

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

First Meeting  
September 26, 2012

2:30-4:30PM

BryanLGH West –Nursing Classroom  
2300 South 16th, Lincoln, NE

**Call to Order**

Martin Klein called the meeting to order at 2:14pm and noted that the Open Meetings Act information was posted in the back of the room as required by state law.

**Roll Call**

Subcommittee Members present: Martin Klein, Ellen Brokofsky, Kim Culp, Rachel Daugherty, Sarah Forrest, Kim Hawekotte, Anne Hobbs, Jana Peterson, Nick Juliano, Corey Steel, Dalene Walker, and Pastor Tony Sanders.

Subcommittee Members arriving after roll call: Ron Johns (due to technical difficulties).

Subcommittee Members absent: Judge Larry Gendler and Monica Miles Steffens.

Acting as resources to the committee: Senator Kathy Campbell, Sheila Page for Senator Colby Coash, Doug Koebernick, Terri Nutzman, Jerall Moreland, and Dan Scarborough.

**Approval of Agenda**

A motion was made by Corey Steel to approve the agenda as written, seconded by Terri Nutzman. A unanimous voice vote of members present was received. Judge Larry Gendler and Monica Miles Steffens were absent. Motion carried.

**Adopt Procedural Rules**

**Roberts Rules of Order**

A motion was made by Kim Culp to adopt Roberts Rules of Order, seconded by Rachel Daugherty. A unanimous voice vote of members present was received. Judge Larry Gendler and Monica Miles Steffens were absent. Motion carried.

## **Rule for publication of public notices**

A motion was made by Kim Culp to give published notice of meetings to the public by posting to the Nebraska Government Website public meeting calendar, seconded by Ellen Brokofsky. A unanimous voice vote of members present was received. Judge Larry Gendler and Monica Miles Steffens were absent. Motion carried.

## **Self-introduction of Committee Members**

Committee members introduced themselves giving a brief overview of their background.

Ron Johns joined by Telehealth connection from Scottsbluff at 2:28PM.

## **Overview of Committee duties and resources**

Martin Klein and Ellen Brokofsky provided an overview of the committee's duties. The overview included the language from LB821 that created the committee. The resources available to the committee were also reviewed.

## **DHHS Overview and General Discussion**

Terri Nutzman, Jana Peterson, and Dan Scarborough provided a handout with slides on the current DHHS/OJS structure and statistics regarding the Youth Rehabilitation and Treatment Centers (YRTCs) in Kearney and Geneva. The group discussed various issues related to the information presented and asked for additional data to be provided by DHHS. Due to the amount of discussion, the DHHS overview was not completed. The remainder of the information will be presented and discussed at the next meeting.

The topics that were discussed included the OJS and YRTC annual reports, the front loading of services early in the process, working with the community to try and keep kids from committing offenses, the need for additional data/information in case files, and a need to look at ways to creatively involve both kids and parents in the justice system process. DHHS also provided the specifics of girls and boys programs at the YRTCs.

An additional committee of the OJS subcommittee was formed to look at the progress that has been made on LR196 recommendations. The committee will be chaired by Corey Steel. The committee members are Jana Peterson, Terri Nutzman, Sarah Forrest, Kim Hawekotte, Doug Koebnick, and Dan Scarborough.

### **Next Meeting Date**

A motion was made by Jana Peterson, and seconded by Kim Culp, to move the November 8, 2012 meeting from BryanLGH West to the Kearney YRTC. Additional information about the details of the meeting will be provided to Committee members.

### **Adjourn**

A motion was made by Corey Steel to adjourn the meeting, seconded by Ellen Brokofsky. The meeting adjourned at 4:30pm.

DRAFT

# **LEGISLATIVE RESOLUTION 196**

## **OVERVIEW**

In 1999, the Unicameral passed legislation that led to the release of the *Nebraska Juvenile Services Master Plan* in December of that year by the Office of Juvenile Services. The intent of the legislation was to achieve a comprehensive review of the juvenile justice system in Nebraska. One of the main purposes of the Plan was to provide state policy makers with a road map for comprehensive juvenile justice reform and improvement.

In 2006, the Legislature included an appropriation in the mainline budget bill to update the *Nebraska Juvenile Services Master Plan*. The *Nebraska Juvenile Correctional Facilities Master Plan Update* was released in the summer of 2007.

LR 196 includes a summary of the recommendations of the original report (the *Nebraska Juvenile Services Master Plan*) and the status of each of these recommendations. The status of these recommendations was determined by consulting with a variety of individuals and groups that work with the juvenile justice system, including the Department of Health and Human Services (DHHS). The recommendations of the *Nebraska Juvenile Correctional Facilities Master Plan Update* are also listed in the report. For a complete review of those recommendations, the *Nebraska Juvenile Correctional Facilities Master Plan Update* can be found on-line at <http://www.dhhs.ne.gov/jus/YRTC/chinn.pdf>.

### ***Nebraska Juvenile Services Master Plan***

The *Nebraska Juvenile Services Master Plan* was an in-depth review of the state of the juvenile justice system in Nebraska. The Plan did a needs assessment of the system that included an overview of the Nebraska juvenile justice system, a review of growth trends related to juvenile justice, and a review of state programs, operations, and staffing, specifically at the Youth Rehabilitation and Treatment Centers (YRTC) in Geneva and Kearney. The Plan made 23 recommendations, ranging from developing a single point of entry into state custody to developing a parole revocation program. While some of the recommendations required legislative action, many only needed executive action to be implemented. As a result many initiatives were undertaken in the years following the release of the *Nebraska Juvenile Services Master Plan*. This review will more closely examine the status of each of the 23 recommendations found in Section VIII of the *Nebraska Juvenile Services Master Plan*. It will also briefly review the recommendations regarding the facilities at the YRTC Geneva and YRTC Kearney.

## Recommendation 1: Develop Single Point of Entry into State Custody

| Summary of Recommendation   | Action Taken Since Report  |
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| <p>The report found that efforts had been made to develop a single point of entry into state custody for juveniles, with the Office of Juvenile Services (OJS) determining placement (not the court) based on an assessment and the availability of a continuum of services. However, due to a lack of options, judges were directly placing youth to placements and programs. In order for this recommendation to be put in place, the report stated that judges needed to have confidence that an objective and accurate assessment would be conducted and that levels of programs would be available to meet the needs of the youth.</p> | <p>In 2001, LB 598 was passed to address this concern and in its final form it clarified that the court would commit a juvenile to the state and determine the initial level of treatment. The state would then make a placement for the juvenile based on the recommendation but could change it in the future. If it was changed, the court would receive notification of the change. The 2007 report found that “the system and operational assessment indicated that a single point of entry for youth committed to state custody does not exist” and renewed the recommendation first stated in the 1999 report. According to the Department of Health and Human Services (DHHS), “Single point of entry is not possible at the present time due to the fact that by statute, courts can choose to place a delinquent youth with the State Probation Administration (Judiciary), or the Office of Juvenile Services, within the Department of Health and Human Services (Executive).” <i>At this time, DHHS is considering whether to seek additional legislation to address this issue.</i></p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>At this time there has not been any legislation brought forth by DHHS or other entities. There are currently multiple systems entry points into the Nebraska Juvenile Justice System.</li> </ul> |

## Recommendation 2: Review Risk Assessment Process and Validate Instrument

| Summary of Recommendation   | Action Taken Since Report   |
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| <p>The report found that the existing risk assessment instrument needed to be</p> | <p>According to DHHS, the Office of Juvenile Services, Child Welfare, State Probation, Juvenile Justice Institute (JJI) and State Crime</p> |

validated and retooled in order to build confidence in the validity of the results. It also found that it should be gender specific.

