



HALL COUNTY

2016 JUVENILE SERVICES SYSTEM ASSESSMENT

Assessment of services for youth ages 12-18 in Hall County



Schmeeckle Research Inc.

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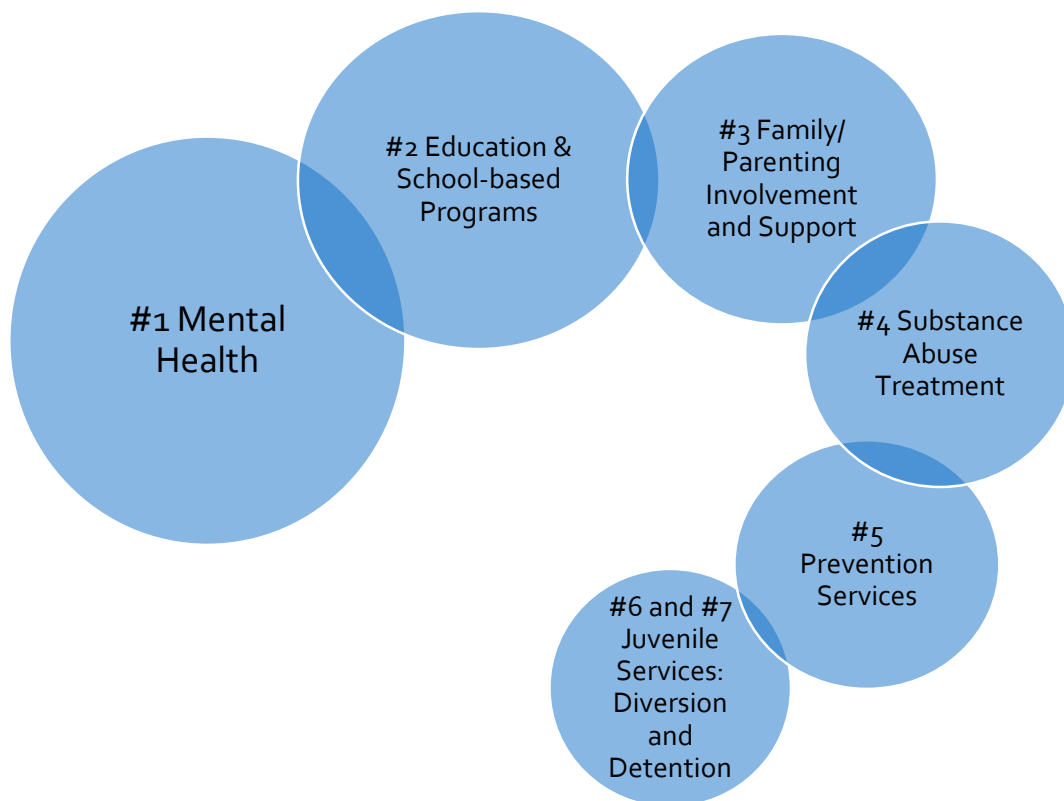
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EXECUTIVE SUMMARY

The Hall County Juvenile Services Assessment was conducted to evaluate the assets in the community and to determine the gaps in services for youth 12-18. Information and data were collected from numerous sources including population statistics, community and provider youth services data, community and stakeholder insights, and youth and parent perceptions.

Figure 1 depicts the top seven system components as prioritized by the 2015-2018 Hall County Comprehensive Juvenile Services plan.

Figure 1. Juvenile Services Plan Priorities by System Component



Based on the results from the assessment, strengths of the system, gaps/needs for services, and barriers to access services were identified and are presented by components of the youth services system in Hall County. Although the assessment indicates strengths in many aspects of the systems serving youth, many identified gaps and needs also exist.

STRENGTHS

MENTAL HEALTH

- Mental health services for youth provide a broad range of treatments.
- Some in-home mental health services are available that address the needs of the entire family.

EDUCATION AND SCHOOL-BASED PROGRAMMING

- Clubs and athletics available through the school system support pro-social behavior.
- School systems have adjusted to the changing times with SRO's in the schools and addressing the needs of youth delinquent behavior.
- Alternative learning environments are available and widely used contributing to fewer behavior issues in schools.

FAMILY/PARENTING INVOLVEMENT AND SUPPORT

- Evidence-based parenting programs are offered in the community to families seeking additional support and in learning parenting skills.

SUBSTANCE ABUSE

- In general, there is a self-reported decrease in teen alcohol usage.
- There is a decrease in self-reported alcohol impaired driving.

PREVENTION SERVICES

- Prevention programs provides an opportunity for youth to be educated about gangs, alcohol, drugs, and other problem behaviors before becoming involved in them.
- Few programs have a waiting list.

JUVENILE JUSTICE: DIVERSION AND DETENTION

- A higher percentage of youth referred to diversion are electing to enroll in diversion services.
- Diversion is a cost effective program that saves tax payer dollars by keeping youth out of the juvenile justice system and utilizing community services to lower risk and increase protective factors.
- Juvenile arrests (17 and under) have dropped.
- There is a decreased rate of juvenile delinquent activity levels (based on arrests).
- Gang activity decreased three years ago and appears to have remained stable since.

SOCIAL AND SUPPORTIVE YOUTH OPPORTUNITIES

- Numerous opportunities exist such as the Field House and Skate Island.

OTHER

- Community collaboration across systems is improving.

GAPS AND NEEDS

MENTAL HEALTH

- Mental health services are available but not at adequate levels to address all needs.
- Mental health services are not provided in a preventive manner.
- Poverty is a barrier to entry into services.
- One third of youth screened for suicidal ideation were elementary students.

EDUCATION AND SCHOOL-BASED PROGRAMMING

- Tracking of “at risk” students is not done at the middle school before entering high school.
- School-based mental health providers consistently have a waiting list for students who need services.
- Alternative learning environments are not integrated with traditional learning environments and may lead to negative peer pressure and delinquent behavior.
- School mobility is higher compared to the state.

FAMILY/PARENTING INVOLVEMENT AND SUPPORT

- The community lacks positive role models for youth and lack parent involvement.
- Parents lack empowerment and awareness of available services.
- Gangs become a surrogate family to young people who lack support at home.
- Evidence-based parenting programs are limited in scope and are not accessible to all families.
- Many youth lack positive adult relationships.
- Youth concede “bad decisions” as the primary reason for getting into trouble.
- Increased poverty levels for families in Hall County.
- Grand Island has a higher percentage of single parent households, teen pregnancy and family geographic mobility.
- A high percentage of parents perceive alcohol/drugs as a significant problem in the community.
- Relatively low rates of parental disapproval of marijuana, tobacco, prescription drug use as perceived by youth.

SUBSTANCE ABUSE

- Intensive Outpatient (IOP) treatment for youth is not available.
- Youth believe drugs are highly accessible in Grand Island and refer to the city as “Crack Island” and “Meth Capital”.
- There is a slight increase in self-reported marijuana and drug use.

PREVENTION SERVICES

- More prevention services, especially those that target parents and gang affiliation, are needed.

- Prevention and early intervention services needed for all ages of youth including elementary school-aged.
- “Middle layer” youth (i.e., kids who are struggling in various ways, but have not yet gotten involved in the justice system or been identified as a concern) are slipping through the cracks.
- Poverty is a barrier for accessing prevention services.

JUVENILE JUSTICE: DIVERSION AND DETENTION

- Youth believe they are being targeted by law enforcement (potentially a disproportionate minority contact issue).
- Youth question effectiveness of probation and report not having consistent contact with their assigned officer.

LACK OF COMMUNITY SUPPORT

- Lack of community activities for youth that are widely known, accessible, and affordable.
- Youth lack connectedness to their community.
- Parents look to schools as a “surrogate all-service system” in lieu of community-based services.
- Law enforcement is viewed generally as wanting to assist youth; however, that varies across officers.

BARRIERS TO ACCESSING SERVICES

MENTAL HEALTH SERVICES/TREATMENT

- There is a significant stigma for youth and families utilizing mental health treatment services.
- Youth attempting to access some mental health services are placed on waiting lists.
- Lack of insurance and/or ability to pay for services.
- Region 3 supported outpatient mental and behavioral health services in Hall County are over capacity levels.

EDUCATION AND SCHOOL-BASED PROGRAMMING

- Lack of transportation to and from school activities can make accessing activities difficult for some students.
- Substantially higher rates of English Language Learner (ELL) students than the state.

FAMILY/PARENTING INVOLVEMENT AND SUPPORT

- Lack of transportation to and from services and lack of in-home services make it difficult for parents to access supports.
- Employment requiring parents to work difficult schedules contributes to parents’ inability to be involved.

SUBSTANCE ABUSE SERVICES/TREATMENT

- Some levels of treatment are not located in Hall County and can be hard to reach.
- Lack of insurance and/or ability to pay for services.

PREVENTION SERVICES

- There are a limited number of services available to serve a large population.
- Families do not know about services that are available or don't know how to access services they know about.
- As with other services, transportation to and from services is often lacking.
- Data collection and sharing between agencies could be improved to ensure that all agencies are knowledgeable about programs.

JUVENILE JUSTICE: DIVERSION AND DETENTION

- Data collection and sharing could be improved.

LACK OF COMMUNITY SUPPORT

- Inconsistent prioritization by service providers.
- Communication and collaboration of youth service organizations is good, but could always be improved.

RISK FACTORS AND ASSOCIATED DATA

The list of risk factors that contribute to understanding the need for youth services is listed in Table 1, with associated Hall County data, where available. Risk factor categories indicate the following:

Individual Risk Factors. Youth individual risk factors do not appear to be a high level, but school performance is somewhat lower.

Family. There are some significant family risk factors in the community that include single-family households, teen pregnancy and large family size. Hall County also has slightly higher reports of child abuse and neglect and some reports of domestic violence.

Peer. While gang activity has stabilized, gang activity still exists and incidences of bullying are higher than state levels which both indicate high levels of peer risk factors.

School and Community. Slightly lower educational attainment than the state and higher rates of poverty in the under 18 population leads to higher risks for youth. Criminal activity in the community by youth is evident.

Table 1. Risk Factors and Associated Data

	RISK FACTOR	ASSOCIATED DATA
Individual	Early antisocial behavior, including oppositional rule violation and aggression	<ul style="list-style-type: none"> • In 2014, there were 618 juvenile arrests in Hall County, a decrease from previous years. • In 2014, 5.9% of 8th graders, 5.6% of 10th graders, and 4.4% of 12th graders in Region 3 reported that they attacked someone with the idea of seriously hurting them in the past year.
	Emotional factors such as high behavioral activation, including impulsivity and sensation-seeking, and low behavioral inhibition, such as fearfulness, shyness, or anxiety in response to a new stimulus or punishment.	<ul style="list-style-type: none"> • In 2014-2015, 13.6% of students in Grand Island Public Schools were designated as “Special Education” (compared to 14.7% for the state).
	Poor cognitive development, this may affect the learning of social rules	
	Hyperactivity, including restless, squirmy, and fidgety behavior	
	Low intelligence, both low verbal and nonverbal IQ and low school achievement	<ul style="list-style-type: none"> • Students in Grand Island Public Schools are consistently lower than the state average in terms of proficiency in reading, mathematics, science, and writing.
Family	Inadequate parenting practices, including a high level of parent-child conflict, poor monitoring, and a low level of positive involvement	<ul style="list-style-type: none"> • In 2013, a lower percentage of youth in Grand Island indicate that their parents disapprove of tobacco, marijuana, and prescription drugs compared to their peers in the state.
	Maltreatment, both abuse and neglect	<ul style="list-style-type: none"> • In 2014, there were 97 substantiated cases of child abuse and neglect in Hall County, making for a rate of 6.0 per 1,000 youth (compared to a rate of 5.6 per 1,000 for the state).
	Family violence, risk is compounded when the child is not only witness to	<ul style="list-style-type: none"> • In 2014, there were 12 aggravated domestic assaults and 34 simple

	domestic violence, but also physically abused	domestic assaults as documented by law enforcement agencies in Hall County.
	Divorce, increases problems with antisocial, coercive and noncompliant behaviors	<ul style="list-style-type: none"> In 2014, an estimated 36.2% of children in Hall County lived in a single parent household (compared to 28.9% for the state).
	Parental psychopathology, including personality disorders such as antisocial personality disorder, mental illness, such as depression, and addictions	<ul style="list-style-type: none"> In FY 2016, 75.3% of families in Hall County served by Region 3's Professional Partner Program had a history of mental illness.
	Familial antisocial behaviors, antisocial adults tend to choose antisocial partners, leading to households where antisocial behavior is commonplace	
	Teenage parenthood and family structure, specifically single mothers	<ul style="list-style-type: none"> From 2010-2014, 10.5% of births in Hall County were to a mother age 19 and under (a total of 496 births), compared to a rate of 6.4% for the state.
	Large family size, specifically boys with 4 or more siblings by age 10 were twice as likely to offend	<ul style="list-style-type: none"> In 2014, an estimated 2.0% of family households in Hall County were of a size of 7 or more individuals (298 households), compared to 1.9% for the state.
Peer	Association with deviant peers, whether the youth has already shown deviant behavior or not, peers have an influence on the behavior of those who are close to them	<ul style="list-style-type: none"> In 2014, Grand Island Police documented 29 juveniles involved in gang activity.
	Peer rejection, young aggressive children who are rejected by peers are at significantly greater risk for later chronic antisocial behaviors	<ul style="list-style-type: none"> In 2012 in Hall County (not including Grand Island Public Schools), 53.3% of 6th graders, 52.1% of 8th graders, 39.7% of 10th graders, and 27.5% of 12th graders in Hall County reported that they were bullied in the past year (compared statewide rates of 46.8% for 6th graders, 43.9% for 8th graders, 36.2% for 10th graders, and 26.5% for 12th graders).

School and Community	Failure to bond to school	<ul style="list-style-type: none"> In 2014-2015, the dropout rate for students in Grand Island Public Schools was 1.6% (compared to 1.1% for the state). In 2012 in Hall County (not including Grand Island Public Schools), 69.4% of 6th graders, 77.3% of 8th graders, 66.9% of 10th graders, and 69.7% of 12th graders indicated opportunities for prosocial involvement in school (compared to statewide rates of 62.6% for 6th graders, 76.4% for 8th graders, 73.8% for 10th graders, and 74.9% for 12th graders).
	Poor academic performance, A meta-analysis of more than 100 studies examined the relationship between poor academic performance and delinquency and found that poor academic performance is related to the prevalence, onset, frequency, and seriousness of delinquency	<ul style="list-style-type: none"> In 2015, the four-year graduation rate for students in Grand Island Public Schools was 86.2% (compared to 88.9% for the state).
	Low Academic aspirations, this is compounded by poor academic performance and leads youth to have shorter plans for their education	
	Living in a poor family, when a family is impoverished they often live in impoverished neighborhoods, if they have stable housing at all	<ul style="list-style-type: none"> In 2014, 22.5% of the under 18 population in Hall County was at or below poverty (compared to 17.6% for the state).
	Neighborhood disadvantage, disorganized neighborhoods, and concentration of delinquent peer groups can work together to create an environment where youth are exposed to norms favorable to crime and can easily associate with delinquent peers and gangs	<ul style="list-style-type: none"> In 2014, there were 4,190 adult arrests in Hall County. In 2015, there were 121 violent crimes and 1,497 property crimes documented by Grand Island Police.
	Access to weapons	<ul style="list-style-type: none"> From 2010-2014 there were 35 juvenile arrests for weapons in Hall County.

HALL COUNTY JUVENILE SERVICES ASSESSMENT RESULTS JUNE 2016

INTRODUCTION

The Hall County Juvenile Services Assessment was conducted to determine strengths and needs in the systems providing services to youth ages 12 to 18. The assessment will assist key stakeholders in Hall County to create a framework around Positive Youth Development and prioritize needs for prevention and intervention services for young people. The assessment results will supplement the current 2015-2018 Hall County Comprehensive Juvenile Justice Service Plan and compare identified needs with the priorities established in the plan.

Schmeeckle Research, Inc. was contracted to conduct the assessment.

METHODOLOGY

Numerous resources and methods were used to collect information for the assessment, as follows:

- Hall County Juvenile Data
 - Demographics, Poverty, and Household Composition
 - Child Abuse, Neglect, Foster Care, and Geographic Mobility
 - Crime
 - Education
 - Youth Substance Use and Community Perceptions
 - Suicide
- Qualitative Data
 - Key Informant Interviews
 - Service Provider Focus Group
 - Youth Focus Group
- Community Services Mapping
- Juvenile Services Needs Assessment Survey
- Parent Survey of Youth in Juvenile System

A brief summary of the 2015 - 2018 Comprehensive Juvenile Justice Services Plan lists the priorities for the plan and how those priorities were selected:

“The Priority and Strategy Selection process occurred through dialogue and shared information at multiple H3C sub-committee and community planning sessions. The group built on the robust 2012-2015 Hall County Comprehensive Juvenile Services Plan that covers the spectrum from prevention to additional risk assessment to services for both pre-adjudicated and adjudicated youth.

Two key areas for action were identified for the 2015 – 2018 Comprehensive Juvenile Services Plan: 1) Issue-Based Priorities and 2) Organizational Priorities. Issue-Based priorities refer to the specific components of the Comprehensive Juvenile Services System that need to be developed, enhanced, or sustained. The work undertaken for these priorities reflect evidence-based or evidence-influenced programs, policies, and practices.

The 2015-2018 Hall County Comprehensive Juvenile Services planning group ranked the following state-identified priorities from one to 10 and selected the top five needs of youth in Hall County for the initial focus of planning. For each priority, the group identified relevant data, resources, and gaps related to each priority. “

1. Mental Health/Behavioral Health
2. School-based Programs/Education
3. Family Involvement/Family Driven support
4. Substance Abuse/Juvenile Treatment Needs
5. Prevention/Access to Prevention Services
6. Diversion
7. Detention/Alternatives to Detention
8. Juvenile Re-entry/Aging Out
9. Crossover between adjudicated youth and youth who are victims of abuse and neglect
10. Disproportionate Minority Contact (DMC)/Equity/Bias

YOUTH RISK AND PROTECTIVE FACTORS

RISK AND PROTECTIVE FACTORS FOR CHILD DELINQUENCY

Children's behavior results from the interaction of genetic, social, and environmental factors. Individual risk and protective factors can be defined as an individual's interrelated genetic, emotional, cognitive, physical, and social characteristics. (Wasserman, Keenan, Trembley, et. al. 2003). Family risk and protective factors are typically part of the child's primary household and family environment, which can include one or more parent figures, siblings, and sometimes extended family members and partners of parents or siblings.

Like individual characteristics, families often have many interrelated factors occurring at the same time. Peer factors are scarcer in the research, but do still impact youth. Individual and family risk and protective factors are typically already having an influence on a child's behavior before peers become involved, however peers can compound existing factors. School and community factors are considered environmental and influence those children within that environment. Without moving the household, it is often difficult for families to control the influence of school and community factors on their children.

Below are the evidence-based risk factors found by Wasserman, Keenan, Trembley, et. al. (2003). It is important to note that no single risk factor predicts antisocial behavior in youth. Often youth are experiencing multiple risk and protective factors concurrently and it is extremely difficult, if not impossible, for anyone to predict if a child with a specific set of characteristics would become a juvenile offender or not.

RISK FACTORS

Individual

- Early antisocial behavior, including oppositional rule violation and aggression
- Emotional factors such as high behavioral activation, including impulsivity and sensation-seeking, and low behavioral inhibition, such as fearfulness, shyness, or anxiety in response to a new stimulus or punishment
- Poor cognitive development, this may affect the learning of social rules
- Low intelligence, both low verbal and nonverbal IQ and low school achievement
- Hyperactivity, including restless, squirmy, and fidgety behavior

Family

- Inadequate parenting practices, including a high level of parent-child conflict, poor monitoring, and a low level of positive involvement
- Maltreatment, both abuse and neglect

- Family violence, risk is compounded when the child is not only witness to domestic violence, but also physically abused
- Divorce, increases problems with antisocial, coercive and noncompliant behaviors
- Parental psychopathology, including personality disorders such as antisocial personality disorder, mental illness, such as depression, and addictions
- Familial antisocial behaviors, antisocial adults tend to choose antisocial partners, leading to households where antisocial behavior is commonplace
- Teenage parenthood and family structure, specifically single mothers
- Large family size, specifically boys with 4 or more siblings by age 10 were twice as likely to offend

Peer factors

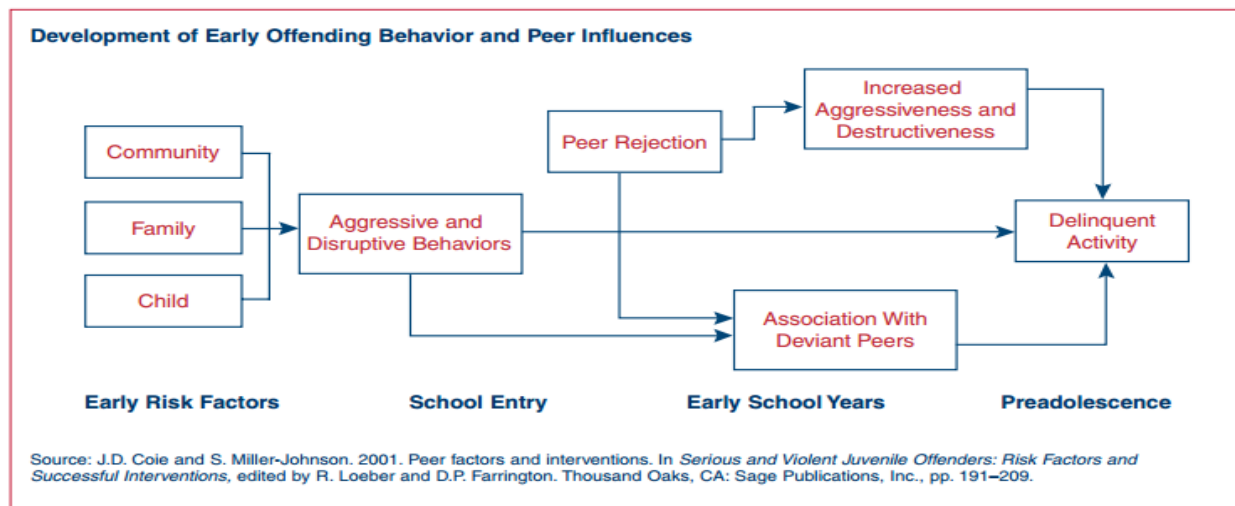
- Association with deviant peers, whether the youth has already shown deviant behavior or not, peers have an influence on the behavior of those who are close to them
- Peer rejection, young aggressive children who are rejected by peers are at significantly greater risk for later chronic antisocial behaviors

School and community factors

- Failure to bond to school
- Poor academic performance, A meta-analysis of more than 100 studies examined the relationship between poor academic performance and delinquency and found that poor academic performance is related to the prevalence, onset, frequency, and seriousness of delinquency
- Low Academic aspirations, this is compounded by poor academic performance and leads youth to have shorter plans for their education
- Living in a poor family, when a family is impoverished they often live in impoverished neighborhoods, and often lack stable housing
- Neighborhood disadvantage, disorganized neighborhoods, and concentration of delinquent peer groups can work together to create an environment where youth are exposed to norms favorable to crime and can easily associate with delinquent peers and gangs
- Access to weapons

Figure 2 illustrates the link between early risk factors in community, family, and child domains can lead to delinquent activity, with peer influence as the catalyst.

Figure 2. Development of Early Offending Behavior and Peer Influences



PROTECTIVE FACTORS

Like risk factors, protective factors are compounded and interrelated. A single protective factor is not necessarily more predictive than another and it is impossible to tease out the influence of a single risk or protective factor in a child's life that would cause a behavior. The following is a list of protective factors that have shown evidence as contributing to positive outcomes for youth according to youth.gov:

Individual

- Ability to make friends and get along with peers
- Mastery of academic skills
- Emotional self-regulation
- High self-esteem
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture
- Future orientation

Family

- Opportunities to resolve conflict
- Adequate socioeconomic resources
- Consistent discipline
- Extended family support

School/Community

- High academic standards
- School policies to reduce bullying
- School engagement
- Healthy peer groups
- Presence of mentors and support for development of skills and interests
- Physical and psychological safety

NEBRASKA JUVENILE JUSTICE POLICY AND LEGISLATION

Two recent laws have drastically changed the landscape of juvenile justice services in Nebraska. Those laws are LB561 (2013) and LB464 (2014). Below are summaries of the changes that took place as a result of these laws:

LB561 SUMMARY

The following is based on the Voices for Children Summary (2013):

- As of October 1, 2013, courts will no longer have the option to make youth state wards for status or delinquency offenses. Between July 1, 2013 and June 30, 2014, the responsibilities of the Office of Juvenile Services were limited to management of the YRTC's and supervising the youth committed therein. Youth sent to the YRTC's were committed as a condition of intensive probation, which started July 1, 2013, allowing probation to take over parole functions. The law set limits on detaining and incarcerating youth. Only in cases where it is a, "matter of immediate and urgent necessity for the protection of such juvenile or the person or property of another or if it appears that such juvenile is likely to flee the jurisdiction of the court," can a youth be placed in detention or at an YRTC.
- OJS evaluations were replaced with single focus evaluations paid for by probation. Probation is also responsible for providing services and supervision pre-adjudication where it is deemed necessary.
- Juvenile diversion services were strengthened and expanded. An emphasis is placed on pre-filing diversion, screening becomes a standard part of programs, small counties are given additional resources through probation, and a Director of Juvenile Diversion Programs at the Crime Commission will provide technical assistance to counties and help them expand and improve programming.
- A Community-based Juvenile Services Aid program was established expanding the current county juvenile services aid program. Tribes are now eligible to apply for funds, as well as counties. Grants awarded under this program can be used for: local planning and service coordination; screening, assessment, and evaluation; diversion; alternatives to detention; family support services; treatment services; reentry services; truancy

prevention and intervention programs; and other evidence-based services. All county plans must have measurable outcomes and be research –based (LB 562). A new Director of Community-based Juvenile Services will be housed at the Crime Commission.

LB464 SUMMARY

The following is based on the article by James Swift on the Juvenile Justice Information Exchange (2013) and the summary by the Nebraska Supreme Court (2013):

- All criminal charges pressed against individuals ages 18 and younger in the state would have to be filed in a juvenile court. Cases can still be moved to adult court; however, both a motion by a prosecutor and a previous hearing in a juvenile court must be completed.
- The amendments to the Community-based Juvenile Services Aid Program clarify which programs can be funded, and give the counties greater flexibility to use the grant funds. Counties may now use the funds for preexisting programs that are aligned with evidence-based practices
- Emphasis is placed on use of evidence-based practices and programs to be utilized with juvenile justice system involved youth

COST OF JUVENILE JUSTICE SERVICES AND FACILITY ADMISSIONS

The following information comes from the 2014 State of Juvenile Justice Report published by the Juvenile Justice Institute and other sources as cited.

