

Nebraska Children's Commission

# Juvenile Services (OJS) Committee

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## Phase I Strategic Recommendations December 2013

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### EXECUTIVE SUMMARY

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 and juvenile justice programs and services. 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 (YRTCs) 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.

On May 29, 2013, the committee's legislative charge was revised with the passage of Legislative Bill (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 recommendations that the Juvenile Services (OJS) Committee offers to the Nebraska Children's Commission and the Judiciary Committee of the Legislature (Judiciary Committee) in

this Phase I document are the recommendations that the committee considers foundational to creating the ideal juvenile justice treatment system. The full report contains all recommendations that were agreed upon by the committee since it began working in September of 2012. The list of recommendations the committee is making to the Judiciary committee for consideration by the legislature during the 2014 legislative session and in response to the tasks assigned in both LB 821 (2012) and LB 561 (2013) are listed in this executive summary. The full report includes background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. A reference has been included after each recommendation to notate where additional information in the report is located.

These Juvenile Services (OJS) Committee strategic recommendations have been designed to build on the legislature's work in LB 561 and enhance the work of the Nebraska Children's Commission. The Committee recommends that the recommendations 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.

### Legislative Recommendations (2014 Legislative Session)

#### FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
- B. Create legislation that children in the juvenile justice system should be a priority.

#### LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
- D. Change statutory language to require that all youth have legal counsel and appropriate adequate funding for that requirement. (See pages 10-12)
- E. Consider changing statutory language to establish separate juvenile court districts statewide. (See pages 10-12)

### CORE DESIGN FRAMEWORK

- F. Utilize the Child and Adolescent Service System Program (CASSP) Principles as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 11)
- G. Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 12)
- H. Utilize Juvenile Justice Services that are Evidence-based. (See page 12)
- I. Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

### YRTC RELATED RECOMMENDATIONS (LB 561)

- J. Create legislation that:
  - Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
  - Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility. (See pages 18-23)
  - Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
  - Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
  - Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
  - Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

### NEBRASKA CHILDREN'S COMMISSION RELATED RECOMMENDATIONS

- K. Establish the Juvenile Services Committee (formerly 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 Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 24-35 )
- L. Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based programs; 3) SPEP

design; 4) YRTC Transition/Level 5 creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 24-35)

- M. 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. (See pages 24-35)
- N. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)
- O. Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 26 & 30-33)
- P. Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 18-23; 26-27; & 34)
- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
- S. Begin to address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 28 & 37-39)

- T. Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children’s Commission to 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 justice system. (See page 28)
- U. Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children’s Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children’s Commission sunsets. (See pages 28 &39)

#### SYSTEM OF CARE RECOMMENDATIONS

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes 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. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)
- W. Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 40-41)
- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

Additional information about this report is located in the appendices as follows:

- Appendix A – Committee Members
- Appendix B – LB 821 and LB 561 Committee Responsibilities
- Appendix C –Planning Documents and References

## JUVENILE SERVICES (OJS) COMMITTEE MISSION, VISION, AND GOALS

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 and juvenile justice 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 (YRTCs) 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 Legislative Resolution 196 (LR 196) 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;
- creating a proposed Juvenile Justice System Continuum of Service document; and
- creating an Ideal Juvenile Justice Treatment System matrix.

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.

The recommendations 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 Department of Health and Human Services, the Nebraska Children's Commission, and the legislature. 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 LB 821 and more currently in LB 561. 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 Department of Health and Human Services (DHHS), the juvenile justice community, 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 and planning process by crafting the committee's mission, vision and goals. The mission, vision and goals then formed the framework for the creation of the Ideal Juvenile Justice Treatment System matrix (see page 10).

MISSION:

Design a comprehensive, culturally competent, continuum of care in the juvenile justice system that provides accountability for youth and families, while maintaining public safety.