Commission all joined forces to identify and implement an evidenced based risk assessment instrument in 2001. The instrument identified was the Youth Level of Service/Case Management Instrument (YLS/CMI) (which is applicable to males and females). The agencies and the JJI piloted the instrument for a period of 6 months and then analyzed the results. Probation and OJS, after reviewing the findings, agreed to fully implement the YLS/CMI throughout both of their agencies for delinquent and status offender youth. In addition, some of the assessment centers run by the counties (Douglas, Sarpy, etc.) are also using the YLS/CMI. The Youth Rehabilitation and Treatment Centers (YRTC) are also using the YLS/CMI.

10/9/12

- DHHS/OJS and State Probation implemented the YLS/CMI assessment instrument in 2006. On 4/4/11 DHHS and Probation entered into a research agreement with the National Council on Crime and Delinquency (NCCD) to complete a comparative study of the relative validity, reliability, equity, and cost of widely used assessment instruments. A draft report is to be completed by 11/2012. Preliminary results indicate that there is concern over the validity of the instrument to assess "needs". This instrument is not gender specific. The final results of the study have not been released as of the writing of this entry. OJS also has incorporated the "Family Strengths and Needs Assessment" part of the SDM tool to enhance the strengths of their case planning to include the family and siblings of the delinquent youth.

Other information:

[Discussion regarding the YLS and the inter-rater](#)

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|  | <p>reliability from the study by NCCD. If there is low inter-rater reliability, there is an issue with training and not with the tool. How to solve any issues regarding the YLS would vary depending upon the results from NCCD, therefore the study should be reviewed as soon as it is available.</p> <p>In regard to SDM, KVC has used the Family Strengths and Needs Assessment for over three years and were trained by CRC from the American Humane Association. They have indicated that this tool has not been normed for the juvenile justice population but that they are working on a tool that will be. Their studies should be close to being completed (if they are not already) so addition work will need to be done with CRC to review their recommendations on how to effectively use this tool with the juvenile justice population.</p> |
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### Recommendation 3: Revise Evaluation Process and Enforce Procedures

| <b>Summary of Recommendation</b>   | <b>Action Taken Since Report</b>  |
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| <p>The report found that the evaluation process needed to be changed in order to ensure that risk and need guided placement decisions. It found that the process and related contracts needed to have additional oversight and monitoring as guidelines that were established for the evaluation of youth in residential versus non-residential programs developed by OJS were not being followed. This report was written shortly after the evaluations were moved from the YRTC Geneva to the community. Prior to this</p> | <p>The 2007 report found that “a consistent evaluation process in the least restrictive placement does not exist.” Included in its recommendations was one that emphasized the need to reduce reliance on residential evaluations and placement in secure detention. Current statute gives OJS the authority to make placement and evaluation decisions but the report found that OJS needs to gain control over the intake and evaluation process. It further stated that this would have an impact on reducing detention populations and costs associated with youth in secure detention for evaluations. In FY05, there were 1,628 evaluations completed. DHHS provided information that they moved to an enhanced evaluation process in conjunction with the OJS classification process in 2004. At this time residential evaluations continue to take place in</p> |

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| <p>change, there were 571 evaluations completed in both FY98 and FY99.</p> | <p>restrictive placements and in residential settings.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• OJS evaluation procedure is outlined in Nebraska revised Statute 43-281</li> <li>• What defines evaluation in: 43-403 (4)</li> <li>• January 2008 – March 2010 – Youth Links – One objective of program was to determine if full CCAA was required, the utilization of the DPS (Diagnostic Predictive Scale) to flag substance abuse or mental health issues and determine if a full evaluation was needed.</li> <li>• A data request for past 8 years number of OJS evaluations on adjudicated delinquent youth ordered by the court in secure vs. non-secure settings. Please see attached OJS Evaluations for calendar years 2004 through 2011.</li> </ul> <p>Other information:<br/>The LR196 group needs to see the research from both Youth Links and Boys Town with regard to the CCAA that was done in 2007. This will aid in determining what type of evaluation process is the more effective and cost efficient. The group also needs to look at the sample legislation that has been drafted in the past.</p> <p>Discussion of whether current CCAA practice fits with our current juvenile Justice structure or if a single focused evaluation process may be better?</p> |
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**Recommendation 4: Expand Levels of Care Available to Youth in State Custody**



| Summary of Recommendation   | Action Taken Since Report  |
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| <p>The report made projections that showed the need for an expansion of all levels of care and custody of youth committed to OJS. This included community-based programs, expansion of Y RTCs or staff secure capacity, and a limited amount of high security capacity.</p> | <p>Much action has taken place since 1999, including:</p> <ul style="list-style-type: none"> <li>• Establishing a forty bed male substance abuse unit at Hastings Regional Center;</li> <li>• Constructing the LaFlesche Cottage at the Y RTC-Geneva;</li> <li>• Providing \$1.5 million to counties for the expansion of community-based programs (originally funded at \$2.7 million/year);</li> <li>• Utilizing JAIBG funds to provide additional community-based services;</li> <li>• Contracting with a private provider to provide comprehensive community services and aftercare programming in the Lincoln and Omaha areas; and,</li> <li>• Developing a partnership between OJS and Medicaid to establish Enhanced Treatment Group Home facilities (112 beds).</li> </ul> <p>In 2002, the Legislature provided funds to OJS for the contracting of a 10 bed secure rehabilitation facility, creation of a sexual offender program, and the creation of a transitional care program. OJS did not utilize these funds to establish these programs.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• Hastings Regional Center Chemical Dependency Treatment Program criteria has changed from an RTC (residential treatment center) to PRTF (Psychiatric Residential Treatment Facility) due to a change in Medicaid regulations in 2011. Programing itself has not changed. It has been downsized from a 40 bed to a 24 bed facility. Accepts referrals from Y RTC-K and the community that meet PRTF</li> </ul> |

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|  | <p>criteria.</p> <ul style="list-style-type: none"> <li>• 2013 DHHS budget recommends closing the Hastings facility</li> <li>• VOITUS money was used to start some transitional programs, YRTC-Kearney did not build a "secure care – level 5" building.</li> <li>• LaFlesche Cottage (secure care-level 5) at the YRTC-Geneva has been built.</li> <li>• Enhanced treatment group home level of care was eliminated due to Medicaid regulation changes in 2011.</li> <li>• Therapeutic Group Home level of care is available.</li> </ul> <p>Other information:<br/>JAIBG funding decreased<br/>work with CC staff to get view of dollars and timeline</p> |
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**Recommendation 5: Expand Probation Services for Youth Committed to Local Supervision**

| Summary of Recommendation  | Action Taken Since Report  |
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| <p>The report found that the state should provide financial incentives to counties to develop a continuum of local supervision options (possibly through the Juvenile Services Act).</p> | <p>Since the 1999 report, funding for community-based services through the Nebraska Juvenile Services Act (which began in 1990) has actually decreased. In 2001, LB 640 was passed to provide \$2.7 million to counties for the expansion of community-based programs (it was actually funded at \$1.5 million per year). As recently as 2005, the Nebraska Coalition for Juvenile Justice found that there is still a high need for community-based services despite the implementation of this program. The 2007 report (Chinn) found that the number of youth sentenced to probation, supervised on probation, and discharged from probation all decreased between 1999 and 2005, most likely as a result of a lack of accessible services. The 2007 report also found that the number of staff secure and shelter care placements have</p> |

