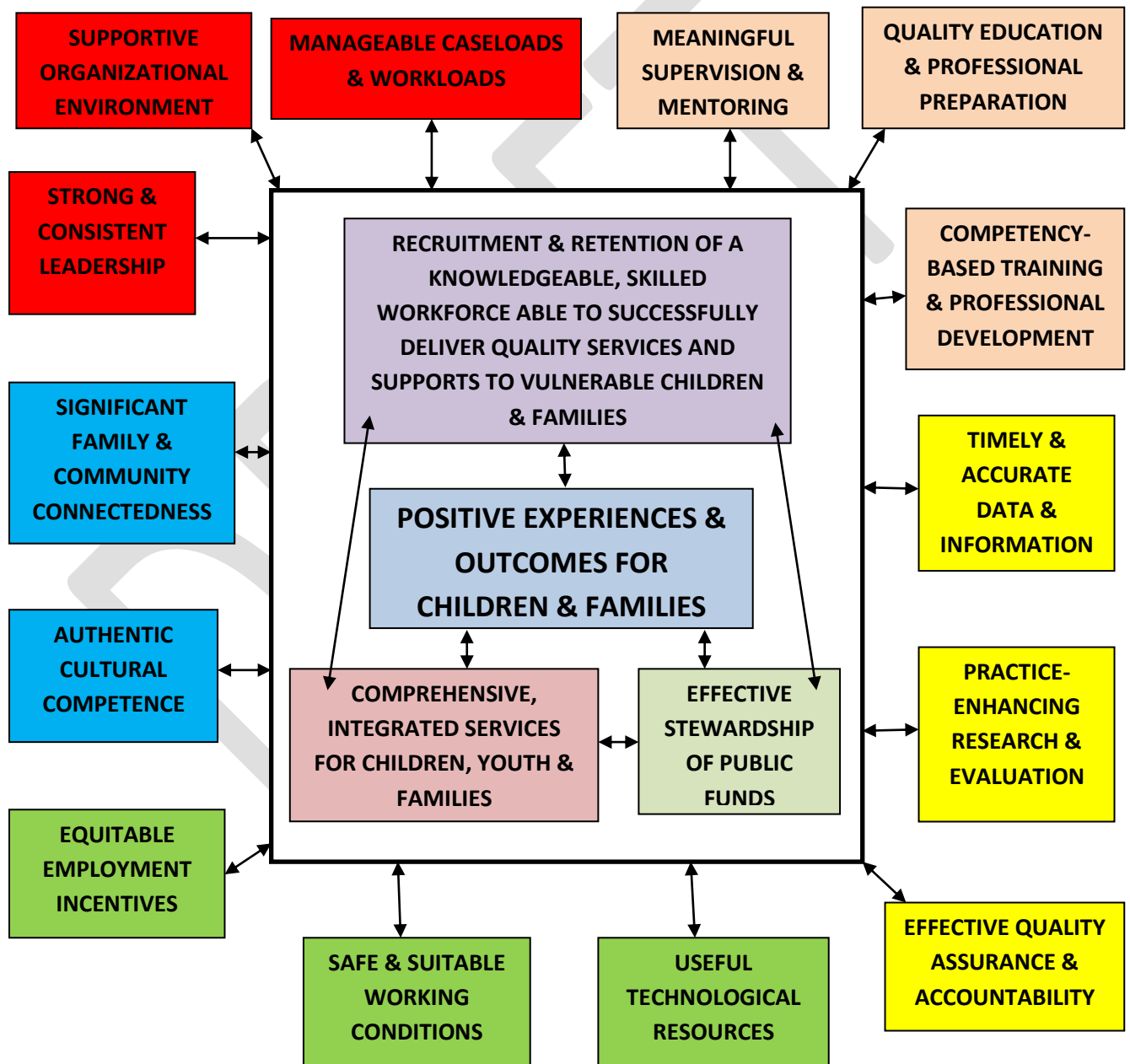
GOAL: Consistent, Stable, Skilled, Effective Workforce

