

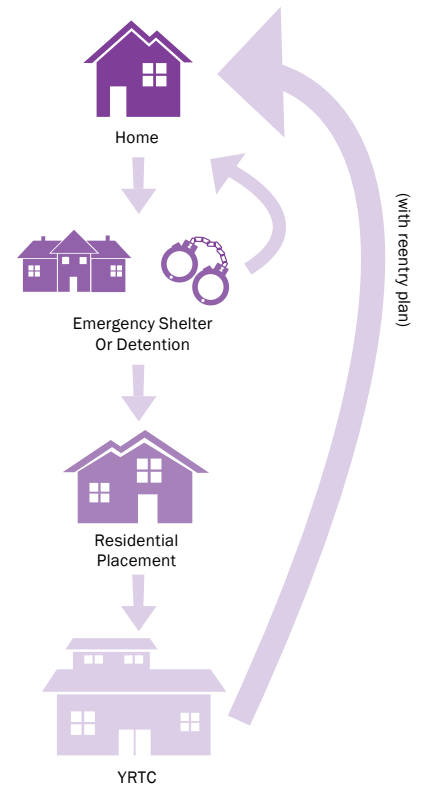


Data Snapshot: Nebraska's Youth Rehabilitation and Treatment Centers

All children, even those involved in the juvenile justice system, should be given every opportunity to succeed. Nebraska's rehabilitative juvenile courts do not sentence youth to terms of incarceration. Instead, youth who have been found responsible for criminal behavior must be given every opportunity to succeed in the least-restrictive setting. This is good policy, because research tells us that the vast majority of children who commit crimes will go on to become law-abiding citizens as they grow out of risk-taking, boundary-pushing behavior.¹ Out-of-home placement and incarceration are the most expensive options, potentially harmful to lower-risk youth, and should be utilized as little as possible, in the cases where they are truly necessary. For those who must be placed away from family, evidence suggests that therapeutic, small-group settings produce dramatically better outcomes.²

However, despite substantial changes reforming our juvenile justice system toward community-based policies, Nebraska still operates two large-scale "deep end" facilities: the Youth Rehabilitation and Treatment Centers (YRTC) at Geneva, for young women, and Kearney, for young men. The YRTCs are not jails, but neither are they group homes or shelters; they are state-run, campus-style correctional facilities intended for youth who have been unable to succeed at other, less restrictive options.

Current Placement Levels for Juvenile Court-Involved Youth



¹ Holman, Barry, and Jason Ziedenberg. *The Dangers of Detention: the Impact of Incarcerating Youth in Detention and Other Secure Facilities*. Justice Policy Institute: Washington D.C., 2006.
² Mendel, Richard A. *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*. Annie E. Casey Foundation: Baltimore, 2010

In years past, in some jurisdictions the Y RTCs represented the end of the road in juvenile court; a judge could send a child to Geneva or Kearney, close the file and close the door on other rehabilitative possibilities pursuant to that case. The youth’s course of treatment and length of stay at the facility was determined solely by facility staff in the Department of Health and Human Services’ Office of Juvenile Services. Meanwhile, in other jurisdictions with scarce treatment resources, the Y RTCs were utilized as a residential placement option. The result has been a mixed population of highest-risk/highest-need youth and relatively lower-risk/lower-need youth.

In 2013 and 2014, the State Legislature adopted a set of requirements for the use and management of the Y RTCs, including that youth only be sent to the facilities after all levels of probation supervision had been exhausted, that the centers implement evidence-based treatment practices, and that youth continue on intensive supervised probation for reentry after completion of treatment. These reforms came in bill packages broadly intended to promote proven rehabilitative practices, turning away from punitive, correctional responses to youthful transgressors.³

There has never been any doubt that management and staff at the Y RTCs care deeply for the youth sent to them. Further, the data suggest that the recent reforms are taking root, and the numbers are heading in the right direction. However, fundamental concerns persist, including the disproportionate number of youth of color sent to Y RTCs, the difficulty of discerning whether the programs are producing long-term positive outcomes for children and communities, and the continued reliance on correctional measures to “rehabilitate” high-need youth. To that end, we recommend:

- The Y RTCs completely eliminate use of correctional/punitive practices like extended solitary confinement, and continue the process of implementing evidence-based therapeutic programming for all children in their care.
- The Office of Juvenile Services and Juvenile Probation Administration collaborate to define and track recidivism rates by more than one measure.
- If the facilities cannot demonstrate long-term success for youth proportionate to taxpayer investment, shutter them and reinvest the substantial state funding into a program model with proven results.