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|  | <p>decreased substantially and that many facilities that were open in 1999 are now closed.</p> <p>A State Infrastructure Grant (SIG) was awarded to DHHS for a period of five years starting in 2004 to evaluate a "system of care" for children in the State of Nebraska and to develop the infrastructure to meet their needs. At this point, it remains to be seen what the outcome of this effort will be in regards to community-based services for juveniles.</p> <p>10/9/12</p> <ul style="list-style-type: none"><li>• Get outline from DHHS Behavior Health on the accomplishments of the SIG grant. (have requested a specific report from Division of Behavioral Health – have not received as of the writing of this entry)</li><li>• LB542 December 2007 and January 2008 reports attached.</li><li>• In response to the Task Force's recommendations issued in 2008, DHHS began changing the behavioral health system from restrictive services and out-of-home care towards community-based services with a focus on prevention and early intervention. In 2009, Nebraska Legislature authorized the creation of the Nebraska Family Helpline, Family Navigator Services and Post Adoption/Post Guardianship Services. The three programs are intended to provide support to families in meeting needs of their children who may be experiencing behavioral and emotional problems.</li><li>• 2009 Interagency Agreement between DHHS and Office of Probation in an effort to reduce the number of delinquent and 3b youth becoming state wards for the sole purpose of accessing resources and services and to reduce the number of dually supervised youth. Contract ended 2011/2012 with LB985 transferring funds</li></ul> |
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|  | to Probation to serve these youth in the community. |
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**Recommendation 6: Improve Case Management and Coordination Process and Procedures**

| Summary of Recommendation  | Action Taken Since Report   |
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| <p>The report found that OJS should assign Juvenile Services Officers to youth throughout the process to develop and follow through on case planning. In addition, coordination between agencies serving youth need to be enhanced and that additional training needed to be developed for case managers, supervisors, and all workers in the field.</p> | <p>The 2007 report provided an illustration (Figure 2-4) that showed the processing of offenders with OJS. In it, it appears as though case planning and oversight by a Juvenile Services Officer is done throughout the process. DHHS implemented a revised training program for all new workers in 2004, and part of that specific training includes assessment and case planning principles for youth and families. Ongoing in-service training for all caseworkers and supervisors is mandatory (24 hours per year) and staff is able to participate in trainings that are required, as well as trainings they select to meet their needs and interests.</p> <p style="color: red;">10/9/12</p> <ul style="list-style-type: none"> <li>• NFC has developed special OJS unit</li> <li>• SESA – If an existing OJS case has a 3b or neglect/abuse case that becomes attached, the OJS case manager takes over supervision/case management of those as well.</li> <li>• The other Services Areas do not have “specialized OJS case managers who supervise OJS cases only”.</li> </ul> <p style="color: blue;">Other information:<br/>Possibility of inter-agency sharing of information through the Information Sharing Working group.</p> |

**Recommendation 7: Develop Capabilities to Separate Information and Database for Youth Offender Services**

| Summary of | Action Taken Since Report |
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## Recommendation

The report found that data on the offender population in Nebraska was not adequate due to data not being collected on a routine basis and that the total picture of youth in state custody was non-existent because the system didn't adequately separate child welfare from juvenile offender services. Data included such things as growth trends, profiles, billing information, total costs, length of placement, etc.

Child Welfare data and OJS data are now available by the distinct populations served as part of the various data management reports available to all DHHS staff through the N-FOCUS statewide computer system that is used for the Department of Health and Human Services. The N-FOCUS system has been available since approximately 1998. Over the years, DHHS has tailored various reports to extract and report on youth served by OJS versus youth served by child welfare. Many youth are dual adjudicated (both status offender and delinquent) so reports that combine the populations are also necessary.

The Nebraska Criminal Justice Information System (NCJIS) has been developed by the Crime Commission to share information between Probation and OJS. While not all information from N-FOCUS is available, information such as the youth's placement history, adjudication, parent's information, legal information, documentation for payments of services, case plans, court reports, YLS/CMI scores, visitation plans, etc. are available.

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- Currently working on Information sharing between DHHS, Probation, Crime Commission and Education through NCJIS/NDEN; Capstone Project for Nebraska is being developed.
- In February of 2012 a project began to capture specific law violations in N-FOCUS for youth committed to OJS. The project was completed in July of 2012.
- In preparation for the development of the first OJS legislative annual report submitted 9-15-12, additional programs were written so that N-FOCUS could capture specific information for this report.

**Recommendation 8: Expand Office of Juvenile Services Administrative, Management, and Oversight Capability**

| <b>Summary of Recommendation</b>  | <b>Action Taken Since Report</b>  |
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| <p>The report found that OJS didn't have the appropriate infrastructure to effectively administer, manage, and monitor services for juvenile offenders throughout the state. It found that contract and program monitoring was minimal and that financial oversight was virtually impossible.</p> | <p>The 2007 report made a similar recommendation by stating that increased management and oversight of the following areas should be considered:</p> <ul style="list-style-type: none"> <li>• Intake and Release Decision Making</li> <li>• Evaluation and Placement Practices</li> <li>• Contract Monitoring</li> <li>• Information System Management</li> <li>• Authority to Enforce Statutes, and</li> <li>• Aftercare Services.</li> </ul> <p>Although DHHS has undergone many changes since the merger in 1997 and stresses that there is one overarching management and infrastructure now in place, the OJS administrator continues to have little, if any, oversight over the 418 employees who may have an OJS caseload. The only part of the system where the OJS Administrator has any oversight is over the YRTCs. Legislation in 2007 changed who appointed the OJS Administrator. Instead of the Governor (with legislative approval), it is now the C.E.O. of DHHS.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• Currently OJS Administrator has oversight of YRTC facilities and revocation of parole and creation of policy, but still lacks authority/control over case management in the field, field services or implementation of policy or adherence.</li> <li>• Director of CFS is beginning to integrate OJS Administrator into field operations.</li> </ul> |

## Recommendation 9: Expand Contracting Levels with Private Providers

| Summary of Recommendation   | Action Taken Since Report   |
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| <p>The report found that community-based programs needed to be expanded through the expansion of contracts with local service providers. Included in this expansion of services could have been transitional management, substance abuse and mental health treatment, secure residential sex offender treatment, and gender specific programming.</p> | <p>The 2007 report found that there is still a need for additional community-based programs.</p> <p>Currently, the Children’s Behavioral task force is meeting and is charged with the responsibility of developing a plan for a statewide integrated system of care for both adjudicated and non-adjudicated youth. Should they make specific recommendations regarding this, it will be up to DHHS to implement them.</p> <p>In 2005-2006 HHS-OJS used federal Violent Offender Incarceration and Truth In Sentencing (VOITIS) grant dollars to develop and implement a transitional living program and a sexual offender treatment program for male juveniles committed to YRTC-K. The grant concluded in the fall of 2006.</p> <p>In mid-October of 2007, CFS released a request for proposals for a Juvenile Justice Triage Center to serve delinquent and status offenders in Douglas and Sarpy County Area. The Triage Center will offer the opportunity to serve kids in crisis, provide evaluations, and short term programming and transitional services for youth re-entering the community from the YRTC. If the Center is opened, it will serve OJS wards and Child Welfare status offenders. This could be a concern since there is demand for these types of services for both groups and it is possible that the OJS wards will be unable to fully access these services.</p> <p>For additional information, see Recommendation #4.</p> <p style="color: red;">10/9/12</p> <ul style="list-style-type: none"> <li>• DHHS/OJS contracted for an 18 bed Juvenile Services Triage Center in the Eastern Service Area on 1-1-08. The</li> </ul> |