Core Principle

“A Focus on the Child Welfare [and Juvenile Justice] Workforce is Critical to Improved Outcomes for Children and Families.” (Children’s Defense Fund)

Core Framework

14 COMPONENTS TO SUPPORT AN EFFECTIVE WORKFORCE



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

Strategic Recommendations

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

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

GOAL: Address Social, Racial and Ethnic Disparities

Core Principle

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

Strategic Recommendations

1. Implement recommendations from the Nebraska Disproportionate Minority Contact (DMC) Assessment (Hobbs, 2012).

2. Implement a uniform process at each decision point of the juvenile justice system to promote fairness for all youth and help address DMC including, implementing standardized assessment tools, structured decision making tools, and standard sentencing guidelines (Lee, 2013).
3. Assure that transfer of minority youth to criminal court is reserved for specifically defined most serious of crimes (Lee, 2013).
4. Establish common definitions and data collection practices on race and ethnicity.
5. Ensure cultural competency, reasonable caseload sizes, and measure the quality of service and supervision provided
 - a. Investigate and adopt standards appropriate to relative caseload size.
 - b. Develop internal controls that define quality of service utilizing best practices models.
 - c. Set standards for competency expectations of supervisory personnel.
 - d. As part of the mission, focus on developing cultural competency at all levels.
6. Expand the usage of the Juvenile Detentions Alternatives curriculum for reviewing minority contact and in the juvenile detention system.
7. Include minority youth and families in the system design and ongoing system assessment, including access to legal counsel, through processes that promote safety and support in speaking publicly.
8. Implement utilization of resources from the Office of Juvenile Justice and Delinquency Prevention DMC Virtual Resource Center as part of on-going training (Lee, 2013).

GOAL: Transparent System Collaboration with Shared Partnerships and Ownership

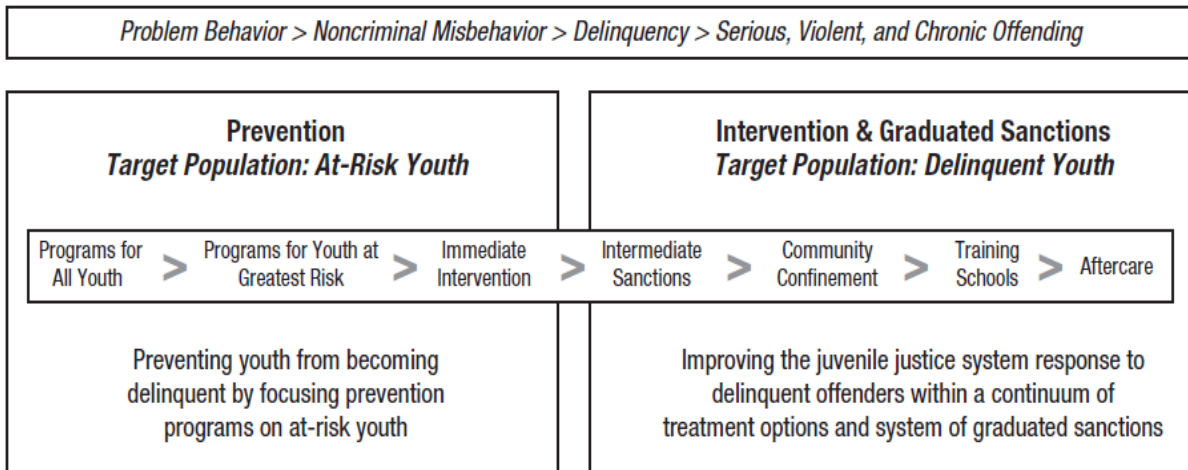
Core Principle

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

Core Framework

Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as the core framework for creating community-based services for children and youth at each level of involvement in the juvenile justice system.

Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders



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

Strategy Progression:

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

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

Utilize Juvenile Justice Services that are Evidence-based – The term “evidence-based” in this document defines one of four levels: evidence-based, research-based, theory-based, and pilot program which may be used for services for youth and families.