VISION:

- Continuous Leadership and Oversight
- Transparent System Collaboration with Shared Partnerships and Ownership
- Right Youth, Right Services, Right Time
- Family Centered and Youth Focused
- Consistent, Stable, Skilled, Effective Workforce
- Address Social, Racial, and Ethnic Disparities
- Data Driven Decision-making
- Consistent and Sustainable Funding

GOAL:

The Juvenile Services (OJS) Committee's goal is to work collaboratively with the executive, legislative, judicial and county branches of government; the Nebraska Children's Commission; and other key stakeholders to establish and support the development of the Ideal Juvenile Justice Treatment System that will prevent children and youth from entering or becoming more deeply involved in the juvenile justice system. (See Ideal Juvenile Justice Treatment System matrix on page 10)

## The Ideal Juvenile Justice Treatment System

| <b>Core Principles:</b>  |   |  |  |   |  |  |
|--|---|--|--|---|--|--|
| <ul style="list-style-type: none"> <li>•Family inclusive</li> <li>•Community based</li> <li>•Needs based</li> <li>•Safe</li> <li>•Client centered</li> <li>•Evidence based</li> <li>•Adjustable</li> </ul> |   |  |  |   |  |  |
| <b>Community Systems</b>   | <b>Stakeholder Education</b>  | <b>Screening and Assessments</b>   | <b>Provider Capacity</b>   | <b>Core Service Components</b>  | <b>Service Quality</b>   | <b>Re-entry Planning</b>   |
| <p>Comprehensive effective prevention</p> <p>Access to needed services without court involvement</p> <p>Early identification through screenings, schools, primary care providers</p>                       | <p>Educate on treatment options to the Bar Association and others</p> <p>Engage judicial bench and legal parties in system design and evaluation</p> <p>Prosecutor role and education</p> <p>Law enforcement role and education</p> | <p>Timely and effective use of consistent tools across systems</p> <p>Strength based: family involved and youth identify needs</p> <p>Culturally and gender validated</p> <p>Evaluations occur in a safe and therapeutic environment</p> <p>Fluid process for selection of tools: make changes as needed</p> | <p>Licensed providers for youth</p> <p>Adequate provider compensation</p> <p>Grow qualified professional providers</p> <p>Skilled providers for the population they are serving</p> <p>Culturally and linguistically competent</p> <p>Training for the workforce</p> | <p>Maintain family contact and involvement during treatment</p> <p>Treatment that is developmentally and culturally appropriate</p> <p>Gender specific programming</p> <p>Treatment model to include substance abuse, mental illness, and behavioral health</p> | <p>Matching services to correct provider and correct location</p> <p>Fidelity to models</p> <p>Resources to train and measure fidelity</p> <p>Levels of services needed</p> <p>No eject, no reject</p> <p>Regular assessment of service plans and adjustments as necessary</p> <p>Incentivize evidence based/best practice</p> | <p>Discharge planning and after care supports</p> <p>Review of students returning to education system and timeliness of returns</p> <p>Based on treatment goals and objectives</p> |