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|  | <p>center was to serve as another provider to complete OJS evaluations, to provide 30-day residential care, 30-day transitional residential care and partial residential care for crisis intervention and stabilization, along with transition for YRTC youth back into the community. If successful the program was to expand into SESA. The original intent of this program ended in March of 2010 due to privatization. Its existence continues as a staff secure facility.</p> <ul style="list-style-type: none"> <li>• Privatization began in 2009 with the understanding that community-based programs for OJS youth would be expanded via the lead agencies. In 2012 only one lead agency (NFC) remains.</li> <li>• October 2011, NDE and DHHS-OJS established an educational liaison to assist youth transitioning from YRTCs back into their community (Douglas, Sarpy and Lancaster Counties)</li> <li>• Lancaster County re-entry grant 2012 – Lancaster County collaboration with DHHS/OJS to reduce recidivism of YRTC youth transitioning back to Lancaster community</li> </ul> |
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**Recommendation 10: Monitor Program Outcome and Costs**

| <b>Summary of Recommendation</b>   | <b>Action Taken Since Report</b>   |
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| <p>The report found that a performance accountability process had been developed but had not been implemented. In addition to this, it was recommended that a program evaluation database be established to monitor program outcome and effectiveness.</p> | <p>DHHS has taken action on this recommendation, including:</p> <ul style="list-style-type: none"> <li>• Implementing a new performance accountability system (2004);</li> <li>• Implementing a quality assurance system (2005); and,</li> <li>• Currently developing and implementing a new unit designated as the Comprehensive Quality Improvement (CQI) unit to monitor programs, outcomes and program effectiveness.</li> </ul> |



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|  | <p>10/9/12<br/> DHHS new accountability model "Results Based Accountability" (RBA) starts July 1, 2013.<br/> all contracts will be monitored based upon new results based accountability criteria – staff have received specific training;</p> |
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**Recommendation 11: Enforce Uniformity in Process and Procedures ?**

| <b>Summary of Recommendation</b>   | <b>Action Taken Since Report</b>   |
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| <p>The report found that OJS policy related to the Placement and Services Matrix was used in an inconsistent manner. It found that policy inconsistencies were primarily the result of having indirect responsibility over the field staff. Field staff did not report directly to OJS causing policy to not be consistently implemented in the field.</p> | <p>As explained in Recommendation #8, field staff do not report directly to the OJS Administrator. Instead, the field staff report directly to a local Service Area Administrator. The local Service Area Administrator reports to the Director of the Division of Children and Family Services. The Central Office Policy Section Administrator also reports to this Director. The OJS Administrator reports to the Central Office Policy Section Administrator.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• Effective April of 2012 OJS Administrator reports directly to the Director of Children and Family Services</li> <li>• Service Area Administrators report directly to Deputy Director of Children and Family Services</li> <li>• Effective September 2012 OJS administrator can now provide consultation/guidance/ assistance to the field on OJS matters</li> </ul> <p>Other information:<br/> Is there a Placement and/or Services matrix that is used by OJS or probation?</p> |

**Recommendation 12: Review Managed Care Provider Services and Definitions of Care**

| <b>Summary of Recommendation</b>   | <b>Action Taken Since Report</b>  |
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| <p>The report found that the managed care provider (OPTIONS) was denying treatment services to youth requiring intensive treatment services.</p> | <p>The contract was re-bid in 2002 and the new managed care provider is Magellan. The State moved from a capitated system to an administrative services organization with the bid. This contract is up for bid in 2008.</p> <p>10/9/12<br/>DHHS/Division of Medicaid and Long Term Care has the contract with Magellan. Denial of services is based upon current Medicaid regulations/policies. Contract with Magellan is up July 1, 2013</p> <p>Other information:<br/>Should we contact Magellan to obtain data on the denial of needed treatment services.</p> |

**Recommendation 13: Expand Staffing at YRTC Kearney**

| <b>Summary of Recommendation</b>  | <b>Action Taken Since Report</b>  |
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| <p>The report made several specific recommendations on expanding the number of staff at the YRTC Kearney, including increasing direct care staff, program staff and administrative staff.</p> | <p>The 1999 report showed that there were 136.6 staff at the YRTC. It recommended an increase of 38.75 total staff. This recommendation took place when there were over 200 juveniles at the facility. The 2007 report found that there are currently 150.5 staff, an increase of nearly 14 staff. There are currently around 150 juveniles at the facility. Despite these changes, the 2007 report recommended an increase of 25 direct care staff. In responding to a question about whether or not they agree with this recommendation, DHHS stated that they are continuing to evaluate staffing needs at the facility.</p> <p>10/9/12 –</p> <ul style="list-style-type: none"> <li>New staff in 2010/2011 and 2011/2012 LB 972 provided 16 additional staff for YRTC-K; YRTC-K also increased staffing by 7 due to HRC tobacco funds being transferred to</li> </ul> |

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|  | <p>YRTC-K. New staff for YRTC-K include 2 Youth Security Specialist I, 9 Youth Security Specialist IIs, 1 Registered Nurse, 5 LMHP's and 6 Youth Security Supervisors.</p> <ul style="list-style-type: none"> <li>• YRTC Kearney 1:13 staff ratio during day and 1:22 at night (sleeping hours)</li> <li>• Best practice for secure facilities is 1:8 ratio during the day. PREA (if implemented in Nebraska) will mandate 1:8 during the day and 1:16 during sleep hours.</li> </ul> <p>Other information:<br/>Do we need a list of staff by position and duties at the YRTC's?</p> |
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### Recommendation 14: Expand Staffing at YRTC Geneva

| Summary of Recommendation  | Action Taken Since Report   |
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| <p>The report made several specific recommendations on expanding the number of staff at the YRTC Geneva, including increasing direct care staff, program staff and administrative staff.</p> | <p>The 1999 report showed that there were 85.45 staff at the YRTC. It recommended an increase of 17 total staff. This recommendation took place when there were 93 juveniles at the facility. The 2007 report found that there are currently 105 staff, an increase of nearly 20 staff, but it also recommended an increase of seven direct care staff. The YRTC currently serves between 80 to 85 juveniles. In responding to a question about whether or not they agree with this recommendation, DHHS stated that they are continuing to evaluate staffing needs at the facility.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• LB972 provided 2 additional staff for YRTC-Geneva; new staff include 1 LMHP and 1 Recreational Assistant.</li> <li>• YRTC-Geneva staff to youth ratio is at 1:8 during day and 1:12 at night.</li> </ul> |

## Recommendation 15: Lower Treatment Group Size at YRTC's

| Summary of Recommendation   | Action Taken Since Report  |
|---|--|
| <p>The report made three recommendations on group size:</p> <ul style="list-style-type: none"> <li>• Limit population of YRTC Kearney housing units to 25 youth;</li> <li>• Limit size of PPC groups at Kearney &amp; Geneva to nine youth; and,</li> <li>• Limit size of YRTC Geneva cottages to design capacity.</li> </ul> | <p>The YRTC Kearney is now divided into 30 bed units (though two buildings each house two units and these are dormitory style living units). Dickson Halls has a capacity of 22 juveniles. Current group size at this YRTC is 10.9 to 16 youth per group and can increase or decrease depending upon the number of youth committed to the facility.</p> <p>The YRTC Geneva is currently operating near their capacity and currently has 11-12 youth in a group.</p> <p>In order to limit the population of YRTC Kearney housing units to 25 youth, the living units would have to be remodeled or new living units would have to be constructed. In order to reduce the size of groups at both facilities, additional staff would need to be hired.</p> <p style="color: red;">10/9/12</p> <ul style="list-style-type: none"> <li>• No renovation of buildings or the building of new units has occurred at YRTC-K</li> <li>• No changes from YRTC Kearney group sizes</li> <li>• YRTC Geneva size is a little less</li> <li>• Do not utilize PPC model at YRTC-Kearney or Geneva</li> </ul> |