Standardized Program Evaluation Protocol

Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. The SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with the best recidivism outcomes for similar programs as identified in Lipsey’s large (2009) meta-analysis of evaluation studies. Although the SPEP is focused on recidivism, the programs found in the meta-analysis to be effective for reducing recidivism also had positive effects on other outcomes such as family and peer relations, mental health symptoms, and school attendance.

Strategic Recommendations

Primary Prevention

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

1. Utilizing a public health model which reduces risk and enhances protective factors, and braided funding, develop and sustain universal evidence-based prevention programs which target all youth and secondary prevention programs which target pre-delinquent youth who are assessed for risk factors but have not yet appeared in the juvenile justice system or youth who have been referred to the system, judged to be at risk and diverted to the prevention program in schools and communities.
2. Implement early identification of youth risks and needs and community-based response through screenings in schools and through primary caregivers.
3. Assure access to needed mental health and health services without “system” involvement through the availability of community resources for early response.
4. Establish educational systems policies which encourage schools to retain high risk, abused, and neglected youth without performance penalties.
5. Establish policies and practices which enhance and encourage community and family acceptance of responsibility for youth.
6. Assure that every youth in the state of Nebraska has a medical home.
7. Develop common “cross systems” evaluation measures to reduce administrative impact on communities while assuring measurement of agreed upon well-being indicators.

Secondary Prevention, Interventions and Graduated Sanctions

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

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

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

Collaborative Efforts

1. Promote Information sharing:
 - Develop and define common outcome measures (i.e. – recidivism, case processing, etc).
 - Work with Nebraska Children’s Commission data efforts to include juvenile justice.
2. Develop public/private partnerships.
 - Identify and document existing collaborations and initiatives at state and local level.
 - Partner with Nebraska Children’s Commission Community Ownership workgroup.
 - Educate juvenile justice to get involved.
 - Create a uniform way of informing the state on this work.
3. 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.

4. Enhance emphasis on, and training for broad based community collaborations to play prominent roles in community assessment, planning and change especially in regard to collective impact (Lee, 2013).
5. In conjunction with public and private partners identify a common process for evaluating collaborative capacity and collective impact to inform practice of collaborative groups.
6. Enter into public/private partnerships for planning and implementation.
 - Identify and document existing collaborations and initiatives at the state and local level.
 - Identify mechanisms and opportunities for juvenile justice to get involved.
 - Develop a common process between systems for informing state government on the benefits and outcomes of this work.
7. Before proceeding with any significant systems changes, partner with community collaborations, youth, and families in the change process.
8. Services will be community-based. In conjunction with counties, collaborative groups, and other systems (e.g., behavioral health, child protective services) identify geographic natural ecologies (county and groups of counties) for the development of youth services.
9. Conduct assessments of the array of services in each of these counties/multi-county areas, which include utilization, need, gaps, and quality evaluations; mapping of evidence based practices; cultural responsiveness; and staffing requirements.
10. 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.
11. Employ evidence-based practices such as Trauma Informed Care to reduce the utilization of “out-the-door” practices with youth.
12. Develop and implement an information package on the systems change theory and best practices to be provided to community and state stakeholders.
13. Funding of the system should be flexible based on the needs of the youth and family.
14. Develop a formula to reduce “deep-end” and high-end utilization.
15. Identify additional therapeutic program requirements for the Juvenile Justice System based on the findings of the SPEP.

Continuum of Services

1. Based on population size, develop a continuum of county or multi-county community-based resources from prevention to treatment that are cost shared by the county and the state.
2. Based on population size, develop a continuum of county or regional services community-based treatment.

3. Extend voluntary services for children who are aging out of systems to include children who are in out of home placement and have been in the juvenile system.
4. Establish regional sites for longer term regional facilities for mental illness, substance use disorders, and conduct disorders that serve a population ratio that makes them cost effective.
5. Develop or enhance facilities for chronic violent offenders based on assessed needs and risk, within locations that assure family involvement.