### Core Design Framework

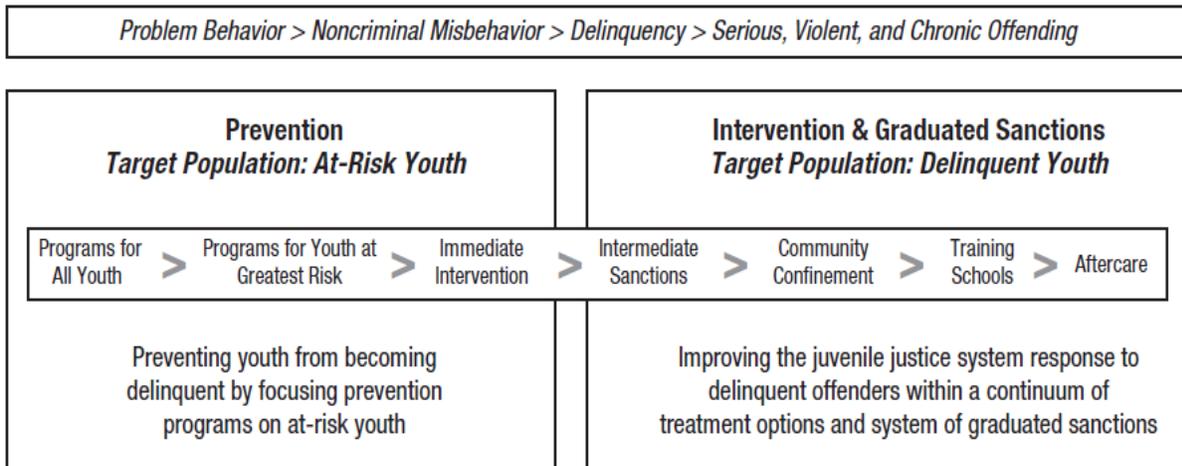
After review of current juvenile justice literature, the Juvenile Services (OJS) Committee identified core design framework elements to guide future service development processes and to aid in the assessment of the YRTC's. The Juvenile Services (OJS) Committee recommends utilizing the Child and Adolescent Service System Program (CASSP) Principles, the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, and evidence-based practices as core design framework principles for all juvenile justice services created and provided in the state of Nebraska.

## CASSP Principles

1. **Youth-centered:** Services are planned to meet the individual needs of the youth, rather than to fit the youth into an existing service. Services consider the youth's family and community contexts, are developmentally appropriate and youth-specific, and also build on the strengths of the youth and family to meet the mental health, social, spiritual, and physical needs of the youth.
2. **Family –focused:** Services recognize that the family is the primary support system for the youth. 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 youth. The development of mental health policy at state and local levels includes family representation.
3. **Community-based:** Whenever possible, services are delivered in the youth's home community, drawing on formal and informal resources to promote the youth'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 youth-serving systems involved in the youth's life. Representatives from all these systems and the family collaborate to define the goals for the youth, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the youth 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 youth and family and are the least restrictive and intrusive available to meet the needs of the youth and family, while maintaining public safety.

Adapted from Pennsylvania Child and Adolescent Service System Program

## Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders



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

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*

Note: 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.

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## Core Evaluation Framework

After review of current juvenile justice literature, the Juvenile Services (OJS) Committee determined that it was also important to establish a method of evaluating programs and services, as well as creating a process for Continuous Quality Improvement (CQI). Therefore, the Juvenile Services (OJS) Committee recommends utilizing 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.

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## Recommendations Report Framework

The following pages of the report provide background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice Systems reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. The Juvenile Services (OJS) Committee has attempted in this report to suggest a group that should be tasked with further developing the recommendations and ideas in this report. It is not the committee's intent to imply that these are the only initiatives or entities in the State of Nebraska to whom the recommendations or ideas in the report may apply.

## JUDICIARY COMMITTEE RECOMMENDATIONS

### Legislative Recommendations (2014 Legislative Session)

#### FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
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#### LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
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## YRTC RELATED RECOMMENDATIONS (LB 561)

- J. Create legislation that:
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  - Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
  - Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
  - Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
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obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)

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- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
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## SYSTEM OF CARE RECOMMENDATIONS

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes 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. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)
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- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

## YRTC RELATED RECOMMENDATIONS AND BACKGROUND INFORMATION

Recommendation: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.
- Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility.
- Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

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.

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## The YRTC's 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.

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### 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.

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### 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.

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### 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.

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## 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.

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## 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.

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## 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.

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## Recommitments

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

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## 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.

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### Recommended Next Steps

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*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)*

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### Recommended YRTC Treatment Services Transition:

**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).

### Recommended DHHS Actions:

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 YRTC facilities 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 YRTC 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 YRTCs.

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## YRTC Facilities

### Recommended DHHS Actions:

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.

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## YRTC Population

### **Recommended Juvenile Services Committee (JSC) Assignments:**

1. Monitor the population trend each year as the regional system is implemented for impact on the YRTCs utilization and treatment program requirements.
2. Work with DHHS to 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.
3. Provide annual updates to the Nebraska Children’s Commission and the Judiciary Committee of the Legislature on the progress towards transitioning the YRTCs into a statewide, regionally based rehabilitation and treatment framework.