Who goes to Y RTC?

In 2014, the population at Nebraska’s two Y RTCs was, on average:

	Kearney	Geneva
Predominantly youth of color	49.3% youth of color	60.7% youth of color
Mid-teens at admission	16 years old	15 years old
Committed for an offense against a person	34.0%	34.8%

Data provided by the Nebraska Department of Health and Human Services

³ The Statement of Intent for LB 561 of the first session of Nebraska’s 103rd legislature reads: “Legislative Bill 561 would reform and reorient our juvenile justice system to treat and rehabilitate children who are at risk rather than punishing them. Our current system is inadequate and we are failing our children and communities.” Available online here: <http://nebraskalegislature.gov/FloorDocs/103/PDF/SI/LB561.pdf>

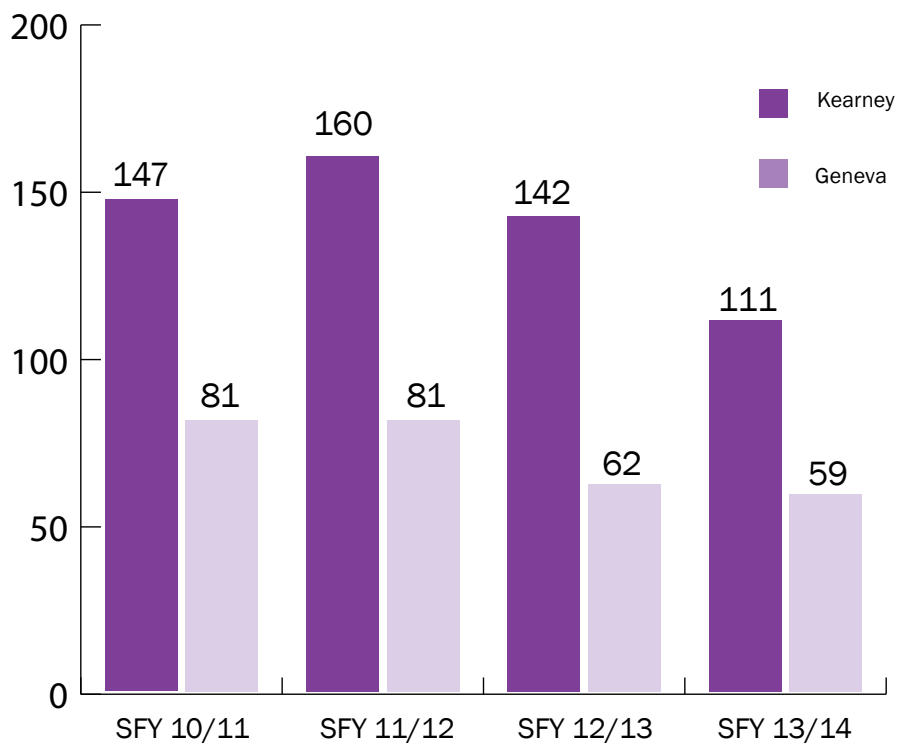
Population Trend Lines

When we look at population trend lines for each YRTC, it becomes clear that changes to the law are bearing fruit. Total admissions and average daily population for each YRTC have dropped, with a particularly dramatic decrease at Kearney:

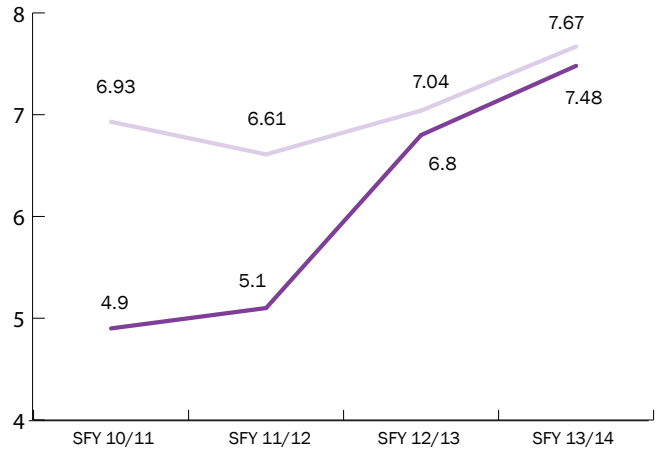
Total Admissions to YRTC (2005-2014)