GOAL: Data Driven Decision-making

Core Principle

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

Core Framework

Strategic Recommendations

1. Promote 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.
2. Information should follow a youth/family through a timely common data sharing system.
3. Create a state system that makes data accessible at both the individual and policy levels.
 - a. Review current statutes and agency policy to determine what can be shared.
 - b. Educate/explain to family and youth why we want to share data (prevent duplication-increase coordination).
 - c. Explore legislative responses to sharing data for public policy/research.

- d. Develop information sharing agreements across systems (education, justice, behavioral health) to monitor and assess outcome indicators.
4. Identify and uniformly collect meaningful data that assists in measuring individual progress and system wide change.
5. Establish training and decision making that assures that the workforce culture relies on data.
 - a. Inform staff on reasons for quality data.
 - b. Increase accountability/quality assurance through the use of data.
 - c. Use data on a daily basis in agencies.
6. Assure recording systems at the front line level benefit from use of electronic systems and do not receive undue burden for recording.

GOAL: Funding is Fundamental

Core Principle

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

Core Framework

Strategic Recommendations

1. Prioritize funding the community based services in the Continuum of Care.
2. SAG language
3. Access and maximize federal funding.
4. Increase community-based funding available to counties/groups of counties to develop the continuum of services.
5. Designate a level of community-based funding for counties or multi-county groups to utilize community –based funding for a continuum of evidence-based services in the community to prevent youth coming into secure care and for reentry care.
6. Provide incentives for counties for development of county or multi-county services which by diverting youth from the juvenile justice system reduce the number of youth in the system.

GOAL: Continuous Leadership and Oversight

Core Principle

“Leadership is a key underpinning requirement for success in achieving all of the strategic recommendations in order to meet the defined goals.”

(Nebraska Children’s Commission, Phase I Strategic Plan)

Core Framework

This report was created as a broad consensus document that provides a framework and structure for development of more detailed and specific recommendations and strategies in 2013 and beyond. The legislature’s charge to the Juvenile Services (OJS) Committee was originally broad and far-reaching. Committee members undertook development of this plan for state-wide child welfare and juvenile justice reform with awareness of the importance of arriving at a shared vision and goals as an underpinning for subsequent discussion and decision making regarding myriad substantive issues.

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

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

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

Strategic Recommendations

Legislate the Juvenile Services (OJS) Committee as a Standing Committee

1. Establish the Juvenile Services (OJS) Committee as a standing committee of the Nebraska Children’s Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services (OJS) committee will stand, even if the Nebraska Children’s Commission sunsets.

2. The committee should be comprised of, but not limited to, the following representatives:

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

Other Leadership Strategies:

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

Federal Expert

1. Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data.

Juvenile Services (OJS) Committee Members and LB 561 Responsibilities

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

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

Committee members:

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

Resources to the Committee:

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

OJS Committee Responsibilities

Does this need LB 821?

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

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

Youth Rehabilitation and Treatment Centers (YRTC) Kearney and Geneva Data Summary

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 5.1 months in Kearney and 6.6 months in Geneva.
- In FY 2010-2011, the average age was 16 at both centers.
- White, non-Hispanic youth made up 43% of the population in Geneva and 46% in Kearney.
- Hispanic Youth made up 21% of the population at Geneva and 22% at Kearney.
- Black, non-Hispanic youth made up 18% of the population at Geneva and 24% at Kearney.
- American Indian youth made up 10% of the population in Geneva and 7% in Kearney.
- Lastly, 1% of the youth in Kearney were of Asian/Pacific Islander descent and 8% of the youth in Geneva were of "other" descent.
- The majority of the youth at Geneva and Kearney came from the Eastern or Southeastern Services (i.e., Lincoln and Omaha areas). In FY 2011-2012, 56% of the Youth in Kearney and 64% of the Youth in Geneva came from these two service areas.

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%) scored high, and 39 (35.5%) scored moderate.