## NEBRASKA CHILDREN’S COMMISSION RECOMMENDATIONS

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### 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)

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 2014 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 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.

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### Juvenile Services Committee and Sub-committees:

#### Recommendations:

Establish the Juvenile Services Committee (formerly 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 Committee will stand, even if the Nebraska Children’s Commission sunsets. (See pages 4 &15 – Item K)

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. (See pages 5 & 15 – Item M)

The Juvenile Services (OJS) Committee is recommending that the Juvenile Services Committee 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

It is anticipated that the JSC would work with the federal expert to enhance oversight of the juvenile services system reform efforts.

Recommendation:

Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based Programs; 3) SPEP Design; 4) YRTC Transition/Level 5 Creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 4, 5, & 15 – Item L)

The Screening and Assessment Tools sub-committee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.

Recommendation:

Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained

must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 5, 15-16 – Item N)

The Community-based Programs sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children’s Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services. The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 5 & 16 – Item O)

The SPEP Design sub-committee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool. The sub-committee would give priority to implementation of the following recommendations:

Recommendations:

Utilize Juvenile Justice Services that are Evidence-based. (See page 12)

Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

The YRTC Transition/Level 5 Creation sub-committee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation. The sub-committee would give priority to implementation of the following recommendations:

Recommendations: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.

- Transfers Level 5 identified youth from the YRTC's into their own treatment environment in the newly created facility.
- Requires the YRTC's to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTC's into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 5 & 16 – Item P)

The Social, Racial, and Ethnic Disparities sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC). The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 5 & 16 – Item Q)

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**Nebraska Children’s Commission – Technology Workgroup:****Recommendation:**

Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children’s Commission’s Technology Workgroup. (See pages 5 & 16 – Item R)

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**Nebraska Children’s Commission – Workforce Workgroup:****Recommendation:**

Address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 5 & 16 – Item S)

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**Nebraska Children’s Commission – Young Adult Voluntary Services and Supports Advisory Committee:****Recommendation:**

Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children’s Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement as a result of the juvenile justice system. (See pages 6 & 16 – Item T)

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**Nebraska Children’s Commission – Education Committee for At-Risk Youth (proposed new committee):****Recommendation:**

Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children’s Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children’s Commission sunsets. (See pages 6 & 16 – Item U)

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## Recommended Next Steps

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### Juvenile Services Committee:

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.
4. Develop a formula to reduce “deep-end” and high-end utilization.

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### Juvenile Services Committee - Screening and Assessment Tools Sub-committee:

*Note: This subcommittee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.*

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

### **Proposed Sub-committee Action Items:**

1. Establish standardized evidence based screening and assessment tools to be used which reflect strengths and needs (Lee, 2013).
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 use of a common validated instrument to identify the most violent offenders, felony recidivists, and potential chronic offenders among second time offenders.
4. Design a method for creating a paradigm shift of “assessment before action” at the first contact with law enforcement and/or schools through the creation of assessment centers.
5. Assure screening/assessment and services are in place in an expedited, age-appropriate, timely manner and result in a timely, targeted, systematic response based on that assessment.

- Develop/research guidelines for each system response.
  - Educate system “players”
  - Utilize validated/evidenced-based screening tools
  - Develop concept of a Juvenile Intake Assessment Center (JIAC)
  - Develop criteria for referral
6. 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.