DIVERSION

Diversion is a program that allows a youth who has committed a crime to participate in programming focused on making better choices rather than proceed through the juvenile court system. At the time of the report, formal diversion programs were available in 62 of Nebraska’s 93 counties, including Hall County.

According to the Juvenile Justice Institute’s 2014 State of Juvenile Justice Report, “Diversion is typically an extremely cost-effective method of keeping youth out of the juvenile justice system. In a 2014 study of a rural Nebraska county, diversion costs were approximately \$544 per youth, compared to approximately \$1,128 per youth in court costs.” Therefore, a youth’s choice over entering the courts system, leads to a savings of \$584 per youth, on average.

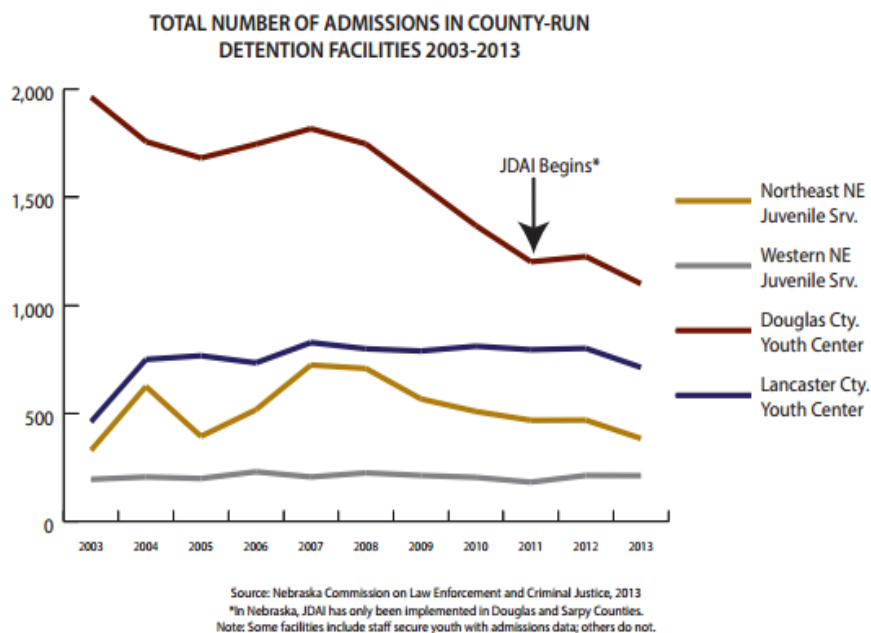
Based on Hall County Diversion Program statistics, there were 245 youth that completed diversion in 2014. Had all of these youths gone through the court system, the estimated cost

would have been \$276,360. As it is, the estimated cost of diversion services for these 245 youth is \$143,080, equating to a cost savings of \$133,280.

DETENTION AND YRTC

According to the 2014 State of Juvenile Justice Report, the average cost of youth detention in county-run facilities in Nebraska is \$229 per day and the average length of stay is 24 days, therefore on average it costs roughly \$5,496 to detain a youth. Reform efforts involved the Juvenile Detention Alternatives Initiative (JDAI), which was developed to safely reduce the number of youth in detention. Figure 3 shows a slight drop in admissions in county-run detention facilities since JDAI was implemented.

Figure 3. Total Number of Admissions in County-Run Detention Facilities (2003-2013)



According to the 2014 State of Juvenile Justice Report, for fiscal year 2013/14, the average daily cost of youth placement in YRTC-Geneva was \$347.55, or \$126,855.75 annually and the average length of stay was 211 days, or 7.04 months. Thus, on average it cost \$73,333 to serve a young woman committed to YRTC-Geneva in FY 2013/14. For the same time period the average daily cost of youth placement in YRTC-Kearney was \$271.90, or \$99,243.50 annually and the average length of stay was 204 days, or 6.8 months. Thus, on average it cost \$55,468 to serve a young man committed to YRTC-Kearney in FY 2013/14.

Admissions to YRTC-Kearney have dropped significantly from approximately 450 in 2010/11 to 300 in 2013/14 to 161 in 2014/15. Hall County had 16 admissions in 2014/15.

HALL COUNTY JUVENILE DATA

JUVENILE DATA INDICATIVE OF NEED

Table 2 below outlines the juvenile data for Hall County that are most indicative of need, as compared to the state.

Table 2. Hall County Juvenile Data Indicative of Need	
Indicator/Area of Need	Rationale for Selection
✓ Births to Teen Mothers	1. From 2010-2014, 10.5% of all births in Hall County were to a mother age 19 and under (compared to 6.4% for the state).
✓ Education	2. Student achievement on state standardized testing is consistently lower for students in Grand Island Public Schools compared to the state. Note that this may be related to the high percentage of English Language Learners within the school system.
✓ Geographic Mobility	3. In 2014, an estimated 18.2% of the population age 5-17 in Hall County moved in the past year (compared to 13.7% for the state). 4. The school mobility rate (percentage of students entering or leaving a school during the school year) for Grand Island Public Schools is 16.9% (compared to 12.3% for the state).
✓ Juvenile Arrests	5. In 2014, there were 618 juvenile arrests in Hall County. 6. In 2014, 29 juveniles were involved in incidents identified as gang-related, as documented by Grand Island Police.
✓ Minority Populations	Note: minority populations do not directly signal a need related to juvenile services, but rather a need for juvenile services to accommodate cultural diversity. 7. 43.4% of the population under the age of 18 in Hall County is minorities (compared to 28.5% for the state). 8. 26.2% of the Hispanic/Latino population in Hall County is in poverty, as compared to 9.6% of the White non-Hispanic/Latino population. 9. 16.0% of students at Grand Island Public Schools are English Language Learners (compared to 6.2% for the state).
✓ Poverty	10. The median family income for families with children in Hall County is \$51,613 (compared to \$63,135 for the state). 11. 22.5% of the under 18 population in Hall County is in poverty (compared to 17.6% for the state). 12. The overall poverty rate has increased in Hall County from 11.2% in 2010 to 15.7% in 2014. 13. 65.5% of students in Grand Island Public Schools receive free/reduced priced school meals (compared to 44.2% for the state).
✓ Single Parent Families	14. 36.2% of children in Hall County live in a single parent family (compared to 28.9% for the state).
✓ Youth Substance Use	15. Youth in Grand Island/Hall County report higher rates of marijuana and prescription drug use, and lower rates of parental disapproval of these same substances, as compared to their peers across the state.

DEMOGRAPHICS

The under 18 population in Hall County grew by 5.1% from 2010 to 2014. As of 2014 there were 16,277 youth under the age of 18 in the county (Table 3).

Table 3	Hall County population (2010-2014)					
	2010	2011	2012	2013	2014	Percent change 2010 to 2014
Total population	56,889	57,748	58,681	59,431	60,223	5.9%
Under 18 population	15,490	15,722	15,994	16,047	16,277	5.1%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2010-2014)

Hall County has a large Hispanic/Latino population, comprising one-fourth (24.9%) of the total population (Table 4). Of those under 18, 37.0% identified as Hispanic/Latino (Table 5)

Table 4	Race/ethnicity – <u>total population</u> (2014)		
	White non-Hispanic	Hispanic/Latino	All other minorities
Hall County	70.5%	24.9%	4.6%
Nebraska	81.2%	9.7%	9.1%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

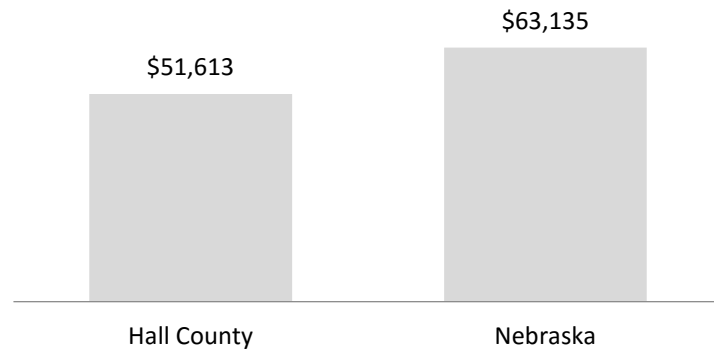
Table 5	Race/ethnicity – <u>under 18 population</u> (2014)		
	White non-Hispanic	Hispanic/Latino	All other minorities
Hall County	56.6%	37.0%	6.4%
Nebraska	71.5%	15.9%	12.6%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

POVERTY

The median income for families with children is more than \$11,000 lower in Hall County compared to the state (Figure 4).

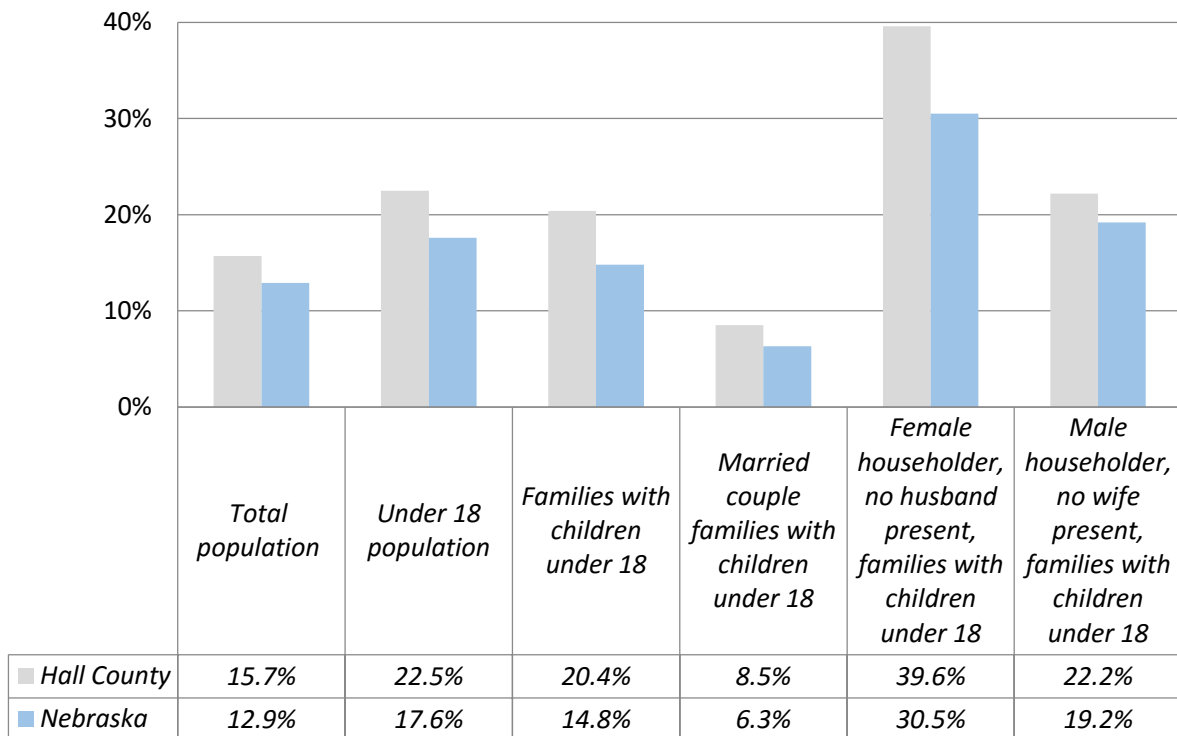
Figure 4. Median income for families with own children (2014)



Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

Hall County has higher rates of poverty compared to the state, with 15.7% of the total population and 22.5% of the under 18 population living at or below the poverty line (Figure 5).

Figure 5. Poverty by individual and household type (2014)



Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

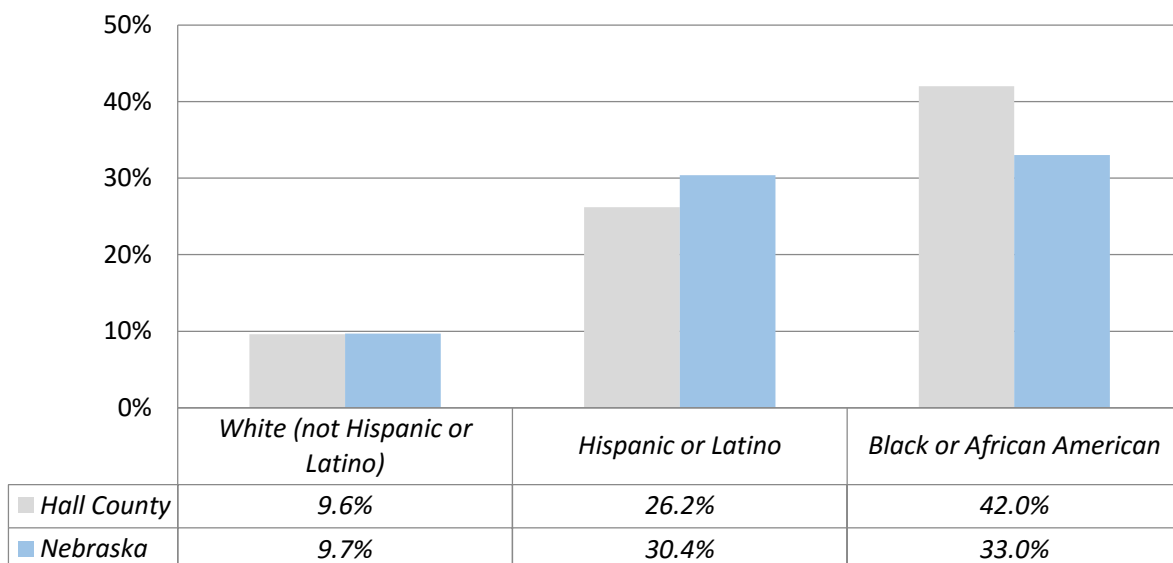
Poverty is on the rise in both Hall County and the state, but is increasing at a greater rate in Hall County. From 2010 to 2014, the poverty rate increased by 40.2% in Hall county, compared to 9.3% for the state (Table 6).

Table 6		Poverty trends (2010-2014)					
		2010	2011	2012	2013	2014	Percent change 2010 to 2014
Total population	Hall County	11.2%	11.9%	13.7%	13.7%	15.7%	40.2%
	Nebraska	11.8%	12.0%	12.4%	12.8%	12.9%	9.3%
Children under 5	Hall County	26.2%	23.0%	26.2%	25.0%	33.4%	21.6%
	Nebraska	19.5%	19.9%	20.0%	21.0%	21.4%	9.7%
Children under 18	Hall County	15.5%	15.3%	18.1%	18.2%	22.5%	45.2%
	Nebraska	15.5%	16.1%	16.7%	17.4%	17.6%	13.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2010-2014)

Figure 6 shows that minority populations experience poverty at drastically higher rates than non-minorities (Figure 6).

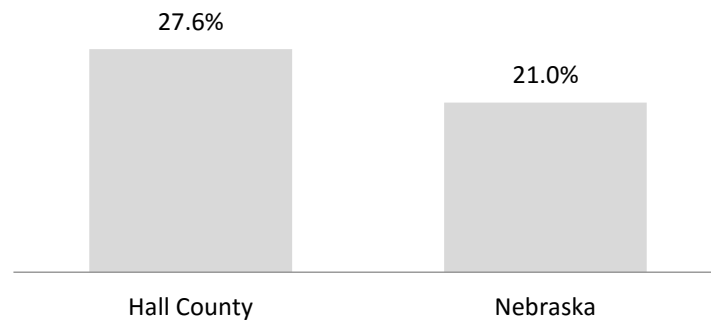
Figure 6. Poverty by selected race/ethnicity (2014)



Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

More than one-in-four (27.6%) children in hall county live in a household that receives public assistance (SSI, cash assistance, or SNAP) (Figure 7).

Figure 7. Percentage of children living in households that received public assistance* in the past 12 months (2014)



*Supplemental Security Income (SSI), cash assistance income, or Food Stamps/SNAP benefits

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

In January 2016, 588 children living in a family receiving the Aid to Dependent Children (ADC) benefit in Hall County (Table 7).

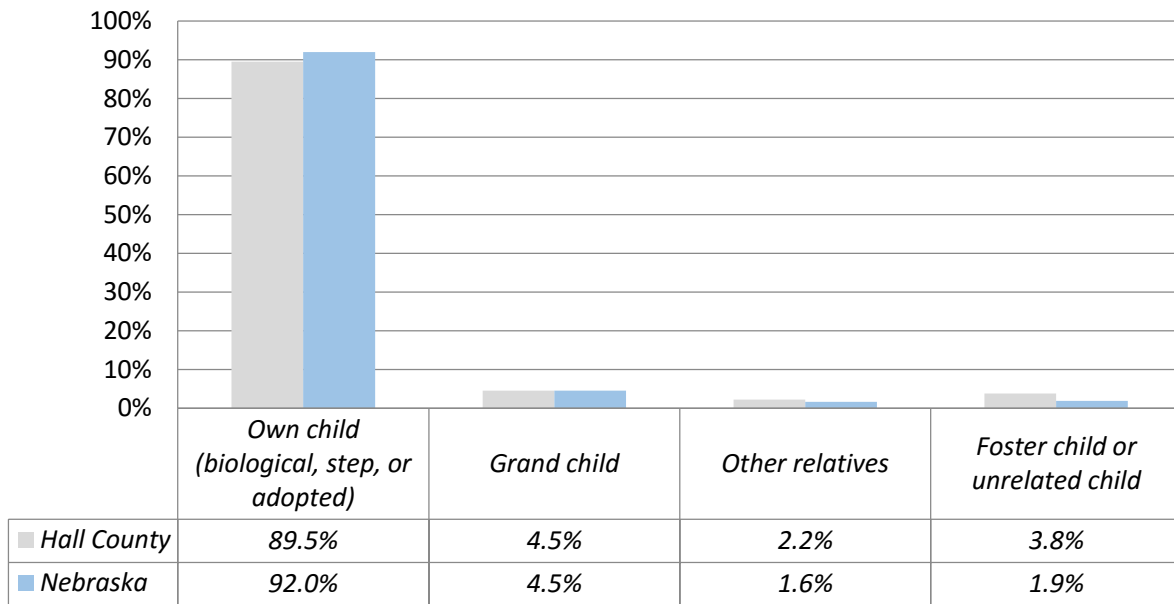
Table 7	Aid to Dependent Children (ADC) data (January 2016)				
	Families on ADC	Children on ADC	Total persons on ADC	Rate of population on ADC per 1,000	Average payment per family
Hall County	274	588	696	11.6	\$415.06
Nebraska	5,766	12,179	15,350	8.3	\$408.35

Source: Nebraska ADC Data (2016)

HOUSEHOLD COMPOSITION

Figure 8 shows the relationship to householder for children under 18. In Hall County, a higher percentage of children live in non-biological/adopted family homes compared to children in the rest of the state (Figure 8).

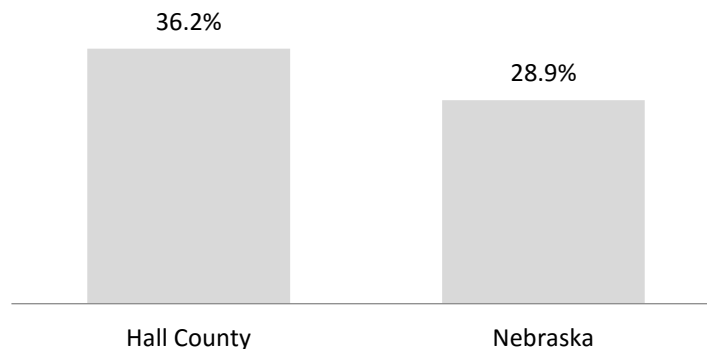
Figure 8. Relationship to householder for children under 18 (2014)



Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

More than one-in-three (36.2%) children in Hall County live in a single parent household (Figure 9).

Figure 9. Percentage of children in single parent households* (2014)



*Single parent household includes male householder, no wife present families with children, and female householder, no husband present families with children.

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

An estimated total of 5,276 children in Hall County lived in a single parent household in 2014 (Table 8).

Table 8	Hall County children in single parent households* (2010-2014)					
	2010	2011	2012	2013	2014	Percent change 2010 to 2014
Children in male householder, no wife present, family	1,242	1,441	1,373	1,363	1,523	22.6%
Children in female householder, no husband present, family	4,335	4,236	3,984	3,913	4,271	-1.4%
Total number of children in a single parent household	5,577	5,677	5,357	5,276	5,794	3.9%

*Single parent household includes male householder, no wife present families with children, and female householder, no husband present families with children.

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2010-2014)

BIRTH TO TEEN MOTHERS

Compared to the state, Hall County has a higher rate of births to teen mothers. During the five-year period of 2010-2014, 10.5% of births in Hall County were to a mother age 19 and under, compared to a rate of 6.4% for the state (Table 9).

Table 9. Number and percentage of births to teen mothers 19 and under

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014
Hall County	573 (11.7%)	574 (11.9%)	532 (11.3%)	518 (11.1%)	496 (10.5%)
Nebraska	10,968 (8.2%)	10,570 (8.0%)	9,955 (7.6%)	9,208 (7.1%)	8,383 (6.4%)

Source: Nebraska DHHS Vital Statistics (2006-2014)

In 2013, there were 29 births to mothers age 17 and under in Hall County, accounting for 3.1% of all births that year, which is higher than the rate of 1.6% for the state (Table 10).

Table 10. Number and percentage of births to teen mothers 17 and under

	2009	2013
Hall County	40 (4.0%)	29 (3.1%)
Nebraska	658 (2.5%)	424 (1.6%)

Source: Nebraska DHHS Vital Statistics (2009 and 2013) contained in Nebraska Kids Count (2014)

CHILD ABUSE AND NEGLECT AND FOSTER CARE

Rates of substantiated child abuse and neglect in Hall County are comparable to rates for the state. In 2014, there were 97 substantiated cases of child abuse and neglect in Hall County (Table 11).

Table 11. Number of substantiated cases of child abuse and neglect and rate per 1,000

	2011	2012	2013	2014
Hall County	74 (4.7)	69 (4.3)	59 (3.7)	97 (6.0)
Nebraska	3,410 (7.5)	2,723 (5.9)	2,892 (6.3)	2,575 (5.6)

Source: Nebraska DHHS Child Abuse and Neglect Reports (2011-2014)

Rates of youth in foster care in Hall County are slightly lower than rates for the state. On June 30, 2015, there were 99 youth in foster care in Hall County (Table 12).

Table 12. Number in foster care and rate per 1,000

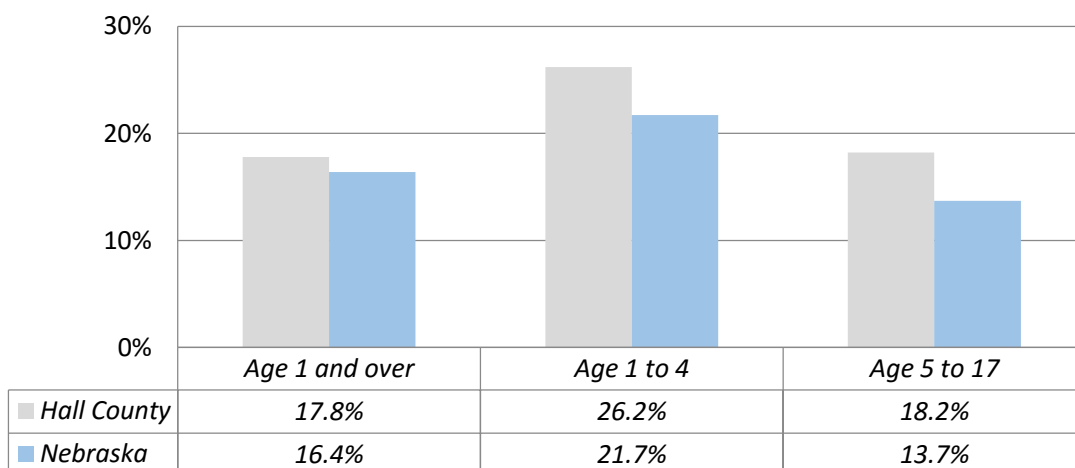
	12/31/2011	12/31/2012	6/30/2014	6/30/2015
Hall County	128 (7.3)	115 (6.6)	78 (4.4)	99 (5.6)
Nebraska	4,320 (8.4)	3,892 (7.6)	3,026 (5.9)	3,145 (6.1)

Source: Nebraska Foster Care Review Board (2011-2015)

GEOGRAPHIC MOBILITY

Rates of geographic mobility (moved in the past year) are higher in Hall County compared to the state (Figure 10).

Figure 10. Geographic mobility (moved in the past year) (2014)



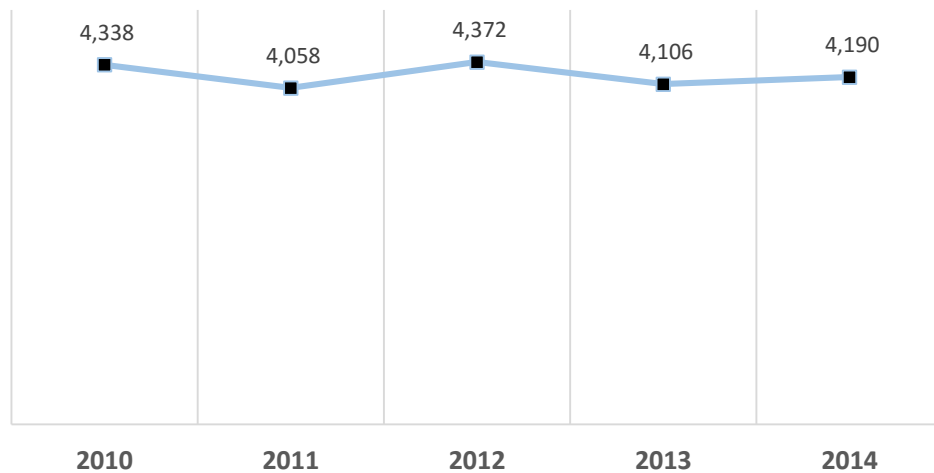
Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2014)

CRIME

ARRESTS

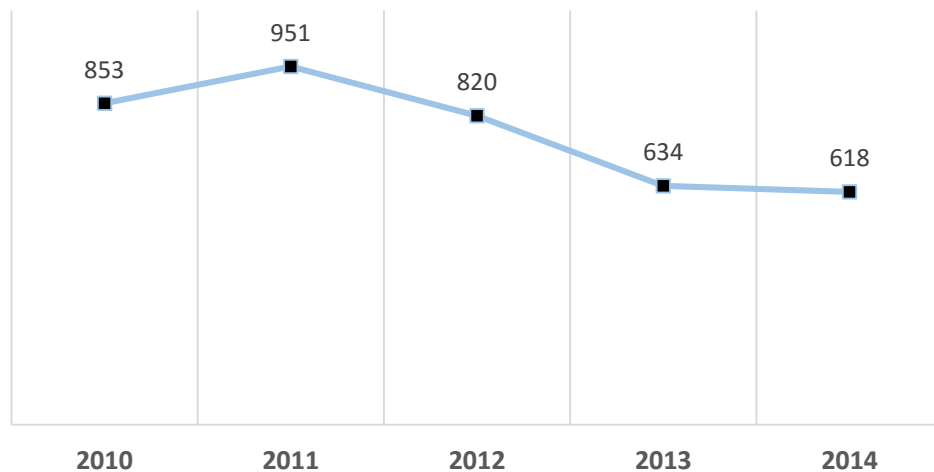
The number of adult and juvenile arrests in Hall County from 2010 to 2014 is displayed below in Figures 11 and 12. State comparison data is unavailable due to lack of reporting by all law enforcement agencies. All law enforcement agencies in Hall County have submitted data.