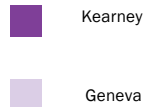
Average Daily Population



Length of Stay: Average # of Months

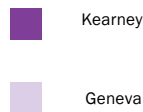
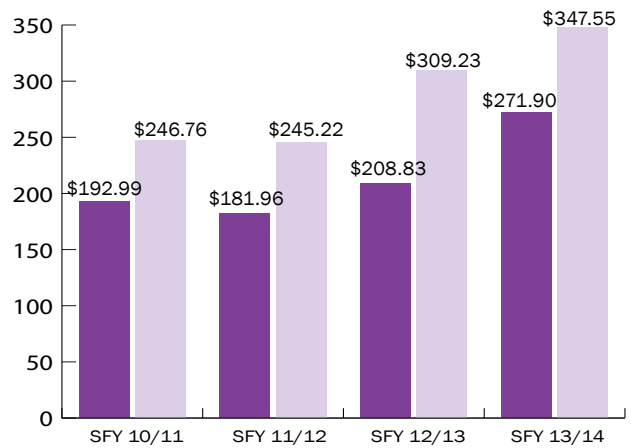


As population has declined, the average length of stay has risen, suggesting that those youth admitted to the facility are the intended higher-need population:



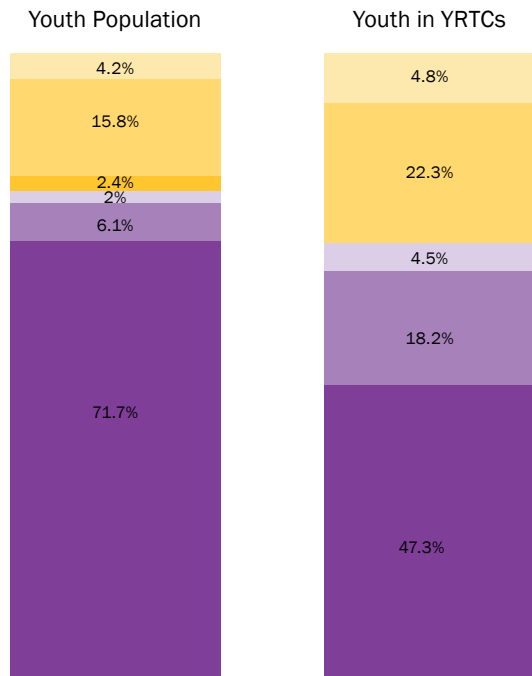
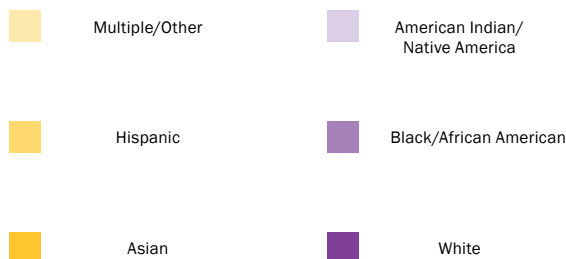
As a result, average per diem costs are up. As population has decreased and individual need has increased, slightly more money is being spent per child per day.

Per Diem Costs



Racial & Ethnic Disparities in YRTCs (2005-2014)

However, troubling disparities persist in the racial/ethnic breakdown of the YRTC populations, particularly for African American and Native American youth. African American children make up 6.1% of the total youth population in Nebraska, but 18.2% of the YRTC population. Native American youth are similarly overrepresented, making up 2% of the total youth population, but 4.5% of those children committed to YRTC treatment.⁴



⁴ Data provided by the Department of Health and Human Services. Further information can also be found in each YRTC's annual report, available online:
 Geneva: http://dhhs.ne.gov/children_family_services/Documents/YRTC-GAnnualReport.pdf
 Kearney: http://dhhs.ne.gov/children_family_services/Documents/YRTC-KAnnualReport.pdf

Rehabilitation versus Correction

In 2013, the Nebraska State Legislature required the YRTC's to implement evidence-based practices promoting rehabilitation if they were not to be shuttered. Kearney continues to utilize the "EQUIP" program, which has been rated as a "promising" model by the Office of Juvenile Justice and Delinquency Prevention's Model Program Guide.⁵ Geneva's core treatment program is called "My Journey" and staff were trained in 2014 in "Prime Solutions" and "Prime for Life," two supplementary substance abuse programs. None of these appear on the OJJDP's Model Program Guide, though "Prime for Life" has been listed as an evidence-based program on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices.⁶ We do not have information one way or another regarding whether these programs are being implemented with fidelity, or to what extent they are proving successful with Nebraska's youth.