**Recommendation 16: Integrate Cognitive Skills Curriculum into the Positive Peer Culture Model at the YTRCs**

| <b>Summary of Recommendation</b>  | <b>Action Taken Since Report</b>  |
|---|---|
| <p>The report found that the OJS Director should set up a working group to recommend a cognitive-behavioral curriculum that would build on the positive peer culture modality of the YTRCs.</p> | <p>The 2007 report recommended that the positive peer culture program be replaced by a cognitive behavioral program at the YRTC Kearney. This is contrary to DHHS' position that this program no longer is operating at this facility. DHHS noted that in 2002 staff at the YRTC Kearney was given additional training and procedures were put into place in order to transition from the positive peer culture program. In 2007, OJS hired Dr. Edward Latessa to evaluate the YRTC treatment programs. His report was unavailable for review when this study was completed but is expected to be released in January 2008. It is not known at the time of this report whether DHHS plans to implement any recommendations made in the Latessa report. It appears as though while the positive peer culture program at the YRTC Kearney may have been replaced by another program, the 2007 report recognizes many elements of the positive peer culture program in the existing program and would like to see these changed.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• Summary of Dr. Edward Latessa/Ned Loughran Evaluation and Recommendations for new programming attached. YRTC-Kearney workgroup developed and cognitive-behavioral based model selected - EQUIP</li> <li>• Equipment Implementation:</li> <li>• 5-10 – Training of Staff on EQUIP by Bud Potter (creator of EQUIP model) – Discipline Plan Developed (Loss of Privilege) separate from EQUIP – All staff trained and EQUIP implemented campus wide in July 2010.</li> <li>• 9-12 – Bud Potter returned to provide feed-back on Quality Assurance; continue to work on culture change from</li> </ul> |

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|  | <p style="color: red;">PPC to EQUIP with small number of staff</p> <p style="color: blue;">Other information:<br/>Do we need to get information regarding the treatment modality that is currently being used and the implementation process for both YRTC's?</p> |
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### Recommendation 17: Develop Gender Specific Programs for Girls

| Summary of Recommendation   | Action Taken Since Report  |
|---|--|
| <p>The report found that the programs at the YRTC Geneva were ones that were designed to resemble programs for male offenders. The report found that research had found that there was a need for gender-specific programming for female offenders in juvenile correctional facilities and recommended that gender specific programs be developed for the youth at the YRTC Geneva.</p> | <p>Several gender-specific programs have been implemented at the YRTC Geneva, including:</p> <ul style="list-style-type: none"> <li>• <i>My Journey</i>, a program which focuses on female strengths and allows girls to develop their own outcomes;</li> <li>• <i>STAR</i> (Stop, Talk, and Resolve), a gender responsive program; and,</li> <li>• <i>Mothers &amp; Babies Program</i>, a program that has been available since 2006, for young mothers or pregnant teens and emphasizes child care and development, pre- and post-natal care. Also working on overnight visits.</li> </ul> <p>The facility also initiated Gender Committees and a Student Council.</p> <p style="color: red;">10/9/12</p> <ul style="list-style-type: none"> <li>• YRTC Geneva is using Dialectical Behavioral Therapy (DBT)</li> <li>• YRTC Geneva does not use STAR any longer</li> <li>• 2011/2012 Mother and Babies program expanded to include over-night visits with child</li> <li>• YRTC Geneva merged from one specific program fits all concept to individualized program for each youth</li> <li>• 2011/2012 incorporated family therapy</li> <li>• 2011/2012 contract with Christian Heritage on gender based education for</li> </ul> |

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|  | all youth on "healthy Relationships"; also includes individual sessions for youth/families |
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**Recommendation 18: Develop Secure Residential Sex Offender Treatment Program**

| Summary of Recommendation  | Action Taken Since Report   |
|--|---|
| <p>The Part I Needs Assessment in the 1999 report found that approximately six percent of the youth at the YRTC Kearney had sex offender treatment needs and that this figure was likely to increase in the future. The report recommended that a program be developed or contracted with a private provider to provide a secure residential setting with a relapse prevention and community transition component.</p> | <p>The 2007 report made the following recommendation:</p> <p><i>"Creation of a secure sex offender treatment program is recommended. The sex offender program for juvenile offenders at the Hasting Regional Center closed at the end of 2006. Based on profile data, some youth at Kearney require intensive sex offender treatment and supervision monitoring in the community after their release."</i></p> <p>DHHS' response to this recommendation was that there are many programs available for juveniles who need this treatment including:</p> <ul style="list-style-type: none"> <li>• Individualized programs at the YRTCs;</li> <li>• Community based programming upon release from the YRTC;</li> <li>• The State operated program at Whitehall; and,</li> <li>• The placement of some youth outside the state whose needs can't be met by programs within the state.</li> </ul> <p>The Whitehall program served 39 youth in FY2006-07. At the beginning of FY2006-07 20 youth were in out-of-state sex offender treatment programs. There were nine at the end of that fiscal year.</p> <p style="color: red;">10/9/12</p> <ul style="list-style-type: none"> <li>• July of 2011 Medicaid changes occurred which affected levels of care for sex</li> </ul> |

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|  | <p>offenders</p> <ul style="list-style-type: none"> <li>• YRTC-K youth identified as having sex offender treatment needs are individually treated by LMHP with specialized training (resembles an out-patient program to prepare for next level of care); contracted psychiatrist also monitors and makes sex offender treatment recommendations upon release</li> <li>• Sex offender treatment residential sources are Whitehall (PRTF) and Child Guidance. Child Guidance is considered a Therapeutic Treatment Group Home.</li> <li>• 2011/2012 – 2 youth from YRTC-K sent out-of-state for secure Sex Offender treatment</li> <li>• Community based sex offender individual counseling by private providers available</li> </ul> <p>Other information:<br/>Do we need to try to get data on what the current needs are regarding the need for sex offender treatment programs? Is the need for treatment beds or for other types of placements? Are the YRTC's seeing many of these youth or are they receiving treatment outside of the YRTC's?</p> |
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**Recommendation 19: Expand Substance Abuse and Mental Health Treatment Programs**

| Summary of Recommendation  | Action Taken Since Report  |
|--|--|
| The Part I Needs Assessment in the 1999 report found that a high level of substance abuse and mental health treatment needs existed for youth in state custody and youth evaluated by order of the juvenile court and that services were seriously lacking. It also found that areas that provided these services usually had long | In 1999, a substance abuse treatment unit for boys was established at the Hastings Regional Center. It currently provides 40 treatment beds. In 2001, LB 692 established funds from the Tobacco Settlement to the State of Nebraska, and in particular \$1 million for increased substance abuse and mental health services for youth within OJS. These funds have been used the past several years to provide substance abuse/mental health services to youth at the YRTCs. |