Figure 11. Hall County adult arrests (18 and over)



Source: Nebraska Crime Commission (2010-2014)

Figure 12. Hall County juvenile arrests (17 and under)



Source: Nebraska Crime Commission (2010-2014)

The most common juvenile arrests in Hall County are for larceny, liquor laws, simple assault, vandalism, and drug abuse violations. These five arrest-types accounted for nearly two-thirds of all juvenile arrests in Hall County from 2010 to 2014 (Table 13).

Table 13	Hall County juvenile arrests (17 and under) by type (2010-2014)						
	2010	2011	2012	2013	2014	Total	% of total
Larceny	196	251	240	142	132	961	24.8%
Liquor Laws	108	126	93	96	69	492	12.7%
Simple Assault	74	92	99	85	99	449	11.6%
Vandalism	98	97	68	62	45	370	9.5%
Drug Abuse Violations	63	45	45	39	76	268	6.9%
Burglary	29	40	12	7	9	97	2.5%
Disorderly Conduct	9	42	26	13	1	91	2.3%
Driving Under the Influence	19	7	9	10	8	53	1.4%
Weapons	4	11	4	6	10	35	0.9%
Motor Vehicle Theft	4	10	7	4	8	33	0.9%
Curfew (Juvenile only)	5	7	7	0	7	26	0.7%
Aggravated Assault	5	5	8	1	5	24	0.6%
Forcible Rape	2	2	7	7	5	23	0.6%
Fraud	1	4	6	5	6	22	0.6%
Vagrancy	0	0	0	0	11	11	0.3%
Forgery and Counterfeiting	3	2	2	2	1	10	0.3%
Stolen Property	5	4	0	0	0	9	0.2%
Arson	1	2	5	0	0	8	0.2%
Sex Offenses (except rape and prostitution)	1	2	0	2	3	8	0.2%
Robbery	2	4	1	0	0	7	0.2%
Offense Against Family and Children	1	0	0	0	0	1	0.0%
All Other Offenses (except traffic)	223	198	181	153	123	878	22.7%
Total	853	951	820	634	618	3,876	

Source: Nebraska Crime Commission (2010-2014)

Table 14 shows that Hall County juvenile arrests declined in 2013 and 2014 from previous years due to a decrease in arrests by the Grand Island Police Department.

Table 14	Hall County juvenile arrests (17 and under) by agency (2010-2014)					
	2010	2011	2012	2013	2014	Total
Grand Island Police Department	767	857	752	554	546	3,476
Hall County Sheriff's Office	42	80	51	57	61	291
Nebraska State Patrol	44	14	17	23	11	109
Total	853	951	820	634	618	3,876

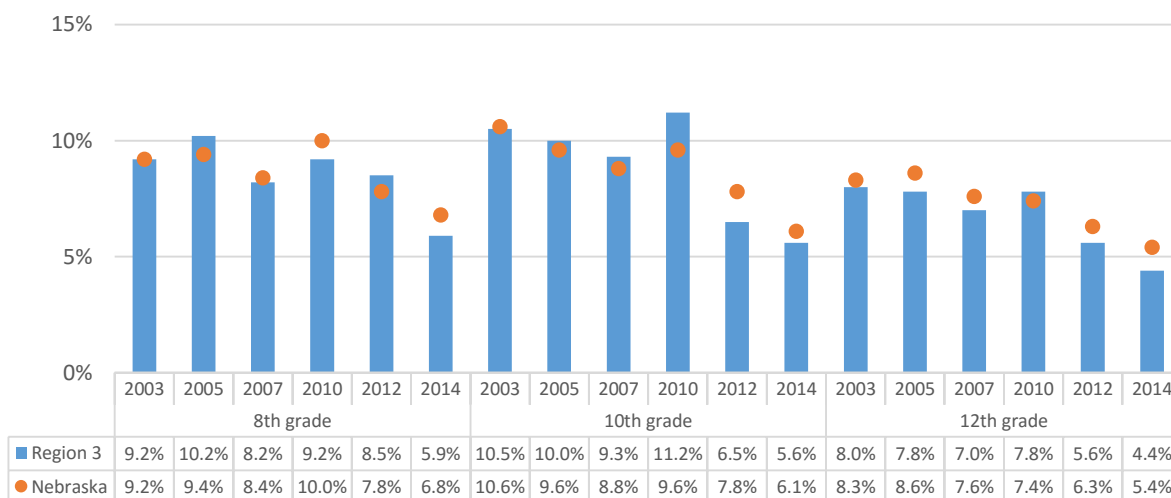
Source: Nebraska Crime Commission (2010-2014)

JUVENILE DELINQUENT BEHAVIOR

Data in this section are for all of Region 3 due to poor samples from Hall County in the Nebraska Risk and Protective Factors Student Survey (NRPFS) in 2012 and 2014. Data in this section may not adequately represent Hall County's more urban demographic. Region 3 includes the following counties: Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Merrick, Buffalo, Hall, Hamilton, Phelps, Kearney, Adams, Clay, Furnas, Harlan, Franklin, Webster, and Nuckolls.

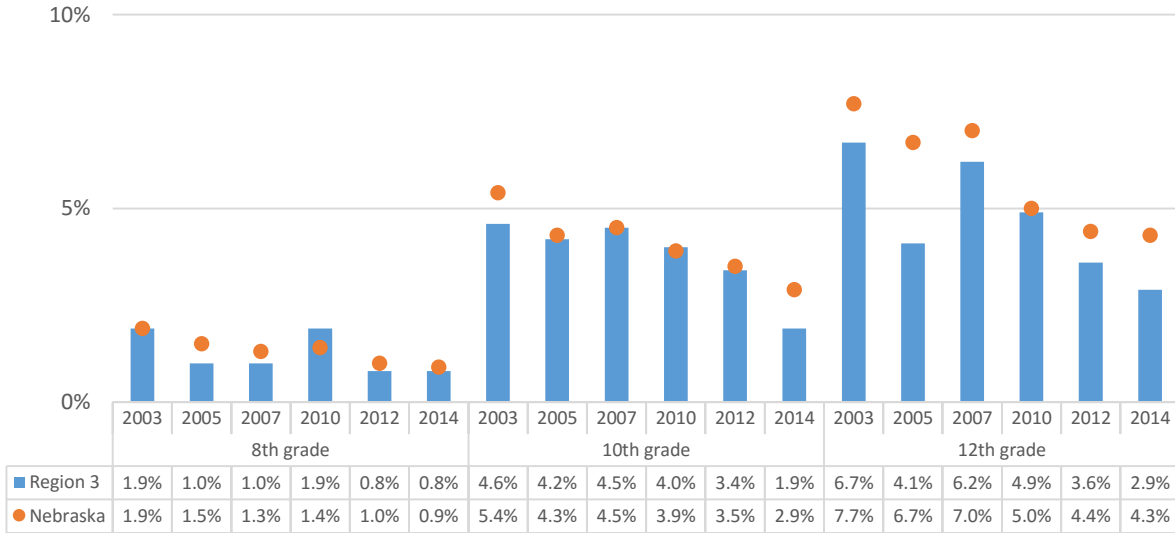
The following figures (13 through 16) show past-year rates of attacking someone with the idea of seriously hurting them, selling illegal drugs, stealing a motor vehicle, and being arrested.

Figure 13. Attacked someone with the idea of seriously hurting them in the past year



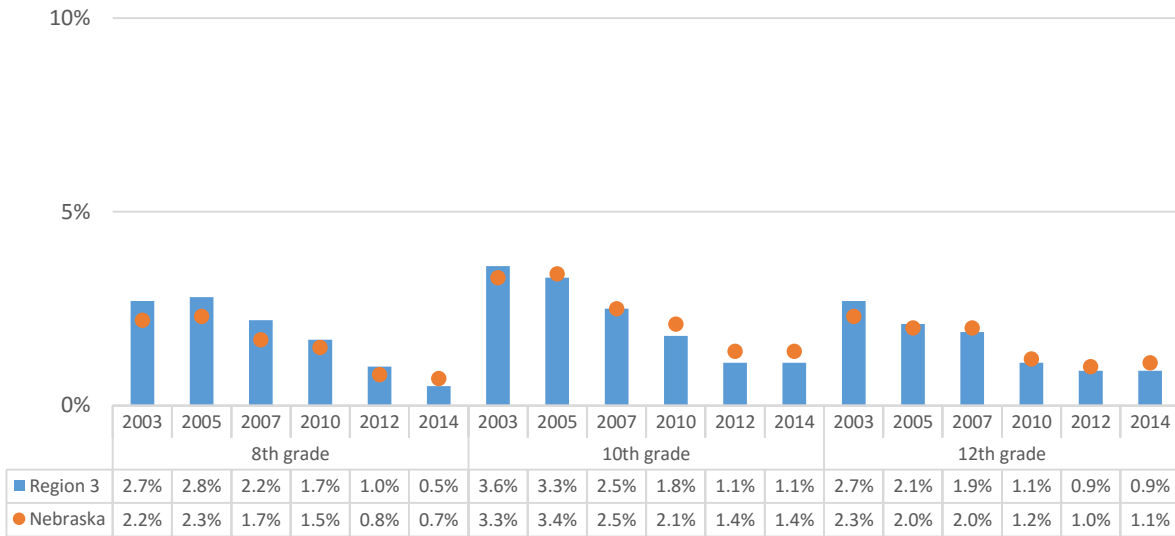
Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2003-2014)

Figure 14. Sold illegal drugs in the past year



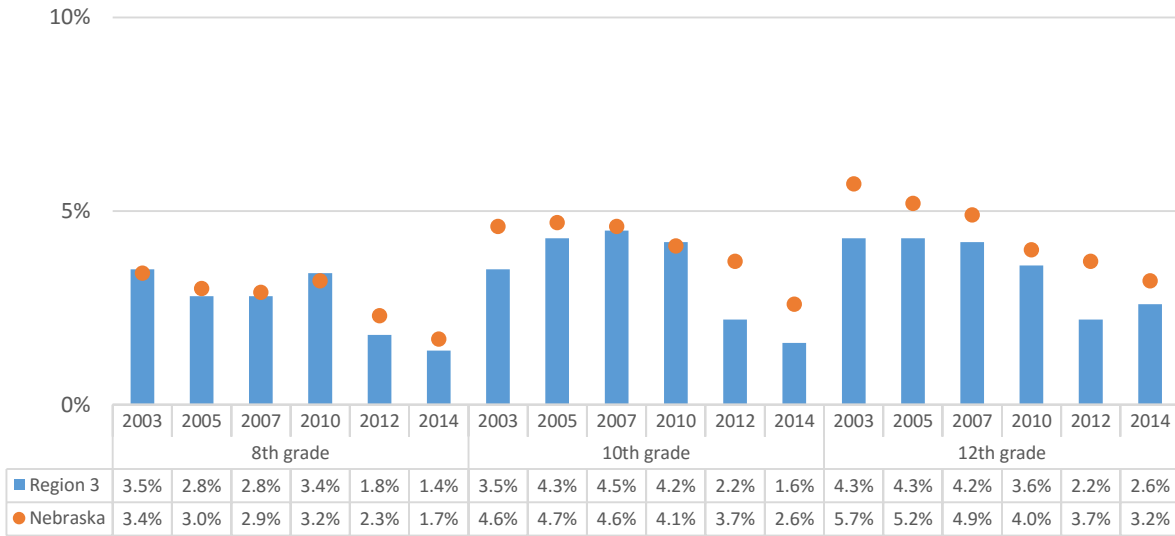
Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2003-2014)

Figure 15. Stole or tried to steal a motor vehicle in the past year



Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2003-2014)

Figure 16. Arrested in the past year

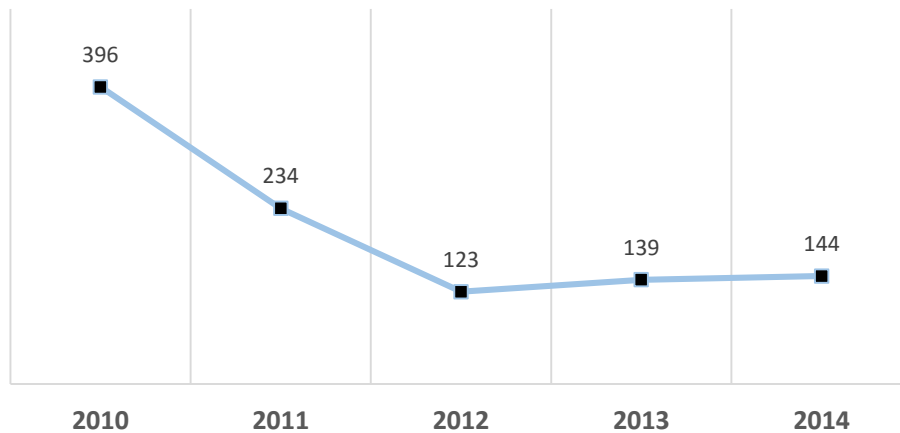


Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2003-2014)

GANG ACTIVITY

The number of gang flagged incidents reported by Grand Island Police is displayed below in Figure 17. The number of such incidents had declined drastically since 2010.

Figure 17. Gang flagged incident reports by Grand Island Police



Source: Grand Island Police Department (2011-2014)

In 2014, there were 29 juveniles involved in gang flagged incident reports as documented by Grand Island Police (Table 15).

Table 15	Juvenile gang activity documented by Grand Island Police			
	2011	2012	2013	2014
Juveniles involved in gang flagged incident reports	-	-	28	29
Juvenile gang field interviews	36	17	8	11

Source: Grand Island Police Department (2011-2014)

VIOLENT AND PROPERTY CRIMES

The number and clearance rate of violent and property crimes as documented by Grand Island police is displayed below in Table 16.

Table 16	Violent and property crimes documented by Grand Island Police					
		2011	2012	2013	2014	2015
Violent crimes (homicide, rape, robbery, felony assault)	Number	150	158	131	144	121
	% Cleared	69 %	72%	75%	71%	75%
Property crimes (burglary, larceny [theft], auto theft)	Number	2,549	2,311	2,381	2,223	1,497
	% Cleared	31%	33%	31%	29%	37%

Source: Grand Island Police Department (2011-2015)

DIVERSION

Diversion program statistics are displayed below in Tables 17 and 18. In 2014, Hall County Diversion had a completion rate of 83.3%.

Table 17	Hall County Diversion Program statistics		
	2012	2013	2014
Youth referred/offered diversion	343	308	325
Youth accepted into program and enrolled*	296 (86.3%)	236 (76.6%)	294 (90.5%)
Youth completed program	292 (98.6%)	181 (76.7%)	245 (83.3%)
% White (non-Hispanic)	55.0%	57.3%	50.0%
% Minority	45.0%	42.7%	50.0%
% Male	59.5%	60.6%	63.3%
% Female	49.5%	39.4%	36.7%
11 and under	4.7%	6.8%	4.4%
12-13	16.9%	8.1%	12.9%
14-15	35.1%	19.9%	27.6%
16-17	31.1%	31.8%	39.1%
18 and over	12.2%	33.5%	16.0%

*All youth who were referred/offered diversion but failed to enroll, did not enroll due to a new violation, dropping out/failing to complete, or declining to enroll.

Source: Hall County Diversion Program (2014)

Table 18	Reason for failing to complete Hall County Diversion Program (2014) (n=79)	
New law violation	Drop out/failed to complete	Declined to enroll
38.0%	27.8%	34.2%

Source: Hall County Diversion Program (2014)

YOUTH ADJUDICATED TO ADULT COURT

In 2013, 86 youth in Hall County were adjudicated to adult court (Table 19).

Table 19. Number of youth adjudicated to adult court and rate per 1,000

	2009	2013
Hall County	139 (9.0)	86 (5.4)
Nebraska	3,688 (8.1)	2,193 (4.8)

Source: JUSTICE Administrative Office of the Courts (2009 and 2013) contained in Nebraska Kids Count (2014)

PROBATION

In fiscal year 2015, there were 119 probation juvenile intakes in District 9 (Hall and Buffalo Counties) (Table 20).

Table 20	District 9 (Hall and Buffalo Counties) Probation Juvenile Intakes and Detention Decisions (FY 2015)		
Secure Detention	Staff Secure Facility	Other Alternative	Total Probation Juvenile Intakes
10	13	96	119

Source: Nebraska Administrative Office of the Courts and Probation (2015)

EDUCATION

STUDENT CHARACTERISTICS

During the 2014-2015 school year, there were 12,067 students in public schools in Grand Island and 590 in private schools (Tables 21 and 22).

Table 21	Public schools membership (2014-2015)			
Doniphan-Trumbull Public Schools	Grand Island Public Schools	Northwest Public Schools	Wood River Rural Schools	Total
489	9,553	1,453	572	12,067

Source: Nebraska Department of Education (2014-2015)

Table 22		Private schools' membership (2014-2015)				
Grand Island Central Catholic Schools	Trinity Lutheran School	Platte Valley Seventh Day Adventist	New Hope Christian School	Grand Island Christian School	Heartland Lutheran School	Total
307	147	7	24	31	74	590

Source: 2015-2018 Hall County Comprehensive Juvenile Services Plan (2014)

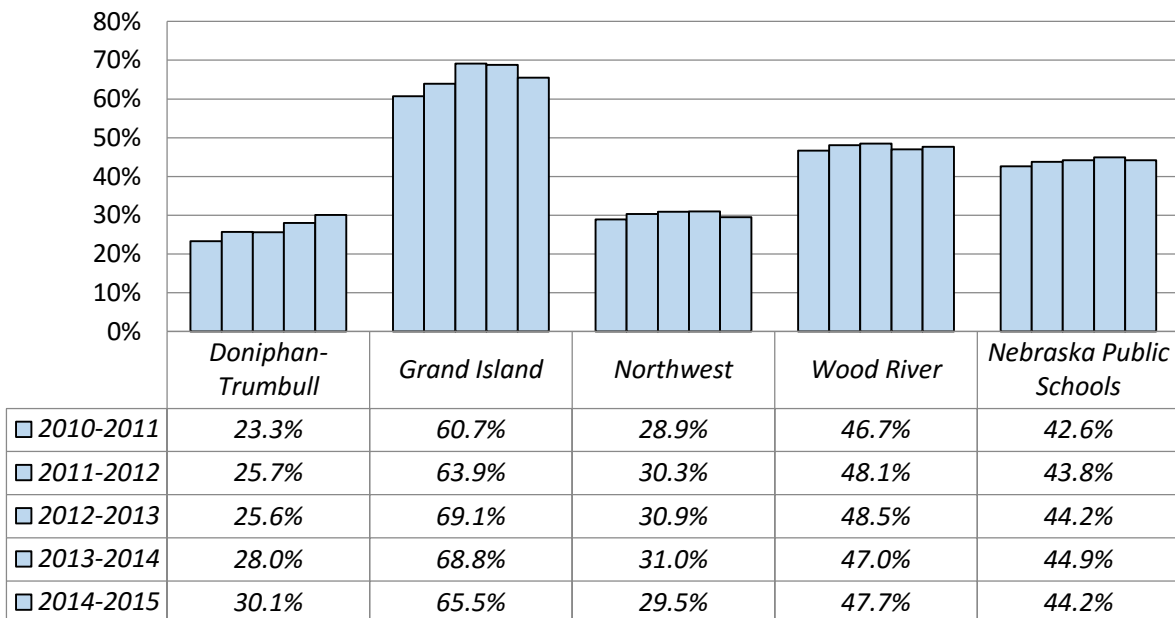
Nearly half (47.1%) of public schools' students are minorities (Table 23).

Table 23		Percentage of minority students within public schools' systems (2014-2015)		
Doniphan-Trumbull Public Schools	Grand Island Public Schools	Northwest Public Schools	Wood River Rural Schools	Total
7.2%	55.6%	12.7%	25.5%	47.1%

Source: Nebraska Department of Education (2014-2015)

Roughly two-thirds of students in Grand Island Public Schools receive free and reduced priced school meals (Figure 18).

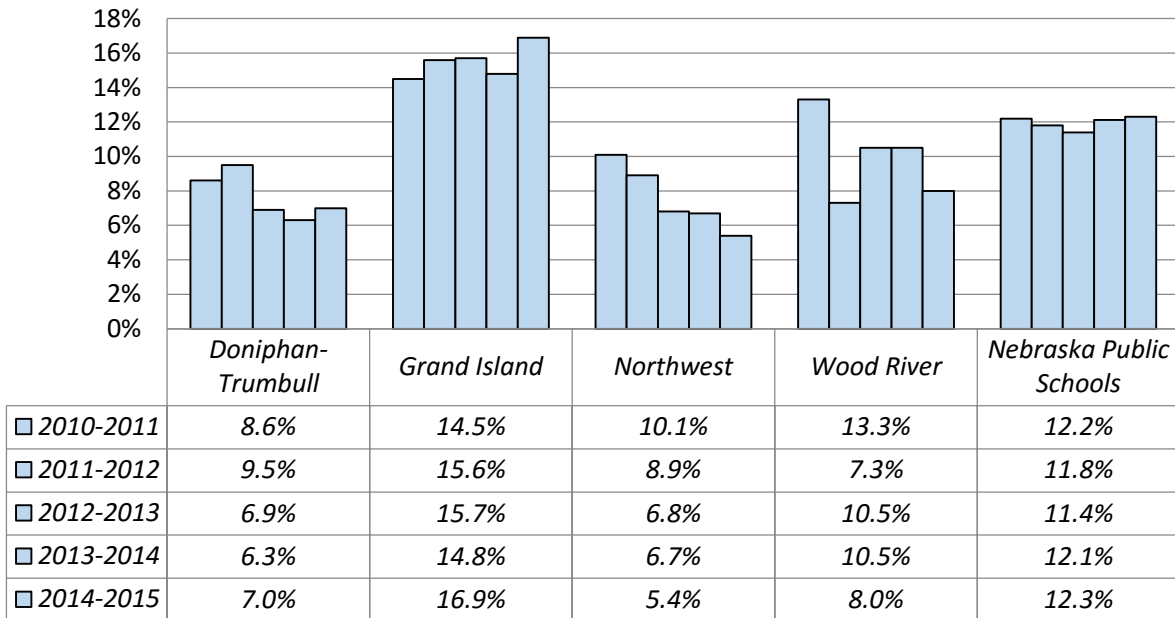
Figure 18. Public Schools Students Receiving Free and Reduced Priced School Meals



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

School mobility rates are relatively high in Grand Island Public Schools (Figure 19).

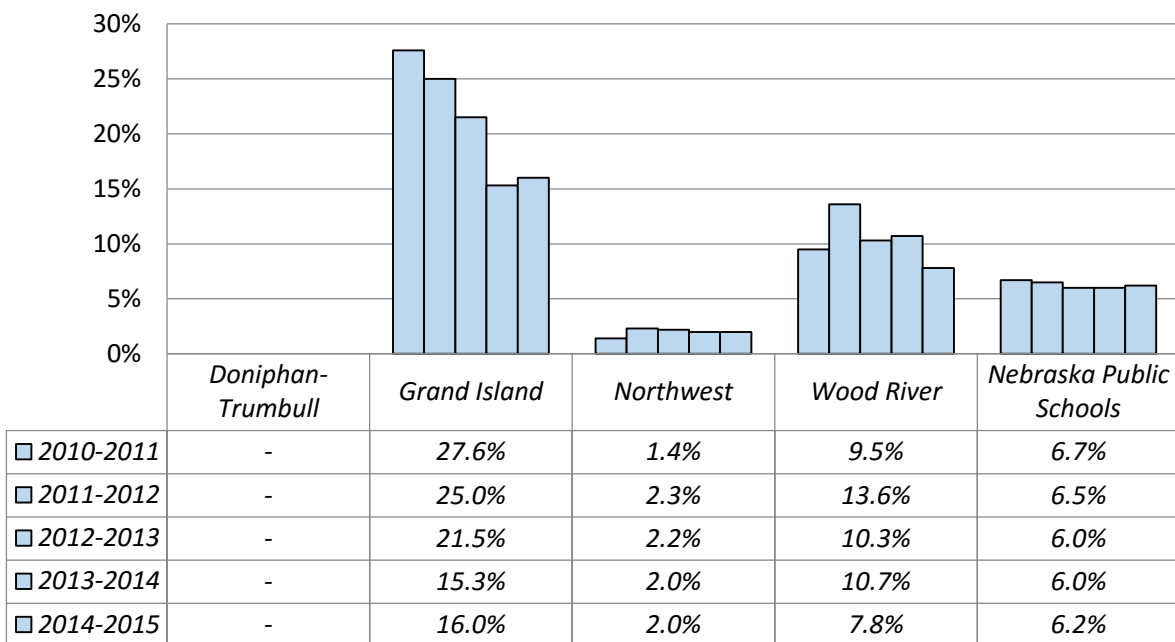
Figure 19. Mobility Rate (% of students entering or leaving a school building in a year)



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Approximately 16% of students in Grand Island Public schools are English Language Learners; this rate has been declining in recent years (Figure 20).