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#### **Juvenile Services Committee – Community –based Programs Sub-committee:**

*Note: This sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children’s Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services.*

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

*“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)*

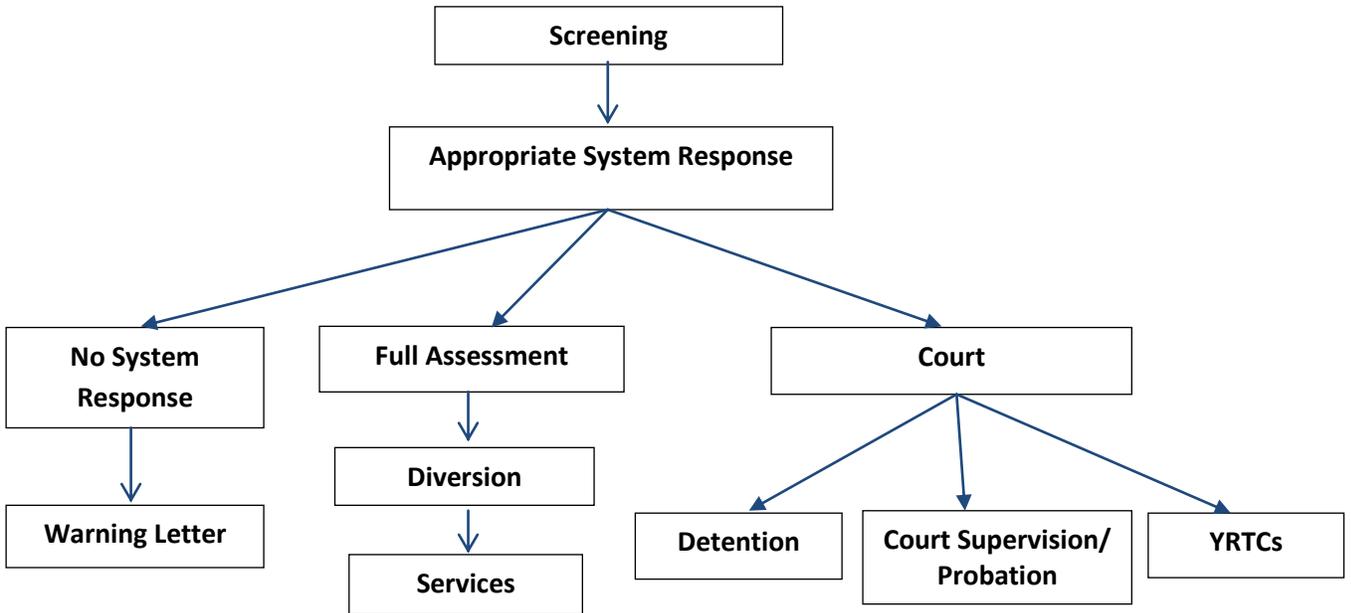
*“Expand youth and family voice and choice, including partner and mentor programs throughout the Nebraska juvenile justice systems.” (Lee, 2013)*

#### **Proposed Sub-committee Action Items:**

1. Work with the Community Ownership of Child Well-being workgroup to consider giving priority to the development of primary prevention programs for all youth that have shown promising trends in helping youth at higher risk of entering the juvenile justice system.
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. 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).

4. In conjunction with public and private partners identify a common process for evaluating collaborative capacity and collective impact to inform practice of collaborative groups.
5. 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.
6. 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.
7. 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.
8. Employ evidence-based practices such as Trauma Informed Care to reduce the utilization of “out-the-door” practices with youth.
9. Develop and implement an information package on the systems change theory and best practices to be provided to community and state stakeholders.
10. 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.
11. Based on population size, develop a continuum of county or regional services community-based treatment.
12. Strengthen and assure youth and family voice in community-based and residential milieus through existing youth councils and family partner organizations (Lee, 2013).
13. Develop alumni opportunities to mentor and support youth (Lee, 2013).
14. 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.

15. Further develop the continuum of care concept for services close to home that are 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



16. Collaborate on developing all aspects of Primary Prevention, Secondary Prevention, Interventions and Graduation Sanctions.

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### 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.

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### 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).

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### Juvenile Services Committee – SPEP Design Sub-committee:

*Note: This subcommittee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool.*

#### **Proposed Sub-committee Action Items:**

1. Identify additional therapeutic program requirements for the Juvenile Justice System based on the findings of the SPEP.
2. Identify evidence-based, cost effective treatments to address identified needs of youth and community stakeholder concerns and implement these within the local community.