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| <p>waiting lists due to a high demand. The report recommended that community based and residential programs be expanded to meet present and future demand.</p> | <p>The 2007 report found that there continues to be a high demand for these services and made several recommendations regarding the need for additional substance abuse and mental health treatment options. The report found that these options should include the expansion of current programs and the development of new residential and community-based programs.</p> <p>Enhanced treatment group homes (see recommendation #4) have also been developed. These have a capacity of 112 youth and take OJS and Child Welfare youth.</p> <p>In addition, as part of the July 2007 DHHS restructuring, a new position was created in the Division of Behavioral Health. The new position, Administrator of Children’s Behavioral Health, will facilitate the coordination of the mental health, substance abuse and behavioral health needs of children served by DHHS across the state in partnership with the Divisions of Medicaid and Children and Family Services.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• YRTC-Geneva has specific living unit (Sandoz) for drug/alcohol treatment who failed in-patient/out-patient in community</li> <li>• 2009 -2012 YRTC-Geneva contracted with LADAC who provides individual counseling for youth who can’t reside in Sandoz due to over-crowding</li> <li>• HRC substance abuse program changed to PRTF in July 2011 – 53 youth from YRTC qualified for program during 2011/2012 compared to 98 previous fiscal year</li> <li>• No PRTF-SA specific or Therapeutic Treatment Group Home-SA specific facilities in State of Nebraska</li> <li>• YRTC-K provides substance abuse</li> </ul> |
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|  | <p>education; out-patient level of care or individual therapy for those with greater need for substance abuse treatment but don't meet PRTF criteria;</p> <ul style="list-style-type: none"> <li>• 10-2012 - YRTC-K hired 5 LMHPs (meet mental health needs)</li> <li>• YRTCs share contracted psychiatrist to meet mental health needs; each has a psychologist</li> </ul> <p>Other information:<br/>Do we need to systemically look at the current population needs instead of just looking at the offense.</p> |
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**Recommendation 20: Expand Average Length of Stay in Residential and Community Based Programs**

| Summary of Recommendation   | Action Taken Since Report  |
|---|--|
| <p>The 1999 report found that length of stay for youth in state custody was one half of the national average – about four to five months for the YRTCs.</p> | <p>In contrast, the 2007 report found that length of stays at the YRTC Kearney increased since 1999 and should be decreased for some youth. The YRTC Geneva has witnessed an increase in length of stay and the 2007 report did not make a recommendation on changing it.</p> <p>A different measure that was not contained in the 2007 report that should also be reviewed is the average length of stay for OJS youth in the care and custody of DHHS. In 2005, the average was 19.2 months. In 2006, the average was 16.5 months. For 2007 (through September), it was 16.3 months.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>• Average length of stay for 2011/2012 <ul style="list-style-type: none"> <li>○ YRTC Geneva 6.6 months</li> <li>○ YRTC Kearney 5.1 months</li> </ul> </li> </ul> <p><b>OJS look at 11-12 avg stay of parole pop and direct commits by SA and Statewide (Data pull deadline November 14th)</b></p> <p>Other information:</p> |

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|  | Do we need data by service areas on both length of time for direct commits and parole population? |
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**Recommendation 21: Outline Specific Goals and Target Population for all Programs and Services**

| Summary of Recommendation   | Action Taken Since Report  |
|---|--|
| The 1999 report found that in order for all of the services provided by OJS to be used in an effective manner a common understanding of the programs and services needed to be developed. | <p>DHHS changed the new worker training for all staff in 2004 to include additional information on programs and services for children, youth and families. In addition, policy has changed since 1999 so that all ongoing staff receives continued training hours to include knowledge and skills pertaining to mental health, substance abuse, domestic violence, gangs, drug use, and sex offender treatment for youth.</p> <p>Staff also attends various workshops and conferences throughout the year on various topics within a multitude of services.</p> <p>10/9/12</p> <ul style="list-style-type: none"> <li>Specialized OJS training for Juvenile Services Officers continues to be provided through a contracted provider (CCFL). Workers receive specific training on OJS services available for utilization, such as electronic monitoring, urinalysis testing and tracker services. Training for all new workers involves educating workers on the program and services provided by DHHS as an agency. Are also receiving SDM training.</li> </ul> |

**Recommendation 22: Educate Case Managers About Services Available and Encourage Utilization of Programs**

| Summary of Recommendation | Action Taken Since Report |
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| <p>Related to Recommendation 21, the 1999 report found that field staff within OJS and HHS needed to be better informed about the services and programs provided by OJS.</p> | <p>See response in Recommendation #21.</p> <p><b>10/9/12</b></p> <ul style="list-style-type: none"> <li>• Put in OJS Training and MI, educate on the training, training report or attachment (See attached OJS training curriculum)</li> <li>• 2011 -YRTC's provided training to ESA, CSA and KVC as well as at the NJJA conference</li> </ul> |
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### Recommendation 23: Develop Parole Revocation Program

| <b>Summary of Recommendation</b>   | <b>Action Taken Since Report</b>  |
|--|---|
| <p>The 1999 report found that there were a significant number of youth that were committed to the YRTC's due to parole violations, including technical offenses. As a result, the report recommended that alternative sanctions be developed, including the development of a parole revocation facility.</p> | <p>A parole revocation facility was never developed and the 2007 report doesn't include this recommendation. Legislation was introduced to create a parole revocation facility on behalf of Governor Johanns but was not supported by the Legislature.</p> <p>The 2007 report does show that the revocation rate has stayed fairly constant between 1999 and 2005. DHHS implemented new policies and procedures in 2002 to implement changes to the parole revocation process. Technical violations were encouraged to be dealt with through use of graduated sanctions and rewards and behavioral accountability meetings between the youth, juvenile services officer and administrator.</p> <p><b>10/9/12</b></p> <ul style="list-style-type: none"> <li>• OJS matrix sanctions Parole rev. technical vs. law violations for the last year. (See attached document)</li> <li>• Specialized OJS training for JSO's continues to be provided through CFFL on behavior management, incentives and sanctions, interventions, least restrictive placements, services, behavioral accountability meetings, etc.</li> </ul> |

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|  | <p>Other information:<br/>Do we need to have data on all service area's<br/>on the parole revocations?</p> |
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## ***Facility Recommendations***

The *Nebraska Juvenile Services Master Plan* also proposed a plan for improving the YRTC campuses at Kearney and Geneva, and the possibility of the development of new or acquired facilities. The Plan divided its recommendations into three sections: Geneva YRTC, Kearney YRTC, and Other Sites.

### **Geneva YRTC**

The Plan included many recommendations for changes at the Geneva YRTC campus, including the construction of a new multi-purpose building, replacement housing for the Paul Dunbar unit, an addition/remodel of the school/administration building, various site improvements, and a variety of renovations/repairs of existing buildings. The Legislature funded the construction of the multi-purpose building (LaFlesche Cottage) in 2000 (LB 1217). However, the Legislature did not provide any funding in future years for the replacement of the Paul Dunbar unit (it was closed in 2007 and the youth were transferred to the north side of the LaFlesche Cottage). It has since been re-opened due to renovation being completed.

Since that time, the campus has undergone many other site improvements through the use of 309 funds and YRTC-Geneva funds. The facilities have also seen significant repairs and renovations. For instance, during this past year, there were a wide variety of improvements/renovations made throughout the campus. The Sacajawea Cottage received a new back-up power system for the electronic lock system, a new sump pump, and new tile floors after the facility was "mudjacked" to address building settlement issues. The John Burroughs Cottage was repainted and received new emergency lights this past year. It was also "mudjacked" to address building settlement issues and had the tile floors replaced. In addition, the steam and condensation return lines under the street between Sandoz and the School/Administration Building were replaced, boiler improvements made, and a new roof over the swimming pool was installed. Since the Plan was proposed, numerous other projects have also been accomplished across the campus.

### **Kearney YRTC**

The changes proposed under the Plan for the Kearney YRTC campus included more significant changes than those for the Geneva YRTC campus. The Plan included two phases of housing expansion (90 beds) and three units of replacement housing (117 beds). It also included classroom expansion and a variety of site improvements and repairs/renovations of existing buildings.

In 2002, the Legislature passed funding to provide for 45 beds of level four housing but the first year's funding was vetoed by Governor Johanns. The second year of funding was left in the budget but it was later redirected to contract for a ten bed secure rehabilitation facility, creation of a sexual offender treatment program, and creation of a

transitional care program for juveniles. These funds were never utilized by the Office of Juvenile Services.