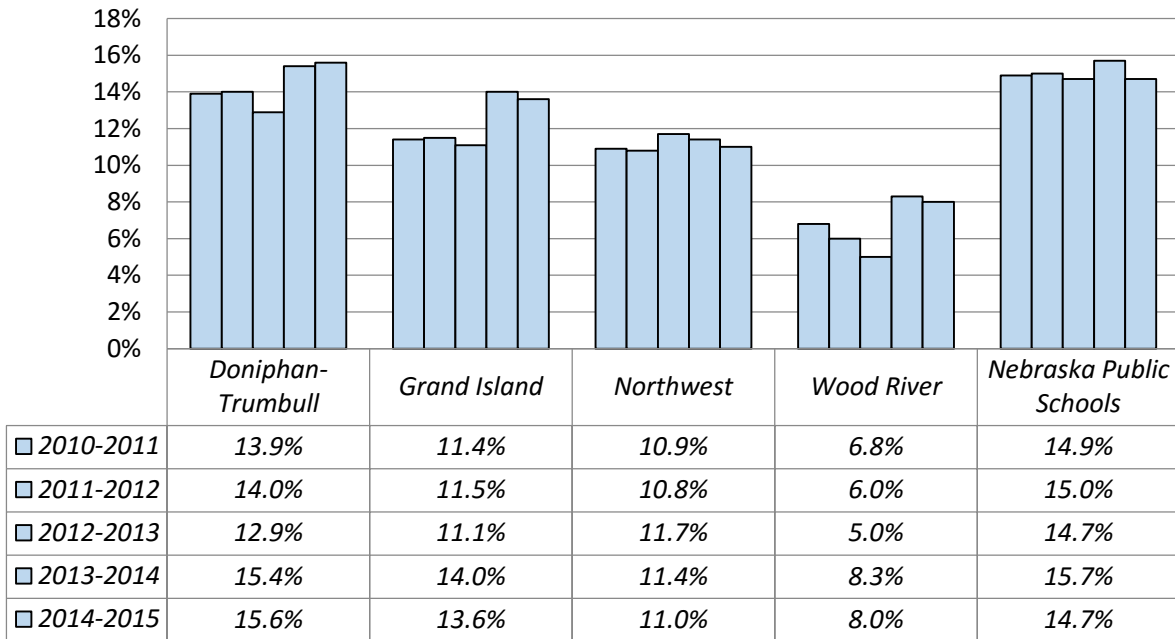
Figure 20. English Language Learners



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Within Hall County, Doniphan-Trumbull has the highest percentage of students in special education (Figure 21).

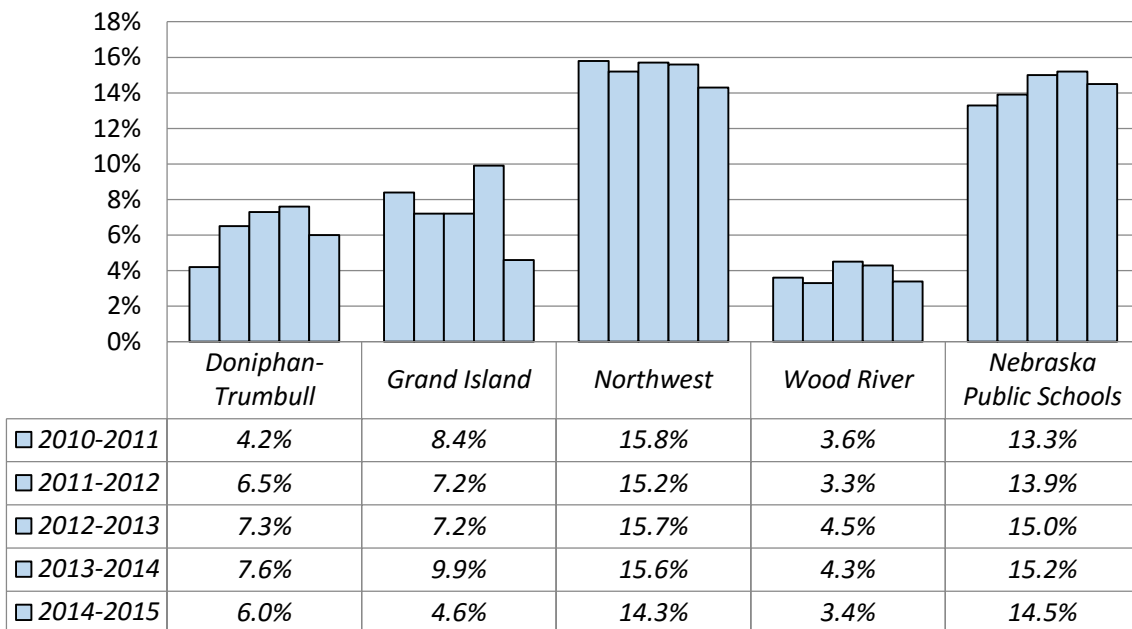
Figure 21. Percentage of Students in Special Education



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Within Hall County, Northwest Public Schools has the highest rates of High Ability Learners (Figure 22).

Figure 22. High Ability Learners



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Student characteristics for students in particular schools within Grand Island Public Schools are detailed below (Table 24).

Table 24	Student characteristics: Grand Island Public Middle and High Schools				
	Barr Middle School	Walnut Middle School	Westridge Middle School	Grand Island Senior High School	Nebraska Public Schools
Enrollment	769	871	495	2,365	312,281
% Receiving free/reduced lunch	68.5%	79.9%	37.8%	66.4%	44.2%
% of ELL students	9.5%	14.8%	2.0%	9.2%	6.2%
% School mobility rate	13.5%	13.0%	22.6%*	15.8%	12.3%

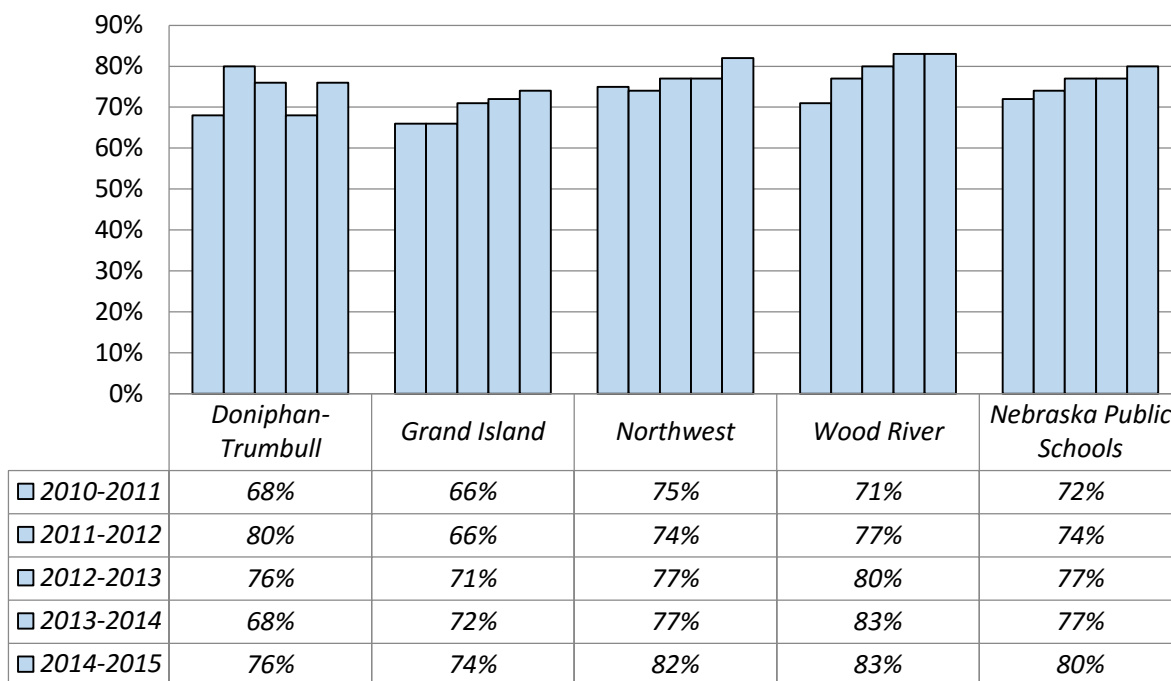
*School mobility rate for Westridge Middle Schools was 7.9% in 2013-2014.

Source: Nebraska Department of Education (2014-2015)

STUDENT ACHIEVEMENT ON STANDARDIZED TESTING

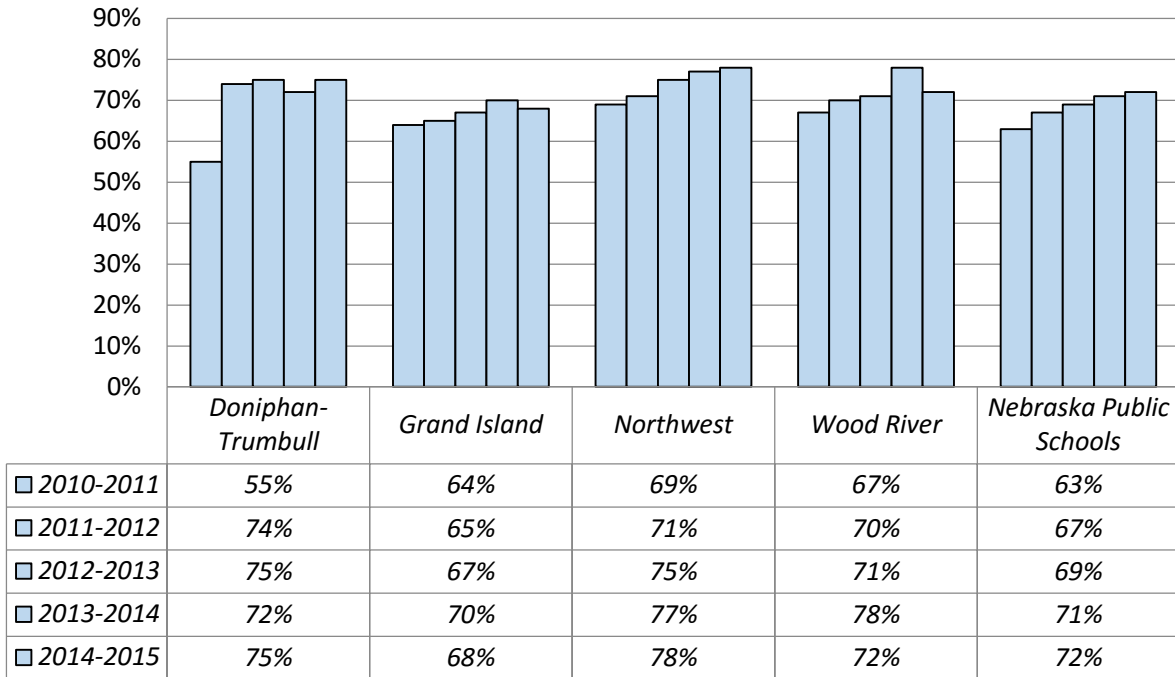
Figures 23 through 26 outline student achievement on standardized testing. In general, students in Grand Island Public Schools tend to under-perform compared to their peers in Hall County and the state.

Figure 23. Percentage proficient in reading



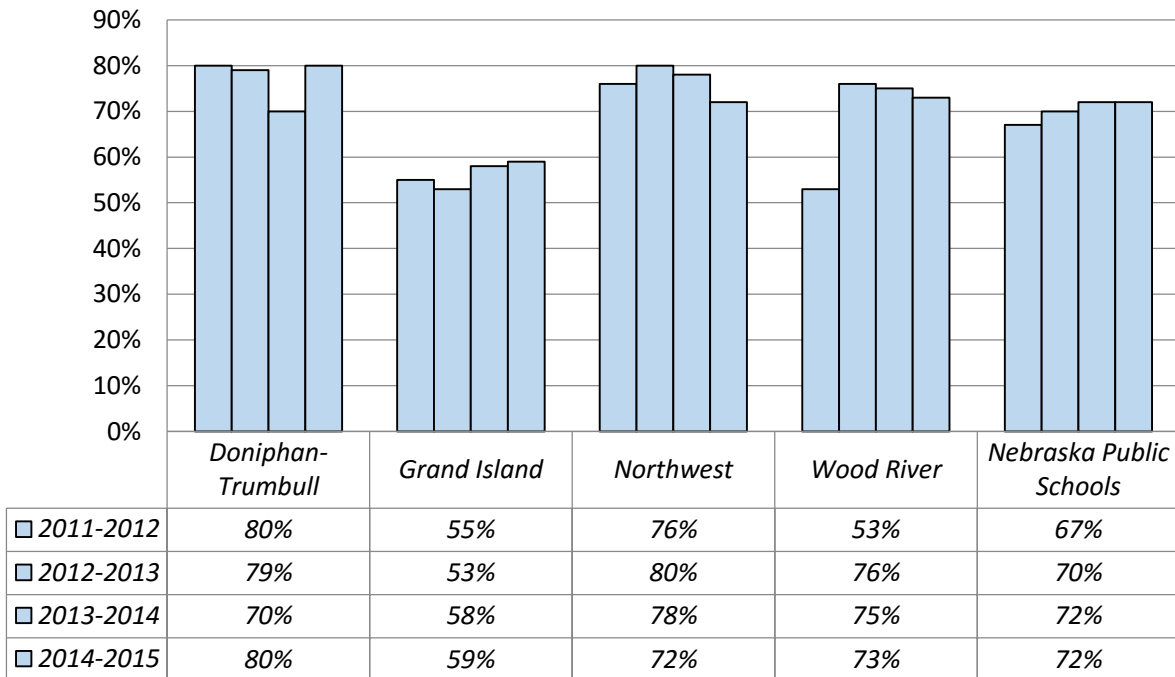
Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Figure 24. Percentage proficient in mathematics



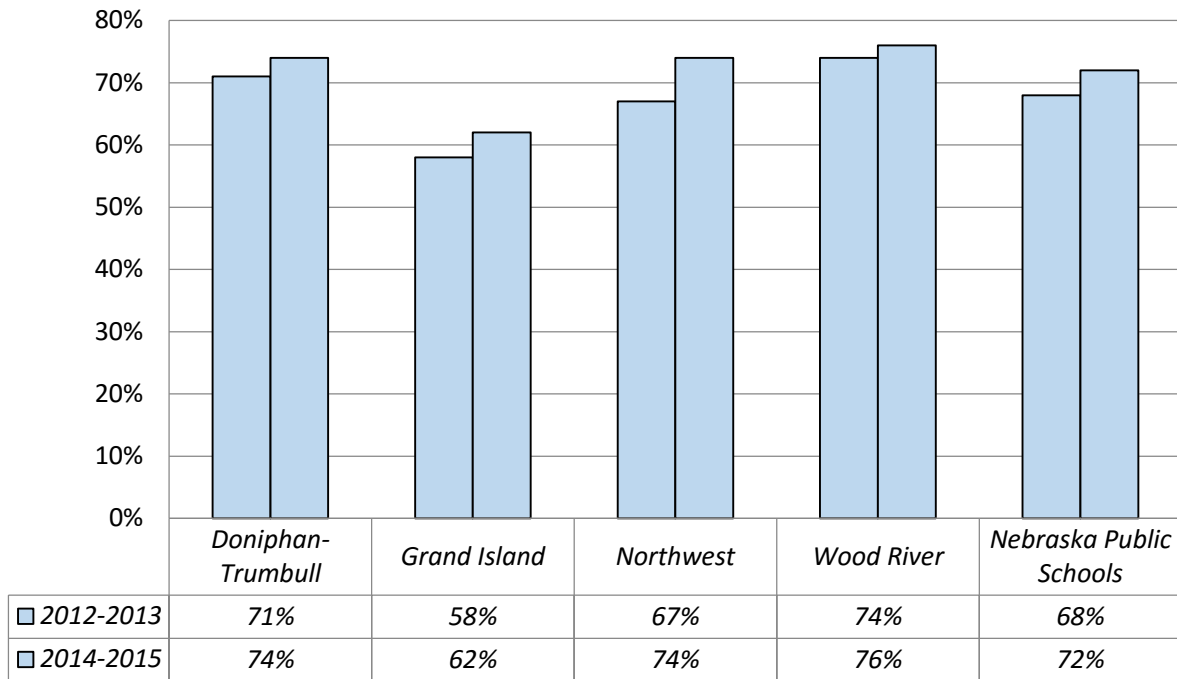
Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Figure 25. Percentage proficient in science



Source: Nebraska Department of Education (2010-2011 to 2014-2015)

Figure 26. Percentage proficient in writing

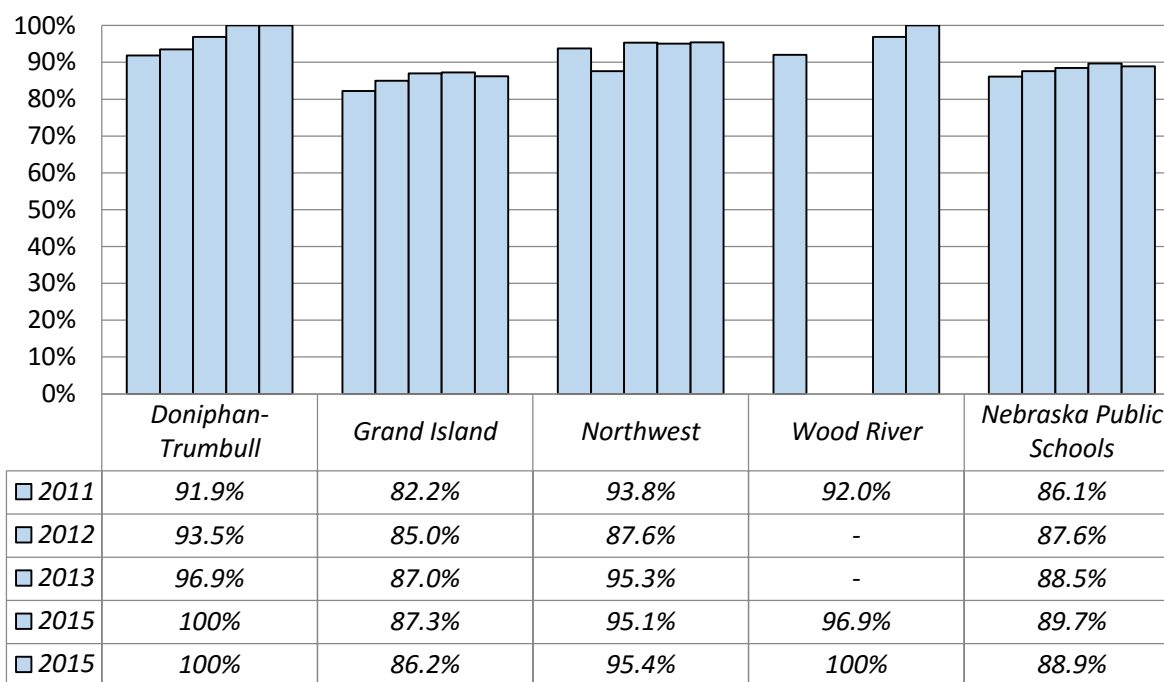


Source: Nebraska Department of Education (2010-2011 to 2014-2015)

GRADUATION AND DROPOUT

Graduation rates are displayed below in Figure 27. Grand Island Public Schools has a slightly lower rate of graduation compared to the state. The remaining schools in Hall County have higher rates of graduation compared to the state.

Figure 27. Four-year graduation rate



Note: some data are masked to protect the identity of students

Source: Nebraska Department of Education (2010-2011 to 2014-2015)

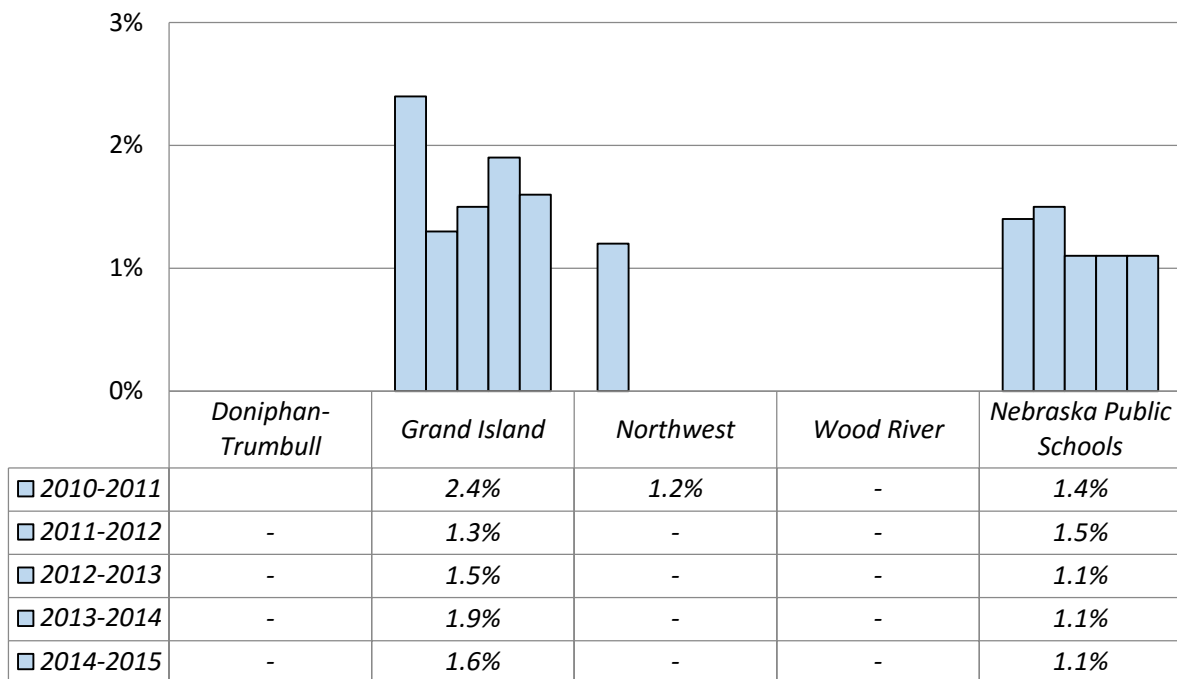
Graduation rates by demographic variables for students in Grand Island Public Schools and Nebraska Public Schools are displayed below in Table 25.

Table 25	Four-year graduation rate by demographic variables: Grand Island Public Schools and Nebraska Public Schools					
	2013		2014		2015	
	GIPS	NE	GIPS	NE	GIPS	NE
All students	87.0%	88.5%	87.3%	89.7%	86.2%	88.9%
Students receiving free/reduced price meals	84.3%	80.9%	86.7%	82.4%	86.5%	81.4%
English Language Learners	65.4%	59.7%	85.1%	60.4%	47.5%	54.7%
Hispanic	83.3%	78.6%	86.2%	82.7%	81.7%	81.6%
White	92.3%	92.2%	88.3%	92.7%	91.6%	92.5%

Source: Nebraska Department of Education (2011-2013)

Figure 28 shows dropout rates. Many of the data are masked in order to protect the identity of students.

Figure 28. Dropout rate



Note: some data are masked to protect the identity of students

Source: Nebraska Department of Education (2010-2011 to 2014-2015)

YOUTH SUBSTANCE USE

Youth substance use rates and alcohol-related behaviors for Hall County and Grand Island Senior High are displayed below in Tables 26 and 27.

Table 26	Past 30-day alcohol, tobacco, and drug use by grade			
Grade		8th	10th	12th
1. 30-day alcohol use	Hall County 2005	8.1%	28.6%	38.9%
	Hall County 2007	12.3%	25.4%	36.6%
	Hall County 2010	9.6%	24.2%	36.3%
	Grand Island Senior High 2010	-	26.0%	38.0%
	Grand Island Senior High 2013	-	26.7%	30.1%
	Nebraska 2012	6.3%	18.4%	31.4%
2. 30-day binge drinking (5 or more drinks in a row)	Hall County 2010	4.8%	16.8%	25.4%
	Grand Island Senior High 2010	-	18.0%	27.0%
	Grand Island Senior High 2013	-	15.0%	20.2%
	Nebraska 2012	2.8%	11.3%	21.7%
3. 30-day cigarette use	Hall County 2005	4.9%	14.9%	28.5%
	Hall County 2007	5.4%	14.2%	20.3%
	Hall County 2010	7.2%	14.7%	21.0%
	Grand Island Senior High 2010	-	16.0%	22.0%
	Grand Island Senior High 2013	-	14.4%	18.7%
	Nebraska 2012	3.3%	9.3%	18.8%
4. 30-day marijuana use	Hall County 2005	2.9%	7.3%	12.2%
	Hall County 2007	4.0%	10.0%	12.4%
	Hall County 2010	5.0%	12.4%	17.0%
	Grand Island Senior High 2010	-	15.0%	20.0%
	Grand Island Senior High 2013	-	17.1%	19.8%
	Nebraska 2012	2.3%	8.6%	11.7%
5. 30-day prescription drug use	Hall County 2005	3.3%	5.1%	5.5%
	Hall County 2007	2.1%	4.4%	2.8%
	Hall County 2010	2.0%	4.7%	2.7%
	Grand Island Senior High 2010	-	5.0%	3.0%
	Grand Island Senior High 2013	-	10.3%	6.8%
	Nebraska 2012	0.7%	2.4%	3.8%

Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2005-2012) and Grand Island Senior High Four Core Measures Survey (2013)

Table 27		Alcohol-related behaviors by grade			
		Grade	8th	10th	12th
1. Past year alcohol impaired driving	Hall County 2005		5.2%	11.2%	27.1%
	Hall County 2007		4.7%	9.8%	24.3%
	Hall County 2010		2.0%	6.2%	18.2%
	Grand Island Senior High 2010		-	4.0%	13.0%
	Grand Island Senior High 2013		-	6.9%	15.1%
	Nebraska 2012		1.0%	4.0%	14.8%
2. Past year passenger in vehicle with alcohol impaired driver	Hall County 2005		33.4%	36.7%	41.0%
	Hall County 2007		29.6%	31.6%	36.2%
	Grand Island Senior High 2010		-	29.0%	26.0%
	Grand Island Senior High 2013		-	34.9%	30.7%
3. Ever drank alcoholic beverages with parents present	Grand Island Senior High 2013		-	21.2%	22.4%

Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2005-2012) and Grand Island Senior High Four Core Measures Survey (2013)

COMMUNITY PERCEPTIONS OF YOUTH SUBSTANCE USE

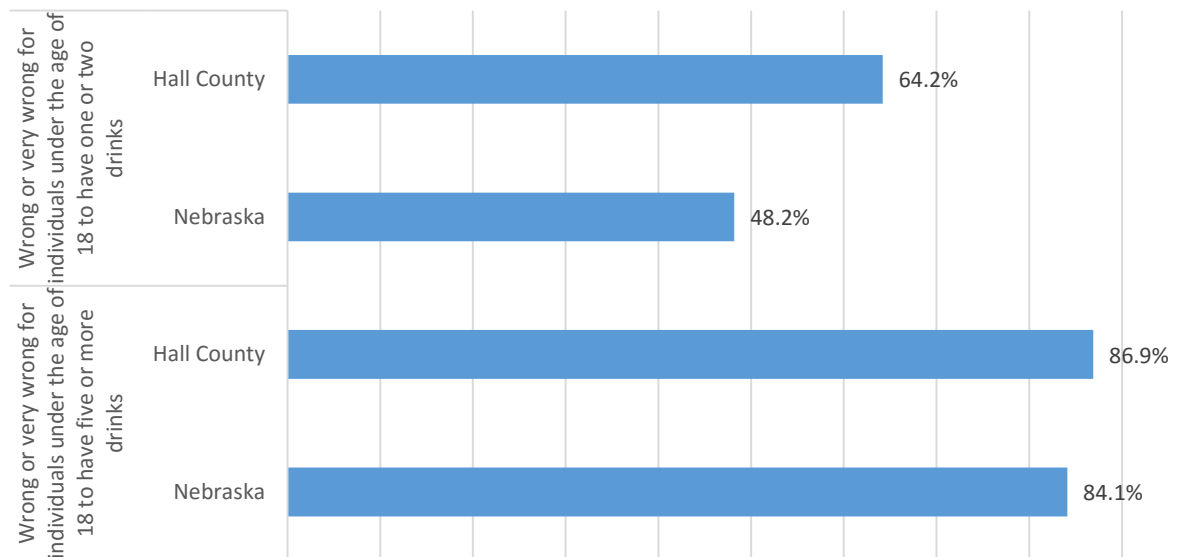
Table 28 shows rates of parental disapproval of substance use for youth in Hall County and Grand Island Senior High.