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### Juvenile Services Committee – YRTC Transition/Level 5 Creation Sub-committee:

*Note: This subcommittee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation.*

#### **Proposed Sub-committee Action Items:**

See report page 23 – YRTC Population for sub-committee action items. The YRTC section of the report can be found on pages 18 – 23.

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### Juvenile Services Committee – Social, Racial, and Ethnic Disparities Sub-committee:

*Note: This sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC).*

*“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)*

#### **Proposed Sub-committee Action Items:**

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).

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### Nebraska Children’s Commission – Technology Workgroup:

*“...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.”*

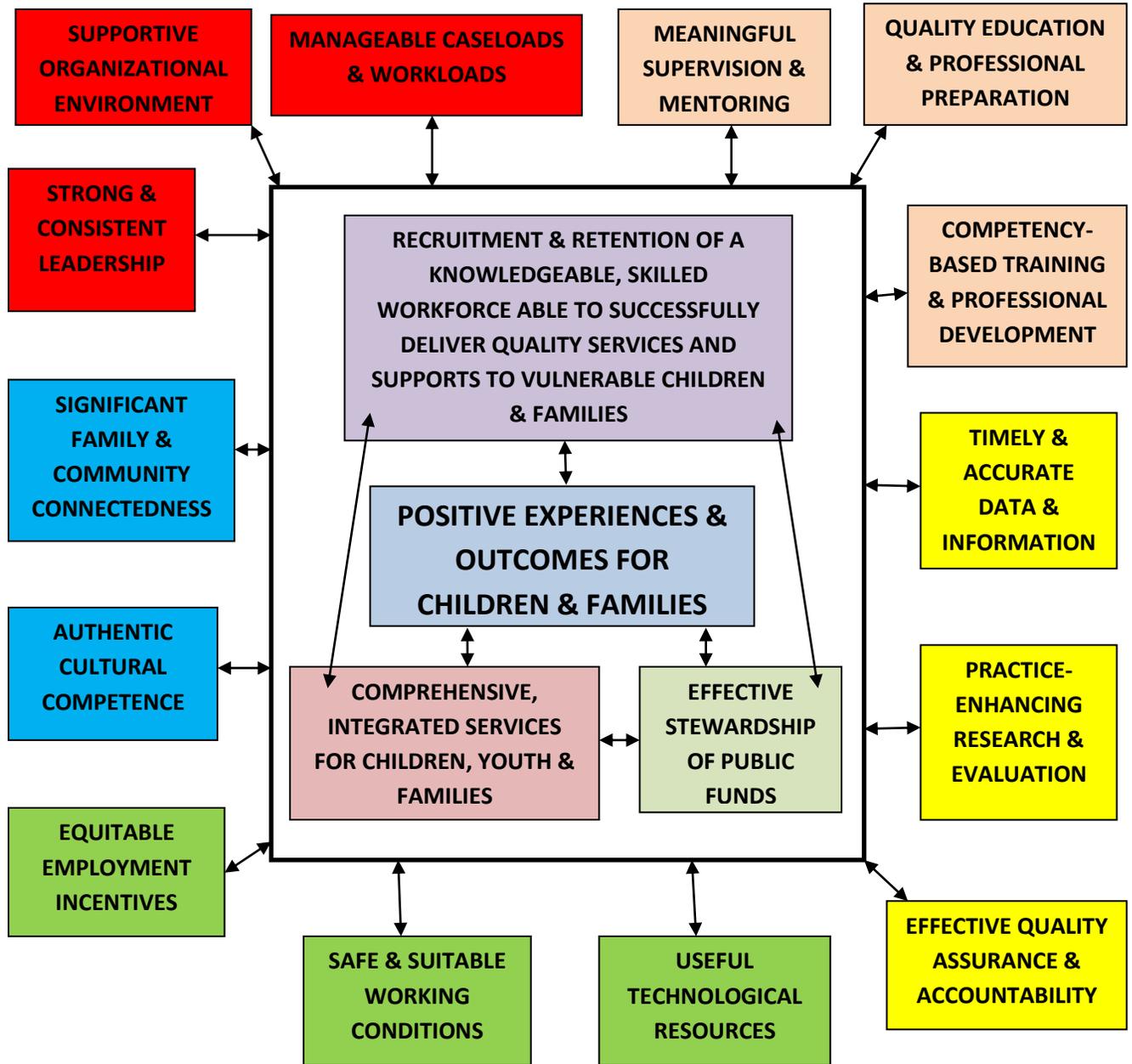
(Hobbs, 2012)