Meanwhile, evidence suggests correctional tactics continue to be relied upon to control youth at the YRTC's, including the use of solitary confinement. Solitary confinement (a.k.a. seclusion, isolation, or room confinement) is the involuntary restriction of a youth alone in a room, cell, or other confined space. Solitary confinement for extended lengths of time has harmful and potentially devastating results for youth. Among a mounting body of evidence against the use of solitary confinement, the American Academy of Child and Adolescent Psychiatrists has noted the link between its use on adolescents and anxiety, psychosis, and depression. The AACAP recommends that solitary confinement be used only as an immediate safety mechanism, to give a youth an opportunity to cool down before returning to the general population, with a strict limit of 24 hours.⁷ The Juvenile Detention Alternatives Initiative narrows that window to only 4 hours.⁸

Use of Solitary Confinement in YRTC's

KEARNEY				
	Total (Days)	Longest (Days)	Shortest (Hours)	Average (Hours)
2012	120.31	5	7.44	23.17
2013	48.79	3.5	0.06	23.49
2014	17.15	2.55	0.67	15.73
GENEVA				
	Total (Days)	Longest (Days)	Shortest (Hours)	Average (Hours)
2012	40.43	5.1	24.27	83.33
2013	7.61	1.89	8.42	26.42
2014	6.2	1.99	6.17	21.58

⁵ The Model Programs Guide is a list of evidence-based programming for youth. Possible ratings are "effective" (strong evidence demonstrating effectiveness at achieving stated outcomes), "promising" (some evidence supports the program's effectiveness), or "no effects" (no evidence supporting effectiveness). Available online here: <http://www.ojjdp.gov/mpg/>

⁶ SAMSHA's registry is available online here: <http://www.nrepp.samhsa.gov/>

⁷ American Academy of Child and Adolescent Psychiatry, Solitary Confinement of Juvenile Offenders. April 2012. Available online: www.aacap.org/cs/root/policy_statements/solitary_confinement_of_juvenile_offenders.

⁸ Juvenile Detention Facility Assessment, Standards Instrument: 2014 Update. Juvenile Detention Alternatives Initiative, a project of the Annie E. Casey Foundation.

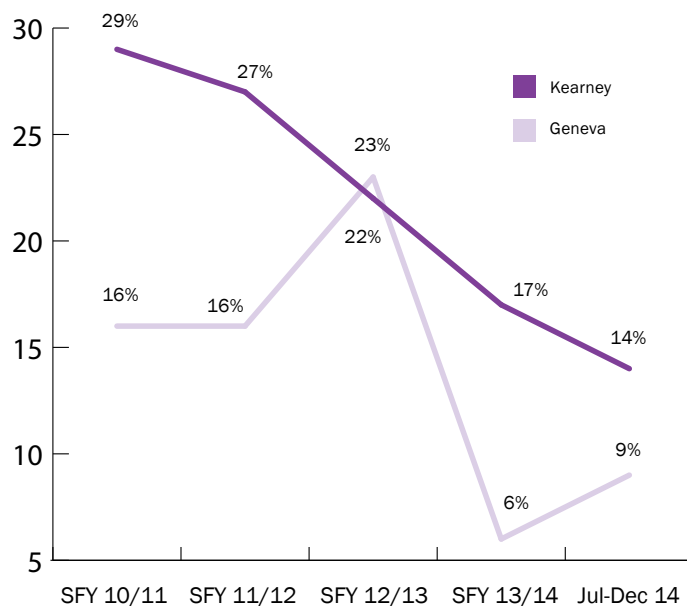
Both YRTC's updated their policies surrounding the use of seclusion in recent years, and great improvement shows in the numbers. However, any length of time longer than the period it takes for a child to immediately deescalate is too long. In 2014, youth spent on average 15.7 hours in solitary at Kearney, and 21.6 hours at Geneva⁹: both below the AACAP recommendation but well above the JDAI recommendation. Moreover, both facilities continue to have longest stays far beyond the recommendations, suggesting that, at least in certain cases, solitary confinement continues to be used punitively, rather than simply as an immediate safety mechanism.

Missing Measures of Long-Term Success

Perhaps the most useful data for decision-makers provides evidence of success or failure. When programs are able to track their longer-term impact on youth in meaningful ways, the cost-benefit analysis of continuing or discarding a program becomes much simpler. This is especially true for state-run programs operating entirely on taxpayer dollars. In State Fiscal Year 2013-2014, the state spent \$11,048,951 on Kearney and \$7,416,787 on Geneva.¹⁰ Are we getting the results we want from our significant state investment?

Unfortunately, the only measure of long-term program outcome that the YRTC's currently track is whether youth return to the facility within 12 months.