Since that time, many improvements and renovations have taken place across the campus of the YRTC through 309 funds and YRTC-Kearney funds. In the past year, these projects included such things as the installation of new doors and frames, school and gym roof repair, water distribution system improvements, restroom partition installation, and the installation of the Chapel fire alarm system. Since the Plan was proposed, numerous other projects have also been accomplished across the campus.

### **Other Sites**

The Plan also made two recommendations for the development of sites other than at the YRTC campuses.

The first recommendation was for the creation of a High Security and Special Needs Boy's Facility. This would have provided 36 beds of level five housing and 30 beds of sex offender housing. In 2000, the Legislature passed a bill that included the transfer of the Secure Youth Facility from the Department of Correctional Services to the Department of Health and Human Services. This would have provided a place to house level five offenders (male) and the facility would likely have been shared by the two departments. The bill was vetoed by Governor Johanns and future attempts to only transfer the facility did not succeed. As stated earlier, funding was directed to the Office of Juvenile Services in 2002 to contract for the housing of ten level five offenders but it was not utilized by the Office of Juvenile Services.

The second recommendation was for the creation of a Parole Revocation Facility (32 beds). It suggested the creation of one large facility, two small facilities, or the renovation of existing facilities. There was one attempt by Governor Johanns to create a parole revocation facility through the diversion of the funding for the multi-purpose facility at YRTC Geneva but the Legislature stayed committed to funding the multi-purpose facility. There have not been any legislative attempts since to create this type of facility.

## ***Nebraska Juvenile Correctional Facilities Master Plan Update***

The 2007 update made three sets of recommendations: system, operation, and capacity. Some of these have been mentioned previously in this report. The system and operation recommendations were very specific. The capacity recommendations provided various options to address increased admissions to the programs operated by the Office of Juvenile Services and can be found in greater detail in the actual update (<http://www.dhhs.ne.gov/jus/YRTC/chinn.pdf>).

### ***SYSTEM RECOMMENDATIONS***

Recommendation 1: Create a Distinct Department of Juvenile Offender Services within the Health and Human Services Department

Recommendation 2: Expand Office of Juvenile Services Administrative, Management and Oversight Capability

Recommendation 3: Develop a Single Point of Entry into State Custody

Recommendation 4: Expand Community-Based/Non-Residential Supervision Programs

Recommendation 5: Reduce Reliance on Residential Evaluations and Placement in Secure Detention

Recommendation 6: Expand Residential Services for "Special Needs" Offenders

Recommendation 7: Enhance Efforts to Keep Youth in Their Home Communities

### ***OPERATION RECOMMENDATIONS***

Recommendation 1: Enhance Risk Assessment and Evaluation Process

Recommendation 2: Expand Programming for "Special Needs" Offenders at YRTCs

Recommendation 3: Reduce Length of Stays at YRTCs

Recommendation 4: Develop New Treatment Program at YRTC Kearney

Recommendation 5: Expand Direct Care and Treatment Staffing Levels at YRTCs

Recommendation 6: Enhance Aftercare Programming

Recommendation 7: Expand Vocational Programming for Older Youth



## ***SUMMARY***

This review demonstrates the need for leadership and vision for the programs and services within the state's juvenile justice system. Since 1999, a blueprint has been available to make positive changes in the lives of youth in the juvenile justice and while some improvements were made, the 2007 report shows the ongoing needs of the system.

This report highlights the need for an ongoing review of the juvenile justice system in Nebraska and makes the following recommendation:

Currently, Nebraska's criminal justice system is witnessing positive changes and ongoing leadership and oversight through the work of the Community Corrections Council. This working group, consisting of leaders within the three branches of government and the private sector, was given the assignment found in state statute 47-622 to "(1) establish community correctional programs across the state in order to divert adult felony offenders from the prison system and (2) provide necessary supervision and services to adult felony offenders with the goal of reducing the probability of criminal behavior while maintaining public safety." It is the recommendation of LR 196 that a similar group be established to provide ongoing guidance and leadership over changes within the state's juvenile justice system. Should this group be created, it is vital that they be given the resources and authority to move forward in this important area. In some ways, they should work hand in hand with the Community Corrections Council since better outcomes in the juvenile justice system would likely lead to less penetration into the criminal justice system in future years. One option may be to create a subcommittee of the Community Corrections Council to focus on juvenile justice issues.

ADDENDUM, February 29, 2008

Since LR 196 was presented to the Health and Human Services Committee in December 2007, new information has been provided to the author from the Department of Health and Human Services. In 2007, DHHS contracted with two consultants to conduct an assessment of services and program offered at the Youth Rehabilitation and Treatment Centers in Geneva and Kearney. These reports were completed in late 2007 and were recently distributed to some interested parties. In the Executive Summary discussing the two reports, DHHS stated that they sought these assessments due to “an increase in the number of youth placed at the YRTC facilities that have identified conduct disorders, mental health and/or substance abuse issues” and that the assessments were done “in an effort to evaluate the effectiveness and efficiencies of placing these youth in the YRTC’s.”

The Latessa and Loughran Reports highlight some strengths of each of the facilities, but also identify several weaknesses. In their Executive Summary, DHHS does state what they plan to do to address some of these concerns.

## OJS EVALUATIONS (SECURE VS. NON-SECURE)

|                    |            | Central    | Eastern      | Northern   | Southeast  | Western    | Grand Total  |
|--------------------|------------|------------|--------------|------------|------------|------------|--------------|
| 2011               | Secure     | 27         | 117          | 35         | 99         | 9          | 287          |
|                    | Non-Secure | 13         | 23           | 20         | 0          | 3          | 59           |
| <b>2011 Total</b>  |            | <b>40</b>  | <b>140</b>   | <b>55</b>  | <b>99</b>  | <b>12</b>  | <b>346</b>   |
| 2010               | Secure     | 15         | 130          | 30         | 100        | 12         | 287          |
|                    | Non-Secure | 6          | 31           | 5          | 6          | 0          | 48           |
| <b>2010 Total</b>  |            | <b>21</b>  | <b>161</b>   | <b>35</b>  | <b>106</b> | <b>12</b>  | <b>335</b>   |
| 2009               | Secure     | 15         | 126          | 32         | 123        | 2          | 298          |
|                    | Non-Secure | 19         | 18           | 11         | 21         | 1          | 70           |
| <b>2009 Total</b>  |            | <b>34</b>  | <b>144</b>   | <b>43</b>  | <b>144</b> | <b>3</b>   | <b>368</b>   |
| 2008               | Secure     | 7          | 123          | 37         | 144        | 7          | 318          |
|                    | Non-Secure | 16         | 22           | 13         | 16         | 7          | 74           |
| <b>2008 Total</b>  |            | <b>23</b>  | <b>145</b>   | <b>50</b>  | <b>160</b> | <b>14</b>  | <b>392</b>   |
| 2007               | Secure     | 10         | 159          | 37         | 118        | 6          | 330          |
|                    | Non-Secure | 24         | 14           | 19         | 12         | 11         | 80           |
| <b>2007 Total</b>  |            | <b>34</b>  | <b>173</b>   | <b>56</b>  | <b>130</b> | <b>17</b>  | <b>410</b>   |
| 2006               | Secure     | 5          | 127          | 30         | 147        | 1          | 310          |
|                    | Non-Secure | 26         | 15           | 28         | 7          | 5          | 81           |
| <b>2006 Total</b>  |            | <b>31</b>  | <b>142</b>   | <b>58</b>  | <b>154</b> | <b>6</b>   | <b>391</b>   |
| 2005               | Secure     | 0          | 33           | 3          | 40         | 0          | 76           |
|                    | Non-Secure | 51         | 45           | 14         | 13         | 14         | 137          |
| <b>2005 Total</b>  |            | <b>51</b>  | <b>78</b>    | <b>17</b>  | <b>53</b>  | <b>14</b>  | <b>213</b>   |
| 2004               | Secure     | 0          | 1            | 0          | 0          | 0          | 1            |
|                    | Non-Secure | 69         | 216          | 81         | 23         | 34         | 423          |
| <b>2004 Total</b>  |            | <b>69</b>  | <b>217</b>   | <b>81</b>  | <b>23</b>  | <b>34</b>  | <b>424</b>   |
| <b>Grand Total</b> |            | <b>303</b> | <b>1,200</b> | <b>395</b> | <b>869</b> | <b>112</b> | <b>2,879</b> |