#### **Proposed Workgroup Action Items:**

1. Promote Information sharing:
  - Develop common definitions of key system points (i.e. – entry, exit, etc.).
  - Develop and define common outcome measures (i.e. – recidivism, case processing, etc).
  - Ensure data efforts 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.

**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?

**Proposed Workgroup Action Items:**

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.

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**Nebraska Children’s Commission - Education Committee for At-Risk Youth (new committee):**

1. Review issues related to school attendance and performance and recommend planning for intervention with the youth.
2. Help evaluate educational processes when considering the correct setting for the youth.
3. In whatever role the YRTC facilities will have in the future, evaluation and consideration should be given to the education schedule for the youth and when they return to the community (i.e. the youth is able to return to a school in the community at the beginning of a quarter or semester).

## SYSTEM OF CARE PLANNING GRANT RECOMMENDATIONS

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.

### Recommendations:

Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes 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. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 6 & 17 – Item V)

Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 6 & 17 – Item W)

Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 6 & 17 – Item X)

### ***Proposed Planning Committee Action Items:***

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.
11. Develop wide reaching substance use education and treatment services (Lee, 2013).
12. Coordinate psychiatric and psychosocial treatment services (Lee, 2013).
13. 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.
14. Develop or enhance facilities for chronic violent offenders based on assessed needs and risk, within locations that assure family involvement.

## PROGRAM FUNDING RECOMMENDATIONS

### 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)*

The State of Nebraska should take steps to access and maximize federal funding. Funding of the system should be flexible based on the needs of the youth and family. Priority should be given to community-based funding for counties, multi-county groups, or tribes 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. Incentives should be provided for counties (groups of counties) or tribes 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.

### 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 Community Impact – 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, Medical Director - Hastings Juvenile Chemical Dependency Program

#### Resources to the Committee:

- Senator Kathy Campbell
- Senator Colby Coash
- Jim Bennet, Reentry Program Specialist - State Office of Probation Administration
- Doug Koebernick, Legislative Assistant for Senator Steve Lathrop
- Tony Green, Deputy Director of the Office of Juvenile Services
- Liz Hruska, Legislative Fiscal Office
- 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

#### LB 821

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 the effective date of this act. 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. Such committee shall also review the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the commission relating to the future responsibilities of the administrator.

#### *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.

### **Juvenile Service (OJS) Planning Documents and References**

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Lee, T. (2013). Nebraska Juvenile Justice System Evaluation.

Lipsey, M., Howel, J., Kelly, M., Chapman, G., Carver, D. (2010). Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice.

Nebraska Children's Commission (2012). Phase 1 Strategic Plan for Child Welfare and Juvenile Justice Reform.

Nebraska State Legislature: LB 516 (Approved May 29, 2013).

OJDP Juvenile Justice Bulletin (August 2005). Planning Community-Based Facilities for Violent Juvenile Offenders as Part of a System of Graduated Sanctions.

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YRTC Geneva Annual Report (2011-2012).

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YRTC Kearney Annual Report (2011-2012).

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Voices for Children in Nebraska (2012a). Issue Brief: Nebraska's Youth Rehabilitation and Treatment Centers.

Voices for Children in Nebraska (2012b). Kids Count in Nebraska Report.