Table 28		Perception of Parental Disapproval			
		Grade	8th	10th	12th
1. Parents feel it is wrong or very wrong for them to have one or two alcoholic beverages nearly every day	Hall County 2007		88.9%	81.5%	91.9%
	Hall County 2010		93.2%	85.7%	79.6%
	Grand Island Senior High 2013		-	86.4%	92.2%
	Nebraska 2010		91.7%	86.6%	78.2%
2. Parents feel it is wrong or very wrong for them to have five or more alcoholic beverages in a row once or twice a week	Grand Island Senior High 2013		-	89.8%	93.8%
3. Parents feel it is wrong or very wrong for them to smoke tobacco	Hall County 2007		97.6%	93.7%	85.2%
	Hall County 2010		96.1%	89.9%	85.6%
	Grand Island Senior High 2013		-	87.6%	82.9%
	Nebraska 2010		96.8%	94.1%	87.3%
4. Parents feel it is wrong or very wrong for them to smoke marijuana	Hall County 2007		99.4%	96.0%	94.6%
	Hall County 2010		97.1%	93.1%	88.9%
	Grand Island Senior High 2013		-	84.9%	84.9%
	Nebraska 2010		97.5%	94.8%	93.8%
5. Parents feel it is wrong or very wrong for them to use prescription drugs not prescribed	Hall County 2010		96.6%	97.2%	96.2%
	Grand Island Senior High 2013		-	83.6%	92.7%
	Nebraska 2010		97.6%	96.8%	96.0%
6. Parents feel it is wrong or very wrong for them to drink alcohol in front of them	Grand Island Senior High 2013		-	77.4%	74.6%

Source: Nebraska Risk and Protective Factors Student Survey (NRPFS) (2005-2012) and Grand Island Senior High Four Core Measures Survey (2013)

In a 2013 survey, a higher percentage of Hall County adults perceived that it is wrong or very wrong for individuals under the age of 18 to drink alcohol, as compared to the state (Figure 29).

Figure 29. Adult perceptions about underage alcohol use (2013)



Source: Nebraska Annual Social Indicators Survey (NASIS) (2013)

SUICIDE

From 2010 to 2014 there were 33 suicides in Hall County, 6 of which were committed by individuals age 24 and under. The rate of deaths due to suicide in Hall County is comparable to the rate for the state (Tables 29 and 30).

Table 29		Suicides by Year					
	2010	2011	2012	2013	2014	Total	Age Adjusted Rate per 100,000 (2010-2014)
Hall County	5	6	10	5	7	33	11.7
Nebraska	186	184	232	220	250	1,072	11.5

Source: Nebraska DHHS Vital Statistics (2009-2013)

Table 30		Suicides by Age Group in Hall County (2009-2013)							
5-14	15-24	25-34	35-44	45-54	55-64	67-74	75-84	85+	Total
2	4	6	9	4	1	1	4	2	33

Source: Nebraska DHHS Vital Statistics (2009-2013)

Grand Island Public Schools provides immediate screening for youth who directly threaten to commit suicide, admit to having suicidal ideation, or someone, such as a teacher or friend, suspect the youth is experiencing suicidal ideation. The crisis team intervened in 175 cases during the 2015-2016 school year. Youth can be referred for screening for multiple reasons. Below is a summary of the youth who were referred to the suicide response program.

Demographics of youth screened for suicide (n=175):

- 61% male; 39% female
- 60% Caucasian; 27% Hispanic; 13% other
- Elementary, 34.8%; grades 6-8, 33.7%; grades 9-12, 31.4%

Reasons for referral:

- 57% making a direct threat
- 39% making an indirect threat
- 24% signs of depression
- 11% mood swings
- 9% sudden change in behavior

Referral source:

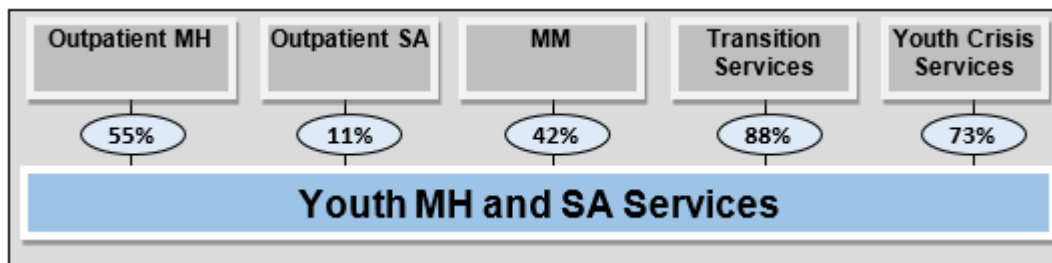
- 46% referred by school staff member
- 29% self-referred
- 17% referred by friend/another student
- 8% referred by parent

REGION 3 SUPPORTED BEHAVIORAL HEALTH SERVICES

The following services are supported by the Region 3 Behavioral Health Services in Hall County. Mid-Plains Center for Behavioral Healthcare Services, Inc.:

- Outpatient/Assessment (includes Dual Diagnosis)
- Medication Management
- Multi-systemic Therapy
- Crisis Stabilization
- Social Setting Detoxification w/Medical Component
- Peer Support
- Outpatient
- Medication Management
- Crisis Response

Figure 30. Percent Capacity for Mental Health and Substance Abuse Services Serving Only Youth by Level of Care

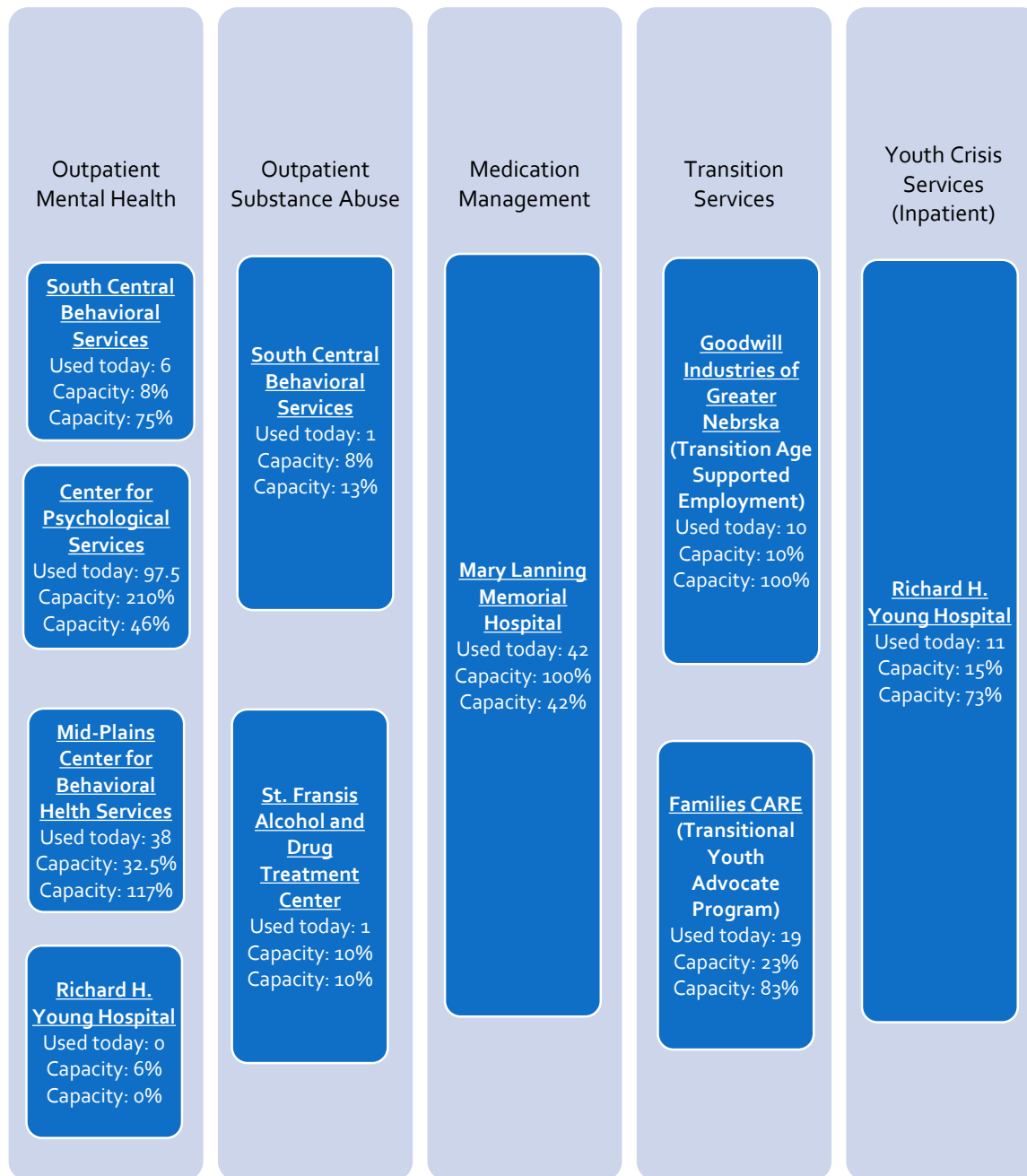


Region 3 also provides Professional Partner Program (PPP) Co-op for Success in Hall County. The PPP works with at-risk students in Grand Island who: have a mental health and/or behavioural issue; need assistance to achieve meaningful employment; need assistance in developing a support plan including using the wraparound process to help students achieve goals; and are referred from the Grand Island Public Schools and Vocational Rehabilitation.

Table 31 includes the number served and demographics of students in the Professional Partners Program (PPP) in Hall County. The risk factors and prevalent presenting problems for youth/young adults in the program are also shown.

Table 31 Professional Partners Program in Hall County (FY 2014 – FY 2016)	
FY 2014	FY 2015
95	86
74% Male, 26% Female	65% Male, 35% Female
62% White, 38% Non-white	64% White, 36% Non-white
FY 2016	
Risk Factors for Youth/Young Adults	Presenting Problems for Youth/Young Adults
• Runaways (31%)	• Child anxious (45%)
• Psychiatric hospitalization (29%)	• Physical aggression (43%)
• Physically abused (22%)	• Extreme verbal abuse (41%)
• Suicide attempt (20%)	• Non-compliance (34%)
• History of substance abuse (18%)	• Attentional difficulties (31%)
• Sexually abused (14%)	• Youth depression (30%)
• Sexually abusive to others (7%)	• Hyperactive-Impulsive (17%)
	• Truancy (16%)
	• Social contact avoidance (15%)
	• Academic problems (14%)

Figure 31. Region 3 Mental Health and Substance Abuse Services Only for Youth: Capacity and Use on 3-1-2016



QUALITATIVE RESULTS

QUALITATIVE DATA SUMMARY

Three methods were used to collect qualitative data about the services, barriers, and gaps that exist in the Hall County Juvenile Justice System: key informant interviews, a youth focus group at the Ombudsman School, and a service provider focus group. Each of these groups were asked a series of questions to help identify the risk factors for delinquent behavior, learn about opportunities, activities, and services available for those experiencing behavioral health concerns, understand how law enforcement and school policy has changed, and gather feedback about collaboration among entities. Throughout the interviews, several topics rose to the top that can be categorized as available services, gaps, and barriers. A brief summary of the participants is below, which is then followed by their feedback.

AVAILABLE SERVICES

One key informant complimented the public schools stating, “[The] school does an awesome job. [They] have athletic events, basketball, volleyball, all that stuff...at the school, then [they] have clubs... the croquet club, cooking club, soccer club, [they] have had All-Stars, which is a little group that gets together, SANKOFA.” Focus group participants noted a number of school-based and community-based programs available to youth and their families including mentoring, skill building, school-based interventionists, and parenting classes. Another positive community support mentioned by several participants was the Field House. They believe it keeps youth out of trouble by providing them a safe, structured environment where they are able to have fun.

There are prevention and treatment services available for mental health and substance abuse concerns both in the school setting and in the community. There are providers that see youth for no charge, on a sliding fee scale, or with insurance. There are in-home and family services available, including therapy and parenting classes. Diversion is another service in the community that participants report leads to positive change. Diversion takes youth who would otherwise be involved in the juvenile justice system for their first law enforcement contact and most youth who are charged are given the opportunity to go through diversion first before being put on probation unless the crime was particularly serious or violent. One informant reported that in their experience, diversion is effective for youth who have made a stupid mistake, however youth who have deeper issues are the ones that go through the juvenile justice system more than once.

GAPS

Nearly all participants stated that a lack of community-based and school-based activities that are free or affordable was a gap in Hall County. Many felt that if youth had less idle time and more activities that they could engage in in a positive way, it would reduce the number of

youth in the juvenile justice system. During the youth focus group, the refrain of “there is nothing to do here”, was voiced several times by different participants, who also added, “Everything costs money.” The youth participants saw the same connection the adults did between a lack of positive activities and system involvement. One youth aptly noted, “[teens] need something to do or they are going to get bored and end up doing drugs.”

Another gap that participants agreed on was a lack of immediate mental health services, especially for those with little or no ability to pay. It was identified that some youth have to be placed on waiting lists in order to receive an evaluation, and then they may be put on a waiting list for services after they have been evaluated. This can have serious consequences for youth who are experiencing an acute crisis. Related to this is the gap in medical coverage some families fall into; providers noted that there is a gap between those who qualify for Medicaid and those that can afford private insurance.

An additional concern voiced by participants was that there is no Intensive Outpatient (IOP) level of care available in Hall County. For those youth who are recommended that level of care, they would need to be sent to another area of the state or have a lower level service to remain in their home. Not having this level effects youth who need intensive treatment and who may not see the same benefit at a lower level of care.

Prevention was mentioned as both a positive service in the community and as a place that could grow. A few participants reported feeling that while the parenting classes currently being offered are having a positive effect on those families in them, the curriculum is not widespread and there are only a few programs being utilized that have an evidence-base. One participant specifically mentioned that they felt that there were few prevention activities in the community that would address youth who are struggling with gang involvement and that this was an important gap to fill.

BARRIERS

While many barriers to meeting these needs were mentioned throughout the interviews, a few were mentioned more often and seemed to have the largest effect on the county as a whole.

- **Poverty.** Families are not able to pay for activities for youth to stay involved, they are not able to pay for services for youth that need them, and they often have to work jobs that are not ideal to make ends meet, but often these jobs leave youth without supervision.
- **Transportation.** Families are not able to get their child to and from activities and services unless transportation is provided or the service takes place in the home. Families and youth cannot utilize services they cannot access and one of the largest barriers to access is transportation.

KNOWLEDGE OF SERVICES

Many youth and families do not know the activities and services that are available in the community or how to access them. Youth and families who are not educated on the resources will not know what questions to ask or who to go to attain services. Greater promotion of services and activities through collaboration of those providing services and those with access to youth and families would help work through this barrier.

PARENTAL INVESTMENT

Many services require that parents be involved or at least consent for services to continue. If parents are not willing or able to consent to services, those services cannot be provided. Some parents may minimize their child's behaviors and needs or they may simply not understand the importance of services. Regardless of the cause, without parental investment, assisting youth to make better choices is a challenge.

KEY INFORMANT INTERVIEW RESULTS

Key informants were interviewed in May to provide additional information for the juvenile justice needs assessment. Key information interview questions are located in Appendix A. The individuals listed in Table 32 completed the interview.

Table 32	Key Informants	
Organization	Name/Title	
Grand Island Public School	Robin Dexter, Assistant Superintendent	
Department of Health and Human Services	Kathleen Stolz, Regional Administrator	
Probation	Kelli Schadwinkel, Juvenile Justice Resource Supervisor	
Region 3	Jill Schubauer, Youth Systems of Care Services	
Absentee Court	Emily Beamis, Absentee Court Attorney	
Deputy County Attorney's Office	Sarah Carstensen and Matthew Boyle	
GIPS Wellness Center	Michelle Hendrickson, Manager	
Law Enforcement	Mark Stagman (SRO Middle School) Jason Urbanski (SRO Middle School) Jim Duering (Coordinator Gang Unit) Wendy Pierce (Crime Prevention Office)	

RESULTS

The providers spoke about their experiences interacting with the juvenile justice system and in their community. Several themes developed throughout the focus group discussion. Below is a summary of the discussion, organized by theme.

ROOT CAUSES AND CHILDHOOD RISK FACTORS FOR JUVENILE DELINQUENT BEHAVIOR

The following concerns in Table 33 were identified by key informants as the root causes and childhood risk factors that are most salient to the juvenile justice system in Hall County. The number next to the factor indicates the number of informants that identified that specific factor as being relevant.

Table 33	Identified Root Cause or Childhood Risk Factor	
Individual		Number of Informants
Mental Health Concerns and Trauma		4
Drug and Alcohol Use		4
Learning Disabilities		1
Peers		
Peer Pressure		1
Law Enforcement Involved Friends		1
Relationship Pressure		1
Lack of Positive Peers		1
Family		
Lack of Parental Supervision/Kids Left on their Own		7
Lack of Parental Investment or Parents Minimizing Youth Behavior		6
Poverty		5
Single Parent Households		3
Drug and Alcohol Use by Parents		2
Disruptive Upbringing and/or Domestic Violence		2
Lack of a Positive Support System		2
Mental Health Concerns of Parents		1
Young Parents		1
Lack of Role Models		1
Lack of Parental Education		1
Family Cycle, Parents were in the System as a Youth		1

Community	
Lack of Activities and/or Idle Time	5
Lack of Services, especially in-home services	4
Gang Activity	2
Lack of Community Connections	1
High Minority Population and Ethnic Strife	1
Lack of a Deterrent	1

ADDRESSING CONCERNS

Some key informants expanded on how the identified factors effect youth in Hall County specifically and presented some ideas on how to address these concerns.

Lack of Role Models and Parental Involvement

“In my experience [in the juvenile justice system] ...we get some of the kids who are just young and dumb or bored or whatever it is, but ... typically those are not the kids we worry about and they are not the kids who take up the resources. It is the kids who lack attention from guiding adults in their life who seem to come into our care more often.” This informant also noted that kids with a strong support system who mess up tend not to continue to get into trouble because they have people involved in their lives to help them.

Lack of Community Activities for Youth

In reducing boredom, one informant suggested increasing the number of activities going on in the community offered at a lower cost so that everyone could be included. It was noted by several of the participants that cost was often prohibitive for youth getting involved in activities in the community. Families living in poverty often cannot afford the cost of activities creating idle time for those who cannot participate. Another barrier is accessing activities. Many youth use public transportation or buses from the school to get to and from their home, without reliable transportation, some youth are not able to participate in activities. The suggestion for combating this is to hold activities at the school and have the activities be consistent so transportation can be arranged through the school to ensure youth can participate and get home.

“There are things for youth to do, but there’s not a lot and what’s out there is not very well known.” Several participants mentioned that they felt there were at least some activities in the community for youth, however these activities were not always promoted well, so youth and families do not know about them. They suggested that the community work on promotion of community activities that at-risk kids can be part of, including creating role models within the communities as mentors for these youth.

Lack of Community Connections

“Grand Island, being as large as it is, it is tougher to get that connectedness in your community, whereas smaller communities it is a little bit easier for kids to participate in activities, they aren’t excluded.” It was mentioned that if a second high school were built in Grand Island this would open up many more opportunities for youth, as there would be two of each sports team, which would allow more youth to participate.

Lack of Services

While many participants believed that there were services in Hall County, they felt that more service availability would improve the promptness in responding to youth experiencing behavioral health concerns. One participant mentioned that at times parents come to the School Resource Officers (SRO) for help, which can be very positive as the officers can often connect those families to services, but not all families in the community trust law enforcement, so that relationship needs to be worked on from both sides.

Gangs

“Gangs become a surrogate sort of family. Youth tend to fall into those organizations because they do not have positive supports at home.” In this participant’s experience, the way to prevent youth getting involved with gangs is to improve the family environment and ensure ongoing support for youth and families who are struggling so that the youth do not turn to other sources to meet their needs. Another concern is if youth are hanging out in certain areas, like at the skate park where they start getting introduced to older kids, those older youth may have history with the criminal justice system, and then the younger kids get tangled up in the bad behavior as well. Same age peers are not always the issue, but hanging out with older kids, particularly at the skate park, has had negative consequences for some youth.

POSITIVE SOCIAL OPPORTUNITIES AND CONCRETE SUPPORTS FOR YOUTH

The following programs were mentioned as providing positive social opportunities for youth in Hall County:

- SANKOFA
- The Field House
- Athletics and clubs at the schools
- Teen chat from Nebraska Children’s Home

Nearly all key informants stated that there were some programs available to youth in Hall County, but that there can always be more, especially for youth who are already identified as at-risk. One participant aptly stated, “There are opportunities, but not opportunities for all kids in Grand Island.”

Key Informants identified the following opportunities for improvement in Hall County:

- Increase county-wide availability of activities that have shown success.
- Improve access to activities that are available, including transportation and program cost.

- Increase attendance at activities, as they sometimes start high and taper off to very few students, making the programs difficult to run and maintain.
- Increase youth and their families' knowledge of activities that already exist in the community, including greater coordination between entities wanting to promote programs and entities that have access to youth and families.
- Most activities provided are in the schools, need to increase activities available in the community.
- Provide consistent school activities, as currently some are not provided every day or all year.
- Create safe and structured environments for youth to go in the evenings if their parents aren't home and have these environments appeal to teenage youth.
- Develop specific activities for at-risk youth, especially youth attending the Ombudsman program, because they cannot participate on their high school's sports teams.
- Increase the number of services and facilitate easier access to behavioral health services for youth who are not involved in the criminal justice system.
- Implement a specific program related to gangs to help teens look for a different way of life.
- Begin intervening with youth earlier (elementary school or middle school) before they start choosing a negative path.

CHANGES IN HOW LAW ENFORCEMENT HAS APPROACHED TEENS IN THE COMMUNITY

There was a time when law enforcement was more respected and was seen as a positive force in the community, especially after the terrorist attacks of 9-11, however law enforcement has seen an attitude shift over the past several years that has led to less community trust, less cooperation, and greater violence toward law enforcement. It was suggested that the media effects this trend as nationally there has been significant violence and unrest related to the police recently.

The philosophy of some officers could be stated as, "If a youth does something illegal, we try to hold them accountable." Law enforcement feels they have a job to do and part of that is to help people in the community to make good decisions or experience consequences. This is especially important for youth, so that they understand the consequences before getting involved in the adult system. For some officers, though, they understand that juveniles are still learning, "If a teen commits a crime the consequences for them, because they are a juvenile, are lighter than if they were an adult and if [law enforcement] can correct their behavior with a lighter consequence because of their age, at this point, to correct it so they don't continue the behavior when they become an adult, that's [our] stance."

Some officers have been trying to increase community outreach to gain trust and buy-in from the community. Law enforcement is sometimes invited to probation and diversion programs and some officers try to attend which helps to build positive connections with those youth.

Some officers even go so far as to try to keep track of juveniles who are at risk and help them stay out of trouble. The SROs are an important part of creating positive connections with youth. Several informants had positive things to say about the SRO program and believed that the SROs help lay the groundwork for positive interactions with youth by law enforcement. One concern that was expressed was that there was not enough training for SROs provided by the schools, which would help SROs have an even more positive outcome.

One concern that was noted was that some officers have encountered certain youth or their families previously and so they have already formed an opinion about them, which might lead to that particular youth having less of a chance to make a positive impression and cooperate. Similar to other places, in Grand Island, each person matters and it matters who the youth come into contact with if they are going to have a positive experience with law enforcement or not. Some officers want to help youth and see them grow up and be successful and others seem to stereotype and not give certain youth a chance.

UNDERSTANDING THE DROP IN JUVENILE ARREST DATA

The most prevalent thought among key informants was that there had been a policy change that affected the way that charges were brought and how they are moved through the juvenile court system. Recently, most juvenile cases have not begun with an arrest, but are referrals to the county attorney's office. Law enforcement typically writes a report and sends it to the County Attorney's office, who then decides to charge or not. Juveniles aren't typically arrested unless the crime is serious or it rises to the level of an out of home placement. Many participants believed that law enforcement contact in general may have increased over that same time and one suggested that it would be interesting to compare number of criminal juvenile filings during that time to the arrests to see if it was actual crime that was affected or just arrests.

SCHOOL SYSTEM ADJUSTMENTS THAT HAVE INFLUENCED THE DATA

One participant suggested that some policies in the schools have changed over time. "The school is very quick to refer any case with any semblance of a threat involving school violence, school shootings, that sort of thing." They have noticed an increase in cases being referred to the County Attorney that might have been considered bullying before and would have been dealt with as a suspension within the school, but now more serious action is being taken.

Another change that was noted was the way the SROs interact in the school environment. "There is going to be a consequence and that consequence is going to be that the student is going to go home with a ticket. So they know there are going to be heavier consequences than just going to the principal's office."

As with law enforcement, schools may have seen an increase in concerning behaviors, even if the total arrests have gone down. Several participants noted that the Ombudsman school was a positive resource for getting disruptive students or students with behaviors out of the

classroom environment where they disrupt the learning of other students, making the traditional school environment safer and making other students less likely to get into trouble, however there were concerns expressed about Ombudsman. “One of the ways you got into [the Ombudsman] program was that you were an adjudicated youth and so...it didn’t matter what level you were, what was going on, you were in this program with everyone else who was adjudicated and we put a bunch... of delinquents together and if you weren’t that bad, now you are...it didn’t seem like a good mix.” Another participant added, “There is a lot of criminal activity that is bred within that environment.” A suggestion to combat this was to continue working to integrate behavioral skills and alternative learning environments into the traditional schools with a focus on reintegrating students whenever possible.

SERVICES AVAILABLE FOR YOUTH - GAPS AND BARRIERS

Available Services

Participants differed in their thoughts about the availability of services and parents’ ability to access them. Some felt that there were many services available while others believed that there were gaps in the service array. One participant stated, “I think that we have plenty of services here in town, but either the stigma has got to go away for parents to reach out for help or parents that aren’t educated [about services] maybe need to be.” While another refuted, “Prevention pieces are pretty strong in many different aspects in Grand Island”, however, “the intervention stage would see less availability of services”

One participant spoke about the availability of alternative learning environments, reporting that those are both available and widely utilized. Skills Academy is for Kindergarten through 12th graders who have a behavioral health or mental health diagnosis. Success Academy is for 6th through 12th graders, who are alternative learners, experiencing a major life crisis, credit deficient, and/or have a behavioral health diagnosis. At the time of the interview, there were 25 kids on waiting list for Success Academy. The Ombudsman program is for adjudicated youth who pose a danger to the school environment or who are alternative learners.