## OJS EVALUATIONS SECURE VS. NON-SECURE TOTALS FOR 2004-2011

|                    | Central    | Eastern      | Northern   | Southeast  | Western    | Grand Total  |
|--------------------|------------|--------------|------------|------------|------------|--------------|
| Secure             | 79         | 816          | 204        | 771        | 37         | 1,907        |
| Non-Secure         | 224        | 384          | 191        | 98         | 75         | 972          |
| <b>Grand Total</b> | <b>303</b> | <b>1,200</b> | <b>395</b> | <b>869</b> | <b>112</b> | <b>2,879</b> |

**Nebraska Children's Commission  
Strategy Session  
October 19, 2012**

**Documentation of Strategic Work Products**

**Overall Strategic Focus**

"What changes (or things to remain the same) will we recommend that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

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| Planning Operations | 4 |
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## Context

The Nebraska Children's Commission met in facilitated session on Friday, October 19, 2012, at the Lincoln Heights Hotel in Lincoln, Nebraska. The agenda included:

- Context
- Shared Vision
- Planning Operations
- Debrief

This report serves as documentation of the work products and consensus decisions of those participants in attendance at the meeting.

Setting the context for the session included the sharing of ground rules for discussion, a review of the planning process ahead and time for questions from Commission members regarding the work to be done. Discussion concluded with a consensus on the following focus question to guide the overall process (text in red type indicates changes added to the text during Commission discussion):

"What changes (or things to remain the same) will we recommend that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

This question will be informed by subsequent work of the Commission and will be revisited throughout the planning process.

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An exercise was facilitated in which participants were asked to describe a system of care that did "improve the safety, permanency and well-being of children and families across the State of Nebraska." What would it look like? The result of their discussion is detailed on page 3 of this document. (Color-coding indicates the work teams that will form around these vision elements.)

## Visioning

**Vision Question: What do we see in place by 2015 as a result of our collective action?**

| <b>Consistent, stable, skilled workforce serving children and families</b>   | <b>Family driven, child focused and flexible system of care</b>   | <b>Transparent system collaboration with shared partnerships and ownership</b>   | <b>Community ownership of child well being</b>   | <b>Timely access to effective services</b>   | <b>Technological solutions to information exchange</b>  | <b>Measured results across systems of care</b>  |
|--|---|--|--|--|---|---|
| <p>Caseworker retention is highest in country</p> <p>Educated, experienced professionals in all parts of system</p> <p>Single and stable point of contact for families</p> <p>Caseworkers are social workers, not brokers</p> <p>Case leadership with accountability</p> | <p>System of care is family driven and child focused</p> <p>Kids in the home with services</p> <p>Flexible, creative and individual responses</p> <p>Family focus, not just child focus (both CW and JJ)</p> <p>Shared resources</p> <p>Build upon/link current infrastructures = focus children and families</p> | <p>Team approach, both with families and systems</p> <p>Shared vision by all elements of system</p> <p>Shared accountability</p> <p>Effective collaboration among all system stakeholders</p> <p>Systemic view of factors that lead to family challenges</p> <p>Shared decisions</p> <p>Quality and accountability in system</p> <p>Effective communication across all systems</p> | <p>Community ownership of child well-being (public private partnerships)</p> <p>Importance of communities in system of care</p> <p>Early intervention</p> <p>Importance of primary and secondary prevention services</p> <p>Prevention = priority for resources and services</p> <p>Husker-level awareness of child well being</p> | <p>Timely and effective services</p> <p>Evidenced based practices/services match need</p> <p>Timely/consistent service array for families at risk</p> <p>Availability of services statewide</p> <p>No wrong door</p> <p>Immediate access to treatment services</p> | <p>Effective communication across all systems</p> <p>Open communication</p> <p>Shared information system</p> <p>Bring child/families resources together</p> <p>Fully-integrated database for services</p> | <p>Financial efficacy best in country (public and private \$ fully utilized)</p> <p>Children's wellbeing improved by involvement in system</p> <p>Data driven decision making</p> <p>Quality and accountability in whole system</p> |
| <b>LEADERSHIP</b>  |   |  |  |  |   |   |

## Planning Operations

### Virtual Work Teams

Between now and the November 20<sup>th</sup> Commission meeting, Commission members will participate in virtual (online) discussions to explore options for recommendations that can build on the strengths of the current system of care and address gaps. Members decided to organize into four teams, combining some of the vision elements identified on page 3. Commission members were asked to rank their preferences for which team to participate on, and members of the Executive Committee completed team assignments following the meeting.

Teams formed as follows, with team lead noted in parentheses:

Orange (Susan Staab):

**Consistent, stable, skilled workforce serving children and families**

Team Members: Vicky Weisz, Thomas Pristow, Ellen Brokofsky, Hon. Linda Porter

Green (Gene Klein):

**Family driven, child focused and flexible system of care**

**And**

**Transparent system collaboration with shared partnerships and ownership**

Team Members: Beth Baxter, Norm Langemach, Candy Kennedy-Goergen, Senator Colby Coash

Pink (Mary Jo Pankoke):

**Community ownership of child well being**

**And**

**Timely access to effective services**

Team Members: Becky Sorensen, Kerry Winterer, Jennifer Nelson, Dale Shotkoski

Yellow (Nancy Forney):

**Technological solutions to information exchange**

**And**

**Measured results across systems of care**

Team Members: Martin Klein, Karen Authier, Dave Newell

Members not assigned a team are encouraged to select a team and contact the relevant team lead to join their virtual discussion. If members would like to participate on a different team than assigned, they are encouraged to inform the lead for their current team and then contact the lead for the team on which they would like to participate.

Each team will discuss current strengths and weaknesses in the focus areas, then identify potential strategies and recommendations. When brainstorming recommendations and strategies, team members are asked to consider the aspects of the four key areas mentioned by the legislature in LB821:

1. Integration and coordination of all services
2. Access
3. Data
4. Role of DHHS

Scheduling information and details for how to join the virtual discussion will be distributed by email.

## Debrief

A debrief of the morning's work included the identification of the following Core Values related to the work of the Commission (listed in no order of priority):

- Care about children
- Action oriented
- Ownership
- Accountability
- Effectiveness
- Future-oriented
- Organic and dynamic processes

Respectfully submitted,  
Facilitated Resources  
10/22/12



## Four Key Areas - LB 821

To improve the safety and well-being of children and families in Nebraska, the legislative, judicial, and executive branches of government must work together to ensure:

The **integration, coordination**, and accessibility of all services provided by the state, whether directly or through contracting; and

Reasonable **access** to appropriate services statewide, and efficiency in service delivery; and

Availability of accurate and complete **data and ongoing data analysis** to identify important trends and problems as they arise; and

As the primary state agency serving children and families, the **Department of Health and Human Services** must:

- Exemplify leadership, responsiveness, transparency, and efficiency;
- Program managers must strive cooperatively to ensure programs view the needs of children and families comprehensively as a system rather than individually in isolation, including pooling funding when possible and appropriate.