Behavioral Health

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

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 it was found that 29% of youth released from Kearney were eventually readmitted to the same facility and 11% of youth released from Geneva were readmitted back to Geneva (Hobbs, 2012).

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Appendix E

Proposed Nebraska Juvenile Justice System Continuum of Service

| | | |
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| Contact with Law Enforcement (LE) | <p>Objective decisions by law enforcement and schools (assessment)</p> <p>Better information sharing</p> <p>Options for law enforcement (assessment and support services)</p> <p>Trained workforce with support</p> <p>Paradigm shift – assessment before action (e.g. civil citation made)</p> <p>Not unnecessarily involving youth in juvenile justice system</p> | <p><u>Overarching Themes</u></p> <ul style="list-style-type: none"> • Restorative Justice to Victims • Timeliness • Savings Reinvestment • Collaborative Leadership • Data • Advocacy • Services Close to Home • Address poverty issues (basic needs met) • Coordinated case processing/management • Collaborate Across Multiple Commissions • JDAI (Juvenile Detention Alternatives Initiative) |
| Diversion | | |
| JDAI | <p>Intake/entry</p> | |
| Charging Decision | <p>Access to information (N-Focus move from LE/schools-assessment centers)</p> <p>Access to Diversion – objective criteria</p> <p>All kids have access to counsel (waiver issues by youth & parents)</p> <p>Struggle of defense counsel between acting in best interest of child & pleading (statement info not used in adjudication)</p> <p>Youth start in juvenile court</p> <p>Training – (prosecutors understand juvenile justice, adolescent development)</p> <p>Should there be other referrals options besides decisions – information option</p> <p>Warning letter</p> <p>Cross-over youth</p> | |

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| Post Filing/Predisposition (trial) | <p>Timeliness to adjudication – judges schedule vacant blocks of time (evaluations & back in front of judge within 10 days of evaluation)</p> <p>Pre-adjudication supervision/alternatives to detention</p> <p>Post filing diversion options</p> <p>Specialty courts</p> <p>Evaluations</p> <ul style="list-style-type: none"> - What needs to be included? - Duplication - Detention vs community based - How often are they needed? - Do they need to be a state ward? - Evaluations close to home - Don't do evaluations in detention/confinement - Education about what evaluations are for (judges, defense counsel, prosecutors) and using evaluations for alternate purposes <p>Cross-over youth</p> <p>Coordinated case processing/management</p> | <p><u>Overarching Themes</u></p> <ul style="list-style-type: none"> • Restorative Justice to Victims • Timeliness • Savings Reinvestment • Collaborative Leadership • Data • Advocacy • Services Close to Home • Address poverty issues (basic needs met) • Coordinated case processing/management • Collaborate Across Multiple Commissions • JDAI (Juvenile Detention Alternatives Initiative) |
| Disposition (Decision) | <p>Specialty courts</p> <p>Equal access to services (continuum of effective care)</p> <p>Consistent assessment tools/classification levels</p> <p>Over use of mental health or substance abuse evaluations</p> <p>Who makes the decisions/consistent application of statute</p> <p>Affordable and best interest of the child</p> <p>Promptness of disposition</p> <p>Objective admissions criteria for YRTC/all levels of care</p> <p>Levels of care (YRTC)</p> <ul style="list-style-type: none"> - What do they look like? <p>Where are they located?</p> | |

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| Post Disposition | <p>Objective criteria for case closure</p> <p>How to evaluate progress?</p> <p>Kids aging out of juvenile justice</p> <p>Re-entry planning</p> <ul style="list-style-type: none"> - Who makes those decisions (judge, agency, etc.)? - Family involvement - Independent living skills - Step down processes? - Homeless issues - Aftercare planning <p>What is our expected outcome?</p> <ul style="list-style-type: none"> - How do we know the child was better in the end? <p>Extending jurisdiction?</p> <p>How do we handle parole violations/technical violations?</p> <ul style="list-style-type: none"> - Graduated sanctions/incentives - Risk assessment at this point? <p>Re-commitments</p> | |
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