Gaps

Several participants identified Intensive Outpatient (IOP) treatment for substance abuse as a gap in the behavioral health service array. “One thing we don’t have in Grand Island, that has caused an issue for us, is we don’t have Intensive Outpatient treatment for drug abuse ...so we use Multi-systemic Therapy (MST) in lieu of that because we don’t have anything in this community for juveniles.” Another participant had this to say about IOP, “We need to find something for the kids that have some substance abuse and use and traditionally it has been IOP and IOP isn’t working, they’re not accessing it, so we need to look more at what individuals will access and be able to provide that. We can keep offering IOP and no one will come.” Key Informants expressed differing opinions on the best way to fill the gap that IOP has left. Some suggest that in-home services are more effective, while others believed that the traditional service would provide the treatment needed by the youth.

Another gap mentioned by several participants was mental health services. Starting from the evaluation stage through the actual treatment, participants report that mental health services can take time to get into, often requiring youth to wait for an evaluation, and then there is often a wait list for treatment as well. This problem is amplified for families who are uninsured or cannot pay for services. Some services are provided on a sliding fee scale, while free services are even more limited.

When discussing prevention, a few participants mentioned parenting programs as being needed. “We don’t have a lot of evidence-based parenting programs. Strengthening Families is wonderful and we have had really good feedback from that and that was focused on how to parent that tough teenager and how to set those boundaries, we need more of that. We need to get that to more parents.” Access and funding issues are concerns that were expressed in pushing this service out to more families. Another concern that was expressed was that prevention can be difficult to track. It was suggested that programs should work toward measuring pre and post risk factors to ensure that the most effective programs are being offered.

Barriers

As eloquently stated by one participant, “The services are generally pretty well available, but I think it is people’s knowledge and willingness to access, particularly with behavioral and mental health services, because, again, there is just a huge stigma associated with that sort of stuff.” Stigma was mentioned by 5 participants as presenting a barrier to youth receiving mental health treatment. Other barriers that were mentioned by multiple participants were: the ability of families to pay for needed services, time commitment to engage in long-term services, transportation to and from services, and ensuring that youth can continue to receive services after their 19th birthday.

PREVENTION STRATEGIES AVAILABLE FOR TEENS

The consensus among key informants was that while there are prevention strategies being implemented in Hall County, there could be more strategies that address both youth and families in the school and in the community. The following prevention strategies were mentioned as being available:

- Counselors in the schools
- H3C and CNCAA programming within the school and community
- School Interventionists
- SANKOFA
- Catch Kids
- Field House

YOUTH AND PARENT PERCEPTION OF NEED-BASED SERVICES

Participants report a number of concerns that they have heard from parents and youth.

- Families need help getting their bills paid
- Youth might feel like they want some help, but parents say they don't have the money or just won't take the kids
- More in-home services are needed, especially those that build parenting skills
- Families need assistance learning where to access help with uncontrollable youth
- Opportunities for involvement with youth who are at risk of entering the juvenile justice system or that are currently in the system. All opportunities should be offered to all youth
- The cost of opportunities
- Transportation
- Significant mental health concerns, including suicidal ideation, developing in younger youth
- Stress on parents who have to leave work
- Knowing where to go to get in touch with existing services, trying to fill that gap with central navigator, people who need help don't know who to ask or where to start

CONCERNS AND LIMITATIONS EXPERIENCED WHEN PROVIDING SERVICES TO TEENS AND FAMILIES

While many concerns about providing services are incorporated as barriers in other sections, the key informants specifically mentioned these as overarching barriers that are difficult to overcome:

- Expense, especially if the youth are not insured or the service provider doesn't take Medicaid
- Lack of a deterrent for crimes, especially marijuana use. The consequence for alcohol possession is a Class 3 misdemeanor, however it is just a citation for possessing marijuana similar to a speeding ticket.
- There are only two people in the community that typically do drug and alcohol evaluations so it can be a week to a month for a youth to get an evaluation.
- Lack of parental involvement, even when services are available parents don't access them
- Transportation
- Lack of in-home service options
- Type of therapy state aid will pay for, particularly not paying for an individual therapist and family therapy, even though they would both benefit the youth in different ways

COMMUNITY UNIFIED EFFORTS FOR JUVENILES

The feedback was mixed on whether juvenile justice and providing services to youth was a priority in the community. While some participants felt that the community supported services and programming for youth, others felt that it only became a priority when a major event happened, then it would fall off of the community's radar again. Many of the participants mentioned that they felt that those who were working with youth worked hard to ensure the youth received the right referrals and services whenever possible, however it was unclear if people not working in these fields placed as much emphasis on this. There was some concern expressed that some of the lack of community support comes from perceiving problems in the "other" families experiencing difficulties. The community as a whole lacks the understanding of how the difficulties affect the community at large as well. The one way the community has shown support however, is through passing school bonds and allowing progress in the schools to take place. One participant summed up their feelings about the community saying, "Those who know, see a problem, those who don't know, just don't know."

YOUTH SYSTEMS (I.E., EDUCATION, LAW ENFORCEMENT, BEHAVIORAL HEALTH) COLLABORATION

Nearly all of the participants agreed that overall the communication and collaboration between youth serving organizations in Hall County was positive, but that more can always be done to work together more effectively. One particular highlight that showed collaboration between entities is the 1184 meetings. These meetings include law enforcement, County Attorney's office, behavioral health professionals, school systems, DHHS, and probation. They talk about problem families and concerns on the radar, which allows all agencies to be on the same page at the same time. One participant mentioned that the System of Care grant that was implemented in 1998 helped to build many of the relationships that are strong today and that effort put Hall County ahead of other areas in Nebraska. High praise was given to H3C as being a collaboration point for many entities.

Several suggestions were made for improving collaboration, including; ensuring communication of information that comes in from one source that could be important to all providers, creating a hub style program that helps youth navigate programs and also brings providers together, greater communication between entities that could share cases, more timely responses between agencies, and involving agencies in all steps of the process whenever feasible.

JUVENILE SERVICE PROVIDERS' FOCUS GROUP RESULTS

The purpose of the April 21, 2016 focus group was to elicit feedback from service providers who have youth involved in the juvenile justice system as to their experiences with the system and perceptions of at-risk youth in the community to be included as part of the Hall County Juvenile Service Needs Assessment. Attendees of the focus group are listed in Table 34. Focus group questions are located in Appendix A.

Table 34 Service Provider Focus Group Attendees	
Organization	Name
CNCAA	Michelle Schultz
CNCAA	Connie Holmes
CHI Health – St. Francis Alcohol and Drug Treatment Center	Jolene Stalker
GIPS School Social Worker	Carrie Sheldon
GIPS School Social Worker	Ann Greving Brown
CHI Health – SANKOFA	Barb Huls
GIPS School Interventionist	Katie Donahoo
GIPS School Interventionist	Beth Klemme
H3C	Joni Kuzma
Hall County Diversion	Randy See
Prairie Counseling	Cindy McDowell

RESULTS

The providers spoke about their experiences interacting with the juvenile justice system and in their community. Several themes developed throughout the focus group discussion (see Appendix A for the question set). Below is a summary of the discussion, organized by theme.

ROOT CAUSES OF DELINQUENT BEHAVIOR

Several possible root causes were identified by the group as being particularly concerning in Grand Island, they included individual characteristics such as substance abuse, impulsive behavior, sense of entitlement, truancy, lack of academic success, and teens parenting. Family characteristics are also seen as root causes, such as family norms, permissive parenting and lack of supervision, poverty, homelessness, lack of transportation, parents working multiple jobs, low parent education and lack of parent involvement.

Several concerns were mentioned specifically related to poverty. One provider stated, “I see a lot of families where the children are really struggling because mom, or mom and dad, are working two jobs and they just aren’t home because they are working so much to try to keep things together.” Another provider added, “With poverty comes lack of access to mental health and addiction services they need. They may have had an assessment and the person tells them they need to be on such and such medication, but they can’t afford the medication.”

When discussing parenting, one provider expanded on her concerns about the youths’ home life, stating, “From what I hear from my kids... what parents allow their children to do, it’s

shocking to me”. Another participant added, “You would be amazed how many kids have parents who say, ‘You’re on your own’.”

WAYS TO ADDRESS THE ROOT CAUSES

The providers who participated in the focus group had many ideas about ways these root causes could be addressed in the community. Their ideas included:

- Tracking at-risk youth through the school system
 - “There is a list that schools can create going from middle school to high school that tracks at-risk youth. It could be created going from elementary school to middle school...there could be more focus in the middle schools before they get to high school”.
- Intervening earlier and during times of transition
 - “Some at-risk youth are doing pretty well through elementary school and do ok in middle school. They feel like they have supports, they feel like they have people they can go to and that makes such a big difference. Then, when they get to senior high, I think some of them just feel so lost, like they don’t know who to talk to. If we know they are kind of at risk...how do we better prepare them? So many of those kids just take a nose dive when they get to ninth grade.”
- Empowering parents
 - “School is sometimes a dumping ground. How do we enable the parent to take the responsibility on and to learn the skills? Because afterschool they move on but that parent is the one they still go back to.”
 - “They seem so intimidated, a lot of the poverty class, especially if the parents don’t speak English. I will say, ‘Did you call the school and let them know this is happening? I’m sure there are some resources.’ If you could just do a little orientation [for parents of kindergarteners] and say, ‘here’s why you might call the schools, here’s the things that we want to know, here’s the things that would be helpful for us to help you.’ Sometimes I think that parents...that didn’t grow up seeing that model are so intimidated to make those calls and it would be so helpful [to the school].”
- Having a positive adult relationship
 - “One of the things that we do when we do assessments with kids, especially with the kids at senior high, because so many of them say they just feel lost... we say, ‘Can you identify one teacher who you feel like you have a connection with or a counselor or a principal, that you can go and check in with 2 or 3 times a week?’ It is so important to have that one person.”
- Programs in the community
 - “It would be nice for something to happen in the community that would involve the community outside of school, because there are a lot of things coming into the schools that pull kids out of learning time...School is becoming an all service system from 7 o’clock in the morning to 6 o’clock at night.”

Throughout the group time, it was mentioned by several participants that the school system was often relied on heavily to support the youth in the community in more than just their education. “School becomes the support system in the community for those kids. It used to be the community would support themselves or the church did or the families supported each other and that was a wonderful thing. We need to get back to that.”

Several times participants spoke about wanting to move more efforts to the community outside of the school as a way to involve more people and make the efforts sustainable. One participant aptly remarked, “For 2 and a half months the school doors are closed in most of the schools...if we don’t do something communitywide then what?” It was also discussed that while the schools try to cover everything it puts them in a difficult position, “It has almost become a trend where the school system enables the parents to not do their job.”

Service providers identified a number of services in Grand Island that support youth and families:

- Mentoring
 - Big Brothers, Big Sisters
 - Teammates
- School-based
 - FAST skill-building
 - SANKOFA
 - Truancy Program
 - School Counselors and Social Workers
 - School-based Wraparound
- Community-based
 - CNCAA Programs
 - Juvenile Diversion
 - Central Navigation
 - Community Response
 - Strengthening Families, also available in Spanish
 - Families that Care
 - Common Sense Parenting
 - Professional Partner Program
 - United Way
- Mental Health
 - Multi-Systemic Therapy (MST)
 - SOS (Intensive Family Therapy)
- Holiday-time

- Adopt-a-family
- Toys for Tots
- Clothing give-away

YOUTH AND LAW ENFORCEMENT

“This community has improved from the ‘90s until now because of our law enforcement. Our law enforcement really cracked down on some things and things got a lot better.” Participants praised law enforcement for their work in the community and their willingness to work together to make Grand Island a safe community. When talking about youth specifically, many providers noted that a lot depends on the personality of the officer as to whether or not youth saw the police as a positive force or not. “A few officers have gone out of their way to make a connection with youth. Some of them maybe have more of an interest in juveniles and when they make that connection those kids really respect that.”

Another provider mentioned that School Resource Officers (SROs) were another chance for students to build a relationship with law enforcement and depending on the SRO it might be positive or negative. “Especially if that officer is willing to coach an afterschool program, because it gives them an opportunity to see kids in a different light.” It was specifically mentioned that male SROs may have a different impact than female SROs. “Just having a male fill in, with our boys, made a tremendous difference with their respect.” One provider said, while another added, “Sometimes they respond when that male says here’s the line and you are not crossing it”.

DROP IN JUVENILE ARRESTS

Many participants seemed to agree that both beginning the SANKOFA program and the arrest of the 14 gang members in 2010 contributed to the fall in juvenile arrests from 2011 to 2014. One participant stated, “SANKOFA was started, originally, to deal with the gang activity, however SANKOFA was also started around the time they had arrested the 14 individuals. I think that had a huge impact on our particular program.”

[NOTE: The 14 individuals referred to above were 14 gang members arrested by the FBI safe streets task force, In November of 2010, in a single coordinated effort of more than 120 law enforcement officials from across the state.]

On the topic of the gang arrests, one provider noted, “I saw a lot of the parents of kids that were involved with the 14 say, ‘you don’t want to go to jail like they did. You need to knock it off.’ So I think there is also a pressure from the adults connected to those kids to say, ‘You are making bad choices. Don’t do that.’ I think the arrest of those 14 folks and the decrease in drug trafficking combined to make that difference.”

Another factor that providers felt contributed to the drop with the use of SROs in the public schools and the utilization of specialized educational programs for students with difficult behaviors. There are three specialized programs, in Grand Island, focused on different levels of behaviors. The Skills Academy program accepts students who have an Individual Education Plan for behavior and need additional structure and support, Success Academy provides programming for students with Asperser's and for students who are identified as needing an alternative learning environment, and the Ombudsman Program which accepts youth who are on probation and pose a threat to the high school students attending Grand Island Senior High.

GAPS IN SERVICES

"We have a middle layer there that I think we are struggling to identify kids and get them plugged into counseling or to really walk with that family and to get them empowered. That's where I think we are struggling." Participants acknowledged that there were a number of services available for youth who were already involved in the justice system, such as diversion and probation, and there are the standard services that are provided to all youth in the community and school-system, but there was a middle layer identified where youth were displaying signs of difficulty or starting to encounter problems, but had not been identified or there were not services to meet their specific level of need. "Where do you have the marginal kid who is just kind of getting by and struggling go for help? You've got the youth who don't need services that have school and family and everything else and you have troubled kids that have a probation officer or parole officer or enforcer somehow. Then you have this population in the middle that may be struggling that doesn't have a whole lot of support...that's where we are missing a lot."

In addition, the lack of higher levels of care in substance abuse treatment in the Grand Island area was noted as a concern. One provider stated, "We don't have IOP really, we don't have day treatment for juveniles for drug and alcohol or for mental health. We don't have the services that keep kids close to their parents." Another added, "We kind of looked at doing an IOP and ... the kids come once or twice and then they're gone and we can't sustain it."

Another barrier to sustainability was noted because of Medicaid regulations, "Medicaid has changed their rules so it doesn't pay us to have the staff they ask us to have for residential, there is no way we can make that work. They have created a formula which is not sustainable." It was noted that youth who needed residential care would have to be sent to Lincoln for treatment and their parents would have to consent to this.

One provider pointed out concerns she had heard from parents of youth in the service gap, "I know you're not taking my kid 50 miles away because I don't know what you are going to do with them when they are there. I don't have enough gas money to go there to see them." One provider also mentioned that they had struggled to get clients' insurance to cover treatment at a higher level of care, such as IOP or residential, when Cannabis Dependence is identified as the primary diagnosis. However, another provider reported not having run into this difficulty yet.

Payment for services was another gap that was a concern for providers. “We look at poverty and we look at working poor, those kids, there is no payment source.” When they have no insurance, the youth often has to wait for services, “They can’t get right in, they might have to wait 3-4 months to get an eval.” As for coverage, providers noted that there is a gap between those who qualify for Medicaid and those that hold private insurance. One provider noted, “We are hoping it will change with the Obamacare.”

COLLABORATION BETWEEN SERVICES

Several participants agreed that time is a barrier to effective communication and collaboration. “I think everybody works fairly well together, but it is just finding the time to communicate. It’s just being able to take that time to reach out to each other is the biggest problem, because we are so overloaded.” Another participant added, “There is a chance with the collaborative...if something’s not right at least I have a connection with someone I can call.”

YOUTH FOCUS GROUP RESULTS

The purpose of the April 21, 2016 youth focus group was to gather experiences and perceptions from youth who have been involved in the juvenile justice system. Participants in the focus group included eleven youth - two female and nine male - ranging in age from 16 to 21. All but two of the participants were Hispanic youth currently residing in Grand Island, Nebraska, though length of time residing in Grand Island ranged from 6 months to their entire life. All but one of the youth reported they were currently on probation. The precipitating factor that caused them to enter into the Ombudsman Education Services program varied between youth. Examples of precipitating factors included involvement with law enforcement, pregnancy, they “messed up at school”, and bullying. The youth had been in the program ranging from a few months to a few years.

RESULTS

The youth spoke about their experiences within the juvenile justice system and in their community. Several themes developed throughout the focus group discussion (see Appendix A for the question set). Below is a summary of the discussion, organized by theme.

FREE TIME

Approximately half of the youth reported that they were employed and that they spent their free time working. They also reported they spent time at school and doing schoolwork. Some of

the youth mentioned spending time with friends, while others insisted they did not have friends, but “acquaintances” or “associates”. When asked if they were involved in any activities in the community or at school, many youth said, “no”. One participant reported playing sports on a team, but it was unclear if any of the other youth were currently involved with any specific school sponsored or community activities. One youth stated, “We just want something to do” and several other participants agreed. A participant suggested a “trampoline house” as a possible option for something to do that Grand Island does not have. Throughout the session the refrain of “there is nothing to do here”, was voiced. Additional concerns that were added to this were, “everything costs money”, “the mall is small”, and “teens need something to do or they are going to get bored and end up doing drugs.”

BELONGING

Five youth mentioned they most belonged with family members, including siblings, cousins, and parents, while two others felt most accepted by friends. Other places that the youth reported feeling a sense of belonging included, YRTC (Youth Rehabilitation and Treatment Center), at work, and “by myself”. When asked about who they turn to for help, many of the youth reported the same people they felt they belonged with or were accepted by. Two of the participants verbalized that the people they seek help from are not always the right people to go to for help.

When asked specifically about their parents, one youth said, “my parents love and care for me a lot, sometimes a little too much, but, I f*** up, because I f*** up, I can’t blame my parents. My choices are my choices so I’m gonna get locked up - that’s on me... I’m glad I got both of my parents, not everybody got both of them.” However, other youth felt differently some reporting little or no parent involvement in their lives and one even reported that his parents had previously been deported from the U.S.

POLICE

None of the participants verbalized positive feelings or experiences with the police. Several of the youth believed that they were being targeted by the police; one reported, “I get pulled over all the time, if they don’t find anything they will try to look for something.” Another youth stated, “They are just looking for something to get you in trouble with.” Other statements included, “the police are grimy” and “they don’t like you”. A participant stated that he believed there were, “lots of police”. Another participant agreed stating, “There are lots of state troopers.”

TROUBLE

Several participants seemed to agree that “bad decisions” were the main reason that teens get into trouble with the law. Other reasons mentioned were “getting high”, “liking to sneak out”, and “needing money.” One youth stated that the best way for teens to stay out of trouble is if they “have smart parents” and another stated that it would be by having “good friends”.

Several youth agreed that what would make the system better is if they were allowed to get into trouble and make their own mistakes. One youth stated, “if you let us get it out of our system quicker, we look at it later as some childish s***” Another said, “let us learn from ourselves.”

PROBATION

The youth voiced mixed feelings and experiences with probation programs. Two participants felt that probation had had a positive impact on their lives, one stated, “it was helpful, but it wasn’t the kind of help that I wanted...it was the consequences I didn’t want, but it helped me out.”

When asked about being on probation, several participants agreed when one participant stated, “I haven’t talked to my PO in, like, months.” Another participant followed up by stating, “Yeah, we don’t even talk, and when we do talk we just go off on each other.” A third stated, “I feel like if you do good they just stop talking to you.” Another participant reported the following about his experience, “probation locks you up for everything... they lock you up, you gotta be perfect, even if your probation officer say you don’t gotta be perfect, you gotta perfect.” Others in the room agreed that they had felt this as well.

DRUGS

The participants reported calling Grand Island “Crack Island” and the “Meth capital”. One youth stated “there are lots of drugs in Grand Island.” Another youth stated, “They say like every other house either has a meth head or a meth lab” A third participant added, “I can walk down the street and you can smell which are the crack houses.”

GANGS

When asked about gang activity, one participant reported, “There’s a lot of wannabes.” Another stated that it is “in the high schools” as well as among the young adults, 19 to 25 year olds. He further stated that in school, “You can tell, watch what they drive, watch how they act.”

COMMUNITY SERVICES MAPPING

Service providers in Hall County were asked to complete a program assessment asking them to provide their program/service name and a brief description of the service provided for youth between the ages of 12 to 18. Additional items queried include: availability of Spanish, waiting list option, fee requirement, number served, evidenced based program, demographic tracking, outcome data collection, funding changes and a listing of barriers. Participants were also asked to share any other comments they felt were relevant.

Provided below in Table 35 is a summary of the responses received broken down by various category. Of those responding, there were 71 of the 91 overall programs included in this overall analysis. It is interesting to note that of those responding, there were nearly 5,000 youth receiving programmatic services with an average service count per program of 122.

Of the providers that responded, only one third require a fee and half of all programs offered are offered in Spanish. Programs with a waiting list in Hall County would be considered minimal at 10%. Three fourths of all programs in the County are evidenced-based. (See Appendix B for a list of evidence-based juvenile delinquency prevention programs with evidence of effectiveness as determined by the National Institute of Justice. Those programs currently implemented in Hall County are noted.)

A very high percentage of participants are willing to track and share demographic and outcome data with other organizations. Finally, one-fourth (26%) of the respondents reported an increase in their program funding while 69% stayed the same and 5% actually decreased.

Table 35	Primary Prevention/Intervention Service Providers' Program Summary for Youth Ages 12-18 in Hall County	
Assessment Component (n= number responding to assessment item)		Data
Response rate by organization (n=40)		60%
Response rate by program (n=91)		78%
Percent of programs offered in Spanish (n=72)		50%
Percent of programs with a fee requirement (n=71)		35%
Percent of programs with a waiting list (n=51)		10%
Total number served current fiscal year (n=40)		4,865
Average served per program current fiscal year (n=40)		122
Percent evidence-based program (n=52)		73%
Percent track participant demographic data (n=51)		92%
Percent collect program and outcome data (n=48)		79%
Percent indicating willingness to share outcome report (n=35)		83%
Changes in program funding past 5 years (n=42)		Increase: 26% Stayed the same: 69% Decrease: 5%

Among barriers to accessing programs, it was clearly evident that transportation to and from the service provider was the most significant obstacle. This was followed fairly closely by program/service cost considerations. Rounding out the barriers included items such as: language, service parameters too narrow, referral issues, recruitment and communication issues, among others.

A fairly even distribution among all the categories is evident across the specific service categories. The one exception within the categories was the Juvenile Justice: Diversion and Detention services. The Social and Supportive Youth Opportunities category offered the highest number of services and programs.

Table 36	Service Category of Juvenile Service Programs in Hall County	
	Service Category	Number of Programs Offered
1.	Other: Social and supportive youth opportunities	11
2.	Education and school-based programming	10
3.	Substance abuse treatment (i.e., outpatient, residential, assessments, etc.)	10
4.	Family/parenting involvement and support (includes parent training and foster care)	9
5.	Prevention services (i.e., substance abuse, mental health, gangs, violence, etc.)	9
6.	Mental health treatment	7
7.	Other: Health care	6
8.	Juvenile justice: diversion and detention	3

See Appendix C for a full summary of the community services mapping database for further details on organizations and programs in Hall County.

SUMMARY OF BARRIERS

Barriers to obtaining juvenile services as described by service providers in Hall County are ranked below.

1. Transportation logistics (7)
2. Program cost barriers (4)
3. Language barriers (2)
4. Program service parameters too narrow (2)
5. Referrals issues (2)
6. Middle school youth recruitment issues and poor communication with parents (2)
7. Getting youth registered to participate, logistics issues (2)

8. Getting youth involved
9. Eligibility for Federal Assistance—random assignment
10. Limited adolescent clients - requires mixing with adult clients
11. Discontinued Medicaid funding results in private insurance only
12. Class size limitations
13. Outreach limited due to funding and staff restraints
14. Outreach to all potential young adults limited by communication issues
15. Staffing limitations
16. Program duration relative to parent commitment
17. Mental state of program participant
18. Inability to find mentors – not enough for students

JUVENILE SERVICES NEEDS ASSESSMENT SURVEY

INTRODUCTION AND METHODOLOGY

The Juvenile Services Needs Assessment Survey was sent to a broad array of professionals who are involved in providing juvenile services to youth in Hall County. The purpose of the survey was to ascertain the perceived availability of juvenile services in Hall County among service providers and professionals who work with youth.

The survey was conducted online via SurveyMonkey and sent to all known professionals who would have the insight appropriate to answer the survey. Two primary groups received the survey: school counselors and social workers, and members of the Hall County Community Collaborative.

Respondents were asked to rate a broad array of services for youth in the areas of youth prevention services, non-treatment services for youth, youth substance use treatment services, other treatment services for youth, and out-of-home placement services for youth. Respondents were asked to rate the availability of each service within these categories using the following option choices:

Adequately available - the service is available for all Hall County youth who need it and is of high quality towards meeting the needs of youth.

Available but not at an adequate level - the service is available for youth in Hall County, but it may be less than high quality and/or there may not be enough resources or capacity to serve all the youth needing the services, and/or some youth may be unable to access the services for various reasons.

Not available - there is no such service for youth in Hall County.

Don't know - if you are uncertain about the availability of a service; simply select "don't know".

Those responding "Don't know" to a particular service were excluded from the analysis of that service.

DEMOGRAPHICS

Tables 37 and 38 contain respondent demographic information. It should be noted that some areas of youth services were not represented in the survey sample. The vast majority (80.4%) of respondents reported that they have been working with youth for more than 10 years.

Table 37	Area(s) in which the Respondent Works with Youth (n=53)	
	Youth Prevention Services	13.2%
	Non-Treatment Services for Youth (such as education, mentorship, family support, and other services)	17.0%
	Youth Substance Use Treatment Services	0.0%
	Other Treatment Services for Youth	0.0%
	Out of Home Placement Services for Youth	0.0%
	School Counselor	28.3%
	School Social Worker	20.8%
	Other	20.8%

Table 38	Length of Time Working with Youth (n=51)	
	Less than 1 year	2.0%
	2-3 years	3.9%
	3-5 years	3.9%
	6-10 years	9.8%
	More than 10 years	80.4%

YOUTH PREVENTION SERVICES

Table 39 below lists the youth prevention services indicated by respondents in order of low to high as “Adequately Available”. Many services are available but not at an adequate level. The top areas that are not adequately available are highlighted with Youth Crisis Alternatives, Daily Livings Skills, and Restorative Justice as.

Table 39	Youth Prevention Services		
	Adequately available	Available, but not at an adequate level	Not available
1. Youth Crisis Alternatives (n=33)	6.1%	75.8%	18.2%
2. Daily Living Skills Training (n=28)	7.1%	71.4%	21.4%
3. Restorative Justice (n=19)	10.5%	47.4%	42.1%
4. Body Image (n=27)	11.1%	51.9%	37.0%
5. Job Coaching (n=25)	12.0%	56.0%	32.0%
6. Enhanced Social Supports (n=31)	12.9%	67.7%	19.4%
7. Self Esteem (n=29)	13.8%	79.3%	6.9%
8. Gang Prevention Programs (n=31)	16.1%	58.1%	25.8%
9. After School Programs (n=35)	17.1%	62.9%	20.0%
10. Job Readiness Training (n=29)	17.2%	58.6%	24.1%
11. Family Relationships (n=30)	20.0%	70.0%	10.0%
12. Safe and Healthy Peer/Dating (24)	20.8%	58.3%	20.8%
13. Teen Parenting Programs (n=30)	23.3%	60.0%	16.7%
14. Job Skills Training (n=31)	25.8%	51.6%	22.6%
15. Adolescent Pregnancy Prevention (29)	27.6%	58.6%	13.8%
16. Bullying Prevention/Intervention (n=36)	30.6%	58.3%	11.1%
17. Substance Use Prevention (n=39)	30.8%	64.1%	5.1%
18. Parent/Community/School Partnerships (n=37)	32.4%	67.6%	0.0%
19. Youth Leadership (n=35)	34.3%	57.1%	8.6%
20. Community Recreation and Activities (n=37)	35.1%	56.8%	8.1%

Table 40	Comments about Youth Prevention Services in Hall County
	<ul style="list-style-type: none"> • I think there are a lot of quality services available. Getting children and families connected with the services can be an issue at times. • There are prevention programs but I don't know to what extent they are evidence-based and whether they are effective. There definitely aren't enough or sufficient targeted prevention initiatives for youth. • Grand Island Substance Abuse Prevention Coalition Curriculum/Programs: • Changing the Conditions of Alcohol and Other Substance Availability • Counter Advertising for Tobacco • Alcohol Compliance Checks • Tobacco Compliance Checks • Strengthening Families Program • Discovery Kids (Too Good for Drugs and Violence) • TIPS Responsible Beverage Server Training Suicide Prevention: QPR and Connect Postvention training available • Grand Island Substance Abuse Prevention Coalition Curriculum/Programs: • Changing the Conditions of Alcohol and Other Substance Availability • Counter Advertising for Tobacco • Alcohol Compliance Checks • Tobacco Compliance Checks • Strengthening Families Program • Discovery Kids (Too Good for Drugs and Violence) • TIPS Responsible Beverage Server Training Suicide Prevention: QPR (Question, Persuade and Refer) Training, Connect Postvention Training. • I think we have people who can provide some of these but not the funding to provide. Insurance won't pay for some of it, parents can't afford some of it, people can't work for free. Some folks don't make it a priority. We certainly have a blue collar work environment so there is a need for after school programs that children can get to themselves...either provided at the school or bused to the school. • We still have many kids that need professionals/mentors who are willing to be a constant in their lives. • I believe the Hall County services are lacking especially for a community this size. • There will always be a need and there will never be enough funding to implement the services needed. • There is a need for transportation so that teens can access resources when Parents are disengaged/unable to assist with transportation needs. • In general, too little, too late and not available to those over 16 seems to be the theme. Support is not available until they are "in the system" or is only accessible for the few.

NON-TREATMENT SERVICES FOR YOUTH

In order of not “Adequately Available”, Table 41 indicates the top 10 areas of missing services of those who responded to each item. Some of the most missing services in Hall County are Offender/Victim Conflict Resolution, Transportation, mentoring, and case managed tutoring.

Table 41	Non-Treatment Services for Youth		
	Adequately available	Available, but not at an adequate level	Not available
1. Offender/Victim Conflict Resolution (n=10)	0.0%	80.0%	20.0%
2. Transportation (n=31)	3.2%	58.1%	38.7%
3. Restitution Program (n=12)	8.3%	58.3%	33.3%
4. Expedited Family Group Conference (n=10)	10.0%	70.0%	20.0%
5. Mentor (n=30)	10.0%	90.0%	0.0%
6. Activity Memberships (n=24)	12.5%	70.8%	16.7%
7. Case Managed Tutoring (n=20)	15.0%	55.0%	30.0%
8. Employment Placement Program (n=20)	15.0%	75.0%	10.0%
9. Intensive Family Preservation (n=31)	16.1%	83.9%	0.0%
10. Family Partner (n=22)	18.2%	68.2%	13.6%
11. Anger Management Class (n=18)	22.2%	55.6%	22.2%
12. Educational Tutoring (n=26)	26.9%	69.2%	3.9%
13. Family Support Worker (n=33)	27.3%	72.7%	0.0%
14. Tracker (n=22)	27.3%	63.6%	9.1%
15. Day/Evening Reporting Center (n=24)	29.2%	66.7%	4.2%
16. Supervised Visitation (n=22)	36.4%	59.1%	4.6%
17. Professional Partner (n=28)	46.4%	53.6%	0.0%
18. GED Testing (n=27)	48.2%	51.9%	0.0%
19. Summer School Tuition (n=20)	50.0%	40.0%	10.0%
20. Alternative School (n=32)	56.3%	43.8%	0.0%
21. General Education Class (n=24)	75.0%	25.0%	0.0%

Table 42	Comments about Non-Treatment Services for Youth in Hall County
	<ul style="list-style-type: none"> • There is a need for more coordinated non-treatment services for youth in Hall County, supported by resources that can help youth access those services. Financial management and education are both needed for youth in this age range. • Most of the services exist but they are again not at a level that persons who are the working poor can afford and if they can then they are working and cannot miss work to attend. • I would like a current cohesive list of all services available in Hall County. • Again poor support outside of school system.

YOUTH SUBSTANCE USE TREATMENT SERVICES

Youth substance use treatment services that were most commonly perceived as not being adequately available in Hall County were half way house/group home, therapeutic group home, and medical detox (Figure 43).

Table 43	Youth Substance Use Treatment Services		
	Adequately available	Available, but not at an adequate level	Not available
1. Half Way House/Group Home (n=28)	0.0%	42.9%	57.1%
2. Therapeutic Group Home (n=26)	0.0%	34.6%	65.4%
3. Medical Detox (n=24)	4.2%	37.5%	58.3%
4. Partial Care Treatment (n=23)	4.4%	52.2%	43.5%
5. Substance Abuse Evaluation (n=32)	25.0%	71.9%	3.1%
6. Substance Use Education/ Intervention (n=34)	25.5%	67.7%	8.8%

Table 44	Comments about Youth Substance Use Treatment Services in Hall County
	<ul style="list-style-type: none"> • Grand Island does not have this available in town. Our working poor are reluctant to send their children 90 to 120 miles east because they cannot afford to visit their children so choose to not send them rather than be away from them. They also do not have dependable transportation if they do choose to send them. Many then do not get supportive services and the children return to a system that was not fixed because they could not join adequately in the family pieces of treatment and soon

the child is back in the same situation after returning home because the same influences are there. It is a shame that privatization took away the services that were available to rural families and now that we try and build them back up to that previous level insurance companies fail to cover costs. It seems to be a puzzle that needs to be solved.

- Again substance abuse is prevalent and the programs for youth need to be boosted
- There is a dramatic need for more substance abuse programs in our area. There is a need for Adolescent Intensive Out-patient. It is very difficult for youth to get payment for in-patient care if the client has not "failed" at a lower level of care (ie IOP); however, we have no IOP classes and the resources they suggest, ie. MST therapists are not licensed drug/alcohol counselors. Youth are at a huge disadvantage in our community for drug/alcohol resources. I have students who want to go to treatment, students who are asking for help, who are being denied services at the level of care recommended by their outpatient therapist because they just don't have them available in our area.

OTHER TREATMENT SERVICES FOR YOUTH

Other treatment services for youth that were most commonly perceived as being not adequately available in Hall County were psychiatric residential treatment, therapeutic group home, and sexually harm risk assessment. Some of these services perceived as some of the most lacking services in the entire survey (Table 45).

Table 45 Other Treatment Services for Youth			
	Adequately available	Available, but not at an adequate level	Not available
1. Psychiatric Residential Treatment (n=26)	3.9%	19.2%	76.9%
2. Therapeutic Group Home (n=25)	4.0%	36.0%	60.0%
3. Sexually Harm Risk Assessment (n=19)	5.3%	73.7%	21.1%
4. Partial Hospitalization (n=24)	8.3%	45.8%	45.8%
5. Community Treatment Aide (n=18)	11.1%	50.0%	38.9%
6. Medication Management (n=28)	14.3%	78.6%	7.1%
7. Psychiatric Evaluations (n=31)	19.4%	74.2%	6.5%
8. Acute Inpatient Hospitalization (n=26)	23.1%	38.5%	38.5%
9. Day Treatment (n=29)	24.1%	41.4%	34.5%

10. Intensive Outpatient Counseling (n=27)	25.9%	66.7%	7.4%
11. Multi-systemic Therapy (n=28)	35.7%	60.7%	3.6%
12. Mental Status Exam (n=28)	35.7%	60.7%	3.6%
13. Outpatient Counseling (n=33)	42.4%	58.6%	0.0%
14. Functional Family Therapy (n=25)	16.0%	68.0%	16.0%
15. Pre-Treatment Assessments (n=26)	26.9%	69.2%	3.9%
16. Psychological Evaluation (n=32)	28.1%	68.8%	3.1%
17. Professional Resource Family (n=20)	15.0%	65.0%	20.0%

Table 46	Comments about Other Treatment Services for Youth in Hall County
	<ul style="list-style-type: none"> • Youth that do not have private health insurance or are covered by Medicaid can rarely access treatment services due to costs. There aren't enough evidence-based outcome oriented services. • Hall county kids have to go to Kearney, Hastings, or Lincoln to get adequate inpatient treatment and there are no mental health residential group homes or treatment homes accessible in our county for our teens for long term stay. Boys Town has a short term emergency stay for shelter however they no longer have grant money that covers cost of placement so unless you are a probation or state ward kid there are limited emergency funds to help the parents out for that week that can be utilized for placement in an emergency, and that time frame is generally not long enough to initiate change. • More services are needed for those who do not have insurance or cannot pay. • Many higher levels of care are provided to our youth in neighboring service areas.

OUT OF HOME PLACEMENT SERVICES FOR YOUTH

Out of Home Placement Services for youth that were most commonly perceived as not being adequately available in Hall County were maternity group home parenting, respite care, and group home (See Table 47).

Table 47.	Out of Home Placement Services for Youth		
	Adequately available	Available, but not at an adequate level	Not available
1. Maternity Group Home Parenting (n=22)	0.0%	22.7%	77.3%
2. Respite Care (n=30)	3.3%	80.0%	16.7%
3. Group Home (n=29)	3.5%	51.7%	44.8%
4. Maternity Group Home Non-Parenting (n=26)	3.9%	19.2%	76.9%
5. Independent Living (n=25)	8.0%	64.0%	28.0%
6. Foster Care (n=31)	9.7%	90.3%	0.0%
7. Emergency Foster Care (n=28)	10.7%	85.7%	3.6%
8. Shelter Care (n=32)	12.5%	78.1%	9.4%

Table 48	Comments about Out of Home Placement Services for Youth in Hall County
	<ul style="list-style-type: none"> We have very few out of home placement options for youth in Grand Island, especially for older youth. Independent living can also be hard to access, if a student does not have a disability/has not been a state ward. Probation youth with mental health issues have high needs and limited resources in our area. Independent living is needed--- shelter where their schooling is not disrupted is needed, transportation from anywhere is needed so education and work are not disrupted.

RISK AND PROTECTIVE FACTORS

Ratings of how well Hall County services for youth address risk and protective factors are included in Tables 49 and 50. None of the risk and protective factors were perceived as being adequately addressed in the community at high rates.

Table 49	Risk Factors		
	Risk factor is adequately addressed by services for youth in Hall County	Risk factor is addressed, but not adequately by services for youth in Hall County	Risk factor is not addressed by services for youth in Hall County
1. Stressors (n=27)	3.7%	85.2%	11.1%
2. Inadequate or negative relationships with family members, adults outside youth's family, and peers (n=27)	3.7%	88.9%	7.4%
3. Unsafe, unstable, inequitable environments (n=27)	3.7%	81.5%	14.8%
4. Insufficient or inadequate opportunities for positive growth and development (n=26)	11.5%	80.8%	7.7%

Table 50	Protective Factors		
	Protective factor is adequately addressed by services for youth in Hall County	Protective factor is addressed, but not adequately by services for youth in Hall County	Protective factor is not addressed by services for youth in Hall County
1. Social connections (safe and stable environments, supportive and caring relationships) (n=27)	3.7%	85.2%	11.1%
2. Concrete support in times of need (tutoring, counseling, behavioral health, workforce development) (n=28)	7.1%	92.9%	0.0%
3. Youth resilience (positive identify, autonomy, self-advocacy) (n=26)	7.7%	73.1%	19.2%
4. Cognitive and social-emotional competence of youth (self-regulation, sense of right and wrong, positive emotions, sustaining healthy relationships) (n=25)	8.0%	80.0%	12.0%
5. Knowledge of adolescent development (understanding biopsychosocial and cognitive developments, the impact of trauma, and youth strengths and weaknesses) (n=26)	15.4%	76.9%	7.7%

Table 51	Comments about Risk and Protective Factors and how they are addressed by youth services in Hall County
	<ul style="list-style-type: none"> • There is a need for youth mentors and opportunities to build positive adult relationships across most sectors. • Older youth who are at-risk of abuse/neglect are basically invisible in our community. Students can be faced with extensive exposure to drug use/abuse and involvement in family illegal activity with little to no intervention. Parents are not required to provide medical, mental health or even educational support to students who are in serious crisis. There are even fewer supports/systems in place to coordinate services for bi-lingual families.

GREATEST NEED FOR YOUTH SERVICES

Respondents were asked to identify the greatest needs for youth services in Hall County. These are broadly categorized in Table 52 below under the areas of positive adult relationships, mental/behavioral health services, and other services.

Table 52	Greatest Needs for Youth Services in Hall County
	<p><i>Positive Adult Relationships</i></p> <ul style="list-style-type: none"> • This is tough..... more safe, caring adults in their lives who model healthy behaviors/choices. • Positive role models; mentoring. • Better parenting. • Positive adult mentors. Additional services to help youth families learn English • Parents who are willing to be parents and do the best thing for their child, even when it means their child is unhappy at times. • That parents/guardians need to have the time away from work to care for their child's needs. Children have little supervision during evening and overnight shifts. Lack of supervision leads to poor choices in children. The community needs better hour jobs (less shift work) and better paying jobs (career jobs not labor jobs) so parents do not have to work so many jobs to make ends meet. <p><i>Mental/Behavioral Health Services</i></p> <ul style="list-style-type: none"> • Greater availability for mental health counseling and treatment. • Mental Health Services. • Access to behavioral health care with a payment source when private insurance and/or Medicaid are not available or do not pay. • Substance abuse. • Mental health support services. • Affordable mental health/substance abuse services for youth. • Mental health/substance abuse. • There is great need for added mental health resources for free/reduced families,

undocumented youth in the school system. If I could recommend anything, it would be an added dual licensed therapist for the St Francis/GISH student wellness center for the middle schools or even adding one to the high school with added coverage for middle school youth. They have 2 therapists now, but they have a waitlist and are turning kids away. So many of the youth are being seen for free that it is not considered cost effective to add another therapist, even though there is significant need.

Other Services

- Group home.
- Places for youth to live because their own homes/families cannot take care of them.
- For all the youth service providers to understand the impact adverse childhood experiences, (risk factors), and protective factors have on youth's behaviors. And not so the youth gets a "pass" on their behaviors but rather, get the services they need to help address and understand their behaviors. This all needs to start before age 12 years and continue into young adulthood.
- Crisis Response specifically for youth and families.
- An afterschool, and summer youth center, that focus on youth growth and life skills; along with positive activities for them to do while waiting or after attending an educational workshop there.
- More services that can be provided at the school site. Many kids have no means of transportation and parents work long hours.
- More services for high schoolers when kids start risky behaviors like running away, smoking weed, and missing school. Parents need more help when these problems arise.
- Educating youth and providing the means to persevere. Middle school kids are not old enough, nor are their brains mature enough, to be responsible for themselves.
- A place for kids to go who are experiencing out of control behaviors or making self-harming statements that can provide more than 24 hour services on site within the city.
- Truancy intervention and accountability for ALL ages, not just elementary and early middle level.

The 12 services listed below in Table 53 had the highest response of “not available” of all services listed in the survey.

Table 53	Services Not “Available” in Hall County		
	Adequately available	Available, but not at an adequate level	Not available
1. Maternity Group Home Parenting (n=22)	0.0%	22.7%	77.3%
2. Maternity Group Home Non-Parenting (n=26)	3.9%	19.2%	76.9%
3. Psychiatric Residential Treatment (n=26)	3.9%	19.2%	76.9%
4. Therapeutic Group Home (n=26)	0.0%	34.6%	65.4%
5. Medical Detox (n=24)	4.2%	37.5%	58.3%
6. Half Way House/Group Home (youth substance use treatment) (n=28)	0.0%	42.9%	57.1%
7. Group Home (out of home placement) (n=29)	3.5%	51.7%	44.8%
8. Partial Care Treatment (n=23)	4.4%	52.2%	43.5%
9. Restorative Justice (n=19)	10.5%	47.4%	42.1%
10. Community Treatment Aide (n=18)	11.1%	50.0%	38.9%
11. Transportation (n=31)	3.2%	58.1%	38.7%
12. Acute Inpatient Hospitalization (n=26)	23.1%	38.5%	38.5%

JUVENILE SERVICES PARENT SURVEY RESULTS

The Juvenile Services Parent Survey was administered to 22 parents and 2 grandparents whose juvenile-aged children were involved in diversion or probation in Hall County. Perhaps the key finding from the survey was the relatively low perception of the availability of support services for teens and parents (see items 1, 9, 13, and 14 in Table 54 below).

Number of surveys collected: 24

Table 54	Parent Survey Results					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	% Agree or Strongly Agree
1. I think my community has the support services needed to help address teen issues. (n=24)	8.3%	29.2%	29.2%	25.0%	8.3%	33.3%
2. There is nothing in the community to help keep teens out of trouble. (n=24)	12.5%	25.0%	25.0%	29.2%	8.3%	37.5%
3. Using alcohol or drugs is a problem for teens in the community. (n=24)	8.3%	4.2%	12.5%	41.7%	33.3%	75.0%
4. Once teens get in trouble, it most likely will continue. (n=24)	4.2%	45.8%	37.5%	4.2%	8.3%	12.5%
5. I have the support I need to deal with the issues I face. (n=24)	0.0%	12.5%	20.8%	50.0%	16.7%	66.7%
6. I believe the community service providers do a good job with supporting parents who have issues dealing with teens. (n=23)	0.0%	8.7%	30.4%	43.5%	17.4%	60.9%
7. I seek out and take advantage of community services that are available. (n=22)	4.5%	9.1%	27.3%	40.9%	18.2%	59.1%
8. Law enforcement is the problem not the solution for teens. (n=24)	37.5%	37.5%	20.8%	4.2%	0.0%	4.2%
9. Most parents I know take advantage of community support services (i.e., parenting classes). (n=23)	4.3%	52.2%	21.7%	13.0%	8.7%	21.7%
10. It is difficult for parents to ask for help. (n=23)	8.7%	26.1%	26.1%	26.1%	13.0%	39.1%
11. I am actively involved in the activities of my child. (n=24)	0.0%	4.2%	0.0%	54.2%	41.7%	95.9%

12. Most parents I know are actively involved in the activities of their children. (n=24)	0.0%	8.3%	16.7%	50.0%	25.0%	75.0%
13. There are services available that could help prevent youth from getting involved in the Juvenile Justice System. (n=24)	0.0%	16.7%	41.7%	33.3%	8.3%	41.6%
14. There are support services available to youth and families once the child leaves the Juvenile Justice System. (n=22)	0.0%	13.6%	45.5%	36.4%	4.5%	40.9%

Table 55	Barriers preventing parents from being involved in parenting classes or support groups
<ul style="list-style-type: none"> • They don't want anyone to know they are having problems with their child. The child is getting on their nerves, so they give the child 20 bucks. • Too busy working. • Busy work schedules. • Lack of knowledge before programs are required instead of using them to prevent the problems. • Children are not their priority. • Time, money, available services. • Time, demanding jobs, and having other children to care for. • The cost of programs and lack of knowing about it. • Lack of information, work, etc. • Work. • I don't know, but I would like to be more involved. • Fear of judgment. • Scared, worried for their child. • Lack of knowledge, being uninterested. • Work, other kids, lack of parenting skills. • Work. • Time. • Work schedules and making a living. Conflict of schedules. • They feel like they won't get the help they need. • Admitting they need help. 	

Table 56	Ways to prevent teens from getting in trouble
	<ul style="list-style-type: none"> • A beyond scared straight program. • More community activities and positive places to hang out in Hastings. • Keeping them busy. • More family involvement, community involvement, and preventive programs. • More school functions. • Both parents and school being accountable for the guidance of the child. • Rewarding good behavior more, more activities that are not expensive. • Build/open places for them to do something positive. We need less fast food places opening and more family/teen places. • Family involvement and more teen activities in the community. • Make good friends. • Structure. • Having good friends. • Activities. • Continued parental and positive peer support. • Staying very involved in everything they do and get them involved in extra activities. • Better opportunities to get involved in sports. More community centers for kids to go. • Youth center, more supervision at home. • Clubs. • More activities and parent involvement. • More activities, more parent involvement. People addressing bullying issues. • Parents not watching what they're doing and with whom. • More community involvement. • Work with teens when they come with any issue the first time.

Figure 57	Other comments:
	<ul style="list-style-type: none"> • The County Juvenile Services are a great asset for kids who made a bad choice. Very helpful and willing to work with kids. Jackie was great to work with. • Grand Island is lacking community involvement for young children and teens. • When I was looking for help to handle the situation with my son, the resources I found were limited. • I would like to be involved in something with the youth.

CONCLUSIONS

Many services for youth ages 12-18 are available in Grand Island but may be inadequate to serve the needs of all youth in this age range. Risk factors for juvenile delinquency are present in the community while protective factors are lacking in many cases. Services to address youth behavioral health needs are most lacking according to community perceptions and service mapping.

The gaps and needs for juvenile delinquency prevention and intervention services are multifaceted. Services are not keeping up with the increasing trends of increase mental health and substance use needs. Family and parental supports are diminishing for various reasons so youth are missing adult supervision and support. As poverty levels increase, risk factors also increase and leave youth vulnerable to delinquent behaviors.

Integrating a Positive Youth Development (see Appendix D) perspective in the community and within youth services, which includes the Youth Thrive model, would be one suggestion to decrease risk factors and increase protective factors. Community review of the report to identify and determine future strategic planning for the youth is recommended.

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APPENDICES

YOUTH FOCUS GROUP QUESTIONS

The discussion was started by the moderator who asked each participant to introduce themselves, including their age and how long they had lived in Grand Island. Then the following questions were asked:

1. How do you spend your free time, doing what and with whom?
 - a. Are you involved in any activities in the community, school or church?
 - b. Please describe what things would you like to do that you are not able to?
 - c. What keeps you from doing those things?
2. Where do you feel like you belong and are accepted? Who do you trust?
 - a. And with whom?
 - b. Are their people in your life that you trust?
3. What do you think really matters to you and what makes a difference in your lives?
 - a. Do you think about or plan for your future?
4. What do you think has the biggest impact on a teen's life – family or friends or what the community is like?
 - a. How much is the responsibility of the teenager?
5. Do you feel you have support when you need it?
 - a. If so, where does it come from?
 - b. Who do you turn to for help? (for school, with your family, in your community, other?)
 - c. Are they the best person for you to get help from?
 - d. Is that support there for you when and as often as you need the support?
6. Talk about the kind of supports that are available for teenagers – where do they get help when they are in trouble in the community?
 - a. Where would you go to get help?
 - b. Who do you talk to when you have a problem?
7. What kind of help are you getting now?
 - a. Is there anything that stops teens from getting the help they need?
 - b. And do you get the help you need when you need it?
 - c. What are the problems you face that cause you to try to get help?
 - d. What has helped you from getting into trouble or getting into more trouble?
 - e. Where have you gone or who has given you the most help?
8. What do you think about the police?
 - a. Where or who do you go to for help when you are in trouble?
 - b. Do you think you are getting the help you need?
 - c. What other help do you wish was available for you?
9. Why do you think teens get in trouble with the law?
10. What things might have helped you or your friends to stay out of trouble?
11. If you have been on Diversion or Probation was it helpful?
 - a. Did you follow and complete the requirements of Diversion / Probation?
 - b. What would have helped you to be more successful on Diversion / Probation?
12. What is one thing that would have helped you before you got into trouble?
13. What else would you like to say?

SERVICE PROVIDERS' FOCUS GROUP QUESTIONS

The discussion was started by the moderator who asked participants to introduce themselves, including their place of employment. The moderator then asked the following questions:

1. From your perception, what are the root causes that contribute to juvenile delinquent behavior? How would you address these root causes?
2. What childhood risk factors (i.e., individual, family, peer, school/community, unstable environment) do you perceive as being most relevant to teens in the community and for the juvenile justice system?
3. Are there enough positive social opportunities and concrete supports for youth in the community?
4. Discuss any changes in how law enforcement has approached teens in the community.
5. The last data reports indicated a drop in juvenile arrests (17 and under) from 951 in 2011 to 618 in 2014. What do you believe is contributing to this drop (what is being done right?) that is resulting in lower arrest rates for juveniles?
6. From the school system perspective, have there been changes that may have an influence on the data? Has school policy changed? Have the schools become more stringent as far as assaults?
7. Are all levels of services (i.e., prevention, intervention, post-intervention) available for juveniles? What's available for services for youth? Where are the gaps? What are the barriers?
8. What prevention strategies are being implemented with teens? Do you feel there are enough strategies in place and are they working?
9. What is your perception of what the youth and parents believe are their needs for services and whether those needs are being met?
10. What are some of the concerns and limitations experienced when providing services to teens and their families?
11. Is there a unified effort in the community around this age group and for juveniles? Is this concern and/or a priority for the community?
12. How do you view the systems (i.e., education, law enforcement, behavioral health) working together to help support teens in the community? Do the systems collaborate?
13. What data is available that reflects "what works" with programs and agencies working with youth?
14. What program or outcome data do you collect for your programs? What data collection tools do you use? Do you share or publish your program results? Are they available to the community?
15. Anything else you would like to add to this discussion?

KEY INFORMANT INTERVIEW QUESTIONS

1. From your perception, what are the root causes that contribute to juvenile delinquent behavior? How would you address these root causes?
2. What childhood risk factors (i.e., individual, family, peer, school/community, unstable environment) do you perceive as being most relevant to teens in the community and for the juvenile justice system?
3. Are there enough positive social opportunities and concrete supports for youth in the community?
4. Discuss any changes in how law enforcement has approached teens in the community.
5. The last data reports indicated a drop in juvenile arrests (17 and under) from 951 in 2011 to 618 in 2014. What do you believe is contributing to this drop (what is being done right?) that is resulting in lower arrest rates for juveniles?
6. From the school system perspective, have there been changes that may have an influence on the data? Has school policy changed? Have the schools become more stringent as far as assaults?
7. Are all levels of services (i.e., prevention, intervention, post-intervention) available for juveniles? What's available for services for youth? Where are the gaps? What are the barriers?
8. What prevention strategies are being implemented with teens? Do you feel there are enough strategies in place and are they working?
9. What is your perception of what the youth and parents believe are their needs for services and whether those needs are being met?
10. What are some of the concerns and limitations experienced when providing services to teens and their families?
11. Is there a unified effort in the community around this age group and for juveniles? Is this concern and/or a priority for the community?
12. How do you view the systems (i.e., education, law enforcement, behavioral health) working together to help support teens in the community? Do the systems collaborate?
13. What data is available that reflects "what works" with programs and agencies working with youth?
14. What program or outcome data do you collect for your programs? What data collection tools do you use? Do you share or publish your program results? Are they available to the community?
15. Anything else you would like to add to this discussion?

APPENDIX B. EVIDENCE BASED PROGRAMS

There has been significant research done to provide an evidence-base for programs that reduce risk and increase protective factors for youth who are involved in or are at risk of becoming involved in the juvenile justice system. Information regarding this research can be found in academic journals, within databases, and on the program developer's webpages. The following programs are examples of programs that have shown positive outcomes with youth, however this list is not exhaustive of all programs available. This list serves to provide models that have been used successfully in other communities and does not specifically recommend these programs over others, only serves to provide a small sample set for reference purposes. Those programs that begin with an asterisk (*) are being implemented in Hall County.

These programs were found on either the National Institute of Justice's Office of Justice Programs' database found at: <https://www.crimesolutions.gov/Programs.aspx#Programs> or SAMHSA's National Registry of Evidence-based Programs and Practices found at: <http://nrepp.samhsa.gov/AllPrograms.aspx>. Each programs citation can be found in the works cited section of this report.

MENTAL HEALTH TREATMENT

Treatment strategies are performed by licensed clinicians in multiple environments, including schools, clinical offices, treatment centers, etc.

Early Pathways: Early Pathways is a home-based, mental health services program, which is designed to treat and prevent disruptive behaviors in young children.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents ages 3 to 18 years.

*Multi-systemic Therapy (MST) for Juvenile Offenders: MST addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior. The primary goals of MST programs are to decrease rates of antisocial behavior and other clinical problems, improve functioning (e.g., family relations, school performance), and achieve these outcomes at a cost savings by reducing the use of out-of-home placements such as incarceration, residential treatment, and hospitalization.

SCHOOL-BASED PROGRAMS

School-based programs are held within the school environment in order to intervene with youth without requiring additional transportation or parental involvement.

First Step to Success: An early intervention program designed to identify children with antisocial behavior and introduce adaptive behavioral strategies to prevent antisocial behavior in school. Participants showed improvements in adaptive behavior, less maladaptive behavior and aggression, and more attention to the teacher.

Linking the Interests of Families and Teachers: The program is designed to prevent the development of aggressive and antisocial behaviors in elementary children. The program is rated Effective. The intervention group showed less child physical aggression, a reduction in substance use initiation; and although the entire sample showed significant mean increases in substance use growth over time, the intervention slowed down the rate.

GANG PREVENTION

Unfortunately many of the evidence-based and promising models for gang prevention are specific to Urban areas with very large populations, most are created and tested in cities like Chicago, Los Angeles, or New York City. While these programs can be utilized in other environments, it is difficult to know if they will retain their positive outcomes.

Project BUILD: A violence prevention curriculum designed to assist youths in a detention center to overcome obstacles such as gangs, violence, crime, and substance abuse. The program is rated Effective. Youths who participated in the program had significantly lower rates of recidivism compared to nonparticipants.

Operation Peacekeeper: A community and problem-oriented policing program in Stockton, CA, to reduce gang involvement and violence among urban youth (10-18). Youth Outreach Workers served as mentors for youth in neighborhood settings. The program was associated with a significant decrease in the monthly number of gun homicides.

FAMILY PROGRAMS

Family programs typically work on skill-building with both the youth and parents sometimes simultaneously and sometimes separately.

Adults in the Making (AIM): A family-centered preventive intervention designed to enhance the family protective process and self-regulatory competence to deter escalation of alcohol use and development of substance use problems. Overall, the preponderance of evidence indicates that

the program has a positive impact on deterring the use of alcohol, drugs, and involvement in other risky behaviors among participants.

*Families and Schools Together (FAST): A multifamily group intervention program designed to build protective factors for children, empower parents to be primary prevention agents, and to build supportive parent-to-parent groups. The program is rated Effective. Two studies found participants had fewer problem behaviors than their controls.

*Strengthening Families Program: The program is a multicomponent family skills training program that targets substance-abusing families. One study found significant impacts on children's problem behavior, and another study found significant impacts on time to reunification for child welfare-involved families.

The 4 Rs and 2 Ss for Strengthening Families Program: The 4 Rs and 2 Ss for Strengthening Families is a manualized, multiple family group therapy program designed for families who have a child between 7–11 years old diagnosed with a disruptive behavior disorder.

SUBSTANCE ABUSE PREVENTION

Substance abuse prevention programs often overlap with other categories of programs such as family programs or school-based programs, as many of the factors addressed in a family or school program would also effect substance abuse.

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students): Project SUCCESS is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students

*Prime for Life (PFL): PFL is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. PFL has been used primarily among court-referred impaired driving offenders, as in the two studies reviewed for this summary. It also has been adapted for use with military personnel, college students, middle and high school students, and parents.

ALTERNATIVES TO DETENTION

*Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI): JDAI was developed to demonstrate that detention populations could be substantially and safely reduced. While JDAI's efforts focused on the detention phase of the juvenile court process, Casey

Foundation leaders also believed that detention reform would be a catalyst for other needed changes in juvenile justice. The initiative’s designers believed that over time the collaborative and data-driven problem-solving approaches integral to JDAI would stimulate other changes essential to a smarter, fairer and more effective juvenile system.

Table 58	Evidence-based Programs (i.e., Effective Programs) for Juvenile Delinquency Prevention – National Institute of Justice	
Program Title	Topics Covered	Implemented in Grand Island
Adolescent Diversion Project (Michigan State University)	Courts Crime & Crime Prevention Juveniles	
Adults in the Making (AIM)	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Aggression Replacement Training (ART)	Crime & Crime Prevention	
Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	X
Brief Alcohol Screening and Intervention of College Students (BASICS)	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Career Academy	Juveniles	X
Children with Problematic Sexual Behavior-Cognitive Behavior Therapy (PSB-CBT)	Juveniles	
Eisenhower Quantum Opportunities	Juveniles	
Families and Schools Together (FAST)	Juveniles	X
Family Matters	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
First Step to Success	Juveniles	
Functional Family Therapy (FFT)	Corrections & Reentry Crime & Crime Prevention Juveniles	
Good Behavior Game	Juveniles Victims and Victimization	
Guiding Good Choices	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Harlem (NY) Children’s Zone-Promise Academy Charter Middle School	Juveniles	
INSIGHTS into Children’s Temperament	Juveniles	
Kirkholt (England) Burglary Prevention Project	Corrections & Reentry Crime & Crime Prevention Juveniles Victims and Victimization	

LifeSkills Training	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Linking the Interests of Family and Teachers (LIFT)	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Midwest Prevention Project	Crime & Crime Prevention Juveniles Drugs & Substance Abuse	
Multidimensional Family Therapy	Crime & Crime Prevention Juveniles Drugs & Substance Abuse	
Multidimensional Treatment Foster Care-Adolescents	Juveniles	
Multistemic Therapy (MST)	Crime & Crime Prevention Juveniles	X
Multistemic Therapy-Substance Abuse	Crime & Crime Prevention Juveniles	
Nurse-Family Partnership	Drugs & Substance Abuse Juveniles Victims and Victimization	
Operation Ceasefire (Boston, Mass)	Crime & Crime Prevention Juveniles Law Enforcement	
Operation Peacekeeper	Crime & Crime Prevention Juveniles Law Enforcement	
Perry Preschool Project	Juveniles Victims and Victimization	
Positive Action	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Positive Family Support	Crime & Crime Prevention Drugs & Substance Abuse Juveniles	
Project BUILD	Corrections & Reentry Crime & Crime Prevention Juveniles	
Promoting Alternative Thinking Strategies (PATH)	Juveniles Victims & Victimization	
Safe Dates	Crime and Crime Prevention; Juveniles; Victims and Victimization	
School-wide Positive Behavioral Interventions and Supports	Crime and Crime Prevention; Juveniles	
Second Step: A Violence Prevention Curriculum	Juveniles	
SNAP Under 12 Outreach Project	Juveniles	
Steps to Respect	Juveniles	

Strengthening Families Program for Parents and Youth 10-14	Crime and Crime Prevention; Drugs and Substance Abuse; Juveniles	X
Strengthening Families Program	Crime and Crime Prevention; Drugs and Substance Abuse; Juveniles	X
Strong African American Families (SAAF)	Drugs and Substance Abuse; Juveniles	
Teams – Games – Tournaments (TGT) Alcohol Prevention	Drugs and Substance Abuse; Juveniles	
The Incredible Years	Juveniles	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Juveniles; Victims and Victimization	X
Triple P- Positive Parenting Program	Juveniles; Victims and Victimization	

Resource: National Institute of Justice -Crime Solutions.gov Juveniles – Delinquency Prevention

APPENDIX C. COMMUNITY SERVICES MAPPING DATABASE

Table 59. Hall County Youth Services

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Big Brothers Big Sisters	Mom-to-Mom Program (Teen Moms)	Relationships Parent/School/Community Partnerships	Yes	No			
Boys Town	Daily Living Skills, Coping Skills	Daily Living Skills Training	No				
Boys Town	Common Sense Parenting	Parent Training	Yes	No	Yes		Increase
Boys Town	Positive Alternative to Suspension	OSS service	No	Yes	No	No	Increase
Boys Town	Grand Island Shelter	Youth Emergency Shelter	Yes	Yes	No	Yes	Increase
Boys Town	In-home Family Services - Foster Care						
Boys Town	Foster Family Services	Foster care.	Yes	Yes	No	Yes	Same
Boys Town	In-home Family Services	Building resources, skills, and supports within a family system	Yes	Yes	No	Yes	Increase
CASA	Project Everlast (Foster Youth)	General Enhanced Social Supports	Yes	No	Yes	No	Same
CCC	Project HELP	Health Education Laddering Program; Financial and Supportive Assistance to income-qualifying people pursuing careers in healthcare.	Yes	No	Yes	Yes	

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Central Health Center, Inc.	Reproductive Life Planning	Adolescent Pregnancy Prevention, STI testing/treatment, well woman and man exams, outreach, contraceptives, HIV testing & referrals, DNA testing, breast cancer screening and referrals	No	No			
Central Health Center, Inc.	Outreach & Education	Healthy relationship outreach	No	No			
Central Health Center, Inc	Health services and education to LGBTQ individuals	General Gender Specific Self Esteem	No	Yes			
Central Health Center, Inc.	On-site Mental Health Services	On-site mental health services provided by licensed therapists to address a wide array of issues from depression, anxiety, conduct disorder, drug & alcohol addictions, LGBTQ related matters, family, school, work, etc.					
Central Health Center, Inc.	Primary healthcare services for females.	Addressing healthcare matters ranging from allergies, diabetes maintenance, thyroid, smoking cessation, weight management, colds, superficial lacerations, etc.					

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Central NE Community Action Partnership		No programs offered in Hall County that serve youth 12-18					
CHI Health	SANKOFA	Youth Violence/Gang Prevention	No	No	Yes	Yes	Same
CHI Health	St. Francis Alcohol and Drug Treatment	Out-pt SA Treatment	No	Yes	Yes	Yes	Decrease
CHI Health	St. Francis Alcohol and Drug Treatment	SA Short Term Residential	No	Yes	Yes	Yes	Decrease
CHI Health	St. Francis Alcohol and Drug Treatment	SA Assessments	No	Yes	Yes	No	Same
Child Advocacy Center	Central Nebraska Child Advocacy Center	Forensic Interviews, advocacy, court preparation, referral services, on site medical exams, hair testing for drug exposure & ingestion, and case management.	No	No			
GISAPC	Presentations	Relationships Bullying Prevention/Intervention	Yes	No			
CNCAA	Youth Empower	Relationships Youth Leadership	No	No	yes	yes	same
CNCAA	Youth Drug Education (4 hours)	Substance Abuse Education/Intervention (4 hours)	Yes	Yes	yes	yes	same
CNCAA	Prime for Life (MIP) (8 hours)	Substance Abuse Education/Intervention (8 hours)	Yes	Yes	yes	yes	same

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
CNCAA	Prime for Life Spanish Language(MIP) (8 hours)	Substance Abuse Education/Intervention (8 hours)	Yes	Yes	yes	yes	same
CNCAA	Kids Power, Discovery Kids, Catch Kids	Substance Use, Bully Prevention and Mental Health Promotion	Yes	No	yes	yes	same
CNCAA	CATCH Kids Club	Tobacco Prevention, Healthy Nutrition, Physical Activities	Yes	No	yes	yes	Increase
CNCAA	All Stars	Drug, Bully, and Other Risky Behavior Prevention	No	No	yes	yes	Increase
GISAPC	Strengthening Families	Relationships Family Relationships / Positive Parent Child Interaction	Yes	No	yes	yes	Increase
CNCAA	Youth Tobacco Education	Substance Abuse Education/Intervention (15 hours)	Yes	Yes	yes	yes	same
CNCAA	Presentations	Substance Use/Abuse, Bully Prevention, Mental Health Promotion, Grim Reaper Project	yes	no	no	Yes	same
Collage Center		Confidential and complimentary STD testing/treatment, pregnancy tests, limited OB ultrasounds and community referrals	No	No			
Crisis Center	Emerge	Healthy Relationships Male Juvenile Offenders	No	No	Yes	No	Same
Crisis Center	Try Another Way	Healthy Relationships Female Juvenile Offenders	No	No	Yes	No	same

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Crisis Center	Domestic Violence Children's Support Group	Family Relationships/Domestic Violence Educational Support Groups	No	No	Yes	No	Same
Crisis Center	Teen Talk	Educational Support Group/Healthy Relationships with peers, family, adults	No	No	Yes	Yes	Same
Crisis Center	Presentations	Healthy Relationships-dating/Bullying	No	No	No	Yes	Same
Crisis Center	In Our Best Interest	Family Relationships/Domestic Violence Educational Support Group	No	no	Yes	Yes	Same
Crisis Center	Futuro Sin Violencia	Family Relationships/Domestic Violence Educational Support Group	Yes	No	No	Yes	same
Crisis Center	Teen Talk-Youth group homes/detention facilities	Healthy Relationships-dating/Bullying/life skills	No	No	No	No	Same
DHHS	Alternative Response	Pro-active, non-court involved services.	Yes	No	Yes	Yes	Same
DHHS	Bridge to Independence	Assist Young Adults whom are aging out of the Foster Care System and transitioning into Adulthood (Ages 19 thru age 21). Start working with Young Adult at age 18.5.	Yes	No	Yes	Yes	

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Epworth Village	Foster Care Services and family support and visitation	Daily Living Skills Training	No	Yes	Yes		Same
Friendship House							
Student Wellness Center	Student Wellness Center	Behavioral Health and Substance Abuse Counseling, direct access urgent/primary health care	No	No	No	No	Same
GIPS	Outreach Center						
Girl Scouts	Outreach Program	Youth Leadership Education	No	No	Yes	Yes	Same
Girl Scouts	Traditional Troop Membership	Youth Leadership Education	No	Yes	Yes	Yes	Same
Girl Scouts, Alisha Epp	Girl Scout Advisory Group	Youth Leadership Service	No	No	Yes	Yes	Same
GISH	Sixpence						
Hall County Attorney's Office	Hall County Truancy Court	GIPS Truancy support services		No	No		Same
Hall County Community Collaborative (H3C)	FAST	Birth - 11 System of Care	Yes	Yes	Yes	Yes	Same
Hall County Juvenile Services	Hall County Juvenile Diversion	Juvenile Diversion	Yes	Yes	Yes	Yes	Increase
Hall County Leadership Unlimited	Youth Leadership Tomorrow	Relationships Youth Leadership	No	Yes	No	No	Same
Job Corps	Working Skills, Daily Living Skills	Daily Living Skills Training	No	No			
Literacy Council	Literacy	Employment: Job Skills Training	Yes	No			

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Lutheran Family Services of Nebraska	Right Turn	Right Turn® provides 24/7 education and support for adoptive parents and guardians throughout the state of Nebraska.	Yes	Yes			
Lutheran Family Services of Nebraska	Immigration Legal	LFS is recognized by the Board of Immigration Appeals (BIA) as a qualified immigration legal service provider. All practicing immigration specialists have received extensive education and training in immigration law and have obtained BIA accreditation. An immigration attorney is also available for individuals in removal or deportation proceedings who need representation in Immigration Court.	Yes	Yes	Yes		
Lutheran Family Services of Nebraska	At Ease	Services to active military, veterans and their loved ones.					
Lutheran Family Services of Nebraska	Pregnancy Counseling	Parenting support and adoption services					
Lutheran Family Services of Nebraska	Adoption	Contractual adoption homes studies and identified adoption.					
Mid-Plains Center for Behavioral Healthcare Services	Substance Abuse Treatment		Yes				

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Mid-Plains Center for Behavioral Healthcare Services	Cognitive Behavioral Therapy	Supportive services are provided for those facing the challenge of addiction and substance use in the form of supportive substance treatment as well as dual diagnosis approaches.	Yes	Yes	Yes	Yes	
Mid-Plains Center for Behavioral Healthcare Services	Youth Outpatient Services	Cognitive Behavioral Therapy offered to those with mental health concerns, behavioral issues, trauma/abuse, and change of life transitions	Yes	Yes	Yes	Yes	
Mid-Plains Center for Behavioral Healthcare Services	Detox	Therapy and evaluation for children and adolescents with emotional and/or behavioral challenges.	Yes	Yes	Yes	Yes	
Mid-Plains Center for Behavioral Healthcare Services	Multi-Systemic Therapy	Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends.	Yes	Yes	YES	YES	

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program within the past 5 years
Mid-Plains Center for Behavioral Healthcare Services	Parent-Child Interaction Therapy	Dyadic behavioral intervention for children (ages 2-7 years) and their parents or caregivers that focus on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship.	No	Yes	Yes	Yes	
Mid-Plains Center for Behavioral Healthcare Services	Triage (through the Crisis Unit)	Triage Center is available to those experiencing a mental health and/or substance abuse crisis.	Yes	No			
Region 3	Professional Partner Program	service coordination	yes		yes	yes	Same
School Intervention Workers	School engagement program	Work with identified at risk students (Diversion or pre-adjudicated) within the GIPS. (Sr. High, Walnut, and Barr)	No	No	No	Yes	Increase
TeamMates	Mentoring	School based one-on-one mentoring, College visit, career cruise, post-secondary scholarships.	Yes	No	Yes	Yes	Increase
Nebraska Department of Labor	Workforce Innovation and opportunity Act	Employment: Job Skills Training	No	No	Yes	Yes	Increase
YWCA	Girls Circle	Develops Self-Esteem and Self-Confidence in girls	Yes	No	No	Yes	

Provider/Agency Contact	Program/Service Name	Service Description	Spanish Available Y/N	Fee (Y/N)	Evidence-based program (Y/N)	Program and outcome data collected (Y/N)	Funding changes to the program wihtin the past 5 years
YWCA	Babysitting 101	Babysitting classes with First Aid and CPR	No	No	No	No	

Table 60. Positive Social Opportunities for Youth in Hall County

Provider/Agency Contact	Program/Service Name	Service Description	Category
Abundant Life Christian Center			church
Connect After School Third City Christian Church			church
Evangelical Free Church			church
First Presbyterian Church			church
Grand Island Seventh-day Adventist Church			church
Peace Lutheran Church			church
St. Leo's Catholic Church			church
Third City Christian Church			church
Trinity Lutheran Church			church
Adult Education – GED			education
Stuhr Museum	Classes and field trips	General Community & Recreation Activities	education
Third City Community Clinic			medical
Heartland Health Center			medical
Advance Services			organization
American Red Cross Central Plains Chapter			organization
Essential Personnel			organization
Families Care			organization
Legal Aid of Nebraska			organization
Mosaic		Employment: Job Coaching	organization
Multicultural Coalition			organization
Nutrition Education Program			organization
Salvation Army			organization
YMCA	General Programming	General Community & Recreation Activities	organization
Hansen Agri. Placement			organization
Consumer Credit Counseling Services			organization
City of Grand Island, Recreation Department	Parks and Recreation Department, Community Field House, City Leagues, Summer Camps	General Community & Recreation Activities	public

Provider/Agency Contact	Program/Service Name	Service Description	Category
Community Fieldhouse			public
Grand Island Public Library	Toddler/Infant/Parent programs	Relationships Parent/School/Community Partnerships	public
Grand Island Public Library	Teen Program	Relationships Parent/School/Community Partnerships	public
Hall County Public Transportation			public
Area sport leagues	Team Sports	General Community & Recreation Activities	recreation
Heartland Shooting Park	Shooting sports	General Community & Recreation Activities	recreation
Island Oasis Waterpark			recreation
Super Bowl, Skate Island, Westside Bowling	Bowling, Roller Skating	General Community & Recreation Activities	recreation
Various Dance Studios, GI Twisters	Dance, Gymnastics	General Community & Recreation Activities	recreation
CCC	TriO/SSS	Program for low income/ first generation students and students with disabilities to overcome barriers for academic success in postsecondary education endeavors.	school
GIPS	Drivers Education	Daily Living Skills Training	school
GIPS	GISH Suicide Prevention	Relationships Bullying Prevention/Intervention	school
GIPS	School Program (Key Club, FBLA, FFA, ROTC, etc.)	Relationships Youth Leadership	school

Provider/Agency Contact	Program/Service Name	Service Description	Category
GISH	DLP, Serve Youth and adults with intellectual disabilities, adult living skills for youth before entry to community living.	Daily Living Skills Training	school
GISH	GLBTQ group	General Gender Specific Self Esteem	school
GICC	School Program (Key Club, FBLA, FFA, ROTC, etc.)	Relationships Youth Leadership	school
GINW	School Program (Key Club, FBLA, FFA, ROTC, etc.)	Relationships Youth Leadership	school
Various Public and Parochial Schools	PTO/PTA/PTL	Relationships Parent/School/Community Partnerships	school
Boys Scouts Overland Trails Council	Boy Scouts of America		youth organization
GILT, Fosket Children's Theatre, Prairie Winds, Children's Choice/NWHS; Show Choir Camps	Theatre, Art, Music	General Community & Recreation Activities	youth organization
YMCA	YMCA Family Boot Camp	General Self-Image	youth organization
Nebraska Extension - Hall County	4-H		youth organization

APPENDIX D. POSITIVE YOUTH DEVELOPMENT

"Positive youth development is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.(youth.gov)"

Although there has been limited evaluation of positive youth development programs, the evidence that is available suggests that the opportunities, skills, and atmosphere offered in a positive youth development program can lead to better health, social, and educational outcomes. Research indicates that young people who are surrounded by a variety of opportunities for engagement encounter less risk and ultimately show evidence of higher rates of successful transitions into adulthood (Alberts, Chase, Naudeau, Phelps, & Lerner, 2006). The

The following are the principles of the Positive Youth Development model taken from the ACT for Youth Center of Excellence:

- **Focus on strengths and positive outcomes.** Rather than taking a deficit-based approach, communities intentionally help young people build on their strengths and develop the competencies, values, and connections they need for life and work.
- **Youth voice and engagement.** Youth are valued partners who have meaningful, decision-making roles in programs and communities.
- **Strategies that involve all youth.** Communities support and engage all youth rather than focusing solely on "high-risk" or "gifted" youth. Communities do, however, recognize the need to identify and respond to specific problems faced by some youth (such as violence or premature parenthood).
- **Community involvement and collaboration.** Positive youth development includes but reaches beyond programs; it promotes organizational change and collaboration for community change. All sectors have a role to play in making the community a great place to grow up.
- **Long-term commitment.** Communities provide the ongoing, developmentally appropriate support young people need over the first 20 years of their lives.

Based on the literature, the Interagency Working Group on Youth Programs, a collaboration of twelve federal departments and agencies that support youth, has created a definition of positive youth development: Positive youth development is an intentional, pro-social approach

that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Positive youth development has its origins in the field of prevention. In the past, prevention efforts typically focused on single problems before they surfaced in youth, such as teen pregnancy, substance abuse and juvenile delinquency. Over time, practitioners, policymakers, funders and researchers determined that promoting positive asset building and considering young people as resources were critical strategies. As a result, the youth development field began examining the role of resiliency—the protective factors in a young person's environment—and how these factors could influence one's ability to overcome adversity

YOUTH THRIVE

The Center for the Study of Social Policy describes Youth Thrive “as a research-informed framework that reflects the idea that all youth have the potential for successful, healthy development and well-being. The Youth Thrive framework is grounded in six foundational ideas: (a) the strengths-based perspective, (b) the biology of stress, (c) resilience theory, (d) **the Positive Youth Development perspective**, (e) a focus on well-being, and (f) the nature of risk, protective, and promotive factors.”

According to the Center for the Study of Social Policy, the Youth Thrive framework adheres to the strengths-based perspective, which includes identifying and building upon a youth's strengths. Use of strengths is regarded as essential for healthy adolescent development and well-being. Youth Thrive™ is **not** a specific program or intervention, rather it is an approach that is relevant to everyone who works with young people including: public child welfare system administrators, supervisors and caseworkers, teachers, staff at private agencies and nonprofits, judges and legal advocates, parents, caregivers and others who are concerned about teenagers and young adults. Figure 32. summarizes the Youth Thrive model.

Figure 32. Youth Thrive Model