Percent of Youth Returning to the Facility within 12 Months



In State Fiscal Year 2013-2014, the state spent:

- \$11,048,951 on Kearney
- \$7,416,787 on Geneva

Are we getting the results we want from our significant state investment?

This “recidivism rate” tells us something about the youth who come back – their first stay at the facility did not prevent them from engaging in behavior that would eventually return them there – but nothing about the youth who do not return. Did those youth successfully complete their intensive supervised probation and stay free of further legal trouble? Was their probationary reentry plan revoked due to further misconduct, but the judge declined to try a second run at the facility when the first time failed? Or did they pick up adult charges, where they were sentenced to jail or prison time rather than YRTC placement? Further, what happened beyond that 12 month window? Based on this lone recidivism measure, we have no way of knowing.

⁹ Data provided by the Department of Health and Human Services.

¹⁰ Program expenditures taken from the YRTC-Kearney and YRTC-Geneva annual reports. Online links in footnote 3, supra.

Concluding Recommendations

Three years ago, Voices for Children in Nebraska released a report calling for a complete transformation or closure of the Y RTCs. We still believe Nebraska’s youth and the taxpaying community would be better served by reforming the Y RTCs as part of a statewide network of small, regional facilities with lower staff/child ratio and therapeutic environments. We also acknowledge that much has changed for the better since our first report.

The ultimate question is whether the Y RTCs are a sound investment in Nebraska’s youth. Do they improve outcomes for the children in their care? Do they increase public safety by effectively responding to the high needs of their clients? If so, they need to be able to meaningfully demonstrate their successes. If not, it is time for Nebraska to find a different way to invest this extraordinary amount of taxpayer dollars. To that end, we recommend:

Emphasize therapeutic mechanisms, rather than correctional. The evidence is in: punitive correctional models do more harm than good for youth, even the most high-risk.¹¹ Far better results are achieved by responsive, individualized programming. Recognizing that the Y RTCs face a unique challenge in the scale of their population and broad range of youth needs, and that both facilities have already taken strides forward, the Y RTCs should continue their trajectory toward complete culture change. Meanwhile, immediate steps should be taken to completely eliminate harmful practices like extended solitary confinement, and to identify ways to validate treatment models within the facilities.

Track long-term success or failure. You wouldn’t go to a particularly expensive surgeon with only a 70% success rate. Why should the state perpetuate a costly investment with little systemic evidence of its positive or negative impact? Historically, it has perhaps been beyond the scope of the Department of Health and Human Services’ power to effectively track long-term outcomes for youth coming out of the Y RTCs. However, since 2013, youth returning to the community from Y RTC placement have been placed on intensive supervised probation. LB 265, passed in the 2015 legislative session, brings together stakeholders to investigate the creation of a data warehouse for tracking outcomes when youth are placed out of the home. We strongly urge this committee, the Department’s Office of Juvenile Services, and the Juvenile Probation Administration to collaborate to define and track Y RTC impact on youth. This should include identifying ways to capture recidivism and youth success by more than one measure.

Respond to results accordingly. If the facilities cannot demonstrate success for youth proportionate to taxpayer investment, then it is time to shutter them and reinvest our substantial state funding into a program model with proven results. Decades ago, Missouri revamped their juvenile training homes into a network of regional facilities designed with thirty beds or less, and a completely therapeutic, wraparound model of treatment. In these smaller, more homelike environments, staffed with counselors rather than correctional officers, Missouri’s very highest-risk youth are achieving extraordinary results. The state has seen its recidivism rate plummet, and its educational success rate for this population skyrocket.¹² Notably, the Missouri model costs \$282.45 per day for a youth in the highest-need, “secure” level of care.¹³ This is \$10 more than Nebraska currently spends per day on a young man at Kearney, and \$60 less per day than we spend on a young woman at Geneva.

Nebraska has taken dramatic steps forward in reforming our juvenile justice system in recent years, responding to evidence that when we treat kids like criminals, they are more likely to go on to become criminals. The Y RTCs must continue to take full part in this change, if they are to remain a part of our system.

¹¹ Seigle, Elizabeth, Nastassia Walsh, and Josh Weber. *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*. Council of State Governments Center: New York, 2014.

¹² Mendel, Richard A. *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*. Annie E. Casey Foundation: Baltimore, 2010.

¹³ Program expenditures found in the Missouri Division of Youth Services Annual Report for Fiscal Year 2014. Available online here: <http://dss.mo.gov/re/pdf/dys/youth-services-annual-report-fy14.pdf